SAGE/Crisis Modifiers Evaluation

Final Report

JUNE 2022

Headlight
CONSULTING SERVICES

Photo: Yomif Worku

Acknowledgements

This report is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of the Strengthening Disaster Risk Management Systems and Institutions Developmental Evaluation and Headlight Consulting Services, LLC, and do not necessarily reflect the views of USAID or the U.S. government.

The evaluation team would like to thank the Resilience and Relief Office (R2) at USAID/Ethiopia, the SDRM-SI Project 1 and 2 teams, and all the other USAID staff, including A/CORs and Activity Managers, SAGE members, and OAA specialists that participated in this evaluation. Thank you for sharing your experiences and expertise. The team also wants to thank all implementing partners working on Disaster Risk Management (DRM) and Effective Emergency Response (EER) efforts across Ethiopia for participating in interviews, sharing evidence and experiences, and connecting the team with additional stakeholders to interview. The team is also grateful to the Government of Ethiopia (GOE) representatives, other development partners operating in Ethiopia, and the beneficiaries of these interventions who were generous in sharing their experiences.

Lastly, thank you to the SDRM-SI DE Team and others at Headlight, particularly those who participated in the design, implementation, and analysis of this evaluation: Esrael Woldeeyesus, Dr. Yitbarek Woldetensay, Yomif Worku, Alison Harrell, Chelsie Kuhn, Rebecca Askin, and Rebecca Herrington.

Table of Contents

Acknowledgements i
Acronyms iv
Executive Summary 1
Introduction 5
Methods 6
- Data Collection 7
- Sampling Strategy 11
- Limitations 13

Crisis Modifier Overview and Comparative Analysis 14
- Timeliness Factors 17
- Verification of CM Trigger Information 17
- Scale of Funding 18
- Level of Implementation 18
- Alignment with Objectives and the Mission's Country Development Cooperation Strategy 19
- Comparative Analysis Recommendations 20

Evaluation Question (EQ) 1: To What Extent is SAGE Improving Coordination of EER? 22
EQ2: What changes Have Resulted from the Implementation of Crisis Modifiers? 28
- Outcome Harvesting Overview 28
  - Substantiation of Outcomes and Contribution 28
  - Definitions 29
- Identified Outcomes 30
  - Business Owners Recovered and Restarted their Businesses – RiPA North_Flooding 30
  - Minimized Death and Disease of Livestock – RiPA North Flooding 30
  - Prevented Disease Outbreak – THDR_Flooding 30
  - Provision of Scholastic Materials Supported Students to Return to School – READ II_Education Loss 31
  - Increased Health Worker Capacity – TPHC_Health_COVID-19 31
  - Health System Support Enabled Maintained Service Provision – TPHC_Health_COVID-19 31

Increased Profitability of the PVPs Engaged in Activity – RiPA North_Flooding (Emergent) 31

Health Facilities Restored and Continued Service Provision – THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 1 and 2 (Emergent) 32

Enabling/Inhibiting Environment 32

EQ3: How Does SAGE Engage with Activities before, during Application, and (if approved) after the Crisis Modifier has been Used? 36

Process Analysis 36

SAGE and Crisis Modifier Thematic Process Findings 43

EQ4: What Are the Types of Crisis Modifiers the Mission Has Used? 48

Consolidated and Prioritized Recommendations 50

USAID/Ethiopia Leadership Prioritized Recommendations 50

SAGE Working Group Prioritized Recommendations 50

Joint USAID-IP Prioritized Recommendations 51

IP-Specific Prioritized Recommendations 52

Future Analysis Recommendations 52

Annex 1: READ II Education Loss Crisis Modifier, Creative Associates 55

Annex 2: Transform Primary Health Care (TPHC) COVID-19 Crisis Modifier, Pathfinder International 59

Annex 3: Transform Health in Developing Regions (THDR) Flooding Crisis Modifier, Amref Health Africa 63

Annex 4: RiPA North Flooding Crisis Modifier, MercyCorps 66

Annex 5: Growth through Nutrition (GtN) Locust Crisis Modifier, Save the Children 71

Annex 6: Growth through Nutrition (GtN) Tigray Conflict / Malnutrition Crisis Modifier, Save the Children 74

Annex 7: Transform Health in Developing Regions (THDR) Health Services for IDPs Crisis Modifier, Amref Health Africa - Round 1 and 2 77

Annex 8: Transform Primary Health Care (TPHC) Health Services for IDPs Crisis Modifier, Pathfinder International - Round 1 and 2 80

Acronyms

AAR	After-Action Review
AO	Agreement Officer
AOR	Agreement Officer's Representative
BHA	USAID's Bureau for Humanitarian Assistance
CARE	Care International
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, Learning, and Adapting
CLAME	Collaborating, Learning, Adapting, Monitoring, and Evaluation
CM	Crisis Modifier
CMAM	Community-Based Management of Acute Malnutrition
COP	Chief of Party
COR	Contract Officer's Representative
CRS	Catholic Relief Services
CSB+	Corn/Soy Blend Plus
CTC	Cholera Treatment Centers
DART	Disaster Assistance Response Team
DCOP	Deputy Chief of Party
DE	Developmental Evaluation
DMD	Deputy Mission Directors
DO	Development Objective
DPFSPCO	Disaster Prevention and Food Security Coordination Office
DRM	Disaster Risk Management
ECC	Emergency Coordination Centers
EER	Effective Emergency Response
EOC	Emergency Operations Center

EPHI	The Ethiopian Public Health Institute
EQ	Evaluation Question
ETB	Ethiopian Birr
EWS	Early Warning System
FTF	Feed the Future
GBV	Gender-Based Violence
GOE	Government of Ethiopia
GtN	Growth Through Nutrition
HEW	Health Extension Workers
IDIQs	Indefinite Delivery/Indefinite Quantity
IDP	Internally Displaced People
INGO	International Non-Governmental Organizations
INGO	International Non-Governmental Organization
IP	Implementing Partner
IPC	Infection Prevention and Control
IR	Intermediate Result
IRB	Institutional Review Board
IYCF-E	Infant and Young Child Feeding in Emergencies
JEOP	The Joint Emergency Operations for Food Assistance in Ethiopia Activity
JSS	Joint Support Supervision
KII	Key Informant Interview
KM	Knowledge Management
L4R	Livelihoods for Resilience
LME	Learning, Monitoring, and Evaluation
LOE	Level of Effort
LQ	Learning Questions
MAM	Moderate Acute Malnutrition

MD	Mission Director
MEL	Monitoring, Evaluation, and Learning
MOE	Ministry of Education
NDRMC	The National Disaster Risk Management Commission, predecessor of the Ethiopian Disaster Risk Management Commission
NFIs	Non-food Items
NGO	Non-Government Organization
NIMS	National Incident Management System
OAA	Office of Acquisition and Assistance
ORDA	The Organization for Relief and Development Association
P&R	Pause and Reflect
PAD	Project Appraisal Document
PDM	Post-Distribution Monitoring
PHEM	Public Health Emergency Management
PPE	Personal Protective Equipment
PSS	Psychosocial Support
PVPs	Private Veterinary Pharmacies
R2	The Resilience and Relief Office
RCCE	Risk Communication and Community Engagement
READ II	Reading for Ethiopia's Achievement Developed
REB	Regional Education Bureau
RHB	Regional Health Bureau
RiPA	The Resilience in Pastoral Areas Activities
RMNCH	Reproductive, Maternal Neonatal, and Child Health
RUSF	Ready-to-Use Supplemental Food
RUTF	Rapid Use Therapeutic Food
SAGE	The Strategic Advisory Group for Emergencies Activity
SAM	Severe Acute Malnutrition

SAVE	Save the Children International
SDRM-SI	Strengthening Disaster Risk Management Systems and Institutions
SNNPR	The Southern Nations, Nationalities, and Peoples' Region
SOP	Standard Operating Procedures
TA	Technical Assistance
THDR	Transform Health in Developing Regions
TPHC	Transform Primary Health Care
UN	United Nations
USAID	The United States Agency for International Development
USG	The United States Government
WASH	Water, Sanitation, and Hygiene
WFP	The UN's World Food Programme

Executive Summary

Introduction

The United States Agency for International Development (USAID)/Ethiopia's Strategic Advisory Group for Emergencies (SAGE) Activity, established in 2020, is in early implementation and is still building evidence on mitigating disasters while continuing to implement development efforts. The SAGE team is participating in a Developmental Evaluation (DE), conducted by [Headlight Consulting Services] with USAID/Ethiopia's Disaster Risk Management (DRM) and Effective Emergency Response (EER) Projects. In one of the first evaluations under this DE, Headlight collected and analyzed evidence from the instances where crisis modifiers (CMs) have been applied, explored if implementation has resulted in any substantiated outcomes, and identified how the Mission can adapt this approach as they continue to strengthen the Mission's work at the nexus of development and humanitarian efforts. This evaluation was conducted from February to May 2022, included 167 key informant interviews with 111 unique interviewees, and 57 secondary documents.

The evaluation questions came from a desire from the Relief and Resilience (R2) Office teams to better understand how DRM and EER efforts complement one another and contribute to protecting development gains in the face of disaster shocks, the EER Project Appraisal Document (PAD), and preliminary findings from the [Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) DE Learning Review]. The evaluation questions this study sought to answer include:

1. To what extent is SAGE improving the coordination of EER? (inclusive of all aspects of SAGE, including SAGE Proper meetings, SAGE sub-working groups, the crisis modifier process, the SAGE dashboard, etc.)
2. What changes have resulted from the implementation of crisis modifiers?
3. How does SAGE engage with activities before, during application, and (if approved) after the crisis modifier has been used?
4. What are the types of crisis modifiers the Mission has used?

Data Collection and Methods

To meet the objectives and purpose stated above, the evaluation team conducted the evaluation using Qualitative Comparative Analysis (QCA) and Outcome Harvesting. The evaluation team integrated these two methods to minimize the data collection burden on stakeholders and best leverage the available data sources in answering the evaluation questions. The evaluation team and the SAGE Coordinator selected a subset of CMs to include, prioritizing differences among types of shock that fall within the greater than or equal to $100k category, and also maintaining a diversity of implementing partners (IPs). This option was chosen with the knowledge that the value being requested for CMs has gone up over time. Based on this decision, the team assessed 13 CMs as part of the evaluation (naming convention is activity_shock):

- GtN_Locust
- GtN_Tigray Conflict_Malnutrition
- L4R_Conflict-affected livelihoods
- READ II_Education Loss
- RiPA North_Drought
- RiPA North_Flooding
- RiPA South_Drought
- THDR_Flooding
- THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 1
- THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 2

- TPHC_Health_COVID-19
- TPHC_Tigray Conflict_Health Services for IDPs (Tigray)_Round 1
- TPHC_Tigray Conflict_Health Services for IDPs (Amhara)_Round 2

Across these 13 CMs, interviewees were selected based on the need to speak with those reviewing, applying for, managing, implementing, or receiving services from these crisis modifiers in USAID/Ethiopia activities. The team primarily employed purposive sampling and used snowball sampling as needed to reach saturation, and substantiation as part of Outcome Harvesting. In total, the evaluation team conducted 167 key informant interviews and reviewed 57 secondary documents. The team conducted interviews in person, by phone, and using Google Meets, and coded all transcripts and secondary documents using Dedoose. The team then used thematic inductive, process, and narrative analysis to reach the findings described below.

Summary of Findings & Conclusions

Evaluation Question (EQ) 1: To what extent is SAGE improving coordination of EER?

SAGE has helped establish better EER coordination within USAID by implementing helpful processes and standard operating procedures (SOPs) that Mission staff can fall back on, providing a venue for information sharing and decision-making, and engaging multiple sectors/technical offices for emergency response. Some evidence revealed that timely EER is undermined by political/bureaucratic differences within the Agency, risking cascading effects from shocks requiring prompt support. This demonstrates the importance of ensuring that internal Mission and Mission - Washington communication and coordination issues are ameliorated or minimized so that all parties can focus on better response to reduce suffering as much as possible in a timely fashion with available resources.

EQ2: What changes have resulted from the implementation of crisis modifiers?

USAID/Ethiopia and implementing partners using crisis modifiers in their activities have contributed to outcomes ranging from students returning to school to continue their education, to health systems recovering and maintaining service provision, and minimizing death and disease of livestock. The narrative case studies for each CM (found in the Annex) provide more details on the outcomes and the story of how they happened.

In some cases, as many of the CMs in this data subset were activated to help in response to the crisis in Northern Ethiopia, insecurity and conflict inhibited the operating environment and caused adverse secondary effects like displacement and the inability to transport resources, worsening already dire circumstances as communities were starting to recover from other shocks in the region.

EQ3: How does SAGE engage with activities before, during application, and (if approved) after the crisis modifier has been used?

Engagement before the IP applies for a CM is mostly up to the AOR and Activity Manager. Evidence showed that the current SAGE review process limits the effectiveness of flexible funding for emergency response—not the 48-hour proposal review but the fuller process from discussing the intervention concept to the actual award of funding. Managing SAGE review and feedback before and during the CM application phase and balancing the need for emergency response in crisis is necessarily complex and takes time.

As the CMs are implemented, SAGE engagement is less active, and that extends to the closeout phase as well. It is typically the AORs and Activity Managers that remain the most engaged

throughout the implementation of the CM. The more often that IPs and AORs share updates during implementation at SAGE meetings, as well as challenges and lessons learned after the CM is closed out, the more other IPs and AORs will be able to learn from past experiences, and hopefully contribute to increased information sharing and adaptation based on best practices.

EQ4: What are the types of crisis modifiers the Mission has used?

The CMs in this subset fall into four general categories for the type of flexible funding mechanisms. During the analysis phase, it became clear that the definition of crisis modifier is not well understood, across all stakeholder groups interviewed. Given that, the evaluation team was not able to identify the specific type of flexible funding mechanism used (per the examples above), but instead they looked at two key aspects to the CM: whether or not it was written into the award (from the outset or via modification) and whether or not there was dedicated funding attached to the CM. Based on these categories, of the CMs in this subset, nine were funded and written into the award, and four were unfunded and written into the award.

Top Five Pivotal Recommendations

Below are five top recommendations that USAID and implementing partners should consider as a result of the findings and conclusions presented in this evaluation.

1. There are steps that Mission and R2 Leadership can take in the short-term and on an ongoing basis to ensure the smooth continuation of SAGE through transitions this summer. In the short term, Mission and R2 Leadership should assign interim SAGE Coordinator responsibilities, digest and disseminate the SAGE Handover Memo and related guidance, and recruit a full-time SAGE Coordinator. On an ongoing basis, Mission Leadership should encourage active SAGE participation for all technical and support offices, not only to share context updates, but also to actively engage in strategic adaptation discussions. This support can be conveyed through regular Leadership attendance in the SAGE weekly meetings, quarterly email reminders to all Mission staff, and quarterly check-ins with the SAGE Coordinator to discuss any other adaptations as needed.

2. USAID/Ethiopia OAA should mandate that crisis modifiers be included in all awards, with dedicated funding attached. Most crisis modifiers in this subset were activated to protect development gains. Acknowledging that is the most common motivation to apply, and given the frequency of shocks and crises in Ethiopia, including CMs in all awards would enable implementing partners to have the flexibility and resources to respond to the crisis if they identify risks to their ongoing activities and are well-suited to respond based on sector or geographic area of implementation. Having dedicated funding attached to the CM will enable a more timely review and response, best enabling early action.

3. The SAGE Coordinator and AORs should also work together when SAGE decides not to award CM funding, as additional stakeholder management components are needed to maintain functional relationships with GOE counterparts. This should include clear written communication with a rationale as to the no-funding decision that is shared with the IP in a timely manner and approved to be shared with other development partners and government counterparts they may be working with who express concerns or expectations around forthcoming CM funding. Additional communications may also be needed to reiterate the purpose, intent, and limitations of CM funding with key partners to ensure aligned expectations and effective working relationships amid emergencies continue. This may be as simple as holding an expanded CM learning session with other donors and government counterparts later this summer (July-September 2022) to share findings from this evaluation and have someone from Mission Leadership share key messages with stakeholders about the purpose of CMs and encourage other donors to adopt the practice as well.

4. As mentioned in the SDRM-SI DE Learning Review (pages 50-54), USAID, its implementing partners, and other Development Actors must prioritize the extensive data reliability issues as part of any efforts to improve information management and analytical capacity for evidence-based decision making, and as a foundational issue to DRM systems strengthening. This must include both internally-facing work with implementing partners to help strengthen their collection, contribution to, and capacities to collect, analyze, and assess reliable data, as well as externally-facing efforts through interventions and advocacy with DRM actors to strengthen the capacities, practices, and mutually agreed-upon standards that lead to reliable data. In this same vein, USAID AOR/CORs must have the capacity and level of engagement with Activities necessary to hold implementers accountable for identifying a MEL Plan prior to implementation of CMs, implementing strong MEL during the intervention, and following up with IPs after closeout to gather learnings. This should also include sharing what they have learned from previous CMs during design discussions with IPs for new, potential CMs.

5. IPs should engage and discuss their crisis modifier concept note at the initial design stage with their AOR, as well as GOE counterparts, other development partners, and local stakeholders. Furthermore, IPs should coordinate with stakeholders throughout implementation and closeout. Reporting on planned and executed coordination/collaboration efforts should be a mandatory part of CM applications, regular reporting, the CM Emergent Outcome Harvesting Survey, and the final closeout report going forward.

There are several revisions to documents and tools, as well as the creation of new resources that will help SAGE better facilitate and manage the CM process. The EER DE Team or another MEL or CLA mechanism of the Mission's choosing can help support.

Introduction

The United States Agency for International Development (USAID)/Ethiopia's Strategic Advisory Group for Emergencies (SAGE) Activity, established in 2020, is in early implementation and is still building evidence on how to mitigate disasters while continuing to implement development efforts. SAGE contributes to the goals of the Mission's Effective Emergency Response (EER) Project to 1) Ensure optimal and timely emergency response to affected populations; 2) Reduce the need for humanitarian interventions by responding to small-scale shocks via development programs; and, 3) Protect development gains in programs experiencing shocks. EER is often challenged by several factors, which have also been confirmed in Ethiopia: delayed and inaccurate use of data; lack of advocacy for and inconsistent/poor utilization of emergency response systems; limited government coordination during a response; and absence of action taken from after-action reviews. As a result, despite the increased availability of flexible funding mechanisms such as crisis modifiers, humanitarian crises continue to threaten United States Government (USG) and Government of Ethiopia (GOE) development gains in Ethiopia.

The SAGE team is participating in a developmental evaluation (DE) conducted by Headlight Consulting Services with USAID/Ethiopia's Disaster Risk Management (DRM) and EER Projects. In one of the first evaluations under this DE, Headlight collected and analyzed evidence from the instances where crisis modifiers (CMs) have been applied, explored the CM process and if the implementation has resulted in any substantiated outcomes, and identified how the Mission can adapt their approach as they continue to pursue the integration of EER into existing development awards across the Mission. This evaluation was conducted from February to May 2022 and included 167 key informant interviews (KIIs) and 57 secondary documents.

The evaluation questions for this effort came from a desire from the Relief and Resilience (R2) Office teams to better understand how DRM and EER efforts complement one another and contribute to protecting development gains in the face of disaster shocks, answer learning questions from the EER Project Appraisal Document (PAD), and unpack preliminary findings from the SDRM-SI DE Learning Review. In addition to the DE Learning Questions that connect to this effort, the evaluation questions this particular study sought to answer include:

1. To what extent is SAGE improving the coordination of EER? (inclusive of all aspects of SAGE, including SAGE Proper meetings, SAGE sub-working groups, the crisis modifier process, the SAGE dashboard, etc.)[2]
2. What changes have resulted from the implementation of crisis modifiers?
3. How does SAGE engage with activities before, during application, and (if approved) after the crisis modifier has been used?
4. What are the types of crisis modifiers the Mission has used?

The evaluation team will use this icon throughout the report to indicate detailed examples of the evaluation's findings.

[2] While there are answers to this question from this CM evaluation, the Headlight team anticipates that more answers will result from continued SAGE process evaluative work.

Methods

To meet the objectives and purpose stated above, the evaluation team used Qualitative Comparative Analysis (QCA) and Outcome Harvesting as underpinning methods. The evaluation team integrated these two methods to minimize the data collection burden on stakeholders and to best leverage the available data sources to answer the evaluation questions in the most complete and nuanced way possible.

QCA is a qualitative method that enables the analysis and comparison of multiple cases in complex contexts and helps explain why change occurs in some cases but not others. This method fit well with the objectives for this evaluation because it is designed for complex situations, like effective emergency response, and there was a clear set of cases to analyze and compare– the list of crisis modifiers that USAID/Ethiopia has activated. The method is designed to compare and contrast a number of factors and the influence of the context on individual activities/interventions that are believed to have some common alignment. This approach is based on assumptions that change often results from different combinations of factors and that a different combination of factors can produce similar changes. For the purpose of this evaluation, the evaluation team used the list of factors in the table below aligned to the evaluation questions.

Table 1: QCA Factors

Category	Factor
Process	Timeliness of concept note submission
	Timeliness of SAGE review
	Crisis modifier implementation and closeout
Stakeholder Interactions	Coordination among other government, donor, and development actors
	Strength of relationship and information sharing between IP and USAID
	Effect of CMs on GOE engagement, response, and perception of early action
Results & Outcomes	Intended/Unintended Outcome identification. *This includes the Outcome Harvesting Deep Dive (see below)*
	Timeliness of response to crisis; enabling early action
Influencing Factors	Scale of crisis (number of people forecasted to be impacted by a disaster)
	Accuracy and accessibility of CM trigger information and data sources
	Level of implementation (e.g., national, regional, woreda)
	Scale of CM funding requested (all the CMs are above the $100k threshold but there is still a wide range of funding among the CMs in the subset)
	Presence of a Contingency Plan or Scenario Plan
	Type of Activity

Intended Intervention and Applied Description	Type of adaptive mechanism used (including the funding mechanism)
	Use of monitoring / evaluation systems to document the deployment of funds or in-kind resources

A subset of the QCA factors above explicitly focused on results and outcomes, and within that factor subset, the team used Outcome Harvesting as a sub-evaluation to substantiate the intended and unintended outcomes from implementing crisis modifiers. Outcome Harvesting is an evaluation method that enables the identification, verification, substantiation, and contextualization of both intended and unintended outcomes. The evaluation team selected Outcome Harvesting because it is an appropriate evaluation method when operating in a complex environment (such as emergency response and disaster risk management) to understand what the outcomes of an intervention or activity are when the desired outcomes are difficult to confirm at the activity's outset. Lastly, Outcome Harvesting examines if any unintended effects may have occurred, and since no development intervention occurs in a vacuum, identifying both the intended and unintended outcomes enables development actors to coordinate with others operating in the same ecosystem, mitigate undesirable outcomes and prevent harm, and refine and replicate positive changes.

Data Collection

After building the sampling strategy, the team determined that they could not include all crisis modifiers from the chosen time frame (Jan. 2020 - Jan. 2022) and still provide the Mission with good enough evidence for timely decision making.[3] The evaluation team and the SAGE Coordinator selected a subset of CMs to include, prioritizing differences among types of shock that fall within the greater than or equal to $100k category and maintaining a diversity of IPs. This option was chosen with the knowledge that the value being requested for CMs has gone up over time. Based on this decision, the team assessed 13 CMs as part of the evaluation listed below, along with the rationale for inclusion and the naming convention that is used throughout the report. The Primary Analysis Section includes further details on each CM in the subset, such as the implementing partner, scale of funding, shock type, etc.

[3] At the time of the evaluation kick-off, there were 30 CMs in this timeset, each case required approx. 20 interviews, so if the team did all cases it would have taken three times as much time for 600 interviews in total. The evaluation needed to be completed by May 2022 to align with the departure of the SAGE Coordinator and support adaptation during this important transition season.

Table 2: Crisis Modifiers for the SAGE/Crisis Modifiers Evaluation

Crisis Modifier Name	Description of Activity	Description of Crisis Modifier	Rationale for Selection
READ II_Education Loss	USAID's Reading for Ethiopia's Achievement Developed (READ II) project's goal is to improve the quality of literacy instruction in Ethiopia and to improve the literacy of over 15 million children.	This crisis modifier sought to address education loss from the Tigray conflict by distributing scholastic and recreational materials to students and conducting social-emotional and psycho-social support training to teachers.	The Mission requested inclusion of the September 2019 CM because it met the other selection criteria, they wanted to include a CM from this Activity, and it was the only CM for education.
TPHC_Health_COVID-19	USAID's Transform Primary Health Care (TPHC) and Transform Health in Developing Regions (THDR) projects improve capacity for health administrators and managers to plan, budget, and manage public health programs, strengthen the capacity of local healthcare providers to improve the quality of basic health services in underserved areas of the country.	Pathfinder TPHC Activity's CM responded to the COVID-19 pandemic by strengthening subnational coordination; risk communication and community engagement; supporting health sector and facilities to adapt and function during the pandemic; supporting provision of COVID-19 treatment services; and supporting surveillance and contact tracing.	The evaluation team wanted to include a CM addressing COVID-19 given the large scale and wide-spread impact of this crisis.
THDR_Flooding	See above	This CM was designed to respond to the flooding in Afar in 2020 by supporting the preparedness and response effort of the Regional Health Bureau and woreda health offices through prevention and case management response to the outbreak of cholera and illnesses to prevent catastrophic impact on mothers and children.	This CM was one of two for flooding, and where possible the evaluation team wanted to include two CMs per shock for comparability.
RiPA North_Flooding	Feed the Future Ethiopia Resilience in Pastoral Areas project targets pastoralist families and communities to promote the viability and resiliency of pastoralist communities through market development and improved natural resource management.	MercyCorps's Resilience in Pastoral Areas (RiPA-North) activity's CM addressed flooding in Afar in 2020 with four intervention components: DRM, diversifying economic opportunities (business stimulus packages), protecting livelihoods (improving livestock health and crops), and distributing hygiene and dignity kits for flood affected communities.	This CM was one of two for flooding, and where possible the evaluation team wanted to include two CMs per shock for comparability.

GtN_Locust	Feed the Future Ethiopia's Growth through Nutrition (GtN) project is the flagship multi-sector nutrition and water, sanitation and hygiene project, which aims to improve the nutritional status of women, young children, and adolescents in Ethiopia.	Save the Children's GtN CM to address desert locust infestation in Amhara included providing different improved seeds, monitoring acute malnutrition status for children and pregnant and lactating mothers, and engaging woreda health offices.	This was the only CM with locusts as the shock.
GtN_Tigray Conflict_Malnutrition	See above	GtN's February 2021 CM responded to malnutrition exacerbated from the Northern Ethiopia conflict by doing targeted food distribution and supporting the management of acute malnutrition in conflict-affected communities.	The Mission requested inclusion of this CM as there were many challenges with the process, and the lessons learned could be used to improve CM implementation in the future.
THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 1	USAID's TPHC and THDR projects improve capacity for health administrators and managers to plan, budget, and manage public health programs, strengthen the capacity of local healthcare providers to improve the quality of basic health services in underserved areas of the country.	This THDR CM responded to the health needs of IDPs in Afar resulting from the Northern Ethiopia conflict by supporting the revitalization of basic maternal and child health services and supporting the emergency health needs of the IDPs.	This was "part 1" of THDR CM from Amref in responding to the Tigray Conflict. The team identified this CM as highly comparable to TPHC_Tigray Conflict_Health Services for IDPs (Tigray) because it was focused on the same shock and in the same timeframe.
TPHC_Tigray Conflict_Health Services for IDPs (Tigray)_Round 1	USAID's TPHC and THDR projects improve capacity for health administrators and managers to plan, budget, and manage public health programs, strengthen the capacity of local healthcare providers to improve the quality of basic health services in underserved areas of the country.	Pathfinder International's TPHC Activity's CM sought to address the health needs of mothers and children and support the health system negatively impacted by the Tigray Conflict by reinitiating MNCH services through mobile outreach, and strengthening facility readiness and the health system's response capacity.	This was "part 1" of TPHC CM from Pathfinder in responding to the Tigray Conflict, specifically on providing health services for IDPs in Tigray. Also, as noted below, there was a second round of CM funding for this activity.
THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 2	See above	This THDR CM addressed the health needs of IDPs in Afar with the following objectives: strengthening the regional health cluster's response to the health service needs of IDPs and the host communities, and strengthening health service delivery capacity of existing health facilities.	This CM was "part 2" of the THDR CM from Amref in responding to the Tigray Conflict. The team identified this CM as highly comparable to TPHC_Tigray Conflict_Health Services for IDPs (Amhara) because it had the same shock and timeframe, but with a different IP and location.

TPHC_Tigray Conflict_Health Services for IDPs (Amhara)_Round 2	See above	The TPHC CM focused on essential health services in conflict-affected areas, basic humanitarian supplies at IDP sites, multi-sectoral coordination and collaboration at regional and zonal levels, and public health surveillance.	This was "part 2" of TPHC CM from Pathfinder in responding to the Tigray conflict, specifically focusing on health services for IDPs in Amhara. Comparability to THDR_Tigray Conflict_Health Services for IDPs (Afar) is noted above.
RiPA South_Drought	Feed the Future RiPA project targets pastoralist families and communities to promote the viability and resiliency of pastoralist communities through market development and improved natural resource management.		This Mission requested this case. The team identified this CM as highly comparable to the RiPA North_Drought CM as it is a similar program but with different IPs and locations. This case only looked at the application phase.
RiPA North_Drought	Feed the Future RiPA project targets pastoralist families and communities to promote the viability and resiliency of pastoralist communities through market development and improved natural resource management.	MercyCorps's RiPA-North's February 2022 CM was designed in response to the drought crisis in Somali and Oromia by leveraging private sector partners to increase access to animal health services and livestock feed/fodder and accelerate offtake of animals; providing multipurpose cash assistance; and supporting the DRM Bureau (DRMB) and Water Resource Bureau to respond effectively to the crisis.	The Mission requested this CM because the award was already responding to the drought before they requested funding for CM. The team identified this CM as highly comparable to the RiPA South_Drought CM because it is a similar program but with different IPs and locations. This case only looked at the application phase.
L4R_Conflict-affected livelihoods	The Feed the Future Ethiopia Livelihoods for Resilience project improves food security and resilience among vulnerable communities in several regions with a focus on diversifying livelihoods and income sources, expanding access to financial literacy and micro-credit opportunities to support small business endeavors, and provide job skills and vocational training for youth.	CARE's Livelihoods for Resilience (L4R) March 2022 CM was designed to respond to the conflict-affected livelihoods by supporting livelihood recovery through the provision of one-time cash transfers, facilitating household business planning and market linkages, and working with village economic and social associations (VESA) technical support and other financial inclusion activities.	The Mission requested inclusion of this CM because the CM was activated in the last two months of the award and it is targeting a conflict-affected community that recently became accessible. Even though the award is closing, the same staff are going to be working on similar activities under a different award on the Emergency side. This case only looked at the application phase.

Sampling Strategy

Across the 13 CMs, interviewees were selected based on the need to speak with those reviewing, applying for, managing, implementing, or receiving services from the chosen crisis modifiers in USAID/Ethiopia Activities. The team employed purposive sampling and used snowball sampling as needed to reach saturation,[4] and substantiation as part of Outcome Harvesting. The initial purposive sample was based on who is best informed about the selected subset of crisis modifiers that have been implemented at USAID/Ethiopia between January 2020 and January 2022, and the team used snowball sampling during the Outcome Harvesting sub-evaluation to identify additional stakeholders to substantiate any identified outcomes.

In total, the evaluation team conducted 167 key informant interviews and reviewed 57 secondary documents. The team conducted interviews in person, by phone, and using Google Meets, and coded all transcripts and secondary documents using Dedoose.

[4]This evaluation's sampling saturation target was to conduct a minimum of six interviews per homogenous group, which would achieve approximately 70% coverage of unique information and ideas. This number was appropriate based on the sampling saturation standard of between 6-12 interviews to reach 70-92% coverage of unique information and also accounted for the need for timely and use-focused data collection. As noted in the table below as well as the Data Collection Limitations Section, there were some cases that were unable to secure sampling saturation.

Table 3: Sampling Frame

Crisis Modifier Name	Activity Manager/ AOR	IP General Staff	IP MEL Staff	IP Decision Makers	Community Member	Other Dev't Actor	GOE Counterpart	BHA	OAA	SAGE Coordinator	SAGE Reviewer	Total
READ II_Education Loss	2	2	1	1	7	2	3					18
TPHC_Health_COVID-19	1	2	2	1	0	1	2					9
THDR_Flooding	2	4	1	1	3	1	1					13
RiPA North_Flooding	1	7	1	1	6	1	1					18
GtN_Locust	3	2	2	2	11	0	3					23
GtN_Tigray Conflict_Malnutrition	3	1	0	2	0	0	0					6
THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 1	2	3	1	1	4	1	1					13
TPHC_Tigray Conflict_Health Services for IDPs (Tigray)_Round 1	1	1	2	1	0	0	0					5
THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 2	2	3	1	1	4	1	1					13
TPHC_Tigray Conflict_Health Services for IDPs (Amhara)_Round 2	1	1	2	1	0	0	1					6
RiPA South_Drought	1	1	0	1								3
RiPA North_Drought	1	3	0	1								5
L4R_Conflict-affected livelihoods	1	0	0	1								2
Other								1	5	15	12	33
Total	21	30	13	15	35	7	13	1	5	15	12	**167**

Limitations

As detailed in the inception report for this evaluation, there were several limitations and risks associated with the chosen methods and the operating environment for this evaluation. The evaluation team planned and adapted to mitigate these concerns to the extent possible. One limitation of the QCA method is the bias of the interviewees related to the content of interest in the evaluation. Interviewees may have perception, positive confirmation, and/or recall bias. Given the inevitable existence of some bias, the evaluation team designed the interview questions in such a way as to mitigate bias and triangulate the data on each case to ensure qualitative rigor. Outcome Harvesting is also subject to recall bias, particularly for retrospective Outcome Harvesting. To minimize the potential impact of bias, the team designed high-quality interview protocols, and the interviewers consulted available information on CMs in advance to ensure they could further probe what an interviewee may remember about the case. Lastly, Outcome Harvesting as a method is not designed to reveal the causal pathway of how a given outcome was achieved, and therefore this evaluation will not be able to share findings in this vein.

The risk of shocks and crises, including the Northern conflict and drought, hampered the team's ability to interview implementing partner staff and community members in crisis-affected communities (e.g., when DE team members or supporting enumerators could not travel to conflict-affected areas). Where possible, to mitigate this limitation, the evaluation implemented phone-based interviews to reduce the need to travel. However, some cases were still not able to meet sampling saturation given the geographic implementation area of the CM and continued accessibility and communication challenges. For other CMs, there were not enough people to meet the proposed sampling saturation. The team conducted several rounds of follow-up to identify and connect with the interviewees, but it was not possible in some cases. Saturation limitations have been noted throughout the report as relevant.

The evaluation team also initially designed for an even gender breakdown for the community member stakeholder group, but almost all of the community members or beneficiaries interviewed were male. The mitigating action of conducting phone interviews to address the security concerns for some of the CMs and expediting the data collection timeline, as well as the dependency on implementing partners (IPs) to identify the potential community member sample, meant that it was more challenging to speak with female community members in rural areas.[5]

For the three Transform Health in Developing Regions (THDR) crisis modifiers, the evaluation team was not able to speak with the internally displaced people (IDPs) who received the health services because they were a protected research group and would have required in-person travel for the KIIs and additional, time-consuming preparatory protocols. While certainly worth the additional efforts, given the time constraints, the team worked with Amref to identify health workers who received training and supplies from the crisis modifier and were the individuals providing the health services to the IDPs. Similarly, for two of the Transform Primary Health Care (TPHC) crisis modifiers (IDP health services), the team could not speak with IDPs as beneficiaries. The team was not able to interview health workers because the IP contact provided was not responsive, and when connected with a staff member to help identify health workers, the data collection window had closed. For TPHC_Health_COVID-19, the evaluation team interviewed health workers as the recipients of the CM intervention. Lastly, GtN_Tigray Conflict_Malnutrition did not reach sampling saturation among IP staff nor among community members due to IP staff rotation/turnover and because of ongoing difficulties reaching those within Tigray.

Lastly, another challenge in meeting the target sampling saturation was the difficulty in identifying and connecting with monitoring, evaluation, and learning (MEL) staff at implementing partner organizations.

[5] In rural areas in Ethiopia, women do not traditionally have a phone number or phone access. Culturally, it is also not common practice for women to talk to people they do not know. Phone interviews for this study needed to come from some of the most remote areas in Ethiopia.

Crisis Modifier Overview and Comparative Analysis

As mentioned in the previous section, the evaluation team selected 13 CMs that fell predominantly between January 2020 - January 2022 (READ II_Education Loss CM was outside this time for reasons explained in Table 2). The evaluation team worked with the SAGE Coordinator to determine which factors would be most interesting to compare the crisis modifiers in this subset. They decided to include CMs that requested $100k or more in funding, prioritize differences among shock types, and maintain a diversity of IPs.

As part of the Qualitative Comparative Analysis, the evaluation team conducted qualitative deep dives and assessed several quantitative factors. One significant challenge faced in completing the comparative analysis on the quantitative factors was the poor internal USAID knowledge management systems. Often, the dates on the applications uploaded to the SAGE CM folder were inaccurate, sometimes up to two months different from when IPs submitted the Google Form. Document storage was inconsistent across the CMs in terms of the Concept Note, shock verification documents, the official notification of SAGE concurrence, and AO award letters and notification of funding. This lack of documentation and inconsistency of information prevented the evaluation team from assessing many of the timeliness factors. More broadly, this will inhibit the ability to consistently monitor, understand implementation challenges and/or Mission Order adherence, and adapt. To the extent possible, the evaluation team has leveraged multiple sources to confirm as many factors as possible. The following subsections include comparative analysis across the factors to help provide additional information for future decision-making.

Table 4: Factors and Descriptive Information of Crisis Modifiers

Table Color Key: *Descriptor* *QCA Factor*

Crisis Modifier Name	Activation Date	Shock	Implementing Partner	Type of Case	Alignment with Mission IRs	Activity Type/Alignment with SAGE Objectives	Scale of crisis	Scale of CM Funding Requested	Level of Implementation	Type of Adaptive Mechanism	Verification of CM Trigger Information	Outcomes Substantiated or Emergent Outcomes Identified
READ II_Education Loss	September 2019	Education Loss	Creative Associates	Full	IR 4.2, IR 4.3	Mitigating Loss of Development Gains	1,000,000 - 3,000,000	1M+	Regional	Funded/Written Into Award	No	Yes
TPHC_Health_COVID-19	April 2020	Health/COVID-19	Pathfinder International	Full	IR 4.4, IR 4.5	Both	100,000 - 1,000,000	750K-1M	Regional	Funded/Written Into Award	Yes	Yes
THDR_Flooding	August 2020	Flooding/Health	Amref Health Africa	Full	IR 4.1,	Both	<100,000	250-499.99K	Regional	Funded/Written Into Award	Yes	Yes

Crisis Modifier Name	Activation Date	Shock	Implementing Partner	Type of Case	Alignment with Mission IRs	Activity Type/Alignment with SAGE Objectives	Scale of crisis	Scale of CM Funding Requested	Level of Implementation	Type of Adaptive Mechanism	Verification of CM Trigger Information	Outcomes Substantiated or Emergent Outcomes Identified
RiPA North_Flooding	September 2020	Flooding	MercyCorps	Full	IR 2.2	Mitigating Loss of Development Gains	<100,000	100-249.99K	Regional	Unfunded /Written Into Award	Yes	Yes
GtN_Locust	January 2021	Locust	Save the Children	Full	IR 4.4, IR 4.5	Mitigating Loss of Development Gains	100,000 - 1,000,000	100-249.99K	Woreda	Funded/Written Into Award	No	No
GtN_Tigray Conflict_Malnutrition	February 2021	Tigray Conflict/Health/Malnutrition	Save the Children	Full	IR 4.4, IR 4.5	Development Program Addresses Humanitarian Need	>3,000,000	1M+	Woreda	Funded/Written Into Award	Yes	No
THDR_Tigray Conflict_Health Services_Round 1	February 2021	Tigray Conflict/Health Services for IDPs	Amref Health Africa	Full	IR 4.4, IR 4.5	Both	100,000 - 1,000,000	250-499.99K	Woreda	Funded/Written Into Award	Yes	Yes
TPHC_Tigray Conflict_Health Services_Round 1	February 2021	Tigray Conflict/Health Services for IDPs	Pathfinder International	Full	IR 4.4, IR 4.5	Both	>3,000,000	500-749.99K	Regional	Funded/Written Into Award	Yes	No
THDR_Tigray Conflict_Health Services_Round 2	September 2021	Tigray Conflict/Health Services for IDPs	Amref Health Africa	CM in Progress During Data Collection	IR 4.4, IR 4.5	Both	100,000 - 1,000,000	250-499.99K	Woreda	Funded/Written Into Award	Yes	Yes
TPHC_Tigray Conflict_Health Services_Round 2	September 2021	Tigray Conflict/Health Services for IDPs	Pathfinder International	CM in Progress During Data Collection	IR 4.4, IR 4.5	Both	1,000,000 - 3,000,000	500-749.99K	Woreda	Funded/Written Into Award	Yes	No

Crisis Modifier Name	Activation Date	Shock	Implementing Partner	Type of Case	Alignment with Mission IRs	Activity Type/Alignment with SAGE Objectives	Scale of crisis	Scale of CM Funding Requested	Level of Implementation	Type of Adaptive Mechanism	Verification of CM Trigger Information	Outcomes Substantiated or Emergent Outcomes Identified
RiPA South_Drought	January 2022	Drought	Global Communities	Application Only	IR 2.2	Both	1,000,000 - 3,000,000		Regional		Yes	No
RiPA North_Drought	February 2022	Drought	MercyCorps	Application Only	IR 2.2	Both	1,000,000 - 3,000,000	1M+	Regional	Unfunded /Written Into Award	Yes	No
L4R_Conflict-affected livelihoods	March 2022	Conflict-affected livelihoods	CARE	Application Only	IR 2.2	Both	>3,000,000	250-499.99K	Woreda	Unfunded /Written Into Award	Yes	No

Timeliness Factors

The evaluation team could not fully analyze the timeliness comparative factors due to ongoing data reliability issues, a lack of sufficient data points from the Mission's AO Award Letters, and the challenges related to the delayed declaration of crises.

- Regarding Concept Note submission, the team anticipated that there would be a clear date for when IPs identified a crisis, when the GOE declared a crisis, and when the IP submitted a CM Concept Note, as these are defining moments for adapting within a crisis. Upon conducting interviews with IP staff, it quickly became evident that the exact dates of crisis identification were hard to pinpoint due to recall bias and the amount of time lapsed for many CMs since conceptualization. Instead, most IPs mentioned how they generally identified the onset of crises through alerts from their local implementing staff and from the official requests of GOE counterparts. For those CMs who submitted GOE shock verification/support request documents (9 of 13), the team approximated the date of emergency declaration as the day the IPs were asked for support. **The time between the emergency declaration and CM application submission ranged from shortly before formal crisis declaration to more than three months in total, with the average being 28.78 days from crisis declaration/support request to CM application, indicating a number of issues for timely response and activation**. If it takes up to three months after a crisis is declared for IPs to submit a CM application for any reason (e.g., lack of scenario planning, delayed allocation from unfunded mechanisms, etc.), it is much more likely for needs in the region to change by the time that SAGE concurrence is granted and resources mobilized, prompting additional needs for IP efforts. Delays in mobilization have sometimes caused further suffering, such as malnutrition compounding when not treated quickly and resource duplication as other actors have filled the anticipated gaps in the interim (e.g., the GtN Tigray Malnutrition response). The evaluation team recommends the SAGE application request these data points in future applications so that team members can continue to monitor timeliness and adapt accordingly to better enable crisis response.

- Regarding the timeliness of SAGE review, the evaluation team does not have enough data points to do consistent quantitative analysis across cases. Review to date has often been managed through a Google Form and via emails from the SAGE Coordinators, but this has also changed depending on who has led in the SAGE Coordinator position and how much time they can dedicate to SAGE. Improved timeline data around when the SAGE review period started, when concurrence was granted or feedback was shared for revision and resubmission, and the date of funding obligation as documented in the AO Award Letter, would enable more detailed identification of particular sub-steps of the process that contribute to delays in early action.

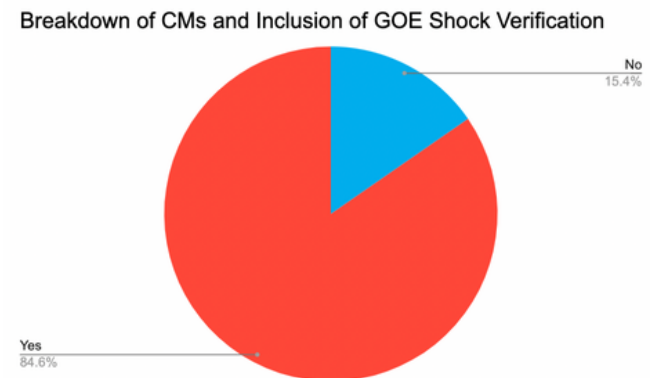
- Analyzing the timeliness of response to crisis depends on accessibility to two major pieces of information: the date that CM funding was received (as indicated by the AO Award Letter) and the date when implementation/distribution began on the ground (according to the implementer). Despite follow-up with individual Activity AORs, the evaluation team was unable to attain the complete set of AO Award Letters and these are also not consistently shared with the SAGE Coordinator. Without both data points, the evaluation team cannot test or understand what is or is not timely in the IPs' perspectives or how long it takes to mobilize once approval is received.

Verification of CM Trigger Information

The evaluation team defined the verification of CM trigger information as a binary variable regarding whether or not documentation of verification of shocks from GOE counterparts was included in the CM application.

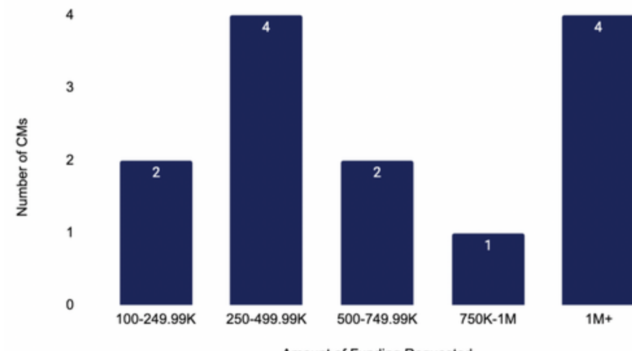
Based on accessible documentation, 11 CMs included verification documentation of documentation of GOE requests with their Concept Notes and two did not (READ II Education Response and GtN Locust Response). It is entirely possible that the IPs for those Activities did include verification documents, but they were missed in the knowledge management and storage process.

Figure 1: Verification of CM Trigger Information



Scale of Funding

Figure 2: Scale of Funding Requested



Originally the evaluation team included this qualitative factor so they could analyze the amount of funding requested versus the amount of funding granted. Without confirmation from the AO Award Letters, the team could not thoroughly compare these two data points to discern any trends. The distribution in this subset of 13 CMs that were over $100,000 is $250,000-$499,999 and $1,000,000+, with fewer requests in between. Within these peak brackets, there is no clear pattern of the amount of funding requested by the type of shock or time of request (e.g., not all of the $1,000,000+ requests are conflict-related as some are also drought responses, and not all of the more recent requests have been larger).

Level of Implementation

The level of implementation among the subset of 13 CMs was evenly split between focusing at the regional level and the woreda level. Those that focused at the regional level were more likely to request a larger amount of funding ($500K-$1M+) than those at the woreda level.

Figure 3: Level of Implementation

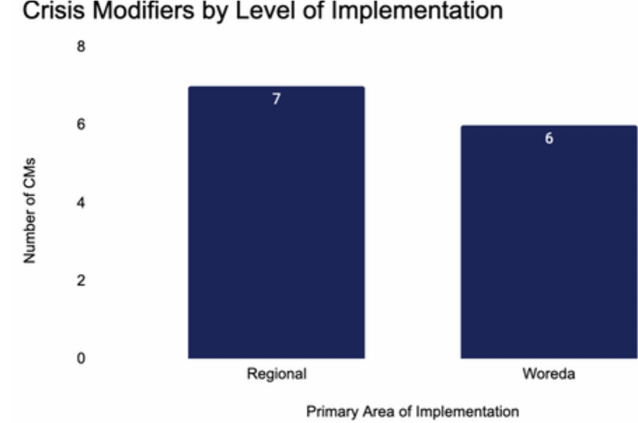


Figure 4: Woreda-Focused CMs Amount of Funding Requested

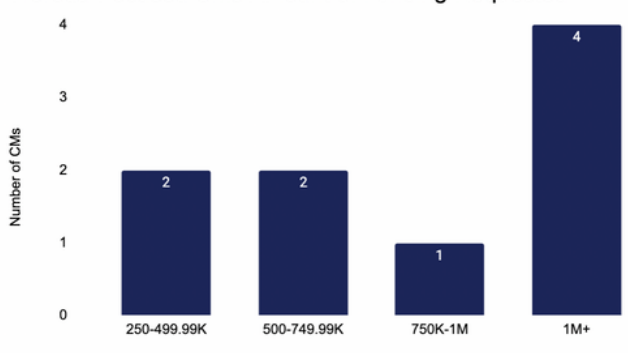
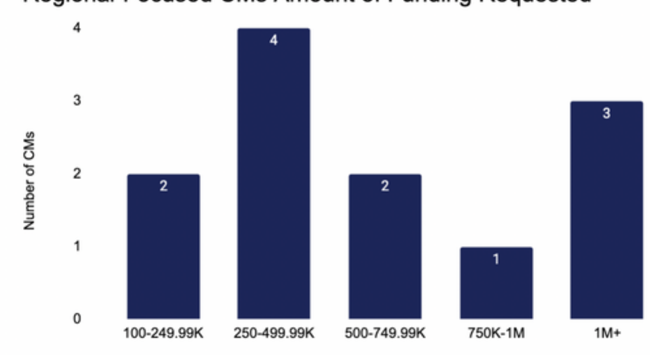


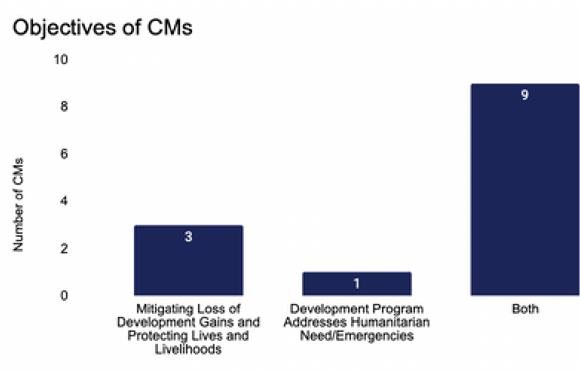
Figure 5: Regional-Focused CMs Amount of Funding Requested



Alignment with Objectives and the Mission's Country Development Cooperation Strategy (CDCS)

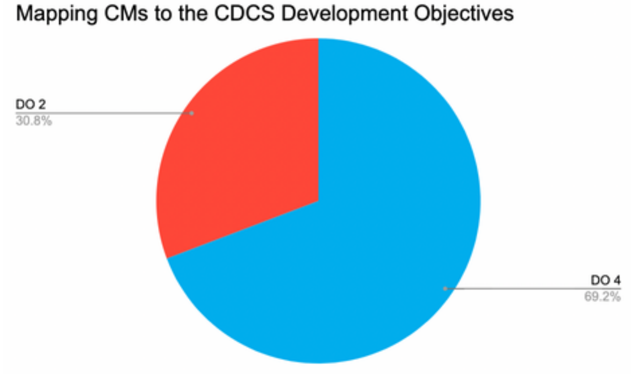
Since CMs are used in Activities across the Mission, the evaluation team wanted to look at the overall breakdown of where they aligned in supporting two core objectives: 1) to mitigate the loss of development gains and protect lives and livelihoods, and 2) to enable development programs to address humanitarian needs/ emergencies. Based on IP objectives selection in the CM applications, most CMs sought to contribute to both objectives. This is helpful to understand when thinking about the humanitarian-development nexus and indicates that, to some extent, IPs understand the purpose of this funding to bridge the gap and serve beneficiaries. This is valuable information for USAID/Washington BHA colleagues in demonstrating that CMs and emergency response can have both short-term emergency response contributions alongside more medium- to long-term effects that are mutually beneficial to both development assistance and humanitarian response.

Figure 6: Objectives of CMs



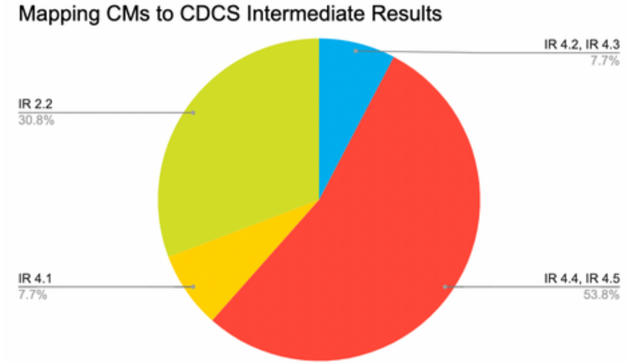
Regarding alignment with the Mission's CDCS, Activities in this subset fell mostly under Development Objective (DO) 4: Sustained Improvement in Essential Service Delivery Outcomes Focused on Women and Girls, with some falling under DO 2: Resilience of vulnerable populations to key shocks increased.

Figure 7: Mapping CMs to CDCS Development Objectives



More specifically, the CMs within this subset aligned with DO 4 were primarily working under *IR 4.4 Utilization of quality health and nutrition services increased*, and *IR 4.5 Health and nutrition systems strengthened for greater self-reliance*. For the CMs aligned with DO 2, all of them are working under *IR 2.2 Shock resilient livelihoods are increasingly adopted and maintained.* SAGE itself falls under DO 1: Disaster Risk Management Strengthened, specifically *IR 1.3 Emergency response provided more effectively,* so the only representation missing among the DOs in this subset of CMs is from DO 3: Private Sector-Led Economic Growth Promoted.

Figure 8: Mapping CMs to CDCS Intermediate Results



It is important to note that these findings are just from the subset that the evaluation team included for this evaluation, not representative of all CMs; additionally, formal CMs have only been included among 7-8 Activities currently in implementation. While having a CM included within an award can help Activities adapt during times of shock, it is not the only way the Mission can enable better emergency response as Crisis Modifiers are meant to be short-term funds. The Mission must support longer-term holistic planning at the design phase for how all Activities will respond to inevitable shocks since the operating context within Ethiopia has shifted drastically even since the latest CDCS was implemented in 2019.

Comparative Analysis Recommendations

To act upon the findings from the Comparative Analysis components above, the evaluation team proposes the following recommendations:

1. USAID Leadership (Front Office through use of the Organizational Development Activity, Office Chiefs and Team Leads through intentional staff development and training plans, and through use of other support contracts for IPs) needs to support capacity building with A/CORs, Activity Managers, and IPs to ensure that scenario planning is appropriately leveraged during Activity design and throughout implementation for crisis response to be activated more quickly. IPs can save time by having a proactive plan that addresses likely shock scenarios, even if they need to modify a potential plan with specific context details at the time of crisis identification.

2. Mission Leadership, the SAGE Coordinator, and OAA, as applicable, must re-examine the SAGE application process to determine whether all of the information requested is the bare minimum of what they need to know to activate and track a CM. At a minimum, the evaluation team recommends asking for a date and method of crisis identification, and uploading a relevant contingency or scenario plan for reference in the application submission form. Additionally, if USAID wants IPs to be proactive in emergency response, they should re-examine the value of requiring submission of GOE support documents as part of the CM application process. They are nice to have from a triangulation point of view but add additional complications to the process that warrant a weighing of the trade-offs. Furthermore, for improved data for analysis and decision-making in the future, the team recommends that whoever is in the SAGE Coordinator role is regularly PDFing emails regarding calls for SAGE review in the appropriate CM folder as soon as they are shared. Building this into the process will help improve knowledge management and ensure that there is no backlog of SAGE review requests sitting in someone's email account.

3. Mission Leadership (Front Office and Office Chiefs) must revisit and clearly outline A/COR and Activity Manager responsibilities and expectations for how they will contribute to better monitoring of CM implementation as they are the primary point of contact with IPs. Part of this expectation should include better emergent tracking as the CMs are implemented through a centralized system that is automatically shared with the SAGE Coordinator. Setting up the requisite monitoring, evaluation, and learning (MEL) processes and tools ahead of CM award and implementation will help reduce barriers to information the Mission can use for data-driven decision-making.

4. The SAGE Coordinator should continue tracking funding requests and funding allocation data to discern whether there are any patterns over time for types of shocks and scale of funding, and use that information to better anticipate and justify response thresholds. Additionally, they can use that information to indicate to OAA, Activity Design teams, and IPs how they may need to design future awards and interventions to be strategically prepared for shocks. The SAGE Coordinator should also continue to explore overall CDCS alignment from all CMs that have been granted to discern if there are any trends for best use of short-term flexible funding, sector-specific limitations, or other sector-specific considerations for emergency response.

EQ 1: To what extent is SAGE improving coordination of EER?

SAGE has helped establish better EER coordination within USAID by implementing helpful processes and SOPs that Mission staff can fall back on, providing a venue for information sharing and decision-making, and engaging multiple sectors/technical offices in emergency response. To ensure the benefits from good coordination continue at the Mission, SAGE needs to communicate and work to achieve stronger, continuous buy-in across the Mission to continue its journey to being institutionalized. Otherwise, incoming staff will be unaware of the processes and value-add it brings and unable to collaborate with the structures it can provide. Additionally, evidence revealed that the timeliness of EER is undermined by political/bureaucratic differences within the Agency, risking further damage or cascading effects from shocks that require prompt support. This finding demonstrates the importance of ensuring that internal Mission and Mission-Washington communication and coordination issues are ameliorated or minimized so that all parties can focus on improved response to reduce suffering as much as possible in a timely fashion with available resources.

Most external stakeholders engage with SAGE via crisis modifiers. To assess how SAGE improves EER coordination outside of the Mission, the evaluation team looked at coordination from the lens of crisis modifier implementation. Building on evidence from the SDRM-SI Learning Review (pages (36-39), it is clear that supportive coordination and strong partnerships are critical for implementing timely response. Evidence highlighted that IPs used the crisis modifier response as an opportunity for intentional coordination and collaboration with other development actors working on emergency response in more than half of the CMs in this dataset, leading to the conclusion that flexible funding and the crisis modifier review prompts improved coordination among emergency response implementers and avoids duplication.

Regarding coordination with the GOE, evidence showed that the GOE has responded positively and takes CM funding seriously to build better relationships. Data also indicated that CMs have helped build trust and confidence with communities in two CMs. Though more information is needed, CMs may play a pivotal role in repairing relationships within crisis-affected communities through IPs consistently showing up and delivering as much support as is feasible, which can then continue to be built upon to improve community capacity and resilience.

The following provides more detailed findings on this evaluation question.

Internal Coordination Process Findings

Various AORs, SAGE Reviewers, and SAGE Coordinators had many positive impressions of the overarching SAGE process that they were eager to share. Staff members (8) reflected positively on various parts of the established CM review process that SAGE has put in place, emphasizing its good SOPs to fall back on, the helpful 3-page SAGE infographic, a serious 48 hour timeline for review, thresholds for discerning CM due diligence checks needed, and a comprehensive technical review template for CMs that makes it easy for SAGE Reviewers to use. SAGE Reviewers (5) were also quick to articulate the various ways that SAGE adds value to the Mission in that it:

- enables the provision of conflict contingency planning assistance;
- provides a place for discussion and decision making when Activities need to pivot with a CM;
- serves as a tool for endorsing ideas and strategies within the Mission;
- supports monitoring of humanitarian situations in the country;

- prepares the Mission to respond more quickly to emergent needs;
- approximates the gap between humanitarian and development work;
- and, gives staff the vocabulary to discuss and bring emergency work and development work closer together.

SAGE Reviewers (4) specifically pointed out that people take the review process seriously, and among FSNs who have been involved since the beginning, there is respect for SAGE as an established part of doing business at the Mission. Mission staff triangulated (3 excerpts, 3 sources) that technical office participation has been working well to include a range of reviewers. Technical office participation enables the inclusion of input to get angles and opinions from multiple sectors and diverse backgrounds and expertise. Despite this inclusion of more perspectives, the data also showed that there had been fewer SAGE Reviewers reviewing CMs over time, indicating that cross-Mission participation has waned.

Having technical office representatives participate in weekly SAGE meetings to review, share their experiences, and update staff on implementation across the Mission has helped activities address gaps, realign strategies and approaches, coordinate their work, and strengthen capacities for contingency planning. Additionally, having Mission Leadership like the Mission Director (MD) and Deputy Mission Directors (DMDs) participate in ongoing SAGE meetings was also flagged as important to help demonstrate Mission buy-in, elevate the platform, and improve sustainability (3 excerpts from 3 USAID staff). In addition to his participation, MD Jones has championed SAGE since he arrived at the Mission in early 2020. This support has been crucial to gain further legitimacy and has enabled SAGE staff to leverage buy-in for better Mission-wide organization, coordination, participation, and use of resources.

Internal Coordination Process Conclusions

SAGE has helped establish better EER coordination within USAID by implementing helpful processes and SOPs that Mission staff can fall back on, providing a venue for information sharing and decision-making, and engaging multiple sectors/technical offices for the response. Each of these mechanisms is person/staff member agnostic and does not depend solely on the actions of one person, meaning they can withstand time and rotation as long as there is buy-in among leadership and participants. Put another way, SAGE regularly needs to communicate and work to achieve buy-in across the Mission to continue its journey to being institutionalized. Otherwise, incoming staff will be unaware of the processes and the value-add it brings, and unable to collaborate with the structures it can provide.

Internal Coordination Process Recommendations

1. Mission and R2 Leadership should provide intentional support to ensure the smooth continuation of SAGE from June through September 2022, given the benefits SAGE has brought to the Mission as described in the findings above. This support should include timely assignment of interim SAGE Coordinator responsibilities, active recruitment and retention of a full-time SAGE Coordinator, digesting and disseminating the SAGE Handover memo and any updated guidance, and encouraging and strengthening cross-Mission engagement in the SAGE weekly meetings and CM reviews.

2. On an ongoing basis, Mission Leadership should reassert the importance of active SAGE participation for all technical and support offices, not only to share context updates, but also to actively engage in strategic adaptation discussions. This support can be conveyed through regular Leadership attendance in the SAGE weekly meetings, quarterly email reminders to all Mission staff, and quarterly check-ins with the SAGE Coordinator to discuss any other adaptations as needed.

Lastly, Mission Leadership, and R2, as applicable, should dedicate the necessary resources to enable maintenance, expanded functionality, and partner use of the SAGE Dashboard to further strengthen and expedite coordination and collaboration already happening throughout CM implementation and beyond.

External Coordination Process Findings

Review of available evidence substantiated that supportive coordination and collaboration were notable among CMs, particularly when IPs worked together with communities and GOE counterparts to develop communication plans, support beneficiary targeting, implement jointly, build strong relationships, fill any gaps, and deduplicate resource distribution (19 excerpts, 14 sources). For example, one interviewee highlighted, *"we are working closely with other actors and we planned together in all zones. Through the coordination; the overlapping possibilities become less and it was great coordination efforts."* Additionally, the implementation of CMs has helped with integrated response between development work and humanitarian assistance, helping to bridge the gap between the two subfields (6 excerpts from 6 sources).

Eight of the CMs further triangulated that they have strong partnerships and support from USAID and GOE partners, illustrated by good communication, cost-sharing with government partners, and joint implementation (17 excerpts, 14 sources). Sources from CMs implementing flood response, drought response, and COVID response emphasized the weight that CM funding has and its influence on response and relationships, especially with the GOE, since GOE perceives crisis response support from IPs as direct, beneficial support to their overarching emergency response efforts (17 excerpts, 12 sources). This strengthening of support leads to better relationships, fills gaps in responses, and helps reach those in need with a more localized, timely response because of NGOs' funding and field office access. In this vein, IP staff from both the TPHC IDP Health Services and the THDR Flooding responses expressed that implementing CMs has created community confidence and trust in Pathfinder and Amref since they were able to respond during the crises, Northern Ethiopia Conflict and flooding, respectively, (4 excerpts, 3 sources). And overarchingly, a combination of 17 GOE representatives, community members, implementers, and other development actors expressed their sincere gratitude for CMs and their ability to restore communities' livelihoods, support timely response, coordinate successful distribution, and help respond to the needs of affected communities.

External Coordination Process Conclusions

Based on evidence from the SDRM-SI DE Learning Review (pages 36-39) it is clear that supportive coordination and strong partnerships are of critical importance for implementing timely response, so to see positive examples of coordination appear in more than half of the CMs in this dataset leads the evaluation team to believe that flexible funding may be helping to improve coordination among emergency response implementers and avoid duplication.

The GOE is responding positively and taking CM funding seriously to build better relationships, but CMs are not meant to be a long-term solution, especially for recurrent, predictable shocks. More information is needed to understand how GOE actors are learning from CM implementation.

Data also indicated that CMs have helped build trust and confidence with communities in two CMs. Based on learnings from the Afar Flood Response Case Study, one of the major issues for delayed or late migration of households out of flood zones was that community members did not trust that the government will meet their needs (e.g., shelter, food, and water) during relocation and other emergency responses since they have had issues with this in the past. CMs have the opportunity to play a pivotal role in repairing relationships within crisis-affected communities through IPs consistently showing up and delivering as much support as is feasible alongside GOE counterparts, which can be built upon to improve community capacity and resilience.

External Coordination Process Recommendations

USAID should work to understand if/how GOE actors are analyzing patterns from the gaps identified through collaboration during these shocks to use that information to better plan for response in the future, fund disaster risk financing, and build capacity within the country to eventually transition away from heavily relying on NGO support. This would help give insight into if the GOE is leveraging these short-term solutions to learn as much as possible or if they are stuck in a cycle of needing stop-gap support but are unable to build longer-term solutions.

Communication Findings

IPs from two different CMs indicated that the design (geography/target communities, intervention, scope) was clearer when they worked with USAID or the GOE early in the Concept Note development process (e.g. briefings, harmonization workshops) (3 excerpts, 3 sources). Likewise, frequent communication between USAID and IPs was cited as important for designing the crisis modifier Concept Note and effectively avoiding an overlap of interventions (5 excerpts, 5 sources).

During the implementation of CMs, IPs viewed USAID's relationship and communication with the GOE as key to getting timely and supportive information (10 excerpts, 8 sources); and implementers from two crisis modifiers both mentioned that their connection cluster structures or meetings were informative for identifying gaps and avoiding overlaps (2 excerpts, 2 sources). Cluster meetings between implementing partners with involvement from USAID are an effective means of coordinating interventions, and USAID's relationship with GOE ministry offices is a source of information, though it is not clear how often the cluster meetings take place or what factors make them more or less successful (4 excerpts, 4 sources). Overarchingly, written reports, regular meetings, or both between implementing partners and USAID were cited as effective information sharing and communication tools, and two-way communication enables both parties to identify implementation challenges together (11 excerpts, 9 sources).

Coordination Findings

The evidence reflected an overall positive opinion about coordination within the SAGE team and R2 (10 excerpts, 9 sources). Three tools were cited (conflict vulnerability assessment, woreda activity tracker, and duplication check template) as enabling SAGE to discuss and make decisions as a team and with implementing partners (5 excerpts, 4 sources). SAGE working group meetings were also described as a useful information-sharing mechanism, but one that requires USAID Offices to commit and give time for collaboration to be effective (4 excerpts, 3 sources).

Implementing partners' connections with the GOE at the regional and federal Ministry levels were described as enabling coordination of interventions or support while minimizing duplication or overlap of efforts with other actors (7 excerpts, 6 sources). Only four specific coordination mechanisms were cited: regional government-led taskforces, a regional crisis response coordination platform, Emergency Coordination Centers (ECC), and a recurring multi-sector disaster prevention meeting (3 excerpts, 3 sources). And implementers of three CMs cited regular meetings with emergency response teams or national task force / working groups as a key way to coordinate activity implementation (3 excerpts, 3 sources). Meetings were frequently cited as a tool for implementing partners to coordinate their activities, ranging from recurring meetings with a task force or working group, crisis team meetings weekly or biweekly, cluster meetings, woreda-level meetings of partners, and a technical working group platform (6 excerpts, 5 sources).

In particular, cluster meetings were cited as valuable for updates on emergency interventions, learning about other organizations' experiences, reviews before Missions distribute resources, and prompting report updates (4 excerpts, 3 sources) and for de-duplication of efforts (3 excerpts, 2 sources). The evidence indicated that the de-duplication of activities and CMs was the joint responsibility of USAID and the implementing partner and started at the Concept Note initiation phase and continued during the review process through implementation (7 excerpts, 6 sources). Clusters were cited as an approach to de-duplication, identifying when this might be an issue and coordinating amongst implementing partners as activities are carried out (5 excerpts, 3 sources).

Collaboration between GOE and Partners Findings

7 of the 10 CMs that have either already closed out or those that are currently in implementation mentioned at least one positive opportunity where they have been able to engage with coordination structures to jointly plan, design, ensure understanding of prioritization, identify gaps, and implement with GOE (8 excerpts, 8 sources). As a result, actors worked closely with each other while avoiding any overlap or duplication of resources. More specifically, six CMs reported successful collaboration with GOE actors by co-implementing and the government sharing resources to enable the mobilization of supplies (11 excerpts, 8 sources). For example, in the case of Growth through Nutrition (GtN) Locust response, Save the Children (SAVE) used the government structures, kebele-level agricultural and health extension workers contributed directly, and the government was able to fill the gap to fuel vehicles for travel from woredas to the kebeles during beneficiary selection. Three CMs also mentioned helping GOE actors on Regional Preparedness and Response Plans with identifying the major pillars of response, risk communications, community engagement, and humanitarian impact (4 excerpts, 3 sources). IPs and other stakeholders then used this plan to find where they were best positioned to contribute to various shocks and implement responses accordingly with overarching alignment with GOE's vision. Lastly, three CMs specifically referenced positive/helpful collaboration with Regional Health Bureaus for support, monitoring of interventions, and arrangement of services for IDPs (3 excerpts, 3 sources).

Communication, Coordination, and Collaboration Conclusions

Communication, coordination, and collaboration have a dependent relationship, each piece building on the other—coordination of CM implementation requires good communication so that actors can know who is doing what, where, and when, can deduplicate efforts, and share timely context updates. And often, partners will build up to more engaged collaboration and resource sharing by first getting to know each other and building trust while coordinating other interventions. Over time this collaboration can continue to build on GOE structures and capacities, enabling a more sustainable transition since GOE officials will have been involved in coordinating and implementing responses for various types of shocks. Evidence preliminarily indicated the engagement of development actors in the EER space was increasing coordination between actors and with the GOE; however, there was insufficient data to validate whether this was an improvement to EER coordination systems to date or merely effective coordination of new actors entering the EER space. It should be noted that many of the coordination mechanisms preceded this flexible funding mechanism or have been supported alongside SAGE and CM development by the Agency through Activities such as National Incident Management System (NIMS).

Within the Mission, SAGE contributes to improved information sharing and coordination. External to the Mission, a number of coordination tools and approaches have been highlighted as effective; however, there is insufficient evidence to pinpoint which approaches are the most effective in which circumstances.

Communication, Coordination, and Collaboration Recommendations

1. The Mission should continue to support the SAGE working group, encouraging active, broad Mission participation and appropriately resourcing SAGE (aka a full-time SAGE Coordinator and a more robust and regularly updated SAGE Dashboard) to best leverage the potential to advance beyond information sharing to more strategic collaboration among technical offices. A full-time SAGE Coordinator could leverage incoming information across offices, Activity mapping in the SAGE Dashboard, and other incoming data sources to expedite verification of need, deduplication checks, and proactive context monitoring. Additionally, this role can support the synthesis of learnings shared by AORs from individual CMs and other stakeholders operating in the EER space to ensure ongoing and future implementation is increasingly effective and efficient, a learning cycle that has been missing to date.

2. Meanwhile, IPs should look to specifically capture learnings around the machinations of effective collaboration platforms and tools to better enable replication of what is most effective in supporting timely response and action. The SDRM-SI DE can also continue investigating operational coordination and collaboration data to contribute to evidence-building and future adaptations.

3. Furthermore, IPs should coordinate with stakeholders (USAID, GOE, and other development partners) during CM intervention design and implementation. Reporting on planned and executed coordination/collaboration efforts should be a mandatory part of CM applications, regular reporting, the CM Emergent Outcome Harvesting Survey, and the final closeout report going forward.

Internal Agency Coordination Findings

USAID staff identified that Mission operational challenges like the relationship between SAGE and the Disaster Assistance Response Team (DART) or the USAID Bureau for Humanitarian Assistance's (BHA) strategy and the Mission's strategy could fuel a lack of internal coordination. One example was the recent Livelihoods for Resilience (L4R) Crisis Modifier request, where technical DART feedback may have inhibited associated R2 staff from responding authentically to the review process.

Internal Agency Coordination Conclusions

Evidence suggests that timely emergency response is undermined by political/bureaucratic differences within the Agency, risking further damage or cascading effects from shocks requiring prompt support. It is essential to ensure that internal Mission communication and coordination problems are ameliorated or minimized so that all parties can focus on better response to reduce suffering as much as possible in a timely fashion with available resources.

Internal Agency Coordination Recommendations

1. USAID must address internal coordination and sustainability issues (e.g., R2 taking over the DART responsibilities) so that roles and responsibilities are clear and the Mission can use resources effectively without getting mired in in-fighting. This aligns and should be addressed as part of the R2 Strategy Refresh work currently being completed and then any resulting work within the Mission to implement strategy changes.

EQ2: What changes have resulted from the implementation of crisis modifiers?

USAID/Ethiopia and implementing partners using crisis modifiers in their activities have contributed to outcomes ranging from students returning to school to continue their education, to health systems recovering and maintaining service provision, and minimizing livestock deaths and disease. While the core outcomes are described below, the narrative case studies for each CM provide more details on the outcomes and the story of how they happened.

Given the complexities and challenges of responding to crises, it is important to consider the substantiated outcomes along with the thematic analysis of the enabling and inhibiting environment. As many of the CMs in this data subset were activated to help in response to the crisis in Northern Ethiopia, insecurity and conflict inhibited the operating environment. They caused negative secondary effects like displacement and the inability to transport resources, worsening already dire circumstances as communities started recovering from other shocks in the region. Another persistent challenge is that crisis response is not initiated in a timely manner when the GOE politicizes crisis declaration, does not conduct appropriate advanced planning for known recurrent shocks, or is overly dependent on development actors who often require some level of GOE acknowledgment of the crisis to act.

Outcome Harvesting Overview

Before diving into the substantiated outcomes from this evaluation, it is important to emphasize Outcome Harvesting's intended purpose and limitations. Outcome Harvesting as a method is designed to identify, verify, substantiate, and make sense of outcomes that may be otherwise unclear or unidentified.[6] It is not meant to fully detail how the implementation occurs but to uncover changes in the context and the evidence of how specific actions contributed to the outcome. In this evaluation, the team relied on KIIs and secondary document reviews to identify potential outcomes from the crisis modifiers in the subset. Then, they conducted additional interviews with key informants to verify the identified outcomes, implemented outcome substantiation, and analyzed the findings.

Substantiation of Outcomes and Contribution

Substantiation verifies through evidence gathering whether identified outcomes have occurred, their significance, and what an implementing organization's contribution was to the outcomes. Substantiation is unique from triangulation as it requires verification from three different stakeholder groups (or more) rather than just three individual sources. An outcome can be strongly substantiated but with a weak level of contribution if the causal mechanism is unclear. Through this process, the evaluation team recognized some recurring challenges with the CMs of outputs being framed as outcomes and potential outcomes lacking the necessary detail to confirm what is the change being described or how exactly an IPs intervention was supposed to have affected the change. These were the two main reasons why some of the identified outcomes could not be substantiated with the existing evidence for this evaluation.

Though not the main objective of Outcome Harvesting, substantiating the level of contribution is part of the analysis process and provides important information to the implementer about their specific role in achieving the outcome. In many cases in this evaluation, the causal mechanism that links a specific intervention(s) to the outcome was not well understood, making the contribution often challenging to assess.

[6] Barbara Klugman, Claudia Fontes, David Wilson-Sánchez, Fe Briones Garcia,Gabriela Sánchez, Goele Scheers, Heather Britt, Jennifer Vincent, Julie Lafreniere, Juliette Majot, Marcie Mersky, Martha Nuñez, Mary Jane Real, NataliaOrtiz, and Wolfgang Richert; Wilson-Grau, R. and Britt, H., 2012. Outcome Harvesting. Ford Foundation. Available at: https://outcomeharvesting.net/outcome-harvesting-brief/

Definitions

As detailed in the Outcome Harvesting Methods Memo, Headlight uses the following rating scales.

Outcome Evidence Rating Scale

- **Preliminary:** Medium confidence level (trustworthy data; should be triangulated) for emergent outcomes identified at the time of the study, but insufficient evidence concerning solidification of long-term changes. The differentiation between a preliminary and medium rating is that the finding has not achieved full outcome status, but may be a solidified early indication that there is an emergent outcome at the time the study is conducted.
- **Unclear:** Unable to triangulate, contradictory evidence, or indirect sources for an outcome.
- **Weak:** Unable to triangulate outcome, but information is from a direct, trustworthy source or backed up by documentation.
- **Medium:** The outcome is triangulated and information is from direct sources.
- **Strong:** The outcome is triangulated, information is from direct sources, AND there is minimal variance in the outcome details from the originator and substantiators for it happened.

Contribution Rating Scale

- **Weak:** The change agent was already thinking about action/behavior/policy change before working with the implementer and they do not identify the implementer as the reason they took any action.
- **Medium:** The change agent was already thinking about action/behavior/policy change before a conversation with the implementer, but they identify the implementer as the reason they took a particular action that enabled broader behavior or policy change.
- **Strong:** The change agent started thinking about action/behavior/policy change as a result of a conversation with or participation in an intervention from the implementer, and they identify the implementer as the reason they took a particular action that enabled behavior or policy change.

Given the challenges mentioned with substantiation in the previous section, the evaluation team included definitions for inputs, outputs, and outcomes to help frame the identified outcomes in this section and the other findings highlighted in the narrative cases.

Inputs: this term refers to what the implementing partner implemented as part of the crisis modifier activity, e.g., provision of seeds, conducting capacity-building activities, etc.

Outputs: products, capital goods, and services resulting in immediate changes relevant to outcomes (Development Results, 2013). These are within a client's Sphere of Control and are often the predecessor to outcomes like knowledge gained from a training meant to support long-term behavior change.

Outcomes: a change in the behavior, relationships, activities, policies, or practices of an individual, group, community, organization, or institution. Outcomes are a step beyond outputs and should encapsulate desired results, moving towards the impact of an intervention. An organization can directly or indirectly influence outcomes but not control them entirely (Headlight Outcome Harvesting Method Memo).

In several of the narrative case studies (linked in the annexes), there are a few outputs and one input because they serve as a base for other substantiated outcomes, and present a useful opportunity to demonstrate the differences between inputs, outputs, and outcomes. Where possible, the evaluation team has provided additional guidance on how IPs may substantiate early indications of desired results when they are more mature in the future.

Identified Outcomes

Business Owners Recovered and Restarted their Businesses – RiPA North_Flooding

Level of Substantiation: Strong

Level of Contribution: Strong

Outcome Description: Resilience in Pastoral Areas (RiPA) North provided microenterprises most affected by the flood with financial support following the Afar flood in 2020. The markets were struggling, and many businesses lost their items and were out of money. The 8,000 ETB business stimulus packages, component 2 of the MercyCorps RiPA North Crisis Modifier, provided microenterprises with finance that they used to restart and recover their businesses.

Minimized Death and Disease of Livestock – RiPA North_Flooding

Level of Substantiation: Strong

Level of Contribution: Medium

Outcome Description: The catastrophic overflow of the Awash River affected communities in six of the seven woredas where the RiPA project planned to work. MercyCorps developed the package of response activities to support the flood-affected communities. One of the four components of the CM intervention was focused on livestock and provided vouchers to flood-affected households to purchase vet drugs from local private veterinary pharmacies (PVPs). The voucher transfer helped participating households access veterinary drugs from nearby PVPs, which helped minimize death and disease, and improve the health situation of their livestock. The PVPs that facilitated voucher-based vet drugs supported 2,952 households and saved the lives of an estimated 29,520 core breeding heads of livestock.

Prevented Disease Outbreak – THDR_Flooding

Level of Substantiation: Strong

Level of Contribution: Medium

Outcome Description: In August 2020, the Afar Regional Health Bureau's assessment revealed gaps in cholera treatment centers (CTCs) in flood-affected woredas and forecasted that, if a cholera outbreak happened, the existing supplies were insufficient to manage the response. More cases were expected due to the flood and the influx of IDPs in the region. In response to the Regional Health Bureau (RHB) assessment, the THDR Activity procured and handed over to the RHB materials for Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH), as well as set up cholera treatment centers. The Activity also provided logistics support to facilitate the distribution of these items to affected woredas based on identified needs during the assessment period. The THDR Flooding implementer, Amref Health Africa, proactively strengthened community health supplies, healthcare facilities support, and technical assistance, which contributed to preventing a water-borne disease outbreak.

Provision of Scholastic Materials Supported Students to Return to School – READ II_Education Loss

Level of Substantiation: Medium

Level of Contribution: Medium

Outcome Description: During the summer of 2019 in Somali, the Southern Nations, Nationalities, and Peoples' Region (SNNPR), Oromia, and Amhara, families fled their homes due to tribal conflicts. When they were displaced, they experienced economic hardship and lacked the assets and resources to purchase scholastic materials for their children. The Reading for Ethiopia's Achievement Developed (READ) CM sought to mitigate some of the adverse effects of the conflict on children and families by providing school materials so that a lack of resources would not prevent students from attending school. Several community members interviewed for this evaluation shared that the materials also served as an enabler by attracting students to return to school. The READ II CM intervention's provision of scholastic materials contributed to an increased number of students returning to school.

Increased Health Worker Capacity – TPHC_Health_COVID-19

Level of Substantiation: Medium

Level of Contribution: Medium

Outcome Description: With a global pandemic beginning in early 2020, Ethiopia was affected in similar ways to other countries—infection rates were increasing quickly, everyone was afraid, and health care workers were uninformed on how to respond to this new disease. TPHC designed and implemented a CM to strengthen sub-national coordination, risk communication and community engagement (RCCE), surveillance and testing, COVID-19 case management, IPC, and continuity of essential services. One component of this was conducted through implementing staff mentoring, supportive technical assistance (TA)/supervision, and capacity building trainings for health care workers, which created additional COVID awareness and response capacity, especially regarding proper personal protective equipment (PPE) use, patient engagement, added internal supervision, and vaccination monitoring capacities. As a result, health workers' COVID response capacities increased, which enabled better treatment and disease prevention.

Health System Support Enabled Maintained Service Provision – TPHC_Health_COVID-19

Level of Substantiation: Medium

Level of Contribution: Medium

Outcome Description: Healthcare systems are intentionally designed to handle disease outbreaks and prevention, however, the pandemic has overwhelmed facilities worldwide and certainly in Africa, which was ill-prepared for an outbreak at this scale. With this in mind, TPHC offered support to local health facilities to support healthcare worker capacity, backup support, integrated services, resource planning, coordination, and equipment maintenance. These services contributed to the ability of facilities to maintain service provision for essential services like maternal and child health services. Because facilities had extra support, those locations that had stopped service from an overwhelming number of COVID cases were able to resume/reinitiate operations and health service provision. Many others were able to avoid collapse through resource planning and better coordination. Maintained and reinitiated facilities also had a secondary effect of stabilizing the provision of reproductive, maternal, and child health issues that could have worsened without care.

Increased Capacity of the PVPs Engaged in Activity – RiPA North_Flooding (Emergent)

Level of Substantiation: Preliminary

Level of Contribution: N/A. There is no contribution rating assigned because this is an emergent outcome.

Outcome Description: This emergent outcome builds on the previous outcome related to component 3 of the CM intervention, providing flood-affected households with vouchers for vet drugs. The MercyCorps RiPA North Crisis Modifier Intervention initiated market linkages between PVPs and the community by making connections with new customers via the voucher system, which may have led to increased profitability of the PVPs. This is currently an emergent outcome because there is no triangulation on the specific capacities increased and how exactly the vouchers contributed to potential improvements.

Health Facilities Restored and Continued Service Provision – THDR_Tigray Conflict_Health Services for IDPs (Afar)_Round 1 and 2 (Emergent)

Level of Substantiation: Preliminary

Level of Contribution: N/A. There is no contribution rating assigned because this is an emergent outcome.

Outcome Description: This CM was in response to the effect of the Northern Ethiopia conflict in Afar, to ensure health facilities in geographies with the greatest need from the conflict had the resources they needed. Especially considering the massive influx of IDPs, the facilities' capacity was stretched. The Amref THDR crisis modifier supported health facilities by providing surge capacity, training for health workers, and medical equipment and supplies, which may have enabled the health system to recover and continue providing essential services. It is substantiated that this CM did support health facilities, but the outcome of health system restoration is currently emergent because it is not triangulated across stakeholder groups.

Enabling/Inhibiting Environment

In addition to the overarching Outcomes detailed above, the evaluation also gleaned useful information about the enabling and inhibiting environment within Ethiopia that has affected CM implementation. These findings will likely be familiar to those used to operating in conflict contexts, but the evaluation team wanted to share what was raised to continue building the evidence base for USAID and other stakeholders to encapsulate what they must consider when designing and intervening.

Frequent Disaster Findings

Five CMs substantiated that the recent onslaught of frequent disasters and shocks is having a substantial effect by further weakening communities and systems that are already vulnerable (e.g., health services, WASH services, pastoralists communities) (7 excerpts, 6 sources). With existing systems already stretched, GOE counterparts rely more on major partners to support critical gaps identified in response efforts. More specifically, CMs operating in the North triangulate that frequent shocks worsened the deterioration of livelihoods and food security situations (4 excerpt, 4 sources). For example, the conflict in Tigray broke out just as some of the zones of Amhara were starting to recover from the desert locust invasion that destroyed their harvests, exacerbating an already challenging food security situation.

Inaccessibility Findings

Complications related to the closure/blockage of communication channels in Tigray and Amhara contributed to cascading effects like the interruption of transportation of important medical and health-related commodities and delays in implementation of food distribution and malnutrition screening (4 excerpts from 3 sources). Sources also mentioned that inaccessibility to banking and bank closures have contributed to *"considerable social, health and economic stresses on conflict-affected communities"* (Crisis Response Proposal for Amhara Region, September 2021). Furthermore, transportation challenges were cited by four crisis modifiers, with effects ranging from disruptions to medical commodities in health facilities, food items to distribution points, and GOE field visits (5 excerpts, 4 sources). The precipitating issues were fuel shortages (1 source), lack of local transport (2 sources), and law enforcement's closure of communication channels (1 source).

Insecurity/Conflict Findings

Sources across six of the CMs triangulated that the conflicts in Tigray, Amhara, Afar, and Somali all led to the displacement of communities as is expected when people flee violence, but perhaps notable in terms of the scale of the crisis (10 excerpts, 8 sources). Displacement often brings about other knock-on concerns, including the risk of disease outbreaks, non-reporting of notifiable diseases, and urgent need for WASH non-food items (NFIs) to prevent water-borne diseases like cholera. Participants across four CMs cited that conflict inhibited interventions from being successful or reaching more beneficiaries (15 excerpts, 11 sources). In the GtN Locust response, for example, households were displaced before seeing the seed provision's nutritional and productivity benefits. One community member shared, *"Almost all lost the farming [from desert locusts] and the received seeds from SCI, it start growing, and when we become optimistic the security deteriorated and all fail."* Sources also highlighted that response and distribution of materials were often delayed or interrupted due to conflict and insecurity (6 excerpts, 4 sources).

Most of the CMs operating in the North also triangulated that conflict inhibited response because of cascading issues of lack of food or NFIs available (20 excerpts, 9 sources). The prolonged road blockage created and exacerbated food storage issues, magnifying the suffering of vulnerable populations like pregnant and lactating women and children. One document highlighted that *"All the food stocks that people left in their homes were looted or destroyed. Collected harvest was allegedly either destroyed or burned by parties to the conflict; what remains in the farms is inaccessible due to fear of landmines,"* and, *"the region has run entirely out of medical supplies and nutritional supplements."* The conflict in the North also led to significant property and asset damage ranging from electrical and WASH infrastructure being destroyed, to hospital equipment being damaged or looted, and nonfunctional ambulances (7 excerpts, 6 sources). It also challenged communications as IPs could not travel to the area or reach their Tigray offices by mobile phone or internet (7 excerpts, 5 sources).

THDR and TPHC IDP Health Services CMs triangulated that one of the significant co-occurring issues with conflict and insecurity in their areas of implementation was the massive disruption of health capacities and service provision due to a variety of issues: limited medical supplies, displacement causing higher burdens than usual, reduced staffing from high turnover, challenges with power and water supplies, and backlogs of patients (16 excerpts, 8 sources). Part of this disruption resulted from a total collapse of the woreda health system in certain areas (4 excerpts, 3 sources). As is imaginable, when the infrastructure and systems were not functioning, healthcare workers' ability to provide life-saving health services was extremely limited and ultimately affected women, children, and others in need (12 excerpts, 7 sources). One secondary document clarified, *"As per the joint rapid need assessment report by DPFSPCO, health is the sector most affected by the consequences of the conflict. The main reason for the higher impact on the health sector is that the woredas and health facilities are heavily dependent on health services and health supplies from the Tigray region. Following the conflict and total blockage of access to the Tigray*

region, these woredas remained unable to access referral services, health supplies such as medicines and drugs and vaccines. Previously all referrals used to be to Hospitals in Mekelle and Adigrat. However, currently patients must travel more than 600kms to Dubti to receive health services..."

Collaborating, Learning, Adapting, Monitoring, and Evaluation (CLAME) Findings

CLAME tools used to improve data usage and collection in CMs included smartphone applications for real-time data, registers to track data on vaccines, information requests and reporting to GOE to improve communication around issues, USAID monitoring and evaluation activities on CM lessons, and monitoring data spot checks (5 excerpts, 4 sources). Specifically, GOE, IPs, and USAID used field monitoring visits and site checks to track CM interventions and the progress of activities (4 excerpts, 4 sources). The evidence suggested that monitoring visits were important to understand the community and stakeholder needs for a range of purposes: consultations and identification of needs, effectiveness evaluation, general follow-up visits, identification of gaps, and to discuss correct measures for timely response.

Enabling and Inhibiting Environment Conclusions

Many of the CMs in this data subset were activated to help in response to the crisis in the North, so it should come as no surprise that insecurity and conflict inhibited the operating environment and caused negative secondary effects like displacement and the inability to transport resources, worsening already dire circumstances as communities were just starting to recover from other shocks in the region. The boundaries of the conflict moved and changed over time, often wiping out gains that could have been seen from previous CM implementation (e.g., THDR and TPHC IDP Health response). The response was absolutely necessary as first- and second-order issues can result in even worse conditions if not addressed (e.g., cholera outbreak in IDP camps), but that does not mean that all responses were as effective as they could have been. Data suggests that due to a lack of familiarity of operating in these contexts, some lacking coordination and implementation monitoring approaches, and misaligned needs with services, IPs could actually have contributed to the challenges seen because of the conflict.

Enabling and Inhibiting Environment Recommendations

1. IPs must better leverage available evidence, especially from other contexts that have experienced similar crises, and build their capacity to operate in conflict contexts to continue working in Ethiopia—especially at the nexus of humanitarian and development work that is increasingly required to be effective in the context. Demonstrating sufficient capacities in conflict management, humanitarian response, and other contributing practices and tools specific to the type of shock to be addressed, should be clearly articulated in the CM submission and proposal concept.

2. SAGE Reviewers should look for clear rationale, links to evidence, and scenario plans that indicate a well-designed response and the capacity of the IP to implement effectively.

3. IPs should seek to build the capacity of their MEL and implementation staff in these CLA practices and essential MEL functions– proactively building more robust feedback loops that go beyond performance monitoring to support operating effectively with flexible funding in crisis contexts. Strong MEL becomes even more critical to unlocking the true value of CMs in addressing inhibiting factors and complexity in these situations as it can help identify and build on what can enable better response and reduce suffering. The level of complexity and innovation required also needs new forms of MEL (complexity-aware approaches) and a heavier dependency on strong CLA approaches.

Political Will Findings

The evidence suggested that the GOE is not proactively requesting support during an emergency in some cases. Delayed requests were sometimes due to a lack of advanced planning, a significant variation in crisis effects across regions, or pressuring development partners to act on the crisis instead of direct GOE intervention (4 excerpts, 3 sources). Only the GtN_Locust CM cited the GOE as having a critical role in implementation (1 source, 1 excerpt) and only the THDR_Tigray Conflict_Health Services for IDPs CM cited the GOE as having expected the crisis, but stopped short of planning and preparing (1 excerpt, 1 source). Though not triangulated, two sources from the THDR_Flooding and READ II CMs identified weak coordination within the GOE, specifically not having a plan for which regions or woredas would need support when an emergency occurred (2 excerpts, 2 sources).

Political Will Conclusions

Crisis response is not initiated in a timely manner when GOE politicizes crisis declaration, does not conduct appropriate advanced planning for known recurrent shocks, or is overly dependent on development actors who often require some level of GOE acknowledgment of the crisis to act. This is especially problematic as effective emergency response depends on early action. The fact that political will inhibits emergency response is troubling as the longer the GOE waits to declare a crisis, the more complicated the response gets in an already-complex situation where unaddressed shocks often cause secondary and tertiary effects that magnify suffering.

Political Will Recommendations

1. It is unclear as to if/how CMs have affected political will, but the DE will continue to explore these relationships as time goes on to glean lessons learned and recommendations for adaptations where applicable. This is currently being captured for DRM through the Institutional Architecture Assessment, but will also be investigated more thoroughly in the EER space going forward.

EQ3: How does SAGE engage with activities before, during application, and (if approved) after the crisis modifier has been used?

Engagement before the IP applies for a CM is primarily up to the AOR and Activity Manager. The SAGE Mission Order steps begin when the AOR shares the CM intake form with the IP, and the process analysis for this evaluation revealed four fairly significant steps before that. Those steps most directly involve IPs and the GOE, so it is not surprising they are not included in the Mission Order, nor do they need to be, but providing some structure or standards around those steps and engaging SAGE at this early point might make the overarching CM process flow more smoothly.

Evidence showed that the current SAGE review process limits the effectiveness of flexible funding for emergency response—not the 48-hour proposal review, but the fuller process from discussing the intervention concept to the actual award of funding. Managing the SAGE review and feedback before and during the CM application phase and balancing the need for emergency response in crisis is necessarily complex and takes time. Even when the review goes according to plan, situations on the ground can change so rapidly that IPs need to redesign their interventions to meet new needs. With this in mind, additional time taken in the application process has had cascading effects on implementation, caused deterioration of pivotal relationships with GOE counterparts, and inhibited the ability to mitigate shocks.

SAGE engagement with CMs is most prevalent and active during the application phase when SAGE members review the submitted concept notes and provide feedback. As the CMs are implemented, SAGE engagement is less active, and that extends to the closeout phase as well. Typically, the AORs and Activity Managers remain the most engaged throughout the implementation of the CM. The more often that IPs and AORs share updates during implementation at SAGE meetings, as well challenges and lessons learned after the CM is closed out, the more other IPs and AORs will be able to learn from past experiences, and hopefully contribute to increased information sharing and adaptation based on best practices. More details on SAGE engagement throughout the CM process as well as findings, conclusions, and recommendations, are expounded upon below.

Process Analysis

During the process analysis, the evaluation team identified 38 unique steps for CM implementation, 11 of which happen concurrently with other steps. Across the 38 steps, 74% of the steps were common across three or more CMs. The following details the triangulated steps in the CM process, as well as a few steps that are not triangulated but are included in the SAGE Mission Order and are helpful to understand the full picture. The evaluation team has also developed a process analysis write-up with additional details on each step and associated findings, conclusions, and refinement recommendations per step for those who actively partake in the implementation of this process.

Process Analysis Icon Key

This denotes a MEL step

Steps in this color are not triangulated

This denotes a step that is in the SAGE Mission Order

Indicates when steps happen concurrently

All CMs in the subset took this step

Phase 1: Pre-Concept Note Development

Step 1: Implementing Partner Identifies the Crisis

Implementing partners identify the crisis using reports from regional and field office staff, physical observation, concerns raised by community members and other program participants, and information from USAID, GOE, and other partners. **It is not clear from the evidence when this happens in relation to GOE identifying the crisis.*

Step 2: Implementing Partner Assesses the Impact of the Crisis

After identifying the crisis via field reports, GOE data, and other sources, implementing partners conduct assessments to further understand the scope and impact of the crisis, specifically, how the crisis would affect existing project participants and beneficiaries of partners' activities. It is not clear from the data if this definitively happens before/after the GOE identifies a crisis. Many IP interviewees mentioned this as a first step in developing the concept note.

Step 2: GoE Assesses Impact of Crisis and Notifies Implementing Partners

The Government of Ethiopia assesses the damage from the crisis and notifies partners. Across CMs, the government used these assessments to develop their response plan, identify intervention areas, and map the gaps/needs to partners that may be able to respond. The GOE notification of partners about the crisis is a prerequisite of crisis modifier applications. In order for an implementing partner to apply for CM funding, the GOE must have declared the crisis.

Bright Spot: The main motivation for the assessment of the impact of the crisis by READ II was to attempt to triangulate the data the GOE collected from the regions with the data the partner collected alongside other data sources from UN agencies, NGOs, etc. This step served as a cross-check on the Government's data to ensure the information is valid and determine an accurate and actionable scale of the impact of the crisis on the affected community.

Step 3: GoE Officially Requests Assistance from Implementing Partners

GOE officially requests the implementing partners' support to respond to the crisis. 9 of the 11 CMs that reported this step indicated that the request for support came from the regional government level.

Phase 2: Concept Note

Step 4: Implementing Partner Determines Response Required and Drafts Concept Note

Sub-Step 4A: Implementing Partner Reviews Request and Determines Response is Required

Implementing partners review the response plan and assessments from GoE and other stakeholders, field reports, and information from regional clusters to determine if and how they will respond to the crisis.

Sub-Step 4B: Implementing Partner Designs the Intervention and Drafts Concept Note

Implementing partners design their crisis modifier intervention and begin drafting the concept note for submission to USAID. During this step, implementing partners undertake activities like identifying priority areas for their response, fleshing out intervention details and scope, and aligning with the GOE response.

Step 4: Implementing Partner Discusses Concept Note with Other Stakeholders

During this step, implementing partners discuss with stakeholders including USAID, GOE, and other development actors about the crisis modifier intervention they are proposing. When done well, this is completed before they submit the concept note.

Step 5: USAID AOR/COR Shares Crisis Modifiers Intake Form

To initiate the process, the AOR/COR will share the initial intake form: USAID/Ethiopia Concept Note Submission/Contingency Plan Activation with the implementing partner. This step is not triangulated from the data sources for this evaluative effort.

Step 6: Implementing Partner Submits Concept Note to USAID

The IP submits their concept note for the crisis modifier to USAID for review. This step is also taken for activities seeking to redirect funds to respond to a crisis so that the concept note can go through SAGE review.

Step 6: Implementing Partner Concurrently Emails AOR, OAA, and SAGE Coordinator

The IP should email their AOR/COR, OAA, and the SAGE Coordinator concurrently to alert them that the form has been submitted. This step is not triangulated from the data sources for this evaluative effort

Step 7: AOR/COR Reviews Concept Note and Submits to SAGE [6]

The AOR/COR will validate the shock and will conduct a de-duplication check and technical review of the concept note. The AOR/COR reviews the submission for clarity, completeness, and appropriateness, then uses their best judgment to either seek more info from the implementing partner or immediately submit to SAGE and OAA for review.

[6] There are distinct steps outlined in the SAGE Mission Order for review processes according to the amount of funding requested. Since all the CMs in this subset are over $100k, the evaluation team has excluded the steps for the other funding amounts.

Phase 3: SAGE Review [7]

Step 8: SAGE Coordinator Reviews Concept Note and Kick-Starts SAGE Member Review

The SAGE Coordinator first does a quick scan of the proposal and checks for all the required submitted materials. Then, the Coordinator sends an email to the SAGE listserv to collect feedback on the application, setting a 48-hour review deadline. In the email, the Coordinator flags key aspects of the proposal, including geographic area and other partners operating in the area (ideally using up-to-date information from the SAGE Dashboard), and any relevant taskforces or sub-working groups, and requests review of individuals or teams who are sectoral experts.

Step 9: SAGE Members Review and Provide Feedback

SAGE Members Review the CM application. As laid out in the SAGE Mission Order, there are several components to this review process by SAGE Members.

Step 9: Other USAID Offices Review and Internal USAID Discussions on Concept Note

Other USAID Offices review as relevant/required to check for duplication and technical quality, as well as specific cases where the budget needs to be further fleshed out, or additional approval is needed. Other offices/teams needing to review include the DART, DC-Based Offices, Mission Technical Offices, and the Mission Front Office.

Sub-Step 9A: Verify Emergency

Verifying the emergency is one of the key reviews SAGE conducts for CM applications. Three SAGE reviewers confirmed that this is part of the SAGE Review Process, and they check in the application if the IP submitted means of verification.

Sub-Step 9B: Technical Review of Intervention

As confirmed by the KIIs from this evaluative effort, SAGE conducts a technical review of the proposed intervention by the IP. Reviewers assess the technical merit of the proposal and the IP's capacity to implement and respond as proposed.

Sub-Step 9C: De-duplication Check

Also confirmed by interviewees for this evaluative effort, SAGE Reviewers conduct de-duplication checks on the submitted applications, relying on information from cluster meetings, other IPs, GoE contacts, and the SAGE CM tracker.

Sub-Step 9D: Cost Review

SAGE and OAA conduct a cost review of the application. Reviewers assess budget details and the impact of the funds on the activity if it is a redirect. OAA ensures the costs are in line with the award budget and are reasonable to the USG.

Sub-Step 9E: SAGE Coordinator Reviews Feedback and Conducts Follow-ups as Needed

The SAGE Coordinator consolidates and analyzes member feedback to decide whether or not to move forward. If the timing allows for discussion at the SAGE meeting, the AOR/COR may be asked to present the concept note for discussion with the group. Then the SAGE Coordinator informs the group of the decision and status updates as applicable.

[7] There are additional steps in the SAGE Mission Order related to submitting the full proposal and budget after the 2-page concept note is reviewed. As stated later in this section, IPs are submitting the full concept and budget right away, so those steps were not triangulated from the CMs in this evaluation and not included in this process analysis.

Step 10: AOR Shares Feedback from SAGE, Implementing Partner Responds to Comments, and Resubmits

After SAGE and other USAID Offices have reviewed, the AOR is responsible to share any feedback with the implementing partner. Examples of feedback at this stage include confirming funding sources, requesting clarification or updates to technical details of the proposal, and ensuring the partner is coordinating with other actors in the implementation area to avoid duplication. IPs then respond to the feedback and resubmit the application if necessary.

Phase 4: OAA Review

Step 11: SAGE Provides Concurrence & Concept Note Moves to OAA for Approval

SAGE provides concurrence on the crisis modifier, which the AOR communicates to the IP and then the application moves on for OAA approval.

Step 11: Implementing Partner Conducts General Preparation for Activities

IP prepares for the implementation of crisis modifier activities while they wait for approval from USAID. Examples of preparations include establishing beneficiary criteria and beginning the procurement process.

Step 12: OAA Grants Approval

OAA grants approval on the crisis modifier, depending on the specifics of the award, this is done via approval letter or award modification.

Phase 5: Kick-Off

Step 13: Implementing Partner Prepares for Implementation

After approval from OAA, 11 CMs began to prepare for implementation by identifying and selecting beneficiaries for the intervention, procuring materials, and recruiting and hiring additional staff.

Step 14: Implementing Partner Launches Initial Activities to Kick-Off Implementation

This step is the bridge between kick-off and implementation, where the implementing partners begin to launch the initial stages of implementation such as mobilizing resources, registering beneficiaries, and initiating the distribution of materials. From the Mission Order, if the technical review results in a recommendation to approve the concept note, the AOR/COR will authorize the implementing partner to initiate interventions up to a total cost of $99,999.

Step 14A: Set-Up MEL Systems

A sub-step to the IP launching initial activities under the CM intervention is setting up MEL system(s), processes, and tools.

Phase 6: Implementation

Step 15: Ongoing Coordination with Stakeholders

As part of ongoing implementation, all CMs engage in coordination with other stakeholders including USAID, regional and national-level IP offices, GOE, and other development partners. Coordination involves sharing updates and progress reports (via regular meetings, email, site visits), discussing challenges and any needed pivots, assessing the crisis and context changes. Coordination ranges from involvement in beneficiary targeting to receiving contextual information on the crisis to joint implementation of the intervention.

Step 15: Implementing Partner Delivers Ongoing CM Intervention Activities

Details on process and activities vary across the CMs based on their intervention design, scale, geographic area, and target beneficiaries, but general implementation activities include distributing materials (health supplies, seeds, scholastic and recreational materials, etc.), conducting trainings, and providing technical assistance.

Sub-step 15a: Monitor Implementation of Activities and Compile and Share Data

Part of ongoing implementation includes the monitoring, evaluation, and learning (MEL) processes that IPs conduct during the intervention. IPs compile monitoring data and include it in quarterly and other reports to share with USAID, as well as via updates in regular meetings with USAID, GOE, and other partners as applicable.

Phase 7: Closeout

Step 16: Implementing Partner Conducts Closeout CLAME Activities

At the end of the crisis modifier intervention, some implementing partners conduct CLAME (collaborating, learning, adapting, monitoring, and evaluation) activities. Examples include AAR and Pause & Reflect workshops, capturing lessons learned from post-distribution monitoring reports, and continuing to follow-up with beneficiaries to track medium- and long-term impacts of the CM intervention.

Step 17: Implementing Partner Writes Closeout Report

Implementing partners write closeout reports for their CM interventions and submit to USAID (typically to the AOR).

Process Conclusions

The CMs in this subset generally followed the SAGE Mission Order when it comes to steps starting from submitting the concept note to the AOR for review to OAA approval. The misalignments in the process stem from two places: 1) the second round of review is not happening as laid out in the MIssion Order because IPs are submitting the full concept and budget right away, and 2) there is little evidence of the CLAME steps happening consistently across the CMs, rather they appear to be bright spots when a partner engages in a learning workshop or identifies emergent outcomes. This underscores other findings throughout this evaluation that CLAME practices are not strongly or consistently implemented through the CM process.

Interviewees highlighted challenges with the lengthy review and approval process. Step 11: *Implementing Partner Prepares for Implementation While Waiting for Approval* demonstrates a proactive and productive way to use lag time and enable the IPs to implement their activities more quickly if and when they receive final approval from USAID.

Throughout the process, communication and coordination with other stakeholders emerged as critical across multiple steps. Step 4 highlighted that back and forth with the AOR before the concept note is submitted is essential to establish early coordination and ensure all partners are aligned. The thematic analysis also revealed that supportive coordination and collaboration were notable among CMs, mainly when IPs worked with communities and GOE counterparts to develop communication plans, support beneficiary targeting, implement jointly, build strong relationships, fill gaps, and deduplicate resource distribution.

Lastly, the content of the closeout reports and Emergent Outcome Harvesting survey submissions is insufficient to draw broader conclusions about whether or not the CMs have contributed to the objectives of protecting development gains or addressing humanitarian emergencies. They are overly focused on outputs, and most of the documents that include lessons learned and challenges faced do not take the additional step to say how IPs are adjusting their approach or accounting for the changing enabling environment, etc., in the Activity and/or for future CM applications.

Process Recommendations

1. The SAGE Coordinator has already revised the SAGE 3-pager infographic to direct the IPs to submit a full concept note and removed reference to the '2-page concept note' that was the first submission. Additional guidance may need to be shared with IPs and OAA about how this revision will impact the rest of the process. Related to the misalignment of CLAME steps, it should be a requirement in the IP's MEL plan for the CM to include at least one pause and reflect (P&R) during implementation and an after-action review (AAR) when the CM is closed out. IPs must also fill out the Emergent Outcome Harvesting survey every three months during implementation and twice in the six months following close out.

2. IPs should actively prepare while awaiting the final award obligation of a CM by beginning the procurement process, identifying partners, and setting up MEL systems to better enable early action.

3. A prerequisite should be added to the SAGE CM process that the IP must discuss the concept with their AOR before submission so the AOR can provide strategic direction early in the design process. Conclusions from steps in the kick-off and implementation phases also demonstrate ways that IPs can engage local stakeholders in the CM process. The SDRM-SI DE Learning Review (pages 19-20) revealed a lack of community-level leadership and engagement in USAID activities, and IPs like Save the Children who

have incorporated such practices in their CMs should share the challenges and lessons learned from this step with other partners to increase information sharing and help others think through how to best involve local stakeholders in CM design and implementation. Furthermore, IPs should coordinate with stakeholders (USAID, GOE, other development partners) during CM intervention design and implementation. Reporting on planned and executed coordination/collaboration efforts should be a mandatory part of CM applications, regular reporting, the CM Emergent Outcome Harvesting Survey, and the final closeout report going forward.

4 SAGE should develop a standard closeout report template with examples to guide the IPs in what information they should include. If the IP submitted Emergent Outcome Harvesting survey responses, the closeout report should also include how they intend to follow-up and track any identified emergent outcomes and/or include information on whether or not the outcome has been achieved and what evidence they have to substantiate their contribution. For the lessons learned and challenges section, there should be a requirement for the IP to address how they responded to the challenges that emerged during implementation and how they plan to adjust and adapt their approach based on the lessons they have learned. Lastly, SAGE should invite partners to participate and present in the SAGE meeting shortly following their CM closeout and report submission. They can share the results and outcomes from the CM and have an open forum to discuss the lessons learned and challenges to ensure this information is getting back to SAGE, other technical offices, and other IPs who may be implementing similar activities.

SAGE and Crisis Modifier Thematic Process Findings

Internal Mission Coordination Findings

Multiple CMs noted issues with the length of the application and review process, which often had cascading implications, including delays in submitting revised and resubmitted Concept Notes and needing alternative approaches to respond to crisis (5 excerpts from 4 sources). For example, in the case of GtN Locust response, SAVE applied in October and was approved in mid-January, meaning that by the time the CM was approved, the locust infestation had occurred, and they needed to redesign their intervention.

USAID staff also raised questions and concerns with the selection of SAGE Members reviewing applications, specifically regarding whether the right staff members were reviewing and how those people were selected (5 excerpts from 3 sources). Additionally, staff triangulated (3 excerpts, 3 sources) that there is a decreasing number of SAGE members reviewing applications compared to when SAGE originally started.

Overarching SAGE Engagement Findings

Lack of implementation of CMs has created tension between IPs and their GOE Counterparts in instances where IPs had to renegotiate and pivot the award after CM approval (e.g., GtN Malnutrition) or when CMs were not triggered (e.g., RiPA North Flooding) (11 excerpts, 7 sources). In the instances where Activities pivoted after approval, the implementer had different information from their local counterparts and GOE offices than what USAID was sharing, causing delays as they were prompted to redesign their implementation after the IP had negotiated an approach with local GOE counterparts and the resources had already been procured and mobilized. In the instance where the IP was not granted a Crisis Modifier, GOE counterparts were frustrated and kept pressuring IP staff as to why this funding specifically allocated for crisis response was unavailable. And when the Activity redirected funding, GOE counterparts were frustrated that it was not the same amount as what had been budgeted for the CM.

One implementing partner staff shared, *"If you implement resilience programs and there is an emergency and you don't respond, it's bad in terms of your government relationships. But if you have a CM in your budget with USAID, the government knows about it, and there is emergency and you don't respond, that is far worse. […] Every time we go there, the government asks us to implement the CM. They do not know the difference between us and USAID."*

Delayed Response Findings

Five CMs indicated they had issues receiving funding or procuring items in a timely fashion (19 excerpts, 16 sources). Sometimes this happened because the IP was working on items that required extra processes or approvals (e.g., seeds for planting, chemicals to abate locusts, pharmaceuticals for medical response, etc.), but others indicated that this was an issue of bureaucracy because USAID's award-making rules are not particularly conducive to rapid response needs. Any delays earlier in the process (e.g., application review and feedback for the IP) caused cascading downstream delays, which reduced the ability of response activities to minimize the impacts of shocks. More specifically, issues of delayed response negatively impacted CMs supporting response in Tigray (5 excerpts from 5 sources). IPs sometimes missed windows of opportunity for mobilization because procurement and review took longer than anticipated, further exacerbating the suffering of those needing support. Additionally, three excerpts from three sources across the RiPA North and THDR CMs indicated that their ability to submit applications for CMs that could be approved was hindered by delays in GOE officially triggering a crisis or being willing to write a supporting letter.

The TPHC COVID, GtN Locust, and GtN Tigray Conflict Malnutrition CMs demonstrated that the rapidly evolving context where they work is causing additional delays and burdening response efforts (4 excerpts from 4 sources). Between the time the IPs designed implementation and the time it takes to get their Concept Note reviewed, funding approved, and kickoff mobilized, often the context changed—sometimes so much so that the original CM was no longer applicable. In particular, the GtN Tigray Conflict Malnutrition CM highlighted the challenges they ran into, needing to pivot their approach multiple times (7 excerpts, 4 sources). When they applied for the Crisis Modifier originally, no other implementers were responding in their targeted geographies, the DART had not been fully stood up, nor had the United Nations World Food Programme (WFP), the The Joint Emergency Operations for Food Assistance in Ethiopia Activity (JEOP), and Catholic Relief Services (CRS) come to a tripartite agreement to do traditional food assistance distribution. Between the time of SAGE review and mobilization for kickoff (February - March 2021), USAID asked SAVE to pivot to avoid duplication as the tripartite agreement had been established, and they would need to change the woredas where they were working. Upon procurement of 700M in food, SAVE was asked to stop/pivot again since they were delayed five months, and Mission colleagues flagged concerns about the response being appropriate, viable, and ethical.

The READ II and GtN Tigray Conflict Malnutrition CMs delayed response was due partly to coordination issues, particularly around collaborator roles and responsibilities, rules of engagement, beneficiary selection with community leaders, and operational/logistical execution (4 excerpts from 4 sources). For example, one implementer assumed that their regional GOE counterparts would cover transportation costs to move materials in the last step ahead of distribution, but only after doing field visit monitoring did they find out that some woredas did not have the resources required to get those items where they needed for final distribution. Issues of resource availability also hindered the abilities of four CMs to implement response in a timely fashion. This varied from a shortage of materials (e.g., cash, fuel, etc.) in Tigray, limited funds on behalf of collaborators, and challenges getting high-quality items for distribution.

Internal Coordination Implications Conclusion

The current SAGE review process limits the effectiveness of flexible funding for emergency response—not the 48-hour proposal review but the fuller process from discussing the

intervention concept to the actual award of funding. Managing SAGE review and feedback before and during the CM application phase and balancing the need for emergency response in a crisis is necessarily complex and takes time. Even when the review goes according to plan, situations on the ground can change so rapidly that IPs need to redesign their interventions to meet new needs. With this in mind, additional time taken in the application process has had cascading effects on implementation, deteriorated pivotal relationships with GOE counterparts, and inhibited the ability to mitigate shocks.

Internal Coordination Implications Recommendations

1. Mission Leadership, alongside the new SAGE Coordinator and the Office of Acquisition and Assistance (OAA), should review the overarching CM review and approval process and identify ways to expedite it. This may involve establishing prioritized turnaround deadlines for early CM concept discussions with AORs and the IP, as well as OAA processing, similar to the 48-hour review period already set in the Mission Order.

2. The SAGE Coordinator and AORs should also work together when SAGE decides not to award CM funding, as additional stakeholder management components are needed to maintain functional relationships with GOE counterparts. This should include clear written communication with a rationale as to the no-funding decision that is shared with the IP in a timely manner and approved to be shared with other development partners and government counterparts they may be working with who express concerns or expectations around forthcoming CM funding. Additionally, broader communications are also needed to reiterate the purpose, intent, and limitations of CM funding with key partners to ensure aligned expectations and effective working relationships in the midst of continued emergencies. This may be as simple as holding an expanded CM learning session with other donors and government counterparts later this summer (July-September 2022) to share findings from this evaluation and have someone from Mission Leadership share key messages with stakeholders about the purpose of CMs and encourage other donors to adopt the practice.

3. Lastly, IPs should seek additional capacity building concerning procurement, complexity-aware CLAME practices, and operating in conflict contexts. Not all IPs have experience or familiarity operating in conflict contexts, and there are many lessons learned, creative solutions, and important ethical considerations that should be leveraged from other contexts in all Activities going forward. If the Mission can support any of this capacity building by providing IP trainings, sharing resources from other Missions, or otherwise, that would be most appreciated.

Reliable Data Findings

Several sources from READ II indicated that getting data from GOE counterparts for intervention design was difficult. Even if they could get information, it was often unreliable due to inflated counts (6 excerpts from 5 sources). One respondent shared, *"identifying beneficiaries is really critical ... Data is unreliable most of the time. GOE counterparts are inflating data for many reasons, getting so much support - they are desperate. Emergencies make people and the government desperate in terms of communicating data. Data reliability is always an issue, especially for education. Huge sector with huge beneficiaries."* Another interviewee shared that this inflation and politicization of data means that implementers have to do extra work and a lot of back and forth to validate and confirm target beneficiaries.

The GtN Tigray Malnutrition and READ II CMs triangulated that unreliable data created coordination issues in implementation (3 excerpts, 3 sources). In the case of the GtN Tigray Malnutrition response, SAVE's team in the region had information that there were substantial unmet needs, but USAID shared that food needs had been met, making it challenging for the

implementer to manage relationships with local counterparts. In the case of READ II, Creative Associates had difficulties acquiring official data from the Ministry of Education (MOE) and Regional Education Bureaus (REBs), which substantially delayed their planning and implementation of crisis response interventions. Even when they could respond, the data was largely inaccurate, forcing implementers to make tough decisions since the actual number of crisis-affected children at the school level was higher than expected from the data they received.

Finally, three excerpts from three sources from the TPHC COVID, TPHC IDP Health, and GtN Locust CMs triangulated issues where there were no systems for data collection (e.g., health information systems, vaccine tracking, food distribution), leading to poor reporting and documentation. Some IPs were able to support adaptation and put systems in place, while others faced continuous difficulties in getting data for service provision. As highlighted earlier, three excerpts from three sources implementing in Tigray noted that because of the conflict, they could not assess or validate whether beneficiaries are getting adequate support and how implementation was going. With limited availability to monitor the intervention, IPs had to accept that there could be more issues than usual. Additional information is included in the findings on Conflict/Insecurity in the Enabling and Inhibiting Environment Section.

MEL Reporting Findings

Sources across six CMs indicated that they could not do monitoring, evaluation, or learning efforts within their activity (10 excerpts, 8 sources). Sometimes this was attributed to conflict preventing monitoring, but other times there was no clear reason why assessments, evaluations, or learning did not happen. Five CMs substantiated significant difficulties or an entire lack of monitoring (8 excerpts, 8 sources). When sharing outcomes from their activities, four CMs identified outputs instead of outcomes as implementers frequently reported their numbers during regular check-ins (10 responses from 7 sources). These articulations of outputs lacked any higher-level connections or conclusions to the Activity's goals. Lastly, three CMs separately identified other issues with MEL systems, including poor documentation, low-quality reporting, and a need to strengthen organizational processes to improve implementation (3 excerpts across 3 sources).

Data and MEL Conclusions

Not having MEL systems in place before starting CM work to monitor such innovative and complex approaches is problematic and indicates more significant problems with capacity and accountability. While vaccines or food distributed are helpful at the individual level, not monitoring these activities risks not understanding best practices and inhibits adaptation. If there is no documentation or tracking, it will be impossible to report accurately on inputs and outputs within the actor's sphere of control, let alone outcomes at the sphere of indirect influence.

Data reliability and sufficient MEL systems is not just an IP issue. The fact that the GOE is inflating or altering their data is a significant politicization of emergency response and means that accurate targeting and intervention design cannot be done. This is now a recurrent theme across all evidence gathering undertaken by the SDRM-SI DE to date and must be addressed. Without better data to design accurate interventions, coordinate mobilization, monitor implementation, and evaluate outcomes, this foundational issue will continue to cause major problems at all levels of DRM and EER response for all actors.

Data and MEL Recommendations

USAID AORs must have the capacity and level of engagement with Activities necessary to hold implementers accountable for identifying a MEL Plan before implementation of CMs, implementing strong MEL during the intervention, and following up with IPs after closeout to gather learnings and instill the importance and use of best practices. Part of

this should include leading by example regarding how to use MEL properly through sharing what they have learned through monitoring and evaluation and any actions taken from previous CMs when in design discussions with IPs for new, potential CMs.

2

As mentioned in the SDRM-SI DE Learning Review (pages 50-54), USAID, its implementing partners, and other Development Actors must prioritize the extensive data reliability issues as part of any efforts to improve information management and analytical capacity for evidence-based decision making, and as a foundational issue to DRM systems strengthening that requires prioritization. This must include both internally-facing work with IPs to help strengthen their collection, contribution to, and capacities to collect, analyze, and assess reliable data, as well as externally-facing efforts through interventions and advocacy with DRM actors to strengthen the capacities, practices, and mutually agreed-upon standards that lead to reliable data. The Mission has a significant opportunity to work on this challenge through their Collaborating, Learning, and Adapting (CLA) Activities, but should also ensure that skills and capacities related to establishing and verifying reliable data are more firmly embedded and scaled up in existing Activities that provide capacity building support to those in the DRM and EER systems.

EQ4: What are the types of crisis modifiers the Mission has used?

As stated in the SAGE Mission Order, "crisis modifier" does not refer to one specific procurement mechanism or instrument. Rather, crisis modifier is an umbrella term that refers to supplementary activities within a development program to respond to shocks. The Mission also uses the phrase "flexible funding for emergencies," in a similar context. The SAGE Mission Order also details a few examples of crisis modifiers or flexible funding, including but not limited to:

- Specific "crisis modifier" budget line items within awards
- Contingency plans (that are built into awards) for predictable shocks and may be activated according to specific triggers
- Rapid Response funds obligated to existing development awards
- Unfunded crisis modifier line items in awards that may receive additional funding
- Flexible contracting mechanisms like single-award indefinite delivery/indefinite quantity (IDIQs) or hybrid contracts
- Flexible funding mechanisms that facilitate adaptive management and may not require monetary resources

During the analysis phase, it became clear that the definition of "crisis modifier" is not well understood across all stakeholder groups within or outside the Mission. Given that, the team was not able to identify the specific type of flexible funding mechanism used (per the examples above), but instead they looked at two key aspects of the CM: whether or not it was written into the award (from the outset or via modification) and whether or not there was dedicated funding attached to the CM.

Based on these categories, of the CMs in this subset, nine were funded and written into the award, and four were unfunded and written into the award. Of the four unfunded CMs, three focused on predictable and recurrent shocks like flooding and drought, and the fourth was for conflict response. Awards with unfunded CMs have faced challenges with timely response to crisis and the IPs' relationships with GOE counterparts.

Lack of Flexible/Responsive Funding Findings

When looking into excerpts that mentioned a lack of responsive or flexible funding, there were several instances where interviewees identified a need, but they had no resources to be redirected or reallocated, requiring the Activity to find other resources (7 excerpts, 6 sources). In the case of the RiPA North Flooding CM, for example, a CM was not approved, and the Activity redirected funding to address flooding. Without the additional funds through a CM, the scale of response was severely limited, and because they were unable to activate a CM formally, their relationship with GOE was strained (4 excerpts, 3 sources).

Lack of Flexible/Responsive Funding Conclusions

Activities with CMs built into them but not activated risk jeopardizing the IPs' relationships with the government, which is crucial as GOE leads coordination mechanisms, and dictates access to various resources that can enable both short-term timely response and long-term resilience building. Although USAID should not fund CMs if they are not properly targeted or designed, this finding illustrates how dependent GOE actors are on any and every bit of funding to respond to shocks and emergencies.

Lack of Flexible/Responsive Funding Recommendations

1. As mentioned in EQ3 above, the SAGE Coordinator and AORs should also work together when SAGE decides not to award CM funding, as additional stakeholder management components are needed to maintain functional relationships with GOE counterparts. This should include clear written communication with a rationale as to the no-funding decision that is shared with the IP in a timely manner and approved to be shared with other development partners and government counterparts they may be working with who express concerns or expectations around forthcoming CM funding. Additionally, broader communications are also needed to reiterate the purpose, intent, and limitations of CM funding with key partners to ensure aligned expectations and effective working relationships amid continued emergencies. This may be as simple as holding an expanded CM learning session with other donors and government counterparts later this summer (July-September 2022) to share findings from this evaluation and have someone from Mission Leadership share key messages with stakeholders about the purpose of CMs and encourage other donors to adopt the practice.

Consolidated and Prioritized Recommendations

The following recommendations have been consolidated and prioritized from all sections above, as well as sorted by the specific stakeholder best positioned to take adaptive actions to implement the recommendation.

USAID/Ethiopia Leadership Prioritized Recommendations

1. There are steps that Mission and R2 Leadership can take in the short-term and on an ongoing basis to ensure the smooth continuation of SAGE through transitions this summer. In the short term, Mission and R2 Leadership should assign interim SAGE Coordinator responsibilities, digest and disseminate the SAGE Handover Memo and related guidance, and recruit a full-time SAGE Coordinator. On an ongoing basis, Mission Leadership should encourage active SAGE participation for all technical and support offices, not only to share context updates, but also to actively engage in strategic adaptation discussions. This support can be conveyed through regular Leadership attendance in the SAGE weekly meetings, quarterly email reminders to all Mission staff, and quarterly check-ins with the SAGE Coordinator to discuss any other adaptations as needed.

2. USAID/Ethiopia OAA should mandate that crisis modifiers be included in all awards, with dedicated funding attached. Most crisis modifiers in this subset were activated to protect development gains. Acknowledging that is the most common motivation to apply, and given the frequency of shocks and crises in Ethiopia, including CMs in all awards would enable implementing partners to have the flexibility and resources to respond to the crisis if they identify risks to their ongoing activities and are well-suited to respond based on sector or geographic area of implementation. Having dedicated funding attached to the CM will enable a more timely review and response, best enabling early action.

3. USAID/Ethiopia Technical Offices, in particular the DRM and EER teams, should work to understand if/how GOE actors are doing any analysis of patterns from the gaps identified through collaboration during these shocks to use that information to better plan for response in the future, tackle disaster risk financing, and build capacity within the country to eventually transition away from relying so much on NGO support.

4. USAID/Ethiopia must address internal coordination and sustainability issues (e.g., R2 taking over the DART responsibilities, working relationship with BHA, etc.) so that roles and responsibilities are clear and resources can be used effectively.

SAGE Working Group Prioritized Recommendations

1. There are several revisions to documents and tools, as well as the creation of new resources that will help SAGE better facilitate and manage the CM process. The evaluation team recommends the following list of improvements to SAGE resources, and the EER DE Team or another MEL or CLA mechanism of the Mission's choosing can help support.

    - Develop a checklist for AORs and IPs to fill out before submitting a CM application that would include operational guidance to determine if the concept note is ready for SAGE review and what, if any, additional information needs to be gathered, guidance on verifying data in assessments, and other guidance as determined.

The objective of the checklist would be to ensure that the two parties have discussed the concept before submission and discussed it with other stakeholders.

- Revise the CM intake application to include the following additions: require IPs to state in a few sentences how the CM they are proposing relates to their core Activity implementation; in addition to the list of other actors working in the area, require IPs to describe any effort or actions taken to coordinate with those actors; and, request proposed indicators to get an early sense of how IPs are planning to track the performance and outcomes of the CM as distinct from ongoing Activity implementation.

- Create a closeout report template with examples to guide IPs in what information should be included. For example, if the IP identified any emergent outcomes via the Emergent Outcome Harvesting survey, the closeout report should have information on how they intend to follow up and track the outcome to fruition.

2 Based on the conclusions from the thematic and process analysis, there are several key changes SAGE should make to institutionalize best practices in the CM review process:

- Upon closeout of CMs, SAGE should invite IPs to participate and present in the SAGE meeting to share results and outcomes from their CM as well as challenges and lessons learned, to ensure this information is getting back to SAGE, other technical offices, and other partners who may be implementing similar activities.

- The SAGE Coordinator, along with Mission Leadership and OAA should review the overarching CM process and identify potential areas to expedite it, applying specific time windows like the 48-hour SAGE Review to other steps of the process.

3 The SAGE Coordinator and AORs should also work together when SAGE decides not to award CM funding, as additional stakeholder management components are needed to maintain functional relationships with GOE counterparts. This should include clear written communication with a rationale as to the no-funding decision that is shared with the IP in a timely manner and approved to be shared with other development partners and government counterparts they may be working with who express concerns or expectations around forthcoming CM funding. Additional communications may also be needed to reiterate the purpose, intent, and limitations of CM funding with key partners to ensure aligned expectations and effective working relationships amid emergencies continue. This may be as simple as holding an expanded CM learning session with other donors and government counterparts later this summer (July-September 2022) to share findings from this evaluation and have someone from Mission Leadership share key messages with stakeholders about the purpose of CMs and encourage other donors to adopt the practice as well.

Joint USAID-IP Prioritized Recommendations

1 As mentioned in the SDRM-SI DE Learning Review (pages 50-54), USAID, its implementing partners, and other Development Actors must prioritize the extensive data reliability issues as part of any efforts to improve information management and analytical capacity for evidence-based decision making, and as a foundational issue to DRM systems strengthening. This must include both internally-facing work with implementing partners to help strengthen their collection, contribution to, and capacities to collect, analyze, and assess reliable data, as well as externally-facing efforts through interventions and advocacy with DRM actors to strengthen the capacities, practices, and mutually agreed-upon standards that lead to reliable data.

In this same vein, USAID AOR/CORs must have the capacity and level of engagement with Activities necessary to hold implementers accountable for identifying a MEL Plan prior to implementation of CMs, implementing strong MEL during the intervention, and following up with IPs after closeout to gather learnings. This should also include sharing what they have learned from previous CMs during design discussions with IPs for new, potential CMs.

IP Prioritized Recommendations

1. IPs should engage and discuss their crisis modifier concept note at the initial design stage with their AOR, as well as GOE counterparts, other development partners, and local stakeholders. Furthermore, IPs should coordinate with stakeholders throughout implementation and closeout. Reporting on planned and executed coordination/collaboration efforts should be a mandatory part of CM applications, regular reporting, the CM Emergent Outcome Harvesting Survey, and the final closeout report going forward.

2. IPs must better leverage available evidence, especially from other contexts that have experienced similar crises, and build their capacity to operate in conflict contexts to continue working in Ethiopia—especially at the nexus of humanitarian and development work that is increasingly required to be effective in the context. IPs' MEL plans should include plans for how and when they will conduct a P&R and AAR. The level of complexity and innovation required also needs new forms of MEL (complexity-aware approaches) and a heavier dependency on robust CLA approaches. Additional MEL practices IPs should replicate include collecting baseline data when assessing the crisis, setting up MEL systems while waiting for USAID approval, and including indicators when submitting the CM application. Likewise, IPs should seek additional capacity building concerning operating in conflict contexts. Not all IPs have experience or familiarity with operating in conflict contexts, and there are many lessons learned, creative solutions, and important ethical considerations that should be leveraged from other contexts in all Activities going forward. If the Mission is able to support any of this capacity building by providing IP trainings, sharing resources from other Missions, or otherwise, that would be most effective.

Future Analysis Recommendations

If there is continued interest, the SDRM-SI DE would recommend digging deeper into these targeted areas to inform ongoing SAGE strategy.

1. Meta-level Outcome Harvesting on Protecting Development Gains

2. Continued and expanded investigation as to the influence and effect of political will on CMs. This is currently being captured for DRM through the Institutional Architecture Assessment.

SAGE/Crisis Modifiers Evaluation

Case Studies

JUNE 2022

Photo: Yomif Worku

Table of Contents

Annex 1: READ II Education Loss Crisis Modifier, Creative Associates 55

Annex 2: Transform Primary Health Care (TPHC) COVID-19 Crisis Modifier, Pathfinder International 59

Annex 3: Transform Health in Developing Regions (THDR) Flooding Crisis Modifier, Amref Health Africa 63

Annex 4: RiPA North Flooding Crisis Modifier, MercyCorps 66

Annex 5: Growth through Nutrition (GtN) Locust Crisis Modifier, Save the Children 71

Annex 6: Growth through Nutrition (GtN) Tigray Conflict / Malnutrition Crisis Modifier, Save the Children 74

Annex 7: Transform Health in Developing Regions (THDR) Health Services for IDPs Crisis Modifier, Amref Health Africa - Round 1 and 2 77

Annex 8: Transform Primary Health Care (TPHC) Health Services for IDPs Crisis Modifier, Pathfinder International - Round 1 and 2 80

Annex 1: Reading for Ethiopia's Achievement Developed II Education Loss Crisis Modifier

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner:** Creative Associates
- **Date of activation:** September 2019
- **Shock type:** Education Loss
- **Geographic area:** Multiple Regions - Somali, SNNP, Oromia, Amhara
- **Funding requested:** $1.9 million

USAID's Reading for Ethiopia's Achievement Developed (READ II) project (2018-2023) seeks to improve the literacy of over 15 million children. The READ II project implements activities to improve the quality of literacy instruction, including teacher training, providing early-grade reading materials in seven local languages and English, partnering with communities to establish reading opportunities for students outside of school, and working with the Ministry of Education to conduct Early Grade Reading Assessments (USAID/Ethiopia's Education Key Activities Page).

READ II, implemented by Creative Associates, included a crisis modifier (CM) in their activity to enable quick response if conflict or crisis arose that would impact the education system and their ability to deliver their planned interventions. The first crisis modifier was activated in 2018 and the second in September 2019 as a continuation of the first. The second CM for this activity is the one included in this evaluation. The September 2019 CM was activated by READ II to address education loss from the tribal conflicts in four regions (Amhara, Somali, Oromia, and SNNP). Under this CM intervention, READ II distributed scholastic and recreational materials to students and conducted social-emotional and psycho-social support training to teachers. This crisis modifier also supported the Ministry of Education (MOE) with capacity-building activities for MOE and Regional Education Bureau (REB) staff.

Before implementing any crisis modifier activities, READ II conducted a rapid assessment to validate the crisis data from the regions and the Ministry of Education. They analyzed how the conflict would affect the children in their implementation areas and then worked with the National Education Cluster, Ministry of Education, and other non-governmental organizations (NGOs) and international NGOs (INGOs) to discuss the issue and identify and map where children would be most affected, and which organizations could support.

READ II was motivated to respond to the crisis because they saw from the assessment that many children would be out of school due to the conflict and displacement, and even for students who were not displaced, a result of the conflict for some households was a dire economic situation, and the parents could not support the children's education or procurement of school materials. Leveraging their existing crisis modifier, READ II developed a proposal and submitted the concept note to their USAID/AOR (Agreement Officer's Representative) in July 2019. As part of their concept note development, READ II engaged their AOR and others in the USAID Education Office for feedback. The AOR reviewed the concept note, shared it with SAGE, and coordinated responses to SAGE feedback with READ II staff. Once the AOR approved, the concept note went to OAA for approval.

While waiting for USAID approval to come through, READ II worked in the background to ensure they would be ready to implement. The project staff began data collection and procurement preparation, such as advertising the materials to the market as part of the legal procedure for procurement because they knew it would be a large procurement and that could take some time. READ II received activation approval at the end of August 2019. After approval, there was a one-month period between the procurement of materials and when the supplies reached the schools. There was some delay at this stage, primarily due to the difficulty in reaching some of the schools in bordering areas due to insecurity and conflict. The lack of transporters to deliver the materials also caused some delays.

There was strong communication between READ II and USAID throughout. Once implementation began, they had biweekly calls to share updates and progress, and discuss any challenges or needed pivots. READ II also participated in cluster meetings at least once a month and various meetings prepared by INGOs to remain informed on new developments with the crisis and stay coordinated with other actors in the education sector. Implementing the crisis modifier intervention also involved coordination with Woreda level education offices and the Parent, Teachers, and Student Association (PTSA), as they helped to facilitate the distribution of the scholastic and recreational materials to the internally displaced people (IDP) students.

The project undertook a variety of MEL practices throughout and after implementation of the CM. READ II conducted monitoring site visits and spot checks to verify the distribution process was progressing according to plan. Part of these visits involved interviews with targeted students, parents, and PTSA members to monitor the materials' distribution and use. READ II involved Ministry of Education Staff and staff from the National Education Cluster, Regional Education Bureaus, and Woreda Education Offices to use the monitoring tool and assess distribution at sample schools. Lastly, as part of the closeout of this activity, READ II assembled a Lessons Learned Document that they shared with USAID.

Outcomes

Provision of Scholastic Materials Supported Students to Return to School

During the summer of 2019 in Somali, SNNP, Oromia, and Amhara, families fled their homes due to conflict, and when they were displaced, they experienced economic hardship and lacked the assets and resources to purchase scholastic materials for their children. READ II's CM sought to mitigate some of the negative effects of the conflict on children and families by providing school materials so that a lack of resources would not prevent students from attending school. Several community members interviewed for this evaluation shared that the materials also served as an enabler by attracting students to return to school. **Between filling the gap of lacking school materials and attracting students to return to school, the READ II CM intervention's provision of scholastic materials led to an increased number of students returning.**

During this support, the crisis modifier's provision of scholastic materials enabled students to choose to attend school over other options such as working as a day laborer, which is common when families cannot provide essential materials for their children in school. According to the implementer, 416,687 IDP primary school students received materials under this CM activation.

The READ II crisis modifier was pivotal in supporting needy children to attend school during this time. Without this support, it is unlikely that students would have returned to school. As one IP interviewee said, *"if the CM provision of materials did not exist, I would imagine [] probably the majority of those students would have been out of education, not gone back to school and attend."*

Two interviewees mentioned that after the support ended, the children left school, suggesting the increased enrollment in school was unsustainable. Additional information is needed to identify if the intervention led to increased retention of students in school and for what period of time.

This outcome is rated as a medium level for substantiation, as the key components have been triangulated across stakeholder groups (implementing partner, Government of Ethiopia, USAID, and community members). The level of contribution that USAID and READ II can claim for this outcome is also medium. There is insufficient evidence on the causal mechanism for how the provision of scholastic materials led to an increase in students returning to school (2 sources refer to the lack of materials as a barrier and 3 sources mention that the materials served as an enabler by attracting students back to school, and the remaining 8 sources just mentioned generally that the materials helped students to return). There is also a lack of clarity on whether the provision of materials was the only factor that encouraged students to return to school.

Other Findings

In addition to the substantiated outcome included above, there are several other findings from this case study. During outcome harvesting, the evaluation team identified four potential outcomes. One of those could not be substantiated as the excerpt coded to the potential outcome did not meet the minimum of triangulation, and two could not be substantiated with the evidence provided by the data sources for this evaluation, but have enough information to justify further exploration. The evaluation team is including these two findings here, along with some of the information that USAID and READ II would need to substantiate them.

Psychosocial Support in Classrooms Helped Students Enjoy School

One of the other interventions READ II's CM provided was psychosocial support (PSS) training to teachers and school officials, to implement PSS in the classroom and help students recover from trauma. There were not many details in the evidence for this evaluation as to the specific benefits of the PSS for students, but community members shared that this intervention contributed to students' enjoyment of school, helped them to feel refreshed, and enabled play and social relations among students (quoted from KIIs). The current level of outcome substantiation is weak. There is triangulation of the outcome of students' increased enjoyment at school within one stakeholder group (community members), but there is not enough detail about this outcome to substantiate it.

Additional Information Needed

Though three interviewees confirmed that a result of the psychosocial support was increased enjoyment of students in school, there is insufficient evidence to make this causal link. Additionally, the evaluation team could not substantiate the more significant, related outcome of students recovering from trauma as a result of this intervention. If USAID and READ II want to learn more about the effects of this CM intervention on students' ability to recover from trauma, the evaluation team recommends they pursue additional key informant interviews (KIIs) with parents and teachers to determine the link between the psychosocial support from this Activity and any changes in students' behavior and mindset in dealing with trauma. However, this outcome will be challenging to substantiate given the intervention ended over two years ago, and the displaced children are likely to have been affected by multiple other shocks and crises since the CM. In the future, sensitive and trauma-informed pre/post-tests or other monitoring data might help to better substantiate an outcome like this. Additionally, more supportive research and evidenced theories of change around precise, culturally-appropriate psychosocial interventions and anticipated outcomes would better support understanding these types of complex and important behavior change mechanisms as Ethiopia continues to experience a multitude of shocks with associated trauma effects on vulnerable populations in particular.

Increased Government of Ethiopia (GOE) Engagement in Education During Shocks

The focus of the government in times of emergency response is primarily on water and health, less so on education. However, one member of the national taskforce for education reported that they were receiving requests to explain the response to this crisis in the education sector. The READ II crisis modifier became part of the emergency response when it was designed, in

collaboration with the taskforce. At the time, there was no budget for education, one GOE stakeholder said, *"unless it is from the reserve budget or from resources mobilized by others, there is no budget allocated from the government standard budget to such emergency response so far."* The current substantiation rating for this outcome is weak. It is substantiated that the CM intervention did contribute to increased GOE engagement in education during shocks, as stated in KIIs with GOE stakeholders, and IP staff. However, there is no agreement on specific details about what the increased engagement entailed.

Additional Information Needed

To substantiate this outcome, information is needed to understand in more detail, and from more sources, what was the level of GOE engagement before the crisis modifier, and what was the level of GOE engagement after the CM. Specifically, what areas of education during crisis were they more engaged in? What did that behavior change entail? Additionally, to substantiate contribution, READ II would need to identify how they increased GOE engagement; what tools, processes, or trainings did they use and how did those interventions directly contribute to specific differences in GOE engagement?

Annex 2: Transform Primary Health Care COVID-19 Crisis Modifier

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner:** Pathfinder International
- **Date of activation:** April 2020
- **Shock type:** Health/COVID
- **Geographic area:** Oromia, Amhara, Tigray and Southern Nations, Nationalities People's Regional States
- **Funding allocated:** $602,000

USAID's Transform Primary Health Care (TPHC) project objective is to strengthen the management and performance of Ethiopia's national health system by improving quality of service delivery across the continuum of primary health care, improving household and community health practices and health-seeking behaviors, and strengthening program learning to impact policy and activities related to the prevention of child and maternal deaths. The TPHC project implements activities to increase the use of antenatal care, contraception services, skilled deliveries, and child health services to improve outcomes for women, children, and their families.

TPHC, implemented by Pathfinder International, included a crisis modifier in their activity to enable quick response if conflict or crisis arose that would impact the healthcare system and their ability to deliver their planned interventions. The first crisis modifier in this evaluation subset was activated in 2020, the second in February 2021, and the third in September 2021 as a continuation of the second.

The 2020 crisis modifier (CM) was activated in four regions (Oromia, Amhara, Tigray and Southern Nations, Nationalities People's Regional States) to address the impending threat to public health systems. Pathfinder began implementing the following interventions as part of this CM:

- Strengthening subnational coordination,
- Risk communication and community engagement activities,
- Support the health sector and facilities to adapt and function during the pandemic,
- Support provision of COVID-19 treatment services in selected facilities,
- And support surveillance and contact tracing activities.

With the global pandemic ramping up in March 2020, Pathfinder received a request shortly thereafter from the Regional Health Bureaus and Ministry of Health to support the response. This prompted a more nuanced discussion with the Emergency Operations Center (EOC), Reproductive, Maternal Neonatal, and Child Health (RMNCH) directorate, and the Pathfinder team to identify what gaps existed and what support was needed to be able to design the CM in alignment with the regional response plan. Simultaneously, Pathfinder was having internal conversations to conduct basic stakeholder/partners mapping and determine the need to apply for a CM, prompting the initial Concept Note design.

Pathfinder received feedback from USAID to incorporate into their proposal since Mission Leadership wanted to have a clear process for COVID funds and the USAID/Washington Health Office was playing a leading coordination role across all Missions. This helped to sort out funding ahead of the full Concept Note design and submission to the Mission, enabling the IP to leverage all of their pre-work and submit a thoroughly-detailed and well-thought-out proposal.

Since this CM was for COVID response, the Concept Note also needed to go through USAID Washington's Global Health Office by way of the Mission Director in addition to the normal USAID Office of Acquisition and Assistance (OAA) and the Strategic Advisory Group for Emergencies (SAGE) Reviews. This added extra time as each office had to identify proper reviewers, review, provide feedback, and approve before sending it on to the next group. Pathfinder was able to move forward once the full review process was completed which enabled them to share information with the Regional Health Bureaus (RHBs) to determine which woredas and districts were appropriate to respond in. In alignment with that joint plan, Pathfinder began mobilization to identify at-risk population groups, develop specific guidelines, and coordinate with RHB/GOE (Government of Ethiopia) structures.

The IP leveraged regular weekly monitoring to evaluate progress activity-by-activity and reporting to both the EOC and USAID for better coordination throughout the intervention. Coordination and overarching support were deeply appreciated by stakeholders as indicated from the overwhelming positive feedback from GOE officials and other development actors.

Outcomes

Increased Health Worker Capacity

With a global pandemic beginning in early 2020, Ethiopia was affected in similar ways to other countries—people were catching this mysterious illness, people were afraid, and health workers were uninformed about how to appropriately respond to this new disease. TPHC designed and implemented a CM to strengthen sub-national coordination, risk communication and community engagement (RCCE), surveillance and testing, COVID-19 case management, infection prevention and control (IPC), and continuity of essential services. One component of this was conducted through implementing staff mentoring, supportive technical assistance/supervision, and capacity-building trainings for health care workers, which created additional COVID awareness and response capacity, especially regarding proper personal protective equipment (PPE) use, patient engagement, added internal supervision, and vaccination monitoring capacities. As a result, health workers' capacities increased which enabled better treatment and disease prevention.

This outcome is rated as a medium level for substantiation because the outcome is triangulated and information is from direct sources, but there is still variation in levels of detail for how the process happened. This outcome was significant and crucial to support the existing healthcare system as a whole and to support communities and individuals for the prevention and mitigation of disease. Regarding the healthcare system, TPHC's support provided training for case management, contact tracing, and vaccination distribution; psychosocial support for providers; and materials like face masks, gloves, and other materials. Regarding supporting the community, the healthcare workers' ability to implement contact tracing and education efforts helped mobilize communities for improved disease prevention behaviors and protective measures. As one development actor shared, *"COVID-19 [was] a new trend and almost no anyone [was] aware of its monitoring mechanism. [This activity] assisted health workers' awareness, advocacy, etc. All zonal health workers were awarded the training under the support. Then the health worker [showed] a huge change in COVID-19 case management areas."*

The level of contribution that USAID and Pathfinder can claim for this outcome is also medium. While the Government of Ethiopia and communities were likely already thinking about COVID response out of necessity, TPHC's capacity-building efforts and support in early response helped bolster the Regional Health Bureaus' abilities to respond. Interviewees triangulated that the support of this TPHC effort was effective, but there were varying degrees of detail available regarding the uniqueness and specificity of the IP's contribution to this outcome. Some respondents identified great general support, while others provided more nuance, detailing that because of TPHC's early response and ability to share information from coordination mechanisms, the Regional Health Bureaus were able to adequately respond. More information is needed to identify if multiple actors would agree on Pathfinder's level of influence.

Health System Support Enabled Maintained Service Provision

Healthcare systems are intentionally designed to handle disease outbreaks and prevention, however the pandemic has overwhelmed facilities worldwide and certainly in Africa which was ill-prepared for an outbreak at this scale. With this in mind, TPHC offered support to local health facilities to support healthcare worker capacity, esteem, backup support, integrated services, resource planning, coordination, and equipment maintenance which led to the ability of facilities to maintain provision of essential services like maternal and child healthcare. Because facilities had extra support, those locations that had stopped service from an overwhelm of COVID were able to resume/reinitiate it, and many others were able to avoid collapse through resource planning and better coordination. Maintained and reinitiated facilities also had a secondary effect of stabilizing the provision of RMNCH issues that could have worsened without care.

The level of substantiation on this outcome is medium—the outcome is triangulated, and information is from direct sources, but there is still variation in details and missing information for how the process happened. For example, the evaluation team is missing the precise causal mechanisms for health system maintenance processes (e.g., first TPHC did this, then they did that, then that led to this other thing).

The level of contribution that USAID and TPHC can claim on this outcome is medium. There are varying degrees of nuance in interviewees' articulations of contribution, but three sources (2 GOE representatives and 1 GOE Actor) did triangulate that TPHC's efforts assisted essential health services and that Pathfinder is considered a key player in health system continuity. The Government of Ethiopia was certainly thinking about COVID response before TPHC flagged it as a cause for concern; however, parts of the healthcare system likely would have collapsed or stayed closed without their support to reinitiate and maintain essential services. One staff member from the IP acknowledged that TPHC was not the only one looking to support the system and that the government was trying to allocate resources too. While TPHC's response did contribute, they were not the only actors.

Other Findings

During Outcome Harvesting, the evaluation team identified one other potential outcome, but it requires more rigorous evidence to construct a clear causal mechanism pathway and to confirm that it happened in the way that the IP said it did.

Increased Community Awareness of COVID-19

When asked about other key outcomes achieved by the CM, many IP staff cited the output of creating community awareness of COVID-19 which led to disease prevention and increased community vaccination levels. While the evaluation team did substantiate other related outcomes like healthcare workers' capacities and health systems support, this is an output on the way to a larger-level disease prevention outcome. To substantiate this larger-level outcome, the evaluators would need to know vaccination rates in the intervention areas before and after TPHC implemented their awareness-raising efforts and ask those getting vaccines why they decided to take action (one option would be TPHC’s information campaigns). In the behavior change process, several steps need to happen (and that get measured differently) before a change occurs. Awareness-raising is the first step to ensure that the targeted population can gain new knowledge, experiment with the content in practice, and build the capacity to create change. Pathfinder helped fund and implement prevention campaigns through media and leafleting, but just because a population is aware does not inherently mean that they will take action. Knowing the number of vaccines attributed to TPHC’s efforts would create a clearer picture of how much they could claim for contribution and help better interrogate exactly which parts of that effort to create action were and were not effective.

Annex 3: Transform Health in Developing Regions Flooding Crisis Modifier

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner**: Amref Health Africa
- **Date of activation**: August 2020
- **Shock type**: Flooding/Health
- **Geographic area**: Afar Region
- **Funding requested**: $322,551

In August 2020, the Awash river flooded in Afar region, displacing neighboring communities and destroying health facilities and structures. Amref Health Africa's Transforming Health in Developing Regions (THDR) Activity was working in Afar, and six of their implementation woredas were affected by the flood. THDR works to make high-quality Reproductive, Maternal, Newborn, and Child Health (RMNCH) services available and accessible to mothers, newborns, and children. At a time of other health emergencies, including the COVID-19 pandemic and malnutrition, the flood and expected cholera outbreak posed significant threats to the mothers and children THDR had been supporting.

As one of the main RMNCH partners in the region, THDR was requested by the Regional Health Bureau (RHB) to respond with emergency relief activities to address this crisis. THDR worked with the RHB and participated in the Government of Ethiopia's (GOE) emergency response plan along with other non-governmental organizations (NGOs), United Nations (UN) Agencies, and other Government sectors.

THDR has a crisis modifier (CM) that was added via modification to their award. Once the implementing partner (IP) communicated with the USAID Agreement Officer's Representative (AOR) that the crisis was happening and they had been requested by the GOE to respond, the AOR invited them to submit a concept note to activate the crisis modifier. Given their scope and focus on maternal and child health, THDR designed the CM to support the preparedness and response effort of the Regional Health Bureau and woreda health offices through prevention and case management response to the outbreak of cholera and other acute diarrheal illnesses to prevent catastrophic impact on mothers and children who were vulnerable segments of the population during this flooding emergency.

Part of the THDR Activity scope was supporting and capacity-building health facilities with MCH, quality of care, community engagement, health system leadership, and digitized health information systems. This CM specifically enabled the activity to work with the RHB and the Emergency Management Unit, to help coordinate disaster response, identify target operations, and conduct assessments for the infrastructure damages to facilities affected by the flood. Additionally, because internally displaced people (IDPs) in Afar were integrated within host communities, they conducted an assessment to map out and identify how to provide specific support via mobile health services. The CM helped to provide the resources for that mapping.

In addition to integrating the CM into the broader Activity, THDR aligned their CM for flood response with their existing COVID-19 crisis modifier by ensuring that COVID-19 preventative actions were in place in addition to support the overall efforts of the RHB and woreda health offices to prevent and respond to potential other disease outbreaks.

After submitting their concept note, THDR went through the SAGE review process, responded to comments, and received concurrence from USAID's Strategic Advisory Group for Emergencies (SAGE). Then, the USAID Office of Acquisition and Assistance (OAA) reviewed, and once they got the Agreement Officer (AO) approval letter, THDR added that to their annual workplan and moved to prepare for implementation. Amref had already begun the procurement process while waiting for USAID approval on their concept note.

As part of ongoing implementation, the country office receives updates from the region approximately every two weeks, and they have regular meetings with USAID every two weeks for monitoring purposes. THDR also brought in surge capacity support to assist with implementing the CM, specifically on the Water, Sanitation, and Hygiene (WASH) aspects of the intervention. The CM had two main components, to try and prevent cholera and, if the outbreak happened, to reduce its impact. They engaged in various activities, including coordinating with the RHB and community for risk communication, community engagement, and awareness on how cholera spreads and what to avoid. They also worked with the public health institutes' surveillance teams to identify cases and activate response early. Regarding preparation, THDR procured cholera tents, water treatment chemicals, and other materials for health facilities to capacitate them to prevent/handle a cholera outbreak.

Throughout implementation, the IP tracked the activity outputs and included updates on the CM in quarterly and annual reports to USAID. They also provided reports to the task force established by the Disaster and Risk Prevention Office to update the taskforce on their activities on the ground and avoid duplication of resources with other actors. At the end of the CM implementation, THDR prepared a summary closeout report for USAID, describing the key outputs and achievements from the CM, lessons learned, and challenges.

Outcomes

Prevented Disease Outbreak

In August 2020, the Afar Regional Health Bureau's assessment revealed gaps in cholera treatment centers (CTCs) in flood-affected woredas and forecasted that if the cholera outbreak happened, the existing supplies were insufficient to manage the response. More cases were expected due to the flood and the influx of IDPs in the region. In response to the RHB assessment, the THDR Activity procured and handed over to the RHB materials for Infection Prevention and Control (IPC) and WASH, as well as setting up cholera treatment centers. The Activity also provided logistics support to facilitate the distribution of these items to affected woredas based on identified needs during the assessment period. **The THDR Flooding implementer, Amref Health Africa, proactively strengthened community health supplies, healthcare facilities support, and technical assistance, which contributed to preventing a water-borne disease outbreak.**

Amref already had the support system in place to provide communities' healthcare facilities with supplies to treat outbreaks (e.g., cholera treatment kits with medicine, rehydration supplies, quarantining equipment, etc.) and educate those affected by the flood in how to purify water for safe eating and drinking to keep families safe from water-borne disease. With the prevention of disease outbreaks like cholera, the implementer could support the movement of those affected by the flooding back to their homes more quickly. Healthcare facilities had minimum restoration needs met and could resume their regular services. The IP proactively prepared because they learned from previous interventions that when a disease outbreak is not planned for after a flood, there are cascading effects on the ability to serve beneficiaries effectively. By preparing for this potential outcome ahead of time and preventing it, Amref was able to avoid those adverse outcomes.

One GOE stakeholder remarked, *"When we say we decreased the death toll, it is the role of them [Amref] and the region too. It was a comprehensive response. For us, when Amref is responding, it is the health bureau that is responding. The result is for the whole taskforce. It is the cumulative effect*

of the region and partners. We were working with partners with this understanding. It may or may not be exclusive to Amref. But it had a contribution, and its role was significant. It is a leading partner."

This outcome is strongly substantiated by KIIs with health workers, a GOE stakeholder, a development actor, USAID staff, implementing partner monitoring, evaluation, and learning (MEL), decision-maker, and implementing staff, and one report from Amref. The contribution that USAID and Amref/THDR can claim is a medium level. Amref contributed to this outcome in partnership with the Regional Health Bureau and other partners, including Woreda Health Offices. Amref cannot claim sole contribution, but it is a triangulated finding that their crisis modifier intervention played a significant role in preventing an outbreak of cholera following the flooding in Afar in 2020.

Other Findings

In addition to the substantiated outcome included above, there are several other findings from this case study. During outcome harvesting, the evaluation team identified eight other potential outcomes. Five of those were not able to be substantiated as the excerpt(s) coded to the potential outcome did not meet the minimum of triangulation. The evaluation team combined two findings that they coded separately for the analysis phase. That combined findings and one other finding were not able to be substantiated with the evidence provided by the data sources for this evaluation. As they have enough information to justify further exploration, the evaluation team is including these two findings here, along with some of the information that USAID and THDR would need to substantiate them.

Increased Health Worker Capacity

Building capacity of the flood-affected woreda health office staff was part of the response to cholera prevention and outbreak management preparedness. Amref's THDR Activity organized and provided cholera outbreak and public health emergency management training. The evaluation team triangulated that the trainings and workshops provided by Amref increased health workers' response capacity, but not what the specific capacities increased were. This is an output of the intervention, increased capacity, and the data does not include information on resulting behavior change from this increased capacity.

Supported Health Facilities

he evaluation team included information on this input, what the IP did as part of their CM intervention, as groundwork for the substantiated outcome of preventing disease outbreak. Amref's THDR crisis modifier supported health facilities with resources and provisions, including medical supplies and training that allowed the continuation of service delivery, which is one of the outputs of this intervention.

Additional Information Needed

There might be an emergent outcome related to this that USAID and Amref can explore further, to understand if this support resulted in increased preparedness of the health facilities and health workers to respond to future outbreaks, using the supplies and trainings that were provided. There is some data shared in KIIs about increased preparedness but not enough detail to fully identify as an emergent outcome.

Annex 4: Resilience in Pastoral Areas North Flooding Crisis Modifier

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner:** MercyCorps
- **Date of activation:** September 2020
- **Shock type:** Flooding
- **Geographic area:** Afar Region
- **Funding requested:** $150,000

In August 2020, the Awash river flooded in Afar region and affected the local communities by displacing households, damaging businesses and grazing areas, and impacting hygiene and sanitation. One of the USAID activities operating in this area, Resilience in Pastoral Areas (RiPA), is a Feed the Future (FTF) Ethiopia project focused on promoting the viability and resiliency of pastoralist communities via market development and improved natural resource management. The RiPA North Activity, implemented by MercyCorps, targets the resilience capacities of households, markets, and governance institutions, and many of their target populations were affected by the flood.

RiPA North was notified of the crisis by the regional government with a request to respond. Based on the identified responses needed and what aligned with their objective of protecting the development gains made in their Activity, RiPA North applied for crisis modifier (CM) funding.

Though RiPA North had a crisis modifier written into the award, the funding meant to be used for the crisis modifier was unavailable when the flooding occurred. During the USAID CM review process and back and forth between the two organizations, USAID advised MercyCorps to redirect their Activity funds to respond to the crisis. In doing so, MercyCorps had to scale down their planned activities under the CM. The redirect of funds still went through the USAID CM process to conduct the technical quality and de-duplication checks as part of the Strategic Advisory Group for Emergencies review. One challenge that occurred during this time was the pressure from the Government of Ethiopia (GOE) on MercyCorps to respond to the crisis. They knew that MercyCorps had a CM written into their award and did not understand why there was a delay in response (while waiting for the funding to be identified, then ultimately redirected).

The crisis modifier intervention was approved in September 2020, and the interventions were aligned and integrated into the Activity's four components: 1) Improved Disaster Risk Management (DRM) Systems and Capacity; 2) Diversified and Sustainable Economic Opportunities for People Transitioning out of Pastoralism, particularly Women and Youth; 3) Intensified and Sustained Pastoral and Agro-Pastoral Production and Marketing; and 4) Improved and Sustained Nutrition and Hygiene Practice.

Key activities under Component 1 included using early warning and climate systems and disseminating advisory information about the flood. Component 2 distributed 8,000 Ethiopian Birr (ETB) in business stimulus packages to businesses most affected by the flood to help them recover and restart their business. They also conducted business development trainings and opened bank accounts for the businesses to promote saving. The third Component's CM intervention included distributing vouchers for veterinary drugs to flood-affected households. Many households had diminished financial capacity in the face of frequent disasters and would

have been unlikely to procure the needed vet drugs to care for the livestock in the face of the damaged grazing lands and increased risk of disease outbreaks after the flood. With the vouchers, the households could purchase the needed drugs from Private Veterinary Partners (PVPs) without harming market actors by providing free vet drugs and taking away their opportunity to provide services to the community. Lastly, Component 4 distributed hygiene kits to 900 households and supported 2,500 girls and adolescents with dignity kits.

MercyCorps had biweekly meetings with USAID throughout implementation to remain engaged on ongoing progress, share updates, and discuss challenges. The MercyCorps field staff also regularly communicated with GOE stakeholders from the regional government. The IP conducted post-distribution monitoring (PDM) on the CM interventions to monitor their activities' implementation and capture lessons learned. RiPA North also conducted a Pause & Reflect and an After Action Review.

Outcomes

For this CM, the evaluation team pursued outcome substantiation on two of the four components. In discussions with MercyCorps, the staff identified the community members/recipients of the CM intervention who would be most available to connect with and interview - recipients of the business stimulus packages and the PVPs. MercyCorps has regular contact with those two groups and facilitated connections for the key informant interviews (KIIs) with the evaluation team.

Business Owners Recovered and Restarted their Businesses

RiPA North provided microenterprises most affected by the flood with financial support following the Afar flood in 2020. The markets were struggling and many businesses lost their items and were out of money. The 8,000 ETB business stimulus package, component 2 of the MercyCorps RiPA North Crisis Modifier, provided microenterprises with finance that they used to restart and recover their businesses. One community member shared, *"Even if the money is small, ETB8,000 each, it brought a significant change. It was critical for us to recover."*

MercyCorps distributed the business stimulus package to 94 businesses. One interviewee shared that 84% of the businesses are still running, but this figure needs to be verified. Related to the significance of this outcome, one implementing partner staff said, *"When we take a look, different parts of globe in disaster, the communities wait for food or aid for long time, but those business owners we supported through the stimulus package could manage the problems by themselves and source the income they require for their business."*

The substantiation rating for this outcome is strong; the outcome was triangulated from community members, GOE, and implementing partner (IP) staff KIIs, and two case studies from the IP, with minimal variation across the data sources. USAID and RiPA North can claim strong contribution to this outcome. Business owners were likely already thinking about restarting their businesses, but they identified the support from MercyCorps as the reason they were able to recover and restart. Two interviewees stated that it is possible that one or two outliers would have been able to procure funding from family or some other source, but it is not likely and would have taken a much longer time.

Additionally, there are two emergent secondary effects from this outcome. After business owners supported by the stimulus package restarted their businesses, they increased their sales and profits, hired new employees, and contributed to job creation in their communities. Additional information is needed to substantiate these effects as they are considered emergent based on the evidence in this evaluation.

Minimized Death and Disease of Livestock

This outcome builds on the first finding included below, “initiated market linkages between PVPs and voucher HHs.”

The catastrophic overflow of the Awash River affected communities in six of the seven woredas where the RiPA project planned to work. MercyCorps developed the package of response activities to support the flood-affected communities. One of the four components of the CM intervention was focused on livestock and provided vouchers to flood-affected households to purchase vet drugs from local private veterinary pharmacies (PVPs).

The voucher transfer helped participating households access veterinary drugs from nearby PVPs, which helped minimize death and disease, and improve the health situation of their livestock. The PVPs that facilitated voucher-based vet drugs supported 2,952 households and saved the lives of an estimated 29,520 core breeding heads of livestock.

A secondary effort of the animal drug support is that not only did it minimize the death and disease of livestock in the program's target area, but it also increased their production and productivity. Due to the ability to access animal health services and medicines, program participants' livestock increased their milk and meat production. One development actor interviewed shared that, *"the main contribution of this project's animal drug support is minimizing the death of animals. Also, it treated sick animals to restore their production and productivity. By the way, if one animal is sick its productivity will decrease even if it is fed. Therefore, treating the animal will increase the production and productivity and for the animal to get well fed."*

This outcome is strongly substantiated by KIIs from PVPs, a development actor, and IP staff, as well as two reports from the IP. Remarking on the role of the CM in achieving this outcome, one IP staff interviewed for this evaluation declared, *"there is no doubt that the CM played very important and good role for pastoral communities. It minimized the livestock death and disease that occurred during the crisis."* USAID and RiPA North can claim medium contribution to this outcome. It is clear that the CM intervention contributed to this outcome, but the full causal mechanism and other contributing/influencing factors are not included in the existing evidence. Additional information is needed to substantiate that the minimized death and disease of the livestock was due to the MercyCorps voucher system. To confirm the causal mechanism for this outcome, MercyCorps could conduct interviews with members of flood-affected households and ask questions like:

- How was the health of your livestock during the 2020 flood season?
- How did you manage the health of your livestock during the 2020 flood season?
- Did you try any new tactics, treatments, or services for the health of your livestock during the 2020 flood season?
- If you did try any new interventions for livestock health, how did that affect the health of your livestock?
- Which interventions had the most significant effects on the health of your livestock? Are there any other comparisons you would like to make between the different possible interventions you tried?
- Did new interventions have any other effects beyond the effects they may have had on the health of your livestock?
- Are there any new interventions that you have continued to implement or will continue to do so, and why?

(Emergent) Increased Profitability of the PVPs Engaged in the Activity

This outcome builds on the previous outcome related to component 3 of the CM intervention, providing flood-affected households with vouchers for vet drugs. The MercyCorps RiPA North Crisis Modifier Intervention initiated market linkages between PVPs and the community by making connections with new customers via the voucher system, which led to increased profitability of the PVPs. This is currently an emergent outcome because there is no triangulation on the specific capacities increased. Two KIIs speak specifically to increased financial capacity, and one KII described a general increased capacity and motivation among the PVPs due to this CM intervention.

MercyCorps took a market-systems-based approach to their crisis modifier intervention that enabled them to not only support the flood-affected households with the livestock component, but also the PVPs they partnered with. One PVP shared that typically when vet drugs are part of emergency response, it minimizes the community's interest in their business. But MercyCorps's voucher system catalyzed their business by initiating connections with households needing vet drugs. While the evaluation team could not substantiate that this intervention led to sustained business linkages between the households that received vouchers and the PVPs, the evidence did show that this intervention led to increased capacity for PVPs, highlighting the indirect benefits to the local private sector via a market-systems based approach.

The substantiation rating for this outcome is preliminary because it is an emergent outcome; it was triangulated from KIIs with PVPs, a development actor, and IP staff, and one report from the IP. There is no contribution rating assigned because this is an emergent outcome.

Additional Information Needed

There is insufficient evidence on what specific capacities were increased to fully understand and substantiate the outcome. Related to contribution, there is inadequate evidence on the causal mechanism for how the voucher system led to increased capacity for PVPs, and it is unclear from the existing evidence if there were other contributing factors to the PVPs' increased capacity besides this CM intervention. MercyCorps should collect additional information to understand the specific capacities increased, and what the resulting behavior changes were from this increased capacity. To understand the role and contribution of this CM, MercyCorps could conduct KIIs with the PVPs and inquire about how many new customers gained because of the voucher system they have retained as regular clients? How have those customers affected their financial situation? And what does this extra customers' businesses/payment allow the PVP to do (i.e. hire an additional staff, save money for the future etc.)

Other Findings

In addition to the two substantiated outcomes and one emergent outcome included above, there are several other findings from this case study. During outcome harvesting, the evaluation team identified 10 other potential outcomes. Five of those could not be substantiated as the excerpt(s) coded to the potential outcome did not meet the minimum of triangulation. Two findings are included in the first outcome above, as emergent secondary effects. There were two outputs identified in the analysis phase, one of which serves as a foundation for the second substantiated outcome, so it is included below. Lastly, there is one outcome that does not have enough detail to understand what happened / what the change was. This is included below, along with some of the additional information that USAID and RiPA North would need to substantiate the outcome.

Initiated Market Linkages between PVPs and Voucher Households

This is an output, not an outcome, because it does not describe a sustained behavior change or practice. The RiPA North crisis modifier implemented a voucher system which initiated market linkages between the private veterinary pharmacies (PVPs), Community Animal Health Workers, and households that received the vouchers. "Sustained market linkages," was identified as a potential outcome, but the data did not have enough evidence to substantiate it. One limitation in the data collection for this outcome is that the evaluation team was unable to speak with members of the flood-affected households who received the vouchers.

Additional Information Needed

To substantiate the outcome of sustained market relationships between supported households and PVPs, MercyCorps needs additional information. They could conduct KIIs with these households and inquire where they get veterinary care and medicine for their livestock now that the CM intervention is over as well as how they were connected to the PVPs in the first place, to have a better understanding of the contribution MercyCorps can claim.

Improved Business Practices

This is an unsubstantiated outcome. MercyCorps provided business development and financial literacy trainings to the microenterprises supported via the stimulus package, component 2 of the RiPA North CM. The evaluation team could substantiate the broader finding that people feel that the intervention did contribute to changed business practices, but not the specifics of what practices the businesses adopted. Additionally, the causal link between the intervention and the practices is not detailed, and there is not a clear picture of what practices the businesses were doing before the intervention.

Additional Information Needed

To identify this information, MercyCorps could conduct KIIs with the supported microenterprises to understand their awareness and use of these practices before the intervention, what they learned from the trainings, if and how they applied these learnings, and what changes these learning and adaptations led to for their businesses. One of the implementing partner staff mentioned that they do quarterly follow-ups with the businesses on certain KPIs. This may help piece together some of the data needed to understand any sustained improvements to business practices.

Annex 5: Growth through Nutrition Locust Crisis Modifier

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner:** Save the Children
- **Date of activation:** January 2021
- **Shock type:** Desert locust infestation
- **Geographic area:** Amhara Region, North Wollo and North Shoa Zones
- **Funding requested:** $248,290

In October 2020, the Amhara Region Food Security and Disaster Risk Management reported that desert locust infestation had occurred in the Eastern Amhara region, and a related assessment showed that household food consumption was deteriorating. The locust infestation damaged the households' farms, and the malnutrition rate increased. Growth through Nutrition (GtN), implemented by Save the Children, is a Feed the Future (FTF) Ethiopia Activity with the primary goal of improving the nutritional status of women and children under five. GtN was working in these woredas, supporting vulnerable households with improved feeding practices and nutrition education, and providing seeds for households (mostly households with pregnant or lactating mothers and children under two years). As a partner already implementing in these woredas, GtN received a request for assistance from the Government of Ethiopia (GOE) to address the desert locust infestation crisis.

To respond to this crisis and protect the livelihood gains of rural households affected by the desert locust infestation, GtN applied for a crisis modifier (CM) to implement emergency response activities in North Wollo and North Shewa Zones in Amhara in the fall of 2020. There were a few challenges during the application process. Initially, GtN submitted a concept note proposing to use spraying materials to prevent the desert locust from destroying households' farms and crops. At least one month passed while waiting for approval, and the locusts damaged many farms and crops. GtN then needed to redesign the crisis modifier intervention, given the situation on the ground had dramatically shifted while waiting for CM approval. GtN shifted their approach and applied for a CM to provide the households whose crops and farms were damaged by the desert locust with seeds to improve the households' production, ultimately to increase their income and ability to feed their children.

Once the resubmitted CM was approved in January 2021, GtN worked with the GOE and other partners to develop a detailed implementation plan and schedule, and began implementing the CM intervention in February 2021. The implementation began with a kick-off meeting to officially launch the intervention and included woreda and zonal level health and agriculture officials. GtN engaged the community throughout the project design and implementation phases. For example, to conduct beneficiary targeting and selection, GtN worked with the targeting committee at the kebele level in the four intervention woredas to identify and select beneficiaries, using criteria established with their country office. Another committee was formed at the kebele level to verify if the identified beneficiaries were eligible for support. They involved the community in verifying that the beneficiaries were those most affected by the crisis. As part of this process, GtN provided orientation to the four targeting committees to capacitate committee members to target appropriate households by following the criteria and following a transparent and accountable process.

Following the kick-off, the key implementation activities included procuring and distributing different improved seeds (cereal and vegetable seeds) for recovery purposes and providing integrated management of acute malnutrition training to capacitate health extension workers for monitoring and treating acute malnutrition for children and pregnant and lactating mothers. Throughout implementation, GtN conducted joint support supervision (JSS) with government officials in the agriculture and health offices and post-distribution monitoring (PDM) after distributing the seeds and conducting the trainings. In the two woredas in North Shoa Zone (Kewot and Tarmaber), GtN conducted two rounds of JSS. For the two woredas in North Wollo Zone (Raya Kobo and Habru), they were unable to follow up and complete the PDM reports due to security concerns. As described in the other findings section below, there were some notable differences in results across the two zones.

The CM was initially planned to end in April but was extended to June 2021 as there were some challenges with seed procurement during implementation. There was a shortage of quality mung bean seeds, so they changed to another seed type which required back and forth from the woreda to the country office. Upon completion of the CM in June, GtN submitted a closeout report to USAID on the implementation, results, challenges, and lessons learned from the intervention.

Other Findings

Though there were no substantiated outcomes associated with this CM at the time of this evaluation, there are several other findings from this case study. During outcome harvesting, the evaluation team identified 10 potential outcomes but in the analysis phase, the team could not substantiate these as outcomes. Rather, there is one unsubstantiated claim, two outputs with contradictory information, one input, and six findings that did not meet the minimum of triangulation or lacked sufficient details to understand the outcome. Several of those findings also had contradictory evidence, some saying the outcome happened and others saying it did not. This contradictory information was also present in some of the findings shared below, along with some of the additional information that USAID and GtN would need to collect to understand what happened as a result of this CM. There are some inconsistencies with the results across implementation areas which is discussed in more detail under the first finding below.

Increased Household Production and Productivity

There is contradictory evidence for this output, with triangulation in both directions that this output did and did not happen. Four data sources (all community members) reported that the quality seeds provided by Save the Children led to increased crop and food production for the receiving households (3 interviewees from North Shoa; 1 interviewee from North Wollo). The households that reported an increase in production said it was due to the quality seeds provided by GtN. Among the sources that did not report increased production, there was variation by zone as to why they did not experience the intended results: 1) three households from North Wollo reported they did not have increased production due to conflict, and 2) three households from North Shoa cited the issues with rainfall that year. One community member shared, *"We benefited but security affected us too. We are displaced for almost 6 months and not fully calculating the benefits of given seed."*

Additional Information Needed

There is triangulation in both directions, the seeds are increasing production in some instances but not others. More information is needed to understand why some households experienced this result and others did not, specifically to see the differences by zone and crop type, and to more clearly understand the barriers that prevented some households from experiencing the intended results of the intervention.

Decreased Acute Malnutrition

As part of their CM intervention, GtN conducted trainings for Health Extension Workers (HEWs) to monitor, screen, and treat malnutrition. The evaluation team triangulated two different versions of this output, one that the intervention did contribute to decreasing malnutrition and one that it did not.

Additional Information Needed

Even for the responses indicating that the intervention did decrease malnutrition, there is insufficient detail on what changed and how the decreased acute malnutrition rates contributed to improved health outcomes for the target population(s). Related to contribution, there is not enough evidence to confirm the causal mechanism, that this resulted from Save the Children's improved management and monitoring of malnutrition. GtN did pre/post-tests from the HEW training, but qualitative data from HEWs verifying what they learned and what skills they developed as a result of this training could provide additional information about how the HEWs applied what they learned in the field and any changes they observed in their implementation of nutrition screening and management.

Supported Households' Resilience and Recovery

This is an unsubstantiated claim, that the Save the Children crisis modifier intervention supported households' resilience and recovery in the aftermath of the desert locust infestation.

Additional Information Needed

While affected households reported that this intervention supported their resilience and recovery, additional information is needed to verify the causal mechanism between the provision of seeds and households' increased resilience. Increased resilience is a long-term outcome that would need to be substantiated with additional KIIs to affected community members to understand their current capacity to handle shocks and how this intervention may or may not have contributed to that. Additionally, because there is variation among implementation zones and households for confirming that the seeds led to increased production, that would need to be further explored as the foundation for this claim. If the seeds did not lead to increased production, it is unclear how the provision of seeds could affect a household's long-term resilience.

Annex 6: Growth through Nutrition Tigray Conflict / Malnutrition Crisis Modifier

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

While the information below is what the evaluation team has discerned, it should be noted that they did not reach sampling saturation for interviews on this case due to difficulties communicating with those in Tigray (e.g., community members, other development actors, etc.) and those on the Save the Children surge support team who have since rotated to other disaster response assignments despite follow-up attempts.

Case Narrative

- **Implementing Partner:** Save the Children
- **Date of activation:** February 2021
- **Shock type:** Tigray Conflict/Health/Malnutrition
- **Geographic area:** Tigray Central zone; Adiat Northwest zone; Tahtay Koraro; and Laelay Koraro
- **Funding allocated:** $221,989

Growth through Nutrition (GtN), implemented by Save the Children (SAVE), is a Feed the Future Ethiopia (FTF) Activity with the main goal of improving the nutritional status of women and children under five years old. GtN supports vulnerable households with improved feeding practices, nutrition education, and seeds for households (mostly households with pregnant or lactating mothers and children under two years). While discontent had been simmering in the region for a while, the conflict in Tigray began to escalate in mid-to-late 2020, prompting SAVE to apply for a CM to respond to the malnutrition exacerbated by the fighting.

To respond to the shocks and cascading effects, SAVE located local staff safely, assessed the crisis and related needs, and coordinated with other IPs in the region, which took longer than anticipated. The crisis modifier (CM) was submitted in January 2021 to start in February. Once the USAID Strategic Advisory Group for Emergencies (SAGE) and the Office of Acquisition and Assistance (OAA) began their review, there was discussion that there may be potential duplication. SAGE gave this feedback to the requisite Agreement Officer's Representative (AOR), mentioning that they did not think this CM was a good idea since the IP's proposed food basket was not aligned with other major operators (The UN's World Food Programme (WFP), Catholic Relief Services (CRS), and the National Disaster Risk Management Commission (NDRMC)) and there were issues with coordination. The SAGE Coordinator shared this feedback with the AOR, but the SAGE Coordinator was unsure how much feedback was then passed on to the implementing partner (IP). SAVE resubmitted a CM application in February 2021 with clarifications that they would coordinate with the Joint Emergency Operations for Food Assistance in Ethiopia Activity (JEOP), CRS, and WFP and were granted concurrence by SAGE for $221,989 over three months (February-May 2021).

While waiting for USAID approval, SAVE preemptively took a risk to begin purchasing food ahead of time so that they could respond more rapidly. Upon award, SAVE jointly conducted screenings to identify the number of children under five with moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) as well as malnourished pregnant and lactating women in the three target woredas. Ahead of final rounds of preparation to provide Rapid Use Therapeutic Food (RUTF), Ready-to-Use Supplemental Food (RUSF), and Corn/Soy Blend Plus (CSB+), GtN shared beneficiary lists with each of the kebeles for further verification.

While the exact timeline is unclear, GtN was asked to alter their approach again, to change the original targeting selection. This concern was raised by USAID and the Disaster Assistance Response Team (DART), stood up in March 2021, regarding potential duplication of efforts with CRS and WFP food operators assigned at national level to support the GTN response woredas. Between the time of the original CM design and this request, the Government of Ethiopia (GOE), WFP, and CRS came together and designed a tripartite agreement regarding who would be responsible for food distribution in which locations as the three major food assistance suppliers in the country. USAID assumed that SAVE would coordinate at the national level in the Food Prioritization Committee, but that was not the case. This requested shift added approximately two months to the planned response time as SAVE needed to redo screening to identify beneficiaries and establish additional distribution sites to serve more/different people (February-July). After procuring 700M in food aid, GtN subsequently agreed to revise their modality for food distribution to include as part of acute malnutrition management activities. In response, the Chief of Party (COP) and Deputy Chief of Party (DCOP) flew up to Tigray and spent time with the field office team to rework the methodology and resubmit.

With such delays in implementation, USAID came together in June and considered issuing a stop-work order to SAVE over concerns that such a late response was no longer appropriate or ethical since JEOP or WFP were already operating and doing distribution, and SAVE wanted to do food distribution in the same geographic area not using a needs-based approach. However, they ultimately decided against it as SAVE had already been asked to pivot and renegotiate with GOE parties, and USAID asking them to stop the distribution completely would have further eroded SAVE's relationship with GOE. Instead of stopping distribution, SAVE provided supplemental nutrition to their retargeted population, framed as a food assistance top up to the ration distributed by other parties. The assistance still got to the population, and the food was not wasted, but it was not a standard food assistance distribution with set rations.

Once these issues were squared away and following procurement, updated design, and dissemination of necessary information of the distribution plan, trucks were assigned and loaded with food baskets and other required materials from the Axum warehouse to each distribution site. Before starting distribution, beneficiaries were briefed about the aid-providing organization and its objectives, accountability messages, distribution flow, food basket (quality and quantity they will receive), gender-based violence (GBV), and child safeguarding. After confirming that all requirements were fulfilled, SAVE started food provision directly from the truck to minimize loading/offloading costs and control potential looting issues.

SAVE implemented post-distribution monitoring for the three food distribution rounds (August 2021-October 2021). SAVE also provided training to strengthen the woreda health office workers' capacity to treat and manage acute malnutrition cases using community-based management of acute malnutrition (CMAM) and infant and young child feeding in emergencies (IYCF-E). The team hosted regular communication check-ins and channeled pertinent information through the Senior Program Manager, DCOP, COP, and Country Teams to share with the donor and finance department. This communication was imperative as it was often the only information USAID had, since they were unable to complete standard monitoring verification field trips due to the region's inaccessibility during the conflict, making it harder for SAGE staff to engage during the CM's implementation and check-in more proactively. SAVE shared a closeout report in December 2021 highlighting some key results and challenges with this CM. Despite SAVE's closeout report, this case was complex for USAID to wrap-up entirely due to Ordered Departure in October-November 2021 and turnover of the award's AOR.

Other Findings

Because the evaluation team did not reach sampling saturation within the IP due to staff turnover/surge support rotation and not reaching community members and other development actors due to major communication challenges in Tigray, they were unable to triangulate or substantiate any outcomes. The evaluation team identified the following potential outcomes:

- Improved Nutritional Status for Targeted MAM Recipients
- Reduced Morbidity, Mortality, and Malnutrition in Tigray

Additional Information Needed

To properly substantiate that these outcomes occurred and that SAVE and USAID can claim contribution, USAID or another evaluation partner would need to continue interviews with representatives from the rest of the designed sampling frame both within the IP and among community members to identify whether these outcomes happened in the way that SAVE staff presented or if there were different reasons attributed to reduced malnutrition in the region (e.g., SAVE's supplemental assistance was helpful, but WFP/CRS/GOE's major direct food assistance made the biggest difference).

Annex 7: Transform Health in Developing Regions Health Services for IDPs Crisis Modifier, Rounds 1 and 2

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner:** Amref Health Africa
- **Date of activation:** Round 1, February 2021 and Round 2, September 2021
- **Shock type:** Tigray Conflict/Health Services for IDPs
- **Geographic area:** Afar
- **Funding requested:** Round 1, $398,502 and Round 2, $265,222

In November 2020, as a result of the conflict between the Federal government and Tigray regional forces, the security situation in Tigray and neighboring regions became increasingly unstable. Health systems and facilities were damaged, and actors in the health sector were concerned about the likely increase in mortality and morbidity among the community most affected by the conflict (especially for infant and maternal mortality, given the lack of access to health care at the time). Also resulting from this conflict, the neighboring border regions of Tigray began to experience an influx of internally displaced people (IDPs) in their communities, putting an additional strain on an already weakened health system due to shocks like COVID-19.

A key actor in this sector is USAID/Ethiopia's Transform Health in Developing Regions (THDR) Activity, implemented by Amref Health Africa. THDR seeks to reduce maternal and child morbidity and mortality by achieving increased access to high-quality Reproductive, Maternal, Newborn, and Child Health (RMNCH) services, strengthening health systems to provide these services, increasing demand for these services, and improving strategic information for evidence-based decision making.

In late January 2021, a team of Government of Ethiopia (GOE) representatives and THDR staff went to the woredas in the Aba`ala cluster to assess the security situation. They determined they could continue to resume their RMNCH activities and provide integrated outreach services to the newly arrived IDPs. Accordingly, the Afar Regional Health Bureau and the Aba`ala woreda health office requested that THDR resume their support. Following this request, THDR applied for a crisis modifier (CM) to respond to the health needs of IDPs in Afar resulting from the Northern Ethiopia conflict in Tigray. This crisis modifier intervention objectives were to 1) support the revitalization of basic maternal and child health services, which were interrupted due to the conflict in the woredas bordering Tigray via an outreach and mobile health service delivery modality and health system strengthening interventions, and 2) support the emergency health needs of the IDPs resides in the five woredas following the conflict.

As they had a CM written into their award, the application and review process was similar to the THDR_Flooding CM - the THDR team had discussions with the USAID AOR before submission of the concept note and then after USAID review process (The Strategic Advisory Group for Emergencies (SAGE) concurrence and the Office of Acquisition and Assistance (OAA) approval), they proceeded to implement their CM activities.

During the implementation of the first round of this CM (from mid-February to mid-June 2021), THDR had regular biweekly sessions with USAID to share updates on the active CM. Implementation results have been mixed because the conflict expanded and disrupted the CM

activities; hospitals and health centers were damaged, and they had to evacuate THDR staff, community members, and hospital staff from facilities in the middle of implementation. One damaged hospital was a critical connecting hospital for many parts of Afar; it served as a referral center and was used by many communities in Northern Afar. When the CM activities resumed, they continued to respond to the conflict's effects on the health system in Afar by supporting facilities in more secure locations that were still experiencing challenges from the conflict.

In the summer of 2021, there was an additional conflict expansion that displaced people to the western side of Afar, along the border of Amhara, and the neighboring woredas (Yallo, Gulina, Teru, Awra, Ewa, Chifra, and Berahle) experienced an influx of IDPs. Given the changing context of the conflict and the continued health needs of affected populations, THDR applied for a second round of CM funding to support those specific woredas in September 2021. The CM continued to address the health needs of IDPs and the intervention's objectives were to 1) strengthen the regional health cluster effort on responding for the health service needs of IDPs (mothers and children under five) and the host communities, and 2) strengthen the health service delivery capacity of existing health facilities hosting IDPs from conflict-affected woredas.

The application and approval process was mostly the same as Round 1, except that the regional government asked THDR to provide support around essential medicines, so through the approval process, they needed to secure written concurrence from the USAID Global Health Bureau in Washington due to the restrictions on using Maternal and Child Health Funding to procure medicine. This resulted in some delays in the approval process, but once THDR received approval, they began implementing shortly after. In between the first and second CMs, the IP had to evacuate all their staff from Afar. When they returned to start work, the CM helped them support the IDPs. The second CM was activated for an extra three months after the initially anticipated end date because of the extension of the conflict and identification of IDP crisis.

While implementing both crisis modifiers, Transform HDR coordinated its response with UN Agencies, INGOs, and national and local partners. THDR also participated in many coordination platforms, including the Emergency Coordination Committee (ECC) and the health and nutrition, WASH, and gender-based violence cluster working groups.

Outcomes

Due to the ongoing conflict and the multiple funding rounds, the evaluation team did not have the data to substantiate outcomes for the CMs as separate rounds. In many cases, the interviewees spoke about both rounds at once, particularly the health workers and GOE stakeholders, so the evaluation team analyzed the identified outcomes from both rounds together.

(Emergent) Health Facilities Restored and Continued Service Provision

This CM was in response to the effect of the Northern Ethiopia conflict in Afar, to ensure health facilities in geographies with the greatest need from the conflict had the resources they needed, especially considering the massive influx in IDPs stretched the facilities' capacity. The Amref THDR crisis modifier supported health facilities by providing surge capacity, training for health workers, and medical equipment and supplies, enabling the health system to recover and continue providing essential services.

These two quotes illustrate the significance of Amref supporting these health facilities to recover and continue providing essential services. As shared in Amref's outcome harvesting survey, *"this outcome helped Transform HDR to maintain the gains that it made in the past three years in improving access to key RMNCH services in the woredas. It brought additional capacity to handle the influx of people fleeing the conflict which otherwise would have brought in additional burden to health institutions in the woredas."*

One GOE stakeholder shared that supporting health facilities will also have residual positive effects on future preparedness: "*current support can help to protect from potential emergencies, to better respond and to ensure the sustainability of institutions maintaining their capacity. [] For instance, the inputs that were brought for Abala were not to be used just for an emergency. But also it will be used after an emergency. The activities on the human resource have also permanent effects. In addition, the inputs, especially fixed assets, have long-term use which also will also help to respond to emergencies and provide continued proper basic services.*"

This CM helped address gaps in the GOE and health facilities' ability to respond to the crisis. Two stakeholders shared that this CM helped shorten the recovery time for health facilities. One health worker commented, "*Amref support is huge, and it assisted boldly health service recovery in our context. Due to conflict health system become fragile and the war-affected border health posts and centers. Amref assisted it.*" Another health worker shared, *"Amref assisted on Water ration, MCH support, capacities, essential delivery, etc are huge. Mainly 2 health posts were severely affected by conflict but they soon assist and furnished it and it was fully recovered giving support."*

The current substantiation rating for this outcome is preliminary because it is emergent. To substantiate the emergent outcome that the intervention's support to health facilities helped restore and strengthen the health system writ large, the evaluation team would need additional, detailed information around the specific support provided and how that connects directly to changes due to this intervention. This information should be verified by at least three different stakeholder groups. There is no contribution rating because this is an emergent outcome. To substantiate the contribution, the evaluation team would need more information to understand the precise causal mechanisms for how the support provided by Amref restored health system maintenance processes to ultimately continue service provision and improve health outcomes for affected populations.

Other Findings

In addition to the one emergent outcome included above, there are several other findings from this case study. During outcome harvesting, the evaluation team identified eight other potential outcomes from both rounds of this CM. For Round 1, the team initially identified six outcomes, but during the analysis phase, two of those findings were combined into one, two findings were combined with similar findings from Round 2 (due to the rationale stated in the previous section), and three were not able to be substantiated as the excerpt(s) coded to the potential outcome did not meet the minimum of triangulation. The two potential outcomes identified from Round 2 are similar to two of the identified outcomes from Round 1, so they were combined to be substantiated together, per the stated rationale of difficulties in substantiating for the separate rounds. One of those is the emergent outcome described in the previous section, and the other is an output of the intervention described below.

Targeted Mothers and Children Received Essential Health Services

By providing the resources and capacity needed for health facilities and workers to reinstate operations and begin mobile health service delivery, the Amref THDR crisis modifier enabled the provision of health services to displaced mothers and children, including support to pregnant women like antenatal and screening, and immunizations for children.

Additional Information Needed

This finding is an output. There was one other finding related to improved health outcomes for children, but the number of excerpts coded to that outcome did not meet the minimum of triangulation. To learn more about if this intervention resulted in improved health outcomes for the target population(s), USAID and THDR would need to reference baseline data on the health status of the individuals that received the intervention and conduct follow-up monitoring of health status to determine what the resulting changes were from receiving these health services, and what was the lasting impact.

Annex 8: Transform Primary Health Care Health Services for IDPs Crisis Modifier, Rounds 1 and 2

This case study is part of a larger evaluation on crisis modifiers conducted by Headlight Consulting, under the Strengthening Disaster Risk Management Systems and Institutions (SDRM-SI) Developmental Evaluation (DE) with USAID/Ethiopia. To read more about the crisis modifiers evaluation, please find the full report here.

Case Narrative

- **Implementing Partner:** Pathfinder International
- **Date of activation:** February 2021 and September 2021
- **Shock type:** Tigray Conflict/Health Services for IDPs
- **Geographic area**: Round 1 focused on Tigray and Amhara; Round 2 focused just on Amhara
- **Funding requested:** $500,000 and $622,673, respectively

In November 2020, as a result of the conflict between the Federal government and Tigray regional forces, the security situation in Tigray and neighboring regions became increasingly unstable. Health systems and facilities were damaged, and actors in the health sector were concerned about the likely increase in mortality and morbidity among the community most affected by the conflict (especially for infant and maternal mortality, given the lack of access to health care at the time). Also resulting from this conflict, the neighboring border regions of Tigray began to experience an influx of internally displaced people (IDPs) in their communities, putting an additional strain on an already weakened health system due to shocks like COVID-19.

A key actor in this sector is USAID/Ethiopia's Transform Primary Health Care (TPHC) Activity, implemented by Pathfinder International. TPHC seeks to strengthen the management and performance of Ethiopia's national health system by improving the quality of service delivery across the continuum of primary health care, improving household and community health practices and health-seeking behaviors, and strengthening program learning to impact policy and activities related to the prevention of child and maternal deaths. The TPHC project implements activities to increase the use of antenatal care, contraception services, skilled deliveries, and child health services to improve outcomes for women, children, and their families. It is also introducing, testing, and scaling life-saving innovations, such as mobile ultrasounds and solar suitcases.

TPHC, implemented by Pathfinder International, included a crisis modifier (CM) in their Activity to enable quick response if conflict or crisis arose that would impact the healthcare system and their ability to deliver their planned interventions. The second and third crisis modifiers in this evaluation subset were activated in February 2021 and September 2021, respectively. The third was a continuation of the second to support IDP Health Services in Tigray and Amhara.

Pathfinder identified this crisis following the law enforcement actions in the Tigray region from the regional government and received a request from the Regional Health Bureau (RHB) to support some of the crisis-response activities because the health system was not functional or actionable. TPHC then drafted a brief request to USAID, received approval, and submitted a fuller proposal to support community members displaced from their homes. USAID reviewed the proposal and gave feedback. Simultaneously, Pathfinder was continuing preparations for implementation, including workplanning and identifying items for procurement; that way, once the Concept Note was approved, they could mobilize for rapid response with no gaps in the timeline. As they have a CM written into the award as a result of learning from previous interventions, the application and review process was similar to the TPHC COVID CM where the TPHC team had discussions with the USAID Agreement Officer's Representative (AOR) before

submission of the concept note, and then after USAID review process (The Strategic Advisory Group for Emergencies (SAGE) concurrence and the Office of Acquisition and Assistance (OAA) approval), they proceeded to implement their CM activities.

During the implementation of the first round of this CM (from mid-February to mid-June 2021), the CM helped the Tigray Office work with the RHB, establish mobile health services, and reach many women and children. They used rapid assessment and on-site technical assistance based on assessment results to provide basic humanitarian supplies and many essential health services. Health education was also provided with mobile vans for IDPs. TPHC regularly monitored implementation through a joint Google Sheet to manage achievements against the workplan for activities (on a daily and monthly basis). They also produced a monthly and quarterly report with a dedicated CM subsection and communicated regularly with their USAID AOR to share that information with Mission colleagues. The CM was interrupted by fighting before completion, putting efforts on hold until the violence subsided.

In the summer of 2021, an additional conflict expansion displaced people further into Amhara. Given the changing context of the conflict and the continued health needs of affected populations and the request for additional support from the RHB, TPHC applied for another round of CM funding to provide support to continue service delivery for MNCH health services. This round of funding was implemented in 22 woredas in five zones of Amhara (North Gondar, South Gondar, Waghimira, South Wollo, North Wollo) with the following objectives: 1) improve essential health services in conflict affected areas and IDPs sites; 2) improve basic humanitarian supplies and materials at IDPs sites; 3) strengthen multi-sectoral coordination and collaboration at regional and zonal levels; and 4) improved public health surveillance at conflict affected areas, including IDPs sites. While the conflict was also happening in Tigray, the effects were felt differently in Amhara. All of the institutions, including health facilities, health centers, and hospitals, were damaged and looted, including medical equipment and pharmaceuticals. Trained medical professionals also left the area en masse or were injured by the conflict, leaving the region to depend on new university graduates lacking the years of applied experience.

This round followed the typical submission process to USAID, where the IP identified the needs, aligned efforts with the Public Health Emergency Management (PHEM) plan, and submitted a Concept Note to the Mission for review. Again, while the Mission was reviewing, Pathfinder worked to identify needed supplies and the procurement prerequisites to enable rapid response once approval was granted. Once USAID reviewed and provided concurrence (SAGE) and approval (OAA), Pathfinder began implementation immediately to serve those in need.

The implementing partner (IP) implemented weekly workplanning, reporting via a Google Sheet, and review sessions amongst Pathfinder staff to monitor implementation closely and ensure those responsible were executing tasks appropriately. Externally, the regional program team of the Activity leveraged the National Incident Management System (NIMS) and, together with the regional PHEM technical committee and the Emergency Coordination Center (ECC) established by the Tigrayan regional interim government, regularly evaluated the status of the situation and response efforts, undertook situation and demand assessment in the woredas, and ensured the efficient and effective use of resources. Pathfinder also kept up regular communications every two weeks with their USAID/AOR during implementation to review progress, identify challenges, and discuss other problems to ensure that coordination was taking place. At the time of the interviews, this CM was still being implemented and therefore did not yet have a closeout report.

Other Findings

Although the rounds were separate CMs, the evaluator team could not always distinguish between the two CMs in key informant interviews (KIIs), as the second round acted as a follow-on as the conflict morphed and forced IDPs to a different location in Amhara. Despite repeated attempts to reach sampling saturation in the KIIs, the evaluation team could not access a

sufficient number of IP staff during the data collection window. Additionally, they were not able to attain sampling saturation of community members despite changing tactics to speak with healthcare workers instead of IDPs, since IDPs would qualify as a sensitive group ethically requiring additional Institutional Review Board (IRB) approval. While the team anticipated some difficulties due to the implementation region being mostly inaccessible, they did not envision the extent to which this would be an issue upon the evaluation's outset. With those caveats in mind, the team did identify the following emergent outcomes for the two rounds:

- Strengthened/restored health systems between lower-level facilities (e.g., clinics) and health centers via financial and psycho-social support for health providers, and supplying basic materials, which enable continued service provision;
- Established mobile health services to enable live-saving service provision for women and children;
- and, support provisions enabled the strengthening of collaboration and coordination platforms at the federal and regional level

Additional Information Needed

USAID or another selected evaluator would need to finish interviewing IP staff to formulate the base outcome descriptions and some semblance of causal mechanisms (e.g., this caused this, which then led to that, etc.), and then they would need to contact community members and other development actors to schedule qualitative interviews. A note to consider is that because this implementation happened with IDPs in a conflict zone, it may be understandably difficult to get in touch with beneficiaries of this work. During the interview sessions, the evaluator would run through an outcome substantiation protocol (see more in Headlight's Outcome Harvesting Methods Memo) to ascertain whether an outcome occurred, when over the span of time something changed, if it occurred the way that the IP described, and if there were other actors involved to determine what level of contribution USAID and Pathfinder can claim. Additionally, secondary documentation would be needed to understand the numbers of people served at both restored facilities and through mobile services, and any other documentation regarding the state of coordination and collaboration platforms before and after this implementation to help the evaluators understand what worked to make this change. If it is of interest and USAID deems it appropriate, the evaluation team can support this follow-up now that the activity implementation has closed.

For any further questions about this evaluation or the SDRM-SI DE, please contact:

Deputy DE Lead - EER, Esrael Woldeeyesus at ewoldeeyesus@headlightconsultingservices.com, or

Deputy DE Admin - EER, Alison Harrell at aharrell@headlightconsultingservices.com