

**CARE Haiti – Rapid Review focused on Program Quality & Humanitarian  
Accountability**  
*ver. January 28, 2009*

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**Introduction**

Prior to participating in CARE Haiti’s After Action Review (AAR) during January 26-27 as a CARE International “external” voice, along with CARE Haiti’s Advocacy and M&E Coordinator I undertook a three day mission to Gonaives, where the worst impact from a series of cyclones which hit Haiti in August/September was felt. My mission to Gonaives had three main objectives:

1. Conduct a rapid review with a focus on quality and accountability of CARE Haiti’s emergency program;
2. Construct a timeline of the evolution of CARE Haiti’s emergency response capacity; and
3. Help prepare for the AAR.

Two outputs were foreseen:

1. This report, which is intended to provide CARE Haiti with a concise summary of main findings and recommendations resulting from this rapid review; and
2. Case study on the evolution of CARE Haiti’s emergency response capacities (including accountability systems) for sharing with the broader CARE world.

**Background of CARE Haiti’s Humanitarian Response**

CARE began its work in Haiti in 1954, providing relief assistance to people affected by Hurricane Hazel. CARE’s current program in Haiti reflects an integrated approach to programming with projects in HIV/AIDS, maternal and children’s health, education, food security, water and sanitation, and civil society and governance.

CARE’s recent disaster response began in August 2008 when, within a period of less than two weeks Haiti was pummeled first by Hurricanes Fay and Gustave, and then tropical storm Hanna which swept through Haiti causing extensive damage, with most of the damage caused by flooding and mudslides. Hurricane Ike followed soon after and,

although the eye of the storm passed to the north of Haiti, heavy rainfall aggravated an already serious humanitarian crisis in northern Haiti.

The impact of the storm was felt all over Haiti, with six departments out of ten being particularly affected: the GrandAnse, the Nippes, The South, the SouthEast, the Artibonite and the North West. Many roads were cut, with road access to Gonaives being completely cut off for 10 days.

The disaster scenario in the Gonaives area was essentially very similar to the impact of tropical storm Jeanne in September 2004 which claimed more than 3,000 lives, including a CARE staff member. The death toll was much lower this time, estimated at around 1,000 dead and missing, but the damage to physical damage, and people's livelihoods, due to multiple storms was much greater.

In terms of the overall response, there have been some improvement in the security and governance environment since 2004 and this meant that the government was able to engage more than they had in the response to Jeanne, though its contributions were described as modest (with the exception of health, where the Dept of Health reportedly did a reasonable job of coordinating the health cluster). The UN and the cluster system essentially coordinated the response for the Gonaives region, though the government had a more substantive role in other regions (which were less-affected).

In 2004 CARE Haiti had a significant program capacity in Gonaives, including extensive warehousing facilities and logistics in support of their Title II food aid program. During 2007, due mainly to the phase out of Title II, CARE Haiti reduced their national budget by around 75% and reduced their staffing to a similar degree (500 to 123). By the time Gonaives was struck by this latest series of storms in 2008, only six CARE staff were based in a small office which was itself flooded - unlike in 2004 when CARE's office facilities and warehouse remained unaffected and was used as a major center of operations for the overall response.

The AAR and evaluation of CARE Haiti's response in 2004 highlighted a number of gaps in the response, some of it due to the context (less secure environment) but much also due to CARE Haiti's lack of preparedness and emergency response capacity. A comparison with the AAR of CARE Haiti's response in 2008 indicates that this was a much better organized and better quality response than in 2004, although of course on a smaller scale. The fact that CARE was able to again mount a significant response<sup>1</sup> (though probably not on a scale that some of the local population were used to and expected) was due to a combination of factors, the key ones being:

- A decision by CARE Haiti in the aftermath of tropical storm Jeanne to give priority to building emergency response capacity by making effective use of a succession of reviews and reflections (starting with their AAR in early 2005) to inform their structures and strategic priorities, including:

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<sup>1</sup> CARE Haiti was one of two of WFP's cooperating partners in the initial stages of the emergency and has remained a leading partner.

AAR for Tropical Storm Jeanne	January 2005
External Evaluation – TS Jeanne	March 2005
EPP	2006
MRSP Review	2007
Downsizing following suspension of Title II	Nov/Dec 2007
SCHR Peer Review on Humanitarian Accountability with ICRC & Save the Children	April 2008
EPP Review/Revision (including simulation)	June 2008

- The relatively poor state of the economy and high unemployment which meant that CARE was able to recruit a large number of former staff who were made redundant during the downsizing in 2007. These staff were able to function effectively with a minimum amount of orientation;

### **Methodology**

Document research, interviews with staff from CARE, UN agencies, INGOs, Federation of the Red Cross and local authorities. There were also discussions with beneficiaries, including communities, but these were limited due to time constraints.

### **Main Findings**

While CARE Haiti's role during the response in Gonaives was significant, it was on a totally different scale than 2005. Funding raised for the recent response was slightly more than the \$3.2 million foreseen in the strategy, whereas in 2005 CARE Haiti had raised \$4.5 million within 8 weeks before moving into the transition phase for which the centerpiece was a \$22 million USAID-funded rehabilitation project. This meant that during the 2008 response, CARE was a key player (notably, as described below, in terms of influencing the overall response), they no longer played the same dominating role.

Main findings are presented below as bullet points using CARE's draft Humanitarian Accountability Framework (HAF) as a point of reference.

	<b>Indicator Category</b>	<b>Main Findings</b>
<b>Humanitarian Benchmarks</b>	1. Leadership on Accountability	<ul style="list-style-type: none"> <li>• Piloted community feedback system.</li> <li>• Lack of awareness of Sphere</li> </ul>
	2. Needs Assessment & Principle of Non-Discrimination	<ul style="list-style-type: none"> <li>• Contributed to UN-led joint assessment.</li> <li>• No systematic needs assessment during initial phase of response</li> <li>• Low number of CARE female staff in Gonaives risks to overlook gender issues</li> </ul>
	3. Planning, design & monitoring	<ul style="list-style-type: none"> <li>• CARE Haiti national staff had excellent knowledge of local context which facilitated design and implementation of an appropriate response.</li> <li>• Lack of disaster risk reduction (DRR) considerations in project design.</li> <li>• Overemphasis on monitoring outputs - little information about outcomes (results) of assistance provided.</li> </ul>
	4. Participation	<ul style="list-style-type: none"> <li>• Pre-existing relationships facilitated CARE Haiti's dialogue with communities. Committees formed and trained by CARE in 2004/5 played a role, albeit somewhat minor due to a perceived lack of legitimacy in the eyes of the local authorities.</li> <li>• Participation itself limited. During the AAR it was acknowledged that participation was limited in the early stage of the response due to time constraints, but had not been sufficiently improved once more time and capacity became available. Similar reasons were provided regarding absence of partnership with local organizations – this is a component of CARE Haiti's EPP, but virtually all assistance was delivered directly.</li> </ul>
	5. Feedback & complaints mechanism	<ul style="list-style-type: none"> <li>• Successful pilot of feedback survey which is in the process of being institutionalized.</li> <li>• No system yet in place for informing beneficiaries on follow-up to feedback/complaints received.</li> </ul>
	6. Transparency & Info Sharing	<ul style="list-style-type: none"> <li>• CARE Haiti is well known in Gonaives and there were efforts by senior staff to explain the restructuring/downsizing...but there were still considerable expectations amongst the community in terms of CARE's role during the response.</li> <li>• Good participation in clusters.</li> <li>• Over-reliance on verbal means of communication. Very little exists in the way of accessible written material on CARE Haiti's programs or – from a beneficiary perspective – their entitlements.</li> <li>• Inadequate transparency and communication systems have contributed to some residual misunderstandings</li> </ul>

	<b>Indicator Category</b>	<b>Main Findings</b>
		and resentment about CARE's rehabilitation work after Jeanne by some stakeholders in Gonaives (notably local government)
	7. M&E / Learning	<ul style="list-style-type: none"> <li>• CARE Haiti's response shows significant improvements in terms of quality and accountability in comparison to 2004. As described above, this improvement is linked to ongoing reflections, including independent evaluations, and systematic use of results by senior leadership within CARE Haiti.</li> <li>• Despite overall improvement, there remain some critical areas that still need to be addressed, including failure to incorporate Sphere standards into each stage of the project cycle...a gap that was highlighted in the evaluation of CARE Haiti's response to TS Jeanne and again as recently as April 2008 by the SCHR Peer Review.</li> </ul>
	8. Staff competence & HR mgmt	<ul style="list-style-type: none"> <li>• Indications were that CARE Haiti had a cohesive team and their knowledge of the local context translated into informed programming.</li> <li>• Gaps in staff orientation; no security training for 3 years, little orientation in quality standards (Sphere, etc.) and insufficient understanding amongst staff about the importance of measuring outcomes and impact.</li> <li>• With the exception of one (international) senior staff member, all senior staff (project managers, technical specialists) in Gonaives are male.</li> </ul>
<b>Performance Metrics</b>	Timeliness	<ul style="list-style-type: none"> <li>• Restructuring process in 2007 had left only 6 staff in a small office in Gonaives, which had to be evacuated after it was flooded. Deployments and rapid recruitment (including many former CARE staff) were done quickly.</li> <li>• Most of the project funding was only approved in Nov/Dec, 2-3 months after the floods.</li> <li>• In the circumstances CARE Haiti's response was reasonably good.</li> </ul>
	Quality & Accountability of Response	<ul style="list-style-type: none"> <li>• Post-distribution monitoring has been put in place relatively recently.</li> <li>• CARE Haiti's initial emergency strategy was circulated within a very short period of time, benefiting from a good quality – and relatively recent – EPP planning process 3 months previously. CARE Haiti revised their strategy twice over the next month as more assessment information became available. This represents a good practice example, although CARE Haiti has not</li> </ul>

	Indicator Category	Main Findings
		produced a strategy for the recovery phase.
	Competence in Core Sectors	<ul style="list-style-type: none"> <li>• CARE was responsible for distributing 40% of WFP food aid in the Gonaives area.</li> </ul>
	Emergency Revenue Trends - Funding	<ul style="list-style-type: none"> <li>• Fund mobilization was somewhat slower than desired, due to many donors not releasing funds until November/December.</li> </ul>
	Emergency Revenue Trends – Emergency Capacity	<ul style="list-style-type: none"> <li>• CARE Haiti was able to mobilize staff, both from within Haiti and from outside. Some delay in recruitment of Emergency Coordinator.</li> </ul>

### Recommendations for CARE Haiti

Although these recommendations are based on results of my review in Gonaives and participation in CARE Haiti’s AAR, the Country Office should consider the extent to which these are applicable to other operational areas.

#### 1. Sphere, Transparency & Accountability

- The two CARE Haiti staff who have received Sphere TOT training should lead training in Sphere for project management and technical staff. This would also be an opportunity to talk about the results of the SCHR Peer Review, implementation of CARE’s HAF and use the Good Enough Guide.
- Incorporate quality & accountability content more systematically into staff orientation.
- CARE Haiti should clarify definitions and roles/responsibilities around accountability (e.g. understanding of what impact means and the need to focus on results).
- CARE Haiti should give priority to improving transparency and communication systems (HAF Benchmarks 5&6). CARE seen as a leader amongst international agencies in Gonaives, and one benefit of greater transparency would be to positively influence accountability to communities by other agencies.

#### 2. CARE Haiti Recovery Strategy and incorporation of Disaster Risk Reduction (DRR)

- CARE Haiti should revise their emergency strategy to reflect the current emphasis on recovery. DRR should be use this as an integral part of this revised strategy

and, given CARE's leadership role, could be the basis for advocating more attention to DRR amongst the humanitarian community.

- CARE Haiti's recovery strategy should also define how communities will participate in CARE's program along with an engagement strategy with local government. Related to this, it will be important to raise awareness about local committees (though it is important that they not be perceived as "CARE committees").
- Conduct a rapid review of rehabilitation work undertaken in 2005 post tropical storm Jeanne and look for opportunities to "fix" any work that may have been improperly done. Even if resources cannot be identified, at least CARE Haiti can minimize the chance that the same mistakes are made again. Such a review could be combined with an external evaluation or review of the response to the 2008 storms, possibly as a joint exercise with "like-minded" organizations such as OXFAM.

### 3. Human Resources

- Review staff orientation procedures and, revise the orientation "checklist" accordingly. Based on observation while in Gonaives, this should include code of conduct, Quality & Accountability, and security training.

### 4. Civil Military Policy -

- While civ-mil engagement was much improved in comparison with 2004, due to an effective OCHA military liaison and competent MINUSTAH (Argentinean) forces, as part of their preparedness CARE Haiti should ensure they have practical civ-mil guidance for their staff.