Rapid Accountability Review (RAR)

CARE Côte d'Ivoire – 2010-2011 Post-Election Crisis
September 17-20, 2011

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1. Executive Summary

A political and humanitarian crisis erupted in Côte d'Ivoire after disputed elections in November 2010, where opponents Laurent Gbagbo (former Côte d'Ivoire president) and Alassane Ouattara both claimed victory and established governments in the country's economic capital, Abidjan. The political deadlock led to widespread instability and violence for several months with supporters on both sides engaged in fighting in numerous cities across the country, particularly in Abidjan and in the Western region. The situation led to the displacement of hundred thousands of civilians.

As of September 24, 2011, 247,000 were still displaced in Côte d'Ivoire, with 170,000 in the West, 54,000 in the South and Abidjan and 23,000 in the Center North-East.[1] As of September 29, more than 204,000 refugees were still living in Côte d'Ivoire neighbouring countries[2].

CARE International's Program Quality & Accountability Coordinator conducted a first Rapid Accountability Review (RAR) during July 5-10, 2011 to assess compliance of CARE Cote d'Ivoire's program quality & accountability systems. Prior to its After Action Review (AAR) that was held on September 22-23, CARE Côte d'Ivoire conducted a second RAR from September 16-21 that was led by a member of CARE International Standing Team.

Results from this second RAR reveal that CARE Côte d'Ivoire made progress on accountability in a very short period of time (two months), especially in terms of awareness and understanding of CARE's Humanitarian Accountability Framework (HAF) and showed an example of good practice in terms of communication and participation. All HAF benchmarks scores remained stable or improved, with the exception of one.

This second RAR also identified challenges that the CO has to address or has started to address, particularly accountability through partners and gender.

Several recommendations from the July RAR report were considered as still relevant during this second RAR:

- Build a transition program in the West.
- Undertake transition planning while piloting CI Transition Guidelines.
- Consider including provision for an Information Manager during emergency preparedness planning.
- Obtain support from CISSU and LM Security Uniy to develop a civ-mil policy specific for Côte d'Ivoire[3].

Additionally, the following recommendations are suggested for CARE Côte d'Ivoire:

- Review emergency strategy in the light of the rapidly evolving situation: Ivoirian legislative elections are planned on December 11, 2011; the Liberian general election will be held on October 11 with a presidential runoff election on November 8, 2011 if required; the return of Ivoirians refugees in the coming months.
- Establish a Complaints and Response Mechanism (CRM) for all new humanitarian projects.
- Provide gender training in all offices.
- Systematically conduct capacity assessment of local partners, either for humanitarian or development projects.

[1] OCHA siterep #18, September 30, 2011, http://ivorycoast.humanitarianresponse.info/LinkClick.aspx?fileticket=K2cE26DpimI%3d&tabid=41&mid=789&language=en-US
[2] USG Humanitarian Assistance to Côte d'Ivoire and Liberia, September 29, 2011, http://reliefweb.int/node/449980
[3] Baker, Jock, Rapid Accountability Review of CARE Côte d'Ivoire's Response, July 2011.

CONTENTS

1. Executive Summary 3

2. Côte d'Ivoire Post-Election Crisis: Background 5

2.1 The Crisis 5

2.2 CARE Côte d'Ivoire Humanitarian Response 5

3. Rapid Accountability Review 5

3.1 Purpose 6

3.2 Methodology 6

3.3 Main findings 7

4. Recommendations 9

4.1 Recommendations for CARE Côte d'Ivoire 9

5. Annex 1- Benchmark Scoring and Evidence 11

6. Annex 2: Ivoirian Refugees in Neighboring Countries (as of Sept. 29, 2011) 20

7. Annex 3: Terms of reference 21

2. Côte d'Ivoire Post-Election Crisis: Background

2.1 The Crisis

A political and humanitarian crisis erupted in Côte d'Ivoire after disputed elections in November 2010, where opponents Laurent Gbagbo (former Côte d'Ivoire president) and Alassane Ouattara both claimed victory and established governments in the country's economic capital, Abidjan. The political deadlock led to widespread instability and violence for several months with supporters on both sides engaged in fighting in numerous cities across the country, particularly in Abidjan and in the Western region.

The situation led to the displacement of hundred thousands of civilians. As of July 2011, 500,000 Internally Displaced People (IDPs) and 90,000 host families were registered in the country. Overall, 1 million people were directly affected by the crisis. Additionally, more than 230,000 Ivoirians flew to neighboring countries, mainly Liberia and Ghana[4].

The arrest of Laurent Gbagbo on April 11 and the swearing-in of President Alassane Ouattara provided significant improvement in the security situation in most parts of the country. However, despite relative tranquillity, reports of violent attacks on civilians by militia remnants and inter-ethnic confrontations continued to be registered in the south-west along the border with Liberia.

As of September 24, 247,000 were still displaced in Côte d'Ivoire, with 170,000 in the West, 54,000 in the South and Abidjan and 23,000 in the Center North-East.[5] As of September 29, more than 204,000 refugees were still living in Côte d'Ivoire neighbouring countries[6] (please see Annex 2 for a detailed map).

2.2 CARE Côte d'Ivoire Humanitarian Response

CARE CÔTE D'IVOIRE RESPONSE AT A GLANCE

- Overall objective: Over a period of 3 to 12 months, reduce suffering and vulnerability, especially among women and children, to the effects of the socio-political crisis that has shaken the country since November 28, 2010.
- Targeted beneficiaries: 50,000 IDPs and 10,000 host families.
- Sectors: WASH, Food Security, Psychosocial Support.
- Location: Montagne and Moyen Cavally regions (west of the country), Bouaké and Abidjan.
- Funding target: USD 9,100,000 (revised emergency strategy of May 2011)
  Secured funding (as of August 9, 2011): USD $1,176,306 (12.92%)
- 5 WASH projects (funded by CARE's ERF, CERF/UNICEF, MOFA Germany, MOFA Luxembourg, and ADH) and 1 food security project (funded by WFP).
- Out of 6 projects, 4 are implemented directly by CARE and 2 in collaboration with local partners.

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[4] OCHA, Emergency Humanitarian Action Plan (EHAP) Côte d'Ivoire, Revision July 2011, http://ivorycoast.humanitarianresponse.info/

[5] OCHA siterep #18, September 30, 2011, http://ivorycoast.humanitarianresponse.info/LinkClick.aspx?fileticket=K2cE26DpimI%3d&tabid=41&mid=789&language=en-US

[6] USG Humanitarian Assistance to Côte d'Ivoire and Liberia, September 29, 2011, http://reliefweb.int/node/449980

3.1 Purpose

The objectives of this Rapid Accountability Review (RAR) were the following:

- Assess CARE Côte d'Ivoire's program quality and accountability systems and compliance to CARE Humanitarian Accountability Framework (HAF).
- Review of progress made since July 2011 RAR.
- Contribute to the After Action Review (AAR) workshop that was held on September 22-23, 2011.
- Contribute to organization learning for CARE Côte d'Ivoire, partners and CARE International.

3.2 Methodology

CARE International's Humanitarian Accountability Framework (HAF) provided a framework for this rapid accountability review (please consult Annex 1), using appropriate indicators in the HAF Benchmarks and Performance Targets to assess program quality and accountability to stakeholders. A number of focus group discussions and interviews were conducted from September 17 – 20, 2011, in Bouaké, Guiglo and Man with CARE staff and external key informants, more precisely:

- Two single-sex focus groups discussions with beneficiaries in Bouaké, where CARE and its local partner CGCAB are currently implementing a WASH project (solid waste removal, distributions of hygiene kits and hygiene promotion)
- One focus group discussion with beneficiaries in Guiglo (Église Nazareth IDP's site), where CARE implemented a food security project with WFP (food distributions to IDPs and host families in IDPs camps and in villages)
- Meeting with local NGO CGCAB, CARE's partner in WASH project in Bouaké
- Meeting with Bouaké City Hall (*Mairie)* Environment Department Head, CARE's collaborator in WASH project in Bouaké
- Meeting with Fathers of Eglise de Nazareth in Guiglo, which is hosting and managing an IDPs camp and with which CARE collaborated with its food distribution project
- Meeting with WASH Cluster Coordinator and UNICEF WASH Officer in Man
- Meeting with Oxfam GB Humanitarian Program Director, West Region, Man
- Meetings with CARE staff in Bouaké, Man and Abidjan
- Phone interview with CEG Emergency Human Resource Coordinator.

The focus groups discussions and interviews were supplemented by document reviews, including internal CARE documents (e.g. Emergency Strategies, CARE sitreps, proposals) and documents from external resources (e.g. OCHA Sitreps, International Crisis Group reports, Financial Tracking System reports at http://fts.unocha.org/). The process was led by CARE Standing Team Member Audrée Montpetit, and the CARE Côte d'Ivoire designated focal point, Alio Namata. Initial RAR findings were presented in CARE Côte d'Ivoire's AAR that was held in Yamoussoukro on September 22-23, 2011.

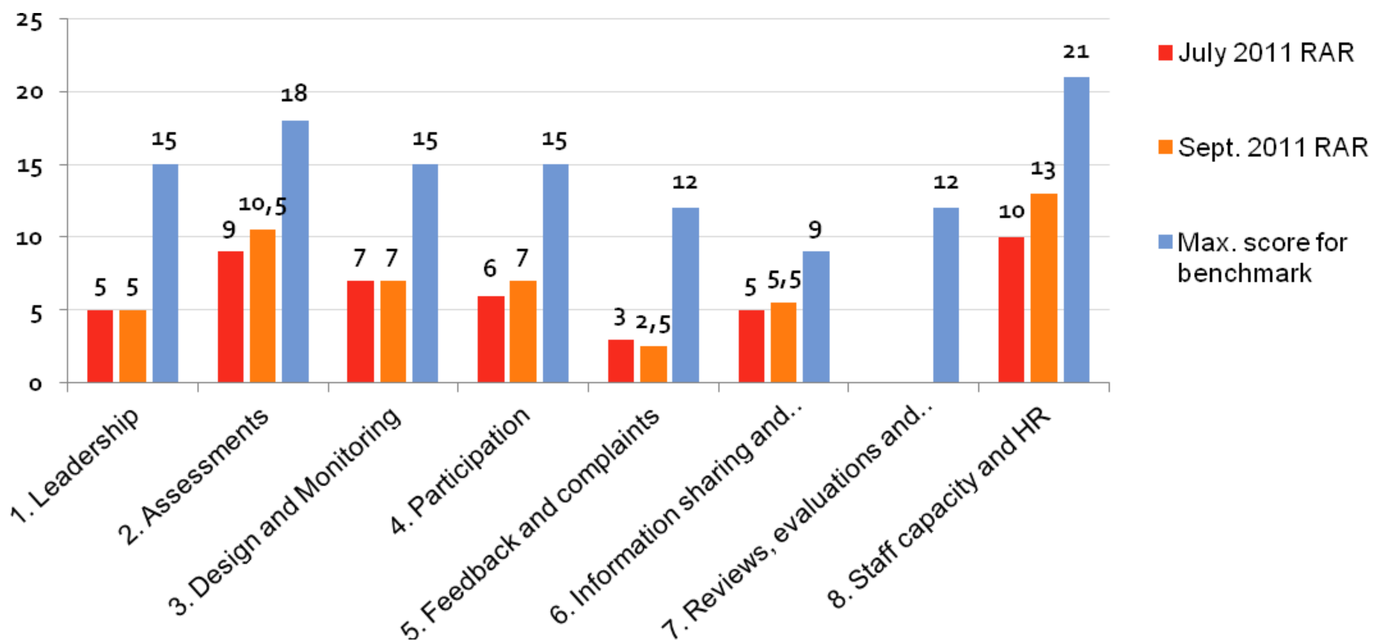
3.3 Main findings

Apart from the main findings identified during July RAR, the additional key findings have been noted.

3.3.1 Improvements since July 2011 RAR

CARE Côte d'Ivoire first RAR was conducted in July 2011, more precisely from July 5 to July 10. CARE Côte d'Ivoire second RAR was conducted during September 16-21, which meant that the Country Office had a very limited period of time to act on its first RAR recommendations. Nonetheless, all HAF benchmarks showed stability or improvement with the exception of benchmark # 5 (Systems for stakeholder feedback and complaints). This exception is explained by the visit of the WASH project in Bouaké, which CARE Côte d'Ivoire is currently implementing with a local partner, CGCAB. Challenges have been observed with stakeholders involvement (particularly beneficiaries) for this project and this is directly linked with the CARE – CGCAB collaboration – more on this topic at point 3.3.2.

Figure 1 - RAR Scores Overview - July and September 2011



Overall, however, CARE Côte d'Ivoire progressed from a global score of 43% in July (not including benchmark #7 since the AAR had not been conducted at this point in time) to 48% in September (still not including benchmark #7 since CARE Côte d'Ivoire had not received the AAR and RAR reports).

July 2011 RAR first recommendation was to "Implement HAF training and practice in implementation for staff in three locations. Set up beneficiary accountability systems". This recommendation has been acted upon and an orientation on HAF has been given for all emergency team members. Every staff interviewed during the second RAR process demonstrated a reasonable knowledge of CARE's HAF. The awareness and understanding of the HAF has been later reinforced with a session on the subject during CARE Côte d'Ivoire's AAR on September 22-23, 2011, which was attended by representatives of all CARE Côte d'Ivoire units (SMT, Programs, HR, Program Support, etc.).

All CARE Côte d'Ivoire humanitarian projects had ended at the time of the second RAR, with the exception of the WASH project in Bouaké and in Abidjan (solid waste removal, distribution of hygiene kits and hygiene promotion), which will come to an end on October 31st, 2011. It is important to note that all CARE Côte d'Ivoire humanitarian projects were extremely short (2-3 months), due to a rapidly evolving situation and donors' interests. This situation brings particular challenges, especially in regards to accountability and program quality.

3.3.2 Communication and participation: an example of good practice

In June 2011, CARE Côte d'Ivoire started a partnership with WFP to distribute food rations to IDPs in Guiglo, both in camps and in hosting families. CARE Côte d'Ivoire made remarkable efforts to ensure strong participation of beneficiaries and local authorities, to reach beneficiaries with clear and complete information and to promote transparency.

CARE Côte d'Ivoire actively involved community leaders and beneficiaries at all stages of the project. For food distributions in IDP camps, CARE's contract with WFP specified that the selection of beneficiary households had to be based on the lists provided by IOM, who was in charge of camp management. CARE clearly communicated this information to church leaders (where the IDP camp was), community representatives (21 in total) and beneficiaries.

The food ration was calculated per person, which meant that a family of 6 would receive more food than a family of 4. CARE communicated this information very clearly and published the exact ration that each person was entitled to (rice, beans and oil) before the distribution.

CARE published the list of selected households and the precise quantities of food each of them was entitled to in a strategic location in the camp 24 hours before the distribution so that beneficiaries, community representatives and church leaders could comment on it, and eventually remove the names of people who were no longer living in the camp (the sole criteria to be selected).

CARE hired 16 food handlers from the communities and gave them a short training on accountability and CARE's values and approaches. CARE also involved 25 volunteers from the communities (5 per neighbourhood) for the security and general organisation of the distribution.

After the distribution, 13 bags of rice remained (since not everyone showed up for the distribution) and CARE was very transparent in discussing with the church leaders and the community representatives and eventually everyone agreed that the bags had to be returned to WFP.

Post-distribution monitoring was carried out later and church leaders, community representatives and beneficiaries were interviewed to see how satisfied they were. CARE also started to design a complaint and response mechanism but could not implement it since the collaboration with WFP was interrupted after the first round of distributions.

3.3.3 Accountability through partners

CARE Côte d'Ivoire has a strong engagement with community-based and local non-governmental organisations (CBOs and NGOs), both for its development and humanitarian projects. CARE Côte d'Ivoire implemented two of its humanitarian project with local NGOs for this particular emergency response.

The partnerships with local NGOs were fruitful and showed results that CARE could hardly have achieved alone in the allocated time frame (projects were only 2-3 months in average). In Bouaké WASH project however, a serious lack of communication and participation was observed, with beneficiaries stating that while they appreciated the hygiene kits they received, they did not know which organisation provided them to them. They were also unaware of the selection criteria and what they were entitled to (the precise content of the kits). Since they could not distinguish which NGO distributed the kits, they did not know where to go if they had feedback to give or a complaint to make.

CARE Côte d'Ivoire provided HAF training to its local partners and worked in close collaboration with them at all stages of the projects, which is good practice to build an effective partnership. The situation shows however that

capacity building, and more precisely concrete, on-the-job training, is essential when working with local partners, especially local NGOs having limited emergency experience.

The situation also shows that partnerships should be created ahead of crises, which was not systematically the case for CARE Côte d'Ivoire humanitarian response partners. "[I]dentifying and forging local partnerships is a task best carried out in times of relative peace. It will be very difficult to identify and develop partnerships in the heat of an operation, where security concerns are high, access is difficult and the immediate imperative of assistance delivery drowns out all other considerations. Capacity-enhancement is needed before a crisis hits so that different national and local actors can respond."[7]

3.3.4 Conflict sensitive approaches

CARE Côte d'Ivoire has developed over the years an interesting expertise in conflict-sensitive approaches. CARE staff demonstrated a strong understanding of the context in which the CO operates and the interactions between its intervention and the context. Previous projects, notably AUDIO and PRECOS, have been working on social cohesion in order to prevent inter-ethnic conflicts from further damaging relations among various populations in the Western region of the country. This expertise will be crucial for the years to come and could lead to the creation of a center of expertise within the CARE International.

3.3.5 Gender

As mentioned on the Humanitarian Reform's website, "[g]ender equality in humanitarian action is simply about good programming. It is about effectively reaching all segments of the affected population."[8] Even though some initiatives were taken by CARE Côte d'Ivoire to meet specific needs of women (inclusion of sanitary pads in hygiene kits and formation of CFW female teams in WASH project in Bouaké), a more strategic approach where gender differences, inequalities and capacities are understood in order to respond to them could be actively put in place.

Female beneficiaries that were met during the RAR seemed to have a limited participation in decision making regarding CARE's emergency projects. Most community representatives that CARE worked with were men. CARE Côte d'Ivoire emergency team is largely composed of men and the situation is the same for its Senior Management Team (SMT).

4. Recommendations

4.1 Recommendations for CARE Côte d'Ivoire

Several recommendations made during the July RAR have been found to still be relevant during this second RAR. These are:

- Build up a transition program in the west, consistent with CO's overall strategic direction. Success will depend on support from leadership and adequate engagement of CARE staff in Abidjan and CARE members. This revised strategy should be circulated to CI members along with a request for additional assistance with fundraising and include an annex for internal CARE audiences explaining measures taken to address financial management issues.

- Undertake transition planning while piloting CI Transition Guidelines with virtual support from sector specialists. This plan should then feed into LRSP processes.

- Consider including provision for an Information Manager during emergency preparedness planning.

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[7] Global Humanitarian Platform, 2010, « Local capacity and Partnerships: A New Humanitarian Business Model", http://www.globalhumanitarianplatform.org/doc00003817.html
[8] Humanitarian Reform website, http://www.humanitarianreform.org/Default.aspx?tabid=452#

- Obtain support from CISSU and LM Security Unit to develop a civ-mil policy specific for Cote d'Ivoire.

Additionally, the following recommendations are suggested:

- Review emergency strategy in the light of the rapidly evolving situation: Ivoirian legislative elections are planned on December 11, 2011; the Liberian general election will be held on October 11 with a presidential runoff election on November 8, 2011 if required; the return of Ivoirians refugees in the coming months.

- Establish a Complaints and Response Mechanism (CRM) for all new humanitarian projects. A good local example is the CRM put in place by Oxfam GB in its projects in the Western region. Upon reflection, Oxfam GB concluded that a suggestion box was the best solution since it was the simplest one and that communities were more comfortable to communicate this way for security reasons. Suggestions are collected two or three times a week, handled and a feedback is given to communities. When relevant, information is shared with clusters and the NGO coordination body.

- Provide gender training in all offices. An excellent tool to do so is the IASC Gender Handbook (http://www.humanitarianreform.org/Default.aspx?tabid=656) that is available in several languages, of which French. The handbook includes a course that provides the basic steps a humanitarian worker must take to ensure gender equality in programming. The three hour, self-paced course provides information and scenarios which will enable staff to practice developing gender-sensitive programming. The course is available online (http://www.iasc-elearning.org/home/) or on a CD-ROM for those with a limited internet connexion.

- Systematically conduct capacity assessment of local partners, either for humanitarian or development projects.

5. Annex 1- Benchmark Scoring and Evidence

HAF Benchmark	CO Score	Reasons for Score / Evidence
Benchmark 1: Leadership on accountability		
1. Country Office has made a public commitment to comply with specific standards, principles and codes of conduct.	1.5	• CARE Côte d'Ivoire (CdI) website includes its mission, vision, values and programming principles. • Some CARE CdI proposals mentions CARE's HAF (ECHO, WFP) and other accepted humanitarian standards (CIDA, MOFA Luxembourg). • Some accountability aspects are included in partners' contracts (transparency, responsibilities toward beneficiaries, etc.) but CARE's HAF is not specifically mentioned.
2. Senior Management Team members know the standards CARE is committed to. They include them in policies and allocate enough staff and funds to quality and accountability to be able to comply with the HAF.	2	• Important efforts done by the new Emergency Team Leader to increase awareness and understanding of CARE's HAF and other humanitarian standards since June 2011. • CARE CdI conducted 2 RARs and 1 AAR so far in 2011. • All members of the emergency team have been oriented on CARE's HAF since June 2011. • A 3-day workshop on CARE'S HAF, accepted humanitarian standards and WASH was held in the beginning of a WASH project in Bouaké for CARE employees, the local NGO CGCAB (CARE's partner) and the mayor's office.
3. Heads of CARE functional units (program, HR, finance, etc.) have laid down their own responsibilities for implementing the HAF. They monitor their compliance and improve systems and procedures if needed.	0.5	• In Programs, no clear and formal Q&A focal point appointed. • HR has documents in place (e.g. code of conduct and HR manual) but it does not include HAF specifically. Each employee receives an orientation and accountability in general is discussed. • CARE CdI sub-offices have discussions on specific themes every Friday (*Les vendredis de CARE)* and themes related to accountability are discussed. • The AAR conducted on Sept. 22-23 included a presentation on HAF; all CARE CdI units were present. • Work required translating HAF into responsibilities per unit and individual staff.

HAF Benchmark	CO Score	Reasons for Score / Evidence
4. Country Office has mechanism to deploy adequate resources quickly in emergencies. This includes clearly defined decision-making mechanisms for rapid responses, with clear lines of authority and accountability.	1	• CARE CdI has committed during AAR workshop of Sept. 22-23 to review its EPP before the end of November 201.1
5. Performance assessments for senior managers include what they have done to raise awareness and oversee implementation of the HAF.	0	• APPA process does not include HAF
Sub total	5/15	
Benchmark 2: Impartial assessment of needs, vulnerabilities and capacities		
1. CARE bases its targeting criteria on systematic assessments of priorities. It carries out these assessments with the disaster-affected population.	1.5	• Limited CARE CdI assessments; CARE CdI used other humanitarian actors assessments instead. • CARE CdI participated in at least two multi-agency assessments. • Important assessment done in Bouaké by CARE's partner, CGCAB, (more than 2,000 houses visited) and results shared only verbally with WASH cluster.
2. The assessments consider local capacities and institutions, coping mechanisms, risk reduction, and responses by other agencies.	2	• CARE CdI has developed a good expertise in conflict sensitive approaches • CARE CdI works with several local NGOs and institutions with which it has created good relationships in previous projects. • CARE CdI participates in Humanitarian Country Team (HCT) and several clusters (WASH, food security, shelter, protection).
3. Whenever feasible, data is disaggregated by sex and age to ensure that women, girls, boys and men are targeted appropriately.	1.5	• For WASH project in Bouaké and food security project in Guiglo, beneficiary data is gender and age segregated • Some initiatives taken to meet the specific needs of women (inclusion of sanitary pads in hygiene kits and formation of CFW female teams in WASH project in Bouaké) but this needs to be reinforced. • CARE CdI's emergency team is largely composed of men. • Female beneficiaries seem to have a limited participation in decision making regarding CARE's emergency projects

HAF Benchmark	CO Score	Reasons for Score / Evidence
4. CARE uses capacity assessments to work out the needs of the CO and possible partners. It tries to meet these needs locally before using resources from outside the country.	1.5	• CARE CdI has done its capacity assessment • CARE CdI has not systematically assessed the capacity of its new partners during its emergency response.
5. CARE shares and validates its assessment findings with other stakeholders. It consults with other relevant agencies when determining its response.	2	• CARE CdI has not shared its emergency strategy with stakeholders. • CARE CdI participates actively in several clusters (WASH, food security, shelter, protection). • CARE contributes to Who does What Where • CARE CdI has created tools that are still used by the WASH Cluster in Man. • CARE CdI has designed some of its projects with other actors (WFP, UNICEF).
6. CARE has appropriate Emergency strategy to guide its response. This strategy is informed by assessments and is periodically updated and strategy reflects the specific needs of vulnerable and marginalized groups.	2	• A first emergency strategy was created in March 2011; it was revised in May 2011. • CARE CdI should review its strategy as soon as possible with the upcoming legislative elections and the Liberian elections. Commitments to review the strategy before October 5, 2011 has been made at the Sept. 22-23 AAR workshop.
Sub total	10.5/18	
Benchmark 3: Design and internal monitoring processes		
1. Staff systematically use CARE's HAF, lessons from previous programs, and relevant technical and quality standards (e.g. Sphere) to shape planning, design and monitoring.	1	• Technical and quality standards, and sometimes CARE's HAF, are used in the design of projects. • Lessons learned from previous projects are used to design, implement and monitor emergency projects but this is done in an informal way from staff that have been with CARE for some time. One employee suggested to group lessons learned from previous projects into one single document for ease of reference.
2. CARE has mechanisms to review and report on its processes, outcomes and impacts in order to understand how aid has been used and what difference it has made to people's lives. This is in addition to tracking inputs and outputs to help monitor implementation.	1	• Due to funding constraints, CARE CdI M&E capacity is limited.

HAF Benchmark	CO Score	Reasons for Score / Evidence
3. Disaster-affected people (including women and men, boys and girls, and people from vulnerable and marginalised groups) participate in planning, design and monitoring. CARE actively seeks their feedback on impacts.	1.5	• Extremely good beneficiary participation in food distribution project in Guiglo; poor beneficiary participation in the WASH project in Bouaké, the latter project being implemented by a local partner. • Overall, good collaboration with communities and local leaders.
4. CARE uses monitoring results to make prompt changes where needed. It shares these results with stakeholders.	1.5	• Some evidence that monitoring has led to improvements in project implementation (e.g. food distributions in Guiglo) • Monitoring results seem to be shared with partners sometimes (at least verbally) but not with communities or other stakeholders.
5. Risk management is incorporated into recovery planning.	2	• CARE CdI has developed a good expertise on conflict sensitive approaches • Some employees have a really strong understanding of different communities and conflict dynamics • Elements of recovery strategy have been identified (e.g. social cohesion) but this needs to be more thoroughly developed. Commitments to review the emergency strategy have been made at the AAR workshop.
Sub total	7/15	
Benchmark 4: Participation of disaster-affected communities		
1. CARE seeks out and works with representatives of the poorest and most vulnerable people.	2	• CARE CdI has an interesting approach in working not only with IDPs but also with host families since the beginning of the response. • CARE CdI has developed good relationships with communities and local leaders, which allowed the organization to reach the most vulnerable. • In Bouaké, CARE CdI's partner used the door-to-door technique to identify the most vulnerable (displaced and host families). • Still women and most vulnerable less empowered and less access to information.

HAF Benchmark	CO Score	Reasons for Score / Evidence
2. CARE involves beneficiaries (or their representatives) in assessments, implementation, monitoring and evaluation. This includes deciding on project activities	1.5	• On two projects visited (WASH project in Bouaké implemented with CGCAB, a local NGO and a food distribution project implemented directly by CARE in Guiglo), a very limited participation has been observed in the former and an excellent participation in the latter. This shows the challenges of working with a local partner (in this case a new NGO and new to emergencies), even if CGCAB received a 3-day training on HAF, humanitarian standards and WASH and constant support from CARE CdI.
3. CARE tells beneficiaries and local communities about the findings of assessment, monitoring and evaluation.	0	• Findings of assessments, monitoring and evaluation do not seem to be shared with communities.
4. CARE involves local government and partners in assessments, implementation, monitoring and evaluation.	2	• Partners and local governments (especially mayors) are greatly involved in CARE CdI's emergency response.
5. CARE builds its disaster response on local capacities. It designs emergency projects to increase local capacity to respond to disasters.	1.5	• Working through several partners (MESAD, CGCAB, Mayors, etc.) is strengthening local capacity. • Important efforts of capacity building of partners have been made in the last months. • Assessment of community coping mechanisms?
Sub total	7/15	
Benchmark 5: Systems for stakeholder feedback and complaints		
1. CARE involves stakeholders – especially beneficiaries – in planning, implementation, monitoring and evaluation of CARE programs.	1.5	• Partners and local leaders are involved; this is less the case for beneficiaries.
2. CARE and its partners have formal mechanisms to gather and monitor feedback from beneficiaries and other key stakeholders. (Methods include disaggregated data, stakeholder maps, systematic stakeholder surveys, and focus group discussions).	1	• CARE CdI uses its good relationships with communities and local leaders to gather feedback. • CARE CdI uses post-distributions surveys to gather feedback.

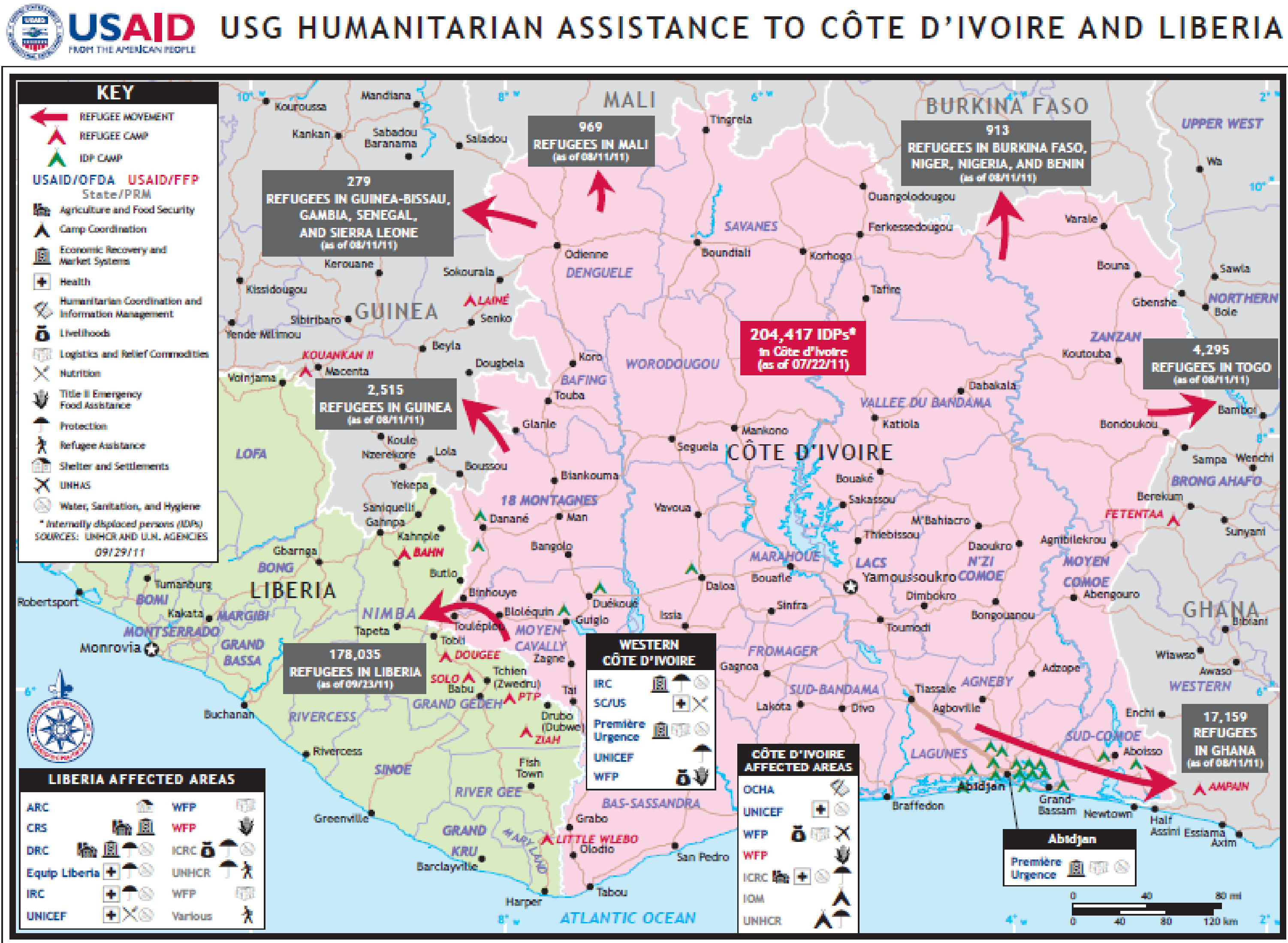
HAF Benchmark	CO Score	Reasons for Score / Evidence
3. CARE has a formal mechanism to take and response to complaints from beneficiaries and other stakeholders. This mechanism is safe, non-threatening way, and accessible to all (women and men, boys and girls, and people from vulnerable groups).	0	• Formal complaint response mechanisms (CRM) do not exist at the time of the visit but CARE CdI has been planning them if additional funding is secured. • CARE CdI could link with Oxfam GB in Man. Oxfam GB has put in place a suggestion box system that seems to be effective.
4. CARE managers oversee the complaints and community feedback system. They make sure CARE responds to the feedback and complaints, makes improvements and tells the affected communities about any changes (or why change is not possible).	0	• No formal complaint or feedback mechanisms in place.
Sub total	2.5/12	
Benchmark 6: Information-sharing and Transparency		
1. CARE communicates key information to all stakeholder groups, including: • Its structure, staff roles and responsibilities and contact details • Its humanitarian programme, commitments to standards, assessment findings, project plans (including deliverables), specific activities and key financial information • Its processes for selecting beneficiaries (including targeting criteria and entitlements) and making key decisions • Opportunities for stakeholders to participate and give feedback on its programme (including how beneficiaries and local communities can become involved, and how the formal feedback and complaints mechanism works) • CARE's performance such as progress reports, monitoring information, and findings of reviews and evaluations, including an explanation of gaps in meeting minimum standards.	1.5	• On the two projects visited (WASH project in Bouaké and Food distribution project in Guiglo), communication was poor in the former (beneficiaries didn't know which NGO provided them with hygiene kits, the selection criteria, the content of the kit or where to go if they had a complaint of feedback to give) and excellent in the latter (selection criteria were established with local leaders, published and well understood, the list of selected beneficiaries was published 24 hours in advance so people could comment before the distribution, the food ration to which each beneficiary was entitled to was published and while they were waiting for a second round of distributions, beneficiaries knew very clearly that it wasn't guaranteed (CARE CdI had been very clear with them). • The WASH project in Bouaké is implemented through CGCAB, a local NGO and this shows the need to build its capacities (not just with theory but with very concrete on-the-job training), even though CARE CdI consecrated a lot of efforts and time to do this. • Communication with partners and local leaders seems to be very good.

HAF Benchmark	CO Score	Reasons for Score / Evidence
2. CARE provides all information in a way that is accessible to beneficiaries, local communities and authorities and does not discriminate against vulnerable groups or cause harm.	2	• CARE CdI is very careful about sensitivities due to the conflict. • Except with the food distribution project, communication seems to be largely verbal. • Women seem less informed than men
3. The information CARE makes public gives a balanced view of the disaster. It highlights the capacities and plans of survivors, not just their vulnerabilities and fears.	2	• Messages from CARE CdI seem balanced.
Sub total	5.5/9	
Benchmark 7: Independent reviews, external evaluations and learning		
1. CARE collects information for evaluation impartially according to the recognized international standards. The disaster-affected populations participates in collecting the information.	2	• CARE CdI has independent consultants make final evaluations of projects. Beneficiaries are however not systematically consulted. • Two RARs were conducted in 2011 so far. • The AAR, who included the participation of four local partners, was conducted on Sept. 22-23.
2. Country Office earmarks budget for and organise AARs and independent real time reviews and/or evaluations.	1	• CARE CdI did not budget funds to cover AAR. • CARE CdI was able to secure funds for final project evaluations. • Important to note that funding is quite challenging in Côte d'Ivoire (limited funding available and mostly for extremely short projects – 2-4 months).
3. CARE senior managers act (based on clear action plans) on recommendations from AARs, reviews, and evaluations.	3	• Clear evidence that the July 2011 RAR recommendations have been acted upon in a very short period of time (HAF training, communication and transparency for the food distribution project, etc.) • Clear commitments have been made in the AAR workshop of Sept. 22-23.
4. CARE makes the results of evaluation and learning activities public in suitable formats to demonstrate our accountability commitments and to promote learning by stakeholders, including disaster affected communities.	n/a	• AAR just completed; recommendation to share the results publicly (Oxfam GB, who was interviewed in Man was highly interested in knowing the results of the RAR).
Sub total	n/a	

HAF Benchmark	CO Score	Reasons for Score / Evidence
Benchmark 8: Staff capacity and human resources management during emergencies		
1. The job descriptions or terms of reference of staff working in humanitarian operations clearly define their accountability responsibilities.	1	• The JDs do not specifically/clearly refer to the accountability responsibilities but adherence to CARE program principles/ values have been given due importance.
2. CARE documents its staff recruitment and employment policies and practices. Its staff are familiar with these.	2	• Recruitment and Employment Policies and HR manuals are available
3. CARE briefs all staff before they go into an emergency. This includes orientation on humanitarian accountability and compliance.	2	• Orientation on HAF has been done for all emergency team members; recommendation is to look on how to make this systematic before any future emergency response.
4. CARE clearly defines specific competencies and behaviour it expects of staff.	2	• Each new employee is oriented and aspects related to accountability are discussed. • Codes of conduct signed but not really discussed/presented during recruitment process
5. Staff regularly receive orientation/training on the HAF. This includes relevant principles, standards and compliance systems.	2	• HAF orientation of staff done by the new Emergency Team Leader since July 2011 and a HAF introduction session was included in the AAR workshop on Sept. 22-23.
6. Staff and partners understand and practice the non-discrimination principle of the RCRC Code of Conduct, and associated principles of impartiality and neutrality in all humanitarian operations.	2	• CARE CdI staffs have a good understanding on conflict sensitive approaches. • Partners have been oriented on humanitarian standards.
7. Managers are held accountable for supporting staff and regularly reviewing their performance.	2	Performance reviews are held and include how the manager has supported capacity building of its supervisees.
Sub total	13/21	
Total Score (not including Benchmark 7)	**50.5**	
Percentage (out of 105 – not including Benchmark 7)	**48%**	

HAF Performance Targets*	Score	Reasons for Score / Evidence
Outcome 1: CI's response to humanitarian disaster will be more timely	n/a	Second RAR, humanitarian response in progress.
Outcome 2: The quality & accountability of CI's response to disaster will increase	1	Improvements were made since first RAR. Aggregated score of HAF benchmarks is still low.
Outcome 3: CI will become known for its competence in the three core sectors	2	Every stakeholder interviewed during the RAR recognized CARE Côte d'Ivoire's expertise in solid waste programming. CARE was also praised for its participation in WASH cluster in Man.
Outcome 4: Emergency Expenditure and Funding	1	Côte d'Ivoire has become a forgotten humanitarian crisis, especially with the Horn of Africa crisis. A Regional Emergency Humanitarian Action Plan (EHAP – the regional equivalent of a flash appeal) for Côte d'Ivoire and four of its neighbouring countries (Burkina Faso, Ghana, Guinea and Mali) has been released on January 11, 2011. Referred to as EHAP CDI+4, the document has been revised several times and the requirements of the last revised version (July 2011) totalized USD 291,989,445 and as of October 6, 2011, only 29% has been covered.
Outcome 5: Emergency Capacity Cost Recovery	1	Limited ability to recover costs for deployed staff.
** See HAF for details of indicators used to measure performance*		

6. Annex 2: Ivoirian Refugees in Neighboring Countries (as of Sept. 29, 2011)



Source: USG Humanitarian Assistance to Côte d'Ivoire and Liberia, September 29, 2011, http://reliefweb.int/node/449980

7. Annex 3: Terms of reference

Facilitation of After Action Review (AAR) and Accountability Review for Post electoral violence Emergency Response in Cote d'Ivoire

1. Background and Update on Emergency Response by CARE in Cote d'Ivoire.

Ivory Coast (Côte d'Ivoire) was considered Francophone West Africa's economy powerhouse for more than three decades after gaining independence from France in 1960. However, the country's reputation as a model of ethnic stability and economic development unraveled during a 2002-3 civil war that split the world's top cacao grower in half. A 2007 peace deal was meant to clear the way for the northern rebels to be disarmed and for the country to be reunited with a national election. But the vote, held in late 2010 after numerous postponements, has deepened divisions, leading to deep crisis and severe fighting between forces in presence. The West area was the centre of severe fighting from December 2010 to April 2011, which led to massive population movement within the country as well as towards Liberia and other neighboring countries.

It is estimated that between 500,000 to 1,000,000 people from Abidjan, were displaced at the peak of the crisis and that approximately 66% of IDPs are living with host families, while only 33% have settled in camps.[9] The populations of Toulepleu on the Liberian border and Blolequin have been almost fully evacuated. The number of refuges in Liberia and other neighboring countries was estimated at 150,000 people.

The fighting in and around Abidjan has led clearly to a massive displacement of the population, and the city was gradually depopulating, with large numbers of people moving to wherever they have relatives and think they will be safe. There was limited humanitarian access to the most threatened neighborhoods: Abobo, Adjamé, Williamsville, Dokui, Angré, and Yopougon. Number of deaths in March reached 1000 as large numbers of people was massacred by both camps in the West around and in Duekoue according to UN and human rights organizations. 82 0, 97 IDPs registered in Duekoue & Man are leaving mostly in camps; 8 330 IDPs reported in Bouake town and 2 042 in villages.

Since former President Gbagbo's arrest, some IDPs and refugees have begun returning to their villages and attempting to resettle In the July, 2011 the number of returnees is estimated between 30 and 40% in the west, while most IDPs who are originally from Abidjan went back.

Based on the needs assessment conducted in April 2011 arrest by UNDAC and the humanitarian actors in various locations affected by the crisis in the country, it appeared that the West is more affected in various domains followed by Abidjan and neighborhoods. The keys humanitarian needs identified were Food, WASH, Shelter, health, Protection including psychosocial support and social cohesion.

CARE along with the other International agencies (UN and INGO) responded to the humanitarian crisis created by Côte d'Ivoire's post-election turmoil (presidential elections were held on 28 November 2010). CARE humanitarian interventions were mainly in the west in Montagne and Moyen Cavally regions, but also in Bouake and Abidjan. The intervention sectors in this crisis for CARE are: WASH, Food distribution and psycho-social support.

The evolution of the situation in the field justifies the need to start Early Recovery and Recovery programs. To promote a sustainable returns (for IDPs and Refugees), all activities should contribute to the reestablishment / reinforcement of Social cohesion. Peace building and Protection activities will become a high priority once life saving phase will be over. During the period of June and July, many agencies and also the protection cluster conduct some assessment to understand the conditions of returnees in the villages

CARE undertook some food distributions activities on Duekue – Guiglo – Blolequin axis and WASH activities in Duekue, Man, Abidjan and Bouaké.

In term of food distribution a total of 66,759 people have been reached by CARE. A total of 737,858 tons of food have distributed. For the WASH activities the total number of beneficiaries is estimated at 236,750 people and the number of women is about 52% (123,110 women).

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[9] OCHA figures, May, 10

2. Overall objective:

The objective of this assignment is to facilitate a 2 day AAR and document the best practices, successes, challenges, and recommendations for strengthening CARE Cote d'Ivoire's emergency response programs. The AAR workshop will be preceded by CARE's humanitarian accountability self assessment exercise to help promote learning and accountability throughout CARE International.

Also the results of this AAR will helpful for CARE Cote d'Ivoire which can be utilized in reviewing Emergency Strategy for the transition phase and also provide important inputs to the ongoing LRSP design for the country office.

The specific objectives of the AAR are:

1. To assess performance of CARE Cote d'Ivoire response with respect to what was planned in the emergency strategy design in March, 2011 and reviewed in May, 2011. So as to identify achievements and issues addressed to date; areas of collaboration and relationship management; and the effectiveness of communications
2. To identify strengths, weaknesses, opportunities and challenges and to make action-oriented recommendations to enhance CARE Cote d'Ivoire future emergency preparedness planning and response.
3. To ensure that lessons learned and specific recommendations inform future planning both in country and internationally

3. Roles & Responsibilities of the Facilitator

1. ***Undertake AAR preparation***, more specifically:

    1. Clarify goals, objectives and expectations for this workshop with the Management (CD, ACD/PQ, ACD/PS and Emergency Team Leader) and the facilitators
    2. Based on findings from above discussions and background reading (will be provided), along with a list of potential participants, review workshop materials and recommend adjustments to the design in order to meet stated objectives;
    3. Visit IDP camp sites, and based on consultations with beneficiaries, peer organizations, cluster leads, undertake HAF self assessment, (CARE Cote d'Ivoire to recommend potential stakeholders to consult) to be incorporated into the AAR workshop.

2. ***Manage the learning process during the review***, that is:

    - Ensure that participants have clearly understood objectives and group tasks
    - Establish an environment where participants can speak openly and constructively about their experiences without feeling threatened.
    - Manage the flow of the workshop, maintain momentum and relevant focus
    - Ensure that participants have a voice in the discussion and that all can speak
    - Summarize key points of learning, issues left unresolved and to be pursued, etc.

3. ***Monitor the learning process*** and ensure it moves participants toward expected outcomes, through formal and informal assessment techniques and instruments.

4. ***Provide technical supervision of note takers*** – Documents the proceedings in such a way to facilitate the production of a concise and user-friendly workshop report. Ensures participants receive any background information in a timely way. Collect and collate participant evaluation forms.

5. ***Participate in debriefing meetings*** with a "feedback group" of participants at the end of the first day and make adjustments/recommendations to the program on the basis of their feedback.

6. **Review draft report based on the feedback received by management (this includes a presentation session) and submit the final report to CARE Cote d'Ivoire**.

4. Duration:

The duration of this consultancy service is for 10 days plus two days travel in the period September 15th – 25th, 2011. A draft report will be submitted to CARE Cote d'Ivoire SMT for review, feedback and validation. CARE Cote d'Ivoire will review and provide feedback (written) to facilitator by 30 September for report finalization.

Tentative schedule (pending visa approval etc)

Date	Activity
15 September	Arrival of the facilitators (RAR/AAR)
16 September	Meeting the CARE Cote d'Ivoire (ACD/PQ and Emergency Team Leader) to discuss methodology of the reviews and steps
17 – 20 September	Field visit and stakeholder meeting as part of AAR preparation and accountability review meet with government stakeholders and other relevant actors Peer agencies etc Arrival in Yamouskro (September, 21 th in the Evening)
21 September	Facilitation Preparation in Yamouskro (facilitators)
22th – 23th September	**- AAR workshop**
24th September	Travel to Abidjan and debriefing with the CO management including validation of recommendations of the AAR
24th September	- Return Travel
October , 1rst	- Provides initial draft report to CARE Cote d'Ivoire Management for review, feedback and validation

5. Expected Outputs:

The following outputs are expected from this consultancy:

1) Facilitation of a two day AAR in Yamouskro including a Rapid accountability review (with outcomes incorporated into the workshop)
2) AAR report incl. executive summary highlighting institutional learning
3) Reflections/learnings of AAR by facilitator (1 page)

The structure of the main AAR report would normally follow the workshop "flow" and not exceed 15 pages (not including annexes):

1. Introduction

   a. Purpose/objectives of the AAR with reference to CARE's policy guidelines
   b. Brief background to the disaster, both local context and from CARE's capacity (previous emergency experience, pre-disaster capacity, status of EPP, etc.)
   c. Chronology "timeline" describing/illustrating key events identified by participants (this can be a graphic in the annex).

2. Methodology/approach (participant and facilitator profiles, very brief description of techniques used)

3. Significant examples of good practice that should be replicated with just enough "how to" information so that CARE "outsiders" have some guidance in terms of how to implement such an approach.

4. Significant gaps that were identified along with recommendations identified by participants on how these should be addressed in future. Recommendations should be realistic, targeted at specific stakeholders, provide adequate guidance for follow-up and not be too general.

5. Description of follow-up action plan with clear accountabilities for those responsible for specific actions.

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