

# CARE Haiti



## After Action Review Emergency Response - 2008 Cyclone Season

Hotel Montana, Petionville, HAITI  
26-27 January 2008

## **Workshop Report**

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# **After Action Review: Emergency Response - 2008 Cyclone Season 26-27 January 2008**

## **INTRODUCTION**

The CARE Policy to conduct an After Action Review (AAR) no more than 3 months after declaration of all Type 2 emergencies illustrates CARE's commitment to continually improve its performance by reflecting back on its activities and actions. An AAR is basically conducted as a two-day, structured, professional discussion of an emergency response, with a focus on performance. It enables participants to reflect on what happened and why; how actions impacted the affected population(s); and what needs to change to sustain organizational strengths and improve on weaknesses. The purpose of an AAR is therefore to capture and learn from lessons identified during these discussions so that improvements can be made in CARE's operational procedures, structures and policies.

A total of 20 key CARE staff members who had played a significant role in CARE Haiti's 2008 emergency response (e.g. Senior Management Team, Operations Managers, Human Resources and Finance Managers and one member from the CARE International Emergency Group) participated in the CARE Haiti AAR conducted 26-27 January 2008 in Port-au-Prince. Additionally, five representatives from partner agencies (OCHA, ICRC, IFRC and Save the Children) attended one two-hour session to hear and discuss the lessons identified by the CARE participants.

The After Action Review focused on the emergency response programs of CARE Haiti implemented in coordination with partners and other agencies between September and December 2008 in the Artibonite department.

Specific objectives of this AAR were to:

- Examine, with staff and partners, CARE's emergency response performance during the 2008 cyclone season in order to identify achievements and challenges to date.
- Identify lessons learned and make action-oriented recommendations to enhance CARE Haiti's future emergency preparedness planning and response.
- Ensure lessons learned inform future planning in other CARE Country Offices.

This report includes a brief overview of CARE's emergency response activities; a discussion of the workshop methodology and process; and the significant lessons learned and recommendations identified. Complete workshop details and outputs are provided in annexes to this report.

## BACKGROUND TO THE DISASTER

On September 1, 2008, 18 days after the passage of Tropical Storm Fay and 7 days after Hurricane Gustave had crossed Haiti, Hurricane Hanna struck the island with winds over 70 miles/hour and torrential rain throughout the region. On September 7th, Hurricane Ike brought more rain and additional flooding due to the destruction of protective dykes during the first storms. These four storms arriving in rapid succession resulted in over 800 deaths; mudslides and flooding in all major towns; and the destruction of homes and crops affecting over 600,000 people throughout the country. To exacerbate an already precarious food situation in Haiti, the storms followed a poor agriculture season.

Hurricane Ike was particularly destructive in the northern part of Haiti where CARE has worked for decades. In the Artibonite, the most populated department, an estimated 90,000 households were affected and 120,000 persons were forced into temporary shelters, having lost their means of livelihood as well as their homes. The most concentrated damage occurred in Gonaïves (the capitol of the Artibonite department located 150 km north of Port-au-Prince) where the collapse of all bridges leading into the city isolated the city for many days.

Gonaïves was also the center of devastation following tropical storm Jeanne in 2004. Due to its large number of experienced staff and infrastructure capacity in Gonaïves at that time, CARE was a primary responder to the 2004 emergency. With the closure of its USAID Title II program in November 2007 however, the number of CARE Haiti staff has dropped from 470 to approximately 60 today; and CARE has replaced its large warehouse compound in Gonaïves with a small 5 room office, which was also damaged in the current flooding.

With no real logistics capacity or warehouse facilities in the area, and a very limited number of staff, CARE Haiti's Emergency Preparedness Plan (developed since the 2004 emergency) was focused on emergency response through partners. Nonetheless, CARE remains one of the more important NGOs currently working in the Artibonite and based on its history of emergency response, there were high expectations within the humanitarian assistance community for CARE to assume a major role in direct response to the current emergency.

Drawing on extensive networks and relationships based on a long-term presence in the area, CARE quickly mobilized skilled, experienced current and former staff and community members in Gonaïves to begin distributing emergency rations to thousands of affected people within 48 hours. In partnership with WFP, CARE also implemented a dry distribution program that reached 100,000 beneficiaries within one month.

By late September CARE had designed an emergency strategy and subsequent response activities. As of 15 December 2008, CARE had distributed food to 584,000 affected persons, hygiene kits to 9,500 displaced families, and in Gros Morne, agriculture seeds to 750 families. CARE also implemented a cash-for-work program which generated an estimated 32,000 person/days to clean up thousands of metric cubes of mud (also as of 15 December 2008). A 'timeline' for the period September – December 2008 illustrating key actions, events, decisions, and accomplishments or achievements identified by ARR participants can be found in Annex IV.

CARE, in close coordination with other national and international agencies, continues to work in recovery activities over the medium term. Activities include training of government and Red Cross staff in supporting community driven camp management activities; rehabilitation of wells and cleaning of secondary canals; distribution of school kits, psycho-social counseling and training; and a one-year agriculture recovery project in Gros Morne. CARE also continues to be an active participant in all coordination mechanism meetings in Gonaives as well as Port au Prince.

## METHODOLOGY

On the AAR evaluation completed by all participants, over half of the responses to the question “What did you learn over these two days?”, referred to learning why or how to document lessons learned. A few respondents stated they plan to conduct similar exercises in their ongoing projects. Rather than simply a statement of the process followed, the following discussion therefore also includes observations made by the facilitator during the AAR to assist participants in conducting future workshops.

The current After Action Review followed a format similar to that used during the 2005 AAR in Haiti in which focus was placed on small group work to produce and share in plenary 1) a chronology (or timeline) of major events during the emergency response and 2) lessons learned. Each of five small groups elaborating lessons learned explored a different ‘thematic area’ identified by CARE Haiti senior management: Human Resources; Program Support; Planning and Assessment; Program Quality; and Coordination.

**Observation:** The **thematic areas** differed slightly from those used in the 2005 AAR<sup>1</sup> reflecting the progress CARE Haiti has made in improving its emergency response. Where the focus in 2005 tended more towards formalizing basic standard operating procedures, CARE Haiti is now focused more towards fine-tuning existing procedures and looking more in depth at mechanisms to improve the quality of the response projects implemented. For example, several of the recommendations generate during the 2005 workshop described the need to develop an Emergency Preparedness Plan (EPP). In the current workshop, several ‘positive’ lessons learned described the use of the EPP which CARE Haiti developed during the intervening years.

The elaboration of lessons learned was divided into four parts: 1) What Did We Do Well - Positive Lessons Learned; 2) What Could We Do Better’ - Negative Lessons Learned; 3) Gallery Walk - to receive feedback from members of other small groups; and 4) Presentation - in plenary to partners invited to attend this two-hour session.

**Observation:** The **concept of ‘positive’ and ‘negative’ lessons learned** was confusing for some participants. Also, several small groups found it easier to address both the positive and negative simultaneously as they identified both aspects in almost every issue raised. In other words, when prompted, groups were able to

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<sup>1</sup> The thematic areas for small group work in the 2005 AAR were: Staffing; Logistics and Security; Planning and Assessment; Implementation; Leadership and Decision Making; and Resource Mobilization.

identify remaining areas for improvement in several ‘positive’ lessons learned. For groups that have some familiarity with AARs, it may be easier to identify ‘major’ lessons learned (either positive or negative) with one single session.

**Observation:** One of the AAR objectives was to *ensure lessons learned inform future planning in other CARE Country Offices*. To achieve this objective efforts were made to provide sufficient detail to the lessons learned so as to transform them into **replicable ‘good practice’** for the organization as a whole. Unfortunately, time constraints did not provide participants sufficient opportunity to explore the difference between “this is something we did well” and “this a significant good practice”, or to identify and document both the internal and external factors necessary for replication elsewhere. A brief presentation on ‘What Constitutes Good Practice’ and ‘Prioritization Techniques’ may be warranted in future AARs. Small groups could then be asked to prioritize two or three of their identified lessons for subsequent elaboration into replicable good practice. One potential means to free up time for this during the AAR (which must be limited to two days) is to provide small groups more focus in the identification of lessons learned by requesting them to review (before attending the AAR) their EPP as well as the lessons learned from previous AARs<sup>2</sup>. Reviewing ‘what CARE planned to do’ before reflecting on ‘what CARE did do’ may help participants more easily identify major accomplishments, issues and gaps.

Invitations were sent to partner agencies requesting them to attend one of the AAR sessions on Day 2. During this session each small group was provided 10 minutes to present their group’s lessons learned in plenary. An additional 10 minutes were allocated following each presentation to allow partners to provide feedback; validate the presented lessons learned, and share there own lessons learned.

**Observation:** The majority of responses to the question ‘What could have been done in a different way?’ on the AAR evaluation form completed by participants referred to this session. In general while participants found this to be a valuable and necessary session, many were disappointed that only four partners were represented and that those present did not provide more substantial feedback / their own lessons learned. Suggestions to improve the productiveness of a **presentation to partners** included the following.

- Clearly state the purpose and expected output of this session in the partner invitation letter to ensure the most appropriate (preferably operational) staff member(s) attend.
- Provide more time for this session and better facilitate the discussion.
- As the AAR must be limited to two days, eliminate this session and convene a separate (2 – 4 hour) meeting following the AAR, in the department where the emergency response was implemented. Such a meeting could better capture the input of field staff and also include representatives of the affected community. If such a meeting were convened, CARE Haiti should consider

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<sup>2</sup> A request was made by participants during the final sessions of the AAR to provide them with CARE Haiti’s 2005 Lessons Learned, but there was no time available for participants to adequately review them.

submitting a written draft of the applicable lessons learned from the AAR to partners / community members along with the invitation letter.

The final session of the workshop involved the development of an **action plan** to address weaknesses or gaps identified during the lessons learned sessions. Participants were asked to develop recommendations, identify action steps to implement the recommendations, and assign responsibilities for completion.

**Observations:** Again there was some conceptual confusion between a ‘lesson learned’ and a ‘recommendation’. One advantage of presenting lessons learned to partners in a meeting separate from the AAR is there would be a more seamless flow of small group work activities. In other words, the development of recommendations could directly follow the Gallery Walk, and precede plenary presentations. The plenary presentation session could therefore be used to establish responsibilities and completion dates for an action plan.

The addition of sessions (i.e. presentation to partners and action planning) to the original AAR format left no **time for ‘traditional’ workshop activities** such as plenary debate, ‘energizers’, review of the previous days work, or verbal evaluations. Surprisingly, only two respondents to the question “What Could Have Been Done in a Different Way?” on the AAR evaluation form stated the sessions were too rushed.

**Observation:** The success of the current AAR (i.e. the ability of participants to accomplish a large amount of work in a short period of time) was due in large part to the limited number of participants (20 as opposed to over 40 at the 2005 AAR); a balance of field and HQ staff in each small group; and the ease with which the participants worked productively in small groups. Slightly over half of the responses to the evaluation question “What Did You Find Most Useful About the AAR?” referred to the benefits of small group work<sup>3</sup>.

As part of the opening sessions on the first day of the AAR a brief presentation on CARE International’s draft Humanitarian Accountability Framework was made by a participant from the CARE Emergency Group (CEG).

**Observation:** A significant number of respondents to the AAR evaluation questions “What did you learn over these two days?” and “What is one change you will make in yourself/how you do your work as a result of participating in the AAR?” referred to these **concepts of accountability**. For example, participants stated they had a better understanding of accountability or they plan to ensure accountability concepts are incorporated into development programming. It is unclear whether these responses resulted from the presentation made at the AAR, the fact one small group focused on accountability issues, or from CARE Haiti’s on-going accountability activities. Nonetheless, the value of ‘grounding’ participants in the organizations values and commitments at the beginning of the AAR should not be underestimated.

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<sup>3</sup> The remaining responses to this question tended to split almost equally between the specific outputs themselves (i.e. the lessons learned or the action plan) and the overview of CARE’s Accountability Framework presented during the open session of the AAR.

## SIGNIFICANT LESSONS LEARNED

A complete list of all lessons learned generated by the small groups is provided in Annex V. There was often overlap in lessons learned between small groups as well as between lessons learned and recommendations. This section summarizes the major issues identified by all groups as well as feedback provided by partners.

1. Rapid recruitment of emergency personnel is essential. Relying too heavily on ‘regular’ staff to fill emergency response positions negatively impacts development projects. To facilitate rapid recruitment, the following is needed.
  - Anticipated positions listed in the EPP, along with job descriptions and salary ranges. For CARE Haiti these include Emergency Team Leader, Proposal Writer(s), Human Resource Officer(s), Media Focal Point, Finance and Procurement support staff (to ensure regular programs are not neglected) and technical experts for damage assessments and identified scenarios.
  - A database of potential employees. While priority should be given to local staff, the lack of trained individuals in Haiti to immediately fill key positions must be taken into account and addressed.
  - A policy detailing rapid recruitment procedures that places emphasis on recruitment of women from the affected area.
  - An orientation kit that includes CARE’s mission and core values, humanitarian principles, and CARE’s emergency admin policies and procedures (including forms).
  - Standardized training sessions in security.
2. Skills building of ‘regular’ (i.e. long-term, development) staff is necessary not only to improve emergency response but also to ensure coordination between emergency response and development programs. Specific areas for targeted training well in advance of potential emergency response include:
  - EPP scenarios (e.g. through simulations)
  - Emergency communications (i.e. operation of satellite phones)
  - Humanitarian principles and Code of Conduct
  - Sphere standards
  - Accountability Framework and accountability mechanisms
  - Finance, HR and Admin policies specific to emergency response
3. A core group trained to conduct rapid needs assessments and draft project proposals would improve CARE Haiti’s emergency preparedness. Preparedness would also be strengthened by community awareness raising regarding need assessments and strengthening local capacities and competencies.
4. A central-level media focal point is necessary to correct misinformation or misinterpretations from the field. Consideration should be given to developing talking points and/or regularly scheduled press events to ensure consistent messages are passed to journalists.

5. An Emergency Preparedness Plan (EPP), aligned with the mission's Strategic Plan and reviewed well in advance of the cyclone season, is essential to ensure
  - effective coordination within CARE Haiti and between CARE Haiti, the regional CARE office and CARE International; and
  - decentralized leadership and decision making.
6. In light of its reduced staffing numbers, CARE Haiti is considering implementing emergency response through partners. An established, detailed partnership strategy is needed to ensure CARE's rapid and systematic implementation of emergency activities.
7. Good staff management is dependent on prompt, clear, and regular communications; consistent coordination staff; adequate HR support; and emergency-related staff benefits (e.g. hazard bonus). An official communiqué detailing the management structure and lines of communication should be distributed to all personnel at the start of an emergency response, and the regular presence of HR personnel at emergency response program sites should be ensured.
8. To ensure efficient purchasing and delivery of emergency project items, a specific emergency procurement policy is necessary; procurement planning must begin with proposal development; potential suppliers with sufficient capacity should be identified at a central level; and supplier contracts should stipulate delivery to project sites.
9. CARE used an innovative cash payroll preparation and payment system for clean-up crews which enabled a rapid response in the field.
10. Established good relations and ongoing coordination (i.e. before, during and after emergency response) with partners, authorities, and local emergency response structures, is required to ensure
  - coordinated approaches and interventions, and
  - efficient utilization of existing logistics capacities (e.g. communications, transport and storage facilities)
11. Pre arranged agreements between CARE and partners holding pre-positioned stock (e.g. WFP and UNICEF) promote timely response as they reduce the need for CARE to rapidly build-up stock management and storage capacity.
12. Good information management is essential for CARE's response. An information management strategy should include
  - easy access for CARE staff to past response project proposals, training modules, lessons learned, etc., and
  - formats accessible to / usable by local authorities and community members to readily share information concerning response activities.
13. A standardized post-disaster assessment instrument to be used by all agencies in Haiti; a centralized baseline database (to facilitate needs assessment data analysis) and the inclusion of all partners in planning, data collection, analysis and use of information is necessary to improve inter-agency coordination.
14. It is easier to address accountability when there is a good needs assessment and good understanding of the affected population's expectations. Limited involvement of local authorities during the initial stages of implementing accountability mechanisms (e.g. data

collection, development of tools and report sharing) and the lack of awareness of accountability concepts on the part of the affected community impacts the speed at which measures to address accountability can be implemented. Fears around implementing an accountability system are often unfounded.

15. A risk reduction strategy in all emergency response projects and the incorporation of risk reduction activities into 'regular' programs can reduce the negative effects of (recurrent) natural disasters. Risk reduction (i.e. mitigation, preparedness activities) is not sufficiently considered in current CARE Haiti programs.
  - There is little understanding of how emergency projects will link to prevention activities.
  - Local NGOs are not involved in the local disaster prevention structures (e.g. KPSL or Local Committee for Civil Protection).
16. Improvements to the UN cluster system coordination could be made through the following activities.
  - Contingency planning by local structures ahead of the disaster.
  - Development of a strategy by each cluster.
  - Better use of interagency contingency planning as a starting guide for response.
  - Sharing - with all partners - the TOR for the cluster assessment / review and the Humanitarian Reform framework.
  - Consistency in cluster lead staff members.
  - Renewed efforts to ensure the Haitian Government designs a preparedness plan.

## RECOMMENDATIONS

The following recommendations were developed by AAR participants to address significant gaps identified. The Action Plan assigning timeframes and responsibility for implementing these recommendations is provided in Annex VI.

### Human Resources

1. Establish a policy and system to ensure rapid recruitment during emergency response.
  - In each region, develop a database of skills and experience for potential employees (e.g. former CARE employees, employees of partner NGO's).
  - Develop a policy to speed-up recruitment of emergency response staff (e.g. eliminate interviews and reference checks for former employees).
  - Specify in the EPP key positions needed (e.g. Emergency Team Leader, Proposal Writer, HR, Media and Technical Experts).
  - Develop standard job description including where the job falls in the salary scale (e.g. Project Coordinator, Field Agent, Field Supervisor).

2. Ensure emergency staff recruitment favors good relations between CARE and its partners / communities / authorities.
  - Prioritize local staff (especially for field posts).
  - Reduce coordination staff turn-over (i.e. require 2 – 3 month minimum for positions).
  - Develop a gender policy to favor recruitment of women for field positions.
3. To ensure staff management, establish a system of prompt, clear and regular communication.
  - Develop and make available an orientation kit that includes CARE's mission and core values, humanitarian principles, and CARE's emergency admin policies and procedures (including forms).
  - At the start of emergency response, distribute an official communiqué (ALLHAITI) detailing the management structure and lines of communication.
  - Develop HR policies (before a disaster occurs) on emergency recruitment procedures, types of contracts for emergency personnel, and benefits (e.g. hazard bonus).
  - Ensure regular presence of HR personnel at emergency response program sites.
4. Increase regular staff skills to ensure coordination between development and emergency programs.
  - Train 'regular' staff in humanitarian principles and standards.
  - Train Program-Support staff in policies specific to emergency response.
5. Include "identification of PR/media focal point" in the job description of appropriate staff member.

### **Program Support**

6. Update procurement supplier database.
7. Develop emergency specific procurement policies and procedures; promote transport contracts that stipulate delivery at project site.
8. Annually update donors' budget formats.
9. Monitor project needs to ensure timely cash call forward.
10. Monitor communications systems (cell phone / Internet satphone) to ensure uninterrupted service.
11. Reinforce collaboration (especially concerning transport and communications) with partners and other response agencies through an inter-agency contingency plan.

### **Planning and Assessment**

12. Train staff in SPHERE standards.
13. Revise the EPP.

14. Identify key partners for emergency response.
15. Draft a protocol for working with partners during emergency response.
16. Share the EPP with staff and partners.
17. Identify / train staff with data collection and analysis and needs assessment skills.
18. Develop concept papers (project ideas) for potential emergency response project proposals.
19. Establish a database of potential emergency response donors.

### **Response Quality**

20. Draft a partnership strategy for emergency response. Include identification of partners who can manage stock and keep in mind partners must be accountable.
21. Identify potential partners for emergency response management.
22. Establish agreements with designated partners concerning pre-positioning of 'stock'.
23. Identify accountability tools and standards existing within the mission.
24. Train staff in the concepts of accountability.

### **Coordination**

25. Systematize the regional coordination group and the local government and humanitarian agency meetings to make them more operational. Begin now at department and commune levels by analyzing what already exists and discussing issues with other NGOs. Reinforce existing civil protection committees.
26. Appoint two CARE focal points (1 PAP, 1 Gonaives) to participate in UN/GoH cluster meetings and evaluations.
27. Update the CARE Haiti EPP after every cyclone season and ensure the emergency team understands the plan and their individual roles.
28. Share the CARE Haiti EPP with CARE International.
29. Conduct a simulation as part of the EPP update to ensure everyone is familiar with response protocols.
30. Elaborate a rehabilitation strategy that includes risk mitigation; advocate for risk mitigation with partners.
31. Information is presented in CARE formats, which are not necessarily formats that can be readily use by those who need the information. It's necessary to develop a CARE communication strategy that will:
  - ensure communication with leaders, and
  - provide for multiple communication mechanisms so that all target groups have access to information.

## **ANNEXES**

## I. Agenda

### Monday, 26 January

- 8:15 Participant Registration
- 8:45 Welcome and Opening (Sophie Perez)
- 9:00 -10:15 Introduction to Workshop
- Participant Presentation
  - Workshop Objectives
  - Relationship of AAR to wider CARE organization (Jock Baker)
  - Agenda and Methodology
- 10:15-10:30 Coffee Break
- 10:30-12:30 **Session 1: Chronology of Disaster – What Happened?**
- Plenary overview of exercise (15 min)
  - Small group work (1 h)
    - Group 1: CARE Direction (PAP, CEG, Nippes, Jeremie)
    - Group 2: CARE Artibonite
    - Group 3: External Actors (Government of Haiti, UN, other ONGs)
  - Plenary presentation and discussion (45 min)
- 12:30-1:30 Lunch
- 1:30-3:00 **Session 2: Lessons Learned (Part 1: What did we do well?)**
- Plenary overview of exercise (15 min)
  - Small group work (1 h 15 min)
    - Group 1: Human Resources
    - Group 2: Program Support
    - Group 3: Planning and Assessment
    - Group 4: Response Quality
    - Group 5: Coordination
- 3:00-3:15 Break
- 3:15-4:30 **Session 2: Lessons Learned (Part 2: What could we do better?)**
- Small group work (1 h 15 min)
- 4:30-4: 45 Wrap up

### Tuesday, 27 January

- 8:00 Review of Day 1
- 8:45 – 10:15 **Session 2: Lessons Learned (Part 3)**
- Gallery Walk (45 min)
  - Small group work to incorporate feedback (45 min)
- 10:15-10:30 Coffee Break

- 10:30-12:30    **Session 2: Lessons Learned (Part 4)**
- Welcome and introduction of partners (10 min)
  - Plenary presentation (50 min)
  - Plenary discussion (1 h)
- 12:30-1:30    Lunch
- 1:30-3:00    **Session 3: Action Planning**
- Plenary overview of exercise (15 min)
  - Small group work (1.15 h)
- 3:00-3:15    Break
- 3:15-4:15    **Session 3: Action Planning**
- Plenary presentation (1 h)
- 4:15-4:45    **Closure**
- Evaluation
  - Closing remarks

## II. Participants

Name	Title
Marshall Ashley	Responsable de Projey SYAP, Gros Morne
Marlyne D. Augustin	Responsable des Ressources humaines
Jock Baker	Program Quality & Accountability, CARE-International / Secrétariat, Genève
Hans Beauvoir	Coordonnateur Projets Santé N-ouest & Artibonite
Claudel Choisy	Responsable Retour à L'École et Protection, Gonaïves
René Coty	Responsable Opérations, PAP
Marie Lissa Etienne	Contrôleur Financier
J. Roosevelt Ferjuste,	Responsable de Projet, Eau & Assainissement, Gonaïves
Joseph Franboeur Jean	Responsable de Projet PDLH
Jean Louis Gériilien	Redevabilité / Transparence, Gonaïves
Irène Rose-Berthe Lamothe	Coordonnatrice projets réguliers Santé Grand-Anse
Ronald Ledix,	Responsable Aide Alimentaire avec PAM
Ifmann Mompremier	Responsable de Projet, Nettoyage, Gonaïves
Audrée Monpetit	Coordinatrice de l'Urgence
Eddy Morpeau	Responsable Informatique, PAP
Sophie Perez	Directrice de CARE Haiti
Gary Philoctete,	Directeur Qualité des Programmes
Yves-Laurent Regis	Coordonnateur Suive, Evaluation & Plaidoyer
Harold Sénophtat,	Coordonnateur projets réguliers Santé Nippes
Mireille Sylvain	Manager Secteur Santé

### Partners Attending Session 2 Part 4, Tuesday 10:00 to 12:00:

Brigitte Gaillis	IFRC
Caroline Ore	OCHA, Cluster Protection
Patrice Brutus	CICR
Manvela Gonzalez	OCHA, Responsable Bureau
Martial Bailey	Save the Children

### **III. Session Outlines**

#### **Session 0: Introductions**

1. Identify one action you took or one accomplishment during response that you are most proud of.
2. Share that action – plus your primary responsibility during emergency response - with your neighbor.
3. Each person introduces their 'neighbor' to plenary by stating their:
  - Name
  - Primary responsibility during current response
  - Action they are most proud of

#### **Session 1: Disaster Timeline**

1. Divide into three small groups of approximately 7 persons each.
  - Group 1: CARE Direction (PAP, CEG, Nippes, Jeremie)
  - Group 2: CARE Artibonite
  - Group 3: External Actors (Government of Haiti, UN, other ONGs)
2. Brainstorm (individually) a list of what happened – from the perspective of the groups theme (e.g. CARE Direction, CARE Artibonite, External Actors).
3. As a group, determine the emergency starting point and identify major, critical or key actions, events, decisions, and accomplishments or achievements.
4. Record each action / event / decision / on a separate card.
5. Present the groups findings in plenary and place cards in chronological order on the 'timeline' located on the workshop wall.
6. Incorporate additional input from plenary participants.

#### **Session 2: Lessons Learned**

##### **Themes to Be Explore By Small Groups**

###### **Group 1: Human Resources**

- Emergency staff recruitment
- New hire orientation
- Emergency staff management and supervision

###### **Group 2: Program Support**

- Procurement
- Media
- Finance
- IT et telecommunications
- Transport

**Group 3: Planning and Assessment**

- CARE Haiti state of readiness prior to current emergency
- Needs Assessment
- Proposal development

**Group 4: Program Quality**

- Partnership
- Accountability
- Impact of emergency on development programs

**Group 5: Coordination**

- Decentralized leadership and decision making
- Internal (within CARE Haiti) information management
- External (with government, military and cluster agencies) relationship management

**Definition of Positive and Negatives Lessons Learned**

- A “positive” lesson learned is something we did exceptionally well this time and we want to ensure we do it again next time there is a similar occurrence, circumstances and context in Haiti.
- A “negative” lesson learned is something we; but we want to either improve it or completely avoid doing it next time in a similar context or circumstance in Haiti.

In general, all lessons learned should be something of such significant value that we can use to make improvements in future structures, procedures and/or policies; and other CARE missions can also benefit from replicating them.

**Session 2.1 – Positive Lessons Learned**

1. Chose one group in which you want to concentrate your efforts. (You will have an opportunity to contribute lessons learned to others as feedback during the gallery walk and group presentations.)
2. In your group, choose a reporter who will record all lessons learned on a flipchart and present them during the ‘gallery walk’.
3. Begin with five to ten minutes of individual work to:
  - review the themes / issues your group is requested to consider, and
  - write down two to four lessons, keeping in mind the definition of lessons learned provided above.
4. Each group member presents his or her ideas for lessons learned and the reporter writes them all down. As ideas are being presented, avoid any criticism or debate on their truth or value. Group members can only ask questions for clarification or understanding at this point. Imagine this stage as structured brainstorming.
5. After all ideas have been presented, discuss the validity of each.
  - Is this really a lesson learned, or is it a hypothesis (i.e., there is some contradictory evidence)?
6. Eliminate any ideas for which the group cannot come to consensus and write them on another flipchart page under “hypotheses” or “no group agreement.”
7. Combine ideas that are basically the same.
8. Prioritize the ‘potential’ lessons learned by identifying the five most important ideas.
9. Ensure the five ideas are stated as lessons learned. To help you fully elaborate a ‘lesson learned’, try to answer the following questions:

- Which factors / causes (both internal and external) contributed to our success (or failure)?
  - Which factors need to be in place for success? In other words, what is required (in terms of people, structures, actions, systems, etc.) to ensure that what we did well this time will happen again during the next emergency response in Haiti?
  - What will be needed to replicate this lesson elsewhere?
  - Is there still room for improvement; in other words are there other things we should do to ensure even greater success when we repeat this action next time?
  - Is there enough detail on the specific context so others can replicate?
10. Record lessons on flipchart for presentation tomorrow.

### **Session 2.2 - Negative Lessons Learned**

1. Stay in the same small group.
2. Chose another reporter.
3. Individually write down two to four “negative” lesson learned, keeping in mind the definition provided above.
4. Use the following formula for identifying a “negative” lesson learned:
  - a) the situation/context within which we want to improve our actions,
  - b) what we did during the current emergency, and
  - c) what we are going to do the next time.
5. Follow the same discussion procedure as for “positive” lessons learned above.

### **Session 2.3 – Gallery Walk**

1. Post the group's provisional lessons learned on the wall.
2. One member of the group must stay with the posted lessons to answer any questions from ‘visitors’; that is to say from members of other groups.
3. The remaining group members read the provisional lessons learned from other groups and provided the following types of feedback:
  - Other lessons learned that the original group may have overlooked.
  - Any similarities/duplications you may see between groups. For example, more than one group may have a lesson learned concerning the importance of emergency planning.
  - Suggestions to ensure the provisional lessons learned are truly ‘lessons learned’. In other words, is there anything more needed to ensure they meet the following criteria:

The lesson has significant value, It is not simply a statement of CARE Haiti's ‘normal’ good work.

One could add the words ‘one must’ before the lesson rather than simply the words ‘one could’ or one ‘should’.

The lesson contains enough detail to ensure a new employee to CARE Haiti, or CARE staff in another mission, could implement it and receive the same result. For example, the necessary factors (human resources, systems, etc.) for success are specified.

We can use the lessons to improve structures, procedures and/or policies in the future.

4. Return to small group, discuss the feedback received from others, and redraft lessons learned as needed.
5. Prepare a PowerPoint for presentation in large group at 10:00 !!!!

### **Session 2. 4 – Presentation to Partners**

1. Each group presents significant lessons learned (both positive and negative) to plenary (10 minutes per group).
2. Following each presentation, partners are provided 10 minutes to feedback. Of special interest is partner validation of the lessons presented and the sharing of their own lessons learned on similar themes.

### **Session 3: Action Planning**

1. Return to small groups and select a member who will present the output of this session in plenary.
2. Review identified lessons learned and develop recommendations for them. These recommendations should state what needs to change or occur in order to ensure the lesson learned is implemented in the future.

What constitutes a good recommendation?

- It is realistic
- It is targeted at specific stakeholder(s)
- It is not too general; it states specifically WHAT should be accomplished
- It provides adequate guidance for follow-up; in other words it also states HOW it should be accomplished.
- It often begins with an action verb

Please note: In some cases it may be possible to draft one recommendation that will address two or more lessons learned. In other cases, no recommendation may be necessary for a lesson learned as action has already been taken.

3. Determine which of the recommendations are 'priority'; in other words which MUST be act on before the beginning of the next hurricane season (June 2009).
4. For each recommendation, also identify the person who will be responsible for ensuring the recommendation is acted on.
5. If time permits, please also state any additional resources that will be needed to accomplish the recommendation.
6. Summarize recommendations in tabular form with the headings illustrated below.

Recommendation (What & How)	Completion Date		Person Responsible	Additional Resources Required
	Before June 2009	After June 2009		

7. Return to plenary by 3:15 and present your table to the large group.

## IV: Timeline

	CARE - Direction	CARE in Artibonite	External Actors
<b>Pre-Cyclone</b>	(April) EPP review (May) SCHR Peer Review on Accountability to Disaster Affected Populations		(July/Aug) Awareness raising by Government and NGOs (Mid-August) Red alert hurricane warning by government (15-16 Aug) Hurricane Fay; Humanitarian aid coordination through OCHA
<b>Sept</b>	(1) Hanna hit; CARE Haïti Alert and ERT activated; CARE office in Gonaïves flooded, staff displaced (2) 1st emergency SMT; 1st meeting with OCHA (3) Requested CEG to recruit ETL, Proposal Writer & WATSAN Expert; CAN\$ 10,000 (CARE Canada); Distributions of HEB, water & NFI (Jérémie + Port de Paix); 1 <sup>st</sup> siterep; Recruitment of former CARE staff (4) 1st CARE Haïti strategy; Initial meeting with WFP and USAID (7) Ike (the 4th storm) hit (8) OFDA, CIDA response; Finalization of WFP contract (9) Arrival of proposal Writer; 10,000 Euros (CARE France) (11) General food distribution in Gonaïves (12) Arrival of Media Officer (15) Dr. Hans appointed Emergency Field Coordinator (16) Emergency Team Leader arrived (17) WATSAN expert arrived	Immediately after Hanna had info on status of all field staff (1-4) First coordination meeting; Comms cell established to inform HQ; Damage assessment of CARE office and surroundings; Contact local authorities (Mayor) for meeting with NGOs (5) General distributions of HEB and water (7) Reinforcement of staff ; Initial rapid needs assessment (9) 1st visit of CARE CD to Gonaïves (11-30) General food, water, HEB & hygiene kit distribution (4 <sup>th</sup> week) Planning meeting with DDEA to clean schools	Regular security briefings (MINUSTAH) (1st week) Transport of affected persons to temporary shelters or other zones (MINUSTAH) (2) WASH, Food, Shelter, Logistics and Protection clusters operational (3) Damage assessment (Government, NGOs, local committees, Civil Protection) (3-4) Rescue boats launched (4-5) Wet feeding (PNCS, government, Red Cross) (6-7) Water and HEB distribution (UNICEF, WFP); General food distribution (WFP / CARE, Caritas / Amurt) (2 <sup>nd</sup> week) Emergency declared (government); Water distribution (Red Cross, J1MSF France /ACF); 10 km of detour road to open access to Gonaïves; Road rehab (Mid-Sept) Regular surveillance bulletins produced; Logistics planning; bottled water distribution via helicopter / boat; mobile clinic
<b>Oct</b>		Survey of schools / temporary shelter; School clean-up began; General distributions in Gros Morne & Gonaïves; Participation in UN Clusters (clean-up, shelter, food, education, protection, watsan & health); Participation in census; Logistics support for water system assessment; Support for fumigation of city	(1st week) Distribution of temporary shelter kits (IOM) Heavy machinery arrived for cleaning Gonaïves
<b>Nov</b>	(15) Approval of ECHO project	(End Oct / begin Nov) Seed distributions (Gros Morne) (1 <sup>st</sup> week) First Clean-up payroll Targeted distributions; Reopening of 28 cleaned schools; (classes begin 11 <sup>th</sup> ); Start-up of SYAP (Gros Morne) and WATSAN (Gonaïves)	Targeted food distribution; Post-disaster needs assessment report
<b>Dec</b>	(1) Approval of SYAP & CGF (19) Departure of Emergency Team Leader	Beginning of rehabilitation phase	

## **V. Lessons Learned**

### **Human Resources**

1. Rapid recruitment of personnel is essential. To facilitate rapid recruitment, the following is needed:
  - A database of potential employees stating their skills and experience.
  - A policy (before a disaster occurs) stating rapid recruitment procedures.
  - Anticipated personnel needs clearly stated in the EPP. For CARE Haiti these include Emergency Team Leader, Proposal Writer, Human Resource Officer, Media, and technical experts for identified scenarios).
  - Job descriptions with grade and salary range clearly identified.
2. The quality of recruitment is related to CARE's relationships with both communities and partners as well as the quality of CARE's ongoing programs. To facilitate quality recruitment:
  - Give priority to local staff
  - Reduce the turn-over of coordination staff.
  - Establish a gender policy to ensure recruitment of women from the affected area.
3. Good staff management is dependent on prompt, clear, and regular communication. To ensure such communication, it is necessary to:
  - Have an orientation kit prepared that includes CARE's mission and core values, humanitarian principles, and CARE's emergency admin policies and procedures (including forms).
  - At the start of emergency response, distribute an official communiqué (ALLHAITI) detailing the management structure and lines of communication.
  - Develop HR policies (before a disaster occurs) on emergency recruitment procedures, types of contracts for emergency personnel, and benefits (e.g. hazard bonus).
  - Ensure regular presence of HR personnel at emergency response program sites.
4. It is necessary to reinforce the skills of 'regular' (i.e. long-term, development) staff to ensure coordination between emergency response and development programs.
  - Train 'regular' staff in humanitarian principles and standards.
  - Train 'regular' Program Support staff in policies specific to emergency response.

## **Program Support**

### **Procurement:**

5. Information sharing that facilitated Program Support to efficiently purchase needed item included.
  - Procurement planning before approval of project proposals.
  - Identification of potential suppliers with sufficient capacity at a central level.
  - Quantities of goods purchased based on real needs of the effected population taking into account distributions of other agencies.
  - Contracts with suppliers stipulating delivery at project sites.
  - Flexibility to engage new suppliers in the local market enabled CARE to prepare school and hygiene kits according to need.
6. There is no official policy covering procurement during emergency response.
7. Delivery of items procured for 'regular' programs was delayed due to insufficient number of procurement staff. (It was necessary for Procurement staff to focus energies on emergency procurement.)

### **Media:**

8. A central-level media focal point allowed CARE to correct misinformation or misinterpretations from the field.
9. CARE Haiti chose to keep a low profile when spoken badly of by the community served).
10. CARE's good actions did not spare the organization from negative criticism by some community members.

### **Finance:**

11. Participation of finance staff on the mission-level response coordination committee ensured a response in line with CARE's resources.
12. Budgets were adequate to address identified needs.
13. Availability of cash allowed for good planning and ensured CARE could promptly pay suppliers with whom they did not have a line of credit.
14. CARE used an innovative cash payroll preparation and payment system for clean-up crews which enabled a rapid response in the field.
15. Finance staff were overworked as they assumed responsibility for response programs in addition to normal workload.

### **IT & Telecommunications:**

16. A good cell phone network (as well as satellite phones) facilitated information sharing and enabled decision making at response sites.

17. Internet connections were provided by MINUSTAH.
18. CARE's involvement with the local emergency response structures enabled them to utilize all available communications means.
19. Internet access was limited by problems with the ISP.

**Transport:**

20. Vehicles were pre-positioned.
21. Contracts were established with transporters having capacity for field deliveries.
22. Partnerships and collaboration with other response agencies allowed CARE to utilize all available means of transport when CARE's own logistic capacity was limited.

**Planning and Needs Assessment**

**Preparedness:**

23. The EPP developed in June 2008 enabled CARE to be prepared for response. Nonetheless, the EPP should be reviewed well in advance of the cyclone season.
24. The sharing of the EPP with CARE staff would have facilitated a more standardized response. It is necessary to better disseminate the EPP amongst CARE staff.
25. The EPP was perfectly aligned with CARE Haiti's Medium-Range Strategic Plan (MRSP) developed in June 2007.
26. The Sphere standards (as well as the Code of Conduct, the Humanitarian Charter and the Accountability Framework) promote better preparation when they are included in skills building sessions before the start of the cyclone season. Field staff during this current response were not trained in Sphere standards.
27. Before the start of the cyclone season, CARE participated in monthly Departmental meetings with representatives of all Ministries and technical sectors. Also, the Country Director and the Director of Program Quality presented CARE Haiti's MRSP to all local authorities. These fora provided opportunities for all to share achievements, discuss challenges, and coordinate interventions. This established collaboration with authorities enabled good coordination during emergency response.
28. CARE Haïti would be better prepared to respond to emergencies by building the capacity of a core group to conduct rapid needs assessments and draft project proposals. It is necessary to have a roster of experts for rapid deployment.
29. Information relating to CARE's past emergency response activities (e.g. project proposals, training modules, lessons learned, etc.) is not readily accessible in a single location. Better information management is needed.

### **Needs Assessment:**

30. Emergency response agencies were focused on Gonaïves; while CARE was in Gros-Morne, 25 km from Gonaïves. All needs of the affected population to rehabilitate the agriculture sector (in Gros Morne) were not met.
31. CARE field staff conducted the needs assessments (in certain sectors) for proposal development along with the community. Specific actions that should be repeated in the future are:
  - Close collaboration with local authorities and NGOs.
  - Involvement of the community in needs assessment activities.

### **Proposal Development:**

32. To avoid duplication of efforts and to standardize approaches, CARE shared information and coordinated with other partners in the field during the proposal development stage.
33. The affected population was involved in proposal development (i.e. identification of project concepts).
34. CARE-Haïti did not have the internal capacity to produce project proposals and was therefore dependent on external consultants and CI to provide such support. To be able to respond faster, and to benefit from funding available during the initial stages of response, CARE Haiti needs to develop such capacity in-house.

## **Program Quality**

### **Partnership:**

35. Agreements concerning stock pre-positioned by WFP and UNICEF gave CARE access to necessary resources for an immediate, rapid response.
36. The management and distribution by CARE of goods pre-positioned by partners (e.g. Government, other NGOs) can reduce the work load for CARE as well as strengthen the partner's capacity.
37. CARE's field presence and previous emergency response experience facilitated partnerships and joint response with other actors (e.g. CHF, WFP).
38. The absence of a partnership strategy limited rapid and systematic implementation of emergency activities.

### **Accountability:**

39. The "Peer Review" (conducted in May 2008) provided CARE with useful information to better develop accountability mechanisms in its response programs.
40. It is easier to address accountability when there is good needs assessment and good understanding of the affected population's expectations.

41. Limited involvement of local authorities during the initial stages of implementing accountability mechanisms (e.g. data collection, development of tools and report sharing) can constrain establishment and fluidity of the processes.
42. The lack of awareness of accountability concepts on the part of regular CARE staff, partners and the affected community impacts the speed at which measures to address accountability can be implemented.

#### **Impact of Emergency on Development Programs:**

43. Experience gained in CARE's 'regular' programs (i.e. relationships with communities, knowledge of the area) and the experience of staff provided for better linkages between long-term and emergency response activities.
44. The incorporation of risk reduction activities into 'regular' programs can reduce the negative effects of (recurrent) natural disasters.
45. Mobilizing regular program staff for emergency response meant regular program activities either stopped (in Artibonite and the Nord-Ouest) or slowed down (in Nippes and Grand Anse).

#### **Coordination**

46. External coordination was facilitated by an existing regional coordinating body consisting of representatives from the government, humanitarian agencies, the UN and the community.
47. Good coordination within CARE Haiti was facilitated by the drafting of an EPP.
48. There was good coordination / communication between CARE Haiti, the regional CARE office and CARE International. This coordination / communication was facilitated by good relationships prior to the emergency; the EPP; and CARE Haiti's normal communication practices.
49. Decentralized leadership and decision making was facilitated by the drafting of an EPP.
50. Civil-Military coordination between MINUSTAH and NGOs was facilitated OCHA; such coordination resulted in improved logistical support and security at distribution sites.
51. NGO Advocacy – Coordination was lacking between NGOs to advocate for improved performance of certain clusters (shelter and water & sanitation) and to better address the needs of vulnerable populations outside of Gonaïves.
52. Needs Assessment – Insufficient technical expertise to properly assess damage. Insufficient resources for all necessary response activities, e.g. resources for Clean-Up project were underestimated.
53. There is a general lack of coordination (both within CARE Haiti and at a more global level) to address risk reduction. Risk reduction (i.e. mitigation, preparedness activities) are not sufficiently considered in current programs.

- There is little understanding of how emergency projects will link to prevention activities.
  - Local NGOs are not involved in the local disaster prevention structures (e.g. KPSL or Local Committee for Civil Protection)
54. Donors do not always consider the vulnerability of affected populations to ongoing risks; CARE can begin to address this through better managing its external relationships.
55. There was a lack of information in a format accessible to / usable by local authorities and community members. CARE formats for information sharing need to be reviewed.

## VI. Action Plan

Recommendations / Actions	Before June 09	After June 09	Person Responsible	Additional Resources
<p><b>Human Resources</b></p> <p>Establish a policy and system to ensure rapid recruitment during emergency response.</p> <ul style="list-style-type: none"> <li>In each region, develop a database of skills and experience for potential employees (e.g. former CARE employees, employees of partner NGO's).</li> <li>Develop a policy to speed-up recruitment of emergency response staff (e.g. eliminate interviews and reference checks for former employees).</li> <li>Specify in the EPP key positions needed (e.g. Emergency Team Leader, Proposal Writer, HR, Media and Technical Experts).</li> <li>Develop standard job description including where the job falls in the salary scale (e.g. Project Coordinator, Field Agent, Field Supervisor).</li> </ul>	<p><b>X</b></p> <p><b>X</b> (revise and complete if necessary)</p> <p><b>X</b> (complete)</p> <p><b>X</b> (position in the salary scale)</p>		<p>HR Manager for former employees; Regional Coordinators (Irene, Harold et Hans) for potential candidates.</p> <p>HR Manager, CD</p> <p>CD</p> <p>HR Manager</p>	
<p>Ensure emergency staff recruitment favors good relations between CARE and its partners / communities / authorities.</p> <ul style="list-style-type: none"> <li>Prioritize local staff (especially for field posts).</li> <li>Reduce coordination staff turn-over (i.e. require 2 – 3 month minimum for positions).</li> <li>Develop a gender policy to favor recruitment of women for field positions.</li> </ul>		<p><b>X</b></p>	<p>HR (+SCT, COLT)</p>	
<p>To ensure staff management, establish a system of prompt, clear and regular communication.</p>				

Recommendations / Actions	Before June 09	After June 09	Person Responsible	Additional Resources
<ul style="list-style-type: none"> <li>Develop and make available an orientation kit that includes CARE's mission and core values, humanitarian principles, and CARE's emergency admin policies and procedures (including forms).</li> <li>At the start of emergency response, distribute an official communiqué (ALLHAITI) detailing the management structure and lines of communication.</li> <li>Develop HR policies (before a disaster occurs) on emergency recruitment procedures, types of contracts for emergency personnel, and benefits (e.g. hazard bonus).</li> <li>Ensure regular presence of HR personnel at emergency response program sites.</li> </ul>	<p><b>X</b></p> <p><b>X</b> (for types of contracts)</p> <p><b>X</b></p>		<p>HR Manager</p> <p>HR Manager, CD</p> <p>HR Manager</p>	
<p>Increase regular staff skills to ensure coordination between development and emergency programs.</p> <ul style="list-style-type: none"> <li>Train 'regular' staff in humanitarian principles and standards.</li> <li>Train Program-Support staff in policies specific to emergency response.</li> </ul>	<p><b>X</b></p> <p><b>X</b></p>		<p>ETL, M&amp;E Coordinator</p> <p>Finance Controller, Operation Manager, Senior PS Advisor</p>	
<p>Include "identification of PR/media focal point" in the job description of appropriate staff member.</p>	<b>X</b>		CD	HR Manager
<p><b>Program Support</b></p> <p>Update procurement supplier database.</p>	<b>X</b>		Procurement committee	Operations Manager / Finance Controller
<p>Develop emergency specific procurement policies and procedures; promote transport contracts that stipulate delivery at project site.</p>	<b>X</b>		Operations Manager	Finance Controller /CD

<b>Recommendations / Actions</b>	<b>Before June 09</b>	<b>After June 09</b>	<b>Person Responsible</b>	<b>Additional Resources</b>
Annually update donors' budget formats.	<b>X</b>		Finance Controller	CD/CQP
Monitor project needs to ensure timely cash call forward.	<b>X</b>		Finance Controller	CD/CQP/MP
Monitor communications systems (cell phone / Internet satphone) to ensure uninterrupted service.	<b>X</b>		IT/ Operations Manager	CD/CQP
Reinforce collaboration (especially concerning transport and comms) with partners and other response agencies through an inter-agency contingency plan.	<b>X</b>		SCT	Partners
<b>Planning and Assessment</b> Train staff in SPHERE standards.	<b>April</b>			Yves Laurent Régis, Audrée Montpetit
Revise EPP.	<b>May</b>			Woudy Thomas
Identify key partners for emergency response.	<b>X</b>			
Draft a protocol for working with partners during emergency response.				
Share the EPP with staff and partners.	<b>May</b>			Project Managers
Identify staff with the following skills: <ul style="list-style-type: none"> <li>• data collection and analysis</li> <li>• needs assessments</li> </ul>	<b>June</b>			Marlyne Dumay
Develop concept papers (project ideas) for potential emergency response project proposals.	<b>X</b>			
Establish a database of potential emergency response donors.				Gary Philoctète

Recommendations / Actions	Before June 09	After June 09	Person Responsible	Additional Resources
<b>Response Quality</b>				
Draft a partnership strategy for emergency response.	X		CQP	Direction
Identify potential partners for emergency response management.	X		Direction	
Establish agreements with designated partners concerning pre-positioning of 'stock'.	X	X	Emergency Coordinator	Direction
Identify existing accountability tools and standards.	X		M&E Coordinator	Direction
Train staff in the concepts of accountability.	X	X	M&E Coordinator	Direction
<b>Coordination</b>				
Systematize the regional coordination group and the local government and humanitarian agency meetings to make them more operational.	X			
Appoint two CARE focal points (1 PAP, 1 Gonaives) to participate in UN/GoH cluster meetings and evaluations.	X			
Update the CARE Haiti EPP after every cyclone season and ensure the emergency team understands the plan and their individual roles.	X			
Share the CARE Haiti EPP with CARE International.	X			
Conduct a simulation as part of the EPP update to ensure everyone is familiar with response protocols.	X			
Elaborat a rehabilitation strategy that includes risk mitigation; advocate for risk mitigation with partners.	X			

Recommendations / Actions	Before June 09	After June 09	Person Responsible	Additional Resources
<p>Information is presented in CARE formats, which are not necessarily formats that can be readily use by those who need the information. It's necessary to develop a CARE communication strategy that will:</p> <ul style="list-style-type: none"> <li>• ensure communication with leaders, and</li> <li>• provide for multiple communication mechanisms so that all target groups have access to information.</li> </ul>	X			

## **VII. Summary of AAR Workshop Evaluation Responses**

An evaluation form consisting of five open-ended questions was completed by all participants at the close of the AAR workshop. A summary of the responses to each question is provided below, with the total number of times the response was mentioned provided in parenthesis. Note: Due to the similarity of responses to questions four and five, they have been combined. Also, while a total of 19 participants completed the evaluation form, many provided more than one answer to each question.

### **What was most useful about the AAR for you?**

- Small group work / opportunity to reflect, question, share experiences, and view CARE's response from multiple angles (11)
- Recommendations / Action Plan (3)
- Lessons learned (2)
- Concept of accountability (2)
- The opportunity to improve CARE's response (2)
- Partner meeting (1)
- Presentations (1)

### **What could have been done in a different way?**

- More feedback and lessons learned from/ discussion with partners (6); Better prepare partners (1); More time for partners (1); More partners attending (1); Local authorities and beneficiaries attending in addition to partners (2); Present lessons learned to partners in Gonaives (1)
- Replace partner presentation with additional session for recommendation, i.e. recommendations for next several years (1)
- Share 2005 AAR lessons learned to measure advancement (2)
- Days were too full (1); Increase workshop to 3 days (1)
- More workshop preparation time needed i.e. for facilitator / Country team (1)
- More clarity between lessons learned and recommendations (1)
- Conduct AAR after all response projects completed (1)
- Do not limit AAR workshops to only emergency response (1)
- No changes needed (2)

### **What did you learn over these two days?**

- How to better manage response (2); How to better coordinate response (1)
- The importance of lessons learned for improving work (5); How to formulate a lesson learned / recommendation (3); How to change a lesson learned into a recommendation (2); How to conduct a lessons learned workshop (2)

- Challenges and progress of CARE's emergency response (3)
- Concepts of accountability (3); How to improve accountability (1); Willingness of partners to work with CARE on accountability (1)

**What is one change you will make? / How will you do your work differently as a result of participating in the AAR?**

- Apply lessons learned (3); Implement recommendations (10); Ensure recommendations get into SMT action plan (1); Incorporate action plan into IOP (1)
- Apply lessons learned to improve accountability (2); Better incorporate accountability into projects (3); Train regular staff in quality and impact (2); Refine accountability systems (1)
- Better follow standards and norms of excellence (1);
- Improve knowledge sharing with colleagues (1); Better document interventions (2); Share lessons learned with those not attending AAR (1)
- Listen more, coordinate better with external actors (1); Learn cluster system (1); Learn more about humanitarian protocols and CAREs emergency response (1); Improve my skills to better contribute (1)
- Introduce risk reduction concepts into community health programs (1)
- Assess my sectors performance for areas of improvement (1)
- New strategy in program implementation (1)
- Revise AAR facilitation guidelines and reflect how to better introduce perspective of external CARE into workshop (1)
- Prepare Sphere training and Good Practice documents (1)

## **VIII. January 2005 AAR Lessons Learned**

### **Tropical Storm Jeanne: CARE Haiti's Response to the Emergency Lessons Learned Workshop / After Action Review January 5 and 6, 2005**

#### **SUMMARY OF LESSONS LEARNED**

#### **MOBILIZATION OF RESOURCES**

1. Putting in place a strategy to disseminate information up to the CI level (through contact persons at CARE-USA, recruitment of a local journalist, international press conferences, organizing and sending detailed sit-reps, media spots, integration of journalists) resulted in multiple benefits, in terms of security, fund-raising, CARE's image, and public relations with local and international communities.
2. Having CI staff members on site for proposal writing brought in new ideas and assured a high quality of written materials, which permitted country office staff to focus on the emergency itself.
3. The emergency allowed CARE Haiti to approach and obtain funding from new donors (e.g., Australia, Switzerland, etc.), and call attention to Haiti in sectors not tied to the emergency.
4. During the two weeks following Hurricane Jeanne, despite the absence of the necessary data, CARE Haiti and CARE International were able to develop and finalize project proposals that were subsequently approved. The emergency brought out considerable expertise from within the mission itself, which should be developed and used to benefit both CARE Haiti and CI in the future.
5. Before the arrival of Hurricane Jeanne, despite numerous previous crises and the fact that Haiti is located in an at-risk zone, we had not prioritized the development of a risk management plan nor were we prepared for dealing with such disasters at either the national or international level. We should immediately begin putting in place such a plan, with the necessary external support, so that we can adapt EPP procedures and guidelines.
6. Three weeks after the hurricane, the skills of certain qualified staff had not been utilized. In the future, we should plan a meeting of all program staff (which has never happened before) immediately after the disaster to delegate and clarify each person's tasks, and afterwards to establish better ties with regular programs. [Suggestion: develop a database that shows staff skills in the event of an emergency.]
7. Several days before starting the targeted food distributions, there was no documentation in place outlining community information strategies or orientation for staff involved in the process. The next time, such documentation must be developed in order to orient staff and inform communities before any changes take place in intervention strategies.
8. Two weeks after Hurricane Jeanne, CARE Haiti staff responsible for receiving non-food items (NFI) from abroad were having difficulty coordinating at the local level, i.e., no contact person (authorities) to facilitate the collection process at the airport. In the future we should have a protocol in place with local authorities to facilitate this process.
9. A month after the hurricane, CARE Haiti hired a local journalist without terms of reference. Next time, we should first establish the terms of reference before hiring any consultant or contractor. [Clarification: There was a TOR, it just wasn't shared with everyone.]

#### **LEADERSHIP/DECISION-MAKING**

1. During the entire emergency period, the majority of our staff showed itself to be motivated, involved, willing, and hard-working, which helped with decision-making and on-the-ground response. CARE should support such a culture, based on the organization's principles, vision and values.
2. Four days after the flooding, CARE International was well aware of the situation and conscious of the scale of the disaster. They channeled CARE Haiti toward potential donors and human resources. They should be encouraged to do the same when there are disasters in other regions and missions.

3. During the entire period, the presence of self-criticism, self-evaluation, constant feedback and the openness of management allowed for correction of mistakes and re-motivation of employees. We should promote this culture of continuous reflection and willingness to make modifications throughout the mission to assure our efficacy.
4. Five days after the flooding, the CARE USA Board of Directors granted an advance to CARE-Haiti senior management for rapid start up of activities and to help with fund-raising. The Board should understand the value of this BEF (Board Emergency Fund) and continue the system, even expand it.
5. During the entire period, investment in information exchange (verbal and written) at all levels, from the disaster areas to the country office to CARE headquarters, contributed in general to fundraising at HQ and writing proposals for donors. This practice should be part of any future process.
6. During the first 48-72 hours after the flooding, CARE Haiti put aside many normal procedures and made purchases without purchase orders, tender analyses or proforma invoices. Multiple advances of large amounts of money were made to the same person, and stock from other programs was appropriated for the emergency. Staff also received salary advances. In the future, there should be more structured, formal procedures specifically for emergencies, which would prevent potential auditing problems but still allow for innovative approaches.
7. After the flooding, because of the scale of the disaster in Gonaives, we did not sufficiently consider the size of the problem in the Northwest region. The next time, we must invest our resources equitably in all affected zones.
8. During the entire emergency period, management did not adequately communicate the range of available experts and their areas of expertise before sending them to the site. In the future, maintain a chart which is updated weekly, showing all the consultants and a summary of their work plan before sending them to the site.
9. Two weeks after the flooding, there were two [management] structures:
  - a) the structure that already existed in Gonaives
  - b) the Emergency Management Team (ETL)

In future, we should:

- Set up a contingency emergency plan (preparedness plan) that is permanent and pyramidal, given the scale of the emergency
  - Ensure good communication about the new structure and involve the community in decision making
  - Continue/establish/reinforce a climate of mutual trust, which would facilitate all communication about the structure
10. The week after the flooding, many CARE staff members were disaster victims themselves and thus there was a lack of human resources in Gonaives. They were not were not sufficiently aware of the important role CARE had to play in such an emergency, and the implications for each member of the team. In the future, we must better prepare staff for a global response.
  11. During the entire emergency period, there were mechanisms [within the international community] for coordinating activities, at least theoretically. In reality, coordination was mediocre, consisting mostly of meetings! In the future, we should actively advocate that all the actors involved actually carry out agreed on procedures.

## PLANNING AND ASSESSMENT

1. In the Northwest, CARE staff was closely involved from the beginning with the coordination committee to identify needs rapidly with communities and organize a response to those needs. This collaborative approach permitted a good assessment and an adequate response, and should be replicated in the future.

2. Having a security chain and functioning communication at the institutional level was essential for crisis management. In the future, we must be sure this remains functional—tested, reinforced and adapted to new technologies and constraints.
3. From the beginning, a good assessment of limitations and needs regarding expertise allowed for a useful mobilization of human resources, which also created an opportunity for learning and sharing by both national and international staff. This should be repeated in the future.
4. In the absence of a contingency plan, the existence of a good management system in our regular programs allowed us to adapt and use it for rapid and effective response to the emergency. This should be continued in the future, in order to guarantee our capacity to apply a contingency plan and maintain our good credibility in the eyes of donors.
5. Overall, the availability of a staff that was experienced, motivated, involved and flexible permitted us to organize our immediate response effectively. This potential should be maintained and reinforced in the future by orientations that permit us to better structure and systematize our immediate responses.
6. Throughout the emergency management, we did not establish a system for collecting data systematically. In the future, we should identify a focal point for early collection, processing and analysis of data, in order to guide programming and to assure rapid targeting of beneficiaries. [Comment: the positive lesson learned is that we do have a system in place to collect data about the rise and fall of prices of basic necessities.]
7. When Hurricane Jeanne hit, there was an early warning system for drought only. In the future, this system should be expanded, based on a risk assessment, which would permit identification of at-risk sites and dissemination of information in time for evacuation and for organizing or identifying those who will take charge.
8. SPHERE standards were not applied. In the future, we must assure that they are adopted, adapted to the local context, and applied during regular programming, as well as implementation and evaluation of the emergency response.
9. Overall, there was insufficient consultation with on-site staff and community disaster victims. In the future, we must assure that mechanisms for consultations are strengthened in order to prepare proposals. [A suggestion was to improve the depth, breadth and analysis of the CAMI assessment.]
10. The response to the emergency was carried out spontaneously, taking advantage more or less effectively of the staff's experience and professionalism. In the future, we must develop and implement a preparedness plan.

## PROJECT IMPLEMENTATION

1. In carrying out the targeted distributions, we informed the population of the objectives, approaches and methods of distribution. We also involved local authorities and community leaders in the selection of beneficiaries. This allowed us to reach the most vulnerable groups.
2. While implementing the entire emergency response, all CARE staff were affected and deeply involved. This allowed us to develop a rapid response despite the absence of an emergency team. This joint effort, team spirit and selflessness were critical to the success of the interventions.
3. Initially the humanitarian aid activities were marred by security problems and incidents, due to limited involvement of local authorities and lack of involvement/awareness of the population. Public service announcements and community meetings led to more involvement of local authorities (SNEP, TPTC) and of the local population. This in turn played a role in improving security conditions and decreasing the pressure on CARE.
4. During the implementation of the emergency response, we had daily meetings to discuss the progress of emergency activities. Despite not having a structured system, this allowed us to monitor results and make timely decisions. This is recommended for the future.
5. From the start of the distribution of water by truck and cleaning up the city of Gonaives, CARE consulted with and coordinated the work with other NGOs intervening in these same areas. This

allowed us to have better coverage when distributing aid to beneficiaries. Working in partnerships is a key strategy for obtaining better results.

6. When we started up emergency distribution of food, we did not share information with the communities about our methods and criteria for distribution. This resulted in incomprehension and frustration on the part of the population, and pressure on our staff. Next time it is strongly recommended that we inform the population (using the media and local structures) from the very beginning.
7. During the emergency, in order to avoid looting and stealing, CARE Haiti's humanitarian activities were guarded by MINUSTAH personnel, who were not steeped in the mission's philosophy and ways of working. This aroused frustration among beneficiaries, CARE staff and MINUSTAH. In the future, should it be necessary to use military personnel, we should orient them from the beginning regarding the organization's vision and mission.
8. Because of the realities on the ground and the urgency of the activities to be undertaken, critical information did not always reach implementing staff in a timely manner (e.g., budget, contracts with donors). This resulted in trial and error at first. In the future, we should assure that we have good lines of communication from the beginning (identification of contact persons and setting up appropriate structures in the office to handle the emergency).
9. At the start-up of emergency activities, lines of responsibility and leadership for managing the emergency were not clearly defined. This resulted in misunderstandings, internal and external frustration, and a delay in the process of implementing activities. In the future, we should set up a structure right away to assure leadership at every level of activity.
10. During the emergency after Hurricane Jeanne, the areas around the city of Gonaives and the Northeast were given priority. Emergency aid outside of Gonaives was not sufficiently mobilized. In the future, we should do a better job of disseminating information about all the affected areas and strengthen our requests to donors in order to call their attention to these areas.
11. During distribution of non-food items (NFI), CARE began without a structure or a plan. This caused a chaotic situation both in terms of storing and distribution of items to beneficiaries. The next time, we should set up a management system from the beginning that is clear, orderly and well understood by all those involved. Specifically, we could adopt the system set up by John Solomon, adopt, modify and use a manual for management of NFI, and train staff on procedures in the manual. This could all be based on tools already available regarding management of food [and from other COs].

## **LOGISTICS AND SECURITY**

1. On the day of the flooding, our radio communication system, which was functional, allowed the Gonaives staff to share information about the situation. We should ensure that this system functions permanently, as well as alternative systems such as cell phones, satellite phones, etc.
2. During and after the flooding, the availability of a fleet of appropriate vehicles allowed us to save human lives and bring aid to victims throughout the community. We will continue to manage the composition and maintenance of our fleet. [It was suggested that CARE consider transportation by sea, either through maritime transporters or buying Zodiacs.]
3. When the arrival of Hurricane Jeanne was first announced (Wednesday, September 15th), the CARE Gonaives Security Committee met to take all the necessary preventive measures, i.e., evacuation of certain staff to Port au Prince, immobilization of staff and vehicles on site, shelter and safety of local employees, and raising awareness of local authorities and partners. We will continue to keep these security procedures active.
4. During and after the flooding, CARE staff members displayed exemplary commitment and availability. We should ensure that staff motivation remains at the highest level possible.

5. Immediately after the flooding, we reported the damage. But then we took too long to plan the distribution of food to victims. Next time we should have two parallel activities, i.e., one team meets to plan while the other team does the distribution.
6. After Hurricane Jeanne passed, we began a massive distribution of commodities under conditions that approached anarchy. In the future, we should plan and organize distributions in a manner that assures respect for human dignity [irrespective of the operating environment].
7. After Hurricane Jeanne passed, security measures and procedures for frequenting warehouses during storage of food and non-food commodities were not adequately controlled, which created pressure for those goods. In the future, we should display and apply procedures needed in such contexts.
8. In the days following Hurricane Jeanne, a large number of staff was assigned to the emergency (purchasing, arrivals and departures, distributions, trips, visits, etc). In the future, we should develop strategies for more rapid re-deployment of certain staff members for an emergency response.
9. The day after Hurricane Jeanne hit, we quickly made a huge amount of purchases without being sure we were following all procedures correctly. We should develop procedures that can be rapidly adapted to facilitate the process and related documentation.

## STAFFING

1. Using human resources from regular programs in emergency projects greatly facilitated the harmonization between regular and emergency activities. It also helped make implementation faster.
2. Investing time and involving national staff in decision-making about the immediate emergency response translates into a feeling of ownership.
3. Recruitment of local staff from the disaster zone is another way to help the community to recover.
4. Taking advantage of a versatile and multi-talented staff to manage this emergency allowed the mission to obtain better results.
5. The targeted interface between CARE USA and CARE Haiti permitted rapid recruitment of international staff, thanks to a bank of human resources already assembled.
6. "Flooding victims": Staff worked more than 20 hours a day, seven days a week. In the future, we should have a plan to rotate teams every 24 hours, which would allow better use of human resources and better time management.
7. The Gonaives management committee, having effectively assumed responsibility immediately after the emergency, communicated information to the central office in PaP, who then did not involve these employees in decision-making. The PaP office should, in future, refer back to the local team and take into account the work already carried out for better continuity.
8. When international staff members were recruited, there was no clear identification of needs, terms of reference were not spelled out, and the emergency staffing bank was not formally operational. In the future, for better time management and allocation of resources, we should identify genuine needs, define terms of reference, and regularly update the human resources bank.
9. During the flooding, some CARE employees lost their possessions and others lost relatives, not to mention the tragic death of one of our colleagues. While they did receive immediate aid, nevertheless they had to wait four months to get psychosocial support, which is one of the most important needs.
10. Within 48 hours after the disaster, we made the decision to shelter staff victims and their families in the CARE compound. However, the management of all these people was not completely effective. In the future, we should place limits on people in terms of time and space, and orient employees toward a rapid return to their homes.