

CARE West Bank & Gaza



After Action Review

CARE's Humanitarian Response following the "Operation Cast Lead" Military Offensive in Gaza

Hotel Shepheard, Cairo
21-22 June 2009

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Workshop Report

After Action Review: Emergency Response – “Operation Cast Lead”

21-22 June 2009

EXECUTIVE SUMMARY

Background

On 27 December 2008, the Israeli military offensive “Operation Cast Lead” began a 23 day bombardment of Gaza by air, sea and land. CARE West Bank and Gaza (WBG) was one of the first international organizations to respond, within hours after the first bombs began to fall. Emergency operations continued through March, and the CO continues to engage in recovery activities. However, the recovery process is greatly hindered by the ongoing blockade, and Palestinians affected by the crisis are no better off now since the ceasefire in January. Although occurring in the midst of an ongoing crisis, this report specifically focuses on CARE’s emergency response in Gaza to the sharp escalation of the violence during and immediately after “Operation Cast Lead.”

On 21-22 June 2009, the CARE WBG senior management team and representatives from the Middle East and Eastern Europe Regional Management Unit (MEERMU), the CARE Emergency Group (CEG) and CI members CARE Austria and CARE UK came together in Cairo for an After Action Review (AAR). An AAR is a 2 day workshop where participants identify lessons learned during a recent emergency response so that improvements can be made and preparedness strengthened both within the CO and across CI. Conducting an AAR for all type 2 emergencies is a key means by which CARE holds itself accountable to continually learning from and improving its emergency response performance.

Due to access restrictions limiting the movement of CARE WBG staff between the West Bank, Jerusalem and the Gaza Strip, the AAR was held in Cairo. It is important to note that the workshop faced limitations unusual to AARs, as Gaza field based staff and partners involved in the emergency response effort were not able to be present due to the ongoing blockade restricting their movement. In order to ensure that their perspective was incorporated to the extent possible, a preparatory workshop was held in Gaza prior to the AAR in Cairo.

Workshop Findings

CARE WBG’s emergency response was judged by participants to be highly successful overall, with innovative and adaptive approaches in the midst of a highly volatile, insecure and complex context. The role that CARE International members played in supporting CARE WBG’s response efforts, however, was perceived to be uneven. Key lessons have emerged from this response that CI as a whole should take into consideration to better prepare itself for future emergencies.

Participants identified many lessons that will be useful for CARE WBG and for CI to consider in making internal improvements and enhancing preparedness, as well as for knowledge sharing with other COs. A more detailed summary of lessons learned about areas

of strength and areas for improvement, as well as recommendations for action, can be found in the body of this report.

A few key lessons learned and corresponding recommendations were highlighted by participants for both CI Members and the CO to focus on:

Funding: The Country Office had a limited amount of flexible funds which were immediately released to meet urgent needs. This enabled CARE not only to be one of the first agencies to respond, but also to position CARE as a key actor within the humanitarian community and generate further funding opportunities. The use of the Emergency Response Fund (ERF) within the following week, further enabled the CO to scale up its response.

Donors increasingly scrutinize every line of operational costs. CARE’s ICR/SPC business model is continually criticised by donors resulting in long, transaction-heavy negotiations and makes it difficult for the CO to really recover costs. This problem is often exacerbated in emergencies when the emphasis is on speed and getting as much resource to impacted communities as possible.

Funding Recommendations:

- For future responses, CARE should increase immediate emergency start up/flexible fund availability within CO.
- Continue to fund and build on the ERF.
- CI must discuss ICR/SPC and consider changes to CARE’s business model as a matter of priority.
- In the meantime, CI members should educate donors about CARE’s business model and advocate for full coverage of operational costs.

External Communications: Having a specialized media/external communications specialist was paramount to allow the CO to respond effectively and proactively to the media, advocate, and for fundraising by CI.

Communications Recommendations:

- Deploy a media/external communications specialist as soon as possible during type 2 emergency responses
- CARE WBG should include this provision in their Emergency Preparedness Plan (EPP).

Advocacy. Central to the CO’s response efforts was advocating for cessation of violence, drawing on the weight of CI as a large global network of members based in critical countries. However, many CARE members were uneasy and ambiguous about speaking out about the situation, and were perceived by the CO as providing relatively little institutional support for WBG advocacy efforts. This ‘silence’ inhibited CARE’s ability to respond constructively to donors who were seeking advice on the humanitarian , the ability to engage in key policy debates, the success of response efforts and broader international recognition of substantial response achievements. There is strong sense that CARE was not respecting commitments under its humanitarian mandate and the commitment to impartiality and non-violent resolution to conflict. Prior to the response, the CO had spent six months in a detailed, in-depth consultative process with CI members regarding the CO advocacy strategy and

positioning for CARE WBG. This groundwork did not seem to be sufficiently acknowledged by the membership in the emergency.

Advocacy Recommendations:

- Follow up with the CI Secretary General about the process for CI approval of advocacy strategies (which was planned to be discussed during the CI Board meeting last June)
- Ensure advocacy strategies are in place in politically tense countries and key messages agreed upon in a timely way
- Put in place streamlined decision-making process between program and emergency departments/units in CI members during emergency responses, especially complex emergencies.

CI Member Preparedness

CI Member Preparedness. AAR participants felt that preparedness should not only be focused on COs, but that CI members should also improve their own preparedness to be able to better support emergency responses, including contingency arrangements during holidays, increased flexibility of systems and procedures, putting in place mechanisms to more rapidly release funds and identifying focal points within each CI member to facilitate communications with the CO.

CI Member Preparedness Recommendations:

- CI members need to undertake their own EPP processes to be able to better support COs during emergency responses.
- Preparedness discussions should specifically address the lag time in assigning a PN/FC number (two months is unacceptable during an emergency).

CARE WBG Preparedness. The CO’s response had improved since previous emergencies. They had put an Emergency Preparedness Plan (EPP) in place in 2007. While the plan was little use the emergency, the fact that the team had worked on it together in 2008 and had gone through the intellectual exercise and review of procedures was very helpful. However, the EPP was outdated, and did not adequately take a scenario as severe as Operation Cast Lead into account. Most staff were unfamiliar with the EPP, and it was rarely referred to during the response. In view of the ongoing emergency situation, participants felt that it is critical for the CO to update the EPP and build staff understanding and awareness. The Country Director noted that the EPP is useful as an educational document and to get people to think through scenarios, but that it is too unwieldy for actual day to day use.

Moreover, preparedness should be enhanced in light of lessons learned from the recent response to Operation Cast Lead. Sharing AAR outcomes with all staff will build ownership of improvements made and understanding about preparedness. The key expectation identified by Gaza staff, and then echoed by West Bank staff interviewed, was to ensure that the workshop results were discussed with them and the action plan put in place.

CARE WBG Preparedness Recommendations:

- Conduct an Emergency Preparedness Plan (EPP) review within the next six months that:
 - Integrates lessons learned and action items identified from the AAR;
 - Includes contingency plans for communications and access issues; and

- Involves all staff and partners.
- Discuss and validate AAR outcomes with Gaza and West Bank staff not in attendance, addressing any issues they perceive were not adequately considered and involving them in the finalization of the action plan.

INTRODUCTION

As part of the commitment to continually improve its performance by reflecting back on its activities and actions, CARE International (CI) has a policy to conduct an After Action Review (AAR) 3 months after the declaration of a Type 2 emergency. An AAR is a two-day, structured, professional discussion of an emergency response that enables participants to reflect on what happened; how actions impacted the affected population(s), and what needs to change to build on organizational strengths and improve weaknesses. Additionally, this AAR tested the process of using the CI Humanitarian Accountability Framework as a self-assessment to evaluate performance against a set of 8 benchmarks to which CARE holds itself accountable in an emergency. Overall, the goal of an AAR is to identify and share lessons learned so that improvements can be made and preparedness strengthened both within the CO and across CI.

A total of 16 CARE staff members participated in the AAR conducted 21-22 June 2009 in Cairo. Workshop participants included the CARE West Bank & Gaza (WBG) senior management team; the Regional Director, Regional Coordinator and Regional Emergency Coordinator from the Middle East and Eastern Europe Regional Management Unit (MEERMU); and representatives from CI members CARE Austria and CARE UK.

Due to access restrictions limiting the movement of CARE WBG staff between the West Bank, Jerusalem and the Gaza Strip, the AAR was held in Cairo. It is important to note that the workshop faced limitations unusual to AARs, as Gaza field based staff and partners involved in the emergency response effort were not able to be present due to the ongoing blockade restricting their movement. In order to ensure that their perspective was incorporated to the extent possible, a preparatory workshop was held in Gaza prior to the AAR in Cairo.

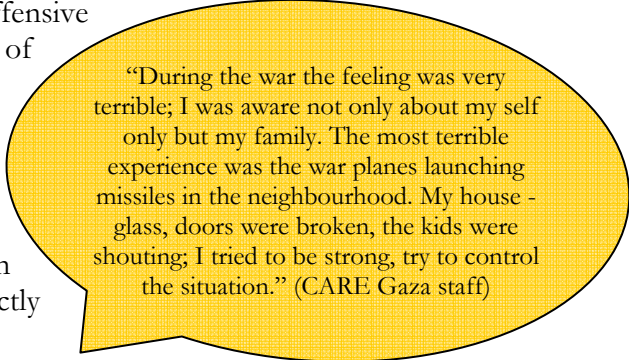
This AAR focused on the emergency response in Gaza to the Israeli military offensive “Operation Cast Lead” by CARE WBG and their partners between the end of December 2008 and March 2009. The objectives of this AAR were to:

- Identify areas of strength and areas for improvement of the emergency response;
- Make action-oriented recommendations to enhance CARE WBG’s future emergency preparedness, planning and response;
- Ensure that lessons learned inform future planning both in-country and internationally.

This report includes a brief overview of CARE’s emergency response activities, the workshop methodology and process, the key lessons learned and recommendations for improvement. Complete workshop details and outputs are provided in annexes.

CRISIS OVERVIEW

On 27 December 2008, the Israeli military offensive “Operation Cast Lead” began a 23 day bombardment of Gaza by air, sea and land. This offensive followed a series of violations of a ‘cessation of violence agreement’ between Hamas and Israel that came to an end on 19 November 2009. By the time a unilateral ceasefire was called on 18 January 2009, 1,430 Palestinians had been killed, over 5,300 injured and 90,000 made homeless. Almost all of the 1.5 million Palestinians living in the densely populated Gaza Strip were directly affected, including CARE staff.



“During the war the feeling was very terrible; I was aware not only about my self only but my family. The most terrible experience was the war planes launching missiles in the neighbourhood. My house - glass, doors were broken, the kids were shouting; I tried to be strong, try to control the situation.” (CARE Gaza staff)

The war compounded an existing humanitarian crisis. Prior to December 2008, almost 80% of Palestinians living in Gaza were receiving some level of basic humanitarian assistance following an 18-month blockade of the entire Gaza Strip. The blockade is still in effect at the time of this AAR and has limited access to basic reconstruction materials, which has crippled recovery efforts and the ability of affected people to rebuild their lives. Furthermore, the Palestinian private sector has suffered a serious blow, as many of the remaining factories and farms were destroyed, with an estimated loss in hundreds of millions of dollars. Even with the borders fully open, the UNDP estimates that it will take at least 5 years to return Gaza to level of infrastructure and services that existed before the military offensive.

CARE WBG has worked with Palestinian communities since 1948. Their ongoing humanitarian and development assistance programs reach more than 800,000 people in the West Bank and Gaza. The country office is well integrated into the community and has strong partnerships with local organizations that support their work. As a result, within hours of the conflict CARE was able to adapt ongoing emergency programming to immediately respond to the unfolding humanitarian situation in Gaza Strip. As much as safety allowed, CARE staff in Gaza extended assistance in partnership with a large network of community based organizations (CBOs) while the military operation was still underway. Just before the ceasefire, the CO led the humanitarian community in conducting rapid needs assessments and delivering priority emergency assistance to vulnerable households.

CARE's emergency response reached more than 250,000 individuals. The CO provided critically needed medical supplies to hospitals and ambulance stations within a few hours of the first attack, and continued to distribute medical supplies to 12 clinics, 16 hospitals and the Central Blood Bank during the war. They also adapted their fresh food project activities and provided fresh food supplies to 12 social institutions, the Central Food Bank and more than 69,600 displaced persons in shelters. CARE and CBO partners were the first actors to distribute hygiene kits and high quality winterization supplies such as blankets and plastic sheeting.

Following the ceasefire, CARE expanded its programming to continue meeting the immediate needs of the crisis-affected population. This included distributing water and reconnecting households and communities to main water distribution lines, providing seedlings to enable farmers to replant damaged crops, and distributing additional winterization supplies and hygiene kits, basic foodstuffs, clothes and school supplies for more than 10,000 children.

Engaging in advocacy efforts in partnership with key INGOs is central to the COs strategy to improve the situation in Gaza. CARE works through the Crisis Action consortium of major INGOs including Save the Children, OXFAM, World Vision and others. Prior to the war, CARE issued joint public statements, met diplomats and wrote a widely publicized report warning of the dire consequences for ordinary Gazans should the truce between Hamas and Israel were to end (September – December 2008). From the onset of the crisis CARE played a lead role with coalition partners to advocate for: an immediate ceasefire and end to all violence targeting civilians; a comprehensive and permanent truce; and intensified diplomatic efforts to end the offensive.

CARE’s immediate response activities continued through March. They continue to engage in recovery activities, including water, health, and food security. However, the overall recovery effort is hindered by the ongoing blockade, and Palestinians affected by the crisis are no better off now since the ceasefire in January. Although occurring in the midst of an ongoing crisis, this workshop specifically focused on CARE’s response efforts to the escalation of the violence during and immediately after “Operation Cast Lead.”

A timeline of the major external and internal events during the emergency response to the Israeli military offensive “Operation Cast Lead” can be found in Annex IV.

METHODOLOGY

The CO had never been through an AAR, so making workshop objectives clear and involving a broad group of staff in preparation was vital. However, this AAR was constrained by some key limitations:

- The AAR process was handicapped by the inability for Gaza staff to participate and was composed entirely of senior management team members. Indeed, workshop participants emphasized this as the main weakness of the AAR on the AAR evaluation. Much of the preparation work, therefore, focused on ensuring that their perspective was captured and integrated to the extent possible. Evaluations and follow-up conversations also emphasized that the attempts to integrate the Gaza staff perspective to the extent possible was a strength of the workshop.
- Additionally, there were no CI lead member representatives and only CARE Australia responded to the solicitation for feedback via email. This was certainly a gap in the process, as the AAR surfaced key issues around the CI member role in the response and having lead members involved in the discussion would have been useful, particularly representation from CARE USA. Having MERMU, CEG and two CI members (CARE

UK and CARE Austria) present, however, enabled the discussion on the response beyond the level of the CO, which was useful for CO staff and much appreciated.

- Finally, only two days were spent in Gaza for preparation, and there was not adequate time to solicit input from peer international agencies.

Preparation for the AAR

The Regional Emergency Coordinator and the CARE WBG Emergency Coordinator served as point people involved in preparation along with the Standing Team member deployed to facilitate the process. They traveled to Gaza for a day of interviewing a representative sample of CBO and national partners and holding a mini-AAR workshop with Gaza staff to identify their perspective on areas of strength and areas for improvement in the emergency response. Additionally, their thoughts relating to a significant personal or professional situation during the war were captured, as well as their expectations for the AAR held in Cairo.

The next phase of preparation occurred in the West Bank office, where a group meeting with program support staff not attending the workshop was held to explain the purpose of the AAR and discuss their thoughts about areas of strength and suggestions for improvement. Two individual interviews were held with the Policy and Advocacy advisor and the Water project team leader. As for the West Bank Senior Management Team, an email was circulated prior to the AAR explaining the purpose of the workshop and identifying key topics of interest, which were listed and incorporated into the AAR.

One of the CI members attending was asked to contact other key CI members involved and bring their input on “what went well; were there any particular problems encountered and how could they be improved; and recommendations for improving emergency response both in the CO and by CI.” The Regional Emergency Coordinator acting as CEG representative underwent the same process with CEG colleagues and brought feedback to the workshop.

► **Facilitator Observation: Preparation.** The preparation taken was critical for the AAR, and was the means for capturing the perspectives of a broad range of staff who were unable to attend the actual workshop. Moreover, it built understanding and ownership among CARE WBG beyond the senior management level. CARE UK also found the preparation process of engaging staff who had been involved from various departments in the discussion about the performance of both the CO and themselves in the response to be very useful internal reflection.

Workshop

At the beginning of the workshop, the group shared their thoughts about the purpose of an AAR. The workshop objectives were explained, and the expectations from Gaza and West Bank staff not attending were shared. Also, several quotes from Gaza staff about their experiences during the war were posted around the room, to further situate the response efforts in the reality of the on the ground experience by staff leading the response efforts.

The AAR was then situated within the context of the broader CARE International, and the Humanitarian Accountability Framework explained. It was key for workshop participants to understand the role of the AAR, and of the HAF, in assessing the response efforts of CI as a

whole, not just of the CO. On the second day, workshop participants applied a self-assessment tool scoring the CO, CI, CEG and MERMU against the HAF benchmarks.

► **Facilitator Observation: The HAF.** Prior to the AAR, the majority of CARE WBG and workshop participants had not seen the HAF. In specifically asking about accountability in Gaza, staff were unaware of the full meaning of the term per CARE’s definition. However, once accountability was explained, staff were able to discuss in depth many examples of good practice such as ongoing needs assessment processes, strong partnership approach throughout the response and allowing beneficiaries to ‘return’ or exchange items they were dissatisfied with. Accountability to partners and beneficiaries is inherent to the way that CARE WBG operates despite being unfamiliar with CARE’s documents and definitions.

A brief introduction to the HAF was given that referred to international standards and codes that CARE had committed to, such as the HAP and the ICRC Code of Conduct but did not present them, which caused some confusion since most participants were unfamiliar with these. A more complete orientation and discussion was necessary in order for participants to fully understand the HAF. Doing so should be a part of the preparation work for the AAR and not introduced for the first time during the meeting, when there is not time for adequate orientation.

A HAF self-assessment tool was done for the first time during an AAR. Some participants had difficulty in applying the tool, seemingly in part due to the lack of familiarity with the HAF and the international standards referenced within (HAP Standard, RC & NGO Code of Conduct). Some CO participants also felt the emphasis of the HAF on downward accountability meant that the assessment seemed to be mainly focused on the CO’s performance, whereas the HAF was supposed to hold CARE International accountable as a whole.

The main workshop sessions consisted of:

- A Disaster Overview, where staff identified the key external and internal events characterizing the response over the course of six months; handout of their strengths and weaknesses during those sessions.
- Identifying areas of strength, which participants brainstormed in plenary, forgoing breaking out into small groups. Areas of strength identified by Gaza staff, by partners and by West Bank staff not in attendance were distributed to all participants halfway through the brainstorming session, and the group compared the different perspectives and identified additional strengths. CI and CEG email feedback solicited about areas of strength were also discussed.
- Identifying areas for improvement. Many of the areas of strength were felt to be “double sided” since, at the same time as identifying examples of good practice, participants also saw how these could have been done better. As with the ‘areas of strength’ process, areas for improvement identified through preparation meetings, interviews and e-mailed inputs from other CARE staff were incorporated into the discussion.

- Action planning. The group decided to break into two groups comprised of a mix of CI and CO staff for the action planning session, and then present back to each other and compile one large action plan.

► **Facilitator Observation: Areas of Strengths and Areas for Improvement.**

Many of these areas ended up overlapping, and participants, particularly the CO, were keen to move to discussing the areas for improvement. Perhaps shortening the session on areas of strengths and spending more time on the areas for improvement, or having a more general lessons learned conversation, would have been more useful.

► **Facilitator Observation: Action Planning.** It was difficult to identify who should take the lead on some of the broader CI response issues and what mechanisms are in place to communicate those to the appropriate people. For the action items related to CARE WBG, in order to finalize the action plan, the rest of the CARE WBG staff need to be involved. Many areas will be incorporated into the upcoming EPP review, but additional items still need a clear way of being acted on.

Follow-up

The key expectation identified by Gaza staff, and then echoed by West Bank staff interviewed, was to ensure that the workshop results were discussed with them and the action plan put in place. A potential trip by the SMT to Gaza in July was identified as a key time to discuss workshop results with staff and finalize the action plan. A similar process should occur with West Bank staff, perhaps during regular staff meetings. Similarly, follow up action have been identified for the RMU, CI members and CEG which are detailed in the Action Plan in Annex VII.

For a complete workshop agenda see Annex II, and for session details see Annex III.

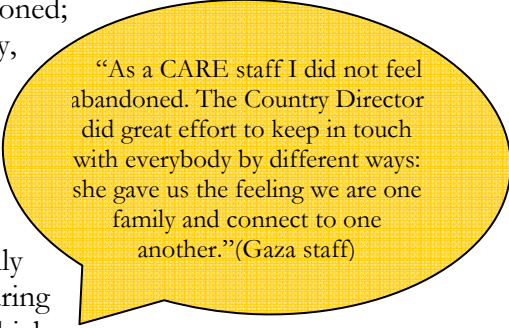
SIGNIFICANT LESSONS LEARNED

CARE WBG’s emergency response was judged by participants to be highly successful overall, with innovative and adaptive approaches in the midst of a highly volatile, insecure and complex context. Achievements are particularly noteworthy given the combined resource constraints of remote management, the communications breakdown during the war, the lack of necessary items in Gaza due to the blockade, and safety and security issues that constrained movement of staff and goods.

The role that the broader CARE International members played in supporting CARE WBG’s response efforts, however, was perceived to be uneven. Key lessons have emerged from this response that CI as a whole should take into consideration to better prepare itself for future emergencies.

Areas of strength and areas for improvement were identified by participants in the AAR workshop in Cairo and in the mini-AAR workshop in Gaza, as well as by CBO partners and West Bank staff not attending. A complete list of areas of strength and areas for improvement identified are provided in Annex V and VI. This section summarizes the major lessons learned based on the areas of strength and areas for improvement.

1. **Leadership.** Due to the strong support of senior management during the emergency response, CARE WBG staff did not feel abandoned; they felt cared for personally and professionally, they felt like a family, and they felt that they were “in the know” about everything going on. Several best practices emerged, including:



“As a CARE staff I did not feel abandoned. The Country Director did great effort to keep in touch with everybody by different ways: she gave us the feeling we are one family and connect to one another.” (Gaza staff)

- a) **Personal communications from the Country Director.** The CD sent daily emails providing encouragement and sharing any new and emerging information, which staff eagerly looked forward to. The emails, as well as the daily staff meetings held in the West Bank office, motivated staff and helped them understand the bigger picture of what was going on. Additionally, the CD made personal calls to staff in Gaza, many of whom were directly affected by the war.
- b) **Staff phone “buddies.”** To demonstrate staff support to each other, senior management encouraged West Bank head office staff to check in on Gaza staff daily to offer support.
- c) **Personal choice.** Gaza staff strongly emphasized the importance of being given the choice by senior management about whether or not they could work during the attacks.

Strong senior leadership support from CI was similarly important to giving staff affected by a crisis the sense that they are not alone in the response and that the organization is behind them. Good examples noted were the donations by several CI members to a staff member who lost their home, Valentine Day cards sent by CARE USA staff, and personal emails from CI and other COs staff. However, the lack of immediate communications from national directors was quite noticeable to CARE WBG, which participants thought was due to the fact that the crisis occurred over the winter holidays. A key lesson for senior management across the organization is the importance of immediately communicating support and empathy during times of crisis, regardless of vacation schedules.

2. **Timeliness.** CARE was the first organization to respond, within hours after the first bombs fell. This greatly enhanced CARE’s credibility in the response efforts and was one of the key reasons they emerged as a leader. Several critical factors enabled such a rapid response, including:

- a) **Funding.** Rapid authorization of flexible funds in the Country Office within hours of the first attacks enabled the immediate response, which was further enhanced by the Emergency Response Fund (ERF) followed a week later. These funds were critical in providing the ‘seed money’ upon which the rest of the response was based. Throughout the recovery efforts, flexible funds such as the UK Disasters Emergency Committee (DEC) supported CARE WBG’s strongest programming, as they were able to adapt the funding to the rapidly changing

context on the ground. Strengthening the immediate availability of flexible funds, and the amount of flexible funds available throughout response efforts, is central to continuing to build CI emergency response capacity.

A key discussion amongst participants was about Indirect Cost Recovery (ICR) and the burden that this places on CO's funding capacity during an emergency. Donors increasingly scrutinize every line of operational costs. CARE's ICR/SPC business model is continually challenged by the donors resulting in long, transaction heavy negotiations and an inability on the part of the CO to really recover costs. This problem is exacerbated in emergencies with the pressure for speed and getting as much resources to impacted communities as possible.

- b) **Key projects able to shift to emergency response.** Several large ongoing projects were able to immediately adjust, scale up and engage in emergency response activities. This was due to strong relationships with key donors such as ECHO and to the way that key projects had been designed to adapt.
- c) **Preparedness of finance.** CARE WBG had existing emergency finance tracking systems in place due to the chronic emergency situation. The Finance team was thus able to immediately tell the CD exactly how much money was available to be spent without risk. Without this, the CO would not have been able to respond as quickly.

CI finance systems are not well prepared for emergency situations, however. The process to obtain a Project Number (PN) and Fund Code (FC) hampers the ability for the CO to begin implementation of project activities in a timely way. The lag time in assigning a PN/FC number is often two months, which is unacceptable during an emergency.

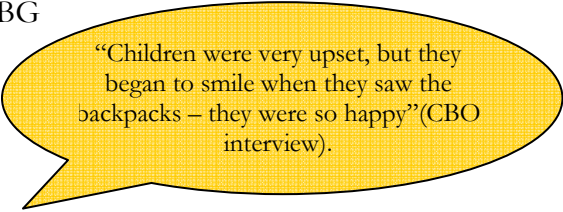
- d) **Strong network of strategic partnerships.** The project designs of existing CARE WBG programming had laid the grounds for establishing and developing networks that allowed for such a quick and appropriate response. Having in place strong relationships with a network of strategic partners was critical to CARE WBG's ability to assess the situation, procure items and distribute assistance. Despite the lack of cash flow into Gaza, CBOs and vendors trusted CARE enough to work on credit due to the strength of their existing relationships. Even coordinating with Israeli military forces and government was more successful than other NGOs, due to much previous work positioning CARE vis-à-vis Israeli authorities. Continuing to build on and expand strategic partnerships will be key to ongoing and improved preparedness.
- e) **Staff commitment.** CARE WBG staff worked 24 hours a day, driven to meet needs of their community despite dealing with a precarious security situation and the effects of the attacks on themselves and their families. This was a critical success factor in the response. However, it came at a high cost and high personal risk for CARE staff able to respond in the field. There is still much personal stress and burnout in CARE WBG.

Participants discussed ways of balancing to the extent possible the amount of effort expended during the response and the space given to staff once the situation becomes less urgent. This could be achieved by backfilling key positions, having time off policies in place and focusing on ongoing team building and morale raising exercises.

3. **Quality of assistance.** Staff and partners strongly emphasized the high quality of the assistance provided by CARE WBG. This was also reflected in beneficiary satisfaction surveys, with only 3% of those surveyed reporting dissatisfaction with the quality of CARE’s assistance. Quality was exemplified by:

- a) **The quality of items distributed.** In determining which items to distribute, CARE WBG focused on the dignity of the beneficiaries. Staff were involved in testing all of the items, asking “What would we want for our own families?” They also researched external standards. As a result, items delivered were of the highest quality and set the bar for other organizations. For example, in one case blankets were sent that could not fully cover a person and were the consistency of a rug. CARE WBG refused to deliver them and found equally cost effective large, soft blankets. CBOs consistently mentioned blankets and other items from CARE as far superior to the items distributed by other organizations.

- b) **The appropriateness of items.** CARE WBG took into account the specific needs of women and children, for example items provided in hygiene kits, as well as how appropriate and relevant items would be in the Gaza context. Additionally, they did not solely distribute the stock response items such as food and blankets, but also additional items identified as important to the community, including school kits, hygiene kits and seedlings for farmers whose crops had been destroyed.



“Children were very upset, but they began to smile when they saw the backpacks – they were so happy”(CBO interview).

- c) **The sufficient quantity of items.** Most items distributed by other NGOs were only of sufficient quantity for a few days, but CARE ensured that its items would last the appropriate amount of time for the emergency situation.

4. **Accountability.** The high quality of items provided were central to accountability as well, as a sign of respect for affected populations and taking into account their particular needs. Strengths included:

- 5.

- a) **Assessments.** CARE’s Gaza field team were in constant contact with communities, CBOs and households throughout the crisis. Needs were identified based on staff field visits, home visits and damage assessments and observations, and were reinforced by beneficiary needs assessments through focus groups and questionnaires. As a result of these assessment processes, as well as drawing on the knowledge of CBO networks about the affects of the crisis in their communities, CARE’s response reached the most vulnerable.

CARE WBG was able to focus on responsiveness while still maintaining a high quality of targeting and assessments. Their approach was to deliver in response to immediate needs, then assess, then deliver, then assess; engaged in a continual cycle of both responding and analyzing. Other actors seemed to assess, assess and assess, which hindered their ability to quickly respond.

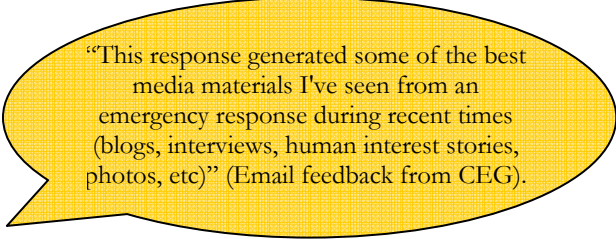
b) Transparency and impartiality. CARE and their CBO partners set specific criteria about who received assistance and clearly communicated this to communities. CARE’s community ownership helped justify and facilitate the distributions. Their transparency about the assistance provided and the impartiality in which it was distributed based on the criteria was key to the response success. Maintaining this was particularly important given the tenuous situation with Hamas, and it enabled the CO to balance the restrictions placed on relationships with Hamas.

c) Respect for beneficiaries and partners. CARE WBG places respect for the dignity of beneficiaries at the heart of their programming. For example, CARE WBG distributed clothes in an innovative way – through shopping! They gave beneficiaries and communities a choice in the assistance they received, enabling them to pick out sizes and colors and exchange items up to 10 days. CARE staff and/or staff of CBO partners were present during all distributions, engaging with beneficiaries and listening to their needs and complaints. They also emphasized the confidentiality of information provided from beneficiaries.

Partners also emphasized the openness and equality of their relationship with CARE. Most issues were addressed as soon as they emerged, and partners greatly appreciate CARE’s responsiveness and support. However, CARE WBG did not have formal complaints mechanisms in place prior to nor during the response. Although openness to receiving complaints is inherent to their programming, there was no process to systematically track issues, ensuring that action is taken and the results communicated back to partners and beneficiaries.

6. External Communications.

a) Media. Primarily because the media couldn’t get in to Gaza, media coverage was based on hearing from Gazans themselves. This was very powerful and generated more funding and increased public awareness of the Palestinian situation. CARE WBG field staff were some of those directly connected to the media, which gave them a voice that was psychologically important to them, highlighting the situation on the ground to the outside world. However, although CARE WBG was actively involved in the media coverage of the response, they balanced visibility with respect toward the beneficiaries. Partners mentioned that CARE did not overly focus on taking photos of communities, unlike many INGOs.

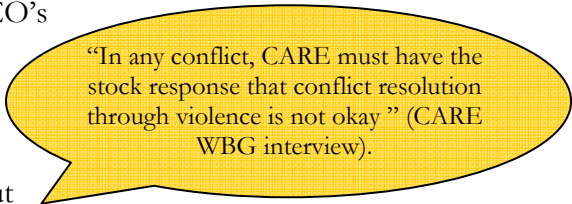


“This response generated some of the best media materials I’ve seen from an emergency response during recent times (blogs, interviews, human interest stories, photos, etc)” (Email feedback from CEG).

The deployment of the CEG Media Coordinator was invaluable, and the media coverage greatly improved once she was deployed. However, it would have been

more useful had she been deployed sooner. Also, the fact that the conflict began while most media officers and senior staff from CI members were on holiday meant that press releases were not issued until several days later.

- b) **Operational coordination.** Coordination between the main stakeholders in the response – UN agencies, donors and NGOs – and within and across clusters could have been stronger. CARE was involved in the clusters, but some clusters, such as the health cluster, were stronger than others, such as the logistics cluster, which CARE largely had to work around in order to effectively and efficiently respond. Moreover, CARE WBG perceives that the humanitarian community is not fully aware of the extent of CARE’s response, in part because CARE was not as focused on visibility as others and in part because CARE’s operational activities were not updated the Financial Tracking Service (FTS)¹, which has been set up to record all international humanitarian aid flows.
7. **Advocacy.** The role of advocacy in this highly politically charged conflict created a much organizational tension. Central to the CO’s response efforts was advocating for cessation of violence, drawing on the weight of CI as a large global network of members based in critical countries. However, CARE members were uneasy and ambiguous about speaking out about the situation, and provided little institutional support for WBG advocacy efforts. This ‘silence’ undermined the ability to talk to donors who were seeking CARE’s advice, the ability to engage in key policy debates, the success of response efforts and broader international recognition of substantial response achievements.



“In any conflict, CARE must have the stock response that conflict resolution through violence is not okay” (CARE WBG interview).

The effects of this ambiguity should not be underestimated. There is strong sense that CARE was not respecting commitments under its humanitarian mandate and the commitment to impartiality and non-violent resolution to conflict. Prior to the response, the CO had spent six months in a detailed, in-depth consultative process with CI members regarding the CO advocacy strategy and positioning for CARE WBG. This groundwork was unrecognized by the membership in the emergency.

Moreover, program and fundraising departments in many CI members appeared to be divided over advocacy messaging. CARE UK provided a positive example of a CI member where program, humanitarian and marketing and advocacy teams worked together during this response, which was more effective in supporting the CO.

8. **Internal Communications.** Clear and consistent internal communications was emphasized as critical during an emergency response. While improvements were made since previous responses, participants identified many ways to further strengthen communications between:

¹ <http://ocha.unog.ch/fts/pageloader.aspx?page=home>

- a) **CI and the CO.** Feedback to the CO about information responsiveness to CI needs was overall positive from CI members attending - Austria and UK – and echoed through email feedback received from other CI members. One key area of confusion identified was the seemingly contradictory message about the ongoing blockade on the one hand and about CARE’s excellent response efforts on the other. CI members felt they were unable to adequately communicate to donors about how CARE WBG was able to work in such an environment.

From the CO’s perspective, they felt bombarded by requests for information from CI members, much of which had already been documented in Sit Reps or the Emergency Response Strategy. Responding to CI requests took a large amount of time and energy from the CO, and could have been alleviated somewhat if existing information was better utilized.

- b) **CI members with other CI members.** CI members did not share information during the emergency response, which resulted in the CO receiving similar requests from different members and having to respond separately.
- c) **Within CARE WBG.** Participants felt that roles and responsibilities were much clearer than in previous responses, with a core team identified and listserv immediately established to connect them. Given the difficulties of the communications breakdown during the attacks, and the remote management from the West Bank with no access to Gaza, internal communications on the whole were impressive. Clarifying decision-making authority and further developing clear reporting lines will help strengthen clarity during ongoing operations as well as during an emergency. Additionally, one key point raised by Gaza staff is the importance of communicating how their work is connected to the bigger pictures of the CO so that they are of the broader impact and results.

9. Safety and Security.

- a) **CI role in security.** CARE WBG does not have a formal security strategy in place despite repeated requests by both the CO and MERMU for support from CI. Moreover, participants perceived that CI assistance with security issues provided during the emergency response was piecemeal and inadequate.

b) **Internal security coordination.** Coordinating the flow of movement in Gaza with Israel was led by the security officer in West Bank, but this remote management was difficult and lines of authority between West Bank security officer and few of the Gaza staff became unclear. Moreover, Gaza staff and partners at times were unclear about the type of security support that CARE was able to provide to them during an emergency situation.

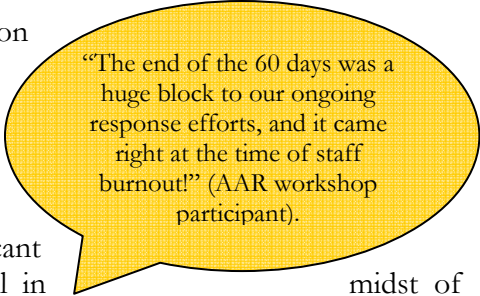
- c) **Security and partners.** Partners emphasized the desire for CARE to provide enhance security support to them during a response. They requested vests, badges or other signs of visibility to link them with CARE, acknowledging that although this may not actually make them safer, psychologically it would make them feel more secure. However, it was recognized that in practice CARE’s ability to be able to satisfy such requests was limited.

10. Procurement flexibility. A big improvement in this response as compared to previous response efforts was procurement:

a) CO procedures. The CO was able to maintain compliance and ensure that items were procured for the best value in innovative ways (e.g. email and SMS bids). Also, the strong pre-existing relationships with vendors allowed for rapid procurement and delivery.

While the flexibility of procurement was critical to the overall success of the response, it placed an overload on staff capacity. An assistant was brought in for the procurement officer, but much too late. Key to future preparedness will be identifying procurement backstopping during an emergency to immediately put in place. The CO is currently in the midst of a huge “clean up” of record keeping, which could have been somewhat alleviated with an assistant (whom they could not afford) to keep track of paperwork in the midst of the emergency.

b) CI requirements. Having a 60 day limit on flexible procedures during a type 2 emergency was vital to the ability of procurement to effectively support response efforts. However, this is viewed as an artificial timeframe, and reverting to pre-response procedures after 60 days placed a significant additional burden on the CO, which was still in midst of response efforts. Moreover, new CARE USA procurement requirements were rolled out around the time that the 60 days was up, which added to the burden.



“The end of the 60 days was a huge block to our ongoing response efforts, and it came right at the time of staff burnout!” (AAR workshop participant).

11. Role of RMU in Emergency Response. MERMU support during the response was invaluable to CARE WBG. The RD support to the CD and assistance throughout was key. The Middle East Regional Coordinator was deployed to the CO and played a critical role in backstopping ongoing projects and supporting proposal development. The CO and MERMU acted as a cohesive team throughout. The support role of the RMU during response situations should be clearly defined and seen as a lesson learned throughout CARE.

12. Preparedness.

a) CO Preparedness. The CO’s response had improved since previous emergencies. They had put an Emergency Preparedness Plan (EPP) in place in 2007, which helped put the foundations in place. Although not reviewed or really used during the response, it was felt that it had helped in pre-defining roles and responsibilities, putting in place faster procurement procedures, and having an emergency response team in place.

However, the EPP was outdated, and did not adequately take a scenario as severe as Operation Cast Lead into account. Most staff were unfamiliar with the EPP, and it was rarely referred to during the response. In view of the ongoing emergency situation, participants felt that it is critical for the CO to update the EPP and build staff understanding and awareness.

- b) **CI Member Preparedness.** It was felt that preparedness should not only be improved within COs, but that CI members should also have preparedness procedures for supporting emergency responses, including backstopping during holidays, ways to make systems and procedures more flexible, identifying point people to communicate with the CO and mechanisms to rapidly release funds.

ACTION PLAN RECOMMENDATIONS

Given the lessons learned, a few key recommendations emerged that will enable CI as a whole to improve their emergency response capacity. Recommendations are summarized below and divided by: a) those specific to CARE WBG and other COs for whom lessons learned are relevant; b) MERMU, and c) those specific to CI members which here includes the CI Secretariat/CEG. A draft Action Plan detailing all action items and assigning timeframes and responsibility for implementing these recommendations is provided in Annex VI. The Action Plan will be finalized once workshop results are presented back to Gaza staff and they have the opportunity to give input into the plan.

1. Advocacy

CI Secretariat & CARE Members:

- ▶ Ensure advocacy strategies are in place in politically tense countries and agreed on in a timely way
- ▶ Agree on a general advocacy messaging for conflict situations, no matter the politics involved, so CARE can arrive quickly at a consensus on key messages;
- ▶ Put in place decision-making process between program and ER departments in CI members during emergency responses, especially conflicts

MERMU Regional Director:

- ▶ Follow up with the CI Secretary General about the process for CI approval of advocacy strategies (which was supposed to be discussed during the recent Board meeting in June)

CO:

- ▶ Take advantage of upcoming visits of senior CARE staff, such as the impending visit of CI-UK's Director to raise awareness about the advocacy situation
- ▶ Take advantage of already existing forums/bodies work in the oPt like WHO task force to agree on strategies advocacies, for example WHO advocacy task force.

2. Funding

CI Secretariat & CARE Members:

- ▶ CI must review ICR/SPC mechanisms and consider changes to CARE's business model
- ▶ Advocate with donors ensure that resources fully cover CO operational costs.
- ▶ Clarify process of obtaining PN/FC and identify ways to streamline during an emergency.

- ▶ Build up the ERF!

CO

- ▶ Prioritize use of restricted funding and keep as much flexible funding in reserve as possible
- ▶ Identify additional funding sources in Arab countries that can be drawn on during emergencies
- ▶ Ensure ongoing funded projects have modifications during emergency response built into their design and that donors are oriented.

3. Internal Communications

CI Secretariat & CARE Members:

- ▶ Different parts of CARE need to talk to each other during emergencies! Clarify the role of CEG and ERWG in better facilitating this.
- ▶ Define MERMU role in connecting CI members, e.g. by centralizing documentations such as draft proposals/concept papers on the new portal.
- ▶ Make better use of existing information in Sitreps and the Emergency Response Strategy.
- ▶ Review the Sitrep format – is it useful for marketing and fundraising? If not, change it to capture information needed.
- ▶ Define one focal point at the beginning of the response and minimize changes made.

CO

- ▶ Put in place a designated focal point for information management during possible future responses, ideally with the deployment of an information manager (build into EPP).
- ▶ Improve coordination between Program and Program Support through regular meetings and creating a shared drive for proposals.
- ▶ Continue to clearly define reporting lines.
- ▶ Identify any differences in reporting lines during emergency response times and integrate into relevant JDs.
- ▶ Strengthen information sharing with field staff. Put in place processes for: sharing information back to field staff so that they see the product of their work (e.g. reports, press clippings) and sharing broad CO documents so that all staff know the bigger picture of their efforts

4. External Communications and Coordination

CI Secretariat & CARE Members:

- ▶ Put in place processes for rapid decision-making during emergency response periods that include both ER and programming departments.
- ▶ Put immediate media communications and support in place during emergency responses, with contingency plans for holiday periods.
- ▶ Support CO information management by updating FTS about funded projects.

CO

- ▶ Build immediate deployment of media person into EPP.
- ▶ Continue to advocate with donors for higher quality items (e.g. USAID and blankets).
- ▶ Continue to be involved in helping strengthen coordination mechanisms among UN agencies, NGOs and donors and improving the cluster system.

5. Human Resources

CI Secretariat & CARE Members:

- ▶ Provide emotional and morale support to COs engaged in emergency response through immediate communications from national directors as well as identifying ways innovative ways for CI staff to communicate solidarity.
- ▶ Put in place contingency plans for major holiday times.

Lead Member – CARE USA

- ▶ Follow through on the current allocation in the MERMU FY10 budget to help CARE WBG fill HR gaps.

CO

- ▶ Put in place emergency staffing measures:
 - Identify backfilling for key emergency staff (procurement, finance, etc.) so they are able to take leave without undermining operations
 - Provide cross-skills training to build capacity in diverse areas.
 - Restructure the staffing table for emergencies.
 - Specify key positions needed during an emergency response in the EPP (Media Coordinator, Information Manager, Procurement assistant).
 - Develop database for skilled persons in the different geographic areas of Gaza to be recruited at time of emergencies if the regular CARE staff were not able to move/work. This could include workers, pharmacists, social workers, engineers, etc .
- ▶ Continue to identify ways to build morale and manage the high stress level in both WB and Gaza, such as team-building activities and strongly encouraging leave time.

6. Safety & security issues:

Security Focal Points in the CI Secretariat & Lead Member (CARE USA)

- ▶ Support CARE WBG to develop a security plan.
- ▶ Support MERMU to develop a regional security plan.
- ▶ Determine who will provide lead security support to MERMU during conflict and what type of support is offered, and clearly communicate to COs.

CO

- ▶ Develop clear regional and CO security policies and make clear to staff and partners about what CARE can and cannot provide.
- ▶ Clarify decision-making roles in Gaza and West Bank around security procedures.
- ▶ Integrate contingency planning into the EPP review.

- ▶ Put in place back up systems for communications and power for the CO and for key partners (e.g. generators, rechargeable batteries etc.)
- ▶ Explore provision of CARE vests to partners during emergency.

7. Procurement

CI Secretariat & CARE Members:

- ▶ Review the 60 day limit to the emergency response with a view to providing greater flexibility in supporting emergency programming.
- ▶ CI should consider having the possibility of extending flexible procedures during a protracted response such as this one, and when possible, delaying requirements for beginning new systems and procedures during emergency situations.

CO

- ▶ Expand the vendor list to wider geographical coverage.
- ▶ Develop procedures for “catalogue purchase”
- ▶ Identify potential backfilling personnel to serve as a procurement assistant during emergencies.

8. Accountability

CI Secretariat & CARE Members:

- ▶ Review key AAR findings and act on recommendations, communication action back to the CO.
- ▶ Increase awareness of CARE’s Humanitarian Accountability Framework (HAF) and develop a better understanding of roles and responsibilities in ensuring humanitarian accountability.
- ▶ Put in place performance self-appraisal mechanisms for key CI stakeholders involved in response efforts.

CO

- ▶ Build staff understanding of the HAF.
- ▶ Put in place formal complaints tracking mechanism and communicate for partners.

9. Preparedness

CI Secretariat & CARE Members:

- ▶ Preparedness discussions need to include a focus on preparedness of CI members to best support COs during emergency responses.

MERMU

- ▶ Define MERMU’s role during emergency response, specifically around:
 - Defining the role of the REC and of the DRD PQ
 - The ‘translator’ function between external requests to the CO
 - Information sharing
 - Filling key gaps that emerge such as continuing ongoing programming

CO

- ▶ Conduct an EPP review in the next 6 months and build in findings from the AAR.
- ▶ Involve all staff and partners in the review.

- ▶ Operationalize the EPP.
- ▶ Include contingency planning around communications and access issues.

ANNEXES

ANNEX I. Agenda

Sunday, 21 June

9:00	Welcome and Opening (Martha Myers, CD)
9:15 -10:15	Introduction to Workshop <ul style="list-style-type: none">• Participant Introductions• Workshop Objectives and Expectations (including expectations of Gaza staff)• Explanation of preparatory work and methods to bring in the voices of those not represented at the workshop• Relationship of AAR to wider CARE organization and introduction of the Humanitarian Accountability Framework (HAF) (Jock Baker)• Agenda and Methodology
10:15-10:30	Coffee Break
10:30-12:30	Session 1: Disaster Overview <p>Timeline – What happened and when?</p> <ul style="list-style-type: none">• Plenary overview of exercise• Key external and internal events identified and placed on a timeline• Group discussion <p>Impact of CARE’s Response</p> <ul style="list-style-type: none">• ACD Program Quality presentation
12:30-1:30	Lunch
1:30-3:00	Session 2: Areas of Strength <ul style="list-style-type: none">• Overview of exercise• What makes a “strength?”• Plenary brainstorming on WBG response strengths
3:00-3:15	Coffee Break
3:15-4:30	Session 2: Areas of Strength, Continued <ul style="list-style-type: none">• Strengths identified by Gaza staff, partners and West Bank staff not attending• Plenary discussion of additional strengths as identified by those not participating• Identify areas of strength that also had elements of weakness that could be improved (to focus on in session 3)
4:30-4: 45	Wrap up
4:45 – 5	Mini-Evaluation

Monday, 22 June

9:00	Review of Day 1
9:00 – 10:15	Session 3: Areas for Improvement <ul style="list-style-type: none">• Plenary discussion of “double sided” areas of strength identified from day 1• Additional areas for improvement identified by Gaza staff, partners and West Bank staff not attending
10:15-10:30	Coffee Break
10:30-11:00	Session 3: Considering Strengths and Areas for Improvement in light of the HAF <ul style="list-style-type: none">• Plenary overview of exercise• Small group assessments
11:00-12:30	Session 4: Action Planning <ul style="list-style-type: none">• Plenary overview of exercise• Small group work
12:30-1:30	Lunch
1:30-3:00	Session 4: Action Planning, Cont. <ul style="list-style-type: none">• Small group work, cont.
3:00-3:15	Break
3:15-4:15	Session 3: Action Planning, Cont. <ul style="list-style-type: none">• Plenary presentations
4:15-4:45	Presentation of the HAF results
4:45-5:00	Closure <ul style="list-style-type: none">• Evaluation• Closing remarks

ANNEX II. Participants

A. Cairo AAR Participants, 21-22 June 2009

NAME	Job position
Saeed Jaber	Director of Strategic Support
Firas Budeiri	Operations Support Manager
Basem Aref	Finance and Account Manager
Ayman Shuaibi	Health Sector Coordinator - Main Office
Mohammed Al Mbaid	Assistant Country Director
Hesham Sawaftah	Food and Livelihood Sector Coordinator - Jenin Office
Ranya Karam	Contracts Manager
Jane Adisu	Head of Regions - CARE UK
Sarah Ralston	CI Standing Team on Quality & Accountability
Jock Baker	Program Quality & Accountability Coordinator, CEG
Reinhard Trink	Emergency Coordinator, CARE Osterreich
Chamith Fernando	Emergency Program Coordinator
Martha Myers	Country Director
Roger Hearn	MERMU Regional Director
Taheeni	MERMU Regional Emergency Coordinator
Thammannagoda	
Sonia Vila-Hopkins	Regional Coordinator - Middle East & North Africa

B. Gaza Mini-AAR Workshop Participants, 16 June 2009

NAME	Job position
Menna Sesalim	Procurement Officer
Ola Nijim	Field Representative
Saaed Almadhoun	Field Representative and Logistics
Jamal Nawajha	Field Representative
Eid Siyam	Agricultural Engineer
Mohammed Lafi	Health Field Coordinator
Fadel AbuOdeh	Field Representative
Hamdalla Abu Daken	Office Custodian
Osama Oudaïh	Field Representative
Najwan El Halabi	Operations Assistant
Jawad Harb	Bena'a Project Manager
Anas Musallam	Agricultural Engineer
Yazdan El Amawi	Gaza Manager/Civil Society Sector lead

C. West Bank Staff Prep Meetings, 17 June 2009

NAME	Job position
Fardous Zahida	Accountant
Maha Alami	Operations Assistant
Lousana Sharif	Procurement Assistant
Razan Jalajel	HR/Office Admin
Anwar Hajj	Operations Assistant
Nader Abu Elhawa	Fleet and Security Supervisor
Mahmoud Abu Haniya	IT Specialist
Juliette Seibold	Policy and Advocacy Advisor
Saleem Yahya	Team Leader for Water Projects

ANNEX III: Emergency Response Timeline

Workshop participants identified key events in the response occurring from “pre-crisis” period through May. Events were divided into an external timeline and an internal CARE timeline.

A. External Timeline

	Pre-Dec 26 th	Dec 26-31	Jan	Feb	Mar	Apr	May and beyond
External Timeline	<ul style="list-style-type: none"> • Gaza blockade begins in Oct 2007 • Electricity cuts, fuel scarcity • Expecting military action • CAP Appeal 	<ul style="list-style-type: none"> • Military action begins • Electricity & telecoms disconnected (Dec 27 – Feb 20) • Hum Coord Team (IASC) starts twice weekly mtgs • GoI allows basic humanitarian supplies “list” • OCHA clusters formed • Intense media interest in UK 	<ul style="list-style-type: none"> • Czech EU Presidency begins Jan 1st • Israeli ground invasion on Jan 3rd • Bush out, Obama in • GoI establishes coordination unit • WB-based PA establishes emergency Ops Room • Humanitarian Corridor • Israeli forces cut Gaza into several pieces • Assistance from Rafah • Unilateral ceasefire on Jan 18th • DEC appeal on Jan 22nd • DFID call for recovery projects • Tunnels closed • OCHA HERF • UNRWA w’house on fire • UNRWA shelter bombed • UNSG visits Gaza • Cluster roll-out • Ceasefire implementation (Jan 23) 	<ul style="list-style-type: none"> • Tunnels reopen • Austrian funds go to UNRWA • Official cluster roll-out on Feb 4 • OCHA Gaza Flash Appeal on Feb 4 	<ul style="list-style-type: none"> • Fatah/Hamas talks • Hamas pressure for INGOs to register • UN recovery effort started • Clusters become for both Gaza & WB • DEC signed 	<ul style="list-style-type: none"> • Medical referral system (Gaza – abroad) stopped • WHO-MOH, Emergency Ops & logs systems stopped 	<ul style="list-style-type: none"> • DFID/FCO mtg with INGOs regarding procurement & finance issues • DEC evaluation (July)

B. Internal (CARE) Timeline

	Pre-Dec 26 th	Dec 26-31	Jan	Feb	Mar	Apr	May and beyond
CARE Timeline	<ul style="list-style-type: none"> • CARE WBG’s EPP (2007) • CARE WBG advocacy strategy circulated to CI members • Vendor list in place • “Gaza implosion” INGO report • Staff in Gaza don’t go to office 	<ul style="list-style-type: none"> • Daily e-mails from Martha to staff • Gaza ERT formed • E-mail & website system set-up • Alert sent to CI • CCG call (29th) • Deliver assistance using flexible funds (Dec 27) • Weekly sitreps start Dec 30th • Proposal preparation started • CI request for info and concept papers • Gaza office damaged by shelling • C-WBG used WHO logistic system • C-WBG uses log cluster for blanket shipment but burnt • C-WBG delivers fresh food during shelling • First CARE press release • Called ECHO rep who was on holiday in France (Dec 30) • Additional €100K from ECHO 	<ul style="list-style-type: none"> • Medical supplies distribution • Emergency response process for health developed • Quality testing of blankets, lamps • 40+ staff recruited to pack and deliver emergency supplies • Gaza staff relocated after attack • Death of day labourer • C-WBG Emergency Response Strategy developed & circulated • CI members need info on access issues for advocacy. • Tensions emerge between CI members and RMU re advocacy strategy. • NDs acknowledge weakness in CI advocacy process • Joint letter to EC ministers rejected by C-USA • CEG Coms Coordinator arrives • H-H controversial phone survey (Jan 18-20) • CARE rapid assessments (Jan 20th) and support to clusters • C-WBG reverts to using own logistics systems • Martha gets into Gaza during week after fighting ended • CI-UK mtgs with FCO & British Ministers • CI-UK concept note to DFID rejected • Support to non-emergency programs continued • Security conf call (Jan 25) 	<ul style="list-style-type: none"> • Cash sent into Gaza • Submission of ECHO proposals • RMU Director visits Gaza • C-USA COO and PAU Director fail to get to Gaza • End of emergency procurement procedures • Satphones sent in • £204K from DEC, £40K from website 	<ul style="list-style-type: none"> • Revised response strategy • Start huge job of finalizing emergency procurement documents • New C-USA policies (PARs, procurement) 	<ul style="list-style-type: none"> • DFID approves livelihood proposal • ECHO contracts received • USAID & ECHO audits • EMAP III night-mare! • Lynne Cripe visits for stress mgmt • 2nd wave of med equip, pharma. arrives in Gaza 	<ul style="list-style-type: none"> • CI-UK ND visit (July) • Still waiting on CARE USA/PAU response to WBG Advocacy Strategy, stmt on response, stmt on agreed terms • Endless demands on CO despite assurances during COO’s visit

ANNEX IV. Areas of Strength

A. AAR Workshop Participants

- Focus on communities:
 - CARE methodology: identifying communities and people and sticking with them; predilection for high quality, trust among all steps in the chain, following through, gender and empowerment mainstreaming
 - Giving beneficiaries and communities a choice in the assistance they receive;
 - Existing networks (CBOs, partners, vendors, etc.) and relationships (beneficiaries, actors, stakeholders, etc.)
- CI feedback – generally positive:
 - Quick response – did not suspend but responded immediately;
 - Supporting fundraising efforts – effective communication;
 - Good relationship with donors (b/w CO and donors);
 - Jawad’s blog and personal voices;
 - C-UK: good collaboration between different internal teams; capacity of marketing department (i.e. DEC, private fundraising, press releases, etc); initial good institutional links with DFID;
 - C-AUT: early reflection in early January after holidays on what did happen and what did not happen – internal disagreements between programme and marketing;
 - CI member emails and messages of support to CO staff; support from other COs;
- CEG feedback:
 - Best media materials from a response in recent times;
 - Meeting community needs with creativity and innovation;
 - Initial coordination mechanisms were implemented quickly (i.e. CCG call);
 - Impressive support from Ramallah office to Gaza Office;
 - Rapid deployment and good use of Mel and Taheeni;
 - Communications and advocacy support (initial);
- MERMU feedback:
 - Staff cohesiveness – staff coming together, staff commitment;
 - Exemplary leadership;
 - High degree of familiarity and integration between CO and MERMU;

- Cohesiveness within MERMU team; rapid deployment and support – not just emergency support but also to support day-to-day proposals;
 - Relationships with Martha and CO; support to CD; discussion and agreement on moving forward;
- Strong networks in place
 - Project design of existing programming helped establish and develop networks that allowed for quick response and meet beneficiary needs;
 - Community workers / representatives – register of names and trust to work on credit;
 - Vendors – strong relationship and commitment to each other;
 - Israeli – relationships leveraged for access; CARE coordination with Israeli military units and government; Israeli attitudes towards CARE seemed to be more positive than with other NGOs – due to existing positioning of CARE vis-à-vis Israeli authorities; i.e. medical supplies;
 - Farmers – gave produce on credit without a clear idea of how they would get paid;
 - Ability to balance Hamas relationship and restrictions:
 - CARE’s community ownership helped justify and facilitate distributions;
 - CARE’s transparency and impartiality was key;
 - Relationship with CBOs helped foster trust and openness on difficulties with Hamas;
- Reputation from rapid response (among donors, international NGOs, national NGOs, CBOs) – role of flexible fund in rapid response, then CARE USA HERF;
- Logistics systems in place that were more efficient than Log Cluster and other mechanisms; parallel systems – some complementary some as a hindrance (UN system – MOH/WHO system);
 - Not using Rafah crossing – commitment to “do not harm” and political principles;
- CARE had the *choice* to get the job done – access to networks, relationships, and resources; much more than other actors;
- As a large NGO, CARE had a chair at each table – different CI members gave “country specific” chairs; i.e. HCT, USAID, DFID, etc.;
- Existing emergency finance systems in place due to chronic emergency situation;
 - Finance knew exactly how much money was available to be spent without risk (information available immediately); essential for the fast response to occur!
 - Good flow of information (Martha’s emails) helped finance staff to know the situation and provide context and motivation;

- Rapid response – within HOURS;
- Response was improved, compared to previous Gaza emergencies (Beit Hanoun / Beit Lahiya):
 - Internal communications;
 - People knew their roles;
 - Follow-up of communications using different mediums;
 - Field knowledge and competency and commitment;
 - Procurement was faster;
- Procurement:
 - Having a highly capable and independent procurement person in Gaza with experience with vendors allowed for rapid response (despite this person not being able to leave her home);
 - Always maintained compliance;
 - Always ensured best value (price vs. quality vs. quantity);
 - Put in place different ways to ensure compliance (SMS, email, phone, etc.);
 - Contact with donors and CI members to allow for contractual flexibility;
 - Relationships with vendors allowed for rapid procurement and delivery;
- Able to strike a balance between focus on Gaza emergency response and commitment to development and regular emergency programming (Sonia’s support to make sure development proposals were completed with excellence and on time);
- Contingency planning in the West Bank was rapidly initiated; MERMU contingency support for possibility of Gaza refugee flood into Sinai;
- Personal commitment:
 - Choice given staff members on when and how they worked –CARE did not suspend operations like most INGOs but gave staff the choice to decide if they should work or not;
 - Menna as procurement officer working nearly 24 hours per day – daily procurement reports and spending;
 - Yazdan, Mamduh, Mohammed Elwan in the field all day;
 - C-WBG staff working 24 hours a day;
 - Martha’s 2am emails;
 - Respect given to each other – i.e. staff to respect a few hours of sleep/down times;
 - Family support of staff was critical;
 - Psychological benefit of West Bank staff feeling engaged (and actually being engaged);

- Coordination of tasks within the CO; distribution of work load;
- Programming principle of “we will respond to emergencies” with the follow-up “can you do it with accountability and transparency”?
 - Gaza: YES! Systems, networks, and people in place;
 - Widespread ground presence (as compared to other NGOs) led to the rapid response and deployment of resources;
 - Different sectors of operations and widespread programmes within C-WBG made more staff resources available for the response;
 - Ability to respond AND to maintain relationships (i.e. with donors, actors, stakeholders, communities, and beneficiaries);
 - Decision NOT to expand into sectors (due to capacity, value added), turning down money (due to questions on the source), turning down ARD-CEP3 (due to lack of capacity / work load); inappropriate responses WILL lead more long term problems for the CO;
- Rapid Needs Assessments / Phone Survey;
 - CARE conducted and shared assessment and survey data;
 - Great targeting of CBOs and beneficiaries; high degree of relevance
- Media and Visibility:
 - Respect towards beneficiaries – not a high focus on visibility (photos)
 - Balance between respect-modesty vs. reputation and fundraising;
 - Direct connection and voice between field staff and media;
 - Great information transfer from Gaza field to Ramallah to the media;
- Respect:
 - Confidentiality of beneficiaries;
 - To CARE WBG staff by giving them a choice;
 - Quality of assistance – provide what we would use ourselves;
 - To beneficiaries (feedback) – CARE staff were present on the ground during distributions;
 - Quality of CARE-CBO partnerships; CBOs felt partnership was strong, equal, and open – ability to call any time; support offered by CARE to CBOs;

Key Strengths (WOW!):

- Timeliness of response – a few hours; maintenance of rapid response then rapid assessments then response cycle;
- Quality;
- Respect;

- Leadership – feeling of support; leading to strong staff commitment;
 - Degree of trust and effectiveness of networks;
 - Backstopping of MERMU – i.e. supporting ongoing proposal development
-

B. Gaza Mini-AAR Workshop

- Free choice given to staff if they wanted to work or stay at home
 - Could be a positive or a negative – different opinions from different staff, with some saying when more would we be needed and others saying but what about our families
- Management support to employees
 - Daily update of information – Martha’s emails
 - Personal calls and follow up with staff, did not feel abandoned
- Media
 - Got high media coverage and visibility
 - Employees able to freely express their fears and concerns through media and internet
 - Psychological importance of being able to share perspectives
- Gaza staff
 - Very committed, experienced staff
 - Staff had strong sense of responsibility to respond, which was heightened because they saw the void left by others
 - Needed to recognize moment when staff needed to slow down, take a break or bring in replacements – everyone caught up in it and unable to do that for themselves, but perhaps should have been required at some point
- Timeliness of emergency response
 - Helped by having clear line management roles in place, especially compared to last time when roles and responsibilities were confused –the EPP process put the emergency response team in place
- Effective response
 - Quality of items
 - Targeting – who the assistance went to – really reached the most affected
- Effective selection of CBOs
 - Great cooperation with needs assessments – able to use good well established networks
 - Having strategic relationships with partners through ongoing programming was critical – able to immediately identify a few key partners to be involved in response based on geographical coverage, ability to work effectively and efficiently under pressure, area of specialty b/c already knew them well
- CARE got good and high reputation
 - Got prominence because of the lack of adequate response from others – but how do we stand out if other NGOs are equally responsive? Can’t just base our response on comparison to others
- Flexibility in rules and procedures

- Ex. – collating vendor quotes on emails
- But after the initial response efforts, have had some problems and are still playing catch-up – have to balance
- Improvements needed: keep daily track of paperwork, have a designated support staff to help out with the procurement overload, especially with paperwork – got someone in but way too late
- Created tension amongst staff and pressure on the procurement person

Accountability

- Collaboration and cross-checking with other agencies on information, quantity, needs assessments, etc.
- Most of needs identified based on staff field visits, home visits and damage assessments and observations, reinforced by beneficiary needs assessments through focus groups and questionnaires
- Excellent questionnaires distributed with the involvement of the CBOs identifying community needs
- Focus group discussions went well, increased the credibility of response
- Good accountability to CBOs
- CBOs the main channel through which ongoing needs and complaints were surfaced – in daily contact with CBOs and were accountable to them
- Information sharing with CBOs
- Continuous follow-up and continuous monitoring and evaluation
- Showed respect to beneficiaries
- Confidentiality respected
- Samouni family – provided discreet support and did not exploit, offered wife job in husband’s place
- Quality of items - dignity
- Quickness of response
- Ability to have choice and return
- Initiated joint questionnaire on damages with OCHA and CBOs
- Conducted phone survey with consulting company that caused a lot of controversy – revealed that 89% of people did not receive assistance

C. West Bank Meetings

- Support to Gaza staff
 - WB staff very worried and glad to help – most gave personal calls, checking in with Gaza staff, trying to provide personal and emotional support as much as possible
 - Can’t imagine what it was like being there, and responding under such conditions
- Staff Climate
 - Lot of stress and felt helpless and wanted continual flow of information
 - This was managed as well as possible – daily meetings, sharing ideas, felt like a real family

- But after the war staff really needed time off for refreshment and time with family – many other INGOs provided this but not CARE and they’ve been constantly on the go – this was very needed
- Transparency
 - Very clear about what was happening, decisions being made – information was clearly and consistently shared
- Programming
 - Reached many people in a complicated situation in a timely way
 - Really met needs of people based on what they communicated
 - Difficult external issues such as flux in market prices, lack of materials, etc. but able to work around that to the best they could
- Communications
 - Very good and efficient
 - Excellent communications by management
 - As good as possible with Gaza staff given the conditions
- Media
 - IT - putting stories and pictures on the website went well, but could have had more
 - Real lesson learned is the power of the voices from the people in the field b/c media couldn’t get in – increased funds, very powerful
 - Gaza staff did excellent job of feeding information to management and to the press

D. Partner Meetings

CBO: Tatweer

Location: Beit Lahiya (approx. 70,000 population)

Meeting Mr. Nidal

Response Strengths

- CARE was the first INGO to provide assistance during the shelling and after
- CARE and partners undertook focus group discussions with communities to understand their needs
- Diverse items of assistance - not only fresh food, but also shelter, food (sugar, rice etc), water, kitchen items; fresh food was distributed during the first week of the war – which was urgently required
- Quantity and quality of response was outstanding
- Quality of assistance was very good, unlike many other organisations
- Since CARE provided such good quality and quantity beyond what the other organizations did, all of the people in the community want the CARE items - managed by sticking very closely to criteria and communicating them clearly to the community by holding lots of group and individual meetings
- CARE staff member was always present during the distribution and beneficiary feedback was sought throughout

Partnership Strengths

- Felt like a real partner. Was able to call CARE staff at any time to discuss matters, needs, complaint
 - Want to continue strengthening relationship with CARE
-

CBO: Eastern Gaza Society

Location: East Gaza

Meeting with Hana Abu Amir, Director

Response Strengths

- CARE was first INGO providing assistance during the war
- Different types of assistance (blankets, nylon sheets, hygiene kits, quilts, clothes, food items, 5000 school kits distributed to 8 schools)
- The quality of assistance was very high (e.g blankets)
- CARE respected the beneficiaries. Other INGOs provided low quality assistance but put emphasis on taking pictures, whilst CARE provided high quality but did not put much emphasis on visibility. It was showing respect to the beneficiaries. The quality of assistance also showed the respect towards people.
- Beneficiaries were given the choice to choose their clothes; CARE had agreements with vendors, and beneficiaries were provided with vouchers – also another aspect of respect and quality

Partnership Strengths

- Very good, was in constant contact with CARE staff
-

CBO: Food Bank

Response Strengths

- CARE was main organisation providing assistance during the war
- Received vegetables for hospitals and host families and collective centres
- The fresh food assistance was good – it was a complete circle, with CARE and the partnership with GUPP so they received fresh vegetables.
- If products needed to be changed it was done without a problem

Partnership Strengths

- Feel like a valued, respected and equal partner
 - Communication with staff was very good
-

CBO: Al Attara

Ms. Ibtasam Az’za- Anin

Location: Beit Hanoun (approx. 42,000 population)

Response Strengths

- Very timely response – didn’t expect that people would receive any assistance during the war but they did
- CARE support to CBO: If CBO was unable to pick up items, CARE delivered to CBO locations
- The diversity of assistance was very important and very good – it was what people needed (items to clean houses, etc)
- CARE assistance was targeted not only to last a few days but for a longer duration e.g provision of water tanks, flash lights, blankets
- Quantities were of more than sufficient size
- Very high quality of items (e.g size and material of blankets, hygiene kits included items for both women and children) –everyone is talking about CARE’s items
- CARE connected with people, and even the smallest details were looked into (e.g if beneficiary happened to take 2 wrong shoes, or wanted to change the clothes they chose, they were able to exchange)
- CARE staff present during the distributions
- Identification of beneficiaries – through CBO volunteers

Partnership Strengths

- Communication we CARE staff was very good. CARE gave advise and sought CBO feedback and thoughts
- The partnership felt like a real partner
- Continuous follow-up with partners

National Partner: General Union of Palestinian Peasants (GUPP)

Response Strengths

- Excellent response scaling up ongoing work
- No markets available during the war and CARE was the only source that farmers had to sell their vegetables, otherwise they would have gone bad
- CARE gave each area supervisor the freedom to do what they needed to best serve the community
- CARE security focal point helped coordinate their movement
- Admin support and procedures during the response was very smooth – no obstacles

Partnership Strengths

- Farmers think CARE is the best of all of the international organizations because they work with a large amount of farmers and don’t work with them on a one-time assistance basis

ANNEX V: Areas for Improvement

In the discussion about areas of strength, several areas were identified that also had key elements that needed improvement. These topics were then discussed in detail by small groups in their action planning processes.

A. AAR Workshop

- Organizational Support
 - Holidays big hindrance to immediacy and availability of support
 - Timeliness – many not responsive or in touch for several weeks
 - Support/solidarity strengthened
- Internal Communication/Coordination/Collaboration
 - General communications systems breakdown during the bombings affected communication capacity – no work from office, phones from home, disrupted electricity
 - CI to CI
 - CI members don’t share information during a response so all come to the CO
 - Confusion about the role of ERWG as link to CI
 - CI to CO
 - CI members were on holiday and responsiveness was hindered and support slower
 - CI point people for the response keep changing and changes aren’t clearly communicated
 - Sitreps and the Emergency Response strategy were not utilized, with members emailing COs for information already captured
 - CI members were confused about seemingly mixed advocacy and programming messages– advocacy about the blockade vs CARE continuing operations and doing great response efforts
 - Emergency Response Strategy could have been updated more regularly to help with fundraising efforts
 - Within CO
 - Consolidate clearly defined function roles, reporting lines and communications – work in progress
 - Need to improve coordination between Program and Program Support around the proposal development process
 - Field staff were often given multiple tasks from different people with low coordination
 - Field staff do not fully see the outcomes of their efforts – what information they collect and visits they conduct result in, such as reports, press clippings, etc – as well as their individual role in the bigger picture of the response
- External Communications
 - Modesty versus visibility

- Media deployment should have occurred sooner
- Humanitarian community not aware of the extent of CARE’s response and external systems (e.g. Financial Tracking System) not updated about operational activities
- Lack of clear roles and coordination mechanisms among main actors (UN agencies, NGOs and donors) both within and between clusters
- Advocacy
 - Basic call for the ‘cessation of violence by all parties’ seen as a no-brainer and still big sense of betrayal about the silence/ambiguity of CI, in particular CUSA, CAustralia and CCanada
 - Advocacy strategy developed months before response but no CI agreement
 - Tension and frustration between the CO and CI around advocacy
 - Disagreement internally in CI members between programming and marketing/fundraising about advocacy
 - Failure on advocacy handicapped ability to influence donors – who were actively seeking CARE’s advice – and the ability to engage in policy discussions with other INGOs
 - Undermined external recognition of considerable response achievements
 - CARE UK successful in engaging with the public
- Funding
 - Projects that didn’t have flexible funds were not as strong as those that did
 - Could always use more! Especially after the initial response efforts to continue recovery
 - Big lag time before CO able to access funds due to the IPIA procedures and slow PN/FC allocation process
 - Donors increasingly reluctant to cover operational costs, particularly of HR – CARE’s ICR model no longer acceptable
- HR
 - Flipside of incredible staff commitment – need to balance operational needs with staff wellness and a chance to “breathe”
 - Need to recognize ways to have key staff slow down and take time off
 - Staff capacity for the response - CO was already overstretched for basic staffing prior to the emergency, so huge overload on everyone esp key positions
 - Huge post-response burnout for both WB and Gaza staff
 - Staff and partners confused about the status of CBO contracted day laborers as employees of CARE or not, and what ‘employee’ benefits they’re entitled to
- Partners
 - Where partners are strongest, can lead to activities being pigeon-holed to particular sectors, groups and locations
 - Strong partners in some sectors but not as strong of networks in others
 - Difficult to expand networks outside of geographical areas
 - Difficult to share relationships between WB and Gaza staff
- Procurement

- Compliance versus flexibility
- 60 day limit a big wall – occurred right at the time of staff burnout, and right when new compliance requirements came from CUSA
- Difficulties of procuring remotely
- Record keeping burden during “clean up” stage is the flipside of rapid and flexible procedures during the response
- Ways to improve price estimates and budget forecasting
- Safety and Security
 - No security plan in place for CARE WBG despite repeated requests for assistance from CUSA and CI
 - No MERMU regional security office
 - Confusion about the level of coordination of movement/access that is possible
 - Security decisions made in both Gaza and WB – not clear who had decision-making authority – area of tension – to what extent are staff required to follow routes pre-coordinated with Israeli authorities
 - Widely varying expectations about the level of safety CARE can provide for its staff and partners
- Preparedness Planning
 - CO
 - EPP outdated, not referred to during response, didn’t account for a scenario this severe
 - Partners haven’t been involved in preparedness discussions
 - Back up systems/contingency plan not adequately in place for CO or for partners (e.g. rechargeable batteries, etc)
 - CI
 - CI members didn’t have adequately prepared support mechanisms in place
 - Unclear about whether or not CI members engage in preparedness planning as well - they should!

B. Gaza Mini-AAR Workshop

- Security procedures
 - Unaware of security procedures, and there was a sense that one was responsible alone without support
 - On the one hand, everyone acknowledges that CARE couldn’t control security because it was out of their control; on the other hand, many staff said they would have felt safer with CARE flags, vests, ID cards, etc. for themselves, and that this was really needed at the packing stations as well. Would at least have given stronger psychological sense of safety
 - Safety of families – no process in place to relocate them or ensure their safety - up to the individual, which took time away from job
 - One staff mentioned that it would be helpful to have armoured cars
- Back-up systems
 - Not prepared with back-up systems – solar devises, rechargeable batteries etc. – need better technology in place to deal with electricity failure
- Emergency funds

- Needed more flexible funds, more than \$50,000 without having to write proposals – inhibited their ability to do more immediately
- Needed more cash on hand – problems with some of the vendors because could only pay with cash
- Delayed availability of funds
- Coordination/cooperation and flow of information
 - Important to know what others are doing internally – assessments, distribution, outcomes/success stories
 - Emergency response strategy may have been in existence but not communicated or shared with all staff – all just knew their bits of it, not until this meeting learning about the bigger picture – important for them to know their role in broader strategy
- Authority given to staff responding could be improved
 - More authority to staff in Gaza from WB to make decisions
 - Also more authority to field staff in Gaza to act without manager approval (e.g. decide what food distributed where) because quick communication inhibited – this authority was actually existing during time of emergency but staff were unaware of it
- Accountability
 - Not everyone was aware of what was going on in terms of accountability
 - Coordination with other INGOs could be better – Gaza staff saw this as more of a senior management responsibility that they could have improved
- Preparedness
 - Lacking preparation for complex scenarios like this one and lacking an adequate plan
 - A plan should: help identify a clear focal point, define clear roles and responsibilities for the different offices and different functions, determine how to ensure communication among staff, put in place back up systems (satellite phones, etc), and prepare partners
 - Potential follow-up action discussed: meet with CBOs to put better preparedness plans in place with them
 - Amazing how good the response was despite the lack of a plan, so can really improve in case of future situation if have a clear plan

Additional Comments for SMT

- Help improve staff working environment and climate – team building key – staff spend more hours with colleagues than with families
- Flexible funds arrangements/availability of cash critical!!
- Must plan for support for Procurement
- Trainings needed, and/or exchanges/cross-visits
- And maybe next time we can distribute mangoes and pineapples!! =-)

C. West Bank Meetings

- Finance
 - Problems with flow of documents – duplication of scanned and sent

- Problems paying vendors – outstanding bills
- Problems with CUSA receiving PN/FC – slow process and needed it quicker
- Need the ability to respond quicker with a cash flow
- Human Resources
 - Most emergency projects started in parallel – didn’t have the adequate human capacity to implement them all together and didn’t ask about this when deciding to start everything
 - Procurement in particular needed an assistant
- Procurement
 - Affects everything and there was a bottleneck that affected how quickly could start projects – this is a matter related to preparedness
 - New procedures started in March from CUSA so put additional burden
- Security
 - Issues with communication and coordination between WB and Gaza staff
 - Movement – who was responsible, who give approval was unclear – need a clear focal point and role
 - Unrealistic or unclear expectations from Gaza about what WB could or could not do with Israel
 - Tension about who could move where and when between Gaza staff – mixed messages internally – and between Gaza and WB staff
- Communications with CI
 - Difficult to be in touch because during the holidays – inhibited rapid response
 - Inhibited ability to get adequate support
- Advocacy
 - Advocacy created a lot of tension
 - Lead members uneasy/ambiguous about speaking out about the situation
 - No institutional support for WBG advocacy efforts
 - CARE must have stock response to crisis around the importance of non-violent conflict resolution no matter the politics – advocacy has to reflect programming principles and humanitarian mandate
 - CI has to sort out tensions within the balance between the role of advocacy and fundraising
- Emergency Preparedness
 - Need a team made up of WB and Gaza staff together who are trained and well equipped to respond as a team – how to communicate, respond quickly

D. Partner Meetings

CBO: Tatweer

- Need to learn more about CARE systems and procedures
- Want to be engaged and learn, and be better prepared – plan

CBO: Eastern Gaza Society

- Challenge Dealing with communities was difficult because need for assistance was very high

- Focus on connecting emergency relief with ongoing development after the war to help people’s ongoing lives

CBO: Al Attara

- CBO faced problems – e.g electricity cuts – unable to print out lists etc.
- Payments took a long time – hope this would change for the future
- Need to prepare better with partners– preparedness plan is needed
- No problem with systems and procedures – it was clear – except for one form required for water tanks that asked for too much information and was cumbersome for people

CBO: Food Bank

- Want to feel more secure in their partnership, ie establish long term partnership, with a MoU
- Need to be better prepared for an emergency and plan for the future – would suggest a clear action plan
- Need assistance not only with fresh vegetables but also wood, and cash to buy other items

National Partner: General Union of Palestinian Peasants (GUPP)

- Unclear about what happened with an injured family and were concerned
- Some packing station workers would show up injured because they wouldn’t be paid unless they were there – no safety net for them
- Need to better plan to prepare in case of another emergency
- Improve logistics for security – would want vests, i.d. cards, etc. because would show a part of CARE
- Payments were delayed and reasons why weren’t clear
- In constant communication with Gaza staff field representative, and it’s a very open relationship and they are able to raise concerns when there’s an issue. But when issues arise beyond the level of field representatives, action is not taken or a response/explanation given.

ANNEX VI. Action Plan

Gaza AAR – Draft Action Plan (ver. June 22, 2009)

Lesson Learned		Action Item	Who	When	Support/Remarks
Communication	Communication flows between CI members and from CI members to CO	<ul style="list-style-type: none"> CI members should coordinate more effectively during emergencies or at least make better use of existing information (e.g. Sitreps) 	CEG		
	Turnover of focal points for the Gaza crisis within CI members.	<ul style="list-style-type: none"> Draft proposals/concept papers shared through MERMU portal 	Sylvia (RMU)	Portal in place by Sept 2009	
		<ul style="list-style-type: none"> Have a designated focal point for info mgmt within the CO 	Martha	Integrate into CO EPP review in the next 6 months	
		<ul style="list-style-type: none"> Consistency of designated focal points in CI members 	CI Members – include as part of their preparedness process in emergencies (Jane and Reini for CI-UK and CARE Ost)		

	Lesson Learned	Action Item	Who	When	Support/Remarks
Program management	Difficulties in communicating during proposal preparation	Clarity/coordination of proposal process <ul style="list-style-type: none"> • Shared drive for proposal development • Regular meetings between Program & Prog Support 	Saeed and Mohammed	ASAP for regular meetings.	
	Reporting lines not always clear	<ul style="list-style-type: none"> • Continue consolidation of reporting lines 	Martha/Saeed Mohammed	ASAP	
	Breakdown of communications infrastructure	<ul style="list-style-type: none"> • Develop and implement plan to put back up systems in place 			
Advocacy	Lack of an appropriate CI process and agreement advocacy strategy for WBG. CARE considerable achievements not sufficiently recognized and handicapped in influencing donors...despite seeking CARE advice.	<ul style="list-style-type: none"> • Follow-up/revive CI advocacy strategy with the CI SG (supposed to be discussed during the recent Board meeting in June). • Take opportunity of CARE UK National Director’s visit to highlight advocacy issues. 	Roger/Martha (Taheeni support) Jane (CARE UK)		

Lesson Learned		Action Item	Who	When	Support/Remarks
Media	Essential to deploy media coordinator during early phase of response	<ul style="list-style-type: none"> Significant positive contribution to the response. 	<ul style="list-style-type: none"> CEG Media Coordinator Cham (CO) 	Integrate into preparedness planning.	
Preparedness of Region/CI member	Lack of clarity about DRD PQ and REC roles	<ul style="list-style-type: none"> Clarify roles of REC and DRD PQ during emergencies 	Sonia and Taheeni		
	Evidence of lack of preparedness within CI members	<ul style="list-style-type: none"> Promote preparedness by CI members. 	ERD/EPP Coordinator		
EPP (CO)	EPP not operationalized	<ul style="list-style-type: none"> Review/revise CARE WBG EPP together with partners 	Cham		
Funding	<p>Importance of having flexible funding to launch response.</p> <p>Amount of funding received was enough without exceeding capacity, though absorptive capacity was exceeded during the initial period.</p>	<ul style="list-style-type: none"> Continue MERMU flexible fund – was critical to supporting initial response. Supplement with CI ERF but increase to \$50,000 per sector to enable proper launch (4 sectors) Conserve as much flexible funding as possible. 	<p>RD</p> <p>ERD (CEG)</p> <p>Basem</p>		

Lesson Learned		Action Item	Who	When	Support/Remarks
Funding	Create more funding opportunities in place that can draw on during emergency. Currently takes around 2 months to obtain PN/FC codes with existing IPIA procedures.	<ul style="list-style-type: none"> Identify additional funding opportunities from Arab countries Streamline and clarify process of obtaining PN/FC during emergencies. 	Basem		Support by CI members with CO
	Donors reluctant to cover operational (particularly HR) costs. CI business model no longer acceptable to donors.	<ul style="list-style-type: none"> CI members need to ensure that resources fully cover CO operational costs and continue advocating with donors. Also need to change CARE business model (ICR). 	Reini to follow up on CARE Ost request to CI Secretariat to streamline. Roger to follow up with CI.		
Human Resources	Need to balance operational needs and giving a chance for staff to “breathe”	<ul style="list-style-type: none"> Review leave policies for staff involved in an emergency response. Backfilling for key emergency staff (procurement, finance, etc.) so they are able to take leave without undermining operations. 			

Lesson Learned		Action Item	Who	When	Support/Remarks
Human Resources (cont.)	Important to acknowledge staff commitment in a way that does not undermine morale of staff traumatized by the war.	<ul style="list-style-type: none"> Maintain morale of Gaza staff through routine HR management processes, for example, recognition thru APA process Promote team-building activities 	SMT and supervisors	On going	
	Feedback to staff in Gaza not systematic.	<ul style="list-style-type: none"> Feedback to Gaza staff to illustrate how involved in media events, etc. have been represented. 			
	HR for response capacity overload	<p>Emergency Staffing measures</p> <ul style="list-style-type: none"> Identify staff members who could substitute for/supplement staff Cross-skills training Restructure staffing table for emergencies. Pool of vetted individuals who could be called up when access is difficult (e.g. procurement, HR). 			
	CO stretched for basic staffing.	<ul style="list-style-type: none"> CO and RMU to go thru existing budget to identify resources to help fill HR gaps. 			

Lesson Learned		Action Item	Who	When	Support/Remarks
HR (cont.)	HR issues with partners.	<ul style="list-style-type: none"> Strengthen orientation for CARE and partner staff to clarify expectations Review policy on vests for partner staff 			
Safety & security	<p>:</p> <ul style="list-style-type: none"> Repeated requests made to CI and CARE USA to develop security plan, but still no functional plan or framework exists eight months later. CARE WBG’s security officer’s advice not always followed during war. No regional MERMU security officer. 	<ul style="list-style-type: none"> Contingency planning integrated into the EPP review. Developing clear regional and CO security policies and making clear to staff and partners. 	<p>Cham</p> <p>Roger</p>		

ANNEX VII. Humanitarian Accountability Framework (HAF) Self-Assessment

CARE International Humanitarian Accountability Framework Self-Assessment Exercise

Instructions: Using those indicators on the following page which are relevant to the Gaza response as guidance, give each CARE stakeholder an aggregate score. Provide a brief justification for these scores in the “Comments” box.

Scoring: 1 – Benchmark mostly not met
 2 – Benchmark partially met
 3 – Benchmark fully met
 4 – Benchmark occasionally surpassed
 5 – Benchmark significantly exceeded

	Scores				Comments
	CO	RMU/D M	CEG/CI Sec	CI Memb	
Benchmark 1: Leadership on accountability CARE’s senior leadership has a clear statement of humanitarian accountability that is publicly available and easily understood by key internal and external stakeholders ² ; and senior leaders take all reasonable steps to ensure that mechanisms are in place to comply with CARE’s Humanitarian Accountability Framework to ensure fulfillment of quality and accountability commitments.	3	3	3	3	<ul style="list-style-type: none"> Benchmark 1 is implicit in all CARE operations – if not explicit through policy documents. Stakeholders and beneficiaries are aware of CARE principles.

² Disaster-affected communities, CARE staff, partner staff, donors, host governments, peer humanitarian agencies.

	Scores				Comments
	CO	RMU/D M	CEG/CI Sec	CI Memb	
Benchmark 2: Principle of non-discrimination and response CARE’s humanitarian response is based on <i>systematic assessment of the needs</i> , vulnerabilities and capacities of those affected; and the response is <i>appropriate and in proportion to the capacity of CARE</i> , within the overall assistance programme so that CARE’s interventions are impartial and are in accordance to humanitarian need.	4	3	2	3	<ul style="list-style-type: none"> CO did a very effective job of assessing needs. CI members asked quite specific question about beneficiaries when preparing proposals, which CO felt improved rigour. CEG involved in preparedness?
Benchmark 3: Planning, project design and internal monitoring processes – Staff systematically define, monitor and report on the processes, outcomes and impact of the humanitarian programme, making systematic use of relevant technical standards, and making adjustments where necessary.	3	2	N/A	2	<ul style="list-style-type: none"> CO felt that emergency response was integrated into programme. CI member felt weren’t able to play an adequate role in terms of providing technical support & clearer guidance due to workload.
Benchmark 4: Participation - CARE has established systems that enable stakeholders to routinely input into our decision-making processes, including enabling stakeholders’ input into broader humanitarian policies and strategies, in addition to engagement on operational issues.	3	3	2	2	<ul style="list-style-type: none"> CI members have systems in place for donors, but not for all stakeholder groups. Benchmark seems to be focused on CO.
Benchmark 5: Stakeholder feedback and complaints mechanism – CARE has formal mechanisms in place to capture, monitor <i>and act on</i> feedback from beneficiaries and other key stakeholders. Formal mechanisms ensure that the beneficiaries and local communities can seek and receive response for grievances and alleged harm in a safe and non-threatening way.	2	1	1	1	<ul style="list-style-type: none"> Not applied applied systematically. Variations in performance between different CI members.
Benchmark 6: Transparency and info sharing – CARE makes relevant information publicly available in appropriate ways that allow beneficiaries, local communities and other key	2	2	2	2	<ul style="list-style-type: none"> Need more systematic approach to transparency (e.g. CO need to be more systematic about sharing information and feedback with CBOs

	Scores				Comments
	CO	RMU/D M	CEG/CI Sec	CI Memb	
stakeholders so they can make informed decisions and choices about CARE’s work.					<p>and beneficiaries).</p> <ul style="list-style-type: none"> Variations in performance between CI members (e.g. CARE Ost is the only CI member with a information disclosure policy).
Benchmark 7: Independent reviews, monitoring, evaluation and learning – CARE demonstrates a commitment to systematic and impartial examination of humanitarian actions (usually led by people not directly involved in CARE operations) to draw out and apply lessons to improve practice and policy, and enhance accountability.	3	3	3	3	<ul style="list-style-type: none"> Provisional scores – final score will depend on follow-up on recommendations different CARE stakeholders on AAR results. Variations in performance between different CI members. External evaluations systematically carried out and posted on CARE USA’s EEL.
Benchmark 8: Staff competence and human resources management in emergencies - staff are made aware of and trained in delivering their obligations, including accountability to beneficiaries, and their performance management is measured with respect to CARE’s Humanitarian Accountability Framework. Competencies of CARE staff allow them to implement the HAF and partners are able to help CARE comply with the HAF.	1	1	1	2	<ul style="list-style-type: none"> Variations in performance between different CI members. Staff capacity needs to be built across the board. Lack of awareness of CARE’s HAF and staff roles.

ANNEX VIII: AAR Workshop Evaluation

An evaluation form consisting of three 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 in section A, with the total number of times the response was mentioned provided in parenthesis.

Additionally, participants in the Gaza mini-AAR workshop were asked to write down their thoughts about the usefulness of the exercise. Their responses are listed in section B, grouped by responses relating to the usefulness of the process, concerns about the process and recommendations.

A. AAR Participant Evaluation Results

1) What was most useful about the AAR for you?

Responses	# participant responses
Opportunity to reflect on our overall performance away from an office environment	8
Views from CARE colleagues and partner staff in Gaza	3
Listen to views from different perspectives about the Gaza response	3
Action Plan that includes all levels of CI stakeholders	3
Meeting colleagues from different parts of CARE (CO, CI members, CEG, RMU)	2
Thorough and thoughtful learning process built into AAR design	1
Pace was good: lead facilitation with co-facilitator supporting worked well	1
Learn about implementation challenges and the achievements of CARE WBG	1
Awareness about reference documents that would be useful to read	1

2) What could have been improved?

Responses	# participant responses
Absence of Gaza staff during the AAR	8
Agenda and relevant background documents not shared in advance so unaware of expected outcomes. Could have been better prepared.	3
HAF self-assessment interesting, but somewhat confusing. Needed more background information	3
Needed more participation from CI (advocacy, CARE USA, CI members)	3
Clarify division of labour between facilitators	1
Lack of beneficiary inputs, especially issues around distribution and downward accountability	1
Plenary session on strengths could have been shorter	1
On day 2 we should have touched base before and after lunch and synthesized main points	1

Needed more interactive exercises	1
Not to mix up global learning for a CO doing AAR for the first time	1
More group discussions instead of plenary	1
Action planning session could have been divided up between 2 groups, leaving more time for detailed discussions on specific topics	1
Talk with field staff and other colleagues about communications issues	1
Some of action points were superficial since lost focus at times during the discussion	1
Apart from inability to adjust air-conditioning, venue was OK	1

3) What have you learned that you will take back to your work?

Responses	# participant responses
Implementation of recommendations in AAR Action Plan	4
CARE has useful institutional processes (like the AAR) to assess and improve performance	4
Need to better integrate the regional coordination and regional emergency coordinator roles	1
Good practices identified during the emergency response	1
Importance of thinking specifically about accountability issues	1
Need to learn more about the HAF	1
Improved knowledge of challenges of working in WBG	1
We can always improve more	1
Brief colleagues on AAR results (CI member)	1
Better appreciation of my colleagues	1
Refocus on security issues	1

B. Gaza Mini-AAR Participant Evaluations

Usefulness

- It was good at least we talked about it.
- I realized I did not learn much about the emergency response during the war until I had today’s meeting.
- This activity was useful as it brainstormed the staff to review the strengths and weaknesses and come up with ideas for improvement
- Good exercise to know strengths and weakness issues from staff itself
- It has been helpful and open; Could have been much better when all are together, but I know that it is not an easy thing to do it!
- This exercise is very good and helpful for Gaza staff
- I hope to provide Gaza staff with more workshops for emergency situations
- This group exercise was very useful. Consider it as one step to improve emergency plan with all aspects has been discussed with all staff and to take real steps in future planning in emergency – to obtain more effectiveness and monitoring

- It is good and covered the activities that meet the purpose of this workshop
- I liked (very much) the way of leading and facilitating this session; many thanks to Sarah and Taheeni.
- The objective of the workshop was very clear.
- The presentation was very good.
- About the workshop and how it went: I think it is useful and went well. Most of important issues were raised.

Concerns

- We have to focus more on people who were working during the war; we must ask for lessons learned and how to avoid the negative things
- Contribution was low, may be due to not all staff contributing in the action

Recommendations

- Do wish to take our recommendations into consideration
- I recommend to do such workshops periodically and not only for emergency responses
- Recommendation for a coming workshop: To give staff/audience an idea about it, its agenda, the topics that will be discussed in order to be more prepared. To squeeze our minds to list points each thinks are important.
- There could be an exercise that every one should speak up and say what they faced during war and after war examples of work incident.