

## **TERMS OF REFERENCE**

### **Independent Evaluation of Care's Response to the Pakistan Earthquake**

#### **1. Background**

The South Asia earthquake of 8 October 2005 resulted in the loss of an estimated 86,000 lives and considerable damage of the built and natural environment in Pakistan. In all, 4 million people were reported as affected in the north-west frontier (NWFP) and Azad Jammu and Kashmir (AJK). More than 100,000 people were injured, and up to 3 million individuals were in immediate need of shelter and other life-sustaining assistance. An estimated 600,000 housing units were either destroyed or severely damaged. In some areas, close to 100% of the housing stock was destroyed. There was significant damage to roads, schools, health clinics and hospitals and other infrastructure. The vast geographic area affected, along with the rugged mountainous topography and inaccessibility of many populated areas, made a humanitarian response particularly difficult.

CARE Pakistan responded to the Earthquake by mounting a two-pronged relief operation. The first was to work through several strategic partners for immediate distribution of relief materials and provide health care for survivors; and the second to mount an emergency relief operation in the Allai Valley of the North West Frontier Province, one of the hardest hit areas of the Earthquake Zone. CARE Pakistan is currently mounting a reconstruction effort that focuses on shelter support to returning families, livelihood assistance to help families get back on their feet; and reconstruction of schools and start of primary education programs.

This evaluation will assess CARE Pakistan's immediate response to the earthquake as well the period leading up to the reconstruction phase, with a view to drawing lessons for country office and CI emergency preparedness, disaster risk reduction and future emergency response.

#### **2. Purpose and Objectives of the Evaluation**

The purpose of the evaluation is three-fold:

- a) Assess the quality of CARE Pakistan's response to the earthquake in the Northwest Frontier Province including adherence to Sphere Standards during the response and performance relative to CARE International's Humanitarian Benchmarks and OECD evaluation criteria.
- b) Develop lessons learned and recommendations that will assist CARE Pakistan to build disaster risk management and emergency preparedness capacities into future programming in order to help communities better cope with risk, and to enable a more timely and appropriate response to disasters and crises in the

future.

- c) Assess the extent to which CARE Pakistan was able to engage appropriately with the Pakistan military during the emergency response. The evaluation will make recommendations on future CARE policy on civil-military relations.

Evaluation recommendations will be based on accepted Red Cross Code of Conduct, to which CARE International members are signatories, as well as Sphere Minimum Standards, CARE International's Humanitarian Benchmarks, CARE International's Evaluation Policy and OECD evaluation criteria. Some specific areas which the evaluation will examine include:

- **Timeliness and Appropriateness of response** – to what extent did the country office have the capacity, systems and procedures, sufficient human resources and appropriate level of preparedness to facilitate a rapid and appropriate response? How did CARE's capacity (notably CI members, ARMU and CARE Pakistan) to staff-up affect the quality of the response? Was gender taken into consideration adequately in all relevant areas of the response?
- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was CARE Pakistan's response cost effective?
- **Impact** – Review of the impact of CARE Pakistan's response in terms of preservation of life and reduction of human suffering. Assessment of the extent to which international standards (e.g., international humanitarian and human rights law; the Red Cross/NGO Code of Conduct) and relevant standards (e.g., Sphere, CI Program Standards) were applied and their impact. Assessment of the impact of the response using a Do-No-Harm lens.
- **Coverage** – scale and ability to reach those most in need, given the political, religious, geographic and social context of the emergency, and providing intended beneficiaries with assistance and protection that is proportionate to that need.
- **Connectedness and Sustainability** – links to local capacity, plans and aspirations and the collaboration and co-ordination with intended beneficiaries (including the effectiveness of communication/feedback systems), within CARE and with external partners.

### 3. Components of the evaluation report

- a) **Introduction.** The context of CARE's intervention in the earthquake the salient characteristics of the response and their implications. Specific issues for CARE in Pakistan, for example security and profile.
- b) CARE Pakistan's **decision to engage** in the earthquake response. Criteria influencing the decision and the implications of the decision.
- c) **Human resources and management systems.** The challenge of expansion from a small development-focused base. Mechanisms used in recruiting or transferring staff. Implications for the organization of the nature of the staff in the short, medium and longer terms. Inter-agency competition/sharing of staff.
- d) **Partnerships.** The nature and quality of partnerships with implementing

agencies, other NGOs, the UN system and government organizations, including the army. The nature of co-ordination and co-operation and actual modes of operation.

e) **Community capacities and needs.** Community responses in different phases, Building, maintaining and strengthening community capacity. Community participation modes. Community structures. The nature of need assessment at different levels and stages. Prioritisation of needs.

f) **Gender.** Specific vulnerabilities and limitations on women. Gap identification and gap filling. Specific activities for women. Strategic implications of emergency interventions, Implications for and of human resources past present and future.

g) **Programming and delivery.** Process focus (results in annex). Other stakeholder views, including community. Longer term strategic significance of modes for sustainability. Do no harm principle and accountability. Adherence to codes.

h) **Logistics.** Procurement, delivery mechanisms, accommodation and site development. Specific problems of Allai valley and dependence on scarce helicopter travel and with poor road communication. Telecommunication systems.

j) **CIMIC.** History of relationships and specific problems arising for CARE staff and community. Existing co-ordination mechanisms. Possible future relations in emergency and developmental contexts.

k) **Preparedness and development.** Transition to development. Incorporation of preparedness, risk assessment, vulnerability reduction mechanisms and surveillance systems in the planned development context.

Many issues are relevant in different sections. There will be cross reference between these but no undue repetition. The OECD/DAC evaluation criteria will be used as appropriate in the assessments of each section. Where necessary material will be elaborated in annexes. Findings will be used in the preparation of action-focused recommendations.

#### 4. Evaluation Methodology

a) **The methodology** of the evaluation will include a combination of a desk review of relevant country office documentation, field travel, key informant interviews or focus group discussions with CARE staff in Pakistan (both field and HQ), ARMU and CI. The evaluation team will also interview a selection of beneficiaries in communities and key external stakeholders such as Pakistan government representatives, other international NGOs, and UN agencies.

b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their permission.

c) **Communication of Results** – an official report of the evaluation will be prepared. However this report will be supplemented by a presentation of preliminary findings for key stakeholders(both internal and external) to both provide immediate feedback to CARE staff and beneficiaries(?) and give the Evaluation Team an opportunity to validate findings.

- d) **Report:** a concise report with focused practical recommendations will be prepared emphasizing both feedback to CARE managers and providing replicable lessons to inform CARE's disaster risk management and emergency response in future. CARE interviewees will be given an opportunity to comment on the draft reports prior to finalization. While the Evaluation Team will retain responsibility for drafting and editing the report, the Country Office will have the option of making a written response, which will be attached as an annex to the final report. Once finalized, the report will be shared within the CARE world.

## **VI. Evaluation Team Composition**

CARE Pakistan anticipates that the evaluation team will be made up of 3? to 5 persons including a Team Leader; a Human Resources specialist; a national expert (preferably with expertise in gender); an M&E Specialist and a national M&E Officer (CARE Pakistan staff).

### **The Team Leader Qualifications :**

#### **Required :**

- Extensive experience of emergency management and risk management approaches
- Monitoring and evaluation of emergencies
- Previous Evaluation Team Leader experience
- Good knowledge regarding use of Sphere standards, Red Cross Code of Conduct, beneficiary accountability systems, etc. in humanitarian contexts
- First-hand knowledge of the South Asia context
- Excellent drafting and communication skills

#### **Desired:**

- Prior experience of CARE relief and development operations
- Understanding of the Pakistan context
- Experience in managing emergency shelter programs
- Gender in emergencies experience
- Knowledge of Pashtu and/or Urdu language

#### **Other Team member combined experience:**

- Monitoring and evaluation experience
- Strong knowledge of Pakistan context (particularly the Northwest Frontier Province)
- Gender in emergencies experience
- Strong HR management experience (particularly in emergencies)
- Strong emergency management experience (previous experience in earthquake response also desirable)
- Knowledge of Pashtu and/or Urdu

## VII. Use of Evaluation Results

The Evaluation will make recommendations to various levels within CARE (e.g. the Country Office, the ARMU, and CARE USA) in order to improve the quality of CARE's preparedness and response to future emergencies. The target audiences of the evaluation will develop a plan of action based on the evaluation report and its findings within one month of distribution of the final report. An appropriate system for monitoring implementation of recommendations will be agreed by CARE Pakistan, CARE USA/ARMU, and CEG, who will each nominate a focal point to monitor implementation of recommendations.

**VIII. Proposed Timeframe:** total of 4 1/2 weeks for the Team Leader and 3 weeks for the other Team Member(s). The evaluation schedule will include:

<b>Activity</b>	<b>Approximate Dates</b>	<b>Person(s) responsible</b>
Desk review	End May (2-3 days)	Team leader & team members
Field Visit to CARE Pakistan (including project sites)	First 1/2 of June (3 weeks)	Full team
Interviews with CI members, RMU	Mid-June (2 days)	Team Leader
Follow-up Interviews	Mid-end June(2-3 days)	Team leader, M&E and HR Experts
Circulation of Draft Report	End June	Team Leader
Final Report (after incorporating feedback on draft)	Mid-July	Team Leader w/ CARE staff
Stakeholder review of recommendations	End July	CO, ARMU, CARE USA, CEG
Stakeholder Plans of Action circulated	End July	Country Office, ARMU, CARE USA, CEG.
Monitoring Implementation of Recommendations	ongoing	Country Office, ARMU, CARE USA, CEG.