Strategic Conclusions and Recommendations

This last chapter is the main focus of the evaluation. For that reason it is quite long.

The Current LRSP (2000)

The LRSP of 2000 set out three main strategic areas:

- Community development
- Organizational capacity building
- Reproductive health

Just after it was developed, however, the situation changed dramatically. The second Intifada broke out in September 2000. Though the three areas do not correspond to actual projects, they were partly chosen in expectation of USAID funding for such activities, however. Several donors were interviewed to determine what their priority areas were.

Understandably, the LRSP has not been used as a tool since. The absence of guiding principles for action in different scenarios, has in part led to its being abandoned as a working document.

An attempt was made to review the LRSP in 2003, though this was not documented. Both the LRSP and the Annual Operations Plans (AOPs) are seen by some staff as largely bureaucratic processes. The project design phase is an important opportunity for applying them. A practrical, programmatic focus is required in both, so that the documents are seen as useful in day-to-day work.

The 2004 LRSP Planning Process

CARE's December 2003 Strategic Planning Guidelines provide a helpful basis for any CARE strategic planning exercise. On pages 9 and 10, it sets out important guidance under the section title *CARE Lessons in Strategic Planning, in Brief*, which, among other points, recommend that,:

1. Rather than analyse the past, or dissect the present, we must think more about the future
2. **There be deeper analysis of the underlying causes of poverty … we must ask <u>why</u> … 'lacks' (needs) exist**
3. Greater focus on fewer and more critical decisions
4. **Business as usual … should be either restructured to align with our priorities or stopped**
5. **An increasingly important part of planning is an internal assessment of capacity**
6. Winning staff buy-in to the plan and managing the change that the plan entails have often been sorely underestimated

7. Much more attention must be paid to … annual reviews and possible revisions of the plan
8. **It is critical to put resources – money, people and time – behind the plan's strategic priorities.**
9. It is important to bring in outside viewpoints from other organizations (such as NGOs, partners and donors)

Greater flexibility than is normally the case in adapting LRSPs to changing circumstances is required. For instance, given the uncertainty of the situation, CARE should consider a shorter duration for the LRSP, perhaps 3, and not 5 years. A planning process needs to be set out for the LRSP, which defines and integrates:

- Scenario planning (scenarios which may require strategy shifts, such as the 2000 Intifada). Such an approach facilitates, for example, more rapid adaptation of staff, systems and even communities to changed operating environments. It is also a means to prepare donors for reallocation of resources if priorities suddenly change.
- Contingency planning (for sudden emergencies, which will not necessarily change the overall strategy, but will trigger a rapid emergency response. Such as the Jenin response in 2002)
- Rolling plans and/or Annual plans (whereby the strategy may remain the same, but actions are set out and updated in phases)

The LRSP should address how the WBG **vision and principles** would be applied in the different scenarios (e.g. applying long-term vision in a chronic emergency for example). WBG strategic planning scenarios can include at least three:

- Breakthrough (to peace)
- Break-down (collapse of the PA and descent into even greater violence)
- Status quo (a continuing, gradual decline into grinding poverty and restricted access to basic services)

While CARE should be ready for all three, a responsible approach is not to expect a dramatic, rapid recovery.

A sample planning process could include:

- Nominating a focal point for the process. S/he should be guided by the CARE strategic planning guidelines of December 2003.
- Establishing a core group to oversee and facilitate the process. This group of some 3 – 6 people should have the ultimate responsibility and authority to guide the process, including deciding on the final LRSP.
- Making a key initial decision regarding the extend to which CARE WBG can meet the list of lessons set out above (especially points in bold, nos. 2, 4, 5 and 8.

The issues of resources and capacity imply a willingness and ability to address donor dependency).

- Planning the entire process in detail, including resources (human, material and financial) to support it.
- Review and adaptation of this evaluation report and other documentation, in order to produce an outline strategic 'position or options paper' (e.g. 5 – 10 pages), to be circulated for comments.
- Planning a series of well targeted, facilitated meetings, based on the options paper, with staff, partners and other relevant actors.
- Redrafting the options paper, based on the outcomes
- Review and finalization of the paper in the form of a strategic plan by the core planning group.

Strategic Conclusions of the Evaluation

The overall impression of the CARE WBG programme is positive. It is effective, in that the main objectives of the individual projects have largely been achieved. **CARE is respected as a professional agency. The staff are respected for their knowledge and for their relationships with beneficiaries and implementers which they have developed and maintained through their project work.** The regular CARE presence in the field, throughout project design, set-up, implementation and monitoring, has been noted.

The health project has been highly praised by the respective donor, strongly suggesting that CARE not relinquish its now significant capacity in this area and use its reputation as a basis to develop a more strategic approach.

The emergency response in Jenin is seen as having been timely, effective and appropriate, managed primarily by existing CARE staff. A major conclusion of the evaluation is, therefore, that CARE's emergency projects have been conducted in an effective and professional manner.

CARE has also shown a capacity to learn. For example, beneficiary selection has improved over time in a number of locations. Procurement and distribution of pharmaceuticals progressed from its once shaky foundations to a well-established, comprehensive logistics system. While the costs of procuring pharmaceuticals in the US have been shockingly exorbitant, CARE's repeated requests to USAID to be allowed to procure have eventually resulted in local procurement. (Albeit, after significant funds were wasted!)

Efficiency is difficult to judge. CARE services do not come cheap. Comparing coverage and overall project costs, one is left wondering whether more could be achieved with less. None-the-less, this evaluation is not in a position to judge with any great accuracy. It will concentrate on the major issues of *impact* and *relevance*.

Short-term approaches (short project duration, for instance) have, however, not led to sustainable results. While CARE has had little scope for influencing the length of these 'donor-driven' projects, four months for a quasi-developmental water programme (construction of cisterns, using participatory methods) is ambitious. The demise of the 'solidarity groups' (see Food Security) is an important example of where opportunities for longer-term impact were missed.

It is legitimate to ask whether the international community, including CARE, have averted a humanitarian disaster, as some people claim. If so, impact could be deemed to have been significant. Evidence to support this argument is weak, however. Despite recently recorded improvements in nutrition, and the huge per capita aid budgets (some 200 USD, per head, according to OCHA) the inexorable deterioration in the situation, especially the economy, is one measure of collective failure to halt suffering.

The impact of the programme is at best vague and largely unknown. Where it can be identified (e.g. the positive impact on the lives of individual families, as evidenced throughout the programme), **it is scattered, ill-defined and incoherent**. The programme is more a set of separate projects than a coherent whole. Specifically:

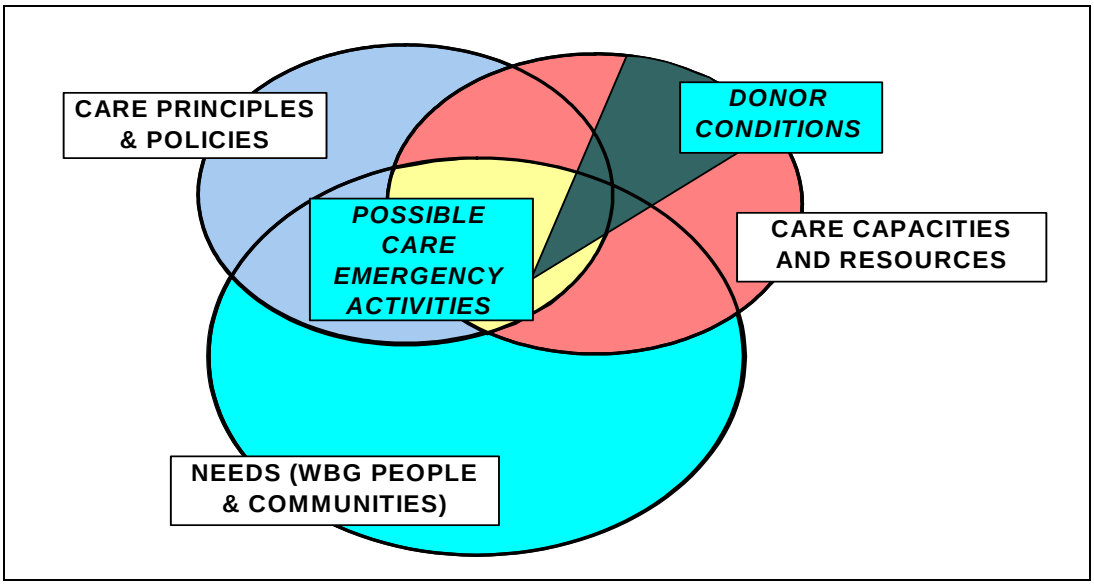
1. With the exception of the 2002 Jenin acute-emergency response, the categorizations 'emergency' and 'development' are somewhat artificial, and in this context, devoid of meaning. All projects attempt to address the chronic crisis as best as possible. Overall approaches (e.g. working through village committees), and often project locations, are hard to distinguish (e.g. between the VSP and the water and sanitation projects).
2. Projects/sectors are run as quite separate entities one from the other, even when activities are conducted in the same broad geographical area. Activities are disparate and rarely inter-connected (including when 'emergency' and 'development' activities are conducted in the same village).
3. Project durations vary widely, ranging from very short-term interventions (e.g. water, 4 to 6 months) to medium (Food Security and Capacity Building for health) and longer-term (the VSP, albeit not emergency, but conducted in similar locations to certain emergency activities).
4. Project geographic locations are scattered (Jenin, Ramallah, Gaza, Hebron, Jerusalem; water cisterns here, sheep there, training, surveillance and pharmaceuticals anywhere). Though the focus is on rural poverty, CARE is also working in urban areas, such as Jenin, and Yabad (towns of well over 10,000 people each).
5. While the target population is 'marginalized segments of Palestinian society … and … the poor'[43], CARE works with a wide range of economic and social categories, including those who can afford to pay hundreds of dollars to install water cisterns. On more than one occasion, the poorest did not benefit. (It is reasonable to ask whether CARE can, in fact, consistently address the poorest of the poor, in such a chronic crisis and by working through participatory committees and mechanisms which design and apply criteria.)

[43] CARE WBG'S Vision, Mission and Core Values, LRSP, 2000

6. Methods applied in the projects vary widely e.g. free medicines and sheep distributions, versus beneficiary payment for the water cisterns.
7. CARE has working partnerships with a very wide variety of organizations, international academic institutions (John Hopkins University); INGOs (SCF); Regional NGOs (ANERA); national NGOs (numerous); authorities (the PA), etc.
8. Coherence with non-partner actors seems, however, to be limited. Coordination with and understanding of other actors and their activities is notably limited, even when working in the same villages as CARE. (Part of the reason may again come to funding: NGOs have been known to compete for resources and beneficiaries!)
9. Even within sectors, coherence is weak. The various components of the Health programme are managed as essentially separate activities. The John Hopkins activities appear to be almost a separate project, loosely located within CARE, as opposed to a core activity, tightly coordinated and managed by CARE.
10. 'Cross-cutting issues' such as the Rights Based Approach, advocacy, gender and conflict sensitivity, while frequently noted in project submissions or other CARE documentation, lack focus and a common logic.
11. There are many competing layers of strategy, priority and approach. The LRSP, which sets out the Country Office strategy, sits (uneasily) alongside: donor requirements and strategies (USAID and ECHO); the OCHA Common Appeals Process (CAP); the implicit CARE regional strategy; the various individual CARE International member global strategies; and the priorities of the many networks and inter-agency initiatives to which CARE has signed up (e.g. SPHERE). The plethora of guidelines and Programming Principles emanating from headquarters offices on 'cross-cutting' themes and approaches add to this menu of strategic directions through which CARE WBG is expected to navigate.
12. Many categories of staff exist, including those working for CARE, who are linked to other organizations (e.g. John Hopkins and ANERA).
13. Finally, the multi-location of project management among the Jerusalem, Ramallah, and Jenin offices, further fragments the programme. A practical, result is, for instance, the absence of a single location at which all key programme information and files are centralized.

CARE is spread wide, and often, thin. It is a challenge for management to follow, much less control this diversity. In short, while the projects have been effective, CARE needs to focus its activities, in order to improve impact, efficiency, predictability, and sustainability. So, what are the options?

CARE WBG can be needs driven, supply (capacities and resources) driven, principles driven, or a mixture of all three. One assumes that the overlap of these three aspects indicates what emergency activities are the most strategically advisable.



The first question is whether CARE should be operating in the WBG at all. Some large international organizations have opted not to be operational in the region. A number of interviewees argued that the organization should not be present. The arguments were at least three-fold. Firstly, other areas of the world are patently in greater need (e.g. Central and West Africa) than this 'middle-income region' (which allegedly receives some 200 USD per capita in aid). A second argument is that CARE cannot address the political root causes adequately. Thirdly, international organizations are relieving the occupying power of its responsibility to sustain the population.

While the WB&G hardly contain the 'poorest communities in the world', the first CARE/John Hopkins nutrition survey shocked many observers regarding the degree of malnutrition present in the WBG. Additionally, in line with CARE's global mission, there is a clear need in the WBG to strengthen 'capacity for self-help', provide 'economic opportunity', deliver 'relief in emergencies', influence 'policy decisions' and address 'discrimination in all its forms'. **According to interviewees and documentation, the main needs in the WBG are:**

- **Access to services and gainful employment (i.e. freedom of movement, combined with economic recovery)**
- **Relief and protection during sporadic, acute emergenci**es

CARE's mission fits well with this reality:

CARE's mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by:

- **Strengthening capacity for self-help;**
- **Providing economic opportunity;**
- **Delivering relief in emergencies;**
- **Influencing policy decisions at all levels;**
- **Addressing discrimination in all its forms.**

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less. *(Taken from the CARE USA website)*

When this question was posed to Palestinians[44], the vast majority answered unequivocally that **CARE and other international organizations should remain**. They argued that however difficult and complicated the situation is, it is clearly a humanitarian crisis the victims of which require international support to survive. This includes, they ague, both action to address poverty (e.g. job creation) and advocacy for respect for basic human rights and humanitarian principles. This argument also fits, incidentally, with the decision by international organizations to be hugely present in, for example, South Eastern Europe, or Iraq.

A strength of CARE WBG is its presence and its developmental work in certain areas. Quoting a CARE staff member:

> *We kept going back to the pre-emergency projects. They were better, more needed, did not create conflict, benefited the overall community, and there was no issue of equity, while now, this is not the case (with individual family focused activities).*

Needs can be basic (as in acute-emergency incidents) or related to the root causes of poverty. **To address needs in the WBG, CARE requires a combination of advocacy, development approaches (focusing on livelihoods) and an emergency preparedness and response capacity.** (Linked to preparedness, disaster mitigation may be relevant, given the possibility of an earthquake in coming years).

Anti-poverty activities, emergency relief and advocacy, while relevant to the WB&G, are, however, still broad categories. In the words of a senior Palestinian official, 'anything can be right and anything can be wrong in this environment'. In other words, needs are so diverse, that virtually any approach can be valid.

Thus we come to capacities and resources. Here again, CARE has a wide range of capacities, as evident from the existing projects. CARE can also draw in virtually any additional capacity as may be required (as was shown when international logistics expertise was brought in to establish the now impressive EMAP pharmaceuticals procurement, transport, storage, distribution and tracking capacity). Therefore, an

[44] Beneficiaries, authorities, CARE staff and partner staff.

analysis of CARE's actual or potential capacities does not limit options significantly. CARE has, can adapt, develop, or bring in virtually any aid capacity.

Finally, we consider the issue of resources, and here we come to a critical reality: **CARE WBG is highly donor driven and dependent** (see the section on donors, including recommendations).

Assuming that donor dependency is reduced to a point which allows CARE to focus, CARE should consider a wider variety of options than just its mission, needs and capacity.

Focus can be on the basis of, for example:

a. Geography (choosing a limited number of locations)
b. Technical Sector (food, health, etc.)
c. Programme approach (emergency, development, intermediate …)
d. Type of activity (procurement, training, community 'facilitation')
e. Types of partner (the PA, specific NGOs)
f. Types of people (women, children, disabled, etc.)
g. Or a mixture of any or all of the above

Strategic 'Signposts'

The authors of this report have been requested by senior CARE WBG staff to provide 'signposts' in this report, for the LRSP process. The following suggestions are made in this spirit. They are not hard and fast recommendations, rather, preferred options to be teased out in further discussion. In light of the above options and issues, and in addition to the various recommendations already made in this report, CARE should consider:

10. Re-focusing on poverty reduction and root causes, more than on short-term emergency activities, including **a combination of advocacy, development approaches (focusing on livelihoods and poverty reduction) and creating an emergency preparedness and response capacity.**
11. Conducting an in depth contextual analysis related specifically to the realities of each project or programme location and activities (much study has been conducted on the conflict. What is required is an analysis of how it is relevant to CARE's activities and the locations in which it works - see the relevant section earlier in this report and in the annexes)
12. Choosing to build on its presence and experience in areas in which it has already been working (e.g. Jenin and Gaza) and designing 'integrated area development' projects, based on the three priorities: livelihoods, emergency preparedness and response, and advocacy

13. Conducting advocacy[45] firmly linked to programme activities and specific programme locations (i.e. based on issues, quality information and testimonies emanating from, collected through, and in support of the programme activities)
14. Integrating impact measurement in programme design, implementation and monitoring/evaluation
15. Preparing for emergency response;
    a. Where at all possible, based on existing staff and locally available materials and capacities
    b. Focused primarily on existing CARE programme areas (i.e. to address acute emergencies arising in those areas; and covering only very short-term, 'light', small emergency response anywhere else, whenever no one else can respond effectively)
    c. Reinforcing all emergency systems, capacities and procedures in order to guarantee the right staff, materials and finances in the right place at the right time, in the event of an emergency. (This requires an in-depth, specialized review, to identify what is required and the adequacy of existing, and the need for new procedures).
    d. Including a comprehensive staff emergency preparedness programme (primarily national staff), through training and other staff development activities.
    e. Including in contingency planning, the possibility of a significant natural disaster (e.g. earthquake)
16. Selecting a *small* group of core partners for long-term strategic relationships. Criteria should include accountability, the capacity to manage finances, and the quality of local relationships and credibility.
17. Supporting the PA. Despite weaknesses and scandals, the authorities are important actors. Coordination with and capacity building of the PA should be a significant aspect of the strategy.
18. Strengthening and diversifying the staff through continued support (e.g. re security and stress) and varied recruitment (ethnicity and gender).

[45] One commentator recommended that: More emphasis be put on advocacy in terms of access and utilization of water resources, and land. CARE WBG must integrate the RBA tools in designing and refining current projects, if causes of poverty are to be addressed properly.