

Executive summary

Introduction

The evaluation was led by an external evaluator with assistance from the Senior Adviser for Assessment, Design, Monitoring and Evaluation attached to the Emergency & Humanitarian Assistance Unit in Atlanta. The Terms of Reference are attached as Appendix 2.

The evaluators briefly visited Afghanistan and Pakistan in April and May 2002 and the Team Leader (external evaluator) followed up with a series of interviews in the USA and Canada, supplemented by telephone interviews with other key informants. Direct observation and interviews were supported by a document search that amassed over two thousand documents, and an analysis of the results of two questionnaires, one for women beneficiaries in the Shamali Valley and another for CARE staff. The evaluation of the Afghanistan emergency, while pre-dating aCERT, nevertheless provided an opportunity to assess how such a CARE International emergency response team could have enhanced the quality and timeliness of the response by the Country Office, while at the same time studying the effects of the institutional decentralization on the emergency response – a process that was implemented by CARE during the late 1990s.

Context

September 11th found CARE in transition. A new position of Emergency Response Director (ERD) had been created in the Care International Secretariat, and was on the point of being filled. The way in which emergencies were managed by CARE USA, the Lead Member, had changed. Previously, the Emergency Group in Atlanta had managed emergencies, now they were to be managed by the Regional Management Units. Finally, CARE had decided to set up a new emergency response mechanism under the aCERT process, but this was not due to come on stream until the following year.

CARE Afghanistan entered the crisis with a good quality project portfolio. This was professionally managed by a relatively large number of dedicated national staff working together with three international staff. CARE was clearly recognized as one of the leading NGOs working in Afghanistan and had a reputation amongst donors, government, and other NGOs for high quality implementation. Prior to September 11th, the total budget had increased due to drought programs to approximately 10M USD in cash and 4M in kind. As the Taliban had extended their control to 90% of the country in the previous five years, CARE was now working exclusively in Taliban controlled areas.

The previous Country Director had departed in August 2001 and the Assistant Country Director (Program) was acting in his stead. The ACD (Program) had nine and a half years of experience in a CARE National office but only two years of field experience and no previous field management experience of a large emergency. The only other senior international staff member in the Afghanistan Country Office was the Assistant Country Director (Program Support), who had only recently been promoted to this position. After September 11th CARE suspended most of their projects in Afghanistan. International staff were evacuated, first to Pakistan and then to Bangkok, and returned to Pakistan in late September. Many national staff joined their families in Pakistan, while a few maintained a skeleton presence in Kabul and the sub-offices.

A large scale refugee influx into Pakistan was anticipated. CARE Afghanistan remained focused on the program inside Afghanistan even though many CARE members favoured a rapid scaling up to meet the possible refugee influx. While CARE Afghanistan clearly articulated the Country Office policy from an early stage, and had this policy agreed by the Regional Management Unit and the Emergency Response Director, the Lead Member HQ did not clearly articulate a wider policy for CARE International until nearly a month after the crisis.



Photo 1: The detritus of more than 20 years of conflict is everywhere in Afghanistan.

CARE Afghanistan was working in a very complex context that was not always fully appreciated by CARE National Offices. For its part, CARE Afghanistan did not appear to completely understand the environment in which the Lead Member found itself following September 11th, with an - as yet - undeclared war on Afghanistan, against a background of terrorist paranoia and heightened nationalism.

The recent changes in CARE International, in CARE Afghanistan, and in the way in which emergencies were to be managed led to a lack of clarity about the chain of command¹. The Country Office was unclear as to who to work with or report to, as sometimes conflicting instructions were received from the Regional Management Unit and the Lead Member HQ.

The combination of heavy workloads, lack of common vision, unclear chain of command, and the incomplete understanding of respective working contexts led to a breakdown in trust between the Lead Member and the Country Office by early October. While this situation improved somewhat following the appointment of an interim Country Director who had previously held this position in Afghanistan, this breakdown adversely impacted relations for some time to come.

However, the evaluators found that CARE Afghanistan overcame these problems to deliver effective assistance to the people of Afghanistan when full-scale operations inside Afghanistan were restarted. The emergency response initiatives launched inside Afghanistan included:

- Distribution of 100t of food to 1,000 families in Kabul and Logar Provinces through AREA (one of CARE Afghanistan's partners) in November 2001.
- Distribution of food and non food items to more than 19,000 affected households in four provinces and supporting UNHCR's distribution to another 10,000 households.
- Reconstruction and rehabilitation of 519 Karezes (underground water systems) in 169 villages. This project benefits 8,821 families with food for work and five times that number with improved access to water.
- Provision of 400 tents to returning families.
- Rehabilitation of 3,200 homes in the Shamali valley.

¹ Prior to the establishment of the conference calls the Country Office would sometimes get separate phone calls with contradictory instructions from the ARMU and the CARE Lead Member HQ.

- Cash for work opportunities for 20,000 families in Kabul. The range of cash for work projects not only improve sanitation and access, but also help people by cleaning sites to allow rebuilding and provides some windows and door to rehabilitate their homes.²

These initiatives were undertaken in addition to the large and complex program already underway.

Appropriateness

Despite the excellent work in Afghanistan, the evaluators considered that CARE Afghanistan could have done more to scale up for the threatened refugee influx into Pakistan to the extent commensurate with CARE's capacity. While CARE Afghanistan had been dealing with a slow-onset emergency (drought) for some years, it did not change gears to deal with the rapid-onset emergency threatened by the post September 11th crisis.

With regard to the transition from the emergency to the recovery phase, the evaluators considered that CARE Afghanistan placed too much emphasis on restarting existing programs without re-examining these in the light of the changed environment in Afghanistan. There was relatively little learning brought in from other post-conflict programs outside of Afghanistan, despite CARE International's considerable experience in Kosovo, East Timor, Mozambique and similar contexts.

CARE Afghanistan was fast to react as far as protecting its staff. This was impressive given that there was no evacuation plan in place. It was slow to react in terms of reorienting programming to meet the threat of a large scale influx into Pakistan, partly because it continued to operate in slow-onset emergency mode. Another example of a fast response inside Afghanistan was the distribution, just before the start of the bombing, of a six month ration by the widows' project in Kabul. This both guaranteed them some food during the crisis and lessened the risk of losses to looting.

One area in which CARE became a clear leader, after an initial hiatus, was in advocacy. This was an excellent initiative and was a wholly appropriate use of CARE's resources.

While CARE staff in Afghanistan have always worked in situations of poor security, little attention has been paid to formalising learning from this or to prepare formal guidelines for the future. This led to unnecessary delays in the emergency response as there was no established plan for protecting CARE assets, dispersing or regrouping CARE staff. The delays in regrouping led to a slow restart of the suspended programs in Afghanistan.

These criticisms above should not obscure the good work done by CARE in response to the crisis. The evaluators found that the interventions undertaken by CARE Afghanistan were, on the whole, of high quality. CARE Afghanistan's interventions were appropriate both for the context and the communities, and were built on a good understanding of the context. For example, CARE's decision to concentrate on the rehabilitation of Karezes was strongly endorsed by the communities interviewed by the evaluation team. As a result, CARE has justly retained its very solid reputation in Afghanistan for high quality professional implementation.

Efficiency

The evaluators found that CARE's resources were used efficiently, but were concerned that CARE Afghanistan had made little use of the crisis to renew capital assets. Cost effectiveness was increased by the heavy reliance on national staff.

There was little preparedness for sudden-onset crises like the post September 11th situation either by the Country Office or on the Regional Management Unit levels. Not only were there no evacuation, relocation, regrouping plans, but neither were there contingency plans for programming in the face of such a crisis. This situation has not visibly improved at either level for future emergencies.

The threatened refugee influx raised questions about when Country Offices should respond to emergencies. The large number of other players in Peshawar probably meant that even if CARE had not acted, there would probably not have been large scale unmet humanitarian needs. However, if CARE had not acted this would have led to donor and supporter dissatisfaction with CARE. Such dissatisfaction could have compromised CARE's ability to respond to crises where it is uniquely positioned to do so. The evaluators considered that Country Offices should consider such longer term humanitarian needs and not only the immediate humanitarian needs in deciding whether to respond to a crisis or not.

² CARE Afghanistan's May 2002 report *An Overview of CARE Afghanistan's Current Activities* provides an excellent summary of the different initiatives undertaken, as well as information about the ongoing program.

The CARE International structure imposed heavy demands on the Country Office staff, which were in addition to the many demands placed on staff working in such a high profile emergency in an insecure environment. The evaluators considered that the breadth of these demands may have limited the quality of the responses to them.

There were gaps in the provision of security support, partly through the difficulty of getting field security officers with a skills set suitable for an NGO environment. Human resources represented another problem area with very few staff equipped with a Terms of Reference and a complete absence of performance appraisals at the end of their respective deployments.

Financial systems seem to have performed relatively well, but this should be confirmed by an audit. CARE's financial rules and procedures, as understood by the evaluators, seem to be more appropriate for development rather than emergency response projects.

Impact

CARE's interventions were of good quality and on a vast scale assisting tens of thousands of families. It is not possible to estimate what impact interventions had on mortality and morbidity, but the evaluators considered that CARE's interventions had, without doubt, saved lives. The contribution to the reduction in suffering was very clear. Beneficiaries compared CARE interventions very favourably with those of other agencies. The main complaint heard from beneficiaries about the CARE projects was that they were not extensive enough.



Photo 2: Part of the fleet of more than 200 trucks contracted by CARE to support its projects in Kabul.

The results of the three recent external project evaluations commissioned by CARE Afghanistan are largely favourable. The present evaluators were nevertheless concerned that, while CARE Afghanistan ensured that activities were professionally executed, there was not always sufficient attention given to the impact of the activities. Occasional evaluations are not a substitute for monitoring impact on an ongoing basis.

Coverage

At the time of the evaluators' visit, CARE projects were still largely concentrated in the same geographical areas and sectors as for the period prior to September 11th. The evaluators consider that greater expansion, both sectoral and geographic, would have been appropriate, despite the risks of the dilution of program quality. The lack of a revised strategy in the wake of September 11th in a dramatically-changed (and continuously changing environment) represents a significant gap in the program.

CARE Afghanistan has been effective at reaching vulnerable families, but they have not conducted a gender analysis of their program and as a result there has been relatively little attention to gender issues in the emergency response. The evaluators considered that CARE Afghanistan needs to address diversity issues amongst their staff, including gender and ethnic imbalances, particularly at a senior level.

Connectedness

CARE's response displayed a very high level of connectedness with the long term program and context. The evaluation team thinks that CARE Afghanistan's response could be considered as a model for connectedness elsewhere.

The high quality of the CARE national staff was the major factor in this high level of connectedness.

Coordination

There was only one case identified where the lead agency position was ignored in submitting a funding proposal, and even this case was due to the actions of an individual rather than a CARE member acting in a corporate way.

There was evidence of a lack of coordination over staff placements, despite a CARE International protocol on this subject. Less than two thirds of the staff who travelled to work with CARE Afghanistan did so in response to a request made by the Country Office.

The Lead Member was constrained in dealing with the crisis by the USA's role as a lead belligerent in the coalition attacking Afghanistan. While other National Offices were in countries which also supported the coalition, in none of these was there unequivocal public support for military action in Afghanistan. The evaluators considered that CARE International needs to develop a policy for dealing with the advocacy and management issues raised where the Government of a country with a CARE National Office is at war with the Government of a country with a CARE Country Office.

While a focus has been placed on gaps which the organization needs to address, the evaluators considered that CARE's response was largely appropriate and effective and had a significant positive impact on beneficiaries. The Evaluation Team Leader has previously studied CARE's response to the Kosovo Crisis and the Mozambique floods during different evaluations and considers the response to the Afghanistan crisis of far higher quality than the Kosovo response. The Afghanistan response also reached a far wider segment of those in need than did the Mozambique response. Within Afghanistan CARE commands a great deal of respect for quality implementation and remains a preferred partner for most major donors.