

**ANNEX A - TERMS OF REFERENCE** *(ver. January 7, 2005)*  
**Independent Evaluation of CARE's Humanitarian Response to  
Flooding Resulting from Tropical Storm Jeanne In N.W. Haiti**

## **1. Background**

Tropical Storm Jeanne devastated large areas of Haiti's Northwest and Artibonite departments during September 18-19, 2004. Flooding inflicted extensive damage in the city of Gonaïves and surrounding regions, including the Gonaïves and Trois Rivières watersheds. About 80% of the population of Gonaïves (105,587) was affected by the severe flooding. The city was disproportionately damaged due largely to its high population density, poor drainage from the city to the sea, and its location near sea level at the bottom of the watershed. Key factors contributing to the severity of this disaster include heavy rainfall over a brief period of time, steep and highly eroded terrain with rapid runoff, a major breach in the Quinte river, and flooding at night provided little to no warning to the population.

In Gonaïves, water attained depths of three meters and as deep as five meters in some outlying areas. Reports indicate that approximately 3,000 people died, 4,000 homes were rendered uninhabitable, thousands of hectares of agricultural land were severely damaged, and the personal effects, food supplies, small livestock (pigs, chickens, goats, etc.), tools, and income-generating assets of tens of thousands of households were destroyed. Two months after the passage of Jeanne, mud, debris, and fetid waters continue to undermine access, sanitation, and recovery in many neighborhoods.

CARE Haiti mounted an immediate response to the flooding and has intervened in areas of water and sanitation, food aid, infrastructure repair, distribution of Non-food-items and provision of health services. CARE worked closely with other international agencies and with the Government of Haiti in responding to the crisis and has been the focus agency for many of donors responses due to CARE's status as the prime deliverer of humanitarian assistance in Gonaïves and the Northwest during the past 30 years. CARE nevertheless received criticism from some quarters for a perceived lack of preparedness, particularly since the likelihood of number of major hurricanes had been predicted for the region during the spring of 2004<sup>1</sup>.

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

The purpose of the evaluation is twofold:

- a) By means of an objective study, assist CARE Haiti to understand and improve its emergency preparedness and response capacities and accountability to intended beneficiaries. As part of this process, a two-day workshop to gather lessons learned ("After Action Review") will be held in early January involving key staff who participated in CARE's emergency response.
- b) Use lessons learned as the basis for consultations to help CARE International improve its early warning and emergency preparedness capacities in the region to enable a more timely and appropriate response to natural disasters in the future. This component of the evaluation will be benchmarked against CAMI<sup>2</sup> project standards as well as appropriate comparisons with peer agencies that were also responding during the same period.

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<sup>1</sup> See, for example, the "Live5 News" report dated May 20, 2004: <http://hurricane.wesc.com/news/showstory.asp?story=82>

<sup>2</sup> CAMI is a three year CARE project funded by OFDA entitled "Risk Management For Local Sustainable Development" in Honduras, Nicaragua, El Salvador and Guatemala. The project aimed to the reduce or negate the impact of natural disasters in Central America through activities that increase the capability of regional, national, municipal, and community authorities and organizations to forecast, monitor, respond to, and prevent such disasters.

Evaluations are an integral part of CARE International's approach to accountability, learning and continual improvement. The basic framework and criteria for the Evaluation Team to make judgments and recommendations are the Red Cross Code of Conduct, to which CARE members are signatories, and applicable Sphere Standards. Specific areas of inquiry will include:

- **Timeliness and Appropriateness of response** – this would also cover issues of capacity, program support and preparedness to facilitate a rapid and appropriate response. Was gender taken into consideration in all relevant areas? Did the intervention conform to relevant gender policies and standards? What was the effect of the approach adopted?
- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was the response cost effective?
- **Impact** – Review of the reduction in mortality, morbidity and suffering achieved by CARE's actions. 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 consequent impact.
- **Coverage** – scale and ability to reach those most in need, given the political, religious and social context of the emergency, and providing intended beneficiaries with assistance and protection that is proportionate to that need.
- **Connectedness and Sustainability** – links into 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.
- **Coherence** - integration of relief activities to policy and practice changes needed to address root causes.

The accountability is not only to the donors, but also to the beneficiaries of the relief effort. The evaluation methodology should involve the different stakeholder and beneficiaries of the CARE programs.

**NOTE:** 4-5 specific areas of focus will to be inserted here based on the results of the After Action Review of this crisis scheduled to take place in Port au Prince in early January 2005. CARE stakeholders (CARE Haiti, CARE-USA, CARE International Emergency Group, other concerned CARE International members) will identify these through a prioritization process and areas of focus may include beneficiary targeting, staff security issues, an objective assessment of CAMI contribution, potential role of CARE International's Emergency Group (CEG) in such disasters in future, etc.)

### 3. Method

- a) **Methodology** will be based on a combination of a desk review of relevant literature, field observation, as well as key informant interviews or focus group discussions with the selected CARE staff in the field, HQs and the LACRMU as well as key external stakeholders (UNHCR, NGOs, government officials, members of the affected population and host communities). The Evaluation Team will take appropriate steps to ensure that the security and dignity of affected populations is not compromised and that disruption to on-going operations is minimized.
- 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** – the report will be supplemented whenever possible by presentation of preliminary findings for key stakeholders to both provide immediate feedback to operations managers and give the Evaluation Team an opportunity to validate findings.

- d) **Report:** conclusions and recommendations will be concise and practical in nature emphasizing both feedback to operational managers and replicable lessons to inform future emergency responses. 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 posted on relevant websites.

The report will not exceed 30 pages in length (plus annexes), structured as follows:

- i. Executive Summary (no more than six pages)
- ii. Introduction – Brief description of the context of CARE operations and the objectives of the Evaluation
- iii. Evaluation Methodology
- iv. Main findings, supported as appropriate by data and relevant analysis
- v. Recommendations, categorized according to target group (e.g. CARE Country Office, LACRMU, CARE International and, where appropriate, clearly indicate implications for linking with broader regional preparedness.
- vi. Lessons learned from use of Evaluation as a learning and accountability tool for CARE's response to the flooding in and around Gonaives (Haiti). This will be helpful in determining how the Evaluation methodology can best be institutionalized within CARE and promote Strategic Direction 2 of CARE International's Strategic Plan.
- vii. Annexes (TOR, Maps, List of Interviewees, list of reference documents, etc.)

## **VI. Evaluation Team Composition**

It is anticipated there will be a core team of 3 people. The Team Leader will be an independent consultant with a proven background in leading evaluations of natural and man-made disasters and have a good working knowledge of written and spoken French. One of the Team Members will be a CARE staff member with strong M&E skills and the other will be a national Haitian consultant. All team members should be gender aware, and a reasonable gender balance within the team is highly desirable. At least one of the team members should have extensive experience of flooding disasters.

The Evaluation will be managed by Jock M. Baker, CARE International's Coordinator for Quality, Accountability, and Standards and a CARE Haiti staff member designated by the Country Director. The Evaluation Team will report primarily to the Evaluation Manager and with oversight being provided by an *ad hoc* Reference Group, consisting of the CARE International Emergency Response Director, along with representatives of CARE Haiti, EHAU, CSU, CARE Canada and LACRMU. Consistent with the independent nature of this review, CARE International will not exercise any editorial control over the findings or recommendations of the report apart from ensuring that the quality of the final product is of a satisfactory standard. CARE can include comments as an annex to the report.

## **VII. Use of Evaluation Results**

As indicated above, this Evaluation will make recommendations targeted at specific levels within CARE (e.g. Country Office, Lead Member, LACRMU) with the aim of ultimately improving the quality of CARE's response to future such crises. Those so targeted are expected to each outline a plan of action based on the Evaluation report and its findings within one month of distribution of the final report. The Coordinator for Quality, Accountability & Standards will monitor implementation of recommendations at appropriate intervals.

**VIII. Proposed Timeframe:** total of 4 working weeks for the Team Leader, 3 for the Team Member(s). Dates are provisional.

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| • Interviews (Lead Members, CI) & Preparation          | early February 2005   |
| • Field Mission  | last half of February |
| • Follow-up Interviews                                 | early March           |
| • Circulation of Draft Report                          | March 12              |
| • Final Report (after incorporating feedback on draft) | March 31              |
| • Stakeholder review of recommendations                | April/May             |
| • Stakeholder Plans of Action circulated               | mid May               |

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