

TERMS OF REFERENCE
for
Independent Evaluation of
Cyclone Sidr Response & Rehabilitation Program
CARE Bangladesh

1. Background

Super *Cyclone Sidr* (equivalent in intensity to a high-end Category 4 Hurricane) hit Bangladesh on November 15, 2007. Intense wind and storm surges left behind a ravaged landscape along the coast of Bangladesh. Bagerhat, Barisal, Barguna, Patuakhali, and Pirojpur are identified as the worst affected districts. More than 3,000 people were killed and hundreds were missing from these districts. Physical damage is even worse. Crops, fisheries, and livestock were either severely damaged or washed away by storm surges.

CARE Bangladesh intervened with emergency relief support in Bagerhat, Pirojpur, and Barguna Districts. The program was implemented through two Response Site Office, Bagerhat and Barguna. Initially the Bagerhat office covered Sharonkhola, Morelgonj, & Mathbaria upazilas and Barguna office covered Barguna sadar and Pathatghata upazilas. After first month's operation CARE Bangladesh concentrated its response effort in 9 upazilas of Bagerhat and 2 upazilas of Barguna districts. At the end of March 2008, CARE's assistance reached nearly 130,000 families in Bagerhat (including Pirojpur) and nearly 80,000 families in Barguna districts with food and non-food items, safe drinking water, and medical support.

Though CARE worked in this part of Bangladesh until 2004-2005, they were no longer operational in the disaster-affected areas when SIDR hit. However, CARE did have a number of existing and former local partner NGOs (PNGOs) that do maintain a permanent presence in those areas. Of these, CARE initially prioritized delivery through two "long term partners" with whom CARE has had MoUs in place since 2002, namely Prodiapon and Resource Integration Centre (RIC). CARE approach with partners was not only to channel resources through them, but also to reinforce their capacity through secondment of CARE staff and capacity building approaches to ensure they can implement assistance programs using resources from CARE and other international partners with appropriate monitoring and accountability systems in place. CARE also supplemented these efforts during the immediate response with some direct delivery.

During the recovery and rehabilitation phase, nearly 50,000 families from Bagerhat and 25,000 families from Barguna are participating in water & sanitation, hygiene education, livelihood, and shelter activities with an emphasis on socially marginalized groups. It gives particular emphasis on reaching vulnerable woman groups, such as, widow, abandoned, and divorced women. Monitoring finding suggests that the response program becomes successful in reaching nearly 15% female headed households.

The \$15m (\$9m in cash and \$5.8 in kind) cyclone response program is being funded by different bi-lateral (AUSAID, BMZ, CIDA, DEC, ECHO, MOFA Germany, MOFA Norway, USAID, etc.) and UN (UNICEF & WFP) donors. CARE is implementing this response program through partner NGOs, except some direct delivery. The partner NGOs supporting CARE to attain its goal of reaching the disaster affected communities are: Prodiapan, RIC, Uttaran, Shaplaful and Rupantar in Bagerhat and CODEC, RDF, and SAP in Barguna.

The overall goal of this response and rehabilitation program is: *to save lives and reduce sufferings of the cyclone affected families, and reconnect to normal life through providing*

emergency food & non-food items and rebuilding their livelihoods, shelter, and water and sanitation system.

Specific projects under this review and CARE/B's SIDR Response Strategy are given in Annex I and II of this TOR.

2. Purpose and Objectives of the Evaluation

The purpose of the evaluation is three-fold:

- a) Assess the quality and accountability of CARE Bangladesh's response to the cyclone, using relevant OECD-DAC evaluation criteria, CARE/B's Emergency Strategies and CARE/B's draft Humanitarian Accountability Framework (HAF) as primary points of reference.
- b) Assess the extent to which the objectives of individual donor-funded projects and programs were met.
- c) Develop lessons learned and recommendations that will assist CARE Bangladesh and their local partners to build disaster risk management and strengthen their 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.

Some specific areas according to OECD - DAC the evaluation will examine, include:

- **Timeliness and Appropriateness of response** – To what extent did CARE Bangladesh and partners have the capacity, systems and procedures, sufficient human resources and appropriate level of preparedness to facilitate a rapid and appropriate response?
- **Relevance** - Relevance is concerned with assessing whether the response & rehabilitation activities are in line with local needs and priorities (as well as donor policy), whether the program is designed through a participatory needs assessment and in consultation with the affected communities. Appropriateness is the tailoring of humanitarian activities to local needs, cultural sensitivity, and program accountability.
- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was CARE Bangladesh's response timely and cost effective?
- **Impact** – Review of the impact of CARE Bangladesh's response in terms of preservation of life, reduction of human suffering, establishing access to safe drinking water & hygienic latrine, and rebuilding livelihoods/cash-flow generation. 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, notably those referenced in the HAF, and their impact.
- **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. Additional background relevant to the Evaluation

- a) **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.
- b) **Partnerships** - The nature, quality, and actual mode of operation of partnerships with local partner NGOs for achieving objectives of SIDR response program.
- c) **Coordination** – Extent and effectiveness of coordination between CARE/B and other international NGOs, the UN system and government organizations.
- d) **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 & stages, prioritization of needs and communities' involvement in overall design, implementation, and assessment process.
- e) **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.
- f) **Other groups with special needs** – What special efforts were taken to address the needs of physically and structurally vulnerable groups and expanding benefits to them.
- g) **Programming and delivery.** 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. Most-affected areas were not accessible for several days and telecommunication systems were also affected in those areas.
- i) **Preparedness and development.** Transition to development. Incorporation of preparedness, risk assessment, vulnerability reduction mechanisms and surveillance systems in the planned development context.

4. Evaluation Methodology

- a) The evaluation process will employ a *mixed methods approach* combining qualitative and quantitative methodologies. Mixed methods approach usually enriches understanding of the local context and complements the overall assessment process. The evaluator will develop a detail evaluation methodology and share with CARE/B before implementation.

The evaluation will cover a desk review of relevant CARE/B Sidr response office documentation, field travel, key informant interviews or focus group discussions with CARE staff (both field and HQ), CI Members who were significantly involved, other relevant implementing partners, and other key external stakeholders.

The evaluation team members should spend significant amount of time in interviewing the project participants (beneficiaries) through FGD, KI, and participant observation, and quantitative survey (if required) for assessing the program's overall performance and benefit recipients' perception.

- 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 express 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 where appropriate) and give the Evaluation Team an opportunity to validate findings.

5. Deliverables

a) **Debriefing & Draft Report** - All the data collected will be analyzed by the evaluation team. Immediately after field trip/after completion of data analysis the evaluation team will make a debriefing on the findings gained through desk review and interviews. This will give CARE an opportunity to comment on the on the findings and help the team prepare draft report. The draft report should present analysis (both data & narrative) clearly specifying **phases** (emergency & rehabilitation) and **sectors** (FI, NFI, emergency water supply, WATSAN, CFW/Livelihoods, etc.), The main report will be 40 pages maximum, plus annexes. The executive summary should be no more than five pages and include the overall assessment of the project, the lessons learned and recommendations for future programming. While the Evaluation Team will retain responsibility for drafting and editing the report, targeted stakeholders (CARE Bangladesh, ARMU, CARE USA, CI Members and/or CEG) will have the option of making a written response, which will be attached as an annex to the final report.

b) **Final Report** – The main report should include complete analysis, including comments from draft report and debriefing. While maintaining the analysis and presentation structure of draft report the final report will also include a standard format summary “cover sheet” (see Annex III). This information will subsequently be entered into CARE’s evaluation database. The format and relevant guidelines are attached in annex III of this TOR. At the minimum, the main report should contain following sections:

- a. Executive Summary
- b. Cover Sheet
- c. Introduction
- d. Objectives of the Evaluation
- e. Methodology
- f. Findings from Reviews & Analysis
- g. Lessons Learned
- h. Recommendations
- i. Conclusions

6. Evaluation Team Composition

CARE Bangladesh anticipates that the evaluation team will be made up of **5** persons including an international team leader with adequate experience in disaster program evaluation and well versed in OECD-DAC criteria, Sphere, HAP standards and other international standards related to emergencies, and familiar to South Asian social context; a team member/ national expert with a specialist background in disaster management, clear/analytical understanding of social dynamics, partnership, capacity building, coordination, etc.; and a national socio-economist experienced in emergency response & rehabilitation programming/evaluation. The consultants (3) will cover all the response and rehabilitation activities (NFI, FI, emergency water supply, WATSAN, Psychosocial, & livelihood/CFW). In addition to these consultants, there will be two field facilitators

(preferably female) for assisting in FGD/interview sessions. All the proposed members of the team must have a demonstrated track record, and be recognized as seasoned professionals who can conduct this evaluation with a high degree of proficiency.

Team Leader Qualifications/Experience:

Required:

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

Desired:

- Prior experience of CARE relief and development operations
- Understanding of the Bangladeshi context
- Experience in managing emergency shelter programs
- Gender in emergencies experience
- Knowledge of Bangla language

Other Team member combined experience:

- Monitoring and evaluation experience
- Knowledgeable in sectoral issues (Watsan, CFW/Livelihoods, partnership, governance, gender, etc.)
- Previous experience of evaluation in Bangladeshi context
- Gender in emergencies experience
- Good emergency management and DRR experience (previous experience in cyclone response also desirable)
- Fluent in Bangla & English

7. Use of Evaluation Results

The Evaluation will make recommendations to various levels within CARE (e.g. the Country Office, ARMU, CARE USA HQ, and CEG) 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 Bangladesh, CARE USA/ARMU, and CEG, who will each nominate a focal point to monitor implementation of recommendations.

8. Proposed Timeframe: The team leader (Ian Tod) will be contracted for a period of 4 weeks for leading the overall evaluation and producing final products. The evaluation process will be conducted according to the following schedule¹:

Activity	Approximate Dates	Person(s) responsible
Evaluation Team commissioned, Meeting with CARE/B SR, document/desk review	2 days	Full team
Field Visit to CARE Barguna & Bagerhat for desk review and interviewing primary & other relevant stakeholders (beneficiary/ affected community, CARE & PNGO staff, govt. and other related agencies)	10 days	Full team
Tel interviews with CARE USA HQ, ARMU, CEG, key CI members Meeting with donors & other relevant agency (if needed)	2 days	Team Leader
Follow-up Interviews	1 day	Team leader, M&E and HR Experts
Debriefing & Draft Report Circulation	5 days	Team leader & team members
Final Report (after incorporating feedback on draft)	4 days	Team Leader w/ CARE
Stakeholder review of recommendations		CO, ARMU, CARE USA, CEG
Stakeholder Plans of Action circulated		Country Office, ARMU, CARE USA, CEG.
Monitoring Implementation of Recommendations		Country Office, ARMU, CARE USA, CEG.

Note: Fridays are non-working day.