

**Independent Evaluation of CARE's Humanitarian Response to
Flooding Resulting from
Tropical Storm Jeanne in Haiti
(North-west and Artibonite Provinces)**

Final Report

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1. Executive summary

1.1 In legal terms, this event was meteorologically an ‘Act of God’¹ and, as such, could not be foreseen nor, by definition, is it likely to occur again in the same place in the same manner in the medium to long-term future. The catastrophic effects² of the event were equally unforeseen and governments/ communities cannot fully prepare for their incidence in the future. To do so adequately is beyond economic viability and is not practised by any government irrespective of their wealth (viz. the annual chaos in the United States resulting from hurricane strikes). Nevertheless, the fact remains that Haiti is a country prone to natural and man-made disasters, with a response capacity undermined by poor governance. As such, the lessons learnt in the Gonaives case and the recommendations made have to be regarded as a blue-print for planning of CARE’s mitigation against, preparedness for and future response to a whole range of disasters which may be expected in the country on an annual basis.

1.2 Nevertheless, more ‘normal’ flooding will revisit Gonaives (for example) and most likely annually. The effects will become worse over time as a result of the environmental degradation of the water-shed above the town³ and the blockage of drainage structures by human-rejected debris. From this point of view, while the catastrophe could not have been avoided, a proportion of the causal factors must be recognised as being due to human activity.

1.3 In the light of the statement in **Point 1.** above, this report will contain very little negative criticism since CARE (and particularly CARE staff) was, itself a victim of the tragedy. The fact that CARE staff (having lost homes, possessions and family members) rallied, regrouped within 36⁴ hours and responded with very effective interventions within 84 hours, is highly respected.

1.4 Gonaives was, in fact, very lucky to be availed of:

- the presence of several well-equipped foreign military units;
- many clean artesian water sources within the town which contributed to the avoidance of a widespread incidence of water-borne diseases in the population;
- a strong extended family support structure from the surrounding countryside;
- the presence of CARE’s largely untouched provisioned warehouse facilities;⁵
- its willing staff who were well experienced in warehouse management and commodity distribution disciplines; and
- the network of relationships CARE held with local government, community representatives, and donors.

Relevance

1.5 The initial distribution of bread and water (in the temporary absence of cooking fuel) to 900 families was very realistic and the distribution of food rations one day later useful. NFIs distributed to a population who had lost everything, albeit maybe chaotic and not always timely, represented solidarity with the victims.

Coverage

1.6 The first general distribution of 83 MT of food to 4490 families (22,450 individuals⁶) or 25% of the identified population five days after the disaster represents a fair coverage in the light of impossible access and civil unrest in parts of Gonaives. The number of daily general food distributions progressed over the subsequent 7-week period with a total of approximately 2, 249 MT

¹ Statement to be statistically validated later.

² Up to 4 metre inundation by mud-transporting flood waters.

³ See photo on last page.

⁴ Though the location and safety of all CARE Gonaives staff was only confirmed after approximately 84 hours.

⁵ A stock of food rations destined for the USAID-funded drought mitigation programme was available in CARE’s warehouse at the time of the flood response.

⁶ Representing about 4 days’ needs.

distributed to the benefit of 160,000 against a background of increasing violence. When conditions allowed from 15th November onwards, approximately 1,052 MT of rations were targeted monthly to 17,000 residents (reaching 85,000 individuals).⁷ Of course victims fell through the net and continue to do so.⁸

Connectedness

1.7 The fact that CARE had ongoing signed protocols and working relationships with key public bodies such as MoHealth, SNEP water distribution authority and the MoPublic Works as well as with USAID and WFP, meant that a degree of preparedness was inherent in the organisation. CARE's cooperation with CGLs built upon earlier long-term relationships with the community. Good coordination with other NGOs who depended almost completely upon CARE for intelligence, infrastructure and even their own accommodation and sustenance enabled a holistic approach to the NGO response. Protective support from MINSTAH proved to be essential. Sustainability of CARE's response is hardly relevant in the context of this disaster but does represent a contributory positive factor to the success of its development activities in the longer term and will enable an early return to its core activities.

Efficiency

1.8 Presumably as a result of its good track record with major donors, CARE was able to raise funds rapidly and their degree of trust in CARE was manifested in the establishment of some unwritten contracts⁹ in the early days of the intervention. CARE staff's long experience of food distribution disciplines ensured that these were well managed. Throughputs of 3.25 minutes per collector of food were observed by the Evaluation Team in Gonaives but the fact that beneficiaries started to queue six hours before distribution (despite having ration cards) was disturbing. There was acknowledged inefficiency in the acceptance, tracking and eventual distribution of some NFIs and notably that ORS was handed over¹⁰ some three months after the disaster whereas it may have been under greater demand at the beginning.

Effectiveness

1.9 The purposes of CARE's interventions as drawn by the Team from various documents and proposals, and presented in the ex-post Logical Framework in **Annexe B**, were largely achieved and frequently surpassed as a result of the inputs funded by its donors, the activities carried out and outputs produced through CARE's interventions. Starting from a condition of relative unpreparedness, the staff rallied from a status of disaster victim to diligent responder within two days despite both personal and property losses. Within five days, they were bringing effective relief to a substantial number of beneficiaries despite danger to themselves and difficulties of access. They not only settled down to their own programme of substantial assistance in a timely manner but also enabled other organisations, including government, international organisations and other NGOs, to do the same.

1.10 The facts that there were no major incidences of acute malnutrition, water-borne diseases or transmission of communicative diseases, while difficult to attribute to any one organisation, suggests proof of the effectiveness of their action. By putting people (who had lost everything) back to work, albeit in limited numbers, and using CFW/FFW methods, they ensured the sustenance of vulnerable families in the shorter term.

1.11 While the results of this work produced sanitary conditions in the town of Gonaives which are currently probably better than those prevailing before the disaster, this situation is not expected to

⁷ 50 kg rice or wheat; 2 kg of pulses; 3.2 kg of fortified maize flour; 3.5 litres fortified vegetable oil. Canned fish and fortified biscuits were also distributed though were not always included in the monthly ration.

⁸ Vulnerable populations in settlements beyond the Jeanne-made lake south of Gonaives have been identified as having been missed.

⁹ Notably with WFP.

¹⁰ To a hospital and health centre.

last because of non-functioning (in fact non-existent) public waste disposal facilities and the Team considers that CARE has not yet seized an ideal opportunity for propaganda, advocacy and community mobilization on the issue of rubbish disposal into drainage structures which, although not the cause, was a contributory factor in the scale of the flooding.

1.12 The effects of rural intervention were not observed due to the early stage of the concerned agricultural season but respondents indicated their perception that this was not as effective as CARE's existing longer term agricultural interventions in that sector.

Impact

1.13 Perhaps the greatest impact of CARE's intervention was that on the socio-political stability of the population of Gonaives which was seriously in danger of exploding.¹¹ No statistics are available to measure actual impact and, even with them, it would be difficult to attribute them to CARE itself. It should be noted that many respondents left home when flood waters receded and benefited from family support and frequently in the rural areas; many others survived as best as they could until more stable targeted support reached some of them in November or even January. This is not to diminish the importance of CARE's intervention but is linked to the issue raised in **Point 1.14** below.

1.14 Both CARE beneficiaries and non-beneficiaries frequently responded to the question "*What was the most significant effect of CARE's intervention?*" by referring to its longer-term core development programmes as being more important than its Emergency Response. This is a very interesting point and leads to the debate as to CARE's best approach to Disaster Preparedness and Response as outlined in CARE Haiti's Revised Strategic Direction 2. (Intermediate Strategic Objective #2 – "To become organisationally prepared to respond to most likely emergencies in Haiti").

Conclusions and recommendations

1.15 CARE represented a key partner to the other players in the crisis who were largely not availed of the same resources or local knowledge to respond quickly and effectively to the challenge without the former's assistance. The question of CARE's preparedness for future disaster response in Haiti will require a debate as to its comparative advantages in Development *vis-à-vis* Relief as highlighted in **Point 1.14** above.

1.16 CARE has a rather sophisticated and developed programme of assistance in the country and should consider extension of its work into cooperation with indigenous response institutions (albeit currently weak or non-existent) rather than creating its own response mechanisms. At the same time, CARE should maintain its own pre-positioned relief commodities¹², improve its communications facilities and develop its emergency response training capacity.

1.17 In order to extend into what will amount to a knowledge (and technology) transfer operation with regard to the capacity building of existing and new indigenous emergency response institutions, CARE Haiti will, itself, have to be trained and an emergency development unit established in the CO. CARE Haiti does not currently have this expertise and will need (from the outset) a significant input from CARE International, CARE members, CARE Emergency Group, LACRMU, EHAU, CAMI and hired specialists. This will require a significant upgrading of the aforementioned institutions' own capabilities if excellence is to be achieved in Haiti. In the case of CAMI, this sub-institution has a specific role which is under review. In Haiti, CARE actually sees it important to make closer links with local state departmental and DPC as well as with UNDP contingency planning, training and

¹¹ Verbal communication by Michael Kerst, Food for Peace, USAID

¹² If donors can be persuaded to fund such on the basis of a capital investment in stocks to be replenished by donors at the time of each disaster. **Caveat:** Donors tend not to support such mechanisms and it may be necessary to negotiate (or manipulate) 'dual use' of commodities (Programme food/Relief) while ensuring that the instrument does not pre-empt the intervention objective (the tail wagging the dog).

materials which exist in the country, rather than trying to integrate with CAMI¹³. If there are overlaps with CAMI, then that has to be seen as a positive but it is noted that, in Haiti, there are many high quality and credible tools, materials and systems - the problems there tend to be coordination and resources to enable them and the CO does not want to work outside these systems and processes.

1.18 Haiti may be considered to suffer from being in a permanent disaster condition. It stands alone in terms of having excessively more serious levels of structural poverty than the rest of the Latin American and the Caribbean region and is the only vulnerable Creole and French speaking nation in the region. Haiti is, in fact, a better regional fit with the countries of CARE's SWARMU and, while not recommending that the latter should take-over CAMI's role, it does highlight the fact that CARE should seriously consider the possibility of establishing Haiti as a 'stand-alone' case with its own CAMI.

This would not necessarily exclude the other regional players and other national CARE offices who still have inputs to offer in terms of expertise and material inputs but would enable CARE Haiti to address the clearly understood peculiar needs of the country. It could potentially create a model for other 'difficult' countries and, in the longer term, provide a source of expertise for those countries and notably those in CARE's SWARMU region.



Classic example of gully and sheet erosion manifested on slopes to the North of Gonaives town

¹³ LACRMU is encouraged to have a hard look at what CAMI does and does not do. One of the things it does not do is to communicate well (at least in English and French).

2. Introduction

This report concerns CARE's humanitarian response to the effects of Tropical Storm Jeanne in NW Haiti of 18th. September 2004 which caused up to four metre high flash floods, landslides and the subsequent up to 4 metre inundation of Gonaives, Port de Paix, Basin-Bleu and Chansholme towns with mud depositing flood waters.

The Terms of Reference (presented in **Annex A**) required that, *inter alia*, the Team should evaluate the success of the Flood Operation against both classical evaluation criteria and international performance standards. It should also develop recommendations to assist CARE to understand/improve its early warning, emergency preparedness and response capacities.

The study was carried out between 14th February and 15th March by:

John Wilding, an agricultural economist with a wide experience of Relief and Development issues in Africa and Asia

Jacqueline Wood, a development specialist with a background in Africa and Haiti and a knowledge of CARE's international network.

Yves-Laurent Régis, an agronomist with a long experience in rural assessment, local development, partnering and currently employed as CARE Haiti's Monitoring & Evaluation Coordinator.

This report was prepared with financial assistance from CARE. The views expressed herein are those of the consultants and do not represent any official view of CARE.

3. Methodology

The consultants undertook Document Review, made Field visits and Observations and held discussions with WFP, USAID, International agencies, NGOs and CBOs as well as carrying out participatory Semi-structured Interviews with Key Informants, Focus Groups and households.

Information was triangulated with the different respondents and a very short¹⁴ ZOPP participatory problem/solution analysis workshop was held with a representative cross-section of CARE staff in Gonaives. In the same session, a short SWOT analysis was undertaken and the staff asked to add more indicators and sources to those which the Team had already suggested.

A chronology¹⁵ was recorded by the team with the assistance of two CARE staff.

The Team established an ex- post Logical Framework¹⁶ from available documents and particularly from proposals to donors and, drawing a Planned/Achieved matrix¹⁷ from this, performance was assessed according to the various DAC evaluation criteria using those indicators and sources¹⁸ indicated in the LogFrame.¹⁹

Findings were presented to CARE senior management in Port au Prince and feed-back gathered.

In gathering information and particularly in writing up the report, both CARE and the Team were aware of the shortage of accurate data both in terms of planned and achieved results. This is quite clear in the LogFrame and associated matrix. While understanding the work pressures on its staff, it

¹⁴ There was only time for a four-hour session.

¹⁵ See **Section 4** (Background) below.

¹⁶ See **Annexe B**.

¹⁷ See **Annexe C**.

¹⁸ These were not exhaustive.

¹⁹ See **Annexe K**. (Planning and Evaluation methodology).

would be useful if CARE could fill these gaps (as and when final reports are completed) in order to make this a more comprehensive report.

4. Background

At 20.00 hours on Wednesday 15th September 2004, Tropical Storm Jeanne was located at 17.8 degrees North/65.8 degrees West to the South-east of Puerto Rico and was moving slowly along the Northern coast of the Dominican Republic by the morning of Friday 17th when warnings of flooding were issued for the North East, North and North West of Haiti but not for the Gonaives area.

By the morning of Saturday 18th September, and still only moving at about four knots, the storm clouds associated with Jeanne were rising above the northern land mass of Haiti and, between 12.30 and 17.30, deposited some 261 mm²⁰ of rainfall over the water-shed to the North of Gonaives.²¹ This level of precipitation (nearly half the average annual²²) is exceptional and caused by the facts that:

- the hurricane had moved so slowly that it had gathered an inordinate amount of energy and moisture from the warm open water to the East; and
- the resultant storm clouds passed (and almost stopped) over the warm land mass which, by virtue of its height and the effects of convection, pushed them up to an altitude at which precipitation was initiated.

The consequent massive flow of water down onto the low lying basin of Gonaives, surrounded on three sides by the high land mass, then became a matter of time. While the flows of water were unavoidable, their destructive forces were not helped by the facts that:

- the slopes of the land mass are steep, denuded of all vegetation and already subject to gulley erosion;
- rivers, streams, drainage ditches and canals were not maintained and already full of household and industrial debris; and
- tides were high and coastal water levels raised by the effects of the cyclone.

Mud slides became inevitable, flood waters carried large volumes of suspended clay material, unmaintained protective river banks were breached and, with the sudden slowdown of water flows in the basin and particularly in the town, large quantities of mud were precipitated.

While the meteorological circumstances had never been experienced in living memory and were, in legal terms, likely to have been an 'Act of God' (ie. a statistically unlikely to happen), the level of destruction was higher than it would have been if environmental practices and human behaviour had been different over the previous century.

A time-line of events is presented in **Annexe J.** (Chronology) below and a more detailed (personal) account of what happened between 17th September and 3rd October 200 on the ground in Gonaives is presented in **Annexe K.** (Detailed chronology of activities).

²⁰ Recorded at Ennery.

²¹ **Georges.J.B.** *Inondations a Gonaives – Diagnostic et actions a court terme*, Beta Ingenieurs-Conseils, Haiti, Oct.'04

²² Average annual rainfall at Gonaives is 550 mm.

5. Main findings

5a. Relevance

In the first few days of the crisis, just about any intervention would have been relevant²³ but CARE's first priority was to ensure the survival, safety and well-being of its staff who quickly regrouped with their families in the CARE compound and who, most admirably, reciprocated by vigorously taking their place in the response effort within 24 hours of reaching safety.

Fortuitously and due to the fact that its Gonaives sub-office facilities were largely untouched by the disaster, CARE was able to make available (to responding partners and the media) its warehouse, logistics, fuel, organisational facilities and even food and accommodation²⁴. Since many Ministry, NGO and UN facilities were severely damaged, concerned respondents from these institutions declared, to the Team, their appreciation of this very relevant support by CARE whose sub-office was the *de facto* nerve centre of emergency operations.

While CARE had substantial stocks of food in store, it took the very realistic decision not to distribute immediately because of the non-availability of cooking fuel in the town in the first few days, distributing instead bread and water on Wednesday 22nd September to be followed by rice or wheat a day later.

NFI donations and their distribution appears to have been a little chaotic²⁵ but, to a population who had lost everything, must have represented some degree of solidarity to them. Clearance of the NFIs from the CARE warehouse in December²⁶, often to institutions, would seem to have been a sensible way to end this somewhat unplanned component of the operation while the message of inappropriate donations needs to be reinforced to their donors. DFID donation of vehicles, tents and generators, while useful, did not represent a response to victims' needs.²⁷

Once distributions (first general and then targeted) were stabilised, their component mix (see below) constituted a basis for a small family's dietary requirements but could not be considered to be comprehensive, reliance on family networks (particularly rural) being fundamental to gap-filling for the more fortunate:

50 kg rice or wheat;

2 kg of pulses;

3.2 kg of fortified maize flour;

3.5 litres fortified vegetable oil.

Canned fish and fortified biscuits were also distributed though were not always included in the monthly ration.

Epidemic of water-borne diseases is frequently the immediate consequence of flooding and, while the presence of a substantial number of clean artesian water sources probably prevented a major catastrophe, CARE's rapid response in the water sector²⁸ was most appropriate. The clearing of boxes of water purification and ORS sachets from store in December raises the question as to whether

²³ Even if only showing solidarity with the victims.

²⁴ CARE lodged three Public Health personnel up to early October, then paid their hotel accommodation expenses up to 3rd November as well as providing office facilities in the CARE centre.

²⁵ See Chronology for a partial list of NFIs which, while not individually inappropriate *per se*, did not represent a considered and structures intervention.

²⁶ This was a large part of the NFIs destined for the crisis.

²⁷ As is often the case in emergency situations there was little opportunity to consult with intended beneficiaries about their priority needs. The CO drew from past experience of emergencies and assumptions based on common sense and readily available information to quickly determine early needs, though over time it became clear that these determinations were not necessarily accurate.

²⁸ 11 water kiosks operational within seven days in addition to earlier supply through sachets and tankers.

these preventatives/curatives²⁹ were distributed at the beginning of the crisis – they certainly should have been and are noted as a low-cost/easily storable commodity for disaster preparedness purposes.

CFW/FFW interventions, largely in clean-up operations, were very relevant to meeting both employment and sanitation needs. While preparations started almost one month after the crisis largely due to security restraints, they meet so many objectives as to be a required part of readiness planning³⁰ for future emergency response.

Respondents (selected at random and not necessarily those of CARE) communicated³¹ little satisfaction with the assistance they had received, if any at all. There was a general acceptance that family and community support mechanisms were the main source of survival but that, finally, the immediate family had to find its own means of survival. This was perceived as more difficult but little different from the ‘situation normal’ which characterizes their miserable existence. They tended to express the view that their plight was of little interest to the authorities or, while appreciating their sentiments, to aid agencies which they think have little capacity to respond.

5b. Coverage

Within five days of the disaster, CARE made a general distribution of 83 MT of food to 4490 families (22,450 individuals³²) or 25% of the population which it could identify against a background of inaccessibility, insecurity and logistical difficulties. This is significant and has to be compared with the lower coverage of other institutions and the presence of helicopter-availed military forces.

Over the subsequent 7-week period, approximately 2, 249 MT of food was distributed to 160,000 beneficiaries against a background of increasing violence and, when security conditions allowed (from 15th November onwards), approximately 1,052 MT of food were targeted monthly to 17,000 residents (reaching 85,000 individuals). These figures have to be considered very significant against the size of the Gonaives population of about 200 000 people.

It is clear that victims did fall through the net and continue to do so. The Team itself noticed that vulnerable populations in settlements beyond the Jeanne-made lake were missed and, while not recommending that CARE should try to do everything, it does have a responsibility to raise awareness of such communities in the various response fora. The ongoing, targeted distributions are reaching vulnerable households, though others equally vulnerable but not reached by CARE, benefit from the generosity of their neighbours.

As noted in **5a.** above, the ration could not be considered to give comprehensive coverage of all dietary needs but does present a ‘survival’ ration for a very small family (2 adults and 3 young children). This highlights the need, in light of the destruction of many livelihoods, for an expansion of CARE’s job creation interventions essentially geared to reducing poverty as well as asset creation and re-capitalization through, for example, rotating saving/credit schemes.

In developing future strategies with a view to coverage, the biggest issue facing the population in Haiti’s North-west and Artibonite provinces now (and in fact before the disaster) has to be seen as the high level of structural poverty that prevents people from rebounding from crisis. While this lack of capacity is clear as a result of the major Jeanne disaster, it is just as likely to manifest itself in a large proportion of the population as a result of any more ‘normal’ shocks in the future and so, in the Team’s opinion, points the way to the priorities which CARE should address in planning its strategies.

²⁹ Purification tablets against water-borne infection and ORS against dehydration.

³⁰ In terms of ‘off-the-shelf’ activity packages and equipment.

³¹ See **Annexe Q** below.

³² Representing about 4 days’ needs.

5c. Connectedness

i) Sustainability

By its nature, emergency relief primarily seeks to reduce suffering by addressing immediate needs as CARE's general food and water distribution and health service provision did. The commitment to offer these services for a limited period³³ demonstrates the desire to avoid dependency in the population. The transition to FFW, CFW and food distribution targeting to the most vulnerable (also with a relatively short durations of 6 months or less) and CARE's work in education and health have allowed the pursuit of more sustainable approaches through:

Efforts to collaborate with and support local government partners – Coherence with the plans and capacities of local government institutions is difficult as both their presence and capacity is limited in Gonaïves³⁴ but CARE made significant efforts to both consult with them and support their representatives in planning and executing the emergency response³⁵. CARE had existing relationships with government bodies³⁶. Representatives from the Direction de Santé as well as from SNEP described their partnerships with CARE Haiti very positively.³⁷

From the outset, CARE assisted the Direction départementale of MENJS to design and undertake a systematic assessment of damage to schools across the commune of Gonaïves and, thereafter, the education project worked with MENJS to identify schools for targeting under CARE's education project, while also facilitating coordination through an Emergency Coordination Committee of MENJS, MSPP and ADPEPs.

Efforts to partner with local community groups – CARE's approach has been to mobilize new or revitalise existing community groups. CFW, FFW and targeted distributions all operate through CGLs and the education project works with ADPEPs. CGL/CARE protocols and MOUs are in place in each community to delineate the responsibility of each party. In the CFW project, CARE and CGLs are working to assure that clean-up brigades will continue in the community once the project closes at the end of March.

ii) Coherence

While CARE's partnering approach with both government and communities is likely to have contributed to the sustainability of emergency programme outcomes, greater efforts could be made. The pursuit of connectedness is difficult given low government presence, systems and structures, and capacity. While CARE's collaborative efforts are positive, they would benefit from greater coherence in terms of seeking policy and practice changes. This may seem unrealistic at this tenuous political juncture with public sector resources and capacities depleting annually, and levels of corruption ever-rising.³⁸ Nevertheless, because of its positive relationships with local government, CARE is well placed to take on more of a capacity building role in policy and planning. Coordination efforts are

³³ Five and a half weeks according to the original plan, though general distributions continued for 7 weeks.

³⁴ The involvement of local government representatives in coordinating the response was overtaken by central government which sent its own representative to play the key coordination role.

³⁵ Particularly significant when seen in relation to other international NGOs involved in the response for whom the relationship with government was nearly nil (eg ACF).

³⁶ Such as the, Direction Départementale de la Santé Publique et Population, the Ministère de Travaux Publics, Transport et Communication (TPTC), and the SNEP water distribution authority.

³⁷ "C'est un partenariat assez fort...de solidarité" in the words of one representative. With regard to the Direction de Santé, CARE's logistics, material and human resources worked alongside their staff on the ground and its warehouse stored their materials and equipment from the 27th of September as the government's main health facilities had been destroyed, while the Direction was housed in CARE's health section office until early November. There was, however, some concern with the management of the warehouse as discussed in **Section 5.d**) (Efficiency) when the Direction lost some equipment in the chaos as there was insufficient control over access to the CARE warehouse facilities.

³⁸ In 2004 Haiti tied with Bangladesh for 145th place (out of 145 places) on Transparency International's Corruption Perception Index.

important, as is the financial and logistical support CARE provides to its government partners but whether the latter are contributing to the sustainability of their efforts in the long-term needs to be questioned (even though CARE allows government to more actively participate in the emergency response and development processes).

Equally, building the development capacity of individuals and community groups is challenging due to the population's perceived expectations of delivery and a sense of rights rather than responsibilities. CARE's disaster response work with local community partners is to be commended but the nature of these partnerships should be examined. If these partnerships simply represent delivery channels of CARE's projects, goods and services, then their contribution to sustainability or meeting local priorities, will be minimal. CARE's community development staff are paramount to maintaining relationships with these community groups but their role appears to be one of *porte-parole* for CARE, without systematic mechanisms for feedback for the improvement of its accountability and responsiveness. It is certain that the level of genuine participation³⁹ throughout the project cycle⁴⁰ varies across projects, with a particular challenge posed in emergencies wherein the imperative to save lives, and thus to "deliver", tends to take precedent over participation, as it seems to have done in the response to Jeanne.

Nevertheless, CARE's new and long-standing relationships with communities and government in and around Gonaives has undoubtedly some level of sustainability which could be further built upon.

Coordination

The CARE network is multi-layered, has many members (CARE International, LACRMU and other CARE International members including, for the emergency, the Lead Member⁴¹) and coordination between them is complex. CARE USA EHAU⁴² played a significant early role in the response and, with the CI Emergency Group (CEG), had been watching the development of Hurricane Ivan and then Jeanne and were in communication with the CO prior to Jeanne's impact. As well as sending the CAMI team, EHAU also helped to establish the internal CARE USA CAT coordination meeting structure with its staff dedicating considerable time during the first week to supporting the CO's response through proposal-writing, fund-raising and information management before moving into a more programme support function. Throughout the crisis, a large number of current and former CARE USA staff were deployed to Haiti at the CO's request.

LACRMU's role was one of coordinating CARE USA support to the response with the Atlanta based Deputy and Regional Directors calling weekly CAT and HEAT meetings of all CARE USA and LACRMU concerned staff. LACRMU also acted as a clearing-house for queries and requests from the CO although bilateral communications between the CO, CARE USA and other CI members continued throughout. At the same time, the Ecuador-based Deputy Regional Director provided continuous and early active support including her own deployment to Haiti for 10 days in October to assist the CD with communications, proposal development and fund-raising amongst other tasks.

CI Emergency Group called a Crisis Coordination Group⁴³ meeting on the 20th of September to begin planning the basis of a collective response and then an ERWG meeting, both of these continuing throughout the first weeks of the crisis. The CEG also facilitated the decision to activate

³⁹ "Genuine" meaning participation that, to use the participation lingo, leans toward the "transformative" rather than the "instrumental" or "nominal". Among a myriad of other authors on this subject see White, S. (2000) "Depoliticizing development: the uses and abuses of participation" in D. Eade (ed) Development, NGOs and Civil Society.

⁴⁰ Design, implementation, monitoring, with the latter feeding back into design and implementation to ensure effective and responsive programming.

⁴¹ Which, in the case of Jeanne, was CARE USA

⁴² CARE USA Emergency and Humanitarian Assistance Unit.

⁴³ Akin to ERWG but with key strategic membership of CI, the Lead Member and CO, and in this case 2 CI members: CARE Canada and CARE France.

the existing regional emergency response capability from the CAMI initiative.⁴⁴ While the CEG is playing an increasingly active role in coordination and direct support to CARE's emergency response efforts, its role in response to Jeanne was limited due to:

- limited number of staff in the Group;
- as yet unconfirmed coordination and support mandate from CARE International;
- good bilateral communications between the CO and concerned CI members;
- high level and early support mobilisation by the Lead Member facilitated by both the geographic proximity of Haiti to CARE USA's Head Office in Atlanta;
- the presence of CARE Haiti's CD in Atlanta at the time of flooding and her extensive professional network in CARE.

There was thus no gap in the response mechanism in which CEG would have had an inherent advantage. CEG has, however, played a role in the pursuit of accountability and learning subsequent to the Jeanne response, which included a support function in the January Review followed by organisation of this current external evaluation.

Coordination across the CI Membership was considered to be good compared to past responses.⁴⁵ The ERWG regular CI led teleconferencing and designation of single CI member representatives to ERWG helped. This was very much consolidated by the CO's commitment to the ERWG process, its production of frequent, regular and comprehensive SitReps and direct communications between the CO (including individuals deployed to Haiti from CARE USA, LACRMU etc) and CI members.

The substantial flow of bilateral communications between the CO and CI members was central to fund-raising efforts. CARE Haiti, working under significant operational pressures and heavy and at times seemingly impatient demands for information⁴⁶, was in overall terms responsive and timely while CI member staff attempted to find a balance between consideration for the demands on the CO, their own opportunities and desires to contribute a programme-level response, and their own needs⁴⁷. Performance of CI members varied.

Collective fund-raising was very successful in terms of the sums raised and the donor base.⁴⁸ At the same time, however, concern was expressed that the existing means of communication and collaboration on priority programming areas and institutional funding envelopes to pursue could be more efficient, including systematization across CARE, greater clarity on expectations and on what the system requires of all parties.⁴⁹

Clearly the collective, coordinated efforts of the CARE network rendered the response strong. Further to LACRMU' and CEG's coordinating roles via existing mechanisms (CAT, HEAT, ERWG)

⁴⁴ CAMI does not have an "emergency response capacity". Readers should refer to the CAMI evaluation, which describes the objectives of the CAMI project.

⁴⁵ Eg Great Lakes in 1994/95.

⁴⁶ Sometimes from multiple representatives from a single CI member.

⁴⁷ Eg donor requirements.

⁴⁸ Approximately USD 4.5 million was raised in the 8 weeks following the destruction caused by Jeanne. This included funding through 7 CI members and through CARE staff donations world-wide. This figures does not include in-kind contributions, nor the value of WFP food commodities distributed, nor the USAID funded Tropical Storm Recovery Program valued at USD\$ 22 million. Nor does it include the over USD\$1 million response fund allocated by the CARE USA Board, as this was meant as a quick response "loan". CARE Haiti also managed to obtain approval from USAID and Gates to re-allocate some funds originally dedicated to drought relief. CARE Australia succeeded for the first time to secure funds for Haiti from AusAID, as did CARE France from ECHO.

⁴⁹ ECHO funds are generally allocated within 48-hours. CARE France was able to assist in securing funding from ECHO's regional office, but only after having been turned down by ECHO Brussels despite a prompt response from the CO to a request from CARE France for an expression of interest, ECHO's funds for Jeanne had already been allocated. CARE Canada eventually assisted the CO to obtain Canadian funding for the Jeanne-related education project from a local envelope, but had to turn down very early offers of support from CIDA, despite the latter's expression of interest, due to a lack of clarity in communications and expectations at both CARE Canada and CARE Haiti.

and CARE USA's early response work, CARE Haiti's own commitment and efforts were paramount. The CO's ability to respond was facilitated by the attention of Atlanta and the rapid deployment of staff and consultants. Concerns remain, however, about both the extreme demands placed on the CO, the need for greater haste in identifying and communicating programming support needs to CI members, and the desire for greater efficiencies in coordination.

Coordination - CARE Haiti

CARE Haiti team manifested considerable dedication to ensure information flow through:

- participation in ERWG, CAT and HEAT meetings;
- frequent SitReps (every 2-3 days at first, then on a weekly basis); and
- management's availability to respond to ongoing queries helped to ensure coordination across CARE. The coordination required at the CO level to assure this interface should not be underestimated.

Perhaps the most significant lesson learnt from the January Review was with regard to the establishment of an Emergency Structure parallel to (but drawing from) the existing Sub-Office administration and programme structure in Gonaives. While the temporary emergency structure may have been necessary at the time, it appears to have impeded coordination between the existing structure in Gonaives, emergency programmes and the PAP office. Coordination and communications issues also arose around the deployment of external emergency expertise, many of whom had unclear and changing ToRs which were not necessarily shared with staff.

CARE Haiti's record in coordinating with other stakeholders on the ground was admirable. From the outset, the CO was in dialogue with the OCHA Coordinator regarding MINUSTAH's security assistance during food distribution and this coordination continues both in regular and *ad hoc* security meetings.

In the early days, CARE took on a leadership role in NGO coordination and the involvement of OCHA/MINUSTAH. Coordination sought to:

- assure as extensive a coverage as possible;
- to avoid duplication of effort and promote common procedures;⁵⁰ and
- to ensure a secure operating environment.

By the end of the first week, the government took on more of a coordination role with the Secrétaire de l'Etat de l'Environnement deployed from PAP to Gonaives. OCHA also took over leadership of security issues with daily security meetings. UN and donor respondents commented on the excellent coordination among the NGOs in terms of division of work and geographic intervention.

The January Review notes gaps in NGO and security forces coordination where agreements at meetings were not necessarily carried out in practice. Coordination in Gonaives appears to have been better than that at the PAP level while there were communications and coordination gaps across these two levels.

5d. Efficiency

While the picture of outputs in relation to inputs (presented in the ex-post LogFrame) is not comprehensive, given the considerable constraints under which it was operating,⁵¹ there is sufficient evidence to make a positive judgement on the efficiency of CARE's response.

Material and Financial Resources

⁵⁰ Eg CFW rates of payment etc.

⁵¹ On staff and their families, logistics (due to inundation of the road into Gonaives), a port strike and political instability in Port-au-Prince as well as looting and general insecurity in Gonaives.

CARE Haiti, in collaboration with CI members, managed to secure considerable financial and material inputs for the response. Approximately **USD 4.5 million** was raised in the first 8 weeks of the crisis, with additional funds re-allocated from the drought mitigation programme, all of which contributed to:

- food and water distribution;
- rural and urban clean-up and rehabilitation (through FFW and CFW);
- distribution of various non-food items;
- teacher and student support;
- health and hygiene interventions.⁵²

Further to these funds, CARE received over 6,000 **MT** of food from WFP for distribution in Gonaives town between September 22nd and March 2005. In securing these resources, CARE Haiti drew not only upon the diversity of CI members' funding sources, but also on existing positive relationships with donors within Haiti. The certainty of frank and constructive discussion along with commitment to the pursuit of programmatic outcomes were features of the relationship appreciated by donors.

While close examination of the efficiency of each of the response initiatives is not within the scope of this evaluation, consideration of a few selected interventions illustrate the efficiency achieved.

WFP food cost-effectively led to the intended outputs. The average cost of food delivery by CARE was **USD 85/MT**. General distribution delivery cost an average of **USD 5** per direct beneficiary, while targeted distributions cost **USD 21** per direct beneficiary. CARE's distribution costs were considered to be reasonable by WFP and compared well with their other programmes. Efficiency in CARE's food distribution was witnessed by the Team at one site where the average distribution time was 3.25 minutes per person.⁵³

The general impression is that CARE's food delivery was timely considering the difficult prevailing circumstances (insecurity, nearly impassable road from PAP) but concern has been expressed about the 84 hour delay (between Sunday 19th and Thursday 23rd) before distribution of the dry mixed ration which was partly a result of CARE's concern regarding

- a) redirection of OFDA drought-relief food for Jeanne;
- b) absence of a formal contractual agreement with WFP to ensure replacement of OFDA food with similar type and quality commodities and coverage of distribution costs;
- c) challenge of finding suitable distribution points both accessible by trucks and providing adequate, relatively mud-free space for beneficiaries and for food;
- d) security, for which fear was justified and protection necessary. Despite protracted negotiations with MINUSTAH to locate sufficiently secure distribution venues, sites were identified that allowed bread and water to be distributed from the 22nd of September.

Security fears were also justified from a management and accountability perspective – CARE has a reputation to protect for well-managed and accountable operations. A mechanism for obtaining quick approval from the Lead Member or through the exchange of signed Letters of Intent would remove the risk of later recriminations, relieve pressure on the CO and allow for greater response efficiency.

⁵² Not including the **USD 1 million** Board Endowment Fund approved only 5 days after the flooding and which constituted an very effective advance to CARE Haiti to be repaid later largely from USAID/OFDA funding some five days afterwards..

⁵³ From the moment the beneficiary entered the secured distribution area to their exit with a complete ration. The 3.25 minutes does not include the approximately 1.5 hours CARE and MINUSTAH took to set-up the site nor does it include the 6-hour wait of some beneficiaries who had lined up from the early morning hours. The reasoning behind such behaviour is not understood, given that CARE's policy and practice is that each individual presenting a valid ration card at a distribution site leaves with the full ration.

Delays⁵⁴ in the commencement of targeted distribution due to increasing insecurity and the time required to establish the targeted system (establishing or re-vitalizing CGLs, establishing beneficiary lists, distributing ration cards) as well as delays in the start of CFW works, have been questioned but are not considered to be significant in light of all that was accomplished in the six weeks following the disaster. The delays are noted, however, because targeting was part of the plan from the earliest stage of the response and could have produced (and been produced with) greater efficiency. CARE's historical relationship with some communities in Gonaïves should have facilitated the change from general to targeted distributions but there had been a lapse in partnerships since 2001. At the same time, staff were busy implementing the ongoing general food, NFI and water distributions as well as other new emergency-related initiatives, all in an insecure environment.

CARE also responded with approximately USD 340,000 (CIDA) to facilitate the return to school of 5,285 children through the provision of school kits, teacher kits, first aid kits teacher training and psychosocial/medical support for both teachers and students. The intervention also included ADPEP⁵⁵ capacity building and collaboration with the Direction Départementale du MENJS and Public Health. This choice represented an efficient response to the fact that return to school was scheduled for September 20th - CARE's work here helped to prepare children and targeted schools to begin their return on November 8th. While the cost may seem to have been high at USD 64 per child, it is noted that this also covered 150 targeted school teachers and 10 ADPEPS. At the same time, the Team assumes that the project also reinforced a partnership between CARE and the local authorities (MENJS and Public Health) towards future collaboration.

This education project was in response to a Call for Proposals launched by CIDA to a select group of 26 NGOs on 26th of September. CARE responded with its proposal and was one of the first to successfully negotiate approval⁵⁶ with CIDA by the end of October.⁵⁷ CIDA is understood to appreciate CARE's efficient delivery of this project and attention to the timeliness of its response to queries or recommendations from CIDA.

While all the interventions described above are discrete, single-donor initiatives and easier to examine, the efficiency of the USAID/Gates funded FFW/rural rehabilitation interventions⁵⁸ are more challenging as it is not entirely clear what portion of the initial funding was re-allocated to the emergency. Equally challenging to assess with regard to efficiency are the multi-donor initiatives such as the CURB project. Nevertheless it appears that, with the material/financial inputs, CARE has delivered substantial outputs, as evidenced in the **Achieved** column of the Planned/Achieved matrix presented in **Annexe B**.

That the various outputs described herein have been achieved is notable given the vagueness of project proposals for which funding was secured, which has constituted a problem for the ET. Data on requested inputs and expected outputs tended to be unspecific and monitoring/evaluation plans/frameworks were generally not put in place. Changing parameters from some donors (made difficult by communication gaps at various levels) and their implications for the emergency programme posed a challenge and some delays for the implementers. For instance, while DFID agreed to fund only a portion of the originally proposed CURB project, the activities they were prepared to fund were not made clear to project implementers until late October, despite having granted approval in principle almost one month earlier.

⁵⁴ November 10th rather than November 1st as originally planned.

⁵⁵ Association de Directeurs, Parents, Elèves et Professeurs (equivalent of PTAs)

⁵⁶ With some changes.

⁵⁷ Though a one-month turn around time for approval may seem long in an emergency context, it was not inappropriate given the design requirements of CIDA (eg use of a LFA, unlike most if not all of the other emergency proposals), and given the nature of the project which, though responding to an important need, was not needed in such haste as food or water distribution for instance.

⁵⁸ Eg administrative support staff, vehicles, office space and supplies

The fact that proposal budgets were not clear on (or did not contain) funding for critical project support costs at the field level⁵⁹ no doubt reduced operational efficiency, due to the resulting exponential increase in CARE staff workload and efforts to negotiate share of existing resources.

The major efficiency shortcoming involves NFIs and has two causal factors:

a) What was received, from where and how? Some NFIs (tents, plastic sheeting, school and hygiene kits, jerry cans) were specifically sought from donors as part of the emergency programme. Others, however, were donated to CARE Haiti outside of programme planning. In some cases they were deposited by other NGOs who did not know what to do with them or had taken the decision against NFI distribution for security reasons or due to lack of logistics capacity. Other NFIs came to CARE Haiti through CI members, sometimes un-requested, un-wanted but nonetheless delivered due to poor communications between CARE Haiti, CI, its members or their donors.

b) The NFI management system. Efficient management of NFIs was hindered by the fact that their warehouse compound was, for the first weeks of the crisis, overrun with CARE staff, their families, other NGOs, government staff and even visiting press.⁶⁰ Security was also an issue. Nevertheless, CARE Gonaives had been managing food commodities for decades and it is therefore somewhat surprising that an efficient management system was not already in place. Three external resource persons were brought in between October and December 2004 to design and systematise NFI management and, while standard procedures were put into place, it appears that these were not used consistently and poor physical control of stocks remained an issue throughout.

An NFI report of December 13th describes these issues in more detail. NFIs funded by institutional donors (the tents, jerry cans, etc) were accounted for but the distribution schedule remains unclear. A Stock Report dated December 3rd provides a list of presumably all NFIs received but, even though NFI items remained in stock on that date, no Stock Report appears to be available to the end of December.⁶¹ Another NFI report obtained by the Team on March 4th is incomplete, covering only plastic sheeting, tents and a Tuff Tank.

There is no doubt that NFI management was less than efficient. Fears that the receipt of so many items in a chaotic environment could have led some CARE staff and others into temptation, may be justified.

Procurement and Finance

Finally, as mentioned in the January Review, some of CARE's standard procurement procedures were put aside in the early days of the response either out of necessity or simply for speed. While this might have enabled greater efficiency at the time, it does highlight the need to develop emergency procedures and staff guidance for the future. This applies as much to the Sub-Office as to the Head Office. At this stage there is concern that purchasing and delivery of items ordered from PAP to implement the ongoing, short-term (6-month duration) projects is taking too long.⁶²

A further area of concern that arose in the course of this evaluation regards mis- or under use of the standard CARE accounting procedures that requires that expenses be coded to the relevant donor Fund Code. As with procurement, this procedure may have been bypassed in order to speed up processes at the time. Alternatively, it may not have been well understood, as historically the Gonaives Sub-Office has had only one major donor to deal with (USAID). It also seems that there may have been delays at the level of PAP in requesting FCs, and possibly too delays in their issuance. The result ultimately was inefficient as the level of financial inputs expended and thus available for

⁵⁹ Eg administrative support staff, vehicles, office space and supplies.

⁶⁰ Other NGOs and government granted use of CARE warehouses often assumed that CARE would manage their NFIs.

⁶¹ Information in SitReps indicates that virtually all NFIs had been distributed by that time.

⁶² An example was given of computer equipment approved for purchase at the level of Gonaives at the end of October had still not arrived by the third week of February.

each project was not well monitored. CARE Haiti is now required to sort through and re-allocate expenses, a particularly pressing issue when many of the projects soon coming to a close are showing evidence of under-expenditure.

Human Resources

CARE rapidly⁶³ placed human resources⁶⁴ from across the CARE network's staff and consultant roster⁶⁵, while, at the same time, existing Gonaives staff and some from PAP and Jeremie, were quickly activated to participate in the response. Deployment of staff from PAP included a September 29th decision to assign the Mission Development Director to the role of Emergency Coordinator in Gonaives. Other NGOs volunteered their staff to assist CARE with early operations. Some respondents stressed CARE staff's food management and operational experience as well as their connectedness to communities from previous interventions in the area.

Concern has been expressed that many CARE staff now remain with workloads exponentially increased from pre-disaster days. Despite efforts to reward and support these staff through bonuses, hardship payment, psycho-social counselling, Employee Victim Fund and NFI kits⁶⁶, a closer examination of the current division of labour and staff efficiency/motivation would now be useful.

The January Review and interviews highlighted the fact that not all staff with relevant skills were used in the response while those involved were heavily burdened for an extended period. A greater use of existing skills (eg.M&E) could have filled some of the gaps that continue and put to better use defining project targets and monitoring frameworks.

The deployment of a CAMI⁶⁷ team⁶⁸ was decided jointly between the CI EG, CARE USA's EHAU team, and the CO and was mandated to undertake a damage assessment, provide technical support and provide programmatic direction for a short and medium-term response. The CAMI response was rapid under the circumstances, as a mechanism did not in fact exist for deployment of such a team.

The deployment was very much in keeping with the pursuit of a regional strategy and in keeping with CAMI's desire to maintain a regional standing team to support CO's in times of crisis. At this stage it is logical for CAMI to be seen as a central support to a region-wide strategy and to mechanisms for emergency preparedness and response as it is currently the only such regional initiative⁶⁹. There is some question, however, as to whether or not the participation of CAMI was appropriate and cost effective. It would seem that the expectations of CAMI providing a regional crisis support team relevant to the Haitian context were, in this instance, premature.⁷⁰ Feedback indicates that, while the assessment report did provide a sound picture of the situation, it did not give sufficient data or

⁶³ Many sources commended the way in which the Country Director drew upon her 10 years of experience and excellent professional relations within CARE to rally HR inputs for the emergency response.

⁶⁴ Incoming Technical Assistance and staff from outside CARE Haiti were tracked, and most had TORs, though these were unfortunately not always shared with staff, partly in an effort to reduce the already massive volume of information flows.

⁶⁵ Including many French speakers, of which the Lead Member's HR Unit dealing with Latin America have less knowledge.

⁶⁶ Based on the ZOPP exercise conducted during the course of this evaluation salary levels and disbursement of the Employee Victim Fund (timing and amount) remain issues of concern for a number of staff. Whether the NFI kits for staff were in fact distributed is also an unresolved question.

⁶⁷ CAMI is a regional initiative implemented by CARE COs in Honduras, Nicaragua, El Salvador and Guatemala. Its aim is to 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 organisations to forecast, monitor, respond to, and prevent such disasters. CAMI's successful outputs and strategic learning over 3-years have helped to spur discussion in LACRMU, CI and regional COs toward developing a region-wide risk reduction, preparedness and response strategy.

⁶⁸ Four CAMI members arrived in Gonaives October 2nd followed by another on October 5th.

⁶⁹ Not as an emergency response mechanism in itself.

⁷⁰ This was probably due more to a misunderstanding about the type of support CAMI could provide.

programming recommendations expected of it and thus disappointed both CARE Haiti and its partners, and was thus of questionable efficiency.

Reasons for CAMI's less than ideal input include:

- CAMI's emphasis⁷¹ and the bulk of its staff experience appears to have been on vulnerability reduction and risk mitigation rather than on emergency response;
- the CAMI team were expected to assess and propose a response to an unfamiliar situation, under unfamiliar and difficult living conditions;
- the severity of the impact on a population whose serious poverty is unlike that experienced in CAMI's own sphere of work.⁷²
- the Creole, French and English language proved an impediment to the Spanish-speaking team's work⁷³;
- the CO, absorbed as it was in the response, may not have provided sufficient guidance to the CAMI team nor use of the members' skills.

If CAMI's current comparative advantage lies more in the building of forecasting capacity, monitoring and mitigation against natural disasters rather than in response, its deployment would have been more suitable at an earlier, or later date as the CO moves into the planning and implementation of rehabilitation and mitigation measures.⁷⁴

5e. Effectiveness

The effectiveness with which CARE interventions met their project purposes is assessed here according to those assumed and stated by the Team in its ex-post Logical Framework.

i) Prevent/reduce incidence of acute malnutrition

According to various sources⁷⁵, there was no major incidence of acute malnutrition in children under the age of 5 years. Only one case was observed by the Team and this could have been due to a variety of factors.

ii) Prevent/reduce incidence of water-borne diseases

Again according to various sources⁷⁶, no major incidence of water-borne diseases were recorded other than skin infections due to continued exposure of the body to dirty (mud/effluent) water.

iii) Prevent disease transmission in IDP camps through health education and distribution of hygiene kits

Monitoring of the five main communicable diseases by MSF indicated no major incidence of disease in the camps.

iv) Reduce disease risk in population of project area

Again, there was no major transmission of the main five communicable diseases.

⁷¹ The concept of CAMI arose with Hurricane Mitch, some 8 years ago, but the emergency response element had not yet been activated.

⁷² While Haiti is still considered to be the poorest nation in the Western Hemisphere (with a per capita GNI of USD\$440 in 2004) CAMI participating countries are in another category altogether. Haiti falls into the DAC **Least Developed Country** category, whereas Nicaragua, Honduras, El Salvador and Guatemala are ranked in higher categories of **Other Low-Income Countries** (Nicaragua) and **Lower Middle-Income Countries**.

⁷³ Apparently only two of the 5 members spoke English or French.

⁷⁴ The team's response work may have been impeded by its arrival two weeks into the crisis.

⁷⁵ ACF will publish the results of their nutritional survey during March but indicate no change in malnutrition rates compared with those recorded before the disaster.

⁷⁶ MSF monitors incidence of the five main communicable diseases and report no significant rise in the usual water-borne diseases throughout the period of NGO water distribution operations

v) Improve health and sanitation conditions related to flooding through recovery/rehabilitation planning with flood-affected population

This intervention is ongoing but the population has largely not taken on the lessons (given by health professionals over many years) of the linkage between stagnant water, household waste and health. That is not say that they have not learnt but, until some form of public or community waste disposal system is introduced, they have little choice other than to suffer from other people's waste if not their own. The linkage between waste and flooding is equally discussed in **Point x)** below.

vi) Respond to the immediate needs of more than 10,000 families

This objective was surpassed with regard to water supply within five days and within seven days the target had been exceeded by more than seven times. With regard to food, the target had been exceeded by sixteen times within two weeks.⁷⁷

vii) Improve economic and nutritional status of more than 1,000 workers' families from wages and goods received

This objective was achieved largely through CFW and FFW and exceeded it starting from the period of 8th to 18th November.

viii) Improve mobility of population to enhance opportunities for recovery

This was achieved through mud removal from urban roads but there seems to have been no intervention with regard to roads external to Gonaives town.

ix) Rehabilitate rural areas (no objective stated)

There is insufficient data and it is too early in the planting season attributed CARE inputs to make a meaningful judgement. From random spontaneous interviews held at various roadsides, the effect of these rural interventions seemed to have been insignificant but the Team is unsure of the actual distribution sites. What is interesting is the fact that respondents suggested (without having been questioned on the subject) that CARE's longer-term development work in the rural areas was far more significant than its short-term emergency intervention.

x) Clean-up of Gonaïves to the benefit of 250,000 direct beneficiaries

This is still in progress and has probably provided the population with better-than-previous sanitary conditions in the short-term. However, as raised in **Point v)** above, the lesson of the linkage between standing rubbish (in drainage structures) and flooding has not been exploited by the local authorities or community. While the impossibility of meaningful waste disposal behaviour is recognised at the household level, the Team considers that there is an ideal opportunity for propaganda on the subject which CARE has not yet seized.⁷⁸

xi) Refurbishment of 3 public schools in Gonaïves for 1, 758 students (with sports equipment and pedagogical materials for 1,153 and 605 students respectively)

This work is now completed.

xii) Facilitate the return of 3, 650 students to school through psychological and medical assistance

This work is in progress

xiii) Improvement of the capacity of 10 ADPEPs⁷⁹ reinforced

This work is still in progress

⁷⁷ The target for food was no doubt considerably increased during that two week period.

⁷⁸ Through hard-hitting placards along drainage canals and advocacy to central and local government and community structures, mobilisation and capacity building of community and government.

⁷⁹ Association de Directeurs, Parents, Elèves et Professeurs (PTAs)

xiv) Provision of potable water at the convent of Les Soeurs de Sainte-Rose de Lima

This work is completed

5f. Impact

Aid is recognised as having a palliative effect on the poor⁸⁰ and, although the maintenance of relative calm required the coercion of MINSTAH forces early in the response, it is considered to have eventually had this effect in Gonaives, a reputed hot-bed of political ferment and violence. CARE can be proud of its contribution here and, without its steadfast presence and facilitation of the work of others, there could well have been a violent explosion of resentment against an impotent government. This was probably more important than the life-saving aspects of CARE's intervention thanks to strong family/community support mechanisms (particularly from the rural areas) and artesian water supplies in the area.

The Team consider that it is widespread structural poverty in the North-west of Haiti which is inhibiting rapid recovery from the disaster - *'still, six months after Jeanne, there is a sense of shock and abnormal hopelessness in the once vibrant town of Gonaives'*.⁸¹ In defining the linkage between recovery and structural poverty and renewing/expanding its efforts to correct it, CARE has to recognise the degree of respect and support which CARE has won itself⁸² through its emergency intervention as an invaluable impact.

Impact in the application of standards CARE met minimum international standards to varying degrees while recognising that the Sphere standards represent a somewhat theoretical ideal. It is notable, however, that there was a lack of knowledge, in CARE Haiti, of both the Sphere standards and Red Cross Code of Conduct and limited efforts to integrate them into the emergency programme.⁸³ CARE's efforts toward meeting the Sphere standards which are common to all sectors,⁸⁴ are worthy of comment:

i) Participation⁸⁵ of the affected population is certainly seen in the partnering of projects with community groups such as CGLs and ADPEPs but its nature⁸⁶, as well as its integration throughout the project cycle,⁸⁷ needs closer analysis and strengthening.⁸⁸

ii) Monitoring⁸⁹ instruments for project activities appear to have been in place across the Jeanne programme but the development and use of monitoring frameworks (with output and outcome/effect level targets) would to help the CO to assess progress and to inform direction and management decision-making more systematically than is currently possible.

Regarding the Sphere technical standards relevant to the CO's sectors of involvement:

⁸⁰ Cynics say that food aid keeps boat people out of the USA.

⁸¹ Personal communication – Yves-Francois Pierre PhD, Sociologist/consultant, Port au Prince.

⁸² The population is currently still in a state of shock and preoccupied with their day-to day survival. While acknowledging CARE's assistance to them, it would be unlikely to hear effusive declarations of their immense gratitude to the organisation.

⁸³ The use of Sphere standards in M & E is mentioned in a proposal to OFDA for NFI distribution, though it is not clear that the standards were actually used in implementing the distribution program.

⁸⁴ Participation; initial assessment; response; targeting; monitoring; evaluation; aid workers competencies and responsibilities; supervision; management and support of personnel.

⁸⁵ Relates to Red Cross/Red Crescent Code of Conduct commitments 6., 7. and 9. and CI Program Principle 1., 2, 3, 4, 6.

⁸⁶ Is it instrumental or is it empowering with built in accountability mechanisms?

⁸⁷ That is, not just in implementation but through assessment, design, monitoring and evaluation.

⁸⁸ Both the media and CGLs were used to transmit information on entitlements and processes related to food distribution, but the presence of non-threatening feedback mechanisms for use by intended beneficiaries is not a clear component of the food or other programmes. This issue is discussed in the sections on Sustainability and Coherence.

⁸⁹ Relates to Red Cross/Red Crescent Code of Conduct commitment 9. and CI Program Principle 3.

iii) Water Supply, Sanitation and Hygiene Promotion CARE applied Sphere standards in water distribution to assure between 5 and 15 litres⁹⁰ of clean water⁹¹ per person per day.

iv) Food Security, Nutrition and Food Aid Regarding general nutritional support to all groups, the WFP and OFDA rations included a cereal staple, pulse and oil (the latter and a portion of the cereal were fortified). Both the general and targeted distribution rations provided an average of 92% of the Sphere standard, with protein slightly higher and oil/fat slightly lower than Sphere requirements. No special efforts were made for at-risk groups⁹², though the targeting of women reduced the risk of inadequate provision. The content of food rations was (according to respondent beneficiaries) appropriate, acceptable and of good quality though there was early concern regarding whether beneficiaries had the necessary implements and fuel to cook. Food aid planning and management kept to standards with one concern regarding oil as packages which sometimes had to be shared. The early general distribution method did not necessarily provide efficient and equitable distribution, nor was dignity necessarily maintained in the chaos but impact data (gathered from non-CARE sources) indicate that malnutrition levels remained stable in Gonaives during, before and after the crisis.

v) Shelter, Settlement and Non-Food Items (clothing, bedding and household items) Hygiene kits were distributed on a 'one-off basis' and are difficult to assess against Sphere standard (eg 250 g of soap per person per month) but they did include the basic Sphere⁹³ components with exceptions such as menstruation materials. Jerry cans provided half of the 20 litre Sphere standard only to ease carrying. The distribution of WFP gas stoves, environmentally correct (*vis à vis* fuel-wood), did not present any economic sustainability for more vulnerable recipients.

vi) Health systems, infrastructure and control of communicable and non-communicable diseases Through the emergency infirmary set up in its compound and health services provided at temporary shelters, CARE gave priority to health in partnership with government in the face of the destruction of health infrastructure. Typhoid vaccinations and health education are considered to have reduced the incidence of communicable diseases. Non-communicable diseases such as tetanus (vaccination) and psycho-social support were also covered to a limited extent and to selected beneficiaries.

5g. Cross-cutting issues

i) Gender

A commitment to gender equity and diversity in programming was supported by the development of recommendations and guiding principles for CARE International members in 2001/2002 and is in line with a Rights-Based Approach, though this does not necessarily guarantee sufficient attention to the subject. Integration of strategies in the pursuit of gender equity should be later followed by the disaggregation of programme results by gender in monitoring and evaluation.

CARE's treatment of gender was mixed. On the one hand, gender analysis informed the targeting of food distribution while the integration of gender considerations in the programming appears to have been on an *ad hoc* basis. While CARE staff have received some level of gender awareness training, no policy, strategy or guidelines appear to be in place to promote the pursuit of gender equity or

⁹⁰ While Sphere advocates a minimum of 15 l/p/d, a full 15 was not necessarily made available as the population still had access to over a thousand water points across Gonaives, at least for basic hygiene needs while waiting for these to be cleaned, sanitized and tested prior to full use. Many non-contaminated artesian wells continued to provide drinking water for the population throughout the crisis.

⁹¹ OXFAM played a key role in testing water quality.

⁹² Infants, children 6-24 months, pregnant and lactating mothers, elderly.

⁹³ Bathing soap and laundry soap, along with toothbrushes, toothpaste and disinfectant.

equality.⁹⁴ The Team observed that there was a clear majority of males within CARE Haiti (and its partner) respondents and this is probably indicative of a less-than gender balanced environment.

Criteria to identify food distribution beneficiaries were developed by CARE, in consultation with WFP, other actors on the ground and those at coordination meetings. Criteria was drawn from empirical evidence and belief that:

- females, and especially female-headed households, are among the most vulnerable;
- assets, particularly food, held by females are more likely to be consumed (as opposed to sold) and to reach all members.

For these reasons, females were the primary beneficiaries for both general and targeted food distributions, with female-headed households prioritised. It was also considered that there would be a reduced risk of rioting from gatherings of large numbers of women at distribution sites but it is not known whether the potential security risk to women (as the recipients of large quantities of highly valued food items) was considered.⁹⁵

A documentation review shows that only two of over 10 of the early proposals⁹⁶ referred to gender and this apparently based on proposal format. The CURB project requires of 30% female representation in their CGL partners' membership while the FFW project does not specify the same for these partners. This does not mean that women are not playing active roles in these projects but that, in the absence of a defined and concerted effort, the gender balances are *ad hoc*. The monitoring of gender outcomes does not appear to have been planned.⁹⁷

ii) Environment

Environment, either as a programming issue or cross-cutting theme was accorded little attention in CARE's emergency response but its programming in Artibonite under the Agriculture and Natural Resources Project (DAP) does address environmental protection measures through the promotion of sustainable agriculture and soil conservation practices although, given the scale of degradation in the region, this is likely to contribute little. CARE Haiti's earlier programming did not cover public awareness raising preventative or clean-up action with regard to the accumulation of debris in waterways.⁹⁸ The post-Jeanne CFW project has an environmental component involving communities in mud and trash clearing and is supporting communities to establish clean-up brigades

Given more pressing needs, concern for the environment is not prioritised but typical emergency response or rehabilitation interventions (WATSAN, shelter etc.) can be either be used to the benefit of the environment, or, if poorly implemented, to the detriment of it. While development planners and implementers have long been dealing with environmental impact assessment, it is a relatively new concept in emergency situations.

Since 2001 CARE USA in collaboration with the London-based Benfield Hazard Research Centre has invested in the development of a Rapid Environmental Impact Assessment (REA) tool for use in emergency relief operation assessment and planning⁹⁹ and selected CARE staff have received training

⁹⁴ As a CARE USA lead, CARE Haiti's link to CARE USA's gender policy is inferred. Inference seems insufficient, however, for a CO with the history and programming scope of CARE Haiti.

⁹⁵ Some beneficiaries were, unfortunately, targets of theft in the very early days of food distribution but the security of distribution site set-up was quickly improved.

⁹⁶ Those for AusAID and CIDA.

⁹⁷ Data for the emergency program is not disaggregated by sex.

⁹⁸ CARE Haiti has made a positive contribution to the construction and maintenance of the canal infrastructure in certain neighbourhoods of Gonaïves in past programming. Equally, the ET was told that some canal clean-up work with communities had been in place in previous years. It would be worthwhile to revisit reports and any lessons learned from the clean-up project for consideration in the current programming with brigades d'entretien, and any future clean-up/sanitation related programming.

⁹⁹ An evaluation completed in 2004 identified some concerns and refinements required, Guidelines and a Quick Guide for Rapid Environmental Impact Assessment (REA) in Disasters have been developed and piloted. See Stone, D. (2004)

in it. Furthermore, both OFDA and OCHA have incorporated REA¹⁰⁰ into emergency training and its concepts have been integrated into the 2004 Sphere guidelines.

CARE generally makes little use of the REA tool and it was not employed in this response. A REA of both Hurricanes Ivan and Jeanne in Haiti, Grenada and the Dominican Republic was available¹⁰¹ but it contained little information relevant to CARE's design of an environmentally sound response. There was knowledge of the REA methodology in the CAMI team¹⁰² and environment is covered in their report but this is more in terms of environmental effects rather than the possible environmental impact of CARE's ongoing, planned or potential response and mitigation measures.

6. Conclusions and Recommendations

6a. CARE Haiti

CARE has a long-term core development programme of the quality for which it is internationally respected and, in Gonaives for example, it is associated with the inherent risk of becoming the *de facto* local government there. For CARE to expand into a large-scale Disaster Preparedness and Response capability at a national level would increase this risk multi-fold (*viz.* the incapacity of GoH to respond to September's disaster at any level) and negate the very essence of development.

CARE's strength in Gonaives in September 2004 was its local knowledge, contacts, pre-existing protocols with local government institutions and the fact that it held humanitarian response commodities in store, albeit largely destined for its development work. Furthermore, while the effects of Jeanne were largely unavoidable, the effects of 'normal' floods can be mitigated against if proper human behaviour and physical structures can be developed.

Nevertheless, disaster is a frequent certainty in Haiti as illustrated by its incidence (in parenthesis) over the 20th century¹⁰³:

Drought (7); flood (25); cyclone (16); earthquake (1); civil disorder; military strife; and international embargo (1);

and CARE cannot ignore its responsibilities according to its mandate and moral obligations.¹⁰⁴

The Team therefore recommends a three-point strategy based upon:

- i) prevention/mitigation through development;
- ii) preparedness through development; and
- iii) response through development partners.

i) Prevention/mitigation through development implies working with local government and communities to change human behaviour and to develop physical structures with which to help avoid the consequences of 'normal' extreme conditions. For **flood**, this involves propaganda towards the maintenance of rivers and drainage structures and against the practice of rubbish disposal in them¹⁰⁵ in addition to continuation of CARE's ongoing canal upgrading and river-bank protection projects.

Evaluation of the Rapid Environmental Impact Assessment Project, a Report prepared for CARE USA by the Livelihood and Environmental Security (LIVES) Advisory Group, Switzerland.

¹⁰⁰ Considerable REA resources from this project and other sources are available at:

http://www.benfieldhrc.org/SiteRoot/disaster_studies/rea/rea_index.htm

¹⁰¹ Compiled by the Joint UNEP/OCHA Environment Unit in October 2004.

¹⁰² Still to verify.

¹⁰³ **Source:** Plan National de Gestion des Risques et des Désastres. MICT, DPC, Haiti 2001

¹⁰⁴ *Viz.* the strong lobbying of CARE staff and CARE International members to intervene in with no CARE presence in other parts of Haiti with no CARE presence during the flooding in Mapu and Fond Verrette earlier in 2004.

¹⁰⁵ A pre-condition of improved disposal behaviour is the availability of a rubbish collection capacity. This is a dangerous area for a donor or NGO to enter as it is difficult to develop a reliable exit strategy in the face of weak government.

Development of community partnerships, capacity building and links with government are recommended but the problems are not to be under-estimated.

On the water-sheds above agricultural and inhabited areas, re-afforestation, soil conservation and gully control measures need to be put in place while inappropriate environmental behaviour should be corrected through agricultural extension.

For **drought**, agricultural extension should work towards the adoption of appropriate resistant crops, short season improved varieties, reduction of post-harvest losses¹⁰⁶, irrigation¹⁰⁷, agro-pastoralism, agro-forestry and the development of off-farm employment. Bulletins already produced by CARE are impressive and present potential for increased market, disease and meteorological intelligence.

For **earthquake**, the encouragement of appropriate building techniques is recommended. For **civil disorder** and **military strife**, ‘peace by presence’ (of foreign subjects) is not a completely naïve concept.¹⁰⁸

The thinking behind the above recommendations is based upon the fact that CARE is not the Government of Haiti, it cannot do everything and, if it tried to do so, would fail. CARE’s strength is its history in Haiti, its knowledge of the country, its contacts there and, most of all, its capacity to see clearly what is going on there amidst (even at the best of times) a sea of disorder. CARE’s comparative advantage lies in its acting as a catalyst for better prevention and mitigation, not in trying to do the job itself. The interventions suggested above should then represent beacons of excellence for replication around the country. This is good development.

ii) Preparedness through development. Equally, it must be accepted that, even in the poorest of countries, preparedness remains primarily with government through police, emergency and social services and, finally, the military. While accepting that these are far from ideal in Haiti, at least the problem is understood and the positive turn-around of this negative statement should form the basis of a solutions strategy. CARE interventions (but now fully integrated with the aforesaid institutions) should again catalyse and constitute role models for replication.

There is a strong element of ‘Early warning’ in preparedness and, while any local response institution must be vigilant in its risk monitoring (particularly during the hurricane season), there is a role for CARE’s regional sub-institutions to play and this linkage with broader regional preparedness is referred to in **6c** below.

The region (to include the United States in this instance) is availed of highly sophisticated disaster monitoring mechanisms whose information is at the disposal of any concerned institution and one of CARE Haiti’s priorities should be to equip itself with the necessary hard- and soft-ware to access this in order to maintain its well-developed ‘knowledge of the country’ referred to above. This should include, not only hurricane monitoring, but also developing meteorological conditions which lead to crop failure/destruction. At the same time, CARE Haiti needs to be availed of well qualified staff who can correctly interpret the data so obtained.

This strategy, therefore, implies forming partnerships with existing institutions and catalysing the creation of currently non-existent ones. Historically, disaster was institutionally regarded as an impediment to development (or exploitation) until the late twentieth century when response took on its own identity with, for example, the eventual creation of ECHO and OFDA. The debate now, however, is turning full circle in regarding preparedness as an implicit component of development¹⁰⁹.

¹⁰⁶ Including improved storage techniques.

¹⁰⁷ The potential for low-cost Israeli techniques is great in areas such as the Gonaïves basin.

¹⁰⁸ **Note** the verbal communication USAID’s Michael Kerst who considered that CARE’s presence in Gonaïves ‘kept the lid’ on civil disturbance in Gonaïve, albeit with the palliative of humanitarian aid and the protection of MINUSTAH.

¹⁰⁹ The capacity of a country to accept this of course depends upon the level of its development but, while Haiti is poor and a little disorganised, it is certainly not under-developed, being availed of an educated and diligent population.

To take a lead here, CARE Haiti will have to improve its own expertise through training by CARE's own network¹¹⁰ and through hired-in specialists. Training courses should be open, not only to its existing and potential partners, but also to other government departments, International and local NGOs, International Organisations, Red Cross and community groups. The scale of this intervention should not be under-estimated nor the problem of funding/maintaining equipment ignored – it is a long-term development programme which requires ongoing re-training and practice.

CARE's statement, in its Revised Strategic Direction 2 Strategic Objective #2 of its intention to "become organisationally prepared to respond to most likely emergencies in Haiti"¹¹¹, raises key questions:

- a) what is the foreseen budget ceiling?** Every intervention has limited donor funding.
 - b) which type of disaster (see above) can CARE address?** Is it realistic for CARE to establish a life-boat, marine pollution or fire service?
 - c) what is the assumed time-frame?** Every intervention should have a beginning and an end - ie an exit strategy. Financial sustainability has to be assured.
- The Team considers that CARE should choose those areas in which it can realistically intervene and then do so with excellence.

CARE should probably limit itself to the areas of drought, flood and cyclone, sectors in which it already works; the similarities with the effects of earthquake would also justify the latter's inclusion. Even within these limits, a very substantial expansion of work is required in terms of both project components and expertise:

Drought related expansion implies agricultural intelligence (including market and weather), improvement of the monthly bulletin, a capacity to issue interim bulletins at times of impending disaster and wider involvement in public service radio;

Flood/cyclone intervention demands again a first rate communications/public announcement service with the added creation of a personnel network on the ground with capacity to warn, mobilise people for their own safety and manage response;

Earthquake requires the none-fire components of a traditional fire service along with the capacities described in **Flood/cyclone** above.

Initial training expertise will require inputs external to CARE Haiti (see **6b and c** below).

iii) Response through development partners CARE staff has proven that they can work in a professional manner (even under their own duress) to support and coordinate local, national and even international authorities. To do this more effectively, CARE Haiti needs to avail itself of a more comprehensive modern communications system (to include a WAN¹¹² and satellite and radio communications). Rather than taking on the unsustainable task of an emergency facility, CARE

¹¹⁰ See **Points 6b and c** below.

¹¹¹ **2.1** Develop rapid response capability for most likely emergencies

Incorporate risk management/emergency preparedness into program structure and into each project/sector(flesh out the structure)

Develop contingency plan

Identify and tailor appropriate and relevant risk assessment tools/processes and train staff in use PT and Emer. Mangr Qtr 4 FY05-ongoing

2.2. Incorporate lessons learned and external evaluation recommendations into CO preparedness and response planning

Conduct internal and external evaluation

Develop action plan to implement the recommendations

M& Evaluate the implementation of recommendations SMT - Task F. &

Emerg. Manager Qtr 3&4

2.3 Identify and tailor appropriate and relevant risk assessment tools/processes and train staff in use (PT) and Emerg.

Manager Qtr 4 FY05 and FY06

¹¹² Wider Area (intranet) Network – already in the process of establishment by CARE Haiti

should instead support its response partners with ‘state of the art’ disaster intelligence, communications and ‘on-the-spot’ disaster management consultation with those partners.

There is an understandable reticence, here, about CARE’s ‘coming to the table empty-handed’ and, since the organisation normally holds, in store, commodities such as programme food aid and equipment associated with its development programmes, it is not unreasonable to make contingency plans for their release during disaster. This implies either:

- a one-time donor investment in pre-positioned stocks to be drawn down at the time of disaster and replenished using incoming funds/commodities destined for that current disaster and rotated (for stock renewal) through development programme usage¹¹³; or
- pre-signed agreement with the donors of development programme commodities for their immediate release upon verbal agreement¹¹⁴.

Connectedness & Coherence CARE, with its local knowledge and unquestionable contribution to relief and development, should expand its network of local civil society partners, its community group capacity building efforts (strengthening advocacy capacity towards greater government involvement in addressing their needs), its capacity building with local government (strengthening advocacy capacity toward greater resource allocation from central government, and improving responsiveness to local needs), and efforts to bring civil society/communities and government in closer dialogue.¹¹⁵ Such efforts would contribute to addressing root causes, and would complement the organisation’s investment in long-term development programming to help mitigate against disasters.¹¹⁶

If CARE Haiti chooses to venture down this route in the pursuit of greater responsiveness, accountability and two-way relationships between citizens and government, a good starting point would be to seek greater participation and relationships of accountability to communities within the framework of its own programmes.

Coordination If the CO is to develop an emergency contingency plan, it should include an emergency response structure with clear responsibilities, lines of communication and relationship with existing CO structures. Measures will have to be put in place to ensure that CARE does not have to take the lead (of other institutions) by default while the excellent spirit with which CARE Haiti pursued coordination of other bodies should, of course, be maintained.

Efficiency As part of emergency preparedness, mechanisms to facilitate faster turn-round time for pre-contract, or contract amendment approvals would be beneficial. A Letter of Intent format for signature between donor, CO and perhaps Lead Member might facilitate this process.

CARE Haiti needs to ensure that the system of NFI management is well established at the Gonaives office to include manuals, training and perhaps punitive measures for failure to use approved systems. Structured, formal administrative and procurement emergency procedures could be developed as part of CARE’s emergency preparedness effort. Finance and accounting measures, such as proper use of

¹¹³ This is practised most effectively by the Iranian Red Crescent albeit experiencing some difficulties with external donors. It is a system which should interest WFP through their PRROs.

¹¹⁴ This is what did actually happen with WFP and USAID in September 2004.

¹¹⁵ Eg in participatory planning, communications and negotiation, understanding rights and responsibilities. CARE is increasingly involved in this type of governance work in countries quite different from Haiti but from which models could be learned (eg participatory budgeting and expenditure monitoring activities in Peru (with USAID funding); engaging civil society and government on forest policy in the Democratic Republic of Congo; or the National Agricultural Advisory and Development Service (NAADS) Action Research Initiative in Uganda (latter two funded by CARE Canada’s Civil Society Engagement Fund). See also project examples in Zambia and Honduras referenced in footnote 118 below.

¹¹⁶ Eg the presence of active citizen participation mechanisms could have helped the CO to identify more appropriate needs at the outset of the crisis.

Fund Code allocation procedures, should be considered as part of refresher training for managers and finance staff.

As recommended by the January Review, a database of emergency-relevant staff skills should be developed to assure fuller and better use of CARE Haiti's personnel in future emergencies. In the event of emergency, the availability of appropriate staff should be determined and responsibilities clarified and shared.

While the CO's response was relatively efficient under difficult circumstances, greater preparedness is needed. Staff skills, procedures, and some level of contingency planning needs to be developed to include provision for external human resource inputs whose roles need to be well defined and communicated.

Gender Without a CO strategy¹¹⁷ to ensure that gender is understood and addressed at the programme level, *ad hoc* treatment of gender will continue to be basis for both all its emergency and development programming. For emergency programming, resources do exist, however, to support the integration of gender into assessment, design, implementation and monitoring of emergency programmes.¹¹⁸ The CO should ensure that these are available for future reference and should build the capacity of one or more gender specialists within the CO. This should be complemented by efforts to broaden and deepen knowledge and buy-in across the CO, and rendering the pursuit of gendered objectives an across-the-board approach. Evolution of a CARE Haiti gender policy, strategy and/or guidelines would be beneficial not only from a programming perspective but could also address the need to promote gender equality within the CO.

Environment The CFW project's work in mobilizing and building capacity of clean-up brigades may offer a model from which to learn and upon which to build additional initiatives to address waste management at a local level. A gap remains in terms of the ability and will of one of the CFW project's government partners, the TPTC, to gather and dispose of debris collected by communities - addressing this gap is critical to the sustainability of such initiatives, otherwise communities will quickly lose motivation. Programming in the environment sector always poses a challenge given the "public good" nature of benefits, and of harms. CARE Haiti should look to the CARE network for examples of environment/waste management programming and innovations involving partnerships of local communities, NGOs, and the public and private sectors.¹¹⁹

As CARE Haiti builds staff skills relevant to emergency response¹²⁰, one or more environment specialists should be identified and their skills developed in REA methods.

6b. CARE International and LACRMU It is tempting to recommend an enhanced role for both CEG and/or LACRMU in future responses in order to alleviate some of the burden on the CO. The CEG or Region could, for example, act as the intermediary between the CO and CI members in the communication of early assessment findings and facilitation of the matching of CI funding,

¹¹⁷ Whether a CO-specific policy and strategy or a tailoring of CARE USA's policy.

¹¹⁸ Examples are available on the CI Emergency section of CARE's Livelink: [Inter-Agency Workshop on Integration of Gender into Needs Assessment and Planning of Humanitarian Assistance - Summary guidelines and checklist for integrating gender analysis and assessment](#) (no author or date); InterAction Commission on the Advancement of Women (1998) [Weaving Gender in Disaster and Refugee Assistance](#).

¹¹⁹ For instance, CARE Zambia has emphasized programming in urban areas to address a myriad of issues from water supply to waste management. The approach of projects such as PROSPECT (Programme of Support for Poverty Elimination and Community Transformation) or the C3 Challenge Fund is to work with both the demand and supply sides: the communities that require better access to resources, and the supply side of local government and private service providers. COs in Latin and Central America (eg Honduras) are also experienced in governance programming in urban areas, bringing communities and government together and promoting participatory models of planning and delivery (For more information on the latter refer to Schnell, C.E (2002) [Strengthening Local Governance to Enhance the Impact and Sustainability of Food Security Interventions: Case Studies from Honduras and Peru Title II Programmes](#).)

¹²⁰ As suggested in the Lessons Learned/After Action Review workshop (page 10).

available HR resources and the CO's needs and CEG, in concert with LACRMU, should be able to facilitate the rapid deployment of an emergency response team to assist with early assessment and response.¹²¹

Such a recommendation, however, needs to be accompanied by three caveats:

- there is knowledge, if not specifically of emergency response, in the country and, as such, there is a risk that adding a layer between a CO and a CI member will slow down information exchange.
- The complement of emergency response personnel, full-time or on stand-by within CI (or LACRMU) is limited. If Jeanne had occurred in January, CEG members would have been torn between Tsunami demands and the (relatively) small-scale, localized Haitian crisis.
- CARE Haiti's strength lay in the presence of its office/warehouse/commodity stocks in Gonaives as well as in its partnerships with government, communities and donors. Any external response team would need to involve CARE Haiti staff members to ensure inclusion of these strengths.

Future CAMI deployments need to ensure its own capabilities. Since CAMI currently focuses on mitigation and not response, the sub-institution needs to question whether it will take on a response role in the future and thus question whether it should undertake deployments at all in the case of forthcoming emergencies. Equally, a review of LACRMU emergency preparedness and response within the region is now timely.

6c. Implications for linking with broader regional preparedness

As discussed in 6a. above, there is a preparedness role for CARE's regional sub-institutions and this primarily in the close monitoring of the vast sources of current disaster information in the region,¹²² the analysis of risks and the clear and timely communication to the CO of oncoming threats.

On the face of it, this is a task for CAMI. However, there are certain factors which have to be taken in to consideration:

- i) CAMI is a young and developing sub-institution which proved (in the Jeanne operation) to be unsuited and ill-equipped for the task asked of it;
- ii) Haiti may be considered to suffer from being in a permanent disaster condition;
- iii) Haiti stands alone in terms of having excessively more serious levels of structural poverty than the rest of the Latin America and the Caribbean region;
- iv) Haiti stands alone in terms of the fact that it is the only vulnerable Creole and French speaking nation in the region; and
- v) Haiti is, in fact, a better regional fit with the countries of CARE's SWARMU.¹²³

If CARE is, therefore, to evolve a regional emergency strategy, measures would need to be taken to assure relevance for CARE Haiti. However, the possibility of establishing Haiti as a 'stand-alone' case (with its own CAMI) should be very seriously considered even though this would undoubtedly be an expensive undertaking. CARE Haiti has expressed a preference to make closer links with existing local initiatives such as those of the state and DPC as well as with UNDP contingency planning, training and materials supplies rather than trying to integrate with CAMI.

The advantages of Haiti taking on a 'stand-alone' status would be:

- a) Haiti would benefit from a focus on its peculiar problems which it really needs;
- b) In solving its problems successfully, it could provide a model for other difficult countries;
- c) It could eventually provide a source of expertise for other difficult countries and notably those in the SWARMU region.

¹²¹ This was achieved with CAMI, which provided a team despite the fact that no mechanism actually existed for rapid deployment of CAMI staff although the actual contribution of CAMI was not significant - see **Section 5.d** (Efficiency).

¹²² Which can be placed at their disposal largely by the United States.

¹²³ This is not to intimate that SWARMU should take-over the role of CAMI *vis-à-vis* Haiti.

Such a course of action would not necessarily exclude the other regional players and other national CARE offices who still have inputs to offer in terms of expertise and material inputs but this must imply the development of an emergency contingency plan¹²⁴ requiring their prior consultation with CARE Haiti and establishment of clear coordination responsibility under CARE Haiti.

¹²⁴To include UN security forces if their long-term presence is anticipated.

REPORT ANNEXES

Independent Evaluation of CARE's Humanitarian Response to Flooding Resulting from Tropical Storm Jeanne in Haiti (North-west and Artibonite Provinces)

Annexes

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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 2004¹.

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 CAMI² project standards as well as appropriate comparisons with peer agencies that were also responding during the same period.

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

² 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.

- | | |
|--|-----------------------|
| • 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 |

Please contact Jock Baker jbaker@care.org for further information.

Annexe B. Ex-post Logical Framework – CARE’s Humanitarian Response to Flooding Resulting from Tropical Storm Jeanne in NW Haiti

PROJECT FRAMEWORK	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
Goal: CARE facilitates lasting change by: - Strengthening capacity for self-help; - Providing economic opportunity; - <i>Delivering relief in emergencies;</i> - Influencing policy decisions at all levels; - Addressing discrimination in all its forms.		Rapport atelier sur les leçons apprises (janvier 2005) GoH, Donor, INGO and NGO reports	
Purpose: 1. Approvisionnement de 5,000 gallons d’eau potable par jour pour environ 7,000 personnes 2. Prevent/reduce incidence of acute malnutrition; 3. Prevent/reduce incidence of water-borne diseases; 4. Prevent disease transmission in IDP camps through health education + distribution of hygiene kits; 5. Reduce disease risk in population of project area; 6. Improve health + sanitation conditions related to flooding through recovery/rehabilitation planning with flood-affected population; 7. Respond to immediate needs of >10,000 families; 8. Improve economic + nutritional status of >1,000 workers’ families from wages + goods received; 9. Improve mobility of population to enhance opportunities for recovery; 10. Rehabilitate rural areas (no objective stated); 11. Clean-up of Gonaïves to the benefit of 25.000 direct beneficiaries; 12. Refurbishment of 3 public schools in Gonaïves for 1, 758 students (with Sports equipment and pedagogical materials for 1,153 and 605 students respectively); 13. Facilitate the return of 3, 650 students to school through psychological and medical assistance and through amelioration de la capacité de 10 ADPEPs (Association de Directeurs, Parents, Elèves et Professeurs) renforcé; 14. Provision of potable water at the convent of Les Soeurs de Sainte-Rose de Lima	Time series data on incidence of water-borne diseases; Time series data on incidence of acute child malnutrition; Time series data on incidence of water-borne diseases; Incidence of 5 main communicable diseases Survey data Doctors’ observations Doctors’ observations Survey reports Survey reports Survey reports % de fermiers ayant une récolte à partir de semences reçues de CARE Survey data Doctors’ observations Return of students # of buildings/infrastructures (health centres, schools, open drains, public places) restored to better than pre-flood hygiene conditions; plans developed for short and med-term needs Return of students # cases of water-borne diseases	MSF, MoH ACF MSF, MoH MSF, MoH, WHO, CARE Doctor (Beauvoir) MSF, MoH, WHO, CARE Doctor (Beauvoir) MSF, MoH, WHO, CARE Doctor Doctors MSF, MoH, WHO, CARE Doctor Doctors School/MoH reports School/MoH reports MoE, School reports Les Sœurs de Sainte-Rose	

PROJECT FRAMEWORK	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
<p>ECHO: xx machetes in yy villages xx hoes in yy villages</p> <p>ECHO/German Cooperation xxxx Poultry distributed to 15,000 direct beneficiaries (75,000 total beneficiaries)</p> <p>Austria: Sports equipment and pedagogical materials delivered to 3 public schools for 1,153 and 605 students respectively; Return to school of 3, 650 students facilitated; Psychosocial et médical support to 3, 650 students</p> <p>CARE Canada:</p>	<p># of schools receiving sports materials # of schools receiving pedagogical materials # of students (# boys, # girls) returning to school # of students receiving psychosocial and medical support</p>	<p>Rapport final du projet agriculture (urgence)</p>	
<p>Activities</p> <p>Conduct assessment of flood affected areas to determine need + devise appropriate rehabilitation strategies;</p> <p>Assess longer-term requirements, rehabilitation + livelihood support;</p> <p>Write funding proposals.</p> <p>Procurement</p> <p>Site selection (Gonaives or other town in N.West, or both)</p> <p>Participant selection and community oversight</p> <p>Works site selection</p> <p>Payment mechanism selection;</p> <p>Press communications maintained;</p> <p>Distribute hygiene kits and give health education to 9,000 IDPs and residents of Gonaives (total 22,500 beneficiaries)</p> <p>Distribute potable water from kiosks, public fountains and bottled water to a large portion of the population of gonaives (4 months)</p> <p>Install a reverse osmosis water treatment plant in a school attended by 1,000 students (6 months)</p> <p>Distribute NFIs and shelter materials</p> <p>FFW in Ennery, Gros Morne, Bassin Bleu, Chansolme, (reparing infrastructure: roads, markets, irrigation systems)</p> <p>Deliver tents</p> <p>Assist family incomes of 900 workers through CFW</p> <p>Clean up Gonaives streets + public places</p> <p>Support basic social services</p> <p>Help to make infrastructure operational</p>	<p># de plan préventifs élaborés sur la stratégie de réponse aux catastrophes naturels. # d'experts embauchés pour étude et élaboration de plan de réponse des vraies causes de l'inondation # mesures préventives pour conservation du sol # proposals accepted for funding</p>		

PROJECT FRAMEWORK	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
Vaccinate 680 children against typhoid Reduced risk of disease in population Improve population's mobility Repair roads, markets, irrigation systems through FFW (15,000 families) in Bassin bleu Jean Rabel, La Fond, Ennery, Gros Morne, Chansolme (9750 families/ 48,750 individuals) Distribute seeds (millet, pigeon pea, cassava cuttings) Distribute tools to 15,000 families Basin bleu, Jean-Rabel, La Fond. Distribute Poultry to 15,000 families in Bassin Bleu, Jean Rabel , La Fond Build canteen + feed 10 ps Distribute NFIs (sleeping mats, blankets , hygiene kits, jerry cans.) Construct latrines through FFW and materials			
Inputs 2 x 4 x4 vehicles Generators Commications equipment Generators, communications equipment Sheller; Non Food Items Evaluation of achievements and outcomes Construction Materials Relation avec les media Rapport direction Tonnage de nourriture alloué à l'urgence montant alloué a cash for work nom d'enfants bénéficiant du support en éducation Liste Nombre d'employés recruté au N/v de la ville des Gonaïves Nombre de bénéficiaire attientdans le cadre du programme De distribution des denrées		Project reports and accounts	

Annexe C. Results (by Logical Framework)

Planned	Achieved	Comments
Goal: CARE facilitates 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.	Plans developed for short and med-term needs	Rapport atelier sur les leçons apprises (janvier 2005) GoH, Donor, INGO and NGO reports
Purpose: 1. Approvisionnement de 5,000 gallons d'eau potable par jour pour environ 7,000 personnes 2. Prevent/reduce incidence of acute malnutrition; 3. Prevent/reduce incidence of water-borne diseases; 4. Prevent disease transmission in IDP camps through health education + distribution of hygiene kits; 5. Reduce disease risk in population of project area; 6. Improve health + sanitation conditions related to flooding through recovery/rehabilitation planning with flood-affected population; 7. Respond to immediate needs of >10,000 families; 8. Improve economic + nutritional status of >1,000 workers' families from wages + goods received; 9. Improve mobility of population to enhance opportunities for recovery; 10. Rehabilitate rural areas (no objective stated); 11. Clean-up of Gonaïves to the benefit of 25.000 direct beneficiaries; 12. Refurbishment of 3 public schools in Gonaïves for 1, 758 students (with Sports equipment and pedagogical materials for 1,153 and 605 students respectively); 13. Facilitate the return of 3, 650 students to school through psychological and medical assistance and through amelioration of la capacité de 10 ADPEPs (Association de Directeurs, Parents, Elèves et Professeurs) renforcé; 14. Provision of potable water at the convent of Les Soeurs de Sainte-Rose de Lima	Time series data on incidence of water-borne diseases; Time series data on incidence of acute child malnutrition; Time series data on incidence of water-borne diseases; Incidence of 5 main communicable diseases # cases of water-borne diseases Doctors' observations Survey data Doctors' observations Doctors' observations Survey reports Survey reports Survey reports % de fermiers ayant une récolte à partir de semences reçues Survey data # of buildings/infrastructures (health centres, schools, open drains, public places) restored to better than pre-flood hygiene conditions; Return of students Return of students	MSF, MoH ACF MSF, MoH MSF, MoH, WHO, CARE Doctor (Beauvoir) MSF, MoH, WHO, CARE Doctor (Beauvoir) MSF, MoH, WHO, CARE Doctor (Beauvoir) Doctors MSF, MoH, WHO, CARE Doctor Doctors School/MoH reports School/MoH reports MoE, School reports Les Sœurs de Sainte-Rose

<p>Sani-Suisse:</p> <p>Non Food Items: OFDA</p> <p>CURB CFW: OFDA, GATES, DFID, German Cooperation</p> <p>Education: CIDA</p> <p>School equipment: OFDA Vitamin Enriched Cookies: NSD Training/Education: AUSAid</p> <p>Vaccines: AUSAid Hygiene Kits: AUSAid</p> <p>Seeds and tools: AUSAid</p> <p>Beans & Maize seeds: ECHO</p> <p>Tools: ECHO</p> <p>Poultry distribution: ECHO/GermanCooperatn. Schools: Austria</p>	<p>WFP: 157,859 beneficiaries (48,572 families) 3,404 MT Rice 162 MT Beans 234 MT Oil 36 MT Fish 322 MT Cookies 203 MT Corn meal 45 MT CSB/WSB Sub-total 4,406 MT WFP Free Food distributed</p> <p>CARE: 862 MT SFB 247 MT Lentils 72 MT Oil 0 MT WSB Sub-total 1,181 MT CARE Free Food distributed</p> <p>ECHO: 85 MT Oil distributed to 17,000 direct beneficiaries (as a complement to WFP 1,800 calories to same families) as of Feb 25 221 MT to 3,149 direct beneficiaries (15,745 total beneficiaries) GRAND TOTAL all donors: 5,895 MT free food dist.</p> <p>FFW: USAID/Gates 53 MT to 1,571 direct beneficiaries (7,855 total beneficiaries) as of Feb 23 Gates tools DFID: 645 tents received, 508 dispatched as of Dec 3rd DFID: 2 vehicles DFID: 1 generator USAID/OFDA: 19,309 gallons water delivered (Total) 22,742 direct beneficiaries Sani-Suisse: 1 Reverse Osmosis Water Purification Statn. 1 generator 14 KVA 7,400 gallons of purified water/24 hours xxxx direct beneficiaries OFDA: Non-Food Items: 300 boxes of plastic sheeting received, 3,870 hygiene kits distributed 4,970 jerry cans distributed</p>	<p>Citizens can buy water at 38 cts per 5 gallons of bottled water</p> <p>241 distributed as of Dec 13</p>
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<p>CARE Canada:</p>	<p>CURB CFW: OFDA, GATES, DFID, German Cooperation</p> <p>51,089.61m³ mud cleared 7,430,320 gd cash payment disbursed 103,359 person days worked 8,694 direct beneficiaries 200,000 Gonaïves residents (indirect beneficiaries)</p> <p>CIDA: 350 teachers trained 14 schools targeted (2,888 girls, 2,397 boys) 2,439 school kits distributed 2,439 school first aid kits distributed 130 teacher kits distributed xxx ADPEPs capacity reinforced</p> <p>OFDA: Office supplies, furniture, equipment to schools</p> <p>NSD: 6,525 students receive vitamin enriched cookies</p> <p>AUSAid: 10,000 persons participated in basic hygiene education sessions in 25 IDP centers</p> <p>AUSAid: 800 people vaccinated against Tetanus (dT)</p> <p>AUSAid: 3,000 persons examined for skin diseases 3,000 hygiene kits distributed (prevention)</p> <p>AUSAid: 3 MT of beans distributed 2 MT of maize distributed to 340 Households (33% women)</p> <p>ECHO: 45 MT of Beans in 45 villages 30 MT of Maize in 45 villages 6,000 households (33% women headed)</p> <p>ECHO: 3096 machetes in 27 out of 45 villages 3096 hoes in 27 out of 45 villages</p> <p>ECHO: xxx poultry distributed 3,650 élèves ont reçu un paquet de service éducatif 3,650 élèves ont reçu un assistance médicale 3,650 élèves ont reçu un assistance psychosociale 10 ADPEPS opérationnel</p>	<p>ADPEPs still not fully addressed</p> <p>Further tools distribution pending Poultry distribution pending</p>
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<p><u>Activities:</u> Assessment of flood affected areas to determine need + devise appropriate rehabilitation strategies; Assess longer-term requirements, rehabilitation + livelihood support Write funding proposals Procurement; Site selection (Gonaives or other town in N.West Participant selection and community oversight; Works site selection; Payment mechanism selection; Press communications maintained; Distribute hygiene kits and give health education to 9,000 IDPs and residents of Gonaives (total 22,500 beneficiaries) Distribute potable water from kiosks, public fountains and bottled water to a large portion of the population of gonaives (4 months) Install a reverse osmosis water treatment plant in a school attended by 1,000 students (6 months) Distribute NFIs and shelter materials FFW in Ennery, Gros Morne, Bassin Bleu, Chansolme, (repairing infrastructure: roads, markets, irrigation systems) Deliver tents Assist family incomes of 900 workers through CFW Clean up Gonaives streets + public places Support basic social services Help to make infrastructure operational Vaccinate 680 children against typhoid Reduced risk of disease in population Improve population's mobility Repair roads, markets, irrigation systems through FFW (15,000 families) in Bassin bleu Jean Rabel, La Fond, Ennery, Gros Morne, Chansolme (9750 families/ 48,750 individuals) Distribute seeds (millet, pigeon pea, cassava cuttings) Distribute tools to 15,000 families Basin bleu, Jean-Rabel, La Fond. Distribute Poultry to 15,000 families in Bassin Bleu, Jean Rabel , La Fond Build canteen + feed 10 ps Distribute NFIs (sleeping mats, blankets, hygiene kits, jerry cans.) Construct latrines through FFW and materials</p> <p><u>Inputs:</u> 2 x 4 x4 vehicles, Shelter, Non-Food Items Generators, Evaluation of achievements/outcomes Communications equipment, Construction Materials</p>	<p>Relations with media maintained;</p> <p>Project reports and accounts</p>	<p>Problems with incorrect negative reporting (CNN)</p>
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Annexe D. Bibliography

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Annexe E. List of Interviewees

Date	Interviewee
Thursday February 10 th	Jock Baker, Coordinator, Quality, Accountability, and Standards, CARE International Emergency Group (briefing rather than structured)
Sunday February 13 th	Francois Audet, Programme Manager for Latin America and the Caribbean, CARE Canada (briefing rather than structured interview)
Monday February 14 th	Abby Maxman, Country Director CARE Haiti
Tuesday February 15 th	Cecily Bryant, Assistant Country Director, CARE Haiti Gary Philoctete, former Emergency Team Leader, current TSRP Chief of Party, CARE Haiti Sophie Perez, former Responsable du Project d'Education à Gonaïves (DAP), current Responsable du Secteur d'Education, CARE Haiti Various community members at Pont Gaudin
Wednesday February 16 th	Roseline E. Corvil, Assistante Administrative Régionale pour le Nord-Ouest et Artibonite, CARE Haiti (Gonaïves) Joseph Jouthe, Adminstrateur Régionale pour le Nord-Ouest et Artibonite, CARE Haiti (Gonaïves)
Thursday February 17 th	Pierre Wedner, Directeur de la Région Sanitaire de l' Artibonite Fred Jean-Charles, Director, SNEP, Gonaïves Chedlair St-Juste, Ingénieur SNEP Gonaïves Hébert Pélissier, Président due Conseil Consultatif Citoyen, Délégation Départementale de l' Artibonite Dr. Carl-Nurat Cantave
Friday February 18 th	Alban Nouvellon, Responsable de l'Eau et Assainissement, OXFAM Franck Bantu, Responsable de Finance, OXFAM Agnès Rizzo, ACF Chef de Mission, Gonaïves Fénold Clerval, Food Security Management Unit Manager, CARE Haiti
Saturday February 19 th	Victim interviews – urban. Targeted food distribution beneficiaries in the urban area of Ca Soleil, households and women groups.
Sunday February 20 th	Victim interviews – rural. Auffer
Monday February 21 st	Hakim Khaldi, Coordonateur Terrain, MSF
Tuesday February 22 nd	Annette Bokkenheuser, Reporting Delegate IFRC Samuel Venescar, Superviseur des Comptes à Payer, CARE (Gonaïves) Yvon Messeroux, Coordonateur CFW, CARE Haiti (Gonaïves) Faride Myrthil, Procurement, CARE Haiti (Gonaïves)
Wednesday February 23 rd	Jean James, Field Operations Manager, FFW, CARE Haiti (Gonaïves) Dume Vilnor, Coordonateur Infrastructure, FFW, CARE (Gonaïves) Esperance Joseph Lys, Responsable de Formation FMSU, Gonaïves Dr. Hans Beauvoir, Project Manager, Santé Nutritionnelle, CARE Gonaïves
Thursday February 24 th	Guy Gavreau, Représentant et Directeur du Pays, PAM Eric Mouillefarine, Civil-Military Coordinator, MINUSTAH Abby Maxman, Country Director, CARE Haiti
Friday February 25 th	Cecily Bryant, Assistant Country Director, CARE Haiti Michael Kerst, Food for Peace, USAID, PaP
Saturday February 26 th	Gary Philoctete, former Emergency Team Leader, current TSRP Chief of Party, CARE Haiti
Wednesday March 2 nd	Jean-Claude Marchand, Directeur, Centre de gestion des fonds locaux de la cooperation canadienne en Haiti
Thursday March 3 rd	Cat Toth, Writer & Researcher, Program Services and Information, CARE USA Sofia Sprechmann, Deputy Regional Director, LACRMU Zarina Nasir, Manager for Emergency Response, CARE Australia
Friday March 4 th	Lisa Smith, Program Officer, EHAU, CARE USA
Sunday March 6 th	Rod Volway, Emergency Response Team, CARE Canada
Monday March 7 th	Virginia Vaughn, Coordination and Reporting Consultant
Wednesday March 9 th	Titon Mitra, Emergency Response Director, CARE International Emergency Group Damien Desjonquères, Directeur des Programmes, CARE France Umberto Castillo, Project Manager, CAMI, CARE Nicaragua Luis Sanchez Zimmerman, CAMI team member

Annexe F. Participatory SWOT analysis

Forces

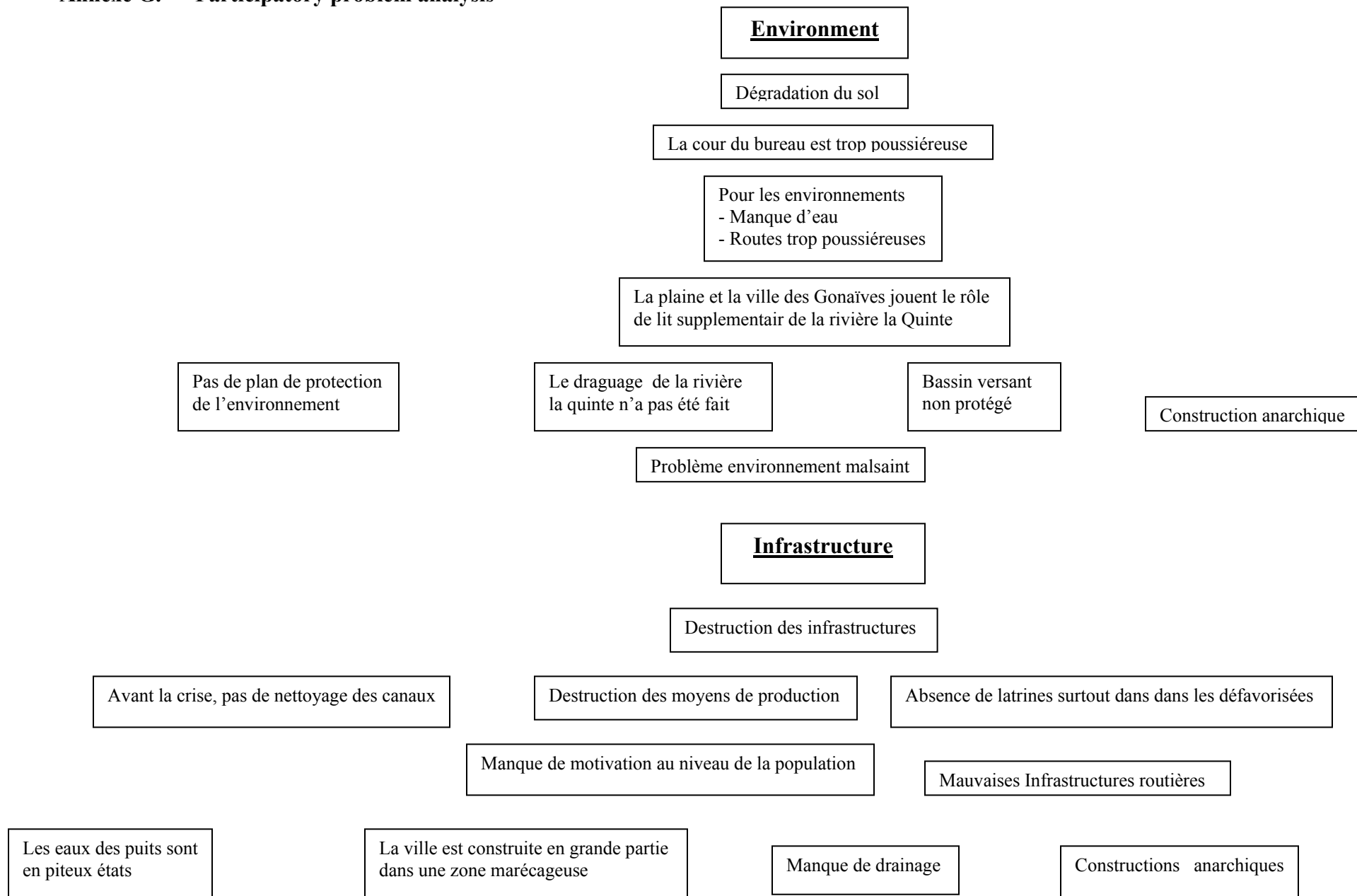
Mobilisation de ressources dans beaucoup de secteurs
Beaucoup de ressources financières
Jeanne a permis à care de devenir plus fort dans la région
Personnel avec qualifications diverses
Bonnes structures
Formation pour les employés
Intervention dans le domaine infrastructure
Construction de routes dans les régions et zones
Staff expérimenté
Ressources naturelles
Expériences d'obtention de fonds rapide
Principes et règlements
Crédibilité auprès des bailleurs et des communautés
Respect des engagements pris vis-à-vis des communautés
Intervention en eau potable dans les régions et les régions défavorisées
Recrutement de certains employés dans la ville
Bonne collaboration avec les partenaires
Paiement de façon régulière
Formation du personnel partenaire
Capable de supporter, sauver une population
Employés motivés prêts à consentir des sacrifices
Communauté dans le besoin
Fonds disponible
Autres partenaires travaillant dans la zone
Flexibilité des employés
Matériel disponible
Capacité de faire les évaluations de besoins
Capacité de communication
Capacité de faire des levées de fonds
Existence de protocole signé avec le gouvernement
Intervention sur le plan éducationnel, assistance alimentaire sous forme de repas chaud
Personnel qualifié
Expériences de care aux Gonaïves
Relation avec les autorités locales, bonnes réputations

Faiblesses

Insatisfaction de la gestion des ressources humaines
Pas de mesures d'accompagnement pour les employés victimes
Manque de motivation pour les employés
Ingratitude de care
Manque d'investissement dans la formation des employés
N'organise pas de formation continue
Ressources humaines mal appréciées
Diminution de salaire
Sous paiement des employés
Départ trop fréquent de staff qualifié
Sous utilisation des ressources
Manque de coordination
Manque de valorisation des employés
Manque de matériel pour résoudre les problèmes pendant la crise
Grande démotivation des employés
Différenciation parmi les employés
Manque de formation pour les encadrés pour répondre aux exigences des cyclones
Manque de plan de réponses aux urgences

<u>Opportunités</u>	<u>Menaces</u>
<p> Monter une cellule pour gérer et prévenir les urgences Motivation des employés Autres partenaires travaillant dans la zone Communautés très avancées Plusieurs bailleurs Disponibilité des employés Beaucoup de rencontres Expériences nouvelles pour beaucoup de personnes Grande flexibilités des employés Fonds disponible Communauté dans le besoin Opportunité de jouer son rôle de leader dans la communauté Vue notre présence les membres de la communauté et le gouvernement attendaient les réactions de care </p>	<p> Fin du programme d'urgence Salaire Insatisfaction de salaire Instabilité politique Zones à risques Zones chimériques Trop de réunions Manque d'intervention de care auprès de l'état/ONA pour fournir des services sociaux en rapport aux taxes et cotisation Population Distribution partielle au niveau de la population Corruption dans la distribution des cartes de spécimen Mauvaise gestion de la personne humaine Manque de capacité de retention des cadres Dépendance des communautés vis-à-vis de care Programmes ne répondant pas aux vrais besoins Structure administrative trop lourde Dimension des autorités locales </p>

Annexe G. Participatory problem analysis



Preparedness

Pas d'équipes d'urgence constituées

Manque de vulgarisation de message sur le comportement à adopter pendant Jeannne

Absence de plans de réponses préventifs aux catastrophes naturels

Manque de réflexions/actions autour d'un système de protection

Manque d'organisation des communautés

Pas d'éducation et sensibilisation populaires

Absence ou manque de formation sur la gestion des désastres

Aucune étude sérieuse et prise de décisions sur les causes profondes du désastre

Absence d'un plan de développement communal, département, national

Absence de plan d'urbanisation

Gonaïves et ses environnements ne sont pas protégés contre ce genre de catastrophe

Absence d'un plan de développement communal, département, national

Socio-politics

Problèmes politiques

Trop d'hypocrisie parmi les dirigeants et les dirigés

La population ne jouit pas des emplois créés par les programmes d'urgences

Problème salarial non adapté aux coûts de la vie

Nous avons des problèmes entre les haïtiens et haïtiennes

Grosse concurrence entre les leaders des zones

Augmentation du coût de la vie

Les ressources humaines de la ville ne sont pas connues

chômage

Sous production

Insécurité /zones chaudes de la ville

Problème de coordination entre les instances locales

Black-out

Staff

Absence de fonds pour la
récapitalisation des employés
et la population

Avoir des considérations spéciales pour
les employés les plus démunis

L'esprit doit être une
réalité et non un mot

Mete nou nan bon sitiyaşyon
pou nou ka santi nou ap byen
.....

Fè nou santi nou se
moun tankou tout moun

Valoriser les efforts des gens
Il faut que care prenne plus de
considération pour les
employés victimes

Fonds recueilli pour
les victimes de Jeanne
non distribué

Moyens de travail

Diminution de salaire avant Jeanne
Même salaire après Jeanne
Manque de support aux employés
affectés

Lenteur de la
CARE dans la
prise de décision
favorable à la
résolution

Eske gen gwo
emplwaye ak ti
emplwaye nan care
Emplwaye diferan
kategori

Kits distribués
trop tard aux
employés

Manque de
gestion des dons

Manque de
collaboration, sagesse
entre les employés du
sous bureau

Diminution
de salaire

Avant Jeanne le salaire a
diminué. Après Jeanne
aucune aide aux
employés, pendant la
crise cela nous met dans
une situation difficile

La somme totale reçue
ne correspond au volume
du travail fourni

Savoir traiter les supervisés
pour réduire le stress

Mise à jour
du livret des
employés

Gestion des
ressources
humaines à
améliorer

Faire respecter
le livret des
employés dans
toute son
intégralité

Un plan d'épargne pour
les employés victimes
de l'évènement

Pendant la crise les
employés victimes n'ont
pas trouvé d'encadrement

Ajustement
salarial de 60%

Savoir
écouter les
supervisés

Nou bezwen
reparasyon pou
nou kapab viv
tankou moun

Pandan jann
tout ayisyen te
fè yon sèl

Trop de sacrifice

Avant et pendant Jeanne
trop de frustration

Frustration des employés par
rapport à la gestion du catastrophe

Aucun vrai programme d'aide aux employés victimes

Non prise en
charge des
employés

Care di nou anpil
bel pawol men
anyen pa janm
mache

Absence d'un
plan de retrait
des programmes
d'urgence

Response

Les vrais besoins ne correspondent toujours aux programmes d'urgences

Des milliers de personnes sans abri

Aucune réponse par rapport à la décapitalisation des ménages ruraux et urbains

Manque de support à la population

Gaspillage d'argent dans la location des véhicules

Absence de matériels pour répondre à certains problèmes pendant le passage du cyclonne

Non réparation des dégâts causés au niveau de la route

Insérer dans le curriculum de l'enseignement des cours de civisme ou civique

Beaucoup de démunis ne peuvent pas payer les frais scolaires

Plus de corruption après

Les bailleurs décident de l'aide à apporter

Plan directeur urbanisateur

Avant le passage du cyclonne il y avait beaucoup de problèmes logistiques

Beaucoup de maladies ravagent la communauté

Absence de memoire relatif à Jeanne

Distribution mal faite à la population

Pendant/problèmes de village et de sécurité

La ville des gonaives et ses environs ont besoin d'union

Aucun plan d'urgence avec le catastrophe

Manque de formation des employés efficacement aux catastrophes

Absence d'une réponse approfondie au traumatisme des gens

Trop d'hésitation pour débiter la

Absence de suivi et d'entretien

Différence au sein des quartiers importants de la ville

Manque de communication par rapport aux

Ciblages des bénéficiaires non rigoureux

Absence de repère pour organiser l'aide dans la phase d'urgence

Augmentation des produits de premières nécessités

Manque de coordination entre les

Absence de services publics pendant le passage du cyclonne

Respect de la vie privée

Absence d'attention aux

Après Jeanne, il y avait trop de conflits entre autorités/communautés, Organisations internationales

Pas assez de ressources pour aborder tous les problèmes engendrés

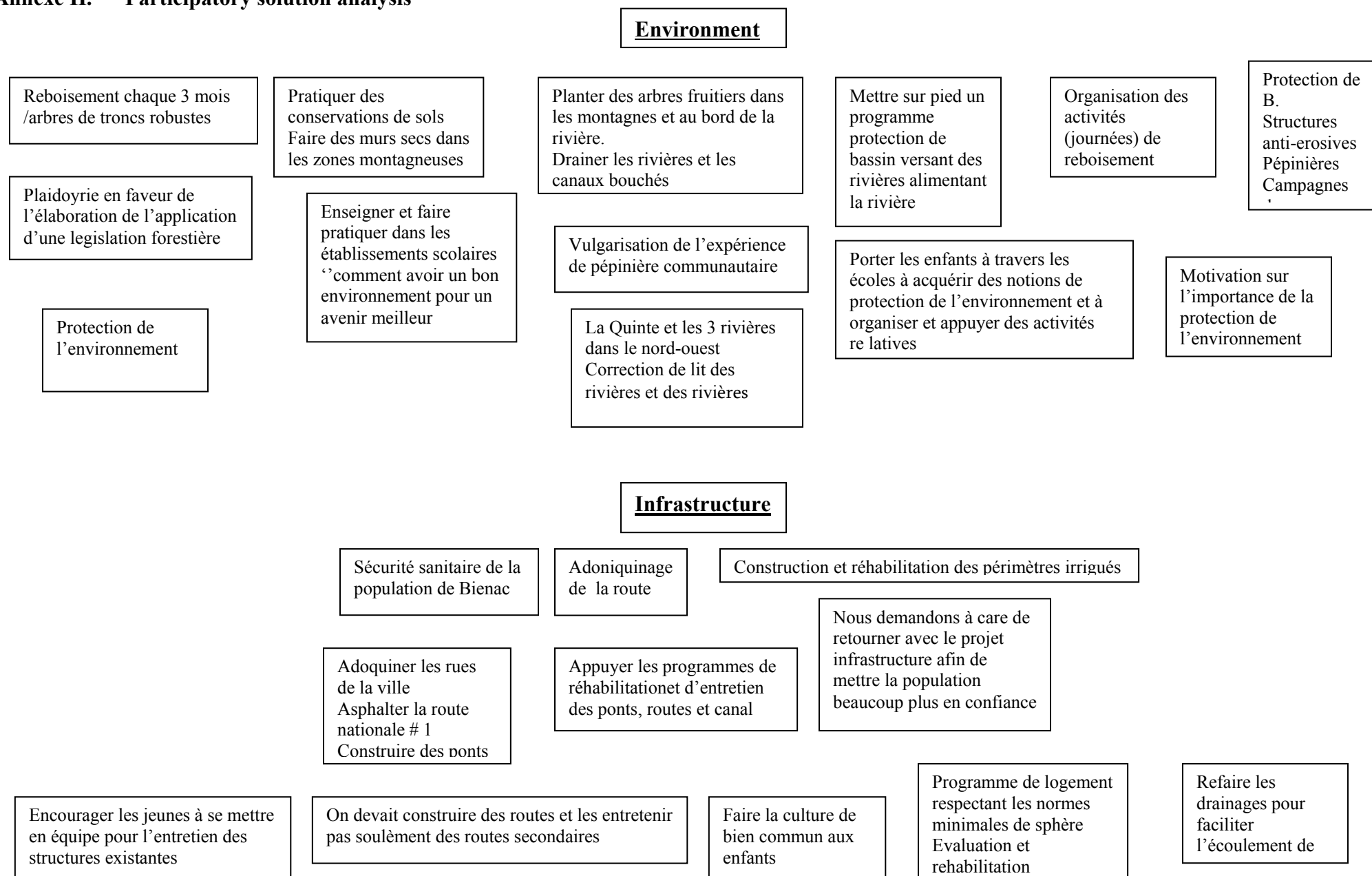
Les programmes d'urgence ne sont pas définis avec les victimes

Chereté de la vie

Pas de plan de développement réel

Pas de cadre de réhabilitation encore défini

Annexe H. Participatory solution analysis



Preparedness

Aider à mettre sur pied des programmes de sensibilisation pour la population pour prévenir les désastres naturels

Plaidoyer pour une meilleure mise en oeuvre de système de protection civile

Organiser des émissions de radio constantes et les mesures à adopter tout en organisant la communauté à se parer de toute éventualité (brigade d'alerte, brigade de vigilance, brigade de quartier pour le nettoyage et autres)

Former/encadrer les communautés pour les porter à mieux identifier les risques dûs aux cyclones

Formation des employés sur la gestion du désastre

Encadrer les communautés dans la mise en oeuvre des plans d'atténuation développés
Plan de contingence communautaire

Faire une étude géologique sérieuse ou reprendre les études déjà réalisées sur la ville des gonaïves et ses environs afin de définir les activités pouvant aider à prévenir les différents types de catastrophes naturelles (cyclone, inondation, feu etc.....)

Encadrer les communautés pour élaborer des plans d'atténuation des impacts aux cyclones

Socio-political

Création de postes de police dans chaque zone

Diminuer la misère de la population en implantant au programme de micro credit

Staff

Construire une bande de ressources humaines :
seminaires, bourses d'études

Reviser le salaire des employés et prévoir une augmentation salariale d'au moins 70%

Mettre sur pied des programmes sociaux intéressants pour les employés

Priorisations des Gonaïviens dans les recrutements

Augmentation de salaire

Salaire raisonnable pour les employés pour tant de frustration

Concevoir un programme de reconstruction des maisons des employés victimes, brisées, détruites, gravement endommagées

Aider les gens dépourvus à se capitaliser en implantant un programme de crédit pour les employés

Response

Plaidoyer pour un plan de développement après Jeanne

Porter les gens à suivre le journaux au lieu d'écouter la musique seulement

Païement de deux années écolages pour les enfants

Encadre les professeur

Construire un centre sportif au niveau de la ville de Gonaïves Adm/Santé.

Pouvoir d'intitution Sanitaire, de radio de communication

Doter le nord ouest d'un hopital ou universitaire

Vulgarisation de réchaud améliorés

Plaidoyer pour élaboration d'un plan d'urbanisation

Programme logement social

Doter l'artibonite d'un Hopital de niveau tertiare

Mise en place des programmes de logements sociaux

Annexe J. Chronology - Tropical Storm Jeanne

Date	Event	Response/activity
Sept/15/2004	<p>1. The National Weather Center in Miami reports that at 1500GMT today, the center of tropical storm Jeanne was located near latitude 17.8 North, longitude 65.8 West or about 45 miles (75 km).south-southeast of San Juan , Puerto Rico. This is also about 65 miles (105 km) west of St. Croix.</p> <p>2. A Hurricane Warning is in effect for the eastern coast of the Dominican Republic from Cabrera southward to Isla Saona. A Hurricane Warning is also in effect for Puerto Rico and the U.S. Virgin Islands.</p> <p>3. A Hurricane Watch and a Tropical Storm Warning are extended westward along the northern coast of the Dominican Republic west of Cabrera to Puerto Plata. A Hurricane Watch and Tropical Storm Warning are also in effect for the southern coast of the Dominican Republic from Isla Saona westward to Santo Domingo.</p>	
Sept/17/2004	<p>Hurricane Warnings / Rain AM</p> <p>At 11AM, Gonaïves Staff leaving in PaP go home</p> <p>Meteorological Service announces Jeanne is over DR, asking people leaving in Haiti's NE, N and NW to be prepared.</p> <p>National Meteorological Center (CNM) warns about flooding for specific rivers, ANY in the Gonaïves area</p> <p>Hurricane warnings pointing out massive flooding NOT for Gonaïves area.</p>	
Sept/18/ 2004	<p>Rains continue during the morning. As usual flooding of some streets during long rains being observed. NOT a threat for the population.</p> <p>In the evening, people worried when rains accelerated and water level increased</p> <p>Heavy rains continue pouring over Gonaïves and surrounding areas</p> <p>5 PM, massive flooding;</p> <p>Night, 2-3 meters water + landslides in Gonaïves, Port-de-Paix, Bassin-Bleu, Chansolme</p> <p>FFW needs assessment</p>	
Sept/19/ 2004	<p>Coordination Committee created in NW, Gonaïves</p> <p>Deaths in Gonaïves - missing</p> <p>1 CARE Staff confirmed dead</p> <p>CARE and local authorities met at City Hall</p> <p>CARE vehicles washed out by the flood</p> <p>PaP responsible informed by field staff and asked for :</p> <ul style="list-style-type: none"> - Resource mobilization - First rescue - Health sector staff in NW to help people affected in the area - Gather information - Ag staff in the NW to collect information on lost of crops, animals and infrastructure damaged; contact with the community thru DAP infrastructure. <p>Gros-Morne Gonaïves road covered by debris; gullies observed in several sections.</p>	
20/ Sept/2004	<p>UNOCHA & GOH coordination; contribution of CARE with fleet, fuel, compound accommodation.</p> <p>Lafond (a CARE region) isolated; Port-de-Paix - Bassin-Bleu road cut near Chansolme.</p>	

Date	Event	Response/activity
21/Sept/2004	<p>MINUSTAH troops secure CARE warehouse</p> <p>Some CARE staff in NW travel to participate in rescue and help in Gonaïves</p> <p>Cecily Bryant assessment</p> <p>CI ERWG conference</p> <p>USAID/OFDA USD 56,000</p> <p>ECHO € 1.5 million (through CARE France)</p> <p>CARE (Canada) \$CDN 56,000</p> <p>CARE (Germany) € 120,000</p>	
22/Sept/2004	<p>13 WFP trucks with 40MT of food leave PaP</p> <p>USD 1 million from BEF (Board Endowment Fund)</p> <p>3000 loaves of bread arrive at CARE warehouse</p> <p>CARE decision for general distribution to 160,000 persons</p> <p>CARE staff travel to NW to identify and assess affected areas with DDANO</p> <p>CARE contributed info, assessments, coordination and planning with UNOCHA, WFP, WHO, USAID et MINASTAH.</p> <p>77 CARE staff families in CARE compound (225 people)</p> <p>640MT in CARE warehouses ; 20MT/day arriving from WFP</p> <p>CARE USA launch \$US3M fundraising</p> <p>640 MT in CARE Warehouse</p> <p>20MT/day arriving from WFP</p>	<p>Distribution at 4 sites</p> <ul style="list-style-type: none"> • 900 families bread + water • No capacity to cook food in population.
23 Sept, 2004	<p>- La Directrice de la Mission, Abby Maxman est arrivée à PAP le jeudi 23 septembre.</p> <p>- Le spécialiste Watsan de San Salvador, Mario Flores, spécialiste international Watsan, est arrivé à PAP le 23 septembre et se rendra aux Gonaïves pour retrouver l'équipe Watsan le vendredi 24 sept..</p> <p>- Rick Perera PR, de CARE Atlanta, Cat Toth qui écrira des propositions et Geraldo Romero de CARE Bolivie qui supportera la coordination et le développement des programmes des UN</p> <p>- Le Coordonnateur spécialiste en Urgence Régis Terrien arrivera probablement le samedi 25 sept.</p> <p>- Peter Bell et Christina Chan arriveront le samedi 25 septembre</p> <p>- Rod Volway de CARE-Canada arrivera le lundi 27 septembre</p> <p>- Paul Mc Carthy arrivera le 4 octobre en support à la démocratie et aux Droits Humains RFA a SUS Département d'Etat et fournir l'analyse du secteur de la société civile et des activités de développement pour une réhabilitation à plus long terme</p> <p>- Marc de Lamotte et Cesar Duron des Ressources Humaines arriveront du 3 au 6 octobre afin de soutenir moralement le staff traumatisé de CARE-Haïti</p> <p><u>Probabilité d'Assistance Technique</u></p> <p>- CARE France et CAMI ont identifié des candidats potentiels à long terme pour la conception de projets. La mission va étudier ses dossiers et prendra les décisions éventuelles</p> <p>- CARE-USA a contacté Greg Brady et Virginia Vaughn comme des coordonnateurs potentiels Senior pour les programmes d'Urgence vers la mi-octobre</p> <p>- L'équipe d'évaluation de CAMI fournira des CV et des Termes de Référence à la Mission pour revue par l'équipe d'intégration. CARE-Haïti s'est fixée pour objectif de revoir, négocier, coordonner et finaliser les plans avec le Ministère de la Planification.</p>	<p>83 MT (17 Kg of rice or wheat) to 4490 families (22 X persons or 25% of identified population)</p> <p>112,500 sachets water distributed (= 56,250 litres)</p>
24/Sept/ 2004	87 CARE staff and families (350 people) at CARE compound. Efforts to relocate staff and families	

Date	Event	Response/activity
25/Sept/ 2004	WVI, SCF, CRS, CONCERN give personnel and logistic support to CARE Communications flow challenging CNN criticism	CARE media arrive No distribution
26/Sept/ 2004	DFID radios generators with Land Rovers arrived	11 Water kiosks operational CARE distributing 38,000 gal /day to 7600 families. 55MT + 4000 bread distributed
27/Sept/ 2004	362 DFID tents arrive Gary Philoctete goes to Gonaïves as EMERGENCY Coordinator USAID/OFDA USD 800,000 (to replenish BEF)	CARE distributed food at two secured sites.
29/Sept/ 2004	GOH warehouse looted (next to CARE ware house)	CARE working with ACF, ICRC, OXFAM to provide 40000 gal/day water from 15 kiosks
30/Sept/ 2004	354 DFID tents arrive Schools, Banks most shops still closed. PAP- Gonaïves telephone communications still out of order only radio contact. CAMI assessment team arrive	
Oct/1/2004	CAMI assessment team travels to Gonaïves	
Oct/2/2004	Detailed assessments start Gonaïves Bassin Bleu Port-de-Paix Port-au-Prince closes due to insecurity	
Oct/3/2004	USAID \$ 2,009,402 OFDA 1,600,000 GATES 300,000 AusAID 65,000 CIDA 20,000 SDC 54,000	160,000 persons per day receiving food and water.
Oct/6/2004	UNDAC mandate ENDS. Private donation of USD 500,000 NFI, house reconstruction, Shelters, water, grain purchase, vaccines other donors Request to Gates to use USD 250,000 (drought) for the flood 6 CARE staff wounded by stone throwing as they leave ware house with NFIs	2 nd distribution to 160,000 persons postponed ? 1273 MT dist to date
Oct/9/2004	Visit of GOH president + PM G.Philoctete reports road communication (PAP Gonaïves) unusable for 1 week 3 persons killed + 20 houses burnt in Gonaïves CARE stocks almost empty	One CARE truck distributes in 4 camps sheltering 320 families
Oct/12/2004	CAMI Team reports Red Cross + CARE vehicles attacked	
Oct/14/2004		Gradual phase out of general distributions starts 192 MT Food distributed 11- 14 Oct. Total Food distributed now 1629 MT
Oct/15/2004	Clean up assessment Prepare for Cash for Work	
Oct/16/2004		No distributions 16-17 Oct due to insecurity
Oct/18/2004	CARE stores completely refilled by other organizations	200 hygiene kits have been distribution (usually at 6:00 AM)

Date	Event	Response/activity
Oct/22/ 2004		900 persons tetanus vaccines 565 persons health consultations 11,000 families now receiving water
Oct/ 24/ 2004	Other organizations to vacate CARE ware house	
Oct /29/ 2004		Gradual phase out of general distribution almost completed
Oct/31/ 2004	Association with negative Lions Club tent settlement	Distribution points chosen on periphery of Gonaives to avoid violence (1 site/day) 2,000 MT now distributed Now aim to reach 85,00 persons /month over 4 months with a further 3400 MT Food 12 water bladders now for 10,000 families (50,000 persons per day) SDC water purification plan/installed Vaccinations continue at IDP shelters; vaccines hepatitis
Nov/1/2004	Armed attack on Canadian Trucks – 2 persons killed	
Nov/2/2004	1 MSF staff attacked outside Gonaïves during NFI distribution	124 MT Food distributed on 2 ^d Nov. 2,124 MT Food now distributed in total
Nov/3/2004	21 WFP trucks attacked near CARE Office	
Nov/7/2004		225 DFID tents distributed 1-7 Nov
Nov/10/04		CFW starts (CURB) in Ca Soleil
Nov/12/04		WFP general food distributions completed 12 Nov. 2224 MT distributed during 7 weeks Fuel supply to SNEP starts
Nov/15/04		General Food distributions stop. Ration cards introduced. Students return to class
Nov/17/04		96 m ³ mud cleared in 7 days (CURB)
Nov/18/2004		5 teams of 21 persons 1, 596 persons days between 8-18 Nov
Nov/15/2004	GATES and USAID approved the reallocation of food for the drought	
Nov/21/2004	Final purchase of hygiene kits from OFDA NFI project health/sanitation meetings with CFW participants vaccinations at shelters	252 CFW workers vaccinated for diphtheria + tetanus
Nov/22/2004		Targeted feeding starts 22 Nov
Nov/23/2004	Care truck attacked 25 cartons biscuits stolen	
Nov/24/2004	CDC Medical supplies trucks attacked medicines stolen	
Nov/25/2004	Water sachet truck attacked sachets stolen. ACF trucks (Food / NFI) attacked, part of cargo stolen	CURB team trained, oriented

Date	Event	Response/activity
Nov/27/2004	3 care trucks attacks 10 km North of Gonaives no thefts	
Dec/1/2004	Strike at PaP port	World AID Day Support by CARE
Dec/6/2004	PaP port strike ends 1 ship of food turned away, will return Jan' 05	Seed distribution started in the NW (funded by MINUSTAH QIPS)
Dec/3/2004	Disturbances in PaP, some deaths	
Dec/8/2004	some seeds already planted wilting due to low rainfall	75MT of seed (ECHO); 5 MT seeds (AusAid) distributed 36MT of sorghum seed distributed to 3500 vulnerable farmers
Dec/10/2004	USD 21.8 million USAID for water, clean up drainage, road rehab, bridge, housing, credit, asset restoration with PADF, CHF, CARE	855 masks for 757 CFW workers + hygiene awareness for 657
Dec/15/2004	USD 1 million water cooperation with SNEP agreed. Not yet started	47 CFW teams in Ka Soleil (80% target) 3 in Ca Soleil, 8 in Raboteau Women/Youth against AIDS: condoms, pamphlets, family kits, health materials distributed
Dec/20/2004		47 family hygiene kits, 13 water sachets to CFW workers; 5 gas stoves, 19 pair sports shoes, 10 cases oral serum, 20 cases family hygiene kits. ECHO water safety actions finish 20 dec. many private supplies clean 5 gas stoves, 19 pair sport shoes, 10 cases oral serum, 20 cases family hygiene kits distrib.
		271 bars of soap, 15 boxes of Tylenol, 8 cases oral serum, 40 family hygiene kits, 30 water sachets, 2 cases 55 glucose, 30 boxes Tylenol, 5 boxes soft wick (candles), 4 cases dynaflex, 16 cases shampoo, boxes latex gloves, analgesic syrup
Dec/24/2004	school assessment finished; CARE/MENJS select 14 schools (5612 students)	
Dec/26/2004		179 erasers, 72 boxes pencils, 3700 pencils, 108 folders, 180 filing folders, 17 boxes pens. 2 cases water purification distributed in St Michel; Hand cream distributed in Ennery
Dec/30/2004		CDC medicine delivered to Providence Hospital 130 teaching kits, 2500 school children kits, 500 blackboards, 600 desks, CARE assisting 30 schools (3,000 children); Vitamin fortified biscuits to 6,525 students 6 cases of family hygiene kits, 5 boxes used clothes, 30 plastic sacks, 1 sack of children toilet paper, toothpaste

Sous bureau de Gonaïves

17 septembre - 03 octobre 2004

Introduction

On présentait la ville de Gonaïves comme la ville la plus sécurisée du pays en cas de cyclone à cause de sa morphologie. La majorité des gens croyait en ce mythe.

Mais le week-end du 17 au 18 septembre ce mythe allait disparaître car la commune de Gonaïves et ses environs ont connu l'une des plus meurtrières catastrophes qu'Haiti ait jamais vécues. En effet une tempête dénommée Jeanne a provoqué une inondation incommensurable qui a fait disparaître l'espoir au niveau de cette commune en détruisant la vie des milliers de personnes, des infrastructures et des milliers d'animaux.

La gestion de cette période n'a pas été très facile, vu que le bureau de CARE était la seule institution qui n'a pas subi trop de dommages et, par conséquent, est devenu le point de référence pour toutes les organisations venues pour aider la population. Nous vous proposons un petit récit des différentes actions entreprises pour la période allant du 17 septembre au 3 octobre 2004 par le comité de gestion de cette crise aux Gonaïves pour la Care. Voici le déroulement des faits:

Vendredi 17 septembre

Rencontre avec le staff senior/sécurité du sous bureau de Gonaïves pour le partage d'informations et des dispositions à prendre en rapport à l'alerte d'un éventuel passage de la tempête tropicale dénommée 'Jeanne'.

Communication constante avec le bureau de PAP et les bureaux de terrain

Décisions arrêtées: Interdiction de voyage (staff et véhicules)

- * Emondage des arbres au niveau de tous les sites de CARE
- * Check radio en permanence
- * diffusion des mesures à tout le staff de terrain
- * Définition des rôles et responsabilités

Samedi 18 septembre

Visite de l'ASOA sous la pluie au niveau du bureau de Gonaïves vers 11 h am.

- * Suivi des activités ; vérification des mesures; application
- * Appel téléphonique à ACD/PS pour rapport

Rencontre avec deux représentants de la MINUSTAH délégués par leur supérieur hiérarchique sur la demande expresse de leur bureau-chef de PAP.

Tournée au niveau de la ville de Gonaïves pour constat et profiter pour rencontrer les autorités locales pour discuter des mesures à prendre (1 h pm) (Manager FMSU ; Project manager de santé , ASOA).

Retour de l'ASOA à sa maison accompagnée du Project manager de santé pour non seulement sécuriser ses enfants mais aussi pour récupérer le satphone.

Entre temps une bonne partie de la ville était envahie et l'accès au bureau était impossible.

Coincés en ville sur la place publique, on a fait des contacts radio avec l'équipe stand by pour porter secours à des employés en difficulté tout en secourant aussi d'autres personnes particulièrement des enfants.

Contact permanent avec Enfant docile (Erique Dorlus) et Mike Novembre (Mohan Nepal) à PAP.

Entre temps la ville est complètement inondée (5-6 hres pm) plus personne ne peut bouger.

Réunion extraordinaire avec les autorités locales et les représentants des différentes institutions dont la CARE pour non seulement passer des consignes de sécurité à la population mais aussi pour informer PAP de la situation.

Aucun téléphone ne fonctionne, on a dû utiliser seulement les radios de CARE pour informer PAP de la situation.

Deux véhicules de care emportés par les eaux.

Sous le toit du bureau municipal de Gonaïves Consternation totale , cris de désespoir de toutes parts (10h pm à 6h am)

Dimanche 19 septembre

Consternation, désolation, Gonaïves est complètement sous les eaux.

Contact radio avec PAP et certains sous bureaux pour avoir et fournir les dernières informations.

Circulation impossible , l'équipe composée de Fenold, Hans et Roseline couverts de boue, sales et mouillés ont décidé de marcher dans l'eau pour constater les ruines de leur maison

Coupés du reste du monde, aucun tel ne fonctionne, personne ne pouvait dormir car c'était impossible
Coincés incapables de réagir ce jour là.

Lundi 20 – Dimanche 26 septembre

Réunion extraordinaire du bureau de Gonaïves avec le staff senior et les responsables de section.

Mise en place d'un comité de gestion avec plusieurs sous-commissions de gestion post-Jeanne (Communication/ Relations publiques, Sécurité, Logistique/Procurement, Distribution etc). Toutes ces structures fonctionnaient sous la direction de l'ASOA.

Hébergement de 350 personnes (employés et familles) au Sous-Bureau de Gonaïves.

Évacuation des employés et leurs familles en dehors des Gonaïves. Cette mesure concernait surtout les employés dont leurs services n'étaient pas trop importants. À faire remarquer, que le bureau des Gonaïves en plus des employés et leurs familles, était aussi le centre nerveux de la ville. Tous les journalistes, membres d'autres organisations, autorités centrales et locales qui étaient de passage dans la ville ont trouvé refuge au sous-bureau.

Mardi 21 septembre, première distribution (eau en sachet et en bouteille, pain). Dans la soirée, première réunion avec la Délégation et la MINUSTHA pour la planification de la première distribution de vivres alimentaires du lendemain.

Mercredi 22 septembre, les premières consultations médicales des employés et membres de leurs familles hébergés au bureau. Le sous bureau possède à partir de cette date: Un centre d'hébergement et un dispensaire de circonstance.

Ce même mercredi 22 septembre, nous avons distribué la nourriture dans trois postes de la ville.

Support logistique apporté aux autorités locales et Directions départementales de plusieurs institutions (Santé, Délégation, TPTC, Mairie etc.)

Jeudi 23 septembre, nous avons continué avec les séries de distribution: eau, vivres alimentaires, et pain. Le nombre de postes a été légèrement augmenté. Le pain était distribué dans presque toutes les rues et quartiers de la ville. Sans oublier les zones avoisinantes, comme Poteaux, Mapou, La branle, Souvenance, et plus tard Passe Reine, incluant Ennery.

Parallèlement ce même jeudi 23 un appui logistique est donné à la direction départementale de santé et un staff est attaché au centre de santé de Eben-ezer au niveau de la clinique prénatale.

Vendredi 24 septembre, nous avons continué avec les séries de distribution : eau, vivres alimentaires, et pain. Le nombre de postes a été légèrement augmenté. Le pain était distribué dans presque toutes les rues et quartiers de la ville. Sans oublier les zones avoisinantes, comme Poteaux, Mapou, La branle, Souvenance, et plus tard Passe Reine, incluant Ennery, les consultations médicales au niveau du sous bureau.

Cette semaine tous les soirs tenue de réunions avec les autorités locales et les représentants de la MINUSTAH pour évaluer la marche des activités et planifier les distributions.

Samedi 25 et dimanche 26 septembre: on continue avec les consultations médicales, dons aux institutions de santé des médicaments reçus, on continue à distribuer de l' eau, du pain ainsi que d'autres produits du non comestibles.

27 septembre - 3 octobre

Evaluation des centres d'hébergement par une équipe venue de Jérémie aidée du staff de Gonaives.

On continue sans arrêt au cours de cette semaine avec les mêmes activités (distribution d'eau, de vivres alimentaires, du produit non comestible sec).

Tenue tous les soirs de réunions d'évaluation de la journée et des actions à entreprendre le lendemain.

Participation aux différentes réunions de coordination des autorités locales et de la coordination des ONGs.

Point de presse, entrevue avec des journalistes étrangers et locaux.

Appui à toutes les organisations soit pour stocker du matériel ou trouver un espace provisoire de travail.

Conclusion

Cette période nous a permis de voir comment les haïtiens étaient solidaires dans la défense d'une cause commune. Tout le staff de care présent sur le terrain au cours de cette période s'est mis au travail de façon désintéressé pour aider la population de Gonaives. Des personnes qui ont perdu des membres de leurs familles, des proches, des collaborateurs et qui ont, eux-mêmes, perdu leurs biens sont venus au bureau au cours de cette période pour aider les victimes.

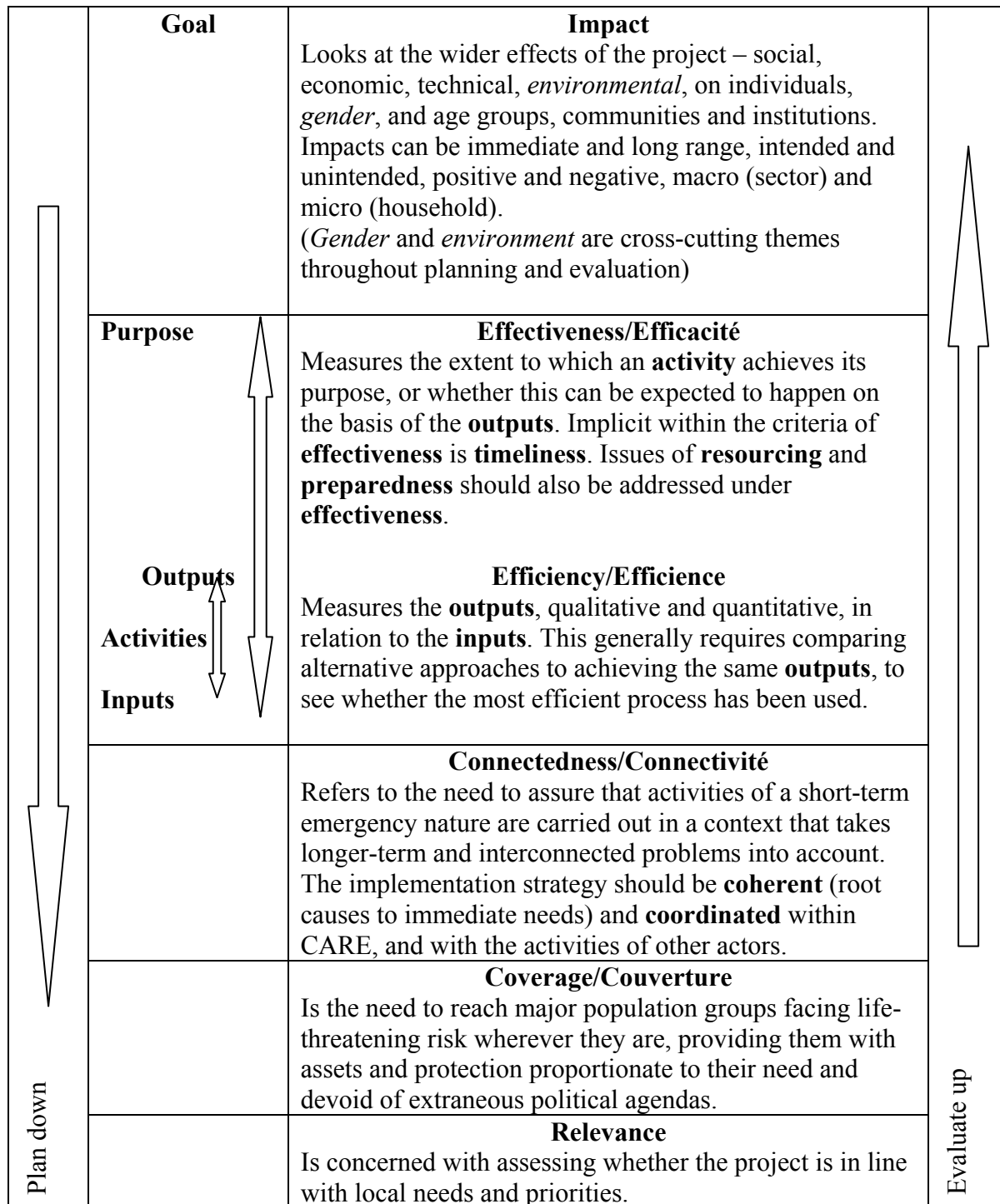
Il n'y avait pas d'horaire de travail, ni de section ou de projets spécifiques. Il n'y avait ni grade ni niveau. On s'était tous attelé à une même cause. Des managers de projets, par exemple, deviennent des distributeurs de pains et d'eau

C'était une occasion pour nous de mettre en exègue les valeurs de la Mission et nous lui sommes très reconnaissants pour cette opportunité de servir notre communauté.

CARE peut s'en orgueillir à dire qu'il a permis à la population de Gonaives d'espérer à nouveau grâce à l'équipe présente tout au début de la crise.

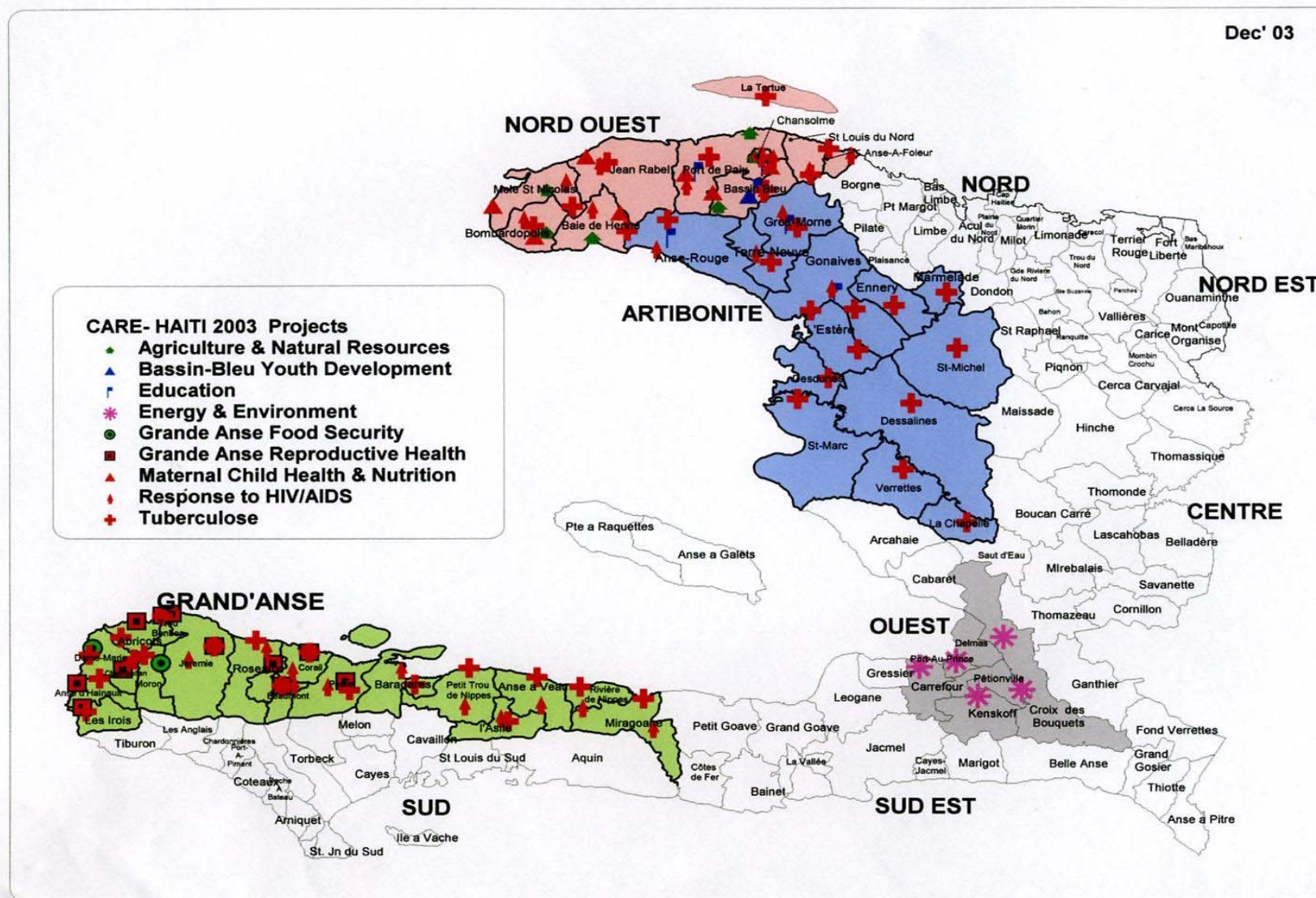
Roseline Corvil

Annexe L. Planning and Evaluation methodology



CARE - HAITI PROJECTS MAP

Dec' 03



Annexe N.**Acronyms and Abbreviations**

ACF	Action Contre la Faim (Action Against Hunger)
ACTED	Agency for Technical Cooperation and Development
APELL	Awareness and Preparedness for Emergencies at Local Level
AusAid	Australian Government's overseas aid program
CAMI	Central American Mitigation Initiative
CARE	Cooperative for Assistance and Relief Everywhere
CAT	CARE USA Crisis Action Team
CD	Country Director
CEG	CARE International Emergency Group
CEPAL	Commission Economique pour l'Amérique Latine et la Caraïbe
CFW	Cash for Work
CHF	Cooperative Housing Foundation
CI	CARE International
CIDA	Canadian International Development Agency
CO	Country Office
CRS	Catholic Relief Service
DAI	Development Alternatives International
DAP	Development Assistance Programme
DFID	Department for International Development (United Kingdom Government)
ECHO	European Commission Humanitarian Office
ECLAC	Economic Commission for Latin America and the Caribbean
EHAU	CARE USA Emergency and Humanitarian Assistance Unit
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
ERWG	Emergency Response Working Group (CARE International)

EU	European Union
EWS	Early Warning System
FAO	Food and Agriculture Organization of the United Nations
FEMA	Federal Emergency Management Agency, U.S. Government
FFP	Food For Peace
FFW	Food For Work
GATES	Bill and Melinda Gates Foundation
GAW	Global Atmosphere Watch (WMO)
GDP	Gross Domestic Product
GEF	Global Environment Facility
GEMS	Global Environmental Monitoring System (UNEP)
GEMS/WATER	Global Water Quality Monitoring Programme
GIS	Geographical Information System
HEAT	
HIV	Human Immunodeficiency Virus
IDB	Inter-American Development Bank
IDP	Internally Displaced Person
IEEA	Integrated environmental and economic accounting
IFAD	International Fund for Agricultural Development
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
IMF	International Monetary Fund
INFOTERRA	International Environment Information system (UNEP)
INGO	International NGO
IO	International Organisation
IOM	International Organization for Migration

IPCC	Intergovernmental Panel on Climate Change
IUCN	International Union for Conservation of Nature and Natural Resources
LACRMU	Latin America & the Caribbean Regional Management Unit
LFA	Logical Framework Analysis
LoNGO	Local NGO
MDM	Médecins du Monde
M & E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MT	Metric Tonnes
NFI	Non Food Item
NGO	Non-Governmental Organization
NOAA	National Oceanic and Atmospheric Administration
NORAD	Norwegian Agency for Development Co-operation
NRC	Norwegian Red Cross
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
OFDA	Office of Foreign Disaster Assistance (USAID)
ORS	Oral Rehydration Salts
ORS/T	Oral Rehydration Salts/Therapy
OSOCC	On-Site Operations Coordination Centre
OVC	Orphans and Vulnerable Children
OXFAM	Oxford Committee for Famine Relief
PADF	Pan American Development Foundation
PSI	Population Services International
RC	Resident Coordinator
SAR	Search and Rescue
SARD	Sustainable Agriculture and Rural Development

SAVE	Save The Children
SCF	Save the Children Fund
SDC	Swiss Agency for Development and Cooperation
SRSA	Swedish Rescue Services Agency
SWARMU	Southern and West Africa Regional Management Unit
UNDAC	United Nations Disaster Assessment and Coordination
UNDMT	United Nations Disaster Management Team
UNDP	United Nations Development Programme
UNDRO	Office of the United Nations Disaster Relief Coordinator
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Operations Support
USAID	United States Agency for International Development
WCP	World Climate Programme (WMO/UNEP/ICSU/UNESCO)
WFP	World Food Program
WHO	World Health Organization
WMO	World Meteorological Organization
WVI	World Vision International
WWF	World Wide Fund for Nature (also called World Wildlife Fund)
WWW	World Weather Watch (WMO)
ZOPP	Zielorientierte Projektplanung (Objectively Oriented Project Planning)
	NATIONAL ACRONYMS
ADPEP	Association de Directeurs, Parents, Elèves et Professeurs
CGL	Comité de Gestion Local
CNGRD	Comité National de Gestion des Risques et des Désastres
CNSA	Coordination Nationale de la Sécurité Alimentaire

CURB	CleanUp & Rebuilding/Rehabilitation
DDA	Direction Départementale Agricole
DPC	Direction de la Protection Civile
EPPLS	Public Promotion Enterprise for Social Housing
EPPLS	Entreprise Publique de Promotion de Logements Sociaux
FAN	Fédération des Amis de la Nature (Friends of Nature Federation)
FREN	Fédération pour la Régénération de l'Environnement National
GoH	Government of Haiti
iGOH	Interim Government of Haiti
IHSI	Institut Haïtien de Statistique et d'Informatique
MARNDR	Ministère de l'Agriculture des Ressources Naturelles et du Développement Rural
MAS	Ministry of Social Affairs
MCI	Ministère du Commerce et de l'Industrie
MDE	Ministère de l'Environnement
MENJS	Ministère de l'Education Nationale de la Jeunesse et des Sports
MICT	Ministère de l'Intérieur et des Collectivités territoriales
MINUSTAH	Mission des Nations Unies pour la Stabilisation en Haiti
MoA	Ministry of Agriculture
MoE	Ministry of Environment /Ministry of Education
MOEYS	Ministry of Education Youth and Sports
MPH	Ministry of Public Health
MSPP	Ministère de la Santé Publique et de la Population
NEAP	National Environmental Action Plan (French PAE)
NEWS	Northwest Early Warning System
NSD	Non-specified Donor
OPDES	Organisation Pré-Désastre Et de Secours
PAE	Plan d'Action pour l'Environnement

PAP	Port-au-Prince
REA	Rapid Environmental Impact Assessment
SAP	Système d’Alerte Précoce
SNEP	
TPTC	Travaux Publics Transports et Communication (Transport and Public Works Ministry)
TSRP	Tropical Storm Reconstruction Programme

Annexe O. Background to peer agency activities and achievements

OXFAM

- first contingent arrived in Gonaives on the Monday September 20th 2004.
- further staff and emergency response (eg kits for water analysis and bladders) arrived and water distribution started during the first week of the crisis.
- along with most other NGOs they stopped water distribution on 20th December and were in the process of phasing out their presence in Gonaives on 20th February 2005.
- OXFAM has an ongoing development programme in Haiti with a Bureau de Coordination in PAP. This helped them to respond quickly as they drew on their existing staff in the country in the same way as CARE.
- OXFAM applies Sphere standards in its work.

ACF

- has been in Gonaives since 1988. Main focus of their programme seems to have been the Cantines Populaires (wet feeding of under 5s in selected neighbourhoods).
- they had no ongoing cantines at the time of Jeanne as the programme had stopped in August 2004. It took until January 2005 to secure funding to re-launch this programme which are still ongoing.
- they did programme in water, clean-up and hygiene education subsequent to Jeanne.
- new development activities are now starting to include the rehabilitation of the Salines area.
- it is unclear whether ACF applies Sphere standards.

MSF

- MSF arrived on Monday Sept 20th
- they opened a health centre at Raboteau on September 22nd.
- MSF usually maintains such an emergency centre for 3 months but, in this case, they decided it was necessary for 5 months.
- in the past, they have had some longer-term presence in Haiti for HIV/AIDS programming but this has not been in Gonaives.
- Have a coordination office in PAP which carries out early emergency assessments (such as for Jeanne). This is an exception not usually present in other countries. As well as an emergency assessment team the office keeps an emergency medicine stocks which are also available for their development programming.
- Further medicine stocks arrived in PAP from Brussels within 2 days of request from PAP.
- They don't really look to Sphere standards as they have their own guides and standards.
- Closed operations in Gonaives on 28 February 2005.

International Federation of the Red Cross and Red Crescent Societies

- Field Assessment and Coordination Team (FACT) helicopter assessment: 26 - 30 September.
- **Targeting criteria:**
 - Food items:** families whose subsistence and cash crops were largely destroyed;
 - Non food items:** families whose houses have collapsed or severely damaged.
- **Officials statistics:** family size 5 persons. Assessment indicates average family size is 6.
- First assessment/census of beneficiaries (1 IFRC relief delegate + 8 Haitian Red Cross Society (HRCS) volunteers from Gonaives and 6 from Ennery/Passe Reine)
- NFI distribution Ennery according to above elaborated list of beneficiaries: 668 families
 - October: 11
 - December: 3, 9, 11, 21
- Food distribution in Ennery above + according to additional census carried out: 1,390 families:
 - December: 3,5, 21, 23

- January: 4,8, 11, 15,18,22,25,29
- Ongoing assessment/census in Gonaives Town since 1st week October (IFRC relief delegates + 30-40 HRCS volunteers.
 - NFI distributions to 25th. February 2005: 6,203 families
 - October: 17,
 - November:5,7,8,17, 22,30
 - December:10, 13, 15, 16,17, 20,21, 22
 - January: 04,07, 08,12,14, 15, 18,21, 24, 26,27, 28,
 - February:17,18, 21
 - 2 more NFI distributions planned for end of February in Gros Morne (which includes a new group of approx. 775 families) and in Port de Paix (800 families not previously included).
 - Ad hoc Distribution of food items to an orphanage and some small hospitals outside Gonaives
 - **Constraints:**
 - the precarious security situation;
 - the none availability of MINUSTAH troops at more than two distributions per day (of which one reserved for WFP/CARE);
 - strikes at the PaP port which delayed the release of food and non food items;
 - CARE's decision to no longer receive other organisations' goods into its warehouse and the subsequent difficulty in finding secure RC warehousing.

Annexe P. Lessons Learned from Use of Evaluation Results

The transparent and forward-looking planning process of this evaluation should be replicated during the subsequent phases of his utilization. However, a particular effort is needed to clarify the evaluation aims and benefits for all participants. The participatory approach is expected to dissipate resistance, enhance ownership and foster the willingness to implement.

The whole organization is suggested to take further actions in the fight against poverty as it is related to community vulnerability even if there is a plan to increase CARE emergency response capacity. Different steps are needed at each level of the organization or different levels of responsibility are assigned or requested for a broader involvement in emergency response.

Country Office

CARE Haiti's SMT needs to take the lead and promote a willingness to make improvements. It is strongly recommended to:

- Identify what could be done differently from past interventions in disaster response
- Work closer with government and national bodies involved in civil protection activities
- Set a national emergency preparedness and response plan for CARE in line with existing plans
- Identify and train key staff at each sector level
- Promote partnership with local and international institutions as stronger partnership proved determinant in the effectiveness of the first phase of recent emergencies response efforts
- Strengthen local organizations in emergency preparedness and learn from their long field experiences and network
- Design, incorporate and implement mitigation measures in existing and new projects
- Master media coverage and communication for accountability and resource mobilization
- Facilitate a national debate over emergency, prevention and response
- Mobilize funds
- Develop programming in energy and environment
- Revise structure in order to better manage workload
- Anticipate staff discomfort and self-esteem needs
- Be accountable to all stakeholders and apply standards
- Learn from local and traditional methods, neighbors and other countries experiences in the area of emergencies management
- Identify and strengthen synergies between development and emergency interventions
- Determine a consistent decision-making process in case of an emergency (linked with CI and CARE-USA).

LEAD MEMBER

An agenda for emergency preparedness and mitigation included in the scope of work of a senior staff at the competent level of management can strengthen the lead member role and emergency response capacity. There is a huge and diverse amount of knowledge available in different part of the world where the lead member is present. It is necessary for the lead member to organize the information available, disseminate it to the CO and develop clear decision making rules with the CO. It is also recommended to the lead member to develop strategic alliance with key international organization in order to tailor CARE engagement to CARE's capacity to meet the recommended standards (Sphere, CI, Red Cross and Red Crescent, Human Rights) and make a difference in the life of affected population. The lead member can also be responsible for appropriate guidelines in case of a conflicting situation where CARE is not present and the CO is the main agency or the larger operator in the country. The lead member can also mobilize resources and maintain the interest of CI and the

international community over a particular disaster in order to channel skilled human resources, valuable goods and equipment to the CO. After action review and evaluation are also important exercises to be conducted and completed by the lead member.

LARCMU

LARCMU, as a closer body to the CO, can be the natural decision making center in line with the lead member and CI policy guidelines for emergency related issues. This is the place where cross-country experiences can make an even greater difference in the livelihood of affected people at local level.

The findings of this evaluation should be incorporated in regional discussions about emergency.

Countries in the region can develop agreements related with emergency and create a stronger response capacity in case of a very significant disaster in one or several CO or outside CARE presence.

The promotion and the full implementation in development interventions of the MDG indicators and the ongoing analysis (RBA (Rights-based Approaches), Advocacy, UCP (Underlying Causes of Poverty), Knowledge Management, Gender Equity, Diversity,), facilitated by LARCMU at each CO level, can improve project impact and reduce the vulnerability of traditional affected population in case of an emergency. CO needs additional resources and skills to better manage an emergency in the long run. LARCMU can work with the CO to standardize the initial phase of the response, manage human resources, leverage funds during the subsequent phases and increase CO capacity to provide economic opportunity to affected people.

When there is no emergency, LARCMU can help CO strengthen preparedness and response capacity. This is also a time for LARCMU to share knowledge with CI thru lead member and refine emergency and development policy guidelines.

The implementation of recommendations from this evaluation needs a consensus among different level of management at CARE. The present ways for a dynamic appropriation of the document are developed in order to fit into current strategic changes in CARE for the global organization performance.

Annexe Q. Select beneficiary consultations

Gonaives:

Gonnaives Town: Population: 200,000

Urban Family informant: Paul Camez, Asifa zone, Gonaives Town

Man, wife and six children. Paul is a stone mason/setting-out engineer whose leg was wounded in the disaster and unable to work since but hires out a generator for cash. The family spent all Saturday night (18th.Sept.) on the roof, could not re-enter the house at 5am. Sunday and so went to higher ground in the surrounding rural area.

The family returned later and rural relations³ brought mattresses and then food and water daily. A water bladder was installed locally by the Government on Wednesday 22nd.Sept. and was filled daily by truck. They all had difficulty to find salt since local salt fields were destroyed and the family suffered from anti-riot tear gas as late as January 2005.

Their losses (clothes, mattresses, blankets etc) were lying in evidence in a dump at the side of their house. They were eventually given ration cards by CARE on 29th January 2005. Paul and his wife were rather sceptical about sources of assistance and were unsure as to which agency was doing what (if anything).

Male urban informant: Wilner Sainfat, Ovilma Prolonge, Gonaives Town

Unmarried young man (24 years old, unemployed but speaking good English and reasonably well educated) living next door to his sister (married with 4 children – house badly damaged).

Wilner was initially aggressive and totally cynical of government and assistance agencies. He said that they had received nothing from anyone.⁴ He said that he had lost all his belongings and in fact his own (very small self-built) house was almost completely empty of anything.

Female urban informant: Paulette Soifeti, Rabateau zone, Gonaives Town Husband, wife and six children. Husband is a mason's laborer earning 175 Gourdes per day (approx. USD 5). Three and a half rooms of their 4-room house were destroyed. On the morning following the disaster, the family moved to the hillside but had no water or food for two days until they accessed an open well and took refuge in a church for two days. They then rented a one-room house on the hillside for two months.

Their only assistance was received as food from CARE in January and February 2005 (4 months after the flood). Paulette shared the food (destined to last eight days) with her sister, so covering her own family's needs for only six days. All kitchen utensils were lost along with clothes, beds, bedding etc.

The attitude of the family was not one of cynicism but of resignation to the normality of poverty and lack of attention to their needs by the authorities and assistance agencies in this overcrowded and violent slum area of the town.

Ennery commune: A small rural community of population approximately 10,000, situated uphill from and about 25 kilometres to the North of Gonaives Town. Ennery lies in a valley below the Gonaives

³ By hand and donkey from Bayontail, three hours' walk away.

⁴ This is a difficulty in Haiti as respondents fear neighbours or even family knowing that they have received assistance as they might be forced to share it.

watershed and thus in the direct line of floodwater and mud flows. There is considerable damage to property and loss of livestock and agricultural production.

Woman-headed household informant: Anne Odelia Ennery commune, Gonaives Province. Husband left to seek work after the disaster and is unheard of since. Eleven persons in household between the ages of 6 months and 64 years, being the grandmother (with some older children) and Anne with the younger children. Anne's house in Gonaives Town⁵ destroyed and now living in her mother's house in Ennery. They seemed to be business people in Gonaives with 0.25 hectare of farmland in Ennery.

They made no preparations for the oncoming Hurricane and considered the flood waters to be 'fun' until 5 pm. when they rose rapidly and alarmingly. They sheltered in a local school in Gonaives Town for one week before moving up to Ennery. First assistance (25 kg. of rice) was offered by WFP on Thursday 23rd.Sept. (five days after the flood) and water was provided in sachets the next day by unknown organisation. At the same time, La Comite du Quartier Formel gave a cooking kit and soap, tooth-paste/tooth-brush although it is unclear whether the latter were from WFP.

Haitian Red Cross brought assistance on 27th.Sept. in two packages (one for the Grandmother family and one for Anne's family) each of 25kg rice; 1 bucket; 1 cooking stove. Shortly afterwards, the household was given 3 blankets; clothes; bedsheets; cleaning kit.

27 food parcels were delivered to the household over three (monthly) Federation of Red Cross distributions starting on 3rd.December 2004. Each package included 10 lb.Rice; 2 lb.Beans; 2 lb.Sardines; 1 lb.Iodized Salt; 4 lb.Sugar; 2 lite Cooking oil. Nobody, at any time, asked what they needed.

The family expressed pleasure at their gifts, said that all items were useful, that distributions were well organized and fair but did add that they did not always reach the most vulnerable. Criteria for targeting included: **i)** without shelter; **ii)** without husband; **iii)** woman-headed household; **iv)** young children; **v)** including old persons.

The family house in Gonaives Town remains unrepaired with little signs of forthcoming assistance

Aufilier district, Gonaives province: located on fertile flat land some 10 kilometres to the North-east of Gonaives Town and close to the main river which normally flows past Gonaives Town but whose banks burst on the day of the disaster.

Male rural focus group: Farmers with tenure between 0.5 and 5 hectares of very fertile land which is good for cotton but not sugar cultivation and generally growing: Banana, Plantain, Maize, Sorghum; Aubergine; Shallot; Peppers; Cassava. All crops of the second planting season (August to December) were lost along with their plant nursery structures. Average livestock holding was: Cattle: 2 to 3; Pigs: 0 to 3; Goats: 2 to 5; Poultry: 1 to 10 but all livestock was lost. In addition to gully and sheet erosion, up to 1 metre of sediment⁶ now covers their land.

Most houses were partially destroyed killing 12 persons and wounding many others. Contaminated wells have caused water-borne illnesses until now. They received food from CARE by 'informally'

⁵ Where she was living with her family at the time of the disaster.

⁶ This is very fertile but difficult to dig with hand tools.

joining blanket distributions in the town⁷. About 100 men received FFW and Bean seeds from OXFAM for canal cleaning. There is a general cynicism about Government and assistance agencies.

Dolent district, Gonaives province: located on the outskirts of Gonaives Town amongst fertile flat fields. The Catholic convent/hospice here lies directly in the path of the major flood/mud flows which devastated Gonaives Town.

Key informant: Mother Superior, Order of Mother Teresa, Dolent District, Gonaives.

In an informal, unstructured interview without notes, this informant gave a detailed background to the disaster and its social consequences which form the understandings basis of this report. Sister Abha described the night of Saturday 18th.Sept. spent standing in water on the altar, the terror of mud passage through the church and destruction of convent buildings and structures, the drowning of their priest next door who could not escape from his house because of his mud blocked door, the 90 human bodies and countless dead livestock in the field next morning, their pitiful efforts to address overwhelming needs and the informal social support mechanisms within families, between families and between the rural and urban areas.

⁷ 100 of 800 households eventually received CARE ration cards in November 2004.