

## **REPORT ANNEXES**

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

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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 2004<sup>1</sup>.

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

The purpose of the evaluation is twofold:

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

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

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

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

- **Timeliness and Appropriateness of response** – this would also cover issues of capacity, program support and preparedness to facilitate a rapid and appropriate response. Was gender taken into consideration in all relevant areas? Did the intervention conform to relevant gender policies and standards? What was the effect of the approach adopted?
- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was the response cost effective?
- **Impact** – Review of the reduction in mortality, morbidity and suffering achieved by CARE's actions. Assessment of the extent to which international standards (e.g., international humanitarian and human rights law; the Red Cross/NGO Code of Conduct) and relevant standards (e.g., Sphere, CI Program Standards) were applied and their consequent impact.
- **Coverage** – scale and ability to reach those most in need, given the political, religious and social context of the emergency, and providing intended beneficiaries with assistance and protection that is proportionate to that need.
- **Connectedness and Sustainability** – links into local capacity, plans and aspirations and the collaboration and co-ordination with intended beneficiaries (including the effectiveness of communication/feedback systems), within CARE and with external partners.
- **Coherence** - integration of relief activities to policy and practice changes needed to address root causes.

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

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

### 3. Method

- a) **Methodology** will be based on a combination of a desk review of relevant literature, field observation, as well as key informant interviews or focus group discussions with the selected CARE staff in the field, HQs and the LACRMU as well as key external stakeholders (UNHCR, NGOs, government officials, members of the affected population and host communities). The Evaluation Team will take appropriate steps to ensure that the security and dignity of affected populations is not compromised and that disruption to on-going operations is minimized.
- b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their permission.
- c) **Communication of Results** – the report will be supplemented whenever possible by presentation of preliminary findings for key stakeholders to both provide immediate feedback to operations managers and give the Evaluation Team an opportunity to validate findings.

- d) **Report:** conclusions and recommendations will be concise and practical in nature emphasizing both feedback to operational managers and replicable lessons to inform future emergency responses. CARE interviewees will be given an opportunity to comment on the draft reports prior to finalization. While the Evaluation Team will retain responsibility for drafting and editing the report, the Country Office will have the option of making a written response, which will be attached as an annex to the final report. Once finalized, the report will be posted on relevant websites.

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

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

## **VI. Evaluation Team Composition**

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

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

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

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

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

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

*Please contact Jock Baker [jbaker@care.org](mailto: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
<b>Goal:</b> CARE facilitates lasting change by: - Strengthening capacity for self-help; - Providing economic opportunity; - <b><i>Delivering relief in emergencies;</i></b> - 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	
<b>Purpose:</b> 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><b>ECHO:</b> xx machetes in yy villages xx hoes in yy villages</p> <p><b>ECHO/German Cooperation</b> xxxx Poultry distributed to 15,000 direct beneficiaries (75,000 total beneficiaries)</p> <p><b>Austria:</b> 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><b>CARE Canada:</b></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><b>Activities</b></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			
<b>Inputs</b> 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
<b>Goal:</b> 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
<b>Purpose:</b> 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><b>Sani-Suisse:</b></p> <p><b>Non Food Items: OFDA</b></p> <p><b>CURB CFW: OFDA, GATES, DFID, German Cooperation</b></p> <p><b>Education: CIDA</b></p> <p><b>School equipment: OFDA</b>  <b>Vitamin Enriched Cookies: NSD</b>  <b>Training/Education: AUSAid</b></p> <p><b>Vaccines: AUSAid</b>  <b>Hygiene Kits: AUSAid</b></p> <p><b>Seeds and tools: AUSAid</b></p> <p><b>Beans &amp; Maize seeds: ECHO</b></p> <p><b>Tools: ECHO</b></p> <p><b>Poultry distribution: ECHO/GermanCooperatn.</b>  <b>Schools: Austria</b></p>	<p><b>WFP:</b> 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  <b>Sub-total</b> 4,406 MT <b>WFP Free Food distributed</b></p> <p><b>CARE:</b> 862 MT SFB  247 MT Lentils  72 MT Oil  0 MT WSB  <b>Sub-total</b> 1,181 MT <b>CARE Free Food distributed</b></p> <p><b>ECHO:</b> 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)  <b>GRAND TOTAL all donors:</b> 5,895 MT free food dist.</p> <p><b>FFW: USAID/Gates</b> 53 MT to 1,571 direct beneficiaries (7,855 total beneficiaries) as of Feb 23 <b>Gates tools</b>  <b>DFID:</b> 645 tents received, 508 dispatched as of Dec 3<sup>rd</sup>  <b>DFID:</b> 2 vehicles  <b>DFID:</b> 1 generator  <b>USAID/OFDA:</b> 19,309 gallons water delivered (Total)  22,742 direct beneficiaries  <b>Sani-Suisse:</b> 1 Reverse Osmosis Water Purification Statn.  1 generator 14 KVA  7,400 gallons of purified water/24 hours  xxxx direct beneficiaries  <b>OFDA: Non-Food Items:</b> 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><b>CARE Canada:</b></p>	<p><b>CURB CFW: OFDA, GATES, DFID, German Cooperation</b></p> <p>51,089.61m<sup>3</sup> mud cleared  7,430,320 <b>gd</b> cash payment disbursed  103,359 person days worked  8,694 direct beneficiaries  200,000 Gonaïves residents (indirect beneficiaries)</p> <p><b>CIDA:</b> 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><b>OFDA:</b> Office supplies, furniture, equipment to schools</p> <p><b>NSD:</b> 6,525 students receive vitamin enriched cookies</p> <p><b>AUSAid:</b> 10,000 persons participated in basic hygiene education sessions in 25 IDP centers</p> <p><b>AUSAid:</b> 800 people vaccinated against Tetanus (dT)</p> <p><b>AUSAid:</b> 3,000 persons examined for skin diseases  3,000 hygiene kits distributed (prevention)</p> <p><b>AUSAid:</b> 3 MT of beans distributed  2 MT of maize distributed  to 340 Households (33% women)</p> <p><b>ECHO:</b> 45 MT of Beans in 45 villages  30 MT of Maize in 45 villages  6,000 households (33% women headed)</p> <p><b>ECHO:</b> 3096 machetes in 27 out of 45 villages  3096 hoes in 27 out of 45 villages</p> <p><b>ECHO:</b> 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><b><u>Activities:</u></b>  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><b><u>Inputs:</u></b>  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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**White, S. (2000)** *“Depoliticizing development: the uses and abuses of participation”* in D. Eade (ed) Development, NGOs and Civil Society, Oxfam, Oxford.

## Annexe E. List of Interviewees

Date	Interviewee
Thursday February 10 <sup>th</sup>	Jock Baker, Coordinator, Quality, Accountability, and Standards, CARE International Emergency Group (briefing rather than structured)
Sunday February 13 <sup>th</sup>	Francois Audet, Programme Manager for Latin America and the Caribbean, CARE Canada (briefing rather than structured interview)
Monday February 14 <sup>th</sup>	Abby Maxman, Country Director CARE Haiti
Tuesday February 15 <sup>th</sup>	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 <sup>th</sup>	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 <sup>th</sup>	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 <sup>th</sup>	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 <sup>th</sup>	Victim interviews – urban. Targeted food distribution beneficiaries in the urban area of Ca Soleil, households and women groups.
Sunday February 20 <sup>th</sup>	Victim interviews – rural. Auffer
Monday February 21 <sup>st</sup>	Hakim Khaldi, Coordonateur Terrain, MSF
Tuesday February 22 <sup>nd</sup>	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 <sup>rd</sup>	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 <sup>th</sup>	Guy Gavreau, Représentant et Directeur du Pays, PAM Eric Mouillefarine, Civil-Military Coordinator, MINUSTAH Abby Maxman, Country Director, CARE Haiti
Friday February 25 <sup>th</sup>	Cecily Bryant, Assistant Country Director, CARE Haiti Michael Kerst, Food for Peace, USAID, PaP
Saturday February 26 <sup>th</sup>	Gary Philoctete, former Emergency Team Leader, current TSRP Chief of Party, CARE Haiti
Wednesday March 2 <sup>nd</sup>	Jean-Claude Marchand, Directeur, Centre de gestion des fonds locaux de la cooperation canadienne en Haiti
Thursday March 3 <sup>rd</sup>	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 <sup>th</sup>	Lisa Smith, Program Officer, EHAU, CARE USA
Sunday March 6 <sup>th</sup>	Rod Volway, Emergency Response Team, CARE Canada
Monday March 7 <sup>th</sup>	Virginia Vaughn, Coordination and Reporting Consultant
Wednesday March 9 <sup>th</sup>	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

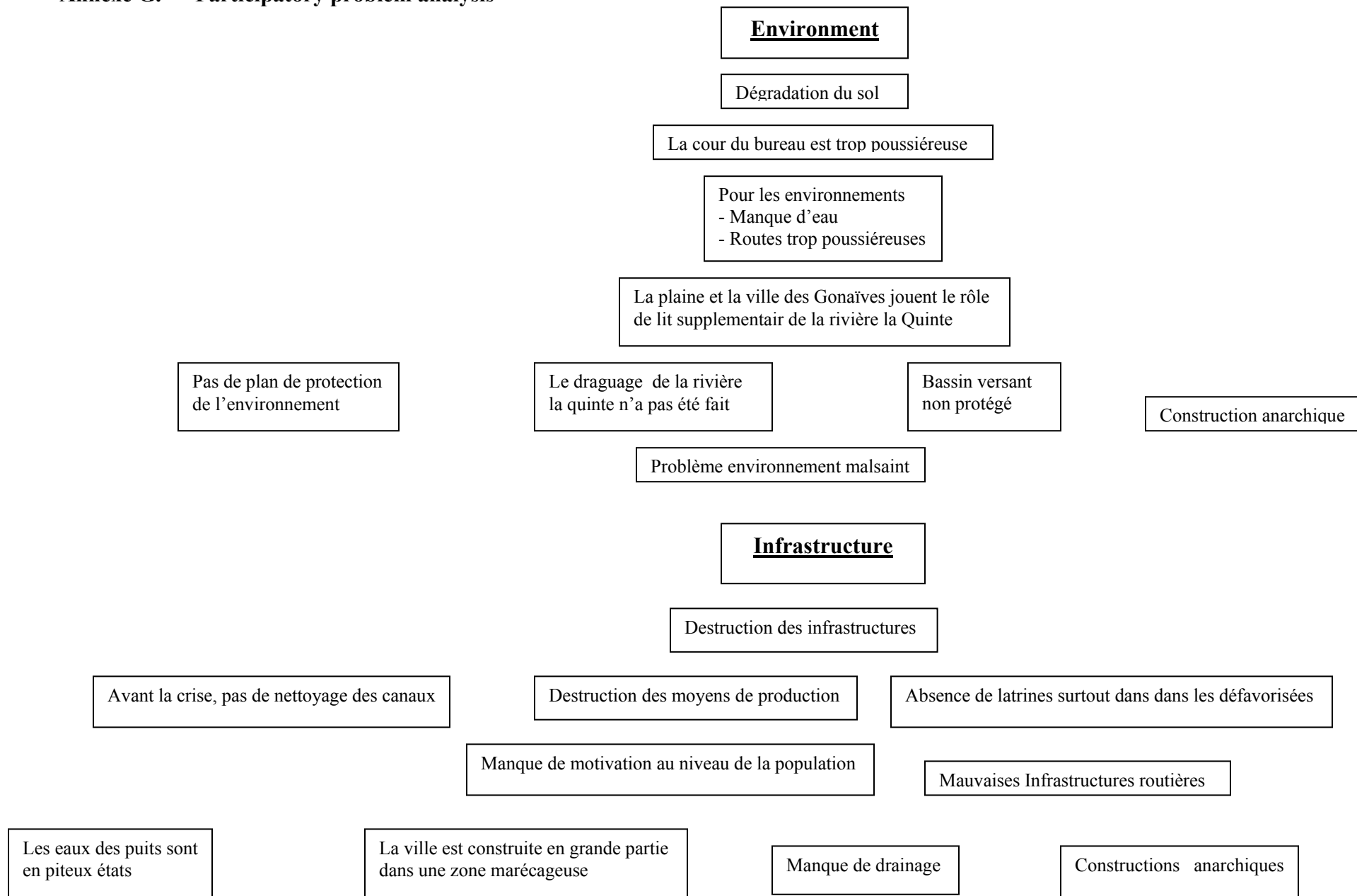
Mobilisation de ressources dans beaucoup de secteurs  
Beaucoup de ressources financières  
Jeanne a permis à care de devenir plus fort dans la région  
Personnel avec qualifications diverses  
Bonnes structures  
Formation pour les employés  
Intervention dans le domaine infrastructure  
Construction 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

<b><u>Opportunités</u></b>	<b><u>Menaces</u></b>
<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 sitiyaşon  
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 réponse à

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

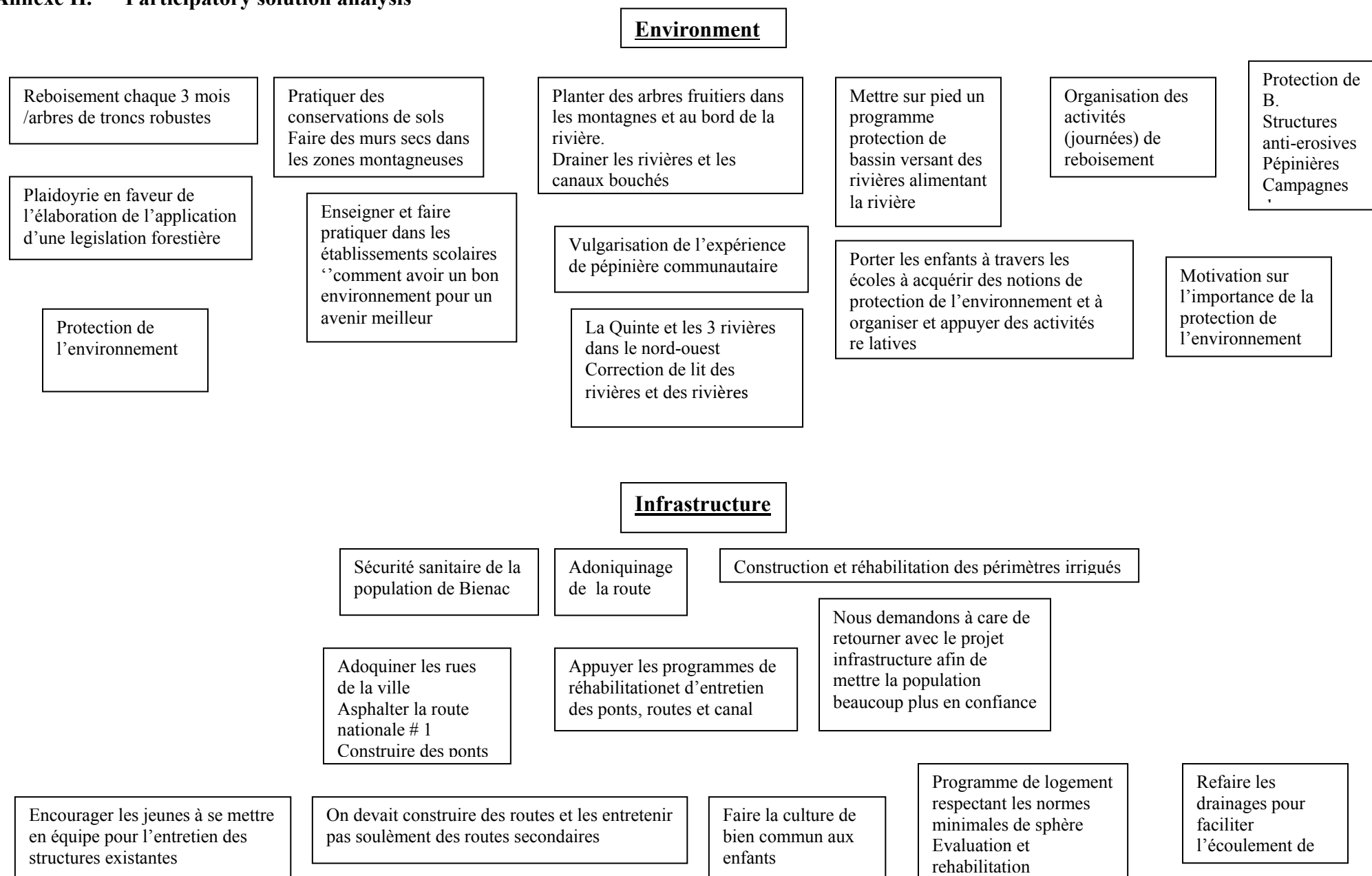
Les programmes d'urgence ne sont pas définis avec les victimes

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
<b>Sept/15/2004</b>	<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>	
<b>Sept/17/2004</b>	<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 <b>NOT</b> for Gonaïves area.</p>	
<b>Sept/18/ 2004</b>	<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>	
<b>Sept/19/ 2004</b>	<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"> <li>- Resource mobilization</li> <li>- First rescue</li> <li>- Health sector staff in NW to help people affected in the area</li> <li>- Gather information</li> <li>- Ag staff in the NW to collect information on lost of crops, animals and infrastructure damaged; contact with the community thru DAP infrastructure.</li> </ul> <p>Gros-Morne Gonaïves road covered by debris; gullies observed in several sections.</p>	
<b>20/ Sept/2004</b>	<p>UNOCHA &amp; 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><b>USAID/OFDA USD 56,000</b></p> <p><b>ECHO € 1.5 million (through CARE France)</b></p> <p><b>CARE (Canada) \$CDN 56,000</b></p> <p><b>CARE (Germany) € 120,000</b></p>	
22/Sept/2004	<p>13 WFP trucks with 40MT of food leave PaP</p> <p><b>USD 1 million</b> 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"> <li>• 900 families bread + water</li> <li>• No capacity to cook food in population.</li> </ul>
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><b><u>Probabilité d'Assistance Technique</u></b></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 <sup>nd</sup> 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)

<b>Date</b>	<b>Event</b>	<b>Response/activity</b>
<b>Oct/22/ 2004</b>		900 persons tetanus vaccines 565 persons health consultations 11,000 families now receiving water
<b>Oct/ 24/ 2004</b>	Other organizations to vacate CARE ware house	
<b>Oct /29/ 2004</b>		Gradual phase out of general distribution almost completed
<b>Oct/31/ 2004</b>	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
<b>Nov/1/2004</b>	Armed attack on Canadian Trucks – 2 persons killed	
<b>Nov/2/2004</b>	1 MSF staff attacked outside Gonaïves during NFI distribution	124 MT Food distributed on 2 <sup>d</sup> Nov. 2,124 MT Food now distributed in total
<b>Nov/3/2004</b>	21 WFP trucks attacked near CARE Office	
<b>Nov/7/2004</b>		225 DFID tents distributed 1-7 Nov
<b>Nov/10/04</b>		CFW starts (CURB) in Ca Soleil
<b>Nov/12/04</b>		WFP general food distributions completed 12 Nov. 2224 MT distributed during 7 weeks Fuel supply to SNEP starts
<b>Nov/15/04</b>		General Food distributions stop. Ration cards introduced. Students return to class
<b>Nov/17/04</b>		96 m <sup>3</sup> mud cleared in 7 days (CURB)
<b>Nov/18/2004</b>		5 teams of 21 persons 1, 596 persons days between 8-18 Nov
<b>Nov/15/2004</b>	GATES and USAID approved the reallocation of food for the drought	
<b>Nov/21/2004</b>	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
<b>Nov/22/2004</b>		Targeted feeding starts 22 Nov
<b>Nov/23/2004</b>	Care truck attacked 25 cartons biscuits stolen	
<b>Nov/24/2004</b>	CDC Medical supplies trucks attacked medicines stolen	
<b>Nov/25/2004</b>	Water sachet truck attacked sachets stolen. ACF trucks (Food / NFI) attacked, part of cargo stolen	CURB team trained, oriented

<b>Date</b>	<b>Event</b>	<b>Response/activity</b>
<b>Nov/27/2004</b>	3 care trucks attacks 10 km North of Gonaives no thefts	
<b>Dec/1/2004</b>	Strike at PaP port	World AID Day Support by CARE
<b>Dec/6/2004</b>	PaP port strike ends 1 ship of food turned away, will return Jan' 05	Seed distribution started in the NW (funded by MINUSTAH QIPS)
<b>Dec/3/2004</b>	Disturbances in PaP, some deaths	
<b>Dec/8/2004</b>	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
<b>Dec/10/2004</b>	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
<b>Dec/15/2004</b>	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
<b>Dec/20/2004</b>		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
<b>Dec/24/2004</b>	school assessment finished; CARE/MENJS select 14 schools (5612 students)	
<b>Dec/26/2004</b>		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
<b>Dec/30/2004</b>		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 Gonaives**

17 septembre - 03 octobre 2004

**Introduction**

On présenta la ville de Gonaives 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 Gonaives 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 Gonaives pour la Care. Voici le déroulement des faits:

**Vendredi 17 septembre**

Rencontre avec le staff senior/sécurité du sous bureau de Gonaives 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 Gonaives 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 Gonaives 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.

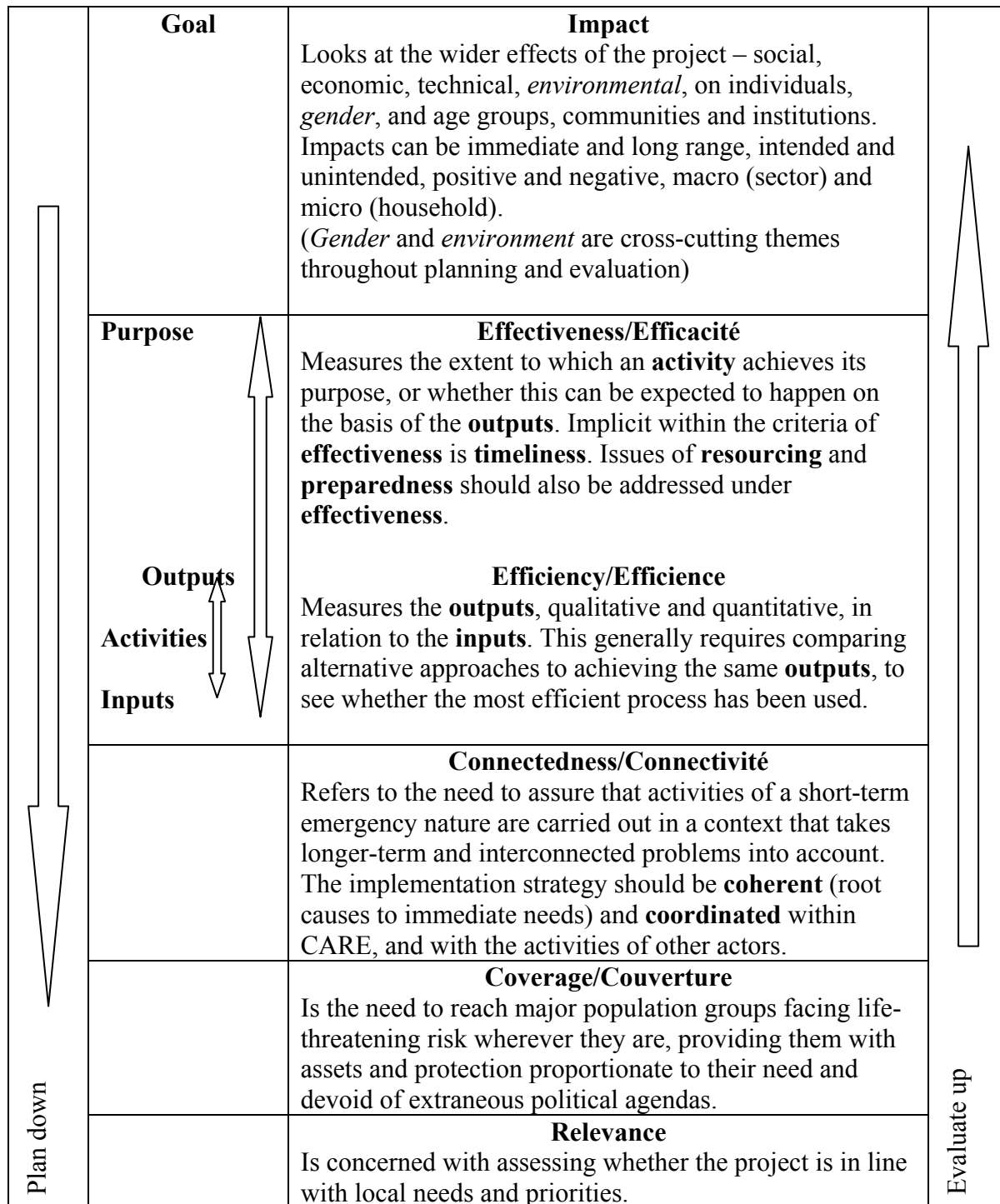
Il n'y avait pas d'horaire de travail, ni de section ou de projets spécifiques. Il n'y avait ni grade ni niveau. On s'était tous attelé à une même cause. Des managers de projets, par exemple, deviennent des distributeurs de pains et d'eau .....

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.

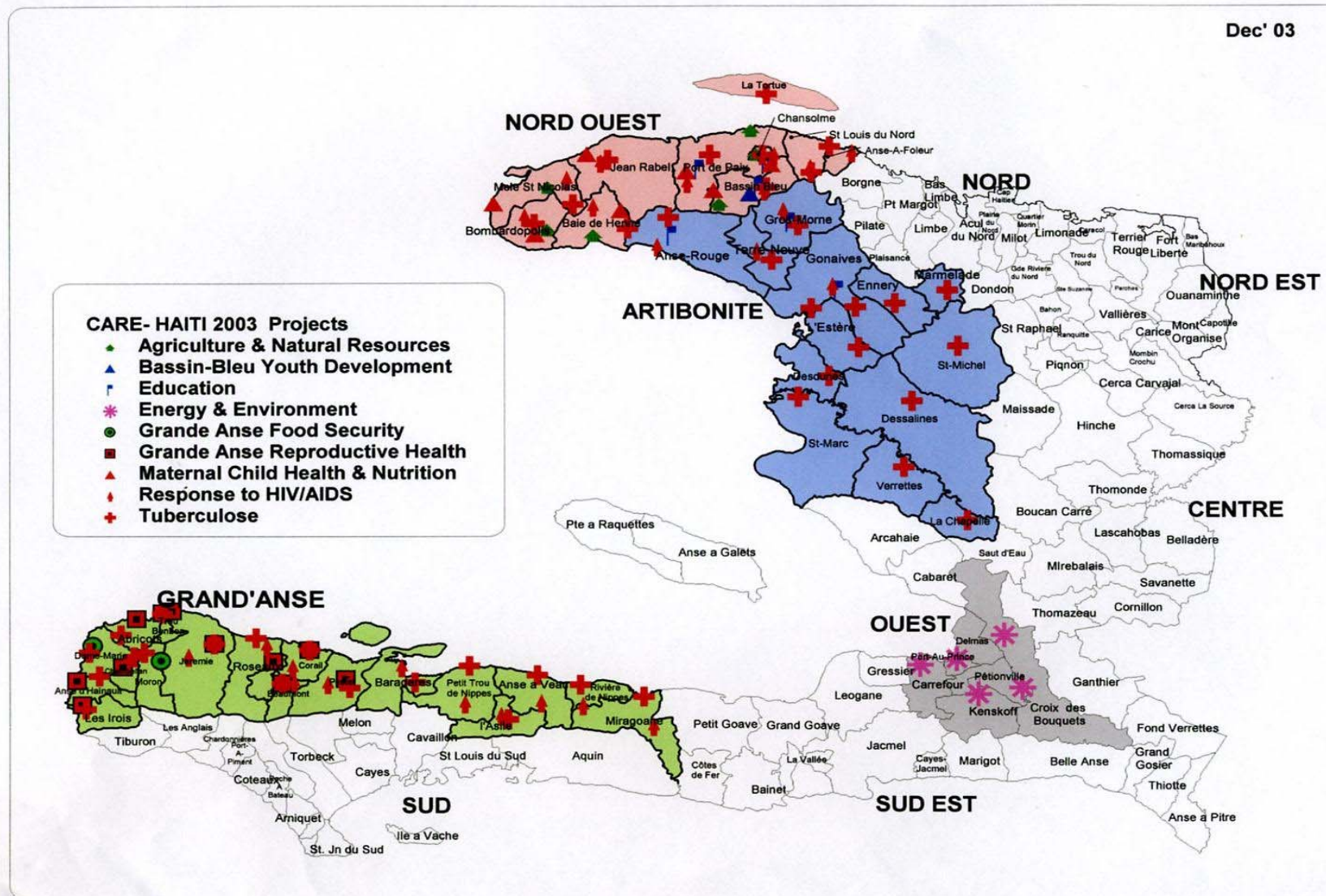
**Roseline Corvil**

## Annexe L. Planning and Evaluation methodology



## CARE - HAITI PROJECTS MAP

Dec' 03



**Annexe N.****Acronyms and Abbreviations**

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

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

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

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

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



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

## **Annexe O. Background to peer agency activities and achievements**

### **OXFAM**

- first contingent arrived in Gonaives on the Monday September 20<sup>th</sup> 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 20<sup>th</sup> 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 25<sup>th</sup>. 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 (18<sup>th</sup>.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 relations<sup>3</sup> brought mattresses and then food and water daily. A water bladder was installed locally by the Government on Wednesday 22<sup>nd</sup>.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 29<sup>th</sup> 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.<sup>4</sup> 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

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<sup>3</sup> By hand and donkey from Bayontail, three hours' walk away.

<sup>4</sup> 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, Gonaïves 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 Gonaïves Town<sup>5</sup> destroyed and now living in her mother's house in Ennery. They seemed to be business people in Gonaïves 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 Gonaïves Town for one week before moving up to Ennery. First assistance (25 kg. of rice) was offered by WFP on Thursday 23<sup>rd</sup>.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 27<sup>th</sup>.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 3<sup>rd</sup>.December 2004. Each package included 10 lb.Rice; 2 lb.Bans; 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 Gonaïves Town remains unrepaired with little signs of forthcoming assistance

**Aufilier district, Gonaïves province:** located on fertile flat land some 10 kilometres to the North-east of Gonaïves Town and close to the main river which normally flows past Gonaïves 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 sediment<sup>6</sup> 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'

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<sup>5</sup> Where she was living with her family at the time of the disaster.

<sup>6</sup> This is very fertile but difficult to dig with hand tools.

joining blanket distributions in the town<sup>7</sup>. 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 18<sup>th</sup>.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.

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<sup>7</sup> 100 of 800 households eventually received CARE ration cards in November 2004.