

**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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March 2005

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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.

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.

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 Gonaïves. The number of daily general food distributions progressed over the subsequent 7-week period with a total of approximately 2, 249 MT 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 Gonaïves 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

⁶ Representing about 4 days' needs.

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 Gonaïves have been identified as having been missed.

⁹ Notably with WFP.

¹⁰ To a hospital and health centre.

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 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,

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

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 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 in 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 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.

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 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).

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).