Independent Evaluation of CARE International's Earthquake Response in Northern Pakistan

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Amara Saeed
Angie Zogopoulos
John Kirkby (Team Leader)

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Acronyms

AAR	After Action Review
ADB	Asian Development Bank
ADC	(programme)
AJK	Azad Jammu and Kashmir
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
ARMU	Asian Regional Management Unit
AWAZ	AWAZ Foundation, a CARE IP
BA	Banna Allai
CARE-I	CARE International
CARE-P	CARE Pakistan
CEG	Care Emergency Group
CERT	Care Emergency Response Team
CGI	Corrugated galvanised iron
CIMIC	Civil-military coordination/cooperation
CM	Community mobiliser
CO	Country Office
CoC	Code of Conduct
CRS	Catholic Relief Service
CV	Curriculum vitae
EA	Employment Agreement
EHAU	Emergency and Humanitarian Assistance Unit
EPP	Emergency Preparedness Planning
EPS	Environmental Protection Society, A CARE IP
ERRA	Earthquake Rehabilitation and Reconstruction Authority
ERT	Emergency Response Team
FRC	Federal Relief Commission
GONGO	Government-organised NGO
GRT	Global response Team
HE	Hydro electric
HR	Human resources
HRM	Human resource management
INGO	International NGO
IOM	International Organisation for Migration
IP	Implementing partner
M and E	Monitoring and evaluation
MCDA	Military and civil defence assets
MoU	Memorandum of Understanding
NFIs	Non-food items
NGO	Non-governmental organisation
NWFP	North-west Frontier Province
PD	Position Description
PTA	Parent–teacher Association
RSPN	Rural Support Network, a CARE IP
SC-US	Save the Children-US
SMT	Senior Management Team
SRSP	Sarhad Rural Support Programme, a CARE IP
SSD	Society for Sustainable Development, a CARE IP

SUNGI	SUNGI Foundation, a CARE IP
TBA	Traditional Birth Attendant
TDY	Temporary Duty
UNDHAS	United Nations Humanitarian Air Service
USAID	United States Agency for International Development
VSAT	very small aperture terminal
WB	World Bank
WVI	World Vision International

Executive Summary

Between 10th June and 1st July 2006 a three person team evaluated the CARE International (CARE-I) and CARE Pakistan (CARE-P) response to the earthquake of 8th October 2005. CARE-P had opened its office only four months earlier with a team of only five people, including drivers. All agencies responding to the earthquake had problems relating to the difficult physical environment and found physical access extremely difficult. CARE-P had additional problems caused by its small size with limited 'surge capacity' and the challenging physical and socio-cultural environments of the Allai Valley in which it has worked. These problems related to the extent of damage, weather (particularly winter), transport, insecurity, institutions and the lack of development in a virtually feudal society in which women lived extremely restricted lives.

CARE-P, depending on rapidly-provided help from CARE-I and Asian Regional Management Unit (ARMU), decided, to intervene and participated in a joint need assessment within two days. An international response team including CARE-I, ARMU, CARE Emergency Group (CEG) and staff of other CARE-I members was built up and developed a three-phase response. In total some 75-80 expatriates came to Pakistan within six months to develop the response and to recruit and train national staff. CARE's decision to respond to the earthquake, which was based on severe need rather than existing capacity, has had a number of implications, both positive and negative. CARE-I should use the experience in this disaster to refine their emergency response strategies to ensure that appropriately skilled staff are made available for sufficient time. This entails anticipation of emergency needs with strong working systems and protocols. CARE-P should use its experience and working relations in Allai to build developmental activities there.

CARE-P has succeeded in quickly developing a sound reputation with the Government, other agencies and beneficiaries but the rapid growth of CARE-P and the difficulty of recruiting and training national staff have created a number of problems in human resources and management systems. Organisational structures need to be clarified, recruitment and promotion systems strengthened, position descriptions clarified, technical advisors more fully involved in recruitment and the employment agreement made more clear to staff. The new Human Resources (HR) Manual, while helpful, needs some refinement, salary scales need reconsideration and there is need for action in relation to performance appraisal, training and retention. Working conditions in the Banna Allai Office need further improvements. The report makes detailed recommendations in relation to Human Resource Management (HRM) systems.

Implementing partnerships (IPs) are an increasing component of CARE-P's activities, with seven IPs. From the start CARE has trained staff of IPs, working initially with a simple standard agreement. From March 2006 more formal agreements have been made with participatory joint-assessments of capacity. The After Action Review (AAR) found weaknesses in planning, implementation and reporting with a need for more close supervision. The evaluation found some good IP activities and some that were more questionable. It recommends the maintenance and strengthening of present efforts to strengthen IPs, with a larger involvement of technical advisors and cross-partner sharing for example through field visits.

CARE-P quickly participated in a number of useful need assessments that helped to inform the programme; one assessment confirmed the wisdom of their choice of the Allai Valley for direct implementation activities. In order to refine the targeting of their programmes, alongside the M and E activities and so as to improve the quality of individual programmes, CARE-P field offices should undertake continuous need assessment at the level of individual villages.

Gender was identified by CARE-P as a major focus of activities. It continues to be a very difficult area for progress. At organisational level women make up about one quarter of senior staff in the Country Office (CO) but there are no female senior staff in Banna Allai, though recruitment of women has recently been increased. At present their roles are not clear. There has been some gender training of CARE-P and IP staff, but this needs to be deepened to build gender-sensitive teams. The CO must give technical support for this and it must be incorporated in M and E systems. At programme level CARE-P must reassess community mobilisation to incorporate gender across the sectors.

CARE-P's strategy comprised three overlapping phases: I Emergency Response, II Relief and Maintenance, and III Reconstruction, the last of which started in March 2006. The strategy allows response to improvements and deteriorations in local contexts. In Phase I the goal was to provide shelter and sanitation for 75,000 people, through provision of tents and non-food items (NFIs). Procurement of sufficient tents was a major problem but otherwise action was timely and effective though remote areas were very difficult to access. In Phase II the drive was to winterisation through improvement of tents and provision of CGI. Sixty per cent of deliveries were by helicopter, without which access was limited. Three implementing partners (IPs) developed health and trauma centres to help recuperation of people after hospital stays and thus free up scarce hospital places, and later developed mobile health centres to supplement limited medical facilities. CARE-P also started the support of livelihoods.

The winterisation programme helped maintain health and reduced the likelihood of permanent out migration. Halfway houses took the pressure of hospitals and mobile health services supplemented limited health facilities. Introduction of livelihood support was appropriate before the reconstruction phase because it helped prepare for the next planting season. By the end of Phase II, after a fortunately mild winter people were returning to rebuild houses and restart farming.

The reconstruction phase comprised four main programmes: education and psycho-social activities, water and sanitation, infrastructure and shelter and housing. In education semi permanent schools are built and the full reconstruction of some has been started. Some are for girls only. Take-up rate is good but full provision will take a long time. Psycho-social activities have mainly been through sport. It has not been possible to do much to cover girls' needs. Progress has been effective and efficient in water supply and infrastructure reconstruction though care must be taken to ensure that the community beyond elites benefit. Progress in sanitation has been slower with some uncertainty about women's access; washhouses however have helped women considerably. In shelter and housing CARE had already distributed shelter materials to virtually all its territory. Rebuilding has been slowed by the lack of Earthquake Rehabilitation and Reconstruction Authority (ERRA) guidelines but CARE has been training masons in improved techniques, using a cascade model of training. Technically it is sound but there have been problems of sourcing corrugated galvanised iron (CGI), women's access to housing and people's willingness to rebuild without secure tenure.

Technically the reconstruction programmes have been successful but connections to beneficiaries have been less effective partly because programmes have been implemented separately. It is proposed that instead of a sector-based approach, implementation is based on building deeper links to communities through village-focused community mobilisers who develop relations for the whole programme, allowing more meaningful participation by community members. This modality will also allow better monitoring and evaluation (M and E).

Knowledge of SPHERE is good at senior levels and in some of the field staff; adherence to the principles of SPHERE standards has been better than other agencies, though it was not possible to satisfy all indicators for housing and sanitation.

Supply chain management is now efficient; tents were initially difficult to procure and CGI supplies are still scarce but other NFIs were easily sourced. Logistics have become progressively more secure though helicopter drops were needed for 60 per cent of winter transport. CARE-P was more successful than many other NGOs in delivering close to beneficiaries. The quick establishment of a VSAT centre in Allai was timely and efficient, but the Banna Allai (BA) field site is overcrowded and needs improvements to living accommodation and working conditions.

In civil-military operations it was necessary until March 2006 to accept military co-ordination of activities as the price of humanitarian access. CARE-P managed to achieve a better level of neutrality and impartiality in relation to communities than other agencies, refusing to co-operate with the army in activities or to enter communities with them. Initially there were some problems but CARE-P sorted these out by good management of drop sites. CARE-P maintained a 'no guns' policy, while benefiting from the use of military-controlled transport facilities.

CARE-P has recently completed a successful Emergency Preparedness Planning (EPP) exercise with senior staff and partners to help in systematising responses to future emergencies. Emergency preparedness is being institutionalised with preparation of a manual, to be continuously updated and the formation of a standing group for emergency response. It is proposed that CARE-P investigates the present community coping mechanisms in order to incorporate them in its response system and that the interpretation of 'disaster' be broadened to include the routine threats to the welfare of vulnerable people; in other words to incorporate disaster response within development activities. It is proposed that CARE should investigate in more detail a wide range of emergencies in Pakistan.

The principal recommendations are made, explained and elaborated in the text. Additional recommendations and their elaborations are included in Annex 3. The principal recommendations are:

- CARE-P should focus its future activities, including developmental activities when they recommence, in North West Frontier Province, in particular the Allai Valley, but should continue to work to maintain and develop emergency response capacity.

- In future emergency operations based on large numbers of short-term expatriate staff, CARE-I should ensure that the technical training and induction into CARE methodologies of newly recruited national staffs are fully supported.

- To ensure the quality of the induction of new national staff in the early phase of emergencies, CARE-I should produce a manual *designed specifically for this purpose*.

- In future emergencies CARE-I should ensure the rapid provision of specialists in the critical areas of: supply chain, HR, and programming. This entails: refinement of the TDY and CERT systems; deployments up to eight weeks - as current policy allows; the willingness of CARE members to release appropriate staff; and the maintenance of strong working systems and protocols for emergencies. CARE (I) should continue to support the EPP system within each CO.

- CARE-I should consider becoming a member of the People in Aid with its Code of Good Practice.

- CARE-P should ensure that HR management and organisational systems support effective programming by clear identification of the skills needed for delivery of programmes.

- The CARE-P Human Resource Unit should further re-assess, implement and disseminate transparent HRM systems.

- CARE-P should maintain and increase present efforts to strengthen the performance of suitable partner organisations.

- CARE-P should strengthen gender-sensitivity by reinforcing gender training, collecting gender-disaggregated information, increasing the involvement of the newly-recruited women at field level and increasing their time in the community.

- The Country Office should strengthen technical support to the mainstreaming of gender at field level.

- CARE-P should reassess the process of community mobilization in relation to women to focus more directly on women and develop a deeper understanding of the social and economic situations of women in the different communities.

- CARE-P should consider contacting other agencies working in comparable areas to share evidence of successful practice and examine collectively the possibility of developing strategies to enable the implementation of gender-sensitive activities in 'regions of gender difficulty.'

- CARE-P should seek ways to increase the cross-sectoral co-operation and co-ordination that currently exists, allowing a greater emphasis on meeting the full range needs in communities through a more integrated programme based on individual communities for recovery programmes.

- CARE-P should consider the advisability of advisers spending about one quarter of their time in the field.

- CARE-P should continue the ongoing and planned improvements of the Banna Allai site and seek ways of reducing the hours worked by all staff at the Banna Allai site.

- CARE should, where necessary for access to needy people in disaster situations, be willing to be co-ordinated by the army. CARE should be willing to make circumspect use of selected military and civil defence assets (MCDA) under clearly defined agreements based on CARE's fundamental principles.

- CARE-P should maintain the momentum of the recent EPP workshop and involve all staff in developing capacity to implement the EPP down to field-office level.

1. Introduction

1.1 The Earthquake Event

At 08.50 on October 8th 2005 an earthquake measuring 7.6 on the Richter Scale and with an epicentre near Muzaffarabad, struck nine districts of Northern Pakistan, affecting some 28,000 square kms., approximately the area of Belgium. Devastation was catastrophic; by a considerable degree this was the most severe natural hazard in Pakistan's history, and an extreme emergency by global standards. By mid November the Government assessed that of the 3.3 millions living in the earthquake-affected area, 73,318 had been killed and 69,392 were injured[1]. Most casualties were within the first minute; during the next ten days many died from injuries and many people needed amputations. Thereafter most deaths were from acute respiratory infections including pneumonia.

1.2 Specific Characteristics of the Earthquake

Earthquakes have specific characteristics that distinguish them from other natural hazard agents[2]. First, even though it was known that northern Pakistan is in an earthquake zone, the timing and magnitude of the event were completely unpredictable so it was impossible to avoid the effects. Second, houses collapsed within seconds[3] and many of those inside died immediately but even larger numbers suffered severe injuries[4]; because it was not possible to provide medical care quickly enough many developed gangrene, necessitating amputations. As many as 300,000 were severely injured, considerably more than the number of deaths, leaving a direct burden of care on those who survived. Third there was immediate widespread damage to roads, bridges, hospitals and other public buildings over the whole area, which impaired the possibility of quick response. Fourth, destabilisation of slopes ensured that road destruction continued unpredictably for months afterwards. Fifth, after-shocks caused further collapses of structures, created longer-term fear and uncertainty, and prolonged and intensified the immediate trauma caused by the earthquake itself.

1.3 Developing Responses to the Event

Local people responded immediately in attempting to save lives and other Pakistanis brought in relief goods by car. Within hours the Government mobilised two military divisions for assistance in the earthquake zone and thereafter the military had the principal role in the Government's emergency response[5]. At midnight 8th/9th October the Government requested international assistance; by this time the UN, local non-governmental organisations (NGOs) and international NGOs (INGOs), including CARE-P, had started to respond. The Government immediately established the Federal Relief Commission (FRC) to co-ordinate and monitor Government relief efforts and foreign aid. A week later the Government also created the ERRA. Data on the emergency were uncertain but WFP estimated that 2.5 millions, 84 per cent of them in rural areas, had lost their homes; others suggest three millions lost their homes. Some 800,000 were initially sleeping in the open without protection from weather and the need for shelter was

[1] Subsequently higher figures have been proposed: possibly 90,000 deaths and 300,000 injured.

[2] Natural hazards are classified as rapid-impact or slow-impact. It is possible to prepare for slow-impact events like droughts and famines. Even floods, examples of rapid-impact, give some warning, as do many volcanic eruptions. Earthquakes rarely give any warning.

[3] Witnesses said that the heavy roofs were thrown up and when they fell back the buildings collapsed.

[4] This is characteristic of earthquakes and different from for example floods or volcanic eruptions.

[5] The effects of the central role of the military in response to the earthquake are discussed in Section 10.

immediately apparent, but those living above the snow line, at about 5,000 feet would be particularly at risk in the winter of 2005-6[6]. Within one month there had been an outbreak of watery diarrhoea in Muzaffarabad, demonstrating the severe risk of water-borne disease. Cases of measles, meningitis and acute jaundice were being reported, but shelter was the highest priority.

In the Allai Valley, which CARE-P selected as an area of implementation, about one per cent of the population was killed but large numbers were injured and up to 95 per cent of houses destroyed or damaged; hundreds of cases of pneumonia were being reported in the first month. A further health problem in Allai at that time was the number of casualties and deaths due to landmines that had been exposed or moved in landslides that accompanied or followed the earthquake.

The Pakistani military and aid agencies quickly started to distribute tents. Within a week, the army started to set up some 30 official tent camps in and around the earthquake zone. The largest, Meira Camp near Allai Valley, at one time held almost 20,000 people. About 600 spontaneous and unofficial camps, some with hundreds of tents, also appeared. These unofficial camps had very few facilities and were health hazards. Roads and bridges were destroyed and until April 2006, up to 100 helicopters, provided by the Government and other militaries, were essential in distributions to otherwise inaccessible areas. Most loads were of non-food items. But even with helicopters some 200,000 had not received aid after two weeks.

Within one month of the event the Government, through the army, was starting to distribute compensation packages to affected families. These packages comprised R100,000 rupees ($1760) for a death or deaths in the family, smaller amounts for injuries, and R25,000 ($440) for loss of the house. Compensation for housing was later increased (but, for related problems see Section 8). Many of the most needy have been unable to access this help because they had left their homes or lost their identity cards in the earthquake. Initially the response to UN Flash Appeals was very slow. A need assessment by Asian Development Bank/ World Bank (ADB/WB) on 12th November estimated the cost of relief, livelihood support and reconstruction at $5.2 billions and $6 billions was eventually pledged.

1.4 The Contexts of CARE's Interventions

1.4.1 CARE's Low-profile Policy

CARE has adopted a low profile in Pakistan with minimal advertisement of its presence, for example not having signs on field sites, buildings and vehicles. In fact, through CARE-P's directly implemented activities, communities, the Government and other agencies are well aware of its presence and activities; possibly more positively so than if the presence were advertised[7]. Partners' implementation, however, gives less credit to CARE since it is presented with partners' names highlighted and may not mention CARE.

1.4.2 Problematic conditions for CARE-P

During the emergency phase and, to a reducing extent after the winter, all agencies faced challenging conditions. Problematic factors included the vast scale of the disaster, the very difficult physical environments, problems of physical access and there were also some institutional problems relating to the Government response systems in Pakistan.

[6] Most of The Alai Valley, CARE's Main area of operation is above the winter snow line.

[7] Information on CARE's activities was also available for outsiders in different forms on the web.

Most problems, limitations and opportunities addressed by CARE were the same as those facing other INGOs but CARE also experienced two additional specific problems. First, it needed to develop quickly from a small start – it had virtually no in-country 'surge capacity'. The CO had three professional staff on 8th October and now has 120 staff; the problem was the initial lack of staff and then the need to train and organise the new staff. This problem of developing surge capacity is discussed in Sections 3 and 4. Second, the Allai Valley in which CARE-P chose to work is a particularly challenging area. It is high, steeply sloping, remote and has poor road access. Ground is snow-covered for about one third of the year. Up to 95 per cent of houses were damaged or destroyed. Before the earthquake the area was extremely undeveloped and in this sense similar to 'tribal' areas in its adherence to tradition, with specific socio-cultural characteristics. Two khans own substantial amounts of the land[8] so that many land-users are share croppers without secure tenure. Tenurial relations are virtually feudal. Family sizes - around ten - are higher than elsewhere in Pakistan. Many of the men work elsewhere in Pakistan, creating *de facto* female headed households.

1.4.3 Gender-related problems

Pakistan is, due to cultural factors and even in the most developed areas, a difficult area for work with women; one respondent compared it unfavourably with Afghanistan in this respect. Owing to its remoteness and social characteristics, the Allai Valley is an even more difficult area for NGOs working for and with women. A mildly pessimistic view would be that women and men live separate lives governed by different sets of conventions and that NGOs have to work within this framework. A darker interpretation is that women's lives are effectively outside their own control and that men and particularly a religious elite control absolutely what interventions are possible with women. Women in some villages, particularly in the more remote areas are virtually prisoners in their own homes.

Adult literacy in the Allai valley is about ten percent, but among women is as low one to two per cent. This very low literacy rate is reproduced by the limited provision of education for girls; it ensures that women are unable to access written information or to report their opinions, wishes or circumstances except face-to-face. But face-to-face contact with NGOs is severely limited. This may be a deliberate restriction because the liberation and empowerment represented by NGO women is in itself seen as a threat to present hegemonic elite power. In some cases CARE staff have been forbidden access to women. In August 2006 female staff were withdrawn from villages for two weeks in response to threats; subsequently they were able to return[9]. Certainly CARE has received (anonymous) threatening letters on the issue of female NGO contacts and the military has informed that local leaders do not want NGOs to bring in women staff who do not respect purdah culture.

The evaluation found that though its women were not allowed contact with women in one village, they were able to talk with large numbers elsewhere, ether in formal groups or informally and were able to visit women in their houses. It seemed that circumstances vary from village to village and that progress was possible in some but not others.

This is problematic in view of CARE's policies *vis à vis* gender and could raise the question of the continuance of the whole programme: this might be a matter for negotiation with communities. The issue is that of cultural relativism versus universal human rights. In this matter CARE must

[8] In two Union Councils they own 50-60 per cent of the land.

[9] Since the evaluation CARE has established a training centre in Biari Village for psycho-social activities, and is planning income generating activities for women. Female workers have also started adult women literacy classes and are planning health and hygiene activities with them.

make a decision balancing desired ethical objectives and an interpretation of humanitarian intervention as 'the art of the feasible.' Certainly it will not be possible to achieve a fully 'gender-enlightened' programme in all communities in the short term, but gradual progress might be made by working from those communities where positive action is possible.

1.4.4 Predictable and unpredictable changes in contexts

Some contextual factors have varied through time and will continue to do so in the future. These variations are in some cases cyclic, particularly those relating to seasons: such variations are to an extent predictable. Other contextual factors such as the reduction in aftershocks vary in a linear – non-cyclic - manner and are less easily predicted. These linear variations may be longer term improvements and /or deteriorations. Yet other variations – like earthquakes - are contingent and completely unpredictable. It is easier for CARE-P to plan timely responses to cyclic and predictable events and this was done, for example, in relation to provision of seeds and fertiliser before the planting season of 2006.

1.4.5 Weather-related problems

Cyclic changes relating to the seasons and weather include the winter factor, the monsoon and, less directly, the agricultural cycle. From the start of the emergency it was clear that winter would be a critical factor in determining the survival of populations, particularly those at elevations above the snow line (about 5,000 feet). Much of the Allai Valley, chosen by CARE as its area of direct implementation, was thus at risk. The winter of 2005 was fortunately relatively mild (but even so with deep snow and extremely low temperatures). Snow cover reached its maximum on 19th January, making road access almost impossible: twice in early January International Organisation for Migration (IOM) trucks with CGI, tarpaulins and winterisation kits were unable to deliver to Banna Allai. Bad visibility also made helicopter access impossible during three periods of the winter. Heavy snow caused the deterioration and collapse of tents. Thus in January and February 50,000 people in the Allai Valley were still without adequate shelter and CARE attempted to respond to their needs in thick snow. The discovery that families were sharing shelters showed that need had been underestimated.

The winter of 2006-7 may well be more severe and, given present rates of shelter and rehousing, it is certain that not all will have adequate shelter.

1.4.6 Knock-on effects on farming and incomes

Wet weather, including snow melt, contributed to landslips which interrupted land transport and caused further damage to land, including agricultural infrastructures, and housing. The forthcoming monsoon will probably lead to further damage and transport interruption. Agricultural activity is controlled by weather and many farmers missed the 2006 April planting season. In the field visit the evaluation saw that farmers will not be able to plant all the normally cropped land, so that recovery of livelihoods will be further delayed. Some beneficiaries said that the need to restore farming operations meant that they could not undertake shelter construction; others said that the need to make shelters reduced opportunities for farming. CARE helped farmers in replanting through seed distributions, and is planning distributions of winter wheat seeds for 2006. Those of the diaspora, whether working elsewhere in Pakistan or abroad, who returned after the earthquake to help recovery have been unable to earn money to send as

remittances[10], a further weakening of local economic recovery. Their presence has also increased the population and need for housing.

The mountainous environment directly and indirectly created a wide range of problems for local people and CARE's interventions, due to altitude, harsh climate and steep gradients.

1.4.7 Transport difficulties

Transport and access systems had been rudimentary before the earthquake and they deteriorated catastrophically after 8th October, largely due to the earthquake but also to the climatic factors already mentioned. Such deterioration led to loss of life by transporters and agency staff. Difficulties in transport, added to when road carriers significantly increased their prices, were among the biggest problems faced by CARE. Though with continuing breaks due to landslips, the roads are now being repaired. Helicopters were needed to reach the higher areas, particularly during snow but their availability was restricted.

Improvements in transport are representative of several improvements in the operating environment since the emergency. Earthquake activity has greatly reduced; there had been 900 aftershocks in first three weeks but few such events now. Due to farmers' work and partly to CARE activities the agricultural infrastructure has started to recover. It can be argued that communities have become more open to change as a result of the 'society quake' that accompanied the earthquake; it has also been suggested that women, through contact with female aid workers have become more aware of the restrictions in their lives. Against this however is the view that villagers who initially welcomed aid have now become more aware of and resistant to threats to their traditional way of life so that women are even more strongly controlled in the patriarchal society, reinforced by reaction from some madrasas. In particular some mullahs have spread malicious disinformation against female NGO staff. Changed reaction to INGOs may also reflect response to the Danish cartoons. Even if there has been some change in the position of women it is undoubtedly still severely restricted (See Section 7)

1.4.8 Insecurity

Insecurity, partly related to the 'War on Terror', the presence of armed troops and the long history as a frontier zone were problems. In the early phase of the emergency attacks on other agencies' staff, and looting threatened to be serious problems and was one reason for the army's becoming involved. Unlike other agencies CARE refused to make use of armed guards (CARE's relation to the army is discussed in Section 10). Allai, which has some of the characteristics of 'tribal' areas, is a sensitive zone in the view of the military. At times there were problems of increased insecurity for staff in Allai, for example when there was conflict at distributions; and NGO women staff were threatened with kidnap by religious extremists during the winter.

1.4.9 Institutional problems

Economically there were problems in supply bottlenecks for tents and CGI. This was compounded by the Government commandeering supplies of tents and refusing to allow the use of (cheaper) Indian CGI. The Government's insistence that the army and ERRA would have prime responsibility and control caused several practical problems for example in the delayed decision on the models of reconstruction allowable, and delays in reconstruction caused by uncertainty about payments for compensation for housing (see Section 8). ERRA was in effect

[10] In Allai it is thought that 40 per cent of household income is from remittances.

the gatekeeper determining the rate at which the transitions from emergency to rehabilitation and reconstruction could be achieved.

A further institutional problem was uncertainty about the precise function of UN clusters, which in general sense were intended to improve co-ordination. In fact much staff time was taken up in the cluster meetings, some to little effect as different participants were working to achieve different ends.

In the transition from relief towards more developmental activities the political and cultural economies of the North West Frontier Province, (NWFP) particularly in relation to gender, and the difficulty of accessing women and other subaltern groups has become more significant: the accessibility problem is cultural as well as physical. The independent spirit of local people expressed in their self reliant culture is both an advantage and a limitation as recovery proceeds.

1.4.10 Changing contexts of intervention

It is clear that the context of CARE's intervention has changed significantly since the earthquake. In many aspects such as procurement, logistics and physical accessibility, conditions are now easier; in others such as social and cultural accessibility major problems remain. In fact as programmes have become more complex the social and cultural issues have become more problematic for CARE-P as the need to deepen links to the community have become more important. Communities have, however, shown willingness to contribute labour and materials for CARE infrastructure projects, showing that progress has been made in stronger links with communities.

2. The Evaluation Process and Methodology

Between 10th June and 1 July 2006 a three person team evaluated the CARE-I and CARE-P response to the earthquake of 8th October 2005. The team consisted of a male expatriate Team Leader, a female expatriate specialist in human resources and a female Pakistani specialist in gender and community. A member of CARE-P M and E staff acted as a facilitator and participated in the evaluation process. Modified ToR are included in Annex 1.

The evaluation comprised three phases: work in Islamabad, visits to field sites, and further work in Islamabad. Annex 2 provides details of the itinerary. In Islamabad and the field the evaluation inspected relevant documents and held group interviews, focus groups, individual interviews and general discussions with key respondents including: staff of CARE (P) and other CARE staff. Such meetings involved one, two or all three of the evaluation team according to the circumstances such as confidentiality or the need to share a common experience. In addition to CARE staff, some of whom were interviewed by telephone or e-mail, the evaluation team talked with staffs of the Government of Pakistan (ERRA and the military), UN agencies, INGOs, local NGOs, implementing partners, local governments and communities (formal groups, such as committees created by CARE, and informal, ad hoc groups), entrepreneurs, landlords, tenants, representatives of beneficiaries, beneficiaries, and non-beneficiaries. Both male and female beneficiaries were seen in a variety of circumstances, including participation in livelihood activities. Some were interviewed in workplaces, others in their homes and others, normally in groups, in public places. Some interviews were structured and others semi-structured. CARE staff and beneficiaries sought some ad hoc interviews.

Observation of field conditions included beneficiary living conditions such as earthquake-affected villages, unaffected houses, tents, shelters, and rebuilt houses. The evaluation team

inspected specific facilities such as schools, latrines, wash houses, clinics, and rehabilitated infrastructures, such as micro hydro-electric (HE) plants, mills, irrigation canals, water supply structures, bridges and culverts. They also observed the implementation of current CARE activities and partner activities, and sites of former CARE and partner activities.

2.1 Recommendations in the report

In this report recommendations are provided at the end of sections. An indented part of the text below each recommendation expands on issues such as responsibilities and activities that may be necessary to achieve the recommendation. In some cases the recommendation is for CARE to undertake an action, in others to consider undertaking it. Major recommendations are within the relevant text. Further recommendations, linked to the relevant section are included in Annex 3.

3. CARE's Decision to Respond to the Earthquake of 8th October 2005

3.1 CARE-P Before the Earthquake

At the time of the earthquake CARE-P had a small office, opened four months earlier, a staff of five, of whom two were drivers, no experience of disaster work, an orientation towards development, particularly poverty reduction, with the intention to gradually build up a presence in southern and central Pakistan and no interest in the North West Frontier Province apart from a small presence in Peshawar. Contact had been made with the Government and some INGOs and local NGOs during the 2002 Assessment Mission; one water-based project was to be implemented through a local partner organisation. This was not a propitious start for response to a major earthquake. One small advantage was that CARE-P was able to devote all its energy to the earthquake response since it had virtually no other activities. Since there were very few CARE-P staff there was little risk of conflict with the incoming emergency team.

3.2 CARE's Immediate Reactions

A final decision was taken at some point between two and eight hours after the earthquake that CARE-P would respond to the event. It was not possible to identify the precise point at which the firm decision was made or precisely how it was made. It was also unclear how the scale of the response was decided. The After Action Review includes a statement that CARE-P, ARMU and CARE-USA were involved in the final decision to respond but that some days were lost in implementing this decision and it may have lost the opportunity of some funding, since speed is essential here[11].

The first e-mail about the earthquake had been sent from the CARE office at 11 am, some two hours after the event occurred. This is in accord with CARE guidelines on timeliness. It appears that CARE-I strongly urged the CO to respond to the earthquake though in ARMU there were reservations because of the limitations of HR. Lack of clarity on the responsibility for decision-making led to some delay. On 9th October CARE-P started internal daily meetings on the emergency and produced daily emergency sitreps for the next 23 days. Within two days an agreement was made with ActionAid to supply relief goods in the Mansehra area. CARE-P also sent one person to participate with Oxfam, WVI and Save the Children – United States (SC-US) in a joint need assessment on 10th October. This participation was a clear public indication of the intention to participate fully; by 12th October CARE was signing Memoranda of Understanding (MoUs) with Oxfam and AWAZ, and distributing relief goods.

[11] CARE-P secured a creditable $7 millions for the emergency up to June 2006

3.3 Mobilisation of a Response Team[12]

CARE quickly mobilised a response team from the region and other CARE-I members to support CARE-P. Ten TDY staff arrived within a week; one ARMU staff member arrived within a day and more within four days. After five days CARE had 20 people in the Country Emergency Team in Pakistan. Personnel were seconded for times between five days and some weeks; in few cases were secondments for more than three weeks. By the end of November the staff numbered 50 and continued to grow thereafter. In total some 75-80 people[13] came to Pakistan in within the first six months to support the CO in emergency response and the development of HR capacity. Being able to provide such a large response was a signal achievement on the part of CARE-I, ARMU and CARE-P, yet there were some problems in that some specialisms such as logistics were not well-covered and specialists rather than generalists were needed. The emergency came at a time when the Tsunami and other events in Congo and elsewhere had stretched CARE's (and the world's skilled humanitarians). Many were already employed elsewhere or burned out. CARE – I needs to be able to respond to emergencies even in these circumstances: this may involve the recruitment of additional staff in the critical areas of supply chain management and HR.

With additional staff in the Country Emergency Team it was possible quickly to develop a three-phase response, and with some difficulties to recruit and train staff, and develop management systems. These activities were possible only through the rapid availability of skilled outside help from within CARE, including the CEG, ARMU and staff from other national CARE offices. Fortunately the teamwork in the potentially chaotic initial stage was effective, partly because they shared the CARE culture, though there were some tensions due to personality clashes and institutional politics.

The rapid assembling of a skilled response team allowed the relatively quick development of a well-crafted strategy, with a minimal amount of conflict within the team. But the large number of visitors, many staying for a short time, led to some instability with mixed messages to national staff who were receiving advice that inevitably reflected the different preoccupations of senior staff. Moreover, while the strategy was sound, less thought was given to incorporating it within the implementation plan.

CARE-I partners (USA, Canada, UK, Australia, Bangladesh and Afghanistan, provided expert assistance. It is not possible to trace all visits, but it is clear that 10 TDYers were present in the CO in the first week, with rapid response from ARMU, with three senior staff. CEG were able to field two in the first five days and by day five there was a total team of 20, of whom the majority were visiting experts. Within the first week senior ARMU staff, an emergency coordinator, programme manager / media and communications specialist, team leader, CEG advisor, Government / partnership advisor, health advisor, public health experts were in place. At that time posts in logistics, programme. Also after seven days some 14 field operations TDY staff had transferred for three weeks from Afghanistan.

3.4 Relationship Between Fund-raising and Programming

In the early stage of the operation fund-raising was very fast and effective. In fact there were many practical problems in both proposal preparation in the rapidly evolving environment, with

[12] Further information on the HR aspects of the response is provided in section 4

[13] Some of these worked in the field as implementers.

changing needs, with multiple donors and the early expiry of grants. Inevitably, effective programming cannot be carried out so quickly and the CO, partly because of limitations in HR capacity has had some difficulty in using effectively the resources that were raised – the phenomenon known as 'the hump'. To some extent this reflects the need for more efficient, effective and nuanced communication between the field and other levels of the organisation.

3.5 Longer-term Implications of a Needs-based Rather than Capacity-based Response

The driving force behind the decision to engage was the humanitarian imperative and the huge need due to the overwhelming scale of the emergency: it was a need-based decision not capacity-based; CARE-P has had to live with the implications of participating from an initial state of institutional weakness, particularly in the need to quickly build national staff in a competitive market. Being an early responder increase the probability of making mistakes, particularly so with a new team and in a new geographical area. This was made worse by the limited opportunities for training of the new staff in the vacuum after the first wave of expatriate emergency staff left. The early sitreps show that very few of the visitors planned to stay for more than three weeks. Some stayed for ten days and some for even less. By sitrep 11 (day 11 of the emergency) it was clear that three weeks was the standard time. Some visitors returned later for a further input.

But the earthquake created a completely different, and possibly better, entry point for CARE-P from that which had been planned in 2002. CARE-P's presence is radically different from that which had been planned in 2002: it is currently perceived primarily as an emergency response organisation. This is not, however, at odds with the CARE's global profile, which includes a very large emergency component. The challenge is now to build on the positive image that CARE-P has with Government and communities in Pakistan and achieve an effective transition to developmental activities, while maintaining capacity to respond to future emergencies as a key player (see Section 11)

Intervention in disaster enabled CARE-P to establish its presence quickly, allowed the development of working partnerships and enforced the rapid creation of management systems and recruitment of national staff. The latter was achieved in a sellers' market and with some inevitable mistakes (See Section 4). But the development of CARE to its present size would otherwise have taken more than a decade?

Not to have responded would have created the impression that CARE as an organisation, lacked strong commitment to humanitarian issues and was unwilling or unable to respond to intense need. In the event CARE's response was positive, timely, responded to evidence of huge need and the Government's appeal, and the response stressed CARE's commitment to Pakistan. Engagement within one day was relevant to extreme need in an underdeveloped area and also relevant to CARE's mission. Identification of the Allai Valley as the area for direct implementation was serendipitous but the opportunity was well-taken, appropriate, relevant and timely. Skilled back-up was available regionally, and internationally. CARE already had some links with other INGOs and NGOs in Pakistan.

The outcome of CARE's decisions following the October earthquake was that CARE-P has developed a high reputation for commitment to the satisfaction of community needs, particularly within the Allai Valley. This good will can be the basis of a developmental programme in this area of severe need, though, as this report will show, systems and programming need to be revised if this opportunity is to be fully grasped. Regional emergency capacity has increased and

CARE-P has particularly developed capacity to respond to hazards in mountain environments; this capacity may be useful in future emergencies in the region.

CARE-P's decision to respond to the earthquake was appropriate and has quickly created a favourable presence for CARE-P. CARE-I modalities for supporting the rapid increase in emergency capacity were generally effective in building capacity.

Recommendation: that CARE-P should focus its future activities, including developmental activities when they recommence, in North West Frontier Province, in particular the Allai Valley, but should continue to work to maintain and develop emergency response capacity.

> CARE now has much greater understanding of the Allai Valley and other areas of NWFP than of the areas where it had originally intended to work in development. The present recovery programme will prepare for an efficient and effective transition to development in the Allai Valley. See Sections 4-8 for findings and recommendations on transitional activities. For findings and recommendations on emergency response capacity see Section 11. CARE may decide to continue support for implementation of developmental activities through partners elsewhere in Pakistan: there is a risk of over-extension here. CARE-P may choose to revert to the original intention from 2002 that they build activities slowly. If a slow build-up were to be preferred, it would be unfortunate to abandon the positive CARE-P presence created in Allai. It would be essential to plan carefully an exit strategy for Allai, involving another strong agency if CARE decided to withdraw. One factor that may reduce the desirability of continuing to development activities in The Allai Valley is the present impasse on gender issues.

Recommendation: that in future emergency operations based on large numbers of short-term expatriate staff, CARE-I should ensure that the technical training and induction into CARE methodologies of newly recruited national staffs be fully supported.

> The training of newly-recruited staff can last many months but many expatriates left after a short time. Sitreps show that the normal stay was three weeks or fewer leaving some national staff inadequately trained: a strategy is needed to ensure systematic recruitment and training of key national personnel. This may entail longer deployments of international staff; in relation to this it is noted that CARE Emergency Response Team (CERT) deployments are supposed to be for up to 8 weeks. Section 4 considers this in detail.

Recommendation: that to ensure the quality of the induction of new national staff in the early phase of emergencies, CARE-I should produce a manual *designed specifically for this purpose*.

> This recommendation follows a comment in the AAR. Such a manual would necessarily be brief but would reduce the time that other staff needed to spend on such general training, at the expense of technical training. Components of a generic CARE manual would need to be added in relation to country specifics. Modification, and updating, of such a concise manual with country specificity could be part of the ongoing emergency preparedness process (See Section 11). A brief induction would subsequently need reinforcement by more conventional induction.

Induction for national staff is different from the 'briefing kit' needed for short-term CARE visitors, who are already familiar with systems and standards. But this briefing kit should also be routinely updated.

4. Human Resources and Management Systems

4.1 Human Resource issues in the Response to the Emergency

In June 2005 the new office had a three people person team to set up vestigial systems for HR, IT, and Finance and Administration for a small operation. Four months later, following the earthquake, it was necessary very rapidly to build staffing capacity. The original CO team had been selected for developmental activities and not emergencies. To rapidly build emergency capacity the CERT was called on[14]. Over the last few years, however, the CERT list has not received enough time/resources to keep it updated and maintained. 'HR fatigue' was also a problem at this time: many experienced personnel worldwide had been deployed for some time to the Tsunami operation; furthermore CARE was competing with many other organisations in Pakistan for experienced international and national staff.

CARE (P) made use of the TDY mechanism to secure staff from other COs[15]. But the TDY system gives limited opportunities to hand over work because assignments were usually three weeks though, according to current CARE policy, CERT deployments are allowable up to eight weeks, which led to staff not being replaced on time. Because of limited funding and the difference in salaries between COs, CARE-P decided to have few TDYs for longer than one month. The need to recruit quickly meant that there was little time to assess CVs for roles so people were chosen largely by reputation. The TDY system worked but needs a system to ensure that when staff are re-assigned, gaps do not disrupt other COs but allows TDYs sufficient time to respond to the emergency needs. This is particularly true for the more senior staff, who are critically needed for emergency start-ups. It was difficult to fill certain positions in time.

Staff from CEG some of whom are also part of the Global Response Team (GRT) were deployed to Pakistan. The GRT has been piloted over the last year with three staff specifically employed for emergency assessments and start-ups. Though specifically employed for emergency responses, the CEG team is spread thinly across various emergency demands in the organisation. A few staff from the Asia Regional Management Unit made short visits to assist with the start up of the emergency phase. Experienced staff were in some cases being shadowed by first-timers, but it is questionable how effective this was during the emergency. The HR Manager instigated recruitment for National staff.

Recommendation: That CARE-I use experience in this disaster to refine their strategies to support emergency response.

Improvement of CARE-I capacity to better respond to emergencies depends on increasing CARE-I's ability to respond to several emergencies at the same time, to be able to quickly supply the appropriate technical skills in the critical areas of supply

[14] The CERT consists mainly of internal CARE staff from CO and HQs, but with some consultants on the CERT database who can be called upon for emergency assignments most of whom have previously worked for CARE.

[15] TDY allows staff to work in another CO at their regular salary if abroad for less than 30 days, plus per diem and travel. If abroad for more than 30 days and less than 3 months, staff are entitled to salary at the rate the receiving CO would pay to hire someone from outside of CARE plus travel and per diem. If abroad for over 3 months the provision is for the staff member to be on a short term contract.

chain[16], HR and programming (rather than generalists) and be able to supply these for sufficient time to strengthen systems and train newly recruited local staff. Success in this aim depends partly on the willingness of other CARE members to provide suitable staff. To achieve this CARE (I) needs to continue to work to refine the TDY system and ensure that it is used in future plans to improve CERT as a model for future support to emergency interventions. CERT deployment policy is for up to eight weeks; longer deployments for the critical areas of programming, supply chain and HR would have helped in Pakistan. The emergency roster was being updated at the time of the emergency; this updating should be routinely maintained, The ability to respond rapidly in an emergency also depends on the maintenance of strong working systems and protocols for emergencies.

CARE (I) should continue to support the EPP system within each CO. COs needs to identify the most appropriate national staff to work within Emergency Response Teams (ERTs). The size of the emergency and the size, capacities and state of development of each CO will inform a decision as to whether an ERT can manage on its own or whether additional emergency staff from CERT are required. Some national staff in CARE-P may be considered for CERT and would be available to take a short TDY assignment to another CO emergency if required. The system will increase national CO capacity plus capacity in situations where CARE needs to bring in expatriate staff. ERTs should ensure that emergency staff are sufficiently trained and readily available in the region. Whilst in the region the ERT can assist COs with disaster preparedness and/or disaster mitigation plans, capacity building. The combination of TDYs and ERTs can work but CARE (I) will need:

- To help build internal capacity in emergency response via EPP, TDY and the RMU
- A commitment by RMU to assist in the building of capacity of COs in DP/DM during routine developmental activities
- To strengthen the link between the CEG and COs to enable the sharing of resources and experiences in the region.
- Capacity building at the community level in DP and DM within programming.

CARE could be more proactive in contacting internal and external sources during non-emergency times, to meet the demands of HR during an emergency. To this end, organisations external to CARE need to be contacted and firm relationships established in order to maintain a database of specific profiles for rapid deployment during an emergency: examples are RedR and water and logistics associations. CARE (I) should increase the experience/capacity of staff, during non-emergency times through shadowing, training etc, so TDYs can be more successful during emergency phase.

4.2 Findings on Management Systems

Most staff are supportive of CARE's efforts and demonstrate respect and a willingness to work for the organisation. In some cases, however, there has been imprecision in country program strategies and objectives, leading to limited understanding of program implementation, planning, budgeting and thus scope to plan HR. Management and reporting relationships within the field sub office and to some extent with the CO are unclear.

[16] It is unfortunate that for political reasons a well-qualified Indian logistician could not work in Pakistan

4.2.1 Organisational structures

The organisational chart has needed to be modified frequently as staff were hired and programmes developed, so that more than one version exists. Though HR and the CD were clear on which version was the latest, some staff were not. In the CO the organisational chart does not yet display all roles and functions of all staff. Ideally the reporting relations of all staff are shown. Nevertheless at field level the structure was clear and all staff are mentioned by name and function. HR Islamabad is the main focal point for HR. Two persons in BA are identified as HR focal points but both admit it is simply an administration function and the functions of HR on a day to day basis do not take place.

The CO HR unit has made few visits to BA field office to communicate, listen or disseminate/orientate new information to all levels of staff. In fact, reflecting the work they had to do in Islamabad, the HR Manager visited BA for a total of three days in six months and the HR Assistant has not visited so that, staff understanding of HR below management level is poor. Many staff do not know their compensation/benefits or that policies exist such as promotion, discrimination and harassment.

4.2.2 Recruitment and selection

Although processes for recruitment and selection exist they are not clearly understood or explained to all levels of staff. Not all internal staff are aware of recruitment advertisements. It would be advisable to advertise vacancies in a wide range of newspapers, including those in NWFP, the location of the implementation. The websites of water/procurement authorities could also be used.

4.2.3 Position Descriptions (PDs)

Examples of recently prepared PDs were examined; they are detailed and address key criteria and tasks. Some staff, however, particularly in BA, do not have PDs and are uncertain of their roles and responsibilities. In BA designation and sector of working for staff members change frequently; this can lead to discrepancies in salaries and feelings of job insecurity.

Many staff in BA hold the position of Community Mobiliser (CM) or will do so in the near future. It is clear that this position will be central to CARE's programming. Most people currently in this role had previously worked as relief facilitators; they have received on-the-job training by CARE and implementing partners, though there is, as yet, no PD for this role.

4.2.4 Technical Advisors' (TA) involvement in PDs and recruitment

TAs normally provide technical input into a PD or asked to formulate them. TAs frequently lead recruitment interviews though they could give better advice if they spent more time in the field working with BA staff.

4.2.5 Transparency and standards in recruitment and promotion

It is important that the recruitment and promotion process be made transparent to ensure that there is seen to be no bias in relation to ethnicity and that promotion reflects merit and that less experienced personnel do not unwarrantedly become supervisors of more qualified staff who must then carry out the work of their less supervisors.

4.2.6 Employment Agreement (EA)

Although the EA was discussed with a legal expert it needs to be reviewed to make it more understandable to staff. The EA begins with two clauses pertaining to the HR Manual and HR policies, yet the manual was not finalised nor given to staff until June 2006 and the EA had been utilised for some months. EAs are given to all staff but there is no system to identify extensions to, or renewals of, contracts. The evaluation found examples of staff whose EAs had expired and some staff had no EA. EAs are available only in English. Some staff cannot read English, or understand it imperfectly but are required to sign. Efforts are made to explain the document if there is time. Documents given at the time of hiring such as the Code of Conduct (CoC) for staff are also in English so some cannot ask informed questions.

4.2.7 Orientation and briefing

A system of orientation and briefing exists, but does not occur systematically for all staff. This is particularly evident in BA where few of the new staff had been briefed. On a Saturday in April all staff were invited to Abbottabad for an induction on CARE. Most staff attended the induction, which covered topics such as CARE values and the ADC programme.

4.2.8 Human resources manual

This was finalised in May 2006 and disseminated by email to most staff in early June 2006. The manual is to be rolled out to staff in stages. Feedback from staff is to be forwarded to an HR Committee (yet to be formed) make additions or changes. Senior staff took legal advice in producing the manual. An HR presentation/briefing on the HR Manual was offered to staff in May; some 10 staff attended; but there was no mechanism for feedback.

Parts of the manual need reworking, and it would be wise to provide a concise version in local language. Many staff, particularly in BA, did not seem to know that the manual existed and those that did had limited time to read and understand it. The manual states that each employee must sign a declaration to demonstrate that they read and understood the document Attempts were made to explain the manual at morning meetings in BA, but this is not effective in the absence of an HR professional there.

4.2.9 Salary scales

At present salary scales are not clear to all staff. Although competencies are said to be built in it was not clear which competencies were involved. It would be helpful to staff if salary scales had an explanation of the grades or steps and if there were an explanation of grade classification. The scales are not linked to competencies (i.e. within position descriptions, linked to interview process and CV). The scales are not linked to language levels. Salary scales are not assessed against levels of qualifications and work experience.

4.2.10 Performance management - Performance Appraisals (PA)

Most employees have completed the probationary checklist after three months. Performance appraisals have been conducted though it is difficult to conduct a PA when some staff do not have a PD. Managers will complete the new appraisal format and all other staff will be assessed via the probation checklist. Some staff did not recognise or understand the PA forms. There has been no training on how to utilise the forms or conduct PA.

4.2.11 Promotion policy

New positions are advertised internally and externally. CARE has hired some good quality staff, but inevitably some are frustrated by the need to gain experience before they can be promoted. Opportunities may arise for them following recent changes in programming and the securing of some longer-term funding.

4.2.12 Professional training

Limited opportunities are offered to staff. During the emergency circumstances determined that training was largely on-the-job. General trainings such as gender (one day), stress management, monitoring and evaluation (one day) have been held. It is intended to hold up to five general trainings for all staff in the upcoming year; at the time of the evaluation these had yet to be identified and planned.

4.2.13 Recognition and reward system

There is some evidence of such a system. Senior management agree that this type of system is not just about monetary reward but also about communication, training, career opportunities, cultivating staff, bringing greater knowledge within CARE, and creating career paths, but also making staff more employable when they eventually depart CARE. There have been few social events for staff.

4.2.14 Retention

This is important as a reflection on factors such as conditions in the workplace and motivation. From October 2005 - 14/6/06, 22 people have left, due to resignation, termination or contract expiration. Exit interviews are conducted only for staff members who resign. Exit interviews gave a range of different reasons for departure. Many staff discussed the long hours of work with limited breaks; in this context management and HR need to vigorously monitor the roster systems for cooks, guards, drivers.

4.2.15 Banna Allai Sub-office

The AAR and L Stoner's report raised concerns about conditions in BA; there has been progress since then and improvements were under way at the time of the evaluation and more are planned. Although the emergency phase is over BA staff are still working as though in an "emergency" situation, with long hours and difficult living and working conditions. Long hours partly reflect the fact that many staff live on the compound and a are committed to hard work, but also because there is still pressure from deadlines relating to donor needs.

There is no rostered day off each week and there are abnormal working hours, contravening Pakistani Labour Law and the CARE HR manual. It is important that CARE discover whether long working hours are attributed to limited staffing or whether it is because staff are not being utilised to the best of their ability. The roster system of 22 days work and eight days does not work. On average personnel are taking leave every 35 to 45 days. Leave does not carry over from month to month. Staff living in BA itself are not given any leave entitlements except in emergencies because they can go home at night, but it seems that some home-based staff work up to 40 days without going home.

Some staff have been called back from agreed leave to work, attend cluster meetings, write reports etc. Religious or public holidays are not routinely observed. There is no medical evacuation plan. Few staff were aware of the insurance package.

4.2.16 Breach of CARE Code of Conduct

The evaluation team made the CARE-P senior management aware of a breach of CARE's core values involving harassment and discrimination towards other staff by one staff member. The management responded quickly and positively to the breach of the CoC.

Recommendation: that CARE-I should consider becoming a member of the People in Aid with its Code of Good Practice.

> This would demonstrate that CARE has a commitment to staff at all levels (CARE Netherlands is currently the only listed member).

Recommendation: that CARE-P should ensure that HR management and organisational systems support effective programming

> Clarification of the HR implications of programmes (exactly which skills are needed to carry them out) is the first stage to better HR management. When CARE-P has formulated effective strategies for its programming (see Section 8), with clear objectives and implementation plans that link to individual programs, it can then determine what profiles of personnel are required, how many staff are needed, and in what time frame. The revision and finalisation of organisational charts for both Islamabad and BA offices can be achieved when all staff have clear roles and responsibilities relating to their functions in programmes.
>
> Currently senior management of CARE-P are being requested to complete performance appraisals. These should be completed and development plans implemented for each person; all senior management should carry this out. To support programme delivery, CARE-P should set up a HR function in BA comparable to that in Islamabad. To achieve this either an experienced / qualified person could be recruited, or for one week of every month the HR Manager/HR Assistant work in BA.

Recommendation: that the CARE-P Human Resource Unit should further re-assess, implement and disseminate transparent HRM systems.

> **Annex 3.1** includes detailed proposals reflecting good practice in comparable organisations. It includes a large number of options for CARE senior management to consider, prioritise and implement in conjunction with the new HR manager.

5. Implementing Partnerships

Implementing partners continue to carry out many CARE-P programmes. Their importance will almost certainly increase in the future. To date CARE-P has had partnership arrangements with seven implementing partners and is seeking other suitable ones. CARE-P regards communities, presently accessed through committees of various sorts, as operational partners. Other INGOs and UN agencies are also partners, mainly through participation in clusters. CARE-P carries out activities according to ERRA's rulings and until March, with other NGO partners, was co-ordinated by the military. This section deals only with implementing partnerships.

5.1 Evolution of Implementing Partnership Modalities

When CARE-P opened its office in 2005, before the earthquake, its entire programme was delivered through an implementing partner. It was intended that implementing partnerships would be the standard mode for programme delivery. During the first six months after the earthquake until March 2006 implementation through local partners continued: in Phase I - emergency needs; and Phase II - relief, maintenance and winterisation, CARE-P worked quickly to find local partners, following a simple agreement, without much investigation. This enabled quick non-standard operations. For example in the first two months CARE worked with ActionAid Pakistan, AWAZ and the Rural Support Programme Network (RSPN) in programmes for delivery of relief materials. In November Surhad and Rural Support Programme (SRSP) distributed 3000 tents for CARE in the Allai Valley. Sungi, a local NGO that had previously worked in flood relief, droughts, landslides and the 2004 earthquake, was a partner during the winter in emergency shelters, transitional shelters, livestock shelters, and the management of halfway houses for recuperating hospital patients and their families, psychosocial interventions and community health workers. In Phases I and II CARE gave technical assistance and built the capacity of partners.

By Phase III formal and specific arrangements were made with NGOs and from April onwards capacity assessments were made of proposed partners. Reviews of implementing partner activities showed the need for action by CARE financial and technical advisors. In the assessment process training needs were examined and critical weaknesses identified – in one case it was found that the potential partner even lacked registration with the Government. After these checks it becomes possible to accept agencies as partners.

5.2 Capacity Building

CARE has carried out joint reviews in relation to training needs with four implementing partners: SUNGI, EPS and AWAZ (for health and gender), SRSP (for schools and watsan). A joint review is planned with SSD (for education and watsan). In June 2006 capacity building workshops, each lasting two days were carried out with partners. Topics were: finance and procurement; monitoring and evaluation and reporting to CARE; and gender and development.

Quality issues, involving both effectiveness and efficiency, – hence the training in M and E, and financial reporting have been matters of concern to CARE. Reporting has been erratic as partners have failed to follow the stipulated report format, for example some reports on half way houses gave figures on patients treated and others figures on items distributed. It is clear that in addition to training partners need a manual specifying precisely what is needed. Partners report monthly on finance and activities. The CO Mansehra and Battagram Offices are in daily telephone or e-mail contact with partners and the field-offices visit implementation sites regularly. The CO makes occasional visits to implementation sites but advisers rarely visit.

5.3 Future Partnerships

In August a consultant will advise on future partnerships and, to achieve a sustainable programme, CARE will seek more partners. This will need a more streamlined and efficient system. New partners are found through newspaper advertisements, through potential partners approaching CARE and through CARE approaching potential partners. CARE has tools for assessment of the capacity of potential partners and a Partnership Committee of seven people in CARE has already advised twice on potential partners. The selection of potential partners needs to take into account the close relation between some NGOs -Government-organised NGOs

(GONGOs) and the Government and the fact that NGOs may have mission aims that do not accord with those of CARE.

Battagram and Mansehra Field-offices deal with partners and Battagram will have technical officers for partners. Allai Field-office is responsible for the supervision of CARE direct implementation but SRSP is a partner responsible for schools in Allai.

5.4 Partnership Weaknesses identified in the After Action Review

In January 2006, the After Action Review found a number of weaknesses in the relation with partners. Since that time there has been progress in addressing these problems. There was a lack of clarity between CARE and partners in relation to roles and responsibilities and different interpretations of 'partnership' between CARE and partners. Planning and implementation were weak. More field visits were needed for monitoring and there needed to be clear agendas for such visits. Care needed to train partners in financial matters. A closer two way relation was needed between CO and the field. These were significant weaknesses in efficiency and co-ordination.

5.5 The Evaluation's field investigation of Partner Implementation

The evaluation visited a number of partner offices and implementation sites, particularly concerned to ascertain whether the quality of operations compared satisfactorily with those of CARE. One partner, dealing with water supply, impressed by the quality of the community investigation underpinning its scheme which was comparable in quality with those of CARE itself. Another partner involved in education and watsan impressed the evaluators by the quality of its preparation for the distribution of hygiene kits for young children. These children were well aware of the use and purpose of the items provided; this compared favourably with some of CARE's distributions of hygiene kits to women, who were not aware of the purpose of some components. Another partner involved in community health appeared, however, to be serving very small numbers. It was encouraging that staff of one partner organisation, without prompting, spoke knowledgeably of SPHERE standards.

Overall the effectiveness of activities carried out by partners was comparable to that of CARE itself, but the efficiency and cost-effectiveness of some aspects of their work continues to cause concern and suggests that CARE needs to increase the effectiveness of its training and monitoring from CO.

Recommendation: that CARE maintain and increase present efforts to strengthen the performance of suitable partner organisations.

> This recommendation is critical for CARE's future operations in both emergency operations and other aspects of the programme because it is clear that partners will carry much of the programme out. To achieve this aim CARE must ensure that the scrutiny of potential partners covers satisfactorily both their technical competence and also their compatibility and probity in relation to CARE's mission. The modalities of partnerships also need to be further refined with very clear cut roles and responsibilities in implementation, monitoring and quality control. These must urgently be incorporated in a manual for present and future partners.
>
> The joint assessment of training needs as currently used is valuable in itself in building the self-reliance, self-motivation and capacity of partners and a valuable step towards

sustainability. Joint trainings for CARE and partners would be cost-effective and help maintain uniform standards, for example in ensuring that all Implementers become aware of SPHERE standards. There are good practices and lessons learnt to be shared by CARE and its partners.

The target should be partner performance at least comparable with that of CARE-P's directly implemented activities. To this end it is necessary that advisers make some visits to partner implementation sites and are in close touch with their activities so as to be able to give informed advice both to partners and CARE-P personnel monitoring them. Links between partners and technical advisors at the CARE-P's CO need to be strengthened. The role of technical advisors should be expanded in this respect from proposal development and budget monitoring to giving technical input to partners, developing and sharing guidelines and minimum standards, identifying capacity gaps in the particular sector and filling them, and providing a forum for cross-partner sharing. CARE-P should consider the possibility of their M and E personnel and M and E personnel of partners making joint visits to the field operations of both organisations so as to be able to share knowledge of good practice. CARE should also consider the level within CARE-P that assessment of the comparability of standards between CARE and its partners can best be considered: it is desirable for the maintenance of standards both in CARE and partners that the scrutiny of both performances is a transparent process.

6. Need Assessment and Assessment of Community Capacity

6.1 Characteristics of Effective Need Assessment

The high level of intense need, rather than CARE's having the necessary resources to satisfy needs in Pakistan was the rationale for the initial involvement in the earthquake response. Satisfaction of need is the moral basis of agencies' right to intervene in disaster, and it must be clearly demonstrated to allow fund raising. It is also necessary for programming; good practice demands that for both effectiveness and efficiency need must be assessed qualitatively and, to the extent possible, quantitatively to allow a prioritisation of provision. To the extent possible, potential beneficiaries should be involved in the assessment of need, partly as well-informed sources of factual information but also so that their view of their own needs (this may differ from the views of donors and agency staff) can be made explicit. Proportionate and appropriate satisfaction of need is a key principle in programming, taking into account the urgency of the needs in relation to the level of risk, the range of threats, and the vulnerability of the needy. Need assessment must take into account both present and impending threats. In the earthquake the impending threat of winter at high elevations had to be weighed against, for example the threat to health of those living in crowded or insanitary conditions. Identification of those who are most needy is the basis of targeting scarce resources.

A sound need assessment takes into account these aspects of need but also the strengths – resilience, competences and capacities - of populations at risk, and opportunities for interventions based on supporting communities' strengths. The ability and willingness of communities to respond to their own needs are potentially major opportunities for agencies but often ignored as key resources to which agencies must respond appropriately. Inappropriate agency action may degrade or destroy these capacities, the maintenance of which is critical for sustainability. For these reasons it is necessary to assess the effectiveness of CARE's assessments of need and indigenous capacity.

6.2 CARE-P's Participation in Initial Need Assessments

On October 9[t,h] and 10[th] CARE-P joined SC-USA, Catholic Relief Services (CRS), World Vision International (WVI), Oxfam, and Sungi) to make a need assessment in Shangla and Kohistan Districts, NWFP, two of the affected areas and with a population of around 30,000. These rapid surveys discovered the number of deaths, approximate numbers of houses destroyed, proportion of the population badly affected (between 20 and 80 per cent in different villages), conditions of water supplies, conditions of roads, living conditions of the people, information on health, health facilities operative, state of telecommunications (particularly mobiles) and food availability (not a big problem). The mission also identified some response capacity in local NGOs and actions by local authorities. They ascertained that Government compensation would be paid to affected people. Much of the information was collected from district officials.

On the basis of this information the team prioritised immediate needs as: tents, blankets and plastic sheets, clothing and children's shoes, food and cooking items, medicines, hygiene kits for women, psycho-social support for women and children.

This operation was a very rapid situation appraisal and though it identified prioritised needs and was able to confirm them, much of the information was at second hand (it could have been collected by phone or e-mail). But it was relevant that the mission reviewed previous actions and identified and talked with local civil capacity. Probably more important for CARE-P was its indication, through participating, that, alongside (otherwise comparable) large agencies with an already strong presence, it seriously intended involvement (in effect a point from which there was no turning back). At the same time the reconnaissance was an introduction for CARE-P to the area of NWFP, previously not of interest to them. This enabled an appreciation of the context of delivery to inform management of the supply chain.

Between 16[th] and 30[th] October CARE-P and USAID supported Benfield Hazard Research Centre in a Rapid Environmental Impact Assessment to identify environmental issues to be incorporated into disaster response activities. Five issues were identified on the basis of field survey, interviews and reviews of documents: the need for shelter in the winter, health, the probability of further physical environmental hazards, damage caused by inappropriate relief and the need to recycle housing debris.

Probably more significant for CARE was the confirmation by CARE staff on 23rd October that the Allai Valley, an area in which they had already started work was indeed an area of great unmet need. CARE staff prepared a four-page 74 point reconnaissance survey of part of the valley. This survey used a pro forma to report on environment and livelihood, the disaster and basic needs. The section on coping strategies was completed very briefly and with little useful information.

6.3 Evaluation of CARE's Participation in Initial Need Assessments

Having made the initial decision to engage it was both appropriate and timely that CARE should be part of the joint assessment of 9[th] and 10[th] October. These initial need assessments were relevant in identifying areas of severe need and, most particularly in the case of The Allai valley and informed CARE's involvement in providing coverage, particularly with the large number living above the snow line in an otherwise neglected geographical area. Identification of Allai Valley was very appropriate and timely in providing a distinctive direction to the CARE programme. In relation to efficiency there is an open question on what the CARE programme would have been if the Allai Valley had not been identified as the area for programme

implementation. It is unlikely that they would have found a comparable contiguous area and probable that they would have implemented programmes in scattered areas.

See Annex 3.2 for further recommendation.

6.4 Continuous Need Assessment

Although CARE participated appropriately in need assessments in the early phase of the emergency, it is not clear that continuous monitoring of needs was carried on was carried out systematically afterwards. It was clear that field staff were knowledgeable about aspects of communities, but there did not appear to be systematic need monitoring. It would be helpful in this respect if every field visit should routinely report on needs (with particular reference to changing needs) as well as programme progress.

Initial need assessments can rarely be more than quick reconnaissance exercises to identify broad, and preferably prioritised, needs and the locations of greatest need. Refinements of information on needs must be made continuously thereafter, because the first assessments are inevitably generalised, lack specific detail at community, household and individual level and because, importantly, needs and their prioritisation change through time. A 15 person CARE team, with SUNGI and SC-US undertook a baseline assessment in the Allai Valley in March/April 2006; this is now being used in programme development.

CARE is committed to reaching out to the most vulnerable; emergencies result in shifts in vulnerabilities amongst communities that must be recognized and comprehended for the program to be able to provide coverage to all vulnerable groups and meet their needs effectively. A further benefit of continuous need assessment is that the impact of CARE's activities can be monitored; in this sense M and E can parallel need assessment.

In Allai the population has fluctuated considerably, returnees (of different types) continue to arrive and emigrants (of different types) leave; gender and age balances in communities have also fluctuated, environment has changed with the seasons, livelihoods have recovered or declined, and there have been changes in morbidity, ERRA's slow policy development, for example for reconstruction, has had negative impacts on rebuilding. These and many other factors have determined that the true levels, priorities and characteristics of need have varied greatly through time, but also in space. It is therefore necessary to continuously monitor need throughout the valley.

Information needed for a continuous monitoring of needs can be collected during normal programme activities. It goes beyond the current process of sector-based and limited information gathering at the level of the whole village to investigate directly the changing (or unchanging) conditions of individual households and people. Its purpose is to monitor priority needs, both immediate and strategic, and changes in these needs. More than a list of 'needy groups' it also develops a deeper understanding of vulnerability and ways in which CARE can design targeted interventions to respond to immediate needs and create longer-term resilience.

6.5 Evaluation of CARE's present continuous need assessments

Currently CARE-P is visiting communities as part of programme activities and is meeting community members, usually from committees which are rarely the most vulnerable. Because vulnerable people are unlikely to be able to contact CARE staff (this is certainly true for most women and probably also for children, the sick and the infirm) assessment of vulnerability and

need is indirect and in effect by 'representatives' who are not themselves vulnerable or needy. The consequent inability to assess vulnerability or need reduces the effectiveness of informed identification either of individuals or of groups. Consequently the effectiveness of targeting is reduced and the probability of positive impacts is reduced. Relevance and coverage are compromised in the same way, because activities are not informed by knowledge of actual circumstances. Building up a comprehensive but moving picture of vulnerability and capacities would strongly support the sustainability of activities. The present links with communities are in effect a missed opportunity in relation to need assessment.

7. Gender

Findings on gender are divided into two sections: organizational and programme. The two, however are closely linked with one directly affecting the other. Undoubtedly Pakistan and particularly NWFP constitute one of the world's most challenging environments for gender-sensitive interventions. As Section 1.4.3 explains, the problems associated with gender are particularly severe in Allai, where there have been tensions between the whole NGO community (not just CARE) and the local communities, on the issue of gender. Since December 2005 some religious leaders, through threats, have attempted to force NGOs to withdraw women staff and not carry out activities targeted to women. This has restricted CARE's ability to respond to community gender needs, partly through the need to ensure female staff safety.

7.1 Gender at Organizational Level

During the build up of staff at CO level both men and women were temporarily transferred to CARE-P, subsequently both men and women were recruited to the CO team, but the initial emergency response team comprised mainly men and at the time of the evaluation women formed one quarter of senior staff in the CO. Women were hired for BA at a later stage as community mobilizers and community trainers in the fours sectors. Though their recruitment is relevant to community needs and CARE's principle and an important step in increasing coverage, especially if the organization is planning a sustainable longer term programme in the area, the roles and responsibilities of the women staff are not clear. Their roles are strongly activity-oriented and restricted to contact with communities for very specific reasons. This reflects an ineffective and inefficient use of human resources. Community mobilizers are the front line in CARE's interventions; as far as the community is concerned they are the main part of CARE that they meet. It is therefore imperative that their roles be very clearly chalked out and guidelines developed and shared with them.

Gender mainstreaming cannot be and is not the responsibility of one person in the organization. Although it is important to have one person viewing CARE's environment with a gender lens and giving constant reminders, it is also imperative to sensitize the entire team, at all levels and at all stages, to gender issues. Though CARE–P recognizes 'gender equality' as a central issue, it does not address it through its policies and/or actions. Gender mainstreaming, unfortunately, becomes contingent upon personalities within an organization: if the management is gender sensitive, it will be addressed across the organization and its program.

Though there has been gender training for some CARE staff and representatives of partner staff, that does not seem to be enough. Programme as well as support staff must be gender sensitized and their capacities built in gender analysis tools, gender sensitization goes beyond merely understanding gender definitions and concepts; it involves realizing and understanding the different needs and priorities of men and women; using gender analysis tools to scrutinise the roles and responsibilities of men and women; addressing needs through specific interventions;

involving the full community, men as well as women within the cultural limitations, in implementation. It also requires monitoring of the impact of the interventions on men and women.

There is a lack of a clear-cut strategy on how CARE-P intends to mainstream gender through its policies, programs, and plans. So far activities have been carried out with women on an *ad hoc* basis. There is said to be a plan to develop a strategy sometime this year. The strategy must involve all staff and be built on realities on the ground. A gender analysis of the area should be carried out before the development of this strategy. This directly relates to understanding gendered needs and priorities to be able to have a positive long-term impact on the status of women.

Recommendation: that CARE-P build gender-sensitive teams by reinforcing gender training, collecting gender-disaggregated information, increasing the involvement of the newly-recruited women at field level and increasing their time in the community

All staff, programme and support, old and new, must be sensitized to gender issues. Gender mainstreaming principles should also be part of the orientation and induction package. The principles must be internalized by the organization at large before they can be reflected through the programmes. This was recommended in the Strategic Impact Inquiry Report (SII) on Women's Empowerment, 14th September 2005.

Phased gender trainings should be held for all programme and support staff. These trainings would start with gender sensitization of all staff, using locally developed tools and materials and in local languages. For programme staff, the training modules should also develop capacities in collecting and analyzing gender-disaggregated information; gender sensitive planning; developing gender sensitive indicators; monitoring with a gender lens; assessing results in terms of benefits accruing to men and women. These tools must not be one-formula-fits-all type but must be developed in a participatory manner involving team members from all levels. These tools can be built into regular PRA tools used for needs assessments, developing area profiles, community mobilization and community monitoring mechanisms.

The women of the CARE team in Allai must be mobilized and allowed/encouraged to stay in continuous contact and gradually build trust of the local communities, always taking into account the limits of what is safe and possible in the restrictive cultural context. Community mobilization cannot be a one day process; it is slow and a means to an end and, not an end it itself. Activities must be followed by post-distribution monitoring - are the women using the hygiene kits? What can be added to the kits to address specific need of the women in the community?

Senior management at the field level must be more gender-aware. Hiring a female manager at the field level may be one way of ensuring equal participation of men and women at the field team level. It must, however, be ensured that not only does the manager possess the right skills but also is a gender-sensitive woman.

Recommendation: that the Country Office should provide direct technical support to the mainstreaming of gender at field level

Immediate attention must be given to developing a lucid and accessible gender mainstreaming policy so that all staff, partners and other stakeholders are aware of

CARE's stance on gender issues. To this end, the Technical Advisor at the Country Office level must spend more time in the field understanding the social, economic and cultural dynamics within which the roles of men and women have been defined. The advisor also must give more direct input into addressing gender needs of both communities and field teams. This is a long term process and will require patience and perseverance, but to ensure sustainability men and women must be involved in the development process or interventions will have little or not impact.

Activities with women at the field level have been restricted to health and hygiene and some in the education sector. Other sectors must be viewed through a gender lens whether by the field teams, or advisors of the sectors, or by the Gender Advisor, or the full Management Team. A Proposal Review Committee has recently been established (it first met on June 27th, 2006) with the Gender Advisor as part of the team. CARE should consider making the approval of proposals contingent upon the extent to which they address gender disparities.

See Annex 3.3 and 3.4 for further recommendation.

7.2 Gender at Programme Level

There has been very limited interaction with women in communities. It has been mainly at the time of hygiene kit distribution, and some interaction with the local teachers at the time of reconstruction of girls' schools. Projects implemented by partners have gone beyond hygiene kits and into medical camps, traditional birth Attendant (TBA) training, and skill development. There is opportunity for cross-learning that can be done between the CARE direct implementation team and the partner organizations. The partner organizations like Sungi have been working in these areas for a long time and have developed understanding of local context, cultures and socio-economic dynamics.

Needs assessments for interventions in Water and Sanitation, Infrastructure and Housing and reconstruction have been carried out with men only. Consequently the projects have addressed needs expressed by only half the population or addressed only some needs that have been perceived (by others) as women's needs. This leads to limited coverage and unsustainable interventions.

To mobilize communities, both men and women, it is important, first, to build trust and confidence. CARE has entered an area where few organizations have worked and has established identity with the local communities. To build trust, especially with women, there needs to be constant interaction and contact with the communities. At present interaction with women in the communities is limited to a small range of activities. The involvement of men has gone further and led to the formation of village councils, committees and involvement in decision making processes of water and sanitation, infrastructure development and trainings in housing reconstruction. The involvement of women in these processes has been more limited. It is important for the team to first understand the local cultural context, the power structures within the communities as well as the households, the roles, responsibilities, and vulnerabilities of men and women and the post-earthquake shift in them. There is no evidence of such exercises being carried out.

The Gender Advisor has not as yet been tasked with viewing with a gender lens projects that are beyond her own sector. The projects under other sectors are planned without any consideration of gendered needs and priorities.

Recommendation: that CARE-P should reassess the process of community mobilization in relation to women to focus more on direct women and developing a deeper understanding of the social and economic situations of women in the different communities.

Both the CO and field staff must participate in this. It is necessary first in order to achieve its institutional aim of furthering support for vulnerable groups, in particular women, children and the sick. Women have responsibilities for the care of the latter groups. Second, women are critical agents of change and need to be more fully involved in the process of community mobilization. Mobilization of women in an area like Allai does not necessarily mean organizing them in committees with men; the ultimate aim is involvement of women in decision making processes and equality in access to and control over natural, economic and social resources. This may require a locally specific strategy rather than a one-size-fits-all.

The local context, the roles, responsibilities and vulnerabilities must all be understood in order to be able to respond to women's needs, both practical and strategic, at different points in time through different level of intervention. The first and foremost step would be developing an area profile not only in terms of infrastructure and facilities but power structures, vulnerabilities, access to and control over resources, roles and responsibilities, inter- and intra-community relationships, traditions, livelihood patterns, etc. This information must be gender-disaggregated. Various gender analysis tools can either be refined to meet local requirements or developed with local teams and communities.

Recommendation: that CARE-P contact other agencies working in comparable areas to share evidence of successful practice and examine collectively the possibility of developing strategies to enable the implementation, to the extent feasible, of gender-sensitive activities in 'regions of gender difficulty.'

This recommendation acknowledges that in NWFP and in Pakistan generally CARE is working in an area where gender is particularly challenging. The evaluation members understand that CARE has had some successes in relation to gender in broadly comparable cultural environments elsewhere within the region. It would also be useful to contact other agencies within Pakistan and possibly within the region generally to gather evidence of successful practices. This could eventually involve the UN, INGOs, local NGOs and community-based organisation (CBO)s.

It would be advisable to start small with an internal review of progress in Pakistan; it was clear to the evaluation that even in Allai the situation is not monolithic – in some settlements women had more freedom and the evaluation were able to contact them easily. There could then be discussion with ARMU and agencies in Pakistan with which CARE has working relations; this could include partner agencies. It can be assumed that the gender issue will not be quickly resolved and CARE is advised to take a longer term perspective in its consultations with other agencies through a gender network. Progress in gender will not be fast, but is a severe limiting factor in both emergency and developmental activities.

8. Programming and Programme Delivery

8.1 CARE-P's Strategy

The CARE-P emergency response programme is described in several documents, including the *Emergency Response Strategy* of 18th November 2005 that identifies three phases:

I. Relief. 8th October-30th November 2005
II. Rescue and Maintenance. 15th November 2005-28th February 2006
III. Rehabilitation. 15th February- 31st December 2006.

The *After Action Review* of 31st Jan- 1st Feb 2006 identifies three similar phases though with different titles:

I. Emergency response. October/November 2005
II. Relief and Maintenance. December 2005/February 2006
III. Reconstruction. Due to start when the end of winter allowed return, to last 18 months.

The *Six Month Report* of April 2006 also comprised a three-phase response:

I. Emergency relief. October-November 2005
II. Relief and Maintenance. December 2005-February 2006
III. Reconstruction. From March 2006.

This overall strategic response was planned during October, in a severe emergency when future funding was unclear. While not innovative, the strategy gave a direction to the programme, stressing the need to plan systematically in the move towards reconstruction. But the strategy provides a number of options for implementation of activities appropriate to local and changing circumstances. It is notable that the 18th November version envisages overlaps between activities and allows for different phases of activities being implemented in different areas or even in the same area. The strategy also allows timely and appropriate responses to improvements or deteriorations in local contexts, and the fact that circumstances change at different rates across the affected area.

8.2 Emergency Relief Phase

In fact even in the relief phase, delivered partly by implementing partners and to a greater extent directly by CARE, the development of recuperation centres was under way and the winterisation programme had been started. The initiation of the winterisation process during October was timely, showed foresight and reflected good use of need assessments and information already available to the aid community. Use of locally experienced implementing partners with, training of these partners and involvement in activities such as winterisation that went beyond the simple delivery of 'first aid' material were all evidence of good practice in the emergency phase. Identification of the Allai Valley as an area of severe but unmet needs, within the first fortnight of the emergency, was commendable and reflects well on the early decision to participate in need assessments. The rapid identification of implementing partners to work in Battagram Mansehra and Shangla showed an ability to move quickly and decisively in the emergency phase. It was during this emergency phase that the value of experienced teams and individuals was particularly evident

During October and November according to the *Six Month Report* the goal of the emergency response phase was the provision of: shelter and sanitation for 75,000 people through the supply of:

- 4500 tents (by February 2006 some 5,700 were delivered)
- 8000 blankets
- 4000 plastic mats and sheets
- 14,600 shawls
- 8,500 water bottles
- 6,500 hygiene kits
- 75,000 water purification sachets

Owing to circumstances beyond their control, but partly due to single-sourcing, CARE had great difficulty in accessing sufficient tents for this target and by 27th October there was already a two-week delay in supplies. At this time, with CARE focusing on Allai Valley the target was to supply 8,500 tents but only 1500 had been received. To make matters worse the Government stipulated on 26th October that, until the end of November, all tents produced in Pakistan must be provided to them. A further problem was transport because reliable road access to Allai was not possible; the helicopters that had to be used, when they were available, could each carry only 50 tents. At the end of October the target for provision of shelter was increased to sufficient for 90,000.

In November the Government was encouraging villagers from higher elevations such as Allai to move to large camps in the valleys. CARE realised that this risked permanent and undesirable displacement of populations and aimed to maintain populations in situ. Their success in finding an implementing partner – Surhad – for Allai speeded up deliveries and in November they distributed 3000 tents[17].

By mid November CARE had established **w**arehouses in Chattar Plains and Allai to facilitate deliveries. Advisory staff had been recruited by mid November for shelter, M and E, accountability, telecommunications, procurement and distribution; advisors were still needed for watsan, policy and logistics. Local staff were being recruited, though Allai still needed field facilitators.

8.3 Assessment of the Emergency Relief Phase

CARE-I and CARE-P moved quickly and purposefully to initiate these activities, which were efficiently co-ordinated with other agencies, for example in need assessment, in identification of implementing partners and in participation in cluster activities. The activities were directly relevant to the immediate needs of the population and after the identification of the Allai Valley served an otherwise neglected area with a very large and vulnerable population. The materials provided were appropriate to the local context and much appreciated by recipients. The coverage was as good as could be achieved taking into account accessibility and CARE-P sought in difficult circumstances to access remote areas – the use of helicopters was critical in this respect. Fine-tuning of coverage to access the most vulnerable and women as a group was not really possible.

[17] There is some uncertainty about the number of tents actually delivered in the winterisation programme.

8.4 Relief and Maintenance Phase

According to the *Emergency Response Strategy* Phase II would continue activities from Phase I but would carry out "Incremental Quality Improvement" in the relief activities. CARE would also work to strengthen livelihoods, prepare for reconstruction, rehabilitate watsan, scale up psychosocial activities through a public health approach. CARE also discussed with UNHCR the possibility of involvement in camp management. Though the Strategy does not specify, this must mean the Government's formal camps. The *Six Month Report* records that CARE succeeded in the delivery of a winterisation package for 50,000 people in Allai.

Tents and houses were fully winterised or a 'warm room' created for sleeping. The winterisation package comprised: two fuel-efficient stoves; blankets and quilts; hygiene kits for women; CGI; plastic tarpaulins; and shovels, picks, hammers, saws, ropes, barrows and nails for winterising houses. Warm clothing was also provided for children. Much of this material was transported by helicopter because the road to Allai was impassable due to landslips for much of the winter, for example on several occasions in January. During winter approximately 60 per cent of delivery was by helicopter. With Sungi, CARE-P explored the possibility of using "yurts"- circular buildings made of sandbags, as an alternative to traditional housing. The Government and UN Shelter Cluster had provided guidelines on house reconstruction, which was to be 'earthquake resistant', use familiar methods and be 'owner driven'. CARE-P explained these principles to community members.

Through three implementing partners CARE supported the development of community-based health and trauma centres for psycho-social and physical rehabilitation of people who were recovering from treatment in overcrowded hospitals and their families. The 41 half way homes that had provided accommodation for 640 patients and their families were closed by April and the tents made available for vocational training. Partners in a mobile health programme used 84 community volunteers trained by CARE-P in basic health, and supplemented through weekly visits by male and female doctors to tent clinics, each covering two or three villages. Some 2000 patients have been served. CARE-P has recruited TBAs for training. The *Six Month Report* relates that these community volunteers delivered public health education to up to 450,000 people. Partner organisations continue to deliver the mobile health programme up to the present.

During February CARE delivered 5,700[18] tents to Allai Valley and were starting to establish committees in villages to facilitate the next phase. By this time men were returning to Allai to rebuild their houses and prepare for livelihood recovery. At this time also CARE-P announced its aim work in Allai for four to five years.

At the end of the relief and maintenance phase, when improvement in weather allowed this and in anticipation of the recovery phase, CARE started livelihood recovery programmes. The earthquake had destroyed or severely disrupted the livelihoods of many people. To help their recovery CARE-P implemented a number of programmes in Allai Valley both to help recover incomes and rebuild communities and environment. Since many are farmers, CARE-P supported the employment of agricultural consultants to advise on improved farming methods. They also distributed fertilizer and rice seed to 1386 farmers. Masons received training for rebuilding activities and 300 people were employed through cash-for-work to clear blocked roads and tracks. To stabilise slopes and replace timber CARE-P has, through purchase of saplings and payments for labour, supported the planting of one third of a million trees on some 790 acres of

[18] Some of these data are uncertain.

land. Sheep and goats were provided for women: many households are female-headed and may have little support.

8.5 Assessment of the Relief and Maintenance Phase

Even before the winter some people were migrating downhill, with the risk that their migration would become permanent. By early November some 55,000 had left Allai Valley: the largest out migration during the emergency[19]. Relatively few went to the 30 or so official Government Camps, though Meira, the local one was the biggest in northern Pakistan. Many went to some of the 600 informal camps, to stay with relatives or to hire accommodation in towns. CARE's intervention in winterisation was undoubtedly effective in reducing the need for such migration and kept many people in Allai Valley. Many of the men stayed in home villages to protect their homes and land, while, with strong encouragement from the Government, their families went to Government camps. These were crowded, with poor hygiene and an increase in the number of people there would have been a major health risk. From March 2006 the Government intended, and, some claimed, forced them to return to their villages[20].

Many men from Allai work for part of the time in urban areas of lowland Pakistan: some of the earthquake temporary migrants are known to have migrated permanently to towns with their families. If the winter exodus had been greater, and family migration to towns[21] had been the norm it is likely that the valley would have been largely depopulated, and life there unsustainable as villages shrank below a socially and economically viable size. Though the relative mildness of the 2005-6 winter helped considerably, CARE-P's winterisation programme, though to an unassessable extent, certainly ensured that migration was reduced. Though the humanitarian intention was to save lives and livelihoods, the impact was to maintain the loner-term occupance of the area, with impacts on development opportunities. The winterisation process also maintained community health: it is not possible to quantify this, but though there was evidence of respiratory infection, there was no significant increase in mortality or morbidity.

The impact of CARE-P's winterisation programme was very positive and modalities were appropriate to short and longer term needs. In terms of the longer term utilisation of the valley it was essential that people continued to regard it as their home; the risk was that large scale disaster-related exodus, particularly of the men would trigger a loss of confidence in the long-term habitability of Allai. In fact the population is now thought to be higher than before the earthquake. CARE's inputs strengthened the longer term sustainability of occupancy of the valley and are thus coherent with developmental aims, strengthened by CARE's commitment to a longer-term presence.

The continuation and refinement of emergency relief activities was well-justified given that people in remote areas had scarcely been contacted in Phase I. The winterisation process, though not initially conceived solely by CARE-P, was particularly appropriate and relevant in Allai, which is substantially above the snow line. The components of the package were appropriate, though it is believed that there had been an over-ordering of quilts. Delays in securing adequate

[19] It is normal in winter for people to migrate temporarily from Allai; in this case the numbers were much greater.

[20] CARE-P lobbied ERRA to attempt to ensure that there was no *refoulement* (enforced return).

[21] The relentless process of urbanisation is one of the critical global problems. Temporary male migrants survive in difficult circumstances in Pakistan's towns, but through remittances help maintain the viability of areas such as Allai. Migrating families normally move to slum, probably squatter, conditions and lives of poverty and ill-health.

supplies of tents of any sort and of CGI were not due to CARE-P's inefficiency or lack of foresight[22].

In view of the *prima facie* great need of protection from cold and damp, the main priority was winterisation so that more limited achievements in other programme areas were understandable. The 'yurt' programme was ineffective[23]: circular buildings do not lend themselves to roofs made from rectangular CGI sheets and it would be wasteful and stupid to attempt to use CGI in this way. There is no tradition of using the yurt design in Allai and a disaster is not a good time for pipe-dream experiments.

Although Meira Camp, one of the largest in NWFP, was occupied by many people from Allai, and there would have been an opportunity to build a working relationship, continuity in servicing their needs and the possibility of preparing them for their return to Allai, CARE-P was wise in not becoming involved in camp management. The team had no experience of a complex activity; the activity would over-extend them and detract their attention from the critical winterisation programme in Allai.

The halfway house programme served over 600 people recuperating after release from over-crowded hospitals, but having witnessed the work of community volunteers it is very difficult to believe that in a meaningful way could they have delivered public health education for "up to 450,000 people". Because partners are still delivering the mobile health programme, the evaluation was able to witness some activities. While the competence of the doctors is not in question, inspection of records showed that the numbers of people benefiting from the service) appeared to be small. In the case investigated community health volunteers had seen an average of fewer than two males per day. This is not cost-effective but it seems that there is little if any accessible health provision for those who could not afford to pay. The cost of access to hospital is high and there is a charge for treatment so that mobile health supplies an otherwise unmet need.

Though livelihood activities might be regarded as reconstructive, their initiation before April was timely and appropriate since there was a need for clearance of the critical access road at several times in the winter; vocational training is necessary **before** reconstruction activities are initiated; and the distribution of seeds and fertilizer is best done **before** the planting season which is in April.[24] The evaluation noted that many of the saplings were in a healthy condition from timely planting and that healthy crops of rice were being produced from seeds provided[25]. The impact of livelihood activities is to give an impetus to a return of normality that can aid communal recovery and constitutes a psycho-social[26] intervention both for individuals and the community generally. The provision of inputs for agriculture at a critical time of decapitalisation and interruption to farming processes through the need to reconstruct, like the reafforestation of unstable land are both favourable to a return to sustainability and coherent with longer-term interventions.

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[22] Inadequacy of supplies of tents was caused by the Government's commandeering the total Pakistani production. Inadequacy of supplies of CGI was partly due to Government unwillingness to access cheaper and plentiful CGI from India. Difficulties in transport were unavoidable.

[23] Yurts are circular well-insulated but movable buildings used to counter the severe winters in Mongolia, in a very different environment. They are not, like the version attempted in Allai, made from sandbags but from felt.

[24] Commonly seeds, fertilizer and tools are distributed in emergencies without consideration of the time that they are needed.

[25] It was noticeable though that in June much normally irrigated land was still not being cropped.

[26] It is arguable that creating a quick return to social and economically normal conditions is a very effective (and cost-effective) form of psycho-social intervention. A similar point is made below in relation to the education recovery programme.

8.6 Reconstruction Phase

The November 2005 "Rehabilitation" Phase, planned to begin mid-February was necessarily more speculative and started with the intention to assess population change and movements. It proposes discussion with communities to support return. Repairs reconstruction and training of partners were intended. Psycho-social activities would be a transition to education programmes.

The April 2006 *Six Month Report* summarises the interventions in this phase, which started in March 2006, by which time residents had started to repair houses, agricultural and livestock infrastructures. The need and opportunity for rebuilding infrastructures, including community facilities, transport, health and schools was now clear. CARE-P, working partly through partners and partly by direct implementation started activities in an increasing number of areas.

In Section 8.7 the evaluation reviews the extent to which activities have been in accord with the SPHERE standards, including both principles and indicators.

8.6.1 Education and psycho-social activities

Some 200 of the Allai Valley's 215 schools were damaged or collapsed so that education had to be carried on outdoors, weather permitting, or, for boys, as religious madrasa education. CARE-P decided that rather than provide tent schools with a short life they would build two- room transitional schools as semi permanent structures, with a life of perhaps ten years. These would encourage a sense of recovery and normality until schools could be fully rebuilt. Though semi-permanent the schools are built with the advice of an engineer; they have toilets and safe water and are intended for use as community centres for vocational education when permanent schools replace them. In 2006, to support the Government, CARE will start the construction of five permanent primary and secondary schools. Locations are decided with the local education authority. Parent teachers associations (PTAs) are formed with a key aim of fostering girls' education and some schools are for girls only. CARE-P has helped hire teachers though they do not pay salaries.

Psycho-social activities have been aimed mainly at children, through supporting a return to normality through schooling but specifically through sport, particularly cricket for boys, though men also participate in competitions. So far, in view of social restrictions it has not been possible to involve girls in sport or other events. Playgrounds have been built near schools: these fenced areas provide safe conditions, particularly appreciated by girls. In order to help the development of girls dolls and toys, sewing and embroidery kits have been provided for them. It is hoped that starting with girls it will be possible to proceed upwards to access women and their social and educational needs.

Evaluative comments:

The take-up of places in the two-classroom schools has been good and teachers have been easily found. By April 2006 2,371 students were enrolled for the next academic year. Three transitional schools were already completed and 13 under construction. Five permanent schools were to be started. Coverage is limited and it will take many years to replace all the damaged schools but the semi permanent structures will be usable for as much as thirty years and will have a further educational use when replaced. Tent schools, the alternative, maintain a sense of the continuing disruption of normality, dispiriting for pupils and the community, and have a non-cost-effective short life. Through restoration of normal life, schooling gives an impetus to the lives of the next generation that can be achieved in no other way and education builds a sustainable future. The

sporting activities have been enthusiastically welcomed by participants and have been a focus of community support. Fuller participation of girls, both in schools and recreational activities, can be achieved only through incremental changes beyond education *per se:* they depend on, but can also contribute to, a sea-change in cultural values that the evaluation encourages CARE-P to seek through its broader programme. (See below). It has been observed that girls in the security of the fenced segregated playgrounds have become more adventurous in their play, using monkey bars, swings and even playing with balls.

Though PTAs are male groups education is an area in which women have a strong interest and this can be the basis of increasing involvement of women in the future through unofficial female PTAs which can function as groups to further broader women's (and children's) interests both in immediate and strategic needs.

8.6.2 Water and sanitation

During the Phases I and II CARE-P sought to avoid water-borne health problems through water purification packages, hygiene kits and jerry cans. From March 2006 the emphasis has shifted to provision of clean water supplies for whole settlements, ideally supplying groups of houses or even individual houses. CARE, after negotiation with a committee supplies expertise and some equipment while communities provide building material and some labour, in principle about 10 per cent of the cost. The earthquake had disrupted former water sources and supply systems so that complete redevelopment was need in some cases where a source was no longer available.

Before the earthquake less than 10 per cent of the population of Allai had access to a latrine. By April 2006 CARE was working to support the provision of pour-flush latrines for 10,000 people. A partner SSD built the first latrines, with villagers assembling superstructures. Latrines were located so as to serve small groups of houses, though one implementing partner intends to provide to individual houses. CARE-P plans to have combined septic tanks and soakage pits or other safe drainage mechanisms for house groups. SSD also provided hygiene education, using a child-to-child method, and with the distribution of hygiene kits. I total 14,602 hygiene kits were distributed to temporary schools. In Allai the kits were distributed by CARE and in Battagram by SSD. Similarly some 5,000 women's hygiene kits were distributed in Battagram; SDD covered Battagram and CARE Allai. Washrooms are also built to serve small groups of houses.

Evaluative comments:

The water supply schemes seen were technically very good, used an effective blend of local and imported materials and were quickly constructed with participation of the water committee. Trained local people can ensure their sustainability; most of the villagers have easy access and the impact on health will be positive. Washhouses were conveniently located, well-used and well-maintained. Comments on the satisfaction of SPHERE standards are in Section 8.7

In sanitation the picture is less good. The maintenance was less thorough, partly because more than one family used latrines, and the vast majority of the population still do not have access. The evaluation was informed that in some locations women were still using traditional open-air methods. There was some uncertainty as to whether women or only men had access to the latrines that were seen. As is often the case the hardware end was sound but much needed to be done to sensitise the community to participate fully and to respond to women's' needs. It is probably the case that staff do not fully understand the process of sensitisation.

8.6.3 Infrastructure

CARE has in some cases closely linked provision of potable water to the restoration of the supply of irrigation water, reconstruction of water mills for grinding corn and reconstruction of micro-hydropower plants. By mid-April six mills and nine micro-hydros had been repaired and irrigation for 920 acres restored. As in water supply CARE-P demanded an in-kind contribution from communities. In some cases complex multi-purpose schemes linked a variety of water use activities: irrigation, hydro and milling. Masons, trained by CARE-P carried out the construction in cash-for-work projects.

Other infrastructure projects included cash-for-work for road and path clearance, path improvements, reconstruction of damaged culverts and reconstruction of damaged bridges.

Evaluative comments:

Most of the infrastructure projects seen were technically extremely good, showing imaginative use of materials and in some cases cost-effective co-ordination of different uses and co-ordination within the CARE-P teams. The projects were very relevant to community needs and directly helped many aspects of recovery so that there were many positive aspects. Though mills and micro-hydros were described as community assets, they were in fact privately owned[27]. Nevertheless the whole community benefited from the reconstruction of mills and the repair of irrigation systems: these strengthened livelihoods and supported welfare throughout the community. Communities were in some cases able to negotiate significantly lower prices for services.

The ownership of electric lights does not extend to the poorest and irrigated land is more likely to benefit the better-off. Furthermore the committees who are consulted on these projects are also the elites who are likely to benefit from them. To the extent that benefits 'trickle down' to the whole community it can be argued that all benefit, but elites benefit much more directly. The reconstruction of bridges, particularly the ones giving quicker access on foot does certainly benefit the poorer. Many bridges, however still remain damaged.

Certainly as a transition towards development the infrastructure projects have had a significant impact for some; and those that benefit private owners are likely to be very sustainable. It was not possible to estimate the numbers who benefited from infrastructure projects. Bridge and road improvement probably benefited all, but direct beneficiaries of the others were a minority, though those who chose to pay for milling their corn presumably considered that this was a benefit to them and irrigation water creates employment for the landless labourer and family. The construction activities provided income for some people, for example for masons. It should be noted that this is a better form of cash-for-work than say road clearance.

8.6.4 Shelter and housing[28]

CARE-P had already distributed shelter materials to some 150 villages in the Allai valley and is preparing to support housing in a similar number of villages through help in rebuilding. CARE's participation will be in the frame of the already established ERRA principles that rebuilt or new houses should be earthquake resistant, use locally available materials (much from the debris of

[27] Typically the miller would charge ten per cent of the corn as the price of milling it (a common charge in the evaluators' experience).

[28] Shelter is defined as a temporary and housing as a permanent structure. Either may be based on a previous structure or constructed *ab initio.*

collapsed houses) and should substantially be built by local people – rather than imported contractors. The military is currently undertaking a house-by-house survey (using digital photographs) to assess the present sate of housing in affected areas but in January had an estimate of 21,080 destroyed or uninhabitable in Tehsil Allai.

Rebuilding or replacement of these houses must follow the stipulations of ERRA. Any work by CARE-P to aid rebuilding must follow these rules; but in June 2006 the rules had not been finalised. This was a severe impediment to CARE-P's involvement in what will be the most important aspect of reconstruction because the agency would not provide advice, which subsequently contravened regulations. The lack of definitive ERRA guidelines, uncertainty about regulations, changing rules about the eligibility of rebuilt houses for full compensation and the hope that further aid will be provided for those without housing have all caused delays in rebuilding. House owners hope to be awarded full compensation money for rebuilding. Many have received an initial payment but fear that if their rebuild does not comply, they will miss the bulk of the compensation. Many tenants have not rebuilt because they fear that the landowner, rather than they will benefit from compensation.

Failure to rebuild is a matter of great concern because the next winter may be more severe than that of 2005-6. Temporary shelters such as tents will probably not last such a winter and a further humanitarian tragedy would follow in Allai. A further factor is the delay to full recovery when people live in deplorable housing, in effect slum conditions.

CARE has investigated local building techniques in relation to earthquake-resistance, finding that roof and corner collapse were the main causes of failure. They have devised a series of reinforcement methods, based on traditional materials and building methods, principally by incorporation of wooden wall plates and wooden reinforcement to protect the vulnerable external corners, but selectively incorporating the plentiful debris from collapsed houses.

There are Construction Resource Centres in the Union Councils to which CARE is committed and 30 Village Reconstruction Committees have been established. Training has started for 50 masons, 143 village foremen and 143 village residents. Training is in English or Pashto, as appropriate and ample visual material is provided. Demonstration samples are available. The principle is that of diffusion of good practice to each village through the training of trainers.

Evaluative comments:

The evaluation was able to witness some training, in English, with about 30 attendees, and see some construction demonstration samples. Both were technically sound; training was backed up by visual materials and parallel a power-point presentation to reinforce the taught material. Using a cascading system of training is cost-effective, generates income for trained masons, should spread capacity widely, should allow rapid reconstruction throughout the 143 villages and is in accord with ERRA principles.

The construction training addresses a prime need and should, provided that the issue of ownership of the asset is clarified in favour of tenants, allow most people to benefit. In order to demonstrate reconstruction techniques CARE-P is building a number of houses for some vulnerable people such as widows who would otherwise be unable to construct their own houses. This is by no means sufficient to supply all the vulnerable people: CARE may be able to negotiate in communities to secure help in rebuilding for such people. A successful community-based rebuilding programme would have immediate positive impacts on health, help maintain the presence of people in Allai, and reduce their emigration. It would also help recreate an

environment in which it would be possible to envisage investment in longer term sustainable development.

While local elites are willing to allow programmes in health, and to some extent in education, they do not think that women should have a role in house reconstruction. CARE has wisely taken the view that it is better to continue dialogue rather than discontinue housing programmes pending a change in the minds of religious leaders.

Recommendation: that CARE-P should seek ways to increase the cross-sectoral co-operation and co-ordination that currently exists, allowing a greater emphasis on meeting the full range needs in communities through a more integrated programme.

> Currently there is some co-operation across sectors; for example an adviser provides technical engineering advice semi-formally to a range of activities across the sectors. It was also clear to the evaluation that there was informal co-ordination and flow of information between sector leaders. Generally, however, even though they are active in the same settlements, the different sectors work independently and do not normally work together in the field. At present staff are informed of activities in the other sectors of the overall programme through morning staff meetings; but these give information only on day-to-day activities, sector by sector, and do not seek to build links between sectoral activities. It would be helpful to provide information on a longer time frame so that co-ordinated activities could be arranged. Such co-operation / co-ordination could lead to significant improvements in effectiveness and efficiency. It would also support recommendations in Section 8.6.5.

8.6.5 Integration of the sectoral programmes

CARE-P achieved a great deal in the Relief and the Relief and Maintenance phases. The Reconstruction phase is being implemented in a more favourable environment but has failed to maintain the momentum of the earlier phases. Reconstruction has been through a series of sectoral programmes but with few designed links between them[29]. Though these programmes have been successful to differing extents they have weaknesses particularly in the extent to which gender is successfully tackled. In fact some sectoral activities such as water provision and infrastructure are very well performed but in others that depend on community mobilisation rather than technical efficiency, achievements have been more limited.

To an extent these weaknesses relate to the relative infrequency of visits to the field by advisers. One adviser has averaged one week each month in the field, producing an effective programme. The evaluation consider that all advisers should be spending a similar time in field visits which should involve training, visits to programme activities and contact with beneficiaries. The infrequency of adviser visits may be partly explained by the limited facilities in Banna. In our experience the living and working conditions in Banna are bad compared with those in comparable emergencies elsewhere. These poor conditions are also a concern for the performance of staff there.

Much of the field activity currently appears to be *ad hoc*; a strategic plan with a clear vision and objectives is urgently needed but there is also a need for also careful elaboration of operational plans which are cast less in the framework of emergency activities and more in those of

[29] In fact the Infrastructure Advisor has provided technical advice in a number of sectors and thus achieved a degree of integration.

developmental programmes. The current sectoral frame restricts the opportunity for synergic relations between the sectoral activities. At present each programme works independently by setting up committees in villages and making independent visits to them. Committees are useful in making a first approach to communities but they mainly represent elite interests and rarely any of the vulnerable who are the main targets of interventions. Some committees use their position to secure personal advantages; this can to an extent be countered by negotiations of rights and responsibilities.

The current modality of working through committees for each activity has been useful to some extent, for example in facilitating distributions to needy households and in making an entry to the community but a more detailed knowledge of the communities gained through more frequent meetings in the geographical areas would allow a better understanding of the power relations and identification of change agents/activists in communities who could act as *de facto* committees better able to represent and mobilise opinions and secure a more sustainable ownership of activities. Again this is more pertinent to women and the eventual evolution of women's groups.

Little is gained through having a different formal committee for each activity; it would be more realistic to identify a single CARE / NGO[30] co-ordination committee for each village.

Each sector currently has its own community mobilisers working in different villages each time they go to the field. Their visits to any one village are relatively infrequent. In fact at present the community mobilisers, particularly the females, are uncertain of their functions: these should immediately be clarified, preferably in the context of a redesigned programme. Since the essence of community mobilisation is the development of sound and deep working relations with different members of the community, infrequent brief visits are both ineffective and inefficient. For most community members community mobilisers are potentially the living presence of CARE-P, able to inform, explain, persuade, motivate…if the mobilisers are secure in knowledge of their function and often present.

At present the housing sector is the one with the biggest involvement of mobilisers and as this is largely geographically based it could be a nucleus for the geographical orientation of mobilisers' activities, though training will be necessary to support this.

The Active Learning Network for Accountability and Performance (ALNAP)/Provention (2005) *South Asia Earthquake*, lessons from previous recovery operations stresses the need for recovery to be participatory if it is to be sustainable and equitable. Such participation in the design of activities, and their monitoring and evaluation by a wider range of community members, demands close links to and detailed knowledge of the community. Participatory rural appraisal techniques can be used to facilitate this and mobilisers can play a very active role in developing participation. Full participation is possible only if CARE-P has full knowledge of the community and strong links to as much of it as possible.[31]

Community mobilisers could better serve the needs of sectors if they were geographically allocated to specific communities rather than activities. More frequent visits to the same community would allow the development of meaningful relations with and understanding of the

[30] In other emergencies known to the evaluators NGOs have agreed to work through one co-ordinating committee for all activities, with if absolutely necessary, specialist sub-committees. An example cited to the evaluation: in parts of Pakistan there are different committees for each NGO – "do you want the Oxfam health committee or the SC health committee?"

[31] Close contact with communities depends on language. The AAR p 23 says that "at a minimum staff in the Allai Valley should be Pashto-speaking." It is unfortunate that a programme manager recently appointed in Allai does not have this competence.

communities. In particular it would be possible to build relations with women[32], a problem in all sectors. Mobilisers would develop the conditions for community involvement in a range of activities not just in one sector; they would have a deeper understanding of the conditions of the different households, the socio-economic processes at work and the opportunities for enhanced participation. They would be able to identify the activists who would be valuable in participation in sectoral activities (they are likely to be the same for each activity). Some mobilisers already have relevant technical knowledge, but training will be necessary. Mobilisers could be responsible for quickly building an in-depth knowledge base on their villages down to household level and would know personally all of the vulnerable people and characteristics of their vulnerability (and capacities). Some examples of the sorts of information that they would gather include wealth categorisations, female headed households, health and infirmity in households, the significance of remittances to household income, and the nature of any mutual support relationships. An advantage of holding such information on communities is the greater transparency that can be achieved.

It is clear from the evaluation's field experiences (and field staff are also aware) that social contexts and environmental conditions vary considerable between villages (for example the level of restrictions on women's actions). Continued engagement by mobilisers with the same communities will develop deeper understanding of the characteristics of different communities and allow a more targeted response to specific needs and opportunities.

8.6.6 Monitoring and evaluation

The lack of a strong strategic plan has been reflected in the limitations of the M and E component of the programme. In the absence of a strategic plan it has not been possible to develop an effective plan of action with an appropriate reporting framework, identifying indicators of success or impact generally. Feedback from the community is not systematically collected or used at programme level. Lack of clarity in programme strategic aims has led to a similar lack of clarity in responsibilities and functions. The M and E consultant has strengthened the system but appointment of a skilled permanent person is an urgent priority.

Recommendation: that CARE-P should adopt an integrated structure based on individual communities for recovery programmes.

> This will enable more effective community participation and mobilisation. Community mobilisation, based on the responsibility of mobilisers for specific villages is a key element in this programme. Each sector would use the specified village mobilisers. Focus on geographical units rather than programmes per se should allow a consideration of the extension of existing co-ordination between sector specialists. The AAR p 23 refers to the intention to develop a baseline survey of implementation areas. The sorts of information mentioned here could be incorporated in such a survey.

Recommendation: that CARE-P consider the advisability of advisers spending about one quarter of their time in the field.

> This would be accompanied by an improvement of living and working conditions in Allai (see Section 9). It is anticipated that advisers would use this time in training, field visits and programme negotiations with communities. Other senior members of staff in for

[32] Some CARE staff claimed that it was not possible to access women: the female members of the evaluation were able to do so and were invited into house to talk at length with women.

example M and E and HR could also usefully spend more time in the field in similar activities.

See Annex 3.5 for further recommendation.

8.7 Programme Quality in Relation to SPHERE Standards and Indicators

CARE's performance in HR in relation to CARE's own standards has already been discussed; comments here refer principally to adherence to the SPHERE standards, which accord with many of CARE's own principles, guidelines and standards. It was reassuring to find clear evidence of knowledge of and serious adherence to SPHERE among senior staff and advisers[33]. At field level a number of staff were conversant with the principles of SPHERE and indicators, and in some cases spontaneously mentioned these standards in relation to the quality of their activities.

The following paragraphs review CARE-P's performance in selected programme areas relation to SPHERE criteria.

Initial Assessments
In the initial need assessments, CARE-P and its partners followed the SPHERE guidelines to the extent that was feasible and CARE was able to establish that this was not, except for a short time, a nutritional emergency. In some cases data for vulnerable groups would, ideally, have been more disaggregated. This weakness could have been rectified if an adequate M and E system had been more quickly developed (see below).

Hygiene, water and Sanitation
In relation to hygiene, water and sanitation CARE's performance was generally sound. Hygiene and health education were implemented at different times, though limited access to women, critical for both of these activities, reduced the effectiveness of the process. Provision of hygiene kits for women and children was successful to varying extents-in one case children were well-aware of the function of the different components, but women were less so and had not been adequately prepared for distributions, which did not reach all women, nor had they been involved in the selection of items in the kits. It was not clear that consumable items such as soap were being replaced at the necessary rates (for example to provide 250 gms. of personal soap and laundry soap/person/month). The limited numbers of washhouses provided meet SPHERE standards in the villages where they have been provided. As stipulated in SPHERE they allow privacy for clothes washing and there was no evidence of queuing to use them. In some tents seen, there was provision of private space for washing of the person.

Water Supply
In Phase I, in relation to water potability, quality was initially ensured by the expensive importation of bottled water but also by the use of micro-organism control methods. There were no significant outbreaks of water-related diseases. Provision of adequate supplies of potable water is now being extended village-by-village, with piped water to small groups of houses and comfortably more than 15 litres per head. One IP was aiming to pipe water directly to houses. Testing of water quality is to be carried out, and there are no indicators of water-borne disease. Field teams were aware of faecal coliform data as critical indicators. Houses visited had adequate water storage vessels. The evaluation team had the impression that water supply would eventually be significantly better than pre-earthquake ('Building back better').

[33] This is unfortunately not true for some other comparable INGOs known to the evaluators.

Sanitation
Sanitation, before the earthquake was extremely poor - in Allai only 10 per cent had access to latrines - and women, in particular had virtually no access to safe latrines. CARE-P has started to extend latrine provision though progress has not been fast. In the villages where provision has been made, most SPHERE indicators are achieved, with provision for small groups of houses, but there is uncertainty as to access according to gender and there was no provision of cleansing water.

Shelter, Settlement and NFIs
In shelter, settlement and NFIs CARE-P has worked hard in difficult circumstances to meet standards. The provision of suitable shelter was initially severely limited by the availability of tents and CGI. Most of the tents that could be obtained were not winterised and the durability of tents was poor. Through winterisation CARE-P managed to provide material and tools to allow effective response to this problem.

In the provision of shelter materials villagers appreciated CARE's decision to deliver heavy materials such as CGI as near as feasible to villages. This showed consideration for the need to consider dignity in the treatment of beneficiaries. Other agencies had handed out entitlement chits that could be redeemed only at very distant sites so that beneficiaries had to pay for goods to be transported long distances to home villages.

Similarly the provision of materials to beneficiaries was carefully managed so that adequate records of recipients were achieved and the inequities of 'truck and chuck' in which the strong, male and healthy gained at the expense of the weak and vulnerable, as appears to have happened in distributions of some other agencies, were avoided.

The indicator of 3.5 square metres of covered space / person could not be achieved, nor could privacy between the sexes, when only one warm room could be provided. But the SPHERE objective of facilitating return to home areas was achieved and the successful provision of building kits and various NFIs, including energy efficient stoves, was in accord with guidelines. Entitlement to ownership of houses for tenants and particularly for women remains a problem.

While CARE's guidelines for interventions in psycho-social activities, education, long-term health, youth, AIDS, housing and shelter which have been produced since the early phase of the disaster response do not specifically refer to SPHERE they are in accord with its spirit.

See Annex 3.6 for further recommendation.

9. Supply Chain Management, Information Flows and Site Development

9.1 Procurement

Procurement, using Pakistani suppliers, started immediately and on 12th October 2005 the first items were delivered to families in Mansehra. On 13th October supplies of NFIs, including tents, arrived from Afghanistan. $150,000 was transferred from the tsunami funds in Sri Lanka to Afghanistan to expedite procurement and the $260,000 from the CARE-I Emergency Response Fund was quickly made available for procurement. Sources were normally in Pakistan or the region though some tents and two vehicles were sent from Atlanta. Even in the early stages many items were easily available within one month though communication with vendors was sometimes difficult, prices rose by 40 to 50 per cent and quality was not always good.

Two items were, however, very difficult to secure in sufficient quantities and suitable quality: tents and CGI. By 17th October CARE-P was seeking 5500 tents and it appeared that these could be provided regionally and locally. CARE procured tents from four suppliers, but the Government's commandeering of all local tent provision until the end of November slowed their provision; winterised tents were for long unobtainable and a range of materials such as tarpaulin, plastic sheeting and plastic mats were fortunately more easily available to allow winterisation. Supplies of CGI continued to be a problem up to December 2005 because the Government refused to allow the import of Indian CGI. Subsequently there have been difficulties of sourcing in Pakistan. A recent problem has been, despite careful specification, the supply of CGI of the wrong gauge, unable to cope with the weight of snow.

Until Rubb Hall warehouse tents were provided in Chattar Plain and BA there was a problem in storing the materials in small warehouses. A further problem has been the need to find staff with the special skills needed for the specifications of complex equipment.

A CARE-I procurement expert came in December to train and carry out procurement activities. In February 2006 staff were trained in office procedure and guidelines, now incorporated in the manual were developed. Expert advice is still available by e-mail from CARE-I, which also helped with the recent audit.

See Annex 3.7 for further recommendation.

9.2 Logistics

The particular characteristics of the mountain environment, earthquake damage, climate and rudimentary existing transport net made logistics a major challenge throughout the operation. Helicopters were needed until March and transported 60 per cent of the materials. The first three helicopter deliveries of tents were made to Allai on 19th October. During January it was impossible at times to deliver any materials because bad weather stopped both helicopter and truck movements. It was fortunate that the 20 pilots of the Pakistan military had previous experience of delivery in similar difficult environments in Afghanistan and contested areas of Kashmir but even so there CARE needed to manage drop sites carefully. The poor quality of the maps added to these problems and may well have contributed to drops at the wrong sites.

The bad state of the road meant that as late as 25th October Allai could be reached only by 4X4s and the road was impassable for trucks on several occasions up to February. The poor state of roads and a market favouring transporters contributed to the high cost of truck hire.
At the start of the emergency CARE-P needed logisticians and standardised procedures. The present logistics officer started work on 15th November.

See Annex 3.8 for further recommendation.

9.3 Information Flow

A continuing problem in Allai has been the poor state of maps. Those available from UNJLC contain inaccuracies so that even now CARE-P is using hand drawn maps. Sitreps were an important source of information in the early stage; they emphasised flow of information upwards through the organisation and it has remained the case that the field has been short of information on strategy. The infrequency of visits by advisers has contributed to this information shortage.

On 17th October, however, an emergency communications centre with satellite and Internet communications in an Internet café style VSAT centre for field use was set up in BA. Cell phones and Thurayas were procured for field staff on 18th October. These have allowed senior field staff and visitors, from the earliest stage, to keep in touch with the CO and elsewhere.

Though the ability to cope with the emergency depended absolutely on the presence of visiting experts, one consequence of the high rate of expatriate staff turnover in the early stages has been the weak institutional memory.

9.4 Banna Allai Field Site

When CARE-P first started working in Allai on 19th October with 14 field staff, they were accommodated in a house in Allai. This quickly became insufficient and the development of a compound was started on an empty site on the edge of BA. Accommodation was in a few tents, which proved insubstantial, collapsing under snow and had to be winterised. Much staff housing is still in tents with up to 10 sharing dormitory-type accommodation. The compound was developed by accretion and while its rudimentary facilities were suitable for the emergency phase are no longer appropriate. Sitrep 26 noted in early November that BA staff worked very long hours and in late November another sitrep commented that the Allai compound should address staff comfort. M Tsitouris noted continuing limitations in March. The evaluation found that improvements were being made in June, but that much remained to be done.

The compound gives the appearance of still being in an emergency phase and this atmosphere may have led to the continuing long hours of work. Several people were working up to midnight and beyond. To some extent this related to the shortage of office and meeting space and computers. The female staff are able to access offices and computers only after men have finished using them and have no office for their own use.

Buildings for dormitory-style women's accommodation and limited recreational space have recently been completed but, for example, facilities for washing and clothes washing and ironing are poor or non-existent for women and for men. There is no rrunning hot water or acceptable shower facilities for either men or women. Accommodation for men remains crowded and involves sharing. All seven cooks sleep in a two-man tent. Kitchen facilities are cramped with some work even being done on the floor. The diet provided lacks balance and fruit and vegetables seem to be rarely provided. Though there have been attempts to introduce some recreational activities more needs to be done to provide a respite from work in a challenging environment. Provision of a space for staff to make themselves tea and coffee would remove some pressure from catering staff who have to respond to irregular meal times.

Evaluative comments.

The AAR comments that in recent emergencies it has been found that procurement, logistics and HR have been the keys to success in humanitarian action. In the first two of these CARE's performance has been creditable. Quick and timely action in the early phase provided effective and efficient procurement, though with limitations determined by factors outside CARE's control. Logistics were difficult throughout the operation though it is not possible to identify ways in which CARE could have achieved greater efficiency and their performance was commendable in the circumstances, particularly in winter when individual staff worked in extremely difficult conditions to ensure deliveries. Co-ordination with the military was necessary to secure air delivery and the management of distribution was noted to be more effective and efficient than that of other agencies.

In the supply chain CARE-P capacity has been successfully built in the CO and at BA. The logistics specialist in BA has, however had to cover a number of other jobs such as fuel and transport management. The supply chain is now working well and will support future recovery activities.

The following recommendations are intended to support the improvement of the effectiveness and efficiency of staff in BA. They will supplement changes to the programme and modes of programme delivery recommended in Section 8, which will in themselves allow better use of staff capabilities and capacities.

Recommendation: that CARE-P should continue the ongoing and planned improvements of the Banna Allai site and seek ways of reducing the hours worked by all staff at the Banna Allai site

> This entails improvement in the living and working accommodation and facilities for both men and women. Improvements in working accommodation will help to achieve this, but a change in the work ethos from that more reasonable in response to extreme emergency, to that associated with recovery operations will also be needed. Reduction in hours worked does not imply a reduction in effectiveness or efficiency; these can be achieved through more effective working and the redesign of the programme suggested in Section 8.

10. CARE's relations with the Pakistan Military

The Government of Pakistan is military in origin, in inclination and substantially in manpower. The Government came to power through a coup and is well aware of resistance internally. In order to maintain control it has reduced the power of local government and is suspicious of civil society. Immediately after the earthquake it looked to military control as a way of maintaining internal security (there was for example looting), the possibility of a counter-coup, and the possibility of attack from India, in relation to the Kashmir problem. The earthquake response was through military-controlled organisations and the co-ordination directly through the army. In fact there were no civilian agencies with any capacity to respond.

The involvement of the military had positive and negative effects on humanitarian assistance. The positive effect was in the severe emergency phase when the command-and–control mode supported by manpower, communications and transport systems was efficient and largely effective. The negative effect was the unsuitability of the command-and-control mode to the more nuanced interventions needed in rehabilitation and eventually recovery.

10.1 The Nature of Civil-military Relations

The relations between civil organisations and militaries are usually known as Civil-Military Co-ordination / Co-operation. (CIMIC). NATO and EU definitions of CIMIC, typical of the many now in use, cover militaries, civil populations, including national and local authorities, as well as international, national and non-governmental organisations and agencies. Many NGOs are wary of the terms "co-ordination" and "co-operation" and use the term "relations"

Relations between humanitarian agencies and militaries have been an issue of critical importance since the foundation of the International Committee of the Red Cross in 1863; the principles of neutrality and impartiality which date from this time are cornerstones of humanitarian action.

Particularly from the conflicts following the collapse of the USSR the main concern has been agency relations with militaries in conflict, but The UN's Oslo Guidelines on the Use of Military and Civil Defence Assets in Disaster Relief of 1994 outlined principles for Civil-military relations in natural, technological and environmental emergencies. These guidelines aimed for complementarily but state, "at the local level the direction of relief operations is the responsibility of the Government"

10.2 Civil-military Relations in Pakistan

Pakistan, unlike many recent emergencies such as Bosnia and the Congo, has a functioning government; *prima facie* the earthquake appears to be a clear case of a natural or environmental event so that it appears that relations between NGOs, the Government and the military could be uncontroversial. In fact the present military government, having suspended the Constitution and awarded power directly to the military through the National Security Council has politicised the environment in which humanitarian assistance is provided. The extent to which the Government has popular support is questionable and there is certainly some opposition from parts of the population, particularly the banned Jihadist groups. Thus the nature of governance in Pakistan and in particular the deep involvement of the military in all aspects of government, governance and the civil service mean that co-operation with the military can threaten CARE's neutrality and impartiality. In truth the military has been involved with its primary function (control of the territory) during the emergency. The 'war on terror' espoused by the Government, the possibility of further conflict with India and ongoing conflict with a variety of internal dissenters mean that the situation in Pakistan has aspects of complex emergency rather than a simple natural disaster. On the 13th October UNICEF established a CIMIC desk for humanitarian agencies. This was because some agencies had adopted a 'dump and run' policy because of their fear of looting and the UN wanted to achieve security for all distributions.

10.3 The Government Response

The Government determined immediately after the disaster event that the FRC would use the army as the agency for rescue and relief: this was at a time when there was some collapse of civil order, with attacks on aid supply operations and theft of provisions. Opinions differ widely on the effectiveness of army activities. Some argue that their response was slow and unco-ordinated. Others, including the Government claim though that this was "one of the best examples of civil-military cooperation in a post natural disaster setting". (p.4 of the Early Recovery Plan).

The army though lacking specific training and some specialist equipment, had previous experience of responding to floods, rains and smaller earthquakes. It is, in fact, the only civil defence authority in Pakistan able to respond to emergencies of any type, other than the spontaneous activities of the general public. Activities were carried out from 80 key points in the earthquake zone by the 50,000 troops, which were by far the biggest group involved in response These activities included: evacuation of 8,408 wounded people, some 200 from Allai, evacuation of 80,000 non-wounded, setting up and running medical camps and relief centres and tent cities, the provision and co-ordination of airlift supplies of medicines, food, blankets, tents, building material, distribution of compensation money, clearing and repairing roads and repairing electricity supplies. These activities were co-ordinated with ERRA, though in fact ERRA is an army-led organisation. In truth there was no civilian body capable of this response, partly because the Government has weakened local government in its aim to control the state.

10.4 Access to Humanitarian space

From the first week the Government required that ERRA, through the army, would co-ordinate all aid provision: it thus controlled and could deny access to 'humanitarian space'[34]. CARE had no choice other than to be co-ordinated along with other agencies. In fact all agencies including the UN and ICRC worked with the military and aid workers argued for working with them although some considered that agreement to co-operate with military can be seen as breaching neutrality.

10.5 Opportunities offered by CARE's participation in CIMIC

Apart from allowing humanitarian access the army could offer protection to personnel: CARE was unusual in refusing to use any form of protection, including armed guards for field offices, vehicles or personnel; the Government had attempted to insist that all expatriates should have guards. Whereas CARE refused protection from the army, they were more open to intervention from the Frontier Constabulary, a non-military agency. In fact CARE made little use of military helicopters for the transport of relief supplies, mainly using United Nations Humanitarian Air Service (UNHAS) helicopters. Land transport was by private truckers or IOM vehicles and never by army trucks.

Sitrep 26 notes that "CARE has no association with the army; many other humanitarian organisations do". The same sitrep notes that there was animosity between the community and the army with two recent incidents of violence and looting at a distribution. Sitrep 26 observes that the effect of an agency's seeming to be close to the army is to compromise their relation to the community.

Nevertheless CARE was the most highly regarded of the agencies in Allai in the view of the army. Other benefits from co-operation with the army included access to military assets like transport, in particular the helicopters that allowed rapid access and transport of goods to otherwise inaccessible areas when roads were blocked or where there were no roads. The army was the best informed agency about the area and was said to have the best maps, though CARE itself produced more reliable maps of Allai.

From the early days of CARE's involvement in Allai, until March 2006 the daily co-ordination meeting, chaired by the senior army officer in Banna Allai, was an excellent information sharing and exchange process on the contexts of activity, ERRA policies in relation to sectors of activity, and the different agencies' activities. These meetings could last for four to five hours. The army agreed the allocation of geographical areas of activity to different agencies.

After March the army co-ordination role ended but INGOs still informed the army of their operations. The army however was still involved in reconstruction activities and was photographing each house in relation to the compensation process.

10.6 CARE's Approach to CIMIC in Pakistan

CARE is currently redrafting its CIMIC policy, but at the time of the evaluation this was not completed. Comments on the Earthquake response in relation to the redrafted policy conclude this section.

[34] The term 'humanitarian space' refers to two phenomena: first the geographical area in which the agency intervenes and second the freedom that the agency has to act without interference.

In the early programme in Pakistan CARE had some problems in dealing with the army, who on 15th October attempted to redirect a consignment of tents intended for CARE. Subsequently in late October in Allai, the army delivered tents to the wrong location and they were then distributed without adequate record because they had not allowed CARE personnel on the flight. Subsequently senior army personnel accompanied a flight and were impressed by the efficiency of the CARE distribution system. CARE introduced a system of unambiguously marking distribution sites so that such mistakes did not recur. As soon as CARE arrived in Allai the present Area Co-ordinator had a meeting with the army to develop a *modus vivendi.* At this meeting the army asked for a co-operative relationship; this was refused because CARE requires direct dealings with communities. An outcome was that the army refused to guarantee protection. The Area Co-ordinator who is from the same ethnic group as local people considered that direct relation to the community gave more appropriate security.

Despite these setbacks CARE was the most highly regarded of the humanitarian agencies in the view of all the army personnel interviewed. CARE's policies in relation to the army in Allai were pragmatic and based on the need to maintain neutrality in relation to the army and impartiality in relation to communities. Despite early attempts by the army, CARE did not to allow them to be directly involved in CARE activities, and never accompanied the army to communities, nor were they ever seen to work with the army. CARE helped the army in good neighbourly ways like allowing the use of their photocopier, but insisted that when they entered CARE's compound they were unarmed.

The army had wanted co-operation - that is more than a co-ordination role. This was refused because of CARE's insistence that they alone would make direct contacts with the community. Tariq, a staff member and former colonel in the Pakistani army was instructed to keep the army at arms length. He was in fact able to mediate between NGOs and the local senior officer, who had tense relations with other NGOs, and he arranged shadow meetings for NGOs outside the formal co-ordination meetings as a real platform for NGO co-ordination. Insecurity was carefully addressed in CARE which ensured that there were no incidents of theft or conflict between beneficiaries at their distributions, as happened on a number of occasions with another INGO; for example CARE ensured that they always had staff in place at helipads. Other working principles were to always inform the army of their plans, reject any attempts by the army to dictate to CARE, have clear parameters for all activities impacting on the army, and being aware of the communities' views.

The fact that a senior member of staff at BA was a retired army officer was not problematic. Many former Pakistani army personnel are now in humanitarian assistance. The clear understanding of the working of the army's systems on the one hand and the presence of a knowledgeable interlocutor on the other was seen by both sides to be a great advantage in unambiguous exchanges of view.

Whereas CARE built relations with local communities, these were deliberately separated from their relationship with the army. Since most definitions of CIMIC (see above) involve local communities, this could be seen as problematic: instead of multilateral relations between agencies, these are bilateral. In the event CARE followed an appropriate course in terms of neutrality and impartiality.

10.7 Redraft of CARE CIMIC Policy

The 2006 redraft of the CARE 2000 Policy Framework is not yet complete. These policies are intended to respond to the full range of CIMIC situations. Six CIMIC scenarios are identified in

the Framework; it is helpful that these have been modified since the 2000 version to allow a better assessment of contexts. These scenarios are valuable analytical tools in relating the generic CIMIC principles to implementational contexts.

In the Pakistan earthquake CARE responded to Scenario 5: that of a natural disaster occurring in stable circumstances. Scenario 5 is the least problematic for relations with the military since they are not involved in violent military activities. As the Framework explains, staff security is not likely to be a significant problem in Scenario 5, in fact, the military is able to provide significant logistical capacity. Moreover, in the absence of conflict, working with the military is not likely to be problematic in relation to local sensibilities. CARE was able to take advantage of these logistic facilities, though owing to some inefficiency in military management, this was not entirely without problems, such as delivery of CARE materials to the wrong sites. CARE's response to misdeliveries was effective.

Although, the relation of the military to local people was much less confrontational than it would have been if the earthquake had occurred in, say the Tribal Territories of the Afghan frontier, there was a risk of the development of a Scenario 2 situation - that of conflict, or stand-off between the Government and anti-government forces. Fortunately this did not happen.

In Section 4 'Managing the trade-offs', the Policy Framework notes that CARE needs to maintain a balance between its humanitarian principles and the benefits of CIMIC. This balance needs to be constantly reassessed and the Framework might note that emergency scenarios can quickly change, necessitating a rapid reassessment of the CIMIC relation. Close monitoring is needed of conflictual and security conditions, and of relations between community and military as well as the severity of need if this trade-off is to managed effectively. In Allai there was no need to use military security and CARE was well-advised in maintaining a distance from the military since the military's relation to the local population was guarded. The refusal to implement jointly with the military was also appropriate and demonstrated

10.8 The Implications of CARE's Participation in CIMIC

Co-ordination by the army through CIMIC was the price of humanitarian access up to March 2006. Participation allowed CARE an area of territory to work, access to transport systems, access to information on other agencies' activities and a voice in debates on the response to the emergency and input to shaping of interventions in Allai Valley. Thus CARE was able to respond to pressing needs with provision of relevant goods and services. The appropriateness of the provisions depended partly on the parameters determined by ERRA, over which CARE had no control, but also on the quality of CARE's planning, rather than on the Co-ordination process. Co-ordination of the response directly helped effectiveness and efficiency through geographical targeting and economies of scale; it helped secure positive impacts for CARE's activities. In terms of connectedness, the generally sound reputation CARE achieved up to March provided a basis for transition to more developmental activities: the CIMIC period is substantially completed it is up to CARE,, through the quality of its programmes to build on its reputation. Neither direct contact with beneficiaries nor impartiality was compromised, because CARE accepted co-ordination but not co-operation. Refusal to accept protection helped secure neutrality.

Recommendation: that CARE should, where necessary for access to needy people in disaster situations, be willing to be co-ordinated by the army. CARE should be willing to make circumspect use of selected military and civil defence assets (MCDA) under clearly defined agreements based on CARE's fundamental principles.

This recommendation is based on CARE's experience in Pakistan, which has been a principled but pragmatic response to a situation in which humanitarian access is, to an extent, politicised. Politicisation of humanitarian access, even in 'natural disasters' is normally the case, so that CARE's experience in Pakistan can inform their interventions elsewhere in such events. CARE has aimed to achieve neutrality and impartiality in gaining access to beneficiaries, while maintaining effective relations with the army. The OCHA view is that MCDA should be used as a last resort, that responsibilities should be identified at an early stage and that civil and military actors should be involved in co-ordination. These are sound principles: CARE, for example was right to insist on refusal of armed protection in any operations and to refuse to enter settlements with the army. But OCHA's view that CIMIC should be under civilian control was not realistic in Pakistan, where civil society is weakened: this might, however, be possible in operations elsewhere.

To the extent possible, CARE should accept, and participate actively in, co-ordination activities, but not co-operation. CARE should refuse to carry out any programme activities in conjunction with the army, though, provided that CARE staff monitor the process, the use of MCDA, such as transport, is acceptable.

The same stipulations should relate to CARE's implementation partners and CARE needs to scrutinise potential partners with this in mind, particularly in relation to GONGOs and partners with political aims that may compromise CARE's neutrality and impartiality.

The employment of former army personnel can add to effectiveness and efficiency, provided that they adhere unequivocally to CARE's principles. It is essential that both CARE and the military be well informed in advance of the other's plans. Transparency is needed in the co-ordination process, to the extent that is feasible. At the outset of CIMIC, CARE should make absolutely clear what will be the acceptable limits on its activities and what is not negotiable. CARE's response to attempted coercion must be absolutely predictable so that the military knows, in advance, which actions will lead to CARE's disengagement.

11. Building Disaster Risk Management and Emergency Preparedness Capacities into Future Programming

CARE (I), ARMU and CARE (P) responses to the earthquake emergency are covered in Sections 3 and 4. Section 11 responds to point b of the Purpose and Objectives in the ToR, which is the title of this section. The report of the After Action Review, discussions with staff of CARE and other agencies and records of the 'Emergency Preparedness Planning Exercise' and associated workshop were used in preparing this section of the Report. Part of the ERRA-UN Early Plan of 2006 to some extent parallels the EPP.

11.1 The After Action Review

The After Action Review of 31st January/1st February 2006 examined the response to the earthquake event but made a number of more general points relevant to disaster risk management and emergency preparedness. Many of these have been incorporated in the EPP process. First, lack of systems and processes for emergency response were identified as weaknesses. This impacted particularly on timeliness, effectiveness and efficiency but also

reduced the sustainability and coherence of the response, and transition to rehabilitation. Second, and similarly, the lack of an emergency manual with documented guidelines was mentioned a number of times. It was also suggested that an active emergency team leader was needed. Third, it was argued that evidence in other emergencies, including recently the tsunami had identified logistics, procurement and HR as the critical determinants of effective response and these were also true of the Pakistan earthquake. Fourth, the need for skill building in emergency response (another stress on HR) was mentioned. Finally the point was twice made that emergency response must be specific to the type of emergency – in this case the specific characteristics of earthquake.

The implication of this last point is that preparedness for emergency is necessary but not sufficient: there must be an inbuilt capacity to respond to a wide range of specific disaster characteristics. In this case the point was that the emergencies such as floods in the lowland environment Bangladesh were considerably different from the earthquake in mountainous Pakistan.

11.2 CARE's Emergency Preparedness Planning Document and Exercise

As the evaluation arrived in Islamabad, CARE-P was completing an 'Emergency Preparedness Planning Exercise' 5-13 June 2006. The exercise was an activity-based introduction for staffs to the EPP. Twenty-five people participated in the workshop; 15 were senior staff of CARE-P, two staff of the Emergency and Humanitarian Assistance Unit (EHAU) of CARE-USA, and seven staff of CARE's implementing partners. The evaluation team were not able to attend the workshop but were given an informative presentation on the proceedings.

Based on the CARE Emergency Preparedness Planning Guidelines of April 2006, and with support from the EHAU of CARE-USA, and ARMU, CARE Pakistan Emergency Response Team (ERT) developed the CARE-P Emergency Preparedness Plan. This will be updated annually by the ERT and Senior Management Team (SMT) to ensure that it remains current, relevant and appropriate as a contingency planning mechanism.

The workshop was built around the development of responses scenarios for emergencies that might be expected in 2006-2007, but the methodologies were to be more broadly relevant. Rather than reflect again on the earthquake two scenarios were selected for detailed response simulations: drought in Baluchistan and Sindh, and a range of other hazards in the area of the recent earthquake affected area (heavy monsoonal rain, severe winter and recurrence of earthquake). Detailed responses, involving all CARE's systems and current programme areas were developed for each area.

The EPP identifies other broad groups of hazards including: natural and environmental, technological and conflict-related. Examples discussed in relation to Baluchistan were: droughts, floods, windstorms, inter-provincial conflicts, refugee influx, winter, Shia-Sunni conflict, and monsoons. A desk study of historical emergency events characterized them in terms of event mortality, average mortality per year and numbers affected in events. Within the EPP and exercise impacts on economy, society, environment and infrastructure are examined. Indicators are reviewed and action plans discussed for all sections of CARE-P. Risk reduction is examined using the categories of mitigation, preparedness and response. In relation to these CARE's resources (HR and material) are systematically listed with updatable contact lists of personnel, partners and co-ordination links. Documentation highlights areas where further work is needed. Areas for particular consideration under CARE policies: gender, vulnerable groups CIMIC and such topics are also highlighted with checklists of critical questions.

The simulation exercises produced detailed and well-considered analyses of impacts and risk-reduction actions, leading to action plans within CARE-P. In the 'local considerations' categories the staff showed a reassuring ability to identify critically important aspects of local contexts that would need to be considered in developing strategies for mitigation, preparedness and responses.

The quality of the EPP and in the responses shown in the workshop, and the positive comments of participants suggest that the EPP has already increased CARE's capacity to respond proactively and reactively to emergencies, in effect ticking all the boxes in the evaluation criteria. The proviso however is that CARE's EPP response may be limited by the political, security and organizational contexts in which it works – in effect those matters beyond its control.

11.3 Possible modifications to the EPP

While the EPP offers a big improvement in CARE's capacity in relation to emergencies, there is a number of ways in which it might be improved. First, and understandably, the EPP is structured around CARE as a humanitarian intervention agent. This emphasizes the things that CARE can and will do but removes attention from what communities do. The term 'mitigation' in the EPP stresses outsiders' activities; but the term 'accommodation' relating to community and individual response is not used. Accommodation[35] considers the ways in which people respond to disaster through coping mechanisms. CARE staff are aware of community and individual responses in the earthquake and that much of the immediate response was due to the search and rescue activities of local people, that they chose to stay as close as possible to their former homes and were unwilling to risk rebuilding if this compromised their compensation. Such responses in some cases appear irrational or perverse, but agency plans and actions must take them into account: otherwise the sustainability of activities is compromised. Different coping mechanisms are used in relation to other hazards such as drought or flood. One finding in relation to drought and famine, for example, is that the highest priority is given to the maintenance of the production capacity of households (rather than the health or welfare of individual members). As part of its normal developmental activities CARE might systematically examine coping strategies in communities where it works. In the Famine Codes the coping mechanisms were used as early warning indicators of disaster, as they are now in early warning systems.

A second way in which the EPP might be refined is through a more nuanced interpretation of 'disaster' or 'emergency'. In the lives of the more vulnerable disaster is a fact of everyday life: what would be an unfortunate event for the better-off, for example the illness of a key money earner, or the loss of an animal, can be a disaster for a vulnerable family. These micro-scale disasters are not considered in the EPP but could be if disasters/hazards/emergencies were incorporated within developmental activities, in other words if the EPP is actually incorporated in mainstream activities. An improvement in the capacity to respond to micro-scale emergencies will also help to respond to wider scale disasters.

Third, and in a related way the community component of the EPP needs strengthening on disaster risk reduction through a more detailed treatment of threats as a cause of vulnerabilities and in relation to already existing vulnerabilities and the possibility of the strengthening of resilience.

[35] The classic work of Gilbert White's school of hazard analysis introduced the concept, emphasizing the importance of understanding the different perceptions of hazard between outsiders and insiders.

Fourth, and in response to the point made in the After Action review that different types of natural disaster work in very different ways, CARE would increase its ability to respond by investigating in advance the specific characteristics of the main types of larger scale natural disaster that may be anticipated in Pakistan.

Fifth, CARE has wisely chosen to invite implementing partners to its Emergency Preparedness Planning Exercise. Other agencies will be involved in response to disasters: ERRA or its successor in Government, the UN and other INGOs, NGOs and agencies in civil society. These have a common interest in improving disaster management and would benefit from knowledge of CARE's activities.

Recommendation: that CARE-P should maintain the momentum of the recent workshop and involve all staff in developing capacity to implement the EPP down to field-office level

> This recommendation has particular relevance in relation to HR which, as the EPP notes, cannot meet the needs of the current operations. Meeting this recommendation entails building skills and carefully explaining policies at all levels in disaster management. The community mobilization specialists should be used to examine perceptions of hazard and of coping mechanisms within communities; this should involve seeking the views of different groups, particularly women, vulnerable groups generally, including the elderly, children, invalids and the sick, but also of elite groups who may have access to particular scarce resources or a key role in community response. It also involves finding the views of any activists or work groups or women's groups identified in normal activities. Mobilisation specialists should also investigate disaster risk reduction through a more detailed treatment of the ways in which disasters create vulnerabilities, impact on already existing vulnerabilities and the ways in which it is possible to strengthen people's resilience. The mobilization specialists should elicit information on both micro-scale emergencies and larger scale events. These investigations would equally serve EPP and present programme needs.

See Annex 3.9 and 3.10 for further recommendations.

Annex 1 Modified Terms of Reference

Independent Evaluation of Care's Response to the Pakistan Earthquake

1. Background

The South Asia earthquake of 8 October 2005 resulted in the loss of an estimated 86,000 lives and considerable damage of the built and natural environment in Pakistan. In all, 4 million people were reported as affected in the NWFP and Azad Jammu and Kashmir (AJK). More than 100,000 people were injured, and up to 3 million individuals were in immediate need of shelter and other life-sustaining assistance. An estimated 600,000 housing units were either destroyed or severely damaged. In some areas, close to 100% of the housing stock was destroyed. There was significant damage to roads, schools, health clinics and hospitals and other infrastructure. The vast geographic area affected, along with the rugged mountainous topography and inaccessibility of many populated areas, made a humanitarian response particularly difficult.

CARE Pakistan responded to the Earthquake by mounting a two-pronged relief operation. The first was to work through several strategic partners for immediate distribution of relief materials and provide health care for survivors; and the second to mount an emergency relief operation in the Allai Valley of the NWFP, one of the hardest hit areas of the Earthquake Zone. CARE-P is currently mounting a reconstruction effort that focuses on shelter support to returning families, livelihood assistance to help families get back on their feet; and reconstruction of schools and start of primary education programs.

This evaluation will assess CARE Pakistan's immediate response to the earthquake as well the period leading up to the reconstruction phase, with a view to drawing lessons for country office and CI emergency preparedness, disaster risk reduction and future emergency response.

2. Purpose and Objectives of the Evaluation

The purpose of the evaluation is three-fold:

a) Assess the quality of CARE Pakistan's response to the earthquake in the Northwest Frontier Province including adherence to SPHERE Standards during the response and performance relative to CARE International's Humanitarian Benchmarks and OECD evaluation criteria.

b) Develop lessons learned and recommendations that will assist CARE Pakistan to build disaster risk management and emergency preparedness capacities into future programming in order to help communities better cope with risk, and to enable a more timely and appropriate response to disasters and crises in the future.

c) Assess the extent to which CARE Pakistan was able to engage appropriately with the Pakistan military during the emergency response. The evaluation will make recommendations on future CARE policy on civil-military relations.

Evaluation recommendations will be based on accepted Red Cross Code of Conduct, to which CARE International members are signatories, as well as SPHERE Minimum Standards, CARE International's Humanitarian Benchmarks, CARE International's Evaluation Policy and OECD evaluation criteria. Some specific areas which the evaluation will examine include:

- **Timeliness and Appropriateness of response** – to what extent did the country office have the capacity, systems and procedures, sufficient human resources and appropriate level of preparedness to facilitate a rapid and appropriate response? How did CARE's capacity (notably CI members, ARMU and CARE Pakistan) to staff-up affect the quality of the response? Was gender taken into consideration adequately in all relevant areas of the response?
- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was CARE Pakistan's response cost effective?
- **Impact** – Review of the impact of CARE Pakistan's response in terms of preservation of life and reduction of human suffering. 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 impact. Assessment of the impact of the response using a Do-No-Harm lens.
- **Coverage** – scale and ability to reach those most in need, given the political, religious, geographic and social context of the emergency, and providing intended beneficiaries with assistance and protection that is proportionate to that need.
- **Connectedness and Sustainability** – links to local capacity, plans and aspirations and the collaboration and co-ordination with intended beneficiaries (including the effectiveness of communication/feedback systems), within CARE and with external partners.

3. Components of the Evaluation Report

a) **Introduction**. The context of CARE's intervention in the earthquake the salient characteristics of the response and their implications. Specific issues for CARE in Pakistan, for example security and profile.

b) CARE Pakistan's **decision to engage** in the earthquake response. Criteria influencing the decision and the implications of the decision.

c) **Human resources and management systems**. The challenge of expansion from a small development–focused base. Mechanisms used in recruiting or transferring staff. Implications for the organization of the nature of the staff in the short, medium and longer terms. Inter-agency competition/sharing of staff.

d) **Partnerships**. The nature and quality of partnerships with implementing agencies, other NGOs , the UN system and government organizations, including the army. The nature of co-ordination and co-operation and actual modes of operation.

e) **Community capacities and needs.** Community responses in different phases, Building, maintaining and strengthening community capacity. Community participation modes. Community structures. The nature of need assessment at different levels and stages. Prioritisation of needs.

f) **Gender**. Specific vulnerabilities and limitations on women. Gap identification and gap filling. Specific activities for women. Strategic implications of emergency interventions, Implications for and of human resources past present and future.

g) **Programming and delivery**. Process focus (results in annex). Other stakeholder views, including community. Longer term strategic significance of modes for sustainability. Do no harm principle and accountability. Adherence to codes.

h) **Logistics.** Procurement, delivery mechanisms, accommodation and site development. Specific problems of Allai valley and dependence on scarce helicopter travel and with poor road communication. Telecommunication systems.

i) **CIMIC.** History of relationships and specific problems arising for CARE staff and

community. Existing co-ordination mechanisms. Possible future relations in emergency and developmental contexts.

j) **Preparedness and development**. Transition to development. Incorporation of preparedness, risk assessment, vulnerability reduction mechanisms and surveillance systems in the planned development context.

Many issues are relevant in different sections. There will be cross reference between these but no undue repetition. The OECD/DAC evaluation criteria will be used as appropriate in the assessments of each section. Where necessary material will be elaborated in annexes. Findings will be used in the preparation of action-focused recommendations.

4. Evaluation Methodology

a) **The methodology** of the evaluation will include a combination of a desk review of relevant country office documentation, field travel, key informant interviews or focus group discussions with CARE staff in Pakistan (both field and HQ), ARMU and CI. The evaluation team will also interview a selection of beneficiaries in communities and key external stakeholders such as Pakistan government representatives, other international NGOs, and UN agencies.

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** – an official report of the evaluation will be prepared. However this report will be supplemented by a presentation of preliminary findings for key stakeholders(both internal and external) to both provide immediate feedback to CARE staff and beneficiaries(?) and give the Evaluation Team an opportunity to validate findings.

d) **Report**: a concise report with focused practical recommendations will be prepared emphasizing both feedback to CARE managers and providing replicable lessons to inform CARE's disaster risk management and emergency response in future. 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 shared within the CARE world.

5. Evaluation Team Composition

CARE Pakistan anticipates that the evaluation team will be made up of 4 persons including a Team Leader; a Human Resources specialist; a national expert (preferably with expertise in gender); and a national M&E Officer (CARE Pakistan staff).

The Team Leader Qualifications:

Required:

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

Desired:

- Prior experience of CARE relief and development operations
- Understanding of the Pakistan context
- Experience in managing emergency shelter programs
- Gender in emergencies experience
- Knowledge of Pashtu and/or Urdu language

Other Team member combined experience:

- Monitoring and evaluation experience
- Strong knowledge of Pakistan context (particularly the Northwest Frontier Province)
- Gender in emergencies experience
- Strong HR management experience (particularly in emergencies)
- Strong emergency management experience (previous experience in earthquake response also desirable)
- Knowledge of Pashtu and/or Urdu

6. Use of Evaluation Results

The Evaluation will make recommendations to various levels within CARE (e.g. the Country Office, the ARMU, and CARE USA) in order to improve the quality of CARE's preparedness and response to future emergencies. The target audiences of the evaluation will develop a plan of action based on the evaluation report and its findings within one month of distribution of the final report. An appropriate system for monitoring implementation of recommendations will be agreed by CARE Pakistan, CARE USA/ARMU, and CEG, who will each nominate a focal point to monitor implementation of recommendations.

7. Proposed Timeframe

Total of 4 1/2 weeks for the Team Leader and 3 weeks for the other Team Member(s). The evaluation schedule will include:

Activity	**Approximate Dates**	**Person(s) responsible**
Desk review	End May (2-3 days)	Team leader & team members
Field Visit to CARE Pakistan	First 1/2 of June (3 weeks)	Full team

(including project sites)		
Interviews with CI members, RMU	Mid-June (2 days)	Team Leader
Follow-up Interviews	Mid-end June(2-3 days)	Team leader, M&E and HR Experts
Circulation of Draft Report	End June	Team Leader
Final Report (after incorporating feedback on draft)	Mid-July	Team Leader w/ CARE staff
Stakeholder review of recommendations	End July	CO, ARMU, CARE USA, CEG
Stakeholder Plans of Action circulated	End July	Country Office, ARMU, CARE USA, CEG.
Monitoring Implementation of Recommendations	ongoing	Country Office, ARMU, CARE USA, CEG.

Annex 2 Schedule of Meetings and Activities

Date	Location	Activity/meeting
10 June 2006	Islamabad	Orientation meeting with senior staff Security briefing. Interview security officer.
11 June (Sunday)	Islamabad	Introductory presentation by senior CARE staff on principles, values and programme. Team meeting to prepare revised ToR and work plan.
12 June	Islamabad	Meeting with Steering Committee to revise ToR.
13 June	Islamabad	Briefing on EEP and workshop findings by Emergency Team Leader. Interviews CARE HR Manager, Health and Gender Advisor. Interview EJ Goodyear UNDP Interview Abu-Diek OCHA Interview CARE Procurement Assistant
14 June	Islamabad	Interviews ERRA Chairman, Gender Focal Point and staff. Interviews Sungi CEO and Executive Director Interviews CWS, CEO and Gender Focal Point. Interviews CARE M and E consultant, Finance officer, Logistics officer, Watsan and Infrastructure Advisor and Education and Psychosocial Advisor.
15 June	Islamabad	Travel to Allai Valley. Orientation interview senior staff.
16 June	Allai Valley	Attending morning staff briefing. Visit Lugni Kandoa, Interview with beneficiary men, visit to village houses and interviews with women. Gul Bajyia Karin meeting with Committee. Interview CARE logistics officer. Interview infrastructure team.
17 June	Allai Valley	Morning briefing. Visit to destroyed school, Biarai, interviews with community, teachers and Education Committee, Pokal village, examination of repaired culvert, Koz Kaar repaired bridge, irrigation rehab. Micro hydro and water mill, interviews with beneficiaries and committees at each of these. Meeting with CARE Infrastructure and watsan teams.
18 June (Sunday)	Allai Valley	Morning briefing. Visits Qala, water supply; Sheray channel reconstruction and micro hydro plant; Sattoo water tank construction. Focus group discussion with 40-45 women, hygiene kit distribution, Meeting watsan team. Inspection latrines and washrooms, informal discussions with community. Visit SRSP Banna school site.

		Meeting with Captain Naeem, i/c Allai. Military. Meeting CARE Education team. Interview Field office Administrator.
19 June	Allai Valley	Morning briefing. Investigate bridge repairs and wall repairs, Biarai, pedestrian track construction, culverts, irrigation channel, micro hydro, water mill. Visit Nogram; Interviews with women. Witnessed training for house reconstruction, meeting with CARE housing reconstruction team, interview CARE area Co-ordinator.
20 June	Battagram District	Meeting Colonel Zakeer, District Commander and former military i/c Allai Valley Meeting eight SSD staff: project co-ordinator, two site engineers, three social mobilisers, water quality technician, storeman. Field Office Chattarplain. Meeting Community Committee Kathora Village, visit school to witness hygiene kit distribution, interviews children and teachers. Visit water supply scheme.
21 June	Mansehra District	Meeting five staff in AWAZ Field Office including health co-ordinator, female medical officer, gender co-ordinator, field co-ordinator, social mobiliser, Mansehra. Observed trainings by AWAZ of TBAs and micro-enterprise. Meeting five staff: field operations manager, health co-ordinator, two lady health visitors, gender co-ordinator, Sungi Field Office Ishrian Visit Kurmang and Kotli Bala Villages, interview beneficiaries, visit to female headed house and interview with its head, community committee members and Sungi Field Coordinator
22 June	Mansehra District	Interviews Mansehra Office Visit Sungi tent clinic in Malkan, interviews with field operations manager and health co-ordinator, health, community health volunteers, beneficiaries and male and female health committees. Return to Islamabad
23 June		Meeting with senior staff, interviews CARE staff.
24 June		Report preparation
25 June Sunday		Report preparation
26 June		Follow-up interviews CARE staff and report preparation
27 June		Follow-up interviews CARE staff, including Partnerships Advisor, and report preparation
28 June		Follow-up interviews CARE staff including

		Logistics Officer and Infrastructure Advisor and report preparation
29 June		Debriefing with Steering Committee and senior staff. Interviews CARE staff and report preparation
30 June		Interviews CARE staff and report preparation.

Many senior CARE CO staff, consultants and advisors were interviewed before and after visits to the field. Field office staff were interviewed both formally and informally on several occasions.

Interviews relating specifically to HR issues were also held in Islamabad (12), Manshera (2), and Banna Allai (40). For reasons of confidentiality names are not included though some of these interviews involved staff mentioned above.

A number of phone and e-mail interviews were made while in Islamabad and subsequently. These included: Mark Nolan, Holly Solberg, Michelle Kendall, Lucy Stoner, Ros MacVean, Gail Neudorf, Graeme Storer, Yen Tan, Conrad Völtz.

Annex 3 Further recommendations

1. Recommendation: that the CARE-P Human Resource Unit should further re-assess, implement and disseminate transparent HRM systems.

This entails regular communication with all staff in relation to policies, procedures, compensation and benefits. To achieve this the HR Manager/Unit should regularly visit field offices to work with staff on HR issues face to face. The proposed target is one week out of every month in the field. The HR Manager/Unit should train a person in either BA or Battagram to be responsible for and handle HR in the field on a day to day basis; this person should be trained in recruitment and selection. To achieve transparency, efficiency and effectiveness, all internal and external adverts should be disseminated to all staff. All CVs received should be processed and feedback given to the applicant. Staff outside the recruitment process should not solicit Curriculum Vitae (CV)s. CARE should widen their scope in advertising for positions, broaden the ethnic mix in offices and increase diversity by advertising in more than one nationwide paper, in some targeted local papers, on the Internet (reliefweb for example). HR should continue to review all staff PDs and ensure that all staff have an updated PD or a new PD where appropriate. A community mobiliser PD, linked to program objectives, should be quickly prepared. TAs should be routinely utilised to prepare PDs and be on interview panels. A mechanism for supervisors to formally justify and request a new staff position against need, finances and salary scales needs to be implemented. Key features of this form would be that a TOR or PD be attached, budget and program information, approvals by appropriate staff.

Key documents given at the hiring stage should be translated into local languages (EA, CoC, regulations, etc). There must be no changing of PDs or salary levels during the recruitment process in order to suit an individual; that is the process in the manual should be followed. Staff involved should have prior discussions before their sector or role be changed. Systematised formal briefings are needed for all incoming personnel into the CO. The extant system of induction for all staff needs to be implemented and maintained. Time sheets must be established to record time worked, and, importantly, to ensure that supervisors take responsibility in managing their local staff in terms of hours worked, days off in lieu of long hours leave (sick, holidays etc) and overtime.

CARE Pakistan should consider a re-presentation of its Employment Agreement, not in terms of wording, but with local language versions and a title that clearly indicate that the document is in fact an EA between contracting parties. Employee name and role must be clearly stated, defined as first and last name, date of birth and address. The employer is defined as CARE Pakistan – address. The fundamentals of the Terms of Agreement are: the function and grade; the base salary; the starting date; duration and end of employment; the probation period; the number of working hours; a clause mentioning conditions, COC etc; legal status; obligations of employer and employee; ownership of materials; confidentiality; termination and grievance as per manual; agreement and signatures; append PD, Regulations etc. In relation to probation period the checklist should be redesigned to reflect each individuals PD and not just competencies.

The present HR Manual should be considered as a working draft. It requires an HR responsible to rework the contents with active, informed participation of all staff to reach a final version. This can be done through the regular orientation and training of staff,

section by section, feedback sessions, and focus groups: it should be started as soon as possible and staff need a sense of ownership. For the manual to have an impact on staff and be more effective in its use, the current content needs to be addressed. (The HR evaluation specialist can give guidance on changes for CARE Pakistan/International HR if requested). CARE Pakistan should consider producing a shorter "take home" version of the manual for staff, detailing key topics. Most INGOs have them; for example SC-UK has a booklet given to all staff of key policies and procedures instead of the entire manual.

A comprehensive review of the current salary scale system should occur, taking into account CPI, INGO rates and corporate rates for certain positions. Salary scales should be connected to the evaluation of levels (by CV)– experience, education, language skills and competences, e.g.

EVALUATION OF LEVELS

Levels Gained	EXPERIENCE	EDUCATION	LANGUAGE	COMPETENCE
	≥ 1 year	Diploma 1	Beginner - Social	Average
Levels	1	1	1	2
	≥ 3 years	Diploma 3	Functional - Functional Plus	Good
Levels	2	2	2	4
	≥ 6 years	Bachelor Degree	Professional - Professional Plus	Very good
Levels	3	3	3	6
	≥ 10 years	Masters	International - Advanced	Excellent
Levels	4	4	4	8

EXPERIENCE = Previous experience in similar work

EDUCATION = Education in related field

ENGLISH = English proficiency (see Language)

COMPETENCE = Competence as compared to work performance

Note: Maximum levels gained - 20.

Language proficiency – e.g. Berlitz (can be determined via CV and at interview)
Core Competencies and definition – e.g. teamwork, commitment to CARE principles; integrity; personal conduct; flexibility and adaptability can be determined by CARE and assessed at interview or by CV. The Grades classification can be ascertained by inspection of all PDs (past, present and future) and determine where it fits in the band. Salary scales once determined should have clear entry points for new staff; and take into account all of the above elements.

Performance Management: a system needs to be re-developed in terms of one system for all staff regardless of title. Pro formas for PM need to clearly indicate the following:

- Review period and Reason for review
- Competencies and Key tasks taken from PD
- Technical manager input (where applicable) categorised by objectives, results and rating
- Supervisors overall assessment of competencies
- Progress against development plan (for CARE IOP/AOP)
- Employee comments

Orientation/training sessions need to occur for all staff so that they become familiar with the PM process, which can lead to a positive impact on staff once implemented.

Promotion policy needs to be redeveloped taking into consideration the rapid changing environment of CARE Pakistan in terms of new positions, staff who have been in one role for six months, should be able to apply for a position (linked to a reward system for staff).

Professional Development Opportunities A training review should be conducted by HR to determine the general outstanding needs of staff. This could involve group trainings such as in management skills.

The staff development plan (IOP/AOP) derived from PD and CARE work plan, should be implemented via the performance management/appraisal process, which includes a realistic training plan for each staff member (albeit in the scope of CARE's budget etc). Such a plan can bring increased motivation, knowledge and experience to the individual and hence CARE, but also makes the staff person more employable for the future.

Reward and Recognition should be encouraged. In order to develop these, staff feedback and input are essential. When CARE (P) begins to make them aware of their current policies, staff will be aware of benefits such as public holidays, gratuity, casual and marriage leave, maternity and paternity leave. These are all bonuses of which current staff are not aware. Regularised leave and regular hours will increase staff motivation, as will the encouragement of opportunities for staff in terms of promotion and training. It is recommended that there be an increase in social events. CARE (P) should consider a clear policy that recognises EID as important and creates a bonus system. CARE should also consider the definition of a monetary limit for outpatient expenses for staff .

In relation to Banna Allai and Mansehra Field Offices senior management should 'lead by example' as in the CO to ensure that staff adhere to new systems of day off, normal working hours etc. They should quickly implement one day off in BA (Friday) per week. Weekends off should be introduced in Mansehra (if there is a need to work at weekends due to visitors, staff should be compensated during the following week). CARE (P) should ensure normal working hours for both offices, to ensure a more effective and productive workforce. HR will need to assess current workloads, according to PDs to see if more personnel for the field

are required. As soon as possible a system of R&R should be implemented for BA staff. R&R or leave granted to staff should not be interrupted. CARE should consider instituting ten days of leave each eight weeks to take into account the two days of travel time needed. They should also consider provision of transport via the office route (Battagram, Mansehra, Abbottabad, Islamabad) to assist travel to homes. CARE should consider the provision of phone cards to Field Office staff. Staff travelling on official business should, as a matter of policy, be in CARE vehicles. The per diem / travel policy be strictly adhered to for all staff. Care should assess the need for a medical evacuation policy for BA. Although stress management training has occurred, CARE should consider a professional debriefer going to BA to talk with staff.

2. **Recommendation: that in a comparable situation, when a decision has been made to engage in an emergency, CARE should participate in timely joint scoping assessments and that if the decision is made to intervene should carry out a continuous process of need assessment.**

This recommendation holds whether or not CARE has previously had a large presence in country. The possibility of identifying specific geographical areas and local partners for CARE's interventions is in addition to the benefit of unmediated contact with the actual disaster conditions.

To achieve continuous need assessment, the whole process of identifying community needs should be revisited to develop a system of routine, rather than one-off investigation**.** This is the activity proposed for community motivators in Section 8. It will produce a detailed database on communities, at the level of individual households, identifying different forms of need, vulnerability and capacity, updated week-by-week. Staff hired from the local area are strength for the organization. Their knowledge and networks should be used in the processes of interacting with communities and identifying needs with them. The following techniques can be used in collecting this information: observation of present conditions is fundamental to this with assessments of health, food and nutrition, water availability and other such data bearing on needs. Changes in these factors must be recorded and analysed; (photographs may be useful) there should be discussion with individual households, discussion with key informants, and focus groups on aspects of vulnerability, resilience, capacity and need.

Though women are amongst the most vulnerable in a post-disaster scenario, vulnerability needs to be seen in a wider context. The definition of vulnerable and needy would include people with disabilities (physical and mental), women whose bread-earners are disabled, young girls who have now become mothers to younger siblings as their mothers have passed away, the elderly (men and women), minorities, etc.

This information will produce information to refine present programmes but will be an invaluable source of information for EPP. Information needed for EPP and its relation to developmental activities is discussed in Section 11.

3. **Recommendation: that CARE-P further develop gender-sensitive planning, monitoring and evaluation systems**

The planning, monitoring and evaluation systems of the organization must be more gender sensitive. Simple steps like collecting gender-disaggregated data, developing objectives, outcomes and outputs in gendered terms, designing gendered indicators and developing monitoring tools that not only monitor activities in term of gender disaggregation but also the impacts of the programme. A gender sensitive monitoring and evaluation system is the gender lens of the organization.

Project designs must pay attention to gender and power relations and be a routine part of CARE's planning process. It is important, when conducting such analyses, that the prejudices and pre-determined ideas regarding gender relations be set aside and effort made to understand the root causes of social relations and gender inequities. This will also require examining protection issues within the larger gendered divide. For a program committed to addressing needs of the 'most vulnerable', CARE design mechanisms will have to realize and address needs of the disabled, homeless, lost, abandoned, destitute, widows, orphans, single, elderly, minority, and unaccompanied women or girls.

CARE-P should provide fora for integrated planning not only between sectors but also between men and women on the teams. This will not only give an opportunity for interaction between the female and male teams but also a sharing of experiences, ideas, strategies, and collective problem solving in terms of gender issues at all stages of the project cycle. Integrated planning is the only mechanism for coherent, effective and efficient interventions to identify, and provide coverage of, the target population.

Simple checklists should be developed as constant reminders in addressing gender equity at all stages of the project cycle. These checklists should be developed in consultation with the field teams and made available widely so that all staff at all levels ensure that gender issues are being addressed.

In addition to planning, CARE needs to use qualitative measures to assess changes in power relations, impacts on men and women, and change in social position and structures. So far the emphasis of M and E has been on activity-based numerical monitoring; qualitative monitoring is an important element in a continuous needs assessment and project designing and implementation process

4. **Recommendation: that CARE-P strengthen the mainstreaming of gender across all the implementation sectors by fuller involvement of community women and women on the field teams in the design of activities and by allocating field teams to particular communities to allow stronger links with community women in particular, to deepen understanding of gender issues in communities and identify community activists.**

Gender mainstreaming in CARE Pakistan's programmes has been limited to the health sector and to some extent the education sector partly because of the way the program is divided into four distinct sectors and partly because the individual teams do not fully understand, or perhaps accept, the concepts and importance of gender mainstreaming. Though each team now has women staff as community mobilizers and trainers, their interaction with communities is very limited; the projects themselves have been designed without involvement of either community women or the women on the team. The result is interventions and the delivery of materials that may not be used by the community and are thus ineffective. An example of this is latrine construction; though an important intervention, in the communities visited, few women were using the latrines due to their

location, the number of households per latrine, and the responsibility for maintenance. An initial in depth-analysis and a post-construction impact analysis could revealed ways of making this intervention more effective.

There is a need to think outside the box to empower women in decision making processes; for instance under the housing reconstruction sector, there are many women-headed households who have problems accessing resources and facilities for reconstruction. Moreover, access to information on government policies is almost non-existent as far as women are concerned. The sector, in addition to training local community craftsmen, should be looking into providing information to communities, women in particular, and involving them in developing their layouts for the reconstruction of their houses.

Allai, previously effectively a closed area has opened up to outsiders. It is now up to CARE-P to tap in on that opportunity and mobilize women and work towards incremental change. Social mobilizers should be the front-liners for any intervention undertaken by CARE. But the sectoral approach needs to be done away with so that the same team of people that continue to interact with the communities, men and women, and build strong bonds with them. Going in independently as the education team or the WATSAN team or the health team only creates confusion amongst communities and creates an environment of '*ad hocism'* and discontinuity.

The aim of the social mobilization process is to build social capital and avoid disrupting safety nets and webs. Local coping mechanisms must be understood and capacities in disaster/emergency management be built at the household and community level. A CARE-P social mobilization strategy must be envisioned, drawing upon existing social structures. Local coping mechanisms include different ways of helping out each other within a community. There is a need to understand cultural and traditional practices in detail and to develop a social mobilization model catering to local needs of the area; a 'one-model-for-all-circumstances' formula focused on forming 'committees' is not a sustainable approach. Committees that have been formed, all men, can be strengthened though continuous awareness raising and capacity building interventions to help communities empower themselves. Identifying and engaging activists from within the communities can best achieve this. As for mobilization of women, it will have to be even a slower and more thought-through process. Involvement of community motivators and activists will play a catalysts role in the process.

5. Recommendation: that CARE-P should expedite the preparation of the intended strategic plan for recovery activities, incorporating M and E, contingency assessments and an exit strategy.

At present the programmes are missing opportunities for a structured movement towards development. Lack of a strategic plan causes the present *ad hoc* element of programming. The new programme will need to be introduced at field level through a detailed programme of explanation and training. M and E must be designed integrally with the strategic plan and operational plans. Though CARE-P is developing emergency response capacity (see Section 11) it would be advisable to incorporate an assessment of possible contingent events in the hazardous environment, even though detailed response plans are not appropriate here. The evaluation saw no evidence of an exit strategy, though the intention to engage for several years in Allai is known. An exit strategy is in effect the sustainability plan and should be fully incorporated in rather than an annex to the

strategic plan. If funding were available a transition to a development programme undertaken by CARE-P would be appropriate.

6. **Recommendation: that CARE-P should examine ways of developing wider understanding of SPHERE and other quality standards among staff at field level**

This demands careful training of field staff and probably the preparation of selected user-accessible guidelines for field staff in different sectors. Staff need to be made aware of the general principles of SPHERE, accept these principles and be aware in detail of the standards and indicators for their own sector.

7. **Recommendation: that CARE-P build a database of suppliers in Pakistan and the region to enable rapid procurement of specialist products that may be needed in emergencies. This is relevant to emergency preparedness activities (Section 11)**

8. **Recommendation: that CARE-P consider ways in which co-ordination throughout the supply chain circle can be further improved to strengthen the connection between clearly identified requests from the field and appropriate procurement procedures.**

In some cases this is a matter of clarification of the precise origin of a request, in others of securing the services of expert opinion in sourcing the best item to satisfy need – particularly important in some technical equipment.

9. **Recommendation: that CARE should attempt to ascertain in more detail the characteristics of a wide range of emergencies in Pakistan**

The EPP indicates a range of emergencies to which it may be necessary to respond in Pakistan. Information to allow preparation for emergencies is based on empirical knowledge of emergencies in the country and on theoretical work on hazards more generally. Investigations of hazard show that each emergency has specific characteristics – even within a category like 'earthquake' there are major differences in effects quite apart from the differences in intensity. Investigation of the phenomenology of previous emergencies in Pakistan will help preparation for future emergencies. Theoretical information can be found through a review of relevant literature. It is anticipated that this will be of use in CARE-I, regionally and in CARE-P. CARE has, as yet, little knowledge of such events in Pakistan; empirical evidence could be found through a literature review, but also through contacting agencies with a longer presence. Possibly other agencies would be interested in a joint search/study.

10. **Recommendation: that CARE-P continue to participate in fora relating to the earthquake emergency and consider ways of broadening the co-operation to share good practice in relation to other hazards**

CARE might consider hosting a meeting with other agencies to share the EPP or could use EPP as an input to a joint meeting to share experiences, information and good practice. CARE could facilitate such a meeting even if not hosting it: ERRA or the UN might be willing to host such a meeting which might well involve a standing committee on disaster response.