2010 Haiti Earthquake "Reflections"
After Action Review

November 2010

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List of Acronyms

AAR……………………………………………………………………After Action Review
CCG……………………………………………………………..Crisis Coordination Group
CEG………………………………………………………………..CARE Emergency Group
CI………………………………………………………………………CARE International
CIUK……………………………………………CARE International United Kingdom
CISSU…………………………………………CARE International Security Unit
CO……………………………………………………………………….Country Office
COMWG……………………………………………Communications Working Group
DRD…………………………………………………………Deputy Regional Director
DRR……………………………………………………………Disaster Risk Reduction
ECB……………………………………………Emergency Capacity Building Project
EHAU……………………………CARE USA Emergency & Humanitarian Assistance Unit
EPP……………………………………………………Emergency Preparedness Plan
GIK………………………………………………………………………Gifts in Kind
HAF…………………………………………Humanitarian Accountability Framework
HERAC……………………………………Haiti Earthquake Response Advisory Committee
LARMU……………………………………Latin America & Caribbean Regional Management Unit
LM………………………………………………………………………Lead Member
PAP……………………………………………………………………Port au Prince
RAR……………………………………………………………Rapid Accountability Review
RED………………………………………………… Roster for Emergency Deployments
RTE………………………………………………………………Real Time Evaluation
Sub-AAR……………………………………………………Sub-After Action Review

Acknowledgements

I. Executive Summary

On 12 January 2010, a massive earthquake struck major urban centers in Haiti, including the capital Port au Prince, which lay only 16 km from the epicenter. The Haitian government estimated that over 300,000 people were killed, another 300,000 injured and over 1 million people rendered homeless. Major damage, estimated at almost $8 billion (GoH 2010), was inflicted on residential, public and commercial infrastructure. After the quake there was a mass migration away from cities to stay with relatives. Others took refuge in spontaneous tented camps dotted around the cities. The earthquake came against a backdrop of poor governance and conflict that have resulted in long term underdevelopment and instability in Haiti. Even nine months after the earthquake an estimated an estimated 1.3 million people still remained displaced with the majority continuing to live in spontaneous settlements.

By May 2010, CARE had reached over 300,000 people with distributions of food aid and relief items, cash-for-work, sanitation, psycho-social support and clean water. By the time this workshop took place in late 2010, CARE Haiti's emergency program was in a transition phase focusing on strengthening systems and building greater integration between project sectors. CARE has delivered a significant amount of aid but most humanitarian actors in Haiti - CARE included – were acutely aware of how much was left to be done; the cholera epidemic that ravaged Haiti in late 2010 was a grim testimony to this.

CARE's response to the Haiti earthquake, as with the 2004 Indian Ocean tsunami, demanded a global approach to learning. Beginning in May 2010, a series of lessons-learned activities have been carried out by different CARE members, the CARE Emergency Group and in different functional units within CARE USA. The results of these reflections along with findings of an external evaluation carried out jointly with Save the Children in Haiti were consolidated and compared with lessons-learned from the tsunami response. This lessons-learned synthesis provided a key reference for the Haiti Reflections After Action Review (AAR) during a CARE USA-hosted, a Haiti Reflections After Action Review (AAR) workshop in November 2010.

Over 40 CARE staff participated in this two day workshop; representing CARE USA HQ functional units, other CI members, CARE Haiti, CARE's Emergency Group, and the RMU. The process was led by an external facilitator supported by a member of CARE's Standing Team of deployable quality & accountability specialists. The main objective of this workshop was to learn from CARE's experience in Haiti and help improve CARE International's institutional response to emergencies at a global level. The last organization-wide review was undertaken to review CARE's response following the 2004 Indian Ocean tsunami. The Haiti Earthquake Reflections Workshop similarly focused on priority themes that emerged from an analysis of other learning and accountability activities linked to the Haiti Earthquake[1] and key informant interviews with senior staff involved in the response CARE staff, namely:

1. Clarity of roles, responsibilities, accountability, coordination, and management oversight;

2. Ability to deploy the right people at the right time, including management of deployments, staffing transitions, etc.;

3. Programme design and absorptive capacity. Emergency preparedness planning, capacity assessments, strategic planning and transition from relief to development;

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[1] The synthesis included the results of CARE Haiti's own AAR, an independent evaluation and findings from a series of other "sub-"AARs undertaken by different CI members and CARE USA functional units.

4. Performance in core sectors (Food Security, Shelter and WASH) and integration of cross-cutting issues (gender, DRR, etc.);

5. How effectively the transition was managed between successive phases (e.g. relief to recovery); and

6. Effectiveness of programme support, humanitarian accountability, fundraising, and media and communications.

This reflections process included comparisons with CARE's performance during the tsunami response in order to understand both where CARE's humanitarian response had significantly improved and where improvement is still needed. One of the conclusions of the workshop was that CARE's response to the Haiti earthquake is widely regarded as being the most well-coordinated response in CARE's history. This resulted in, amongst other things, consistent media messaging and rapid deployments of staff from different CARE members and Country Offices during the initial phase of the response. One of the more striking improvements was that shelter interventions – which had been a major problem in Aceh during the tsunami response – have been one of the success stories in Haiti for CARE. At the same time, CARE faced similar challenges in Haiti that had plagued our response to the tsunami, notably in terms of deploying the right people at the right time for a sufficiently long period, program support functions, gaps in accountability to disaster-affected communities, and difficulties in managing the transition phase from emergency interventions into longer term programming.   These findings suggest that while CARE has made considerable progress in responding to large-scale emergencies during the past five years, there are still some fundamental gaps which will need to be addressed as a priority if CARE International is going to continue to be seen as a major humanitarian actor.

IDP Camp near Leogane
Photo: J Baker

CARE's humanitarian mandate requires our organisation to be prepared to respond to very large scale quick-onset emergencies like earthquakes. As with the tsunami reflections process in 2008, a clear expectation was expressed by workshop participants that senior leadership throughout CARE International will act upon these findings and recommendations, paying particular attention to problem areas observed during the tsunami response where CARE continues to be seriously challenged.   CARE's leadership needs to define what capacity and systems our organisation needs to fulfil our humanitarian mandate at a global level.

It is expected that the results of this organisation-wide reflections will not only be used when developing FY12 Annual Operating Plans, but also given serious consideration when formulating CARE International's next Strategic Plan. To facilitate review and follow-up, a summary "checklist" of priority recommendations is provided at the end of this report.

Introduction and Background

On 12 January 2010, seismic activity some 13 km beneath the city of Léogâne, triggered a magnitude 7.0[2] earthquake. The last earthquake in Haiti of this magnitude happened over 200 years ago. Although the earthquake only lasted a few seconds, the disaster proved catastrophic for the surrounding urban areas of Léogâne, Carrefour and Jacmel and Haiti's capital of Port-au-Prince, which lies only 16 km from the epicenter.

Since the earthquake occurred around 5:00 PM, fatalities were lower than they might have otherwise been as much of the population was outside. Nonetheless, the Haitian government estimated that over 300,000 people were killed, another 300,000 injured and over 1 million people rendered homeless. Major damage, estimated at almost 8 billion USD (GoH 2010), was incurred to residential, public and commercial properties. After the quake there was a mass migration away from the affected cities to stay with relatives. Others took refuge in spontaneous tented camps dotted around the cities. The earthquake came against a backdrop of poor governance and conflict that have resulted in long term underdevelopment and instability in Haiti.

Months after the earthquake, the humanitarian situation in Haiti remained critical and reconstruction efforts are still at an early stage. At the end of September, the UN estimated that 1.3 million people remain displaced; many in spontaneous settlements.

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[2] Richter scale

UN Office in Port au Prince after the earthquake

CARE Haiti was fortunate when compared with other agencies as the office and all staff inside were unscathed. In contrast, the United Nations lost over a hundred staff. At the same time, most CARE Haiti staff saw their worlds turned upside down following the loss of family members, friends and their homes and the resulting psycho-social impacts were profound. The fact that CARE Haiti was able to accomplish as much as they did in the aftermath of such personal tragedies is both a testimony to the resilience and commitment of CARE staff involved in the response and the ability of the organization to provide the required support when needed.

CARE's Response to the Haiti Earthquake

At the end of 2010 CARE Haiti's emergency program was in a transition phase with a focus on strengthening systems and building greater integration between project sectors. As shown in the box below [3], CARE has made progress in many areas but at the same time most humanitarian actors in Haiti - CARE included – are acutely aware that there is was much more that needed to be done. The cholera epidemic that has recently ravaged Haiti along with an ongoing political crisis only compounded the situation.

CARE Haiti – Major Emergency Program Accomplishments as of Oct. 2010

✓ Since starting in June, 33% of transitional shelters targeted for 2010 were constructed, providing earthquake-affected families with durable shelter.

✓ The OFDA-funded sanitation and cash for work project was successfully completed with 800 emergency latrines constructed and 5,046 displaced persons provided with cash to keep spontaneous settlements clean of debris.

✓ CARE's distribution of recreation kits to displaced children, started in August and reached 20% of the annual target within 3 months.

✓ Psycho-social support project reached 46% of their target to prepare displaced parents classes to better provide psycho-social support to their traumatized children.

✓ In Léogâne, the Cash for Work project provided income to an additional 3,154 affected families, meeting 81% of the project's target. Civic works included the repair of 17 km of feeder roads.

✓ The Health Program continued outreach services to displaced women, providing reproductive health education and information about services.

II. Purpose and Objectives

While the <u>Haiti "sub-AAR" workshop</u>[4] that took place in Port au Prince during May 2010 examined CARE operations at the country level, the main objective of this Haiti Reflections AAR workshop in Atlanta in November 2010 was to learn from CARE's experience in Haiti in order to improve CARE International's response to emergencies at an organizational level.

The last organization-wide review was undertaken to review CARE's response following the 2004 Indian Ocean tsunami, and the Haiti Earthquake Reflections AAR Workshop was similarly organized. It focused on a small number of priority themes that emerged from an analysis of sub-AARs and key informant interviews that included:

1. Clarity of roles, responsibilities, accountability, coordination, and management oversight;

2. Ability to deploy the right people at the right time, including management of deployments, staffing transitions, etc.;

3. Programme design and absorptive capacity. Emergency preparedness planning, capacity assessments, strategic planning and transition from relief to development;

4. Performance in core sectors (Food Security, Shelter and WASH) and integration of cross-cutting issues (gender, DRR, etc.);

5. Effectiveness of programme support, humanitarian accountability, fundraising, and media and communications; and

6. How effectively the transition was managed between successive phases (e.g. relief to recovery).

III. Methodology & Approach

Due of the scale and complexity of CARE's response in Haiti, it was important that the organization systematically captured experiences in a way that would help to improve global operations in future. Since this emergency response involved a variety of members and functional units within CARE, it was decided to adopt a multi-phase process over several months. This process involved:

- A series of AARs ("sub-AARs") carried out not just by CARE Haiti, but also by different CARE members and functional units within the Lead Member, CARE USA.

- An independent joint evaluation commissioned by the CARE and Save the Children country offices in Haiti.

- A synthesis report that pulled together key results from the sub-AARs and joint evaluation that was used as a reference for participants at the final reflections AAR workshop.

- A "Reflections" AAR workshop in November 2010 hosted by CARE USA in Atlanta to process findings and develop organisation-level recommendations.

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[4] CARE Haiti's sub-AAR report can be downloaded from the Quality & Accountability site on Minerva

The entire process is illustrated below:
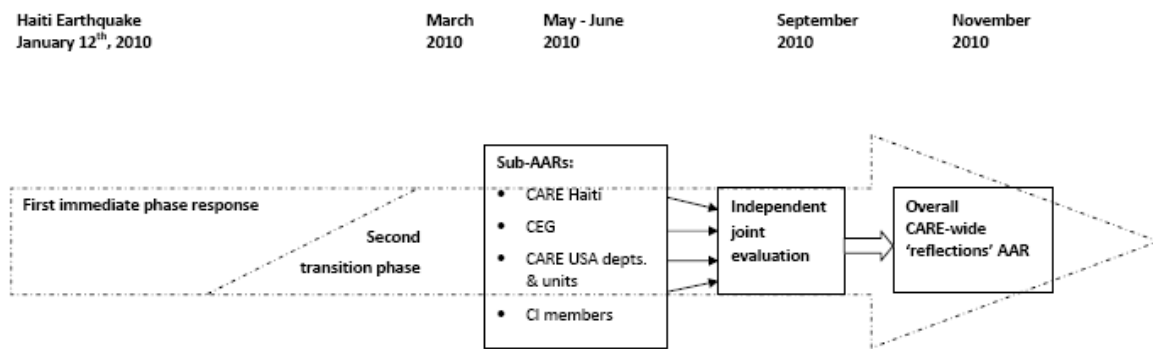
The Reflections AAR workshop design was based on the format of the two-day AAR process often used at country level. The main difference between the Haiti Reflections AAR and a typical AAR was the considerable emphasis on organizational as opposed to operational-level learning. The Reflections AAR process aimed to:

1. Help bring participants onto the same page through a review of the findings from sub-AARs, evaluations and the tsunami reflections. Two timelines, one providing a CARE-specific chronology and another listing key external events, were also reviewed in plenary (slides of the results are attached as an Annex);

2. Capture examples of good practice that should be replicated while identifying areas for improvement.

3. Understand and prioritize the underlying drivers for the results observed and recommend how to replicate good practice or address key gaps.

4. Identify follow up an action plan to enable CARE members, the CARE Secretariat (notably CEG) and Lead Member functional units to respond better in future to support large-scale emergencies that mobilize the entire organization.

Based on a review of sub-AARs, the joint evaluation, and key informant interviews with selected CARE senior staff, seven priority areas were identified specific. Seven working groups were formed according to the following themes:

1. *Organizational Structure, Roles & Responsibilities*

2. *Human Resources: Right people at the right time*

3. *Program Quality & Appropriateness of the Response*

4. *Program Support and Logistics*

5. *External Relations and Funding*

6. *Accountability*

7. *Managing Transitions*

The Haiti Earthquake Reflections AAR workshop overlapped with other meetings, which meant that not all CARE USA participants were able to attend all sessions. However, this overlap proved fortuitous as it did allow CARE USA Regional Directors to join during the final session. Over 40 CARE staff participated in the opening and closing session, of which 25 participated during the entire process. Apart from CARE USA HQ staff representing various functional units, the 25 full-time participants included 7 CI member representatives, 3 from

CARE Haiti, 4 from CEG (CI Secretariat) and the LARMU Regional Director. A list of participants is available as an annex.

The workshop was led by an external facilitator, Karan Chopra, and co-facilitated by a CARE USA staff member, Sarah Ralston, in her capacity as a member of CARE's Quality & Accountability Standing Team[5]. Management of the Haiti reflections process, including this AAR workshop, was by CEG's Program Quality & Accountability Coordinator based in the CARE International Secretariat, Jock Baker. He was assisted by Catherine Bauman. The TOR for the workshop and a list of participants are available as annexes to this report.

IV. Comparison with CARE's response to the Tsunami

The tsunami that struck both Asian and African continents on 26 December 2004 created one of the most challenging humanitarian landscapes ever faced by international NGOs. Over the course of five years, CARE International responded to the tsunami in five countries: India, Indonesia, Somalia, Sri Lanka and Thailand. The *Tsunami Reflections Process* was designed to capture important lessons and examples of good practice by means of extensive consultations, document review, key informant interviews, internal reflections workshops and culminated in a final workshop held in Bangkok in May 2008.

The humanitarian response to the Haiti earthquake was geographically much more limited; CARE focused its efforts around the earthquake-affected zone within a single country. However, the high death toll, extensive structural damage, high media visibility and other factors observed with both emergencies makes the Haiti response comparable to the tsunami response.

In comparison with the tsunami response, significant improvements were observed in CARE's earthquake response in a number of areas. In fact, the response to the Haiti earthquake was widely acknowledged as being the most well-coordinated response in CARE's history. Initial rapid deployments of staff from different CARE members and Country Offices and consistent media messaging were seen to have contributed to a better response. One of the more striking findings was that shelter interventions – which had been a major problem in Aceh during the tsunami response – were one of the success stories in Haiti for CARE. At the same time, CARE faced significant challenges in Haiti that plagued the response to the tsunami: namely getting the right people at the right time for the right period of time, program support to the emergency, gaps in accountability to disaster-affected communities, and difficulties in managing the transition phase from emergency interventions into longer term programming. Findings suggest that while CARE has made considerable progress in responding to large-scale emergencies, there are still some fundamental gaps which will need to be addressed if CARE International is going to be a major humanitarian actor.

The report resulting from the Tsunami Reflections process identified lessons relating to five key and three cross-cutting themes. The table overleaf lists these along with a comparison of relevant findings that were highlighted by participants during the Haiti Earthquake Reflections AAR workshop. Areas where significant improvements were seen are marked with ⬆ and areas which continue to significantly challenge CARE are marked as ☹.

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[5] The Standing Team is part of CARE's "RED" deployable roster and is composed of experienced staff that are available for short-term deployments to help country offices strengthen their accountability to local people and better evaluate the effects of their work, including joint activities with sister NGOs.

Tsunami Reflections		Comparison of findings with the Haiti Earthquake Reflections AAR
1. Roles & Responsibilities – staff at all levels of CARE were confused and frustrated with the lack of clarity around roles and responsibilities.	⬆	Fastest and best coordinated response in the history of CARE during initial phase.
	☹	Management level decision-making processes were sometimes unclear. Those without line management responsibilities were reluctant to intervene. Need protocols adapted for mega-emergencies.
2. The right people at the right time: Demand outweighed supply. The strain was so great at times that many (if not most) staff suffered both physically and emotionally.	⬆	Quick initial deployments of international staff contributed to quality of the response.
	☹	Deployments were too short-term (2-3 weeks) and the lack of continuity made operations challenging. There were quality issues with the second and subsequent waves of deployments. Very difficult to attract senior staff for the long term.
3. Programme design and absorptive capacity. CARE committed itself to a scale and scope of operations that was beyond its expertise and its absorptive capacity. **Preparedness**. Regular assessments of preparedness levels of LMs and at-risk COs are not currently part of the EPP system.	⬆	Timely and good quality response with food and NFI distributions and in shelter sectoral interventions.
	☹	Leadership (Lead Member, CD, CO) did say "No!", but not as much as they should have to ensure minimum standards of quality and accountability were respected. DRR is still not seen as a key and integral part of CARE core business.
4. Transitions: Appropriate investment in monitoring and evaluation, management oversight and technical assistance are key to making appropriate course corrections.	⬆	Early recognition of need to develop longer-term & transition strategy
	☹	Inadequate staff capacity & skills in transition. Lack of shared understanding about roles & responsibilities for planning and managing transition processes.
5. Shelter and Infrastructure: shelter programming posed the single largest challenge not only to CARE, but for	⬆	The shelter sector was widely viewed as a success during the Haiti response.

Tsunami Reflections		Comparison of findings with the Haiti Earthquake Reflections AAR
most other agencies, especially in Aceh. There were heated debates within CARE's leadership whether the organization should even try to become a major player in this sector.	☹	Challenges and in other sectors, where there was a failure to replicate good practice, utilize and build on local capacity, social networks, and partnerships.
6. "Integral" Cross Cutting Issues		
a. Programme support: CARE was so focused on programme that it did not accurately anticipate its requirements for, or value, programme support.	⬆	Rapid Deployment of IT staff and a Logistician. Many corporate partners provided in-kind assistance. Approach acknowledged need for an appropriate balance between program and program support staff (although CARE Haiti experienced significant challenges in actually recruiting people with the right background).
	☹	Lack of clarity of roles and responsibilities. Established systems and procedures were not or used. Inadequate support to deployed staff.
b. Humanitarian accountability: CARE made its single largest investment in dedicated humanitarian accountability (HA) capacity in history in Aceh and the HA team played an important role in detecting fraud and managing risk. While accountability needs to be mainstreamed, experience has shown that there needs to be some dedicated capacity to be able to focus.	⬆	Accountability as an organizational priority for emergencies. Participatory targeting of vulnerable groups considered in distributions and in shelter projects.
	☹	Overall demonstrated poor accountability. Many staff deployed to Haiti, including senior management, lacked awareness of their commitments outlined in CARE's Humanitarian Accountability Framework. Compliance with organizational and donor procedures was largely prioritized over accountability to affected communities.
c. Media and communications:	⬆	Rapid deployment of media officers; proactive, timely and quality flow of information; clear communications strategy.
	☹	Lack of deployable capacity in communications and advocacy. Insufficient partnership with local institutions and civil society.

V. Key Findings and Recommendations

Once participants had reviewed the available evidence within their working groups to highlight examples of good practice and areas for improvement, they proceeded to identify the underlying drivers and develop recommendations. Finally, each working group was asked to prioritize three recommendations, which, if implemented, would result in significant improvements in CARE's emergency response. These priority recommendations along with a summary of findings are presented below along with a recommendations "checklist". The complete set of outputs and recommendations from the group work can be seen in the Annex.

A. *Organizational Structure, Roles & Responsibilities*

Significant improvements were observed in this area in comparison to past responses. Participants noted that almost the entire CARE organization had been mobilized to respond to the earthquake, particularly during the first weeks of the response. Several CARE members deployed staff and the coordinating body HERAC was felt to have played a useful role. More than 50% of the funding for this response was raised by CARE members other than CARE USA, including by CARE Brazil. The last large earthquake in the Port-au-Prince area was in 1770 so it should not be so surprising that earthquake scenarios were not well-developed in CARE Haiti's Emergency Preparedness Plan (EPP). However, the EPP still proved useful, since it had helped the Country Office to think through how it would react and respond in various disaster scenarios.

At the same time, there was still confusion about roles and responsibilities. Participants also agreed that CARE should consider either adjusting its emergency typology to include another level or ensure that updated protocols are adapted to cope with so-called "corporate emergencies" where significant parts of the organization needed to be mobilized.

While the initial response was considered to have been timely and of relatively good quality, CARE encountered serious problems in identifying sufficient numbers of qualified staff after the "first wave" of deployed staff had left Haiti.

KEY RECOMMENDATIONS: ORGANIZATIONAL STRUCTURE, ROLES & RESPONSIBILITIES

- Develop a standby core team of emergency responders at the global level that must include program support areas such Finance, Procurement, Logistics, Human Resources, etc.

- Increase number of deployable emergency specialist at member levels. Special emphasis should be placed on Team Leaders and Technical Specialists in core response areas.

- Acknowledge the exceptional nature of mega emergencies and "establish crystal clear protocols for "Mega emergencies" to establish clear lines of authority to help prepare for such events.

B. *Human Resources: the right people at the right time*

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Human resources was another area where some improvement was observed in comparison to past years. Competent and experienced staff deployed during the first days of the emergency, including an advocacy focal point (often a gap during past responses). The Lead Member was also quick to appoint a Deputy Regional Director that focused completely on the Haiti response. Psychosocial support was made available for CARE Haiti staff. Two members of CARE USA's Executive Team were in Haiti within a few days after the earthquake to provide support to national staff affected by the earthquake. The recruitment of competent and experienced staff to develop and manage shelter activities was identified as a good practice example that should be replicated.

It was clear, however, that many gaps still remain in human resource management. The shelter sector was relatively successful in consistently identifying good quality leaders to drive activities but other functional areas had difficulty in maintaining continuity and quality. Deployments tended to be too short-term (2-3 weeks) with frequent gaps before A replacement could be identified. CARE, like most agencies, had trouble identifying French-speaking deployable staff. Many of the international staff deployed were working for CARE for the first time and, in the absence of systematic orientation, didn't have sufficient knowledge either CARE internal systems, their obligations under CARE's Humanitarian Accountability Framework, or international standards such as Sphere and HAP. It took months before office and staff accommodation facilities in Léogâne (CARE's main center of operations for the earthquake response) reached an acceptable level. While the Lead Member did arrange for a dedicated HR focal point for the Haiti response at HQs, this proved to be insufficient to cope with the workload.

KEY RECOMMENDATIONS: HUMAN RESOURCES

- Each CI member develop an integrated HQ Emergency Preparedness Plan

- Develop/dramatically improve centralized disaster roster

- Develop/strengthen lead member HR functioning / capacities for emergency response (e.g. a full-time HR Focal Point for the emergency)

C. *Program Quality & Appropriateness of the Response*

Due to the efficient local recruitment of experienced former CARE Haiti staff and good leadership in country, initial distributions were both proportional and timely (both food and non-food items "NFI's"). Distributions were often conducted in consultation with local

authorities to promote ownership and shared responsibilities. Well-qualified international staff were deployed to support shelter interventions, with CARE UK providing effective support in their role as CI lead on shelter.

On the other hand, program quality and appropriateness of response were major weaknesses in CARE's response, not least because of the significant scale up of CARE's programming. Within a few weeks, CARE Haiti had gone from managing a $6 m annual program budget to a $100 million five-year earthquake response and recovery program. CI Members searched for funding opportunities to maximize budgets and to target specific sectors. Partly as a result, quality suffered.

Program reviews of the Haiti earthquake response found that projects were not adequately integrating DRR considerations into their designs. There were few stocks of pre-positioned supplies, leading to delays in distributions. At an organizational level, Haiti belongs to a category of high risk countries which have had difficulties in raising funds compounded by a relatively low level of investment by CARE. The result has been that the earthquake found CARE Haiti with diminished staff capacities and few strategic partnerships.

Emergency protocols for program support in the CARE Emergency Toolkit, which should have helped to streamline procurement and other administrative processes, were often not used. This was attributed to a combination of gaps in orientation of staff, accessibility of CET resources and mixed messages from CARE leaders that were often perceived by staff to be prioritizing financial compliance over timeliness of delivery and quality of assistance to beneficiaries.

KEY RECOMMENDATIONS: PROGRAM QUALITY & APPROPRIATENESS

Some participants felt that Haiti, similar to the tsunami response, was a case of taking on too much, too many projects, too many sectors, setting too high a funding target. We need to ensure that we "don't bite off more than we can chew" and focus our emergency program response.

For CARE to be able to ensure program quality, to ensure accountability and an ability to support programs, staffing and compliance it is recommended that ERWG drafts a CI Board Emergency sector engagement policy for approval by the CI board that includes:

- The need for a CO post emergency to focus on one or more of the three priority emergency sectors/clusters (WASH, food security, shelter) and / or the key sectors that address humanitarian need and are key strengths of the CO (e.g. reproductive health , livelihoods).

- The need for sectors to incorporate effectively cross-cutting themes (gender, psychosocial, environment, DRR, HAF etc).

- That Country Offices do not engage / expand into further sectors during the first 6-12 months of a major emergency (depending on the scale/ size etc).

- Priority sectors are included within the Country Office's EPP and reviewed during the first CCG. If the emergency scenario is not included within the EPP then there may well be adjustments.

- Once written and approved, the new policy would need to be integrated into the CARE Emergency Toolkit and the emergency policies and protocols.

D.   *Program Support and Logistics*

CARE emergency operations benefited greatly from the rapid international deployment of IT staff and a Logistician.   Relationships were activated with corporate partners, such as UPS, Delta and Wal-Mart which had been developed as part of preparedness measures.   Pre-approved vendor lists and existing supply chain consortium relationships proved useful. Psychosocial support was provided to CARE Haiti staff by the Lead Member from an early stage. At the national level, the Country Office quickly recruited many former CARE Haiti staff to assist with the response.

At the same time, program support functions experienced many of the same problems that were observed during other large responses, including the tsunami. There was lack of clarity about roles and responsibilities, and this factor, coupled with a general lack of knowledge of established emergency systems and procedures, undermined implementation. Staff observed delays in procurement processes and felt procedures were too cumbersome and bureaucratic. The Lead Member placed considerable emphasis on financial compliance and this was widely perceived by field staff as an obstacle in delivering timely humanitarian assistance to affected populations. Significant problems were experienced with recruitment due to inadequate capacity both at CO and in the Lead Member HQ. There was inadequate support to deployed staff due to a combination of staff turnover and lack of dedicated logistic support for staff welfare.

KEY RECOMMENDATIONS: PROGRAM SUPPORT & LOGISTICS

- Need a dedicated <u>team</u> of finance, logistics, human resources and procurement specialists who have previously trained together using relevant toolkits who can be deployed or used to support capacity building and preparedness during non emergency periods.

- Update CARE Emergency Toolkit (CET) with IT Protocol, Logistics, Warehousing, Distribution procedures, Forms, Contract Templates and ensure these elements are integrated into EPPs

- Preposition supplies in key locations (e.g. Water purification "PUR" tablets, Tents, Blankets)

E.   *External Relations and Funding*

Perhaps some of the most significant improvements made since the Tsunami response were in the area of external relations and funding.   Concerns that quality might be adversely impacted by short-term funds were largely avoided thanks to the immediate development of a Haiti fundraising strategy with a five year program duration. Global advocacy efforts were felt to have successfully influenced policy at national and international levels. There was good CI-wide collaboration around fundraising and advocacy efforts, with several good practices that should be systematized to ensure replication in future responses including rapid deployment of media officers.

However, balancing fundraising with organizational capacity to deliver continues to be a problem. The Tsunami Reflections report highlighted the need to ensure that CARE doesn't "bite off more than we can chew" and indeed a poster displaying a similar message was hung on the wall in CARE Haiti. Absorptive capacity by the country office, as well as the level of institutional support that CARE is able to provide from the initial response through transitional phases must be better taken into consideration by senior management. The

challenges of saying "no" to donors[6] and the tensions between marketing, media and programming need to be addressed at an organizational level. One suggestion by the group was to explore ways of using some of the funds raised to support capacity building for emergencies and to better fund program support mechanisms. The group felt that if donors are amenable to this it would be hugely beneficial to the organization.

Opinions varied as to whether funds that CARE raised for the earthquake response were "enough". Some participants felt that INGO peer have raised significantly more funds. Others argued that fundraising had been sufficient since CARE Haiti was still experiencing problems spending funds that have been raised and maintaining quality. This points to the broader question about CARE's overall capacity to respond to emergencies of this scale and to what extent emergency response really is an organizational priority, when measured in terms of staff time, number of deployable staff with the required capacity, and fundraising.

KEY RECOMMENDATIONS: EXTERNAL RELATIONS & FUNDING

- Explore mechanisms to use response funding more flexibly to support capacity building for emergencies and to better fund support mechanisms.

  - *Who?* CI members, CEG, fundraising departments can develop a task force

  - *How?* Donor education by fundraisers; review of fundraising mechanisms and cost allocation and ADRET policies; develop proposal for an appropriate strategy for doing so. Potentially build into upcoming review of the CI AOP's strategic direction #1 (to improve response capacity).

- Emergency Preparedness Planning (EPP) processes need to get better at taking into account advocacy, fundraising and partnership at all levels, not just at country level. Within the CO, it should include the development of generic and flexible logframes/proposals for each core sector (FS, WASH, shelter). CEG should circulate CO's EPP to whole CARE federation with first sitrep/CCG within minutes of decision to respond. CI members – particularly lead members – should have EPPs in place for fundraising and advocacy functions at HQ levels, ensuring capacity and protocols are in place and pre-existing partnerships defined (e.g. media, corporate donors for GIKs, in-country partners to support core sectors). Surge capacity must include systematic and immediate deployment of proposal writers.

  - *Who?* CO, Lead member, REC, CI members, EHAU, CEG

  - *How?* Build into existing EPP process, workshops and reviews; use of CETs and generic proposal format; develop protocol for sending EPPs; expand EPP process to include CI members' fundraising and advocacy teams. Build better capacity in advocacy in particular.

  - Ensure strategic partnerships are already identified and in place in CO and globally. Include staff with proposal writing skills in the roster and ensure they are immediately deployed.

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[6] CARE Haiti actually did say "NO" numerous times, not just to donors. Conversations with most donors were generally constructive and they demonstrated good understanding of constraints.

F.   *Accountability*

Shelter Brochure for beneficiaries
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Accountability to aid beneficiaries has been increasingly seen as an organizational priority in emergencies, helped both by external and internal pressures. Tools to target vulnerable groups exist and a positive example of information sharing with communities in Haiti were the pamphlets for shelter (see photo).

Unfortunately, the Haiti earthquake response exposed a number of gaps between existing tools and deployable staff capacity and what was actually put into practice, as shown in the relatively poor results observer during an accountability review conducted during May 2010 and again during an independent joint evaluation in September. Many staff that deployed to Haiti, including senior managers, were unaware of their commitments under CARE's Humanitarian Accountability Framework (HAF). As a result, compliance with organizational and donor requirements tended to be prioritized over accountability to affected communities. There were relatively low levels of community participation, though this was partly because Camp Management Committees were often not representative of beneficiaries. Beneficiary complaints systems took too long to put into place, in part because due to risk-aversion, mainly due to a fear amongst some managers of creating false expectations amongst beneficiary populations. Overstretched capacity and lack of resources dedicated to quality and accountability meant that accountability did not receive the priority it deserved. It was felt that the HAF is considered important within CARE emergency units, but it does not yet seem to be an organization-wide priority.

KEY RECOMMENDATIONS: ACCOUNTABILITY

Mainstream CARE's Humanitarian Accountability Framework (HAF) by:

- HAF Trainings. Done by Standing Team and Regional Emergency Coordinators during Regional Workshops

- Induction process for all emergency staff prior to deployment. Responsible: Deploying members

- Include HAF training in CHEOPS and ELMP, include online training in CARE Academy

- Integrate HAF into EPP process and revision process. Responsible: EHAU/LMs

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G. *Managing Transitions*

In the context of the Haiti earthquake response, transition was understood as a series of deliberate actions taken during an emergency response in order to put critical sectors in a path of sustainable progress towards delivering quality services for the benefit of affected populations.

Following the tsunami, CARE faced serious problems dealing with the transition phase and many of these reappeared during CARE's response to the Haiti earthquake despite concerted attempts to learn from the tsunami experience, including the need to devote attention to transition planning from an early stage. There were a number of factors which should have facilitated CARE Haiti's transition to longer-term programming, notably learning from CARE's experience with applying the program approach along with the availability of long-term flexible funding raised by the Appeal.

However, despite these enabling factors, CARE continued to struggle with the transition phase. Due mainly to the shortage of experienced staff after the first wave, there was insufficient time and capacity to deal with emergency activities, let alone the transition. There was also not a common understanding within CARE management on what transition entailed, which was not helped by the general lack of staff capacity & skills in transition management.   The operating environment was also difficult, with prolonged disruptions amongst the Haitian government, the United Nations agencies and Haitian social structures amongst affected populations.

KEY RECOMMENDATIONS: TRANSITIONS

Develop transition guidelines for CARE's Emergency Toolkit which would:

- Ensure engagement of key internal & external stakeholders (community, partners, government and donor) during the consultation phase
- Ensure CO buy-in
- Clarify roles & responsibilities in transition phase
- Identify key skill sets required for successful transition and use learning from successful models (e.g. Sri Lanka during the tsunami response)
- Align transition programs with CARE signature programs and relevant initiatives
- Ensure EPP contains alternative structures and staff are identified to fill specific functions during an emergency
- Resources are mobilized to fund the transition (proposal development, negotiations with donors)

VI. Conclusion

Feedback from participants confirmed that the Reflections AAR workshop had been successful in surfacing the main institutional lessons relevant to CARE at a global level and that the main underlying drivers had been identified. Some participants were pleasantly surprised at how much CARE had been able to achieve and were impressed with the examples of good practice. On the other hand, many participants questioned whether CARE's leadership was actually prepared to give the necessary attention to address key gaps that had been highlighted. It was clear that this reservation from the fact that many of the serious gaps that had been identified were actually recurring themes that had surfaced during the tsunami response.

On the positive side, lessons from the Haiti earthquake have highlighted several areas where there have been marked improvements over the past few years. The consensus was that this was probably the best coordinated response ever witnessed in CARE, particularly during the first weeks of the response. CARE was seen as one of the leading agencies in the shelter sector, a sector which had caused the organization significant pain in Aceh following the tsunami.

The Haiti earthquake has only underlined how important emergency is to CARE's core business, both in terms of how commitments to affected populations are fulfilled as well as the very real organizational risks to CARE if performance does not meet expectations and standards. It is clear, for example, that the roster needs to be better managed with dedicated capacity and that CARE needs to not only promote emergency preparedness within Country Offices, but also within regional offices and at a HQ level. Sectors must be strategically aligned and systems (e.g. typology, protocols) must be robust enough to support the range of emergencies that CARE faces.

Some of the key systemic issues highlighted during the reflections process that challenge CARE's capability to respond to large-scale disasters include:

➢ Staff and resources are overstretched and we have initiative overload

➢ Many parts of our organization are not very well aligned with our mission,

➢ Our program support systems and processes have become too bureaucratic, often resulting in unhelpful risk-aversion amongst staff;

➢ CARE has experienced a significant amount of turnover amongst our staff and many of those who have been recruited recently have not received adequate orientation. It has proved difficult to get qualified staff to assume long term assignment in tough places like Haiti.

During his closing remarks, John Mitchell, CEG's Emergency Response Director described some of these recurring themes that had emerged from reflections on previous emergencies. At the same time, he emphasized the importance of not overlooking the track record of improvements. He concluded the workshop with a few thought-provoking reflections for participants:

➢ It is certain that CARE will be called upon again to face very large emergencies that require rapid mobilization of the organization around the globe. CARE thus needs to determine how to put in place necessary systems and capacities and finance to ensure that they are prepared to respond in a way that meets standards we have set for ourselves.

➢ CARE as an organisation is clearly trying to do too much. CARE's staff are overstretched. An appropriate focus and alignment across different CARE offices that includes humanitarian-related work is therefore not only desirable, but essential.

➢ This workshop focused on the Haiti earthquake, which was a very large, very visible catastrophe. Most emergencies have a much lower, even non-existent, media profile. CARE must ensure that its investments in strengthening our response to big emergencies can benefit populations affected by smaller – less visible – disasters.

➢ In addition to reducing suffering, it's important to remember that CARE's humanitarian work is also about empowering people affected by disasters.

VII. Checklist of Priority Recommendations

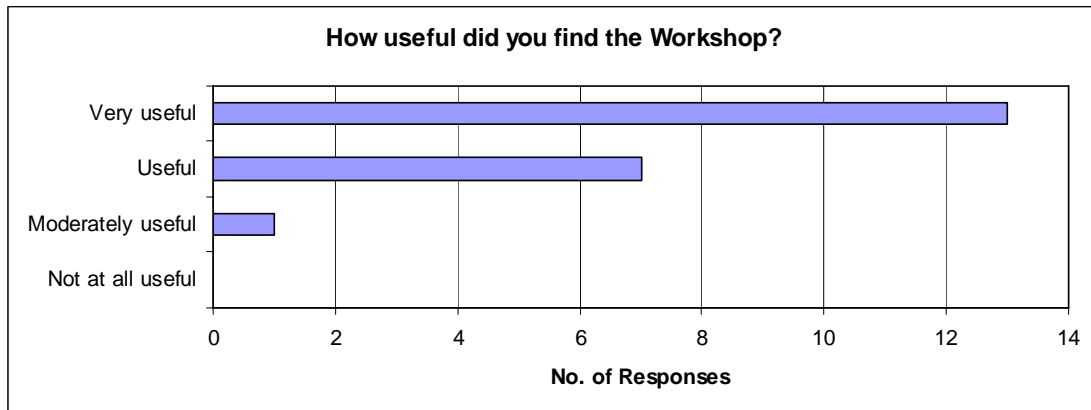| Theme	Recommendations
Org Structure, Roles & Responsibilities	• Develop Core Team of emergency responders, from core functional areas such Finance, Procurement, logistics Human Resources, etc • Increase number of deployable emergency specialist at member levels. Special emphasis on Team Leaders, Technical Specialist in core response areas • Acknowledge the exceptional nature of mega emergencies and "establish crystal clear protocols for mega emergencies" to establish clear lines of authority to help prepare for such events.
Human Resources	• Each CI member develop an integrated HQ Emergency Preparedness Plan • Develop/dramatically improve centralized disaster roster • Develop/strengthen lead member HR functioning / capacities for emergency response (e.g. a full-time HR Focal Point for the emergency)
Program Quality & Appropriateness	ERWG should draft a CI Board Emergency sector engagement policy for the CI board that includes: • The need for a CO post emergency to focus on one or more of the three priority emergency sectors/clusters (WASH, food security, shelter) and / or the key sectors that address humanitarian need and are key strengths of the CO (e.g. reproductive health , livelihoods). • The need for sectors to incorporate effectively cross-cutting themes (gender, psychosocial, environment, DRR, HAF etc). • That COs do not engage / expand into further sectors during the first 6-12 months of a major emergency (depending on the scale/ size etc). • Priority sectors are included within the Country Office's EPP and reviewed during the first CCG. If the emergency scenario is not included within the EPP then there may well be adjustments. • Once written and approved the new policy would need to be integrated into the CARE Emergency Toolkit and the emergency policies and protocols.
Program Support & Logistics	• Need a dedicated <u>team</u> of finance, logistics, human resources and procurement specialists trained in all relevant toolkits who could be deployed or used to support capacity building and preparedness

Theme	Recommendations
	during non emergency periods. • Update CET (CARE Emergency Toolkit) with IT Protocol, Logistics, Warehousing, Distribution procedures, Forms, Contract Templates and ensure these elements are integrated into EPPs • Preposition of Supplies in key locations (e.g. Water purification "PUR" tablets, Tents, Blankets)

External Relations & Funding	• Explore mechanisms to use response funding more flexibly to support capacity building for emergencies and to better fund support mechanisms.
	
	    o *Who?* CI members, CEG, fundraising departments can develop a task force
	
	    o *How?* Donor education by fundraisers; review of fundraising mechanisms and cost allocation and ADRET policies; develop proposal for an appropriate strategy for doing so. Potentially build into upcoming review of the CI AOP's strategic direction #1 (to improve response capacity).
	
	• EPP process need to better account for advocacy, fundraising and partnership at all levels. Within the CO, it should include the development of generic and flexible logframes/proposals for each core sector (FS, WASH, shelter). CEG should send CO's EPP to whole CARE federation with first sitrep/CCG within minutes of decision to respond. CI members – particularly lead members – should have EPPs in place for fundraising and advocacy functions at HQ levels, ensuring capacity and protocols are in place and pre-existing partnerships defined (e.g. media, corporate donors for GIKs, in-country partners to support core sectors). Surge capacity must include systematic and immediate deployment of proposal writers.
	
	    o Who? CO, Lead member, REC, CI members, EHAU, CEG
	
	    o How? Build into existing EPP process, workshops and reviews; use of CETs and generic proposal ormat; develop protocol for sending EPPs; expand EPP process to include CI members' fundraising and advocacy teams. Build better capacity in advocacy in particular.
	
	    o Ensure strategic partnerships are already identified and in place in CO and globally. Include staff with proposal writing skills in the roster and ensure they are immediately deployed.

Accountability	Mainstream CARE's Humanitarian Accountability Framework by: • HAF Trainings. Done by Standing Team and RECs during Regional Workshops

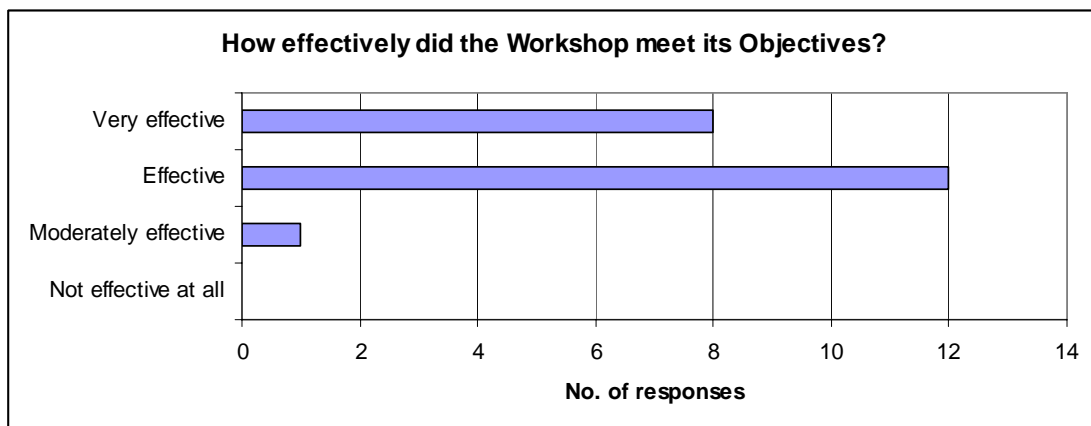| Theme	Recommendations
	• Induction process for all emergency staff prior to deployment. Responsible: Deploying members • Include HAF training in CHEOPS and ELMP, include online training in CARE
Transitions	Develop transition guidelines in emergency toolkit which would: • Ensure engagement of key internal & external stakeholders (community, partner, government and donor) during the consultation phase • Ensure CO buy-in • Clarify roles & responsibilities in transition phase • Identify key skill sets required for successful transition and use learning from successful models (e.g. Sri Lanka during the tsunami response) • Align transition programs with CARE signature programs and relevant initiatives • Ensure EPP contains alternative structures and staff are identified to fill specific functions during an emergency

VIII. Participant Evaluations of the Workshop

A summary of the results of participant evaluations is below. Complete results are available in the Annex.

The Reflections AAR workshop received high ratings overall. Most of the sessions were found to be useful, notably the working group sessions, capturing of "successes" that can be replicated in future, action planning, and workshop process.   The session that was seen as least useful was the synthesis in plenary during the second afternoon, which was felt to have lacked direction and was not the best use of time when energy levels were relatively low.

How useful did you find the Workshop?

Category	No. of Responses
Very useful	13
Useful	7
Moderately useful	1
Not at all useful	0

Participants felt that the workshop objectives had been met and it had resulted in the desired outcomes. The main concern expressed by many participants was whether the necessary mechanisms were in place to follow up on the action plan that had been developed.

How effectively did the Workshop meet its Objectives?

Category	No. of responses
Very effective	8
Effective	12
Moderately effective	1
Not effective at all	0

The facilitation was found to be of very high standard and there was even a suggestion from one participant that there should be a follow up workshop with the same facilitation.

How would you rate the Facilitation?

Excellent — 15

Good — 6

Fair — 0

Poor — 0

No. of Responses
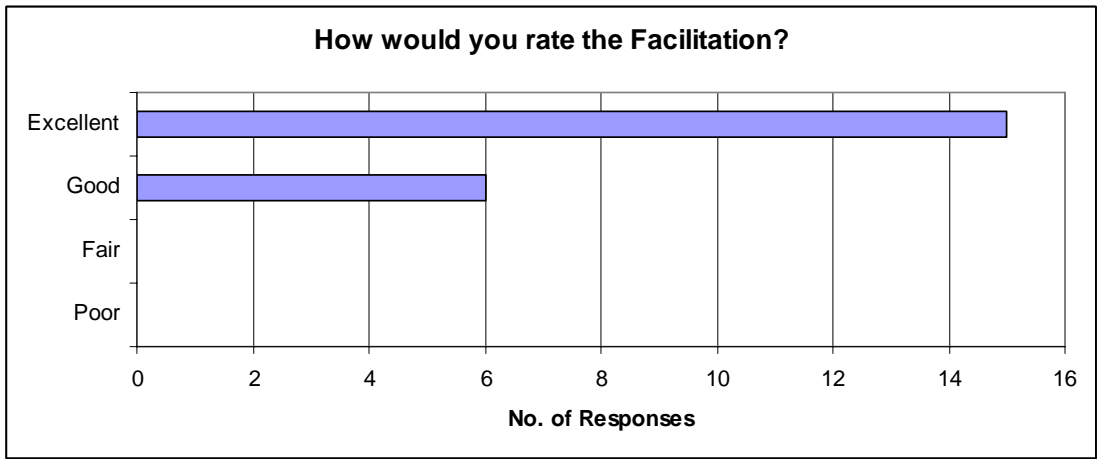
There was mixed feedback on the meeting facilities. A number of participants found the meeting hall too large, with the result that those located in the back had problems with acoustics. Some liked the food and some didn't!

How were the meeting facilities?

Excellent — 7

Good — 9

Fair — 4.5

Poor — 5

No. of Responses