



EMERGENCY FLOOD RESPONSE EVALUATION



(OCTOBER 2007 TO JANUARY 2008)

CARE International in Uganda
Supported by CARE-Australia (AUSAID funding), CARE-Germany and CARE-USA

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Robert Charles Aguma
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ABBREVIATIONS

CI: CARE International

ERF: Emergency Response Fund

GAA: German Agro Action

MoU: Memorandum of Understanding

PLWHA: People Living With HIV/AIDS

SITREP: Situation Report

SOCADIDO: Soroti Catholic Diocese Integrated Development Organisation

UN: United Nations

URCS: Uganda Red Cross Society

Cover illustration: *An elder carries away her share of NFIs at Miroi village in Bukedea District, Photo Credits: Soroti Catholic Diocese Integrated Development Organisation (SOCADIDO)*

EXECUTIVE SUMMARY

The North and North Eastern parts of Uganda were affected by heavy rains and floods that started in July 2007 lasting up to November 2007. This necessitated an emergency response by various humanitarian organisations including CARE. The intervention by CARE was funded by CARE Australia supplemented by CARE USA and CARE Germany. As a result of the floods, widespread destruction of crops and houses occurred with an estimated 66,000 households (400,000 people) critically affected, including some loss of life. Moreover, the area was already vulnerable having gone through a long period of conflict that resulted into a general breakdown of the socio-economic order, the majority of households being dependent on subsistence agriculture with basic services already overstretched. The situation was made more critical by the general lack of capacity by the local governments in the flood affected areas to manage the emergency situation. This state of affairs necessitated the intervention of humanitarian organisations that played a supportive role in terms of assessment of the extent of damage caused, procurement and actual distribution of relief items. As reported by almost all the beneficiaries interviewed, without the intervention of the humanitarian organisations, the level of devastation would have been worse, probably reaching catastrophic levels. From CARE, the flood response involved a number of activities such as: food distribution for people living with HIV/AIDS in Eastern Uganda, distribution of NFIs, as well as hygiene promotion. A total of about USD 158,520 was approximately spent on the entire response covering the districts of Bukedea, Katakwi, Amuria, Kumi and Kaberamaido in the North Eastern Region, and Lira and Oyam in the Northern Region of Uganda.

The key finding was that the response was generally delayed by all humanitarian actors on account of lack of reliable information about the floods. However, the NFIs and food items distributed immensely contributed to saving lives and preventing suffering. Needs assessments were conducted in a participatory manner, and hence matched beneficiary needs. There was evidence on the ground indicating that the assistance given by CARE contributed to strengthening the coping capacity of people affected by the floods through meeting the most critical needs at the time as people struggled to survive. Despite this level of coping, the flood affected communities in the North and North East of Uganda still face acute food shortages at the moment and there is imminent danger of mass starvation in the region. All communities interviewed expressed the dire need for resumption and continuation of food aid up to July/August 2008 when they expect to harvest the first season crops to be planted in March 2008 if the rains come on time. The communities also requested for urgent assistance with agricultural inputs particularly seeds and tools to enable them prepare land to plant food crops. For future such efforts to be more effective, emergency response plans should be designed to provide for advocacy for other actors to fulfill post flood disaster stabilization needs, particularly food, which should continue to be distributed up to the first harvests. It is also necessary to set up an Early Warning System to allow sufficient time for planning. CARE could step

up existing efforts to advocate for the establishment of a national disaster Early Warning System organised from community level and for the preparation of community based emergency preparedness and response plans. In addition, the need to continuously work closely with the District and Sub County Disaster Management Committees with regards initial assessments of disasters cannot be over-emphasized. As part of emergency preparedness, CARE could further develop existing partnerships with GAA, URCS, and SOCADIDO, as well as enter into new partnerships countrywide to respond to emergency situations at little or no notice.

1.0 INTRODUCTION

1.1 *General introduction*

This report presents the findings of a final evaluation of an emergency flood response project that was funded primarily by CARE Australia with additional assistance from CARE USA and CARE Germany. The project was implemented by CARE International in Uganda, working with partners namely URCS, SOCADIDO and GAA and in close collaboration with other actors such as district authorities and UN Agencies/Cluster leads. It followed the onset of floods that started in August 2007 causing loss of life and widespread destruction to crops and houses in the North and North East of the country. The report is based on the terms of reference (TOR) provided by CARE Uganda (Annex 1).

Unprecedented heavy rainfall since July 2007 resulted into severe flooding and water-logging across many parts of eastern and northern Uganda affecting an already highly vulnerable area where the majority of households are dependent on subsistence agriculture and the basic services are already severely overstretched. The area had just started on the road to recovery from effects of LRA armed conflict and the occasional raids by the Karamojong warriors. The flooding in particular had a critical impact in the Teso sub-region partly due to its severity, but also to the relative lack of capacity amongst government and humanitarian actors to respond to needs. An estimated 66,000 households (400,000 people) were critically affected by the flooding, and required various levels of humanitarian assistance. The flood response involved a number of activities such as: food distribution for people living with HIV/AIDS in Eastern Uganda, distribution of NFIs, as well as hygiene promotion. While the food included maize meal and beans, the NFIs comprised of ITNs, blankets, water containers/Jerry cans, water treatment tabs, and Cartons of soap. However, not all items were distributed evenly as specific needs varied from location to location. CARE also provided financial resources for partner field assessments, distributions, and monitoring. A total of approximately USD 158,520 was spent on the entire response.

The areas covered by the emergency flood response sponsored by CARE Uganda included Bukedea, Katakwi, Amuria, Kumi and Kaberamaido in the North Eastern Region, and Lira and Oyam in the Northern Region of Uganda.

1.2 *Purpose of the Evaluation*

In line with its long term commitment to addressing the underlying causes of poverty in Uganda, CARE Uganda structured its emergency response in such a way that it addressed the current humanitarian imperative while maintaining a strategy to supporting sustainable long-term development goals. The evaluation looked into both qualitative and quantitative aspects of the CARE Australia funded response towards the flood emergency in Uganda while also considering the response contribution from CARE USA and CARE Germany.

Evaluation in the present context is understood to mean a retrospective assessment of the actual achievements of the emergency flood response in relation to what was planned. While the evaluation is based primarily on current discussions and/or interviews, reviews and observations versus the initial response plan, the recommendations are meant to provide a strategic direction on how to move into transitional programming for smooth early recovery and lessons for similar disaster responses in future

2.0 OBJECTIVES OF THE EVALUATION

The objective of the consultancy was to undertake an independent evaluation of the emergency flood response in Northern and Eastern Uganda. It aimed at providing an overview of the achievements, strengths and limitations of the flood intervention strategy with a view to continuation of the project where critical needs were identified as still existent. During the evaluation, five broad issues were addressed- relevance, efficiency, effectiveness, coordination and learning from experience.

The broad objectives of the evaluation were as follows (see also Annex I for more detailed Terms of Reference):

- Evaluate programme efficiency and assess whether project objectives and outcomes have been achieved;
- Review the extent to which the project reached the groups most in need of assistance;
- Identify the major issues/factors influencing the achievements or non achievements of the objectives (both from the programme side and the support side of the operations);
- Linkages to the other CARE Uganda Programmes in the North and East;
- Assess the extent to which CARE coordinated its activities with other agencies (national, international and UN agencies), CARE USA, CI members and Government of Uganda;
- Review and recommend appropriate organizational structures/systems for the response, with particular focus on the role of programme support meeting the needs of a full onset emergency;
- Give recommendations on how to move forward into transition programming.

3.0. METHODS USED

3.1 Document Reviews

This focussed on project documents including the Project Proposal, SITREPS and monthly reports. In addition, the following documents were reviewed:

- the Humanitarian Charter and Minimum Standards in Disaster Response Hand book published by the Sphere Project and;

- the HAP (Humanitarian Accountability Partnership-International) 2007 Standards in Humanitarian Accountability and Quality Management.

3.2 Interviews

Structured interviews and discussions were held with partners and other actors who collaborated with CARE Uganda in the implementation of emergency flood response activities. These included sub-county and district officials, persons from organisations such as UN Agencies/Cluster Leads, GAA, SOCADIDO and URCS, as well as individuals from beneficiary communities - including women, youth and local leaders. In addition, interviews were held with staff of CARE Uganda particularly the Flood Response Team Leader and Emergency Sector Manager.

For each of the interviews held, a checklist of general and specific issues to be discussed was developed beforehand. Checklists were specifically prepared for the following categories of interviewees: the beneficiary community, partners and district staff (See samples in Annex II).

3.3 Field visits

The field evaluation was conducted in the districts of Katakwi and Amuria in Eastern Uganda, and Lira in Northern Uganda. The sub counties visited were Ngariam and Usuk (Katakwi district), Morungatuny and Obalanga (Amuria district), and Aromo (Lira district).

The districts, sub counties and parishes visited were selected purposively with a target of reaching at least 5 households per parish. In order to gauge the impact of the food distribution to people living with HIV/AIDS, 20 beneficiaries were purposively sampled from this category in Morungatuny sub-county in Amuria district (List Attached in Annex IV).

4.0. EVALUATION FINDINGS

4.1 The Response Plans

The response plan funded by CARE-Australia with complimentary support from CARE-Germany and CARE-USA had the following objectives:

- Saving lives
- Reducing suffering

In a bid to realise these objectives, the items shown in Table 1 were distributed to the target populations in the areas shown in Table 2.

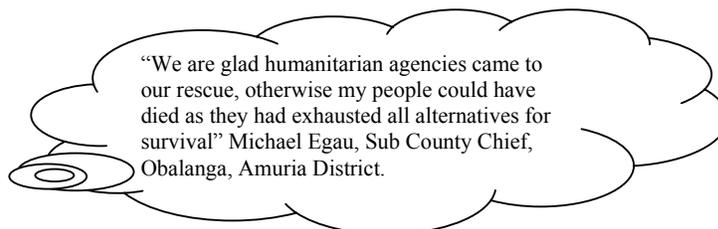
Table 1: Items distributed to flood affected people in Lira, Oyam, Kaberamaido, Katakwi, Amuria, Bukedea and Kumi districts

Item by type	No. of items distributed by Partner Agency				
	GAA	SOCADIDO	URCS-Lira	URCS-Soroti	Total
NFIs					
Soap (Bars)	3,000	6000	3,000	7,500	19,500
Mosquito nets	1,000	2000	-	5,000	8,000
Purification tablets	50,000	100,000	30,000	150,000	330,000
Jerry cans (20 litre)	1,000	2000	1000	2500	6,500
Food					
Maize meal (Metric tons)	-	15	-	-	15
Pulses (Metric Tons)	-	10	-	-	10
Cooking oil (Metric Tons)	-	2	-	-	2

Table 2: Flood response areas and target population

Partner Institution	District(s) of Response	Sub County(ies) of operation during response	Total no. of House holds targeted	Actual number of Households reached	Total Population Reached
GAA	Oyam	Ngai and Aber	1000	1000	6888
SOCADIDO	Amuria	Obalanga and Morungatuny in Amuria	3500 (2000 for NFIs and 1500 for food)	3,711 (2000 received NFIs and 1711 received food) ¹	19,085
	Bukedea	Kolir, Malera			
	Kumi	Kobwin	2000	1948	9,600
URCS-Lira	Lira	Aromo	1000	1000	5,132
URCS-Soroti	Katakwi	Usuk and Ngariam (in Katakwi)	2,500	4870 ²	19,931
TOTALS			10,000	12, 529	60,636

The response plans were adequate with respect to providing immediate relief to the targeted flood affected communities. Lives were saved and human suffering was reduced during the flood period. Beneficiaries indicated that the impact caused by the floods could have been worse had CARE and other humanitarian agencies not intervened.

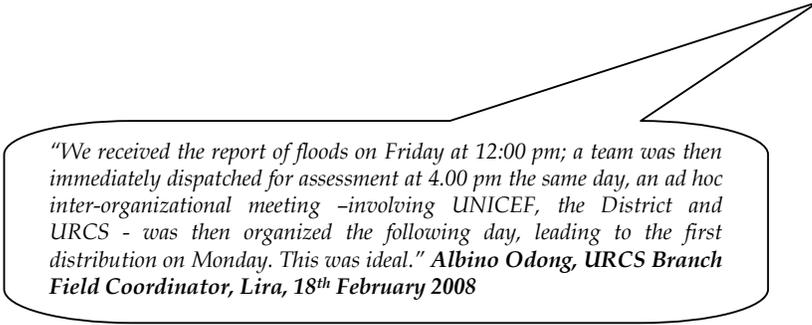


¹ 1711 households were reached instead of 1500 planned, because food rations had to be adjusted to cater for a bigger number of PLWHAs

² The extra number of households reached was as a result of some households not receiving jerry cans, ITNs and laundry soap, but received water guard tablets. In turn, some of the households that received jerry cans, ITNs and laundry soap did not receive water guard tablets. This was attributed to other partners contributing specific items which were topped up by the items provided by CARE. In this way duplication was avoided.

4.2 Timeliness of Response

In Lira initial field assessments of the flood emergency were done by URCS using volunteers. The assessment methodology involved talking to the local leaders followed by house to house verification. Overall, although the assessment was done timely (within 24 hours of the first report of flooding), there was delayed response by all humanitarian organizations except UNICEF that had a reserve stock of NFIs.



"We received the report of floods on Friday at 12:00 pm; a team was then immediately dispatched for assessment at 4.00 pm the same day, an ad hoc inter-organizational meeting –involving UNICEF, the District and URCS - was then organized the following day, leading to the first distribution on Monday. This was ideal." Albino Odong, URCS Branch Field Coordinator, Lira, 18th February 2008

Ideally, in any emergency situation, a rapid assessment should be conducted within the first 24 hours followed by the first distribution in the next 5 days. In actual sense, the first major distribution in Lira took place after 3 weeks. This was attributed to the general lack of appropriate emergency preparedness on the part of Government and the humanitarian community.

4.3 Targeting

The response strategy was structured in such a way as to work with and through community based partners. Generally, particular emphasis was made to non discrimination with due consideration being made to women specifically as the preferred direct beneficiaries of NFIs. This featured prominently in the MoUs signed between CARE and Partner Organizations.

While interviewing beneficiaries from Acut Kum, it was pointed out that although they would have wished the whole Parish to benefit from NFIs, only the people most in need were targeted.

Although food aid was initially planned for those whose food stocks were severely destroyed by floods, in Morungatuny and Obalanga Sub Counties in Amuria District – where SOCADIDO operated – selection of beneficiaries was based on HIV status with only those who were HIV positive but in flooded areas benefiting. The possibility of leaving out people who were not necessarily HIV positive but had their crops severely destroyed by the floods being left out cannot be underestimated. The approach, as intended, should have been to carry out a general food needs assessment of the flood affected people targeted, then give first priority to the most vulnerable, including the PLWHAs. There was an apparent variation in applying this criteria by the partner despite commitments in the MoU.

4.4 Quantity and Quality of NFI and/or food items distributed

From the beneficiaries' point of view, the quantities of items contained in each household package were inadequate. Table 3, gives a comparison between quantities of items recommended per household according to URCS Standards and those provided by CARE.

Table 3: Comparison between quantities of items recommended per household according to URCS and those provided by CARE

URCS Standards		Provided by CARE ³
Water and Sanitation	Essential Household Items	NFIs
<ul style="list-style-type: none"> • Water tabs • Jerry cans (for safe drinking water) • Second round soap for hygiene promotion (3 bars) 	<ul style="list-style-type: none"> • 3 bars of soap • 2 jerry cans • 1 tarpaulin • 3 blankets • 5 cups • 5 plates • 2 cooking pots 	<ul style="list-style-type: none"> • 1 ITN • 1 jerry can • 60 Water purification tablets • 3 bars of soap

Generally, the quality of the relief items distributed was reported to be satisfactory. However, in Lira, through an evaluation carried out by URCS two months following the distribution, some specific issues of quality were raised especially with regards to laundry soap. According to the beneficiaries, whereas a bar of good quality soap would last them a month, the 3 bars supplied only lasted a month. They recommended "*Tower and Yellow Star brands* as good quality soap compared to *Rafiki* brand that was supplied. CARE was reliably informed of the issue to do with quality, which probably explains why the same complaint did not come up in Soroti where subsequent distributions were done.

4.5 Programme Support

The ERF funding arrangement enabled early response to the flood emergency following the decision by CARE to intervene. Programme was instrumental in formulating response plans that were funded by CARE Australia and CARE Germany. The intervention made by CARE was adequate with respect to saving lives and reducing human suffering. However, more could have been done with respect to linking flood affected communities to other actors that support early recovery programmes, for example, food security.

4.6 Financial/Procurement/Logistical Support

The procurement department at CARE-Uganda Headquarters was very instrumental in ensuring that the relief items were purchased in the right quantities and delivered to upcountry destinations in a timely manner.

³ Other items including tarpaulins, blankets, cups, plates, cooking pots were provided by other stakeholders,

Efficiency of flood response was enhanced by using local staff based at the CARE-Gulu Sub Office, particularly the Administrative Officer, to provide logistical support. This ensured that the response was done in a timely and accurate manner, while also complimenting regular monitoring. In addition, disbursement of funds required to facilitate the distribution of the relief items was also done in a timely manner. This was reported by all the partners visited. According to URCS Lira, this fitted well with their operation system, where items are first sent to the field, then mileage is claimed later.

The total financial support received from the various sources is summarized in Table 4:

Table 4: Total Financial Report received for the floods response

Funding Source	Actual Amount Spent (USD)	Households Targeted	Households Reached
Ausaid through CARE-Australia	109,682	6,500	9,029
CARE-Germany (Lira)	19,347	1,000	1,000
CARE-USA	29,491	2,500	2,500
Total	158,520	10,000	12,529

Source: Financial Reports submitted to CARE-USA (ERF), CARE Australia (Ausaid) and CARE-Germany

Going by the figures in Table 4, whereas the planned assistance was about USD 16 per household, about USD 13 was spent per household due to the increased number of households reached.

4.7 Coordination

General coordination of the floods response was the responsibility of the respective District Disaster Management committees in each District. For effective coordination, a special Sub Committee on the flood disaster was formed in each of the districts with leadership from appropriate UN cluster heads. The respective Sub Committees included humanitarian organizations that responded to the floods emergency, including CARE. In both Lira and Soroti districts, the constant presence of a staff from CARE was highly commended. As a result of this coordination structure, distribution of food and NFIs was done in areas that were most in need and where gaps existed. Efforts were made to avoid particular areas receiving similar items from more than one agency. The response plans were adjusted according to requirements put forward by other stakeholders through the UN cluster system coordinated by UN-OCHA. Whenever adjustments were made, timely communication was sent to the donors.

“There was an acute need for items at the time, but there weren’t enough Partners on the ground. Therefore CARE’s response was timely and had a significant impact because the gaps were filled” **Paul Onyang, Ag. Head of UNOCHA Field Office. Lira**

4.8 Information Sharing

Situation reports (SITREPS) were being shared with Partners, amongst staff and with donors, on a regular basis (initially twice a week). All stakeholders were kept abreast with progress and challenges regarding flood response activities. Such information was gathered from coordination meetings, partner field reports and assessments by the CARE Emergency Response Team in the field led by the Team Leader.

4.9 Branding

In spite of the effort made to brand key items using the CARE logo, as well as the communication made by CARE and partners prior to the distribution of items, the majority of beneficiaries interviewed in both Lango and Teso feigned ignorance of CARE being the contributor of the products they received. The respective Partners-URCS, SOCADIDO - were instead mentioned as the contributing organizations. More could have been done with regard to branding and enhancing the visibility of CARE and its donors.

4.10 Impact of Response

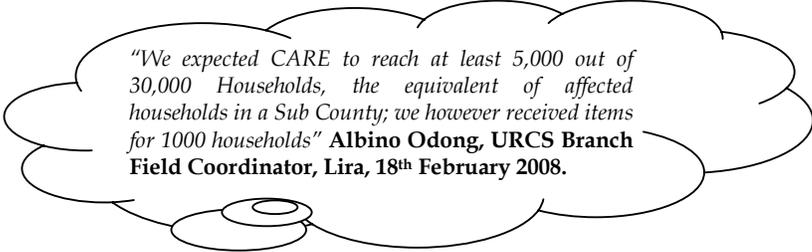


One of the beneficiaries in Aromo Sub County Lira shows his mosquito net

Overall, beneficiaries of the food and NFIs distributed were appreciative of the contribution received through CARE partners. At micro level, the impact was made even greater by the deliberate effort made by most partners to make sure that what was handed out was received by the people in greatest need (save for limited variations noted earlier in food distribution in Teso). For instance in Oyam district, GAA made follow ups of general assessments made through the cluster system, to verify what was

reported. Such field assessments considered only villages that bordered a river, stream or low lying area. Beneficiary lists submitted by the community were later cross checked by Sub County officials and finally approved through public screening at community level.

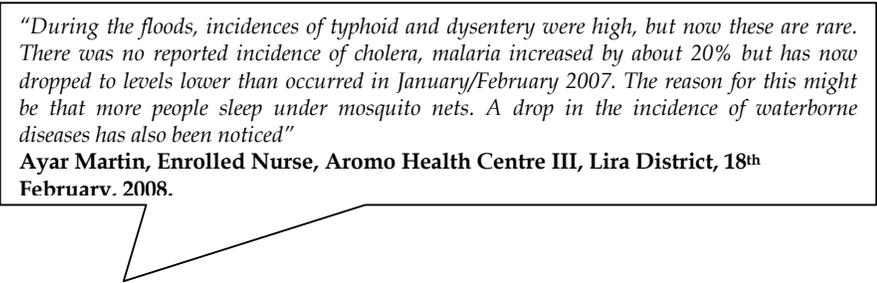
However, in some cases Partners reported that the items provided by CARE were few compared to the number of affected households. These items only served to supplement what was provided by other agencies.



"We expected CARE to reach at least 5,000 out of 30,000 Households, the equivalent of affected households in a Sub County; we however received items for 1000 households" **Albino Odong, URCS Branch Field Coordinator, Lira, 18th February 2008.**

At macro level, effort was made to ensure that the original project design remains intact. Article I, Section 1.1 of the Project Implementation Framework Agreement between CARE Australia and CARE Uganda required that all projects be implemented as outlined in the Project Proposal and that project funds are used exclusively for activities outlined in the Project Proposal and the respective budget. Section 1.2 required that all parties keep each other fully informed concerning any developments which necessitated any significant changes in project design, particularly changes in the project's goals and objectives, activities, the implementation schedule, or the allocation of funds.

During the flood period, no deaths directly attributable to malaria, diarrhea or poor hygiene were recorded among the communities targeted by the CARE response implying that the mosquito nets, the safe water kits and the hygiene promotional activities could have been effective, of course, as a contribution to other efforts. Deaths due to starvation were also not recorded. The only deaths recorded as a direct result of the floods were due to drowning and even these were among communities not directly targeted by CARE assistance.



"During the floods, incidences of typhoid and dysentery were high, but now these are rare. There was no reported incidence of cholera, malaria increased by about 20% but has now dropped to levels lower than occurred in January/February 2007. The reason for this might be that more people sleep under mosquito nets. A drop in the incidence of waterborne diseases has also been noticed"
Ayar Martin, Enrolled Nurse, Aromo Health Centre III, Lira District, 18th February. 2008.

4.11 *Current Needs of Flood Affected Communities*

Flood affected communities in the North and North East of Uganda face acute food shortages at the moment and there is imminent danger of mass starvation in the region. All communities interviewed expressed the dire need for resumption and continuation of food aid up to July/August 2008 when they expect to harvest the first season crops to be planted in March 2008 if the rains come on time. The communities also requested for urgent assistance with agricultural inputs particularly seeds and tools to enable them prepare land to plant food crops. None of the communities interviewed intends to rely on food aid for survival beyond the first season harvest.

5.0 LESSONS LEARNT

- Whereas PLWHAs in the flood affected areas were understandably targeted by CARE and Partners regarding food distribution, exclusive targeting of these without consideration of other forms of vulnerabilities could have left out some of the most deserving households.
- Gradual flow of reliable information concerning the onset and severity of the flood emergency coupled with the delay by Government to declare a State of Emergency delayed initial assessments, formulation of response plans and actual response by the general humanitarian community.
- The impact of disaster intervention can be compromised by aspects related to quality of products as was the case with soap supplied in Lira District.
- The approach used by CARE of working through Partners was effective with regard to NFIs and food items being delivered to the beneficiary communities although more emphasis could have been placed on projecting the visibility of CARE and donors.

6.0 RECOMMENDATIONS

- Future emergency response plans should be designed to provide for advocacy for other actors to fulfill post flood disaster stabilization needs, particularly food, which should continue to be distributed up to the first harvests.
- There is a need to build on and strengthen existing internal capacities for emergency preparedness and response within the CARE structure, to adequately respond to any disaster in a timely manner. This should be done by setting up an initial assessment team comprising of multi sectoral skills that should be despatched to the affected area as soon as a disaster is reported. In this way, efficiency and effectiveness of response will be ensured.
- CARE should build on existing efforts to advocate for capacity building of the District and Sub County Disaster Management Committees with regard to initial assessments of disasters. In particular, these should be equipped with knowledge and skills on data collection and analysis. This will ensure timely

and accurate assessments once disasters occur. It would be useful to train a core team at district level to guide the Sub Counties in data collection and analysis. This team would consist of representatives from agencies and district line departments.

- For emergency preparedness and better planning during emergencies, CARE could step up existing efforts to advocate for the establishment of a national disaster Early Warning System organised from community level and for the preparation of community based emergency preparedness and response plans.
- Whereas it is important to consider quantities of items distributed, due consideration should also be given to the quality of the products being procured. Early planning for disaster response is required in order to avert a possible problem of manufacturers of good quality products being overwhelmed by heavy demands placed on them by various humanitarian agencies during the disaster period.
- As part of emergency preparedness, CARE could further develop existing partnerships with GAA, URCS, and SOCADIDO as well as enter into new partnerships countrywide to respond to emergency situations at little or no notice.

ANNEXES

Annex I: Terms of Reference

Terms of reference – CARE Uganda
[Evaluation of Humanitarian Action - EHA]
[Conducting an evaluation of the emergency flood response in East and Northern Uganda]
[February 14-25, 2008]

Background

CARE International in Uganda played a significant part in responding to the floods in parts of Northern and Eastern Uganda. CARE was involved in a number of activities such as: General Food Distribution for people living with HIV in Eastern Uganda, distribution of NFIs, as well as hygiene promotion. The areas covered included Bukedea, Katakwi, Amuria, Kumi, Kaberamaido in the Eastern Region and Lira and Oyam in Northern Regions of Uganda.

To draw lessons for improving policy and practice and to enhance accountability, CARE intends to carry out an evaluation of its flood emergency response projects undertaken between October 2007 and January 2008. The evaluation will look into both qualitative and quantitative aspects of CARE Australia funded response towards the emergency in Uganda as well as consider flood response contribution from CARE USA and CARE Germany.

Objectives of the Evaluation are to:

1. Evaluate programme efficiency and assess whether project objectives and outcomes have been achieved;
2. Review the extent to which the project reached the target groups most in need of assistance;
3. Identify the major issues/factors influencing the achievements or non-achievements of the objectives (both from the programme side and the support side of the operations);
4. Establish linkages to other CARE Uganda Programmes in the North and East
5. Assess the extent to which CARE coordinated its activities with other agencies (national, international and UN agencies), CARE USA, CI members and Government of Uganda;
6. Review the partnerships CARE engaged in and how effectively they enabled achievement of results and outcomes;
7. Give recommendations on how to move forward into transitional programming

The consultant will, therefore, conduct the evaluation between 14th and 25th February 2008, and finalise a draft report for submission to CARE Uganda by 26th February 2008.

Methods

The consultant is expected to employ a participatory evaluation approach and a scientifically representative sample for gathering information. The tools employed should be conventional, easy to interpret and able to collect consistent data.

Methods for the evaluation may include, but are not limited to:

- Structured individual interviews
- Structured group interviews
- Observation of activities
- Focus Group Discussions
- Analysis of documents (implementation and monitoring reports)

Data analysis methods should also be consistent with acceptable social research practices.

The evaluation will address four broad issues – relevance, efficiency, coordination and learning from experience and knowledge sharing.

- Relevance: Examine whether the response addressed beneficiaries needs, whether they are in line with the mandate of CARE;
- Validity of Design: Examine whether / extent to which the response was logical and coherent;
- Effectiveness: Examine the extent to which the programmes have achieved stated outputs;
- Efficiency: Assess programme productivity against expenditure;
- Coordination: How successful or otherwise was CARE in coordinating its response with other key stakeholders;
- Sharing of experience: How successful was CARE in learning from others and sharing its own experiences in emergency response;

Time Table

The evaluation will be for 12 working days maximum including travel and reporting. Start date is February 14th, 2008 and the exercise is expected to end by the 25th of February 2008. A debrief of the evaluation will be held immediately after 10th Feb. A draft report will be expected by the 26th of February and a final one on the 29th February 2008.

Dates	Activity	# of working days
14 th -15 th Feb	Desk review of literature and tools development	2 days
16 th - 22 nd Feb	Field consultations and data collection including travel time	7 days
23 rd - 25 th Feb	Analysis, drafting of the report, and debriefing	3 days
	TOTAL	12 days

Outputs

A final report of not more than 10 pages including an executive summary, an overview of the achievements; strengths and limits of the intervention strategy; specific findings as they relate to the specific objectives as outlined; best practices and lessons learned and clear recommendations for the future.

The results will be used to:

- Incorporate “lessons learned” in follow-up projects in emergency response;
- Inform the community about their resources and development in view of emergency risks;
- Provide input towards the review of the CO EPP;
- Prepare a project evaluation report;

The Consultant/Resource Persons

The consultant will have special skills in both quantitative and qualitative data collection and analysis, strong practitioner of participatory methodologies and experienced in working with/in diverse cultural settings. In addition, the evaluator will have a credible profile (experience) of evaluation of humanitarian projects in line with the Sphere Standards. In addition, the evaluation consultant will work with a team involving (directly and indirectly) the Emergency Sector Manager and Flood Response Team leader as well as Key staff involved in the emergency response intervention.

Annex II: Guiding questions used by the Consultant

CHECKLIST FOR CONDUCTING EVALUATION OF THE EMERGENCY FLOOD RESPONSE IN EASTERN AND NORTHERN UGANDA

Respondent Category: Beneficiary Community Members

Date: _____

1. BACKGROUND

District:

Sub County

Parish:

Respondent's Name:

Number of Children (where applicable):

2. EFFECT OF FLOODS

How were you and your family affected by the recent floods?

How would you rate the overall impact of the floods to your community? (Very severe, Severe, Low, non-existent)

3. IMPACT OF NFI/FOOD DISTRIBUTION/HYGIENE PROMOTION

Did you receive any assistance in response to the floods?

If yes, what form of assistance did you receive and from whom?

Did you receive any items in respect to the floods problem?

If yes, what items were they and in what quantities were they provided?

What is your comment on the quality of items you received?

Hygiene promotional activities did you participate in during the flood response?

In your view, do you think these items and any other assistance provided improved your situation?

To what extent did the items help you out of the problems associated by the flooding?

What other issues would you want to raise concerning the flood response?

What suggestions do you have to make in case the floods re occurred?

How are you prepared to mitigate against the effect of floods in future in case they re-occurred?

OTHER OBSERVATIONS

CHECKLIST FOR CONDUCTING EVALUATION OF THE EMERGENCY FLOOD RESPONSE IN EASTERN AND NORTHERN UGANDA

Respondent Category: Partners in Flood Response

Date: _____

1. BACKGROUND

District:

Parish/Sub County Covered:

Name of Partner organization:

Title of Respondent:

3. NEEDS ASSESSMENT AND SELECTION OF BENEFICIARIES

What role did you play in responding to the floods disaster?

What particular communities did you target for the floods response? How were they selected?

How did you assess the needs of the beneficiary community?

Where the beneficiaries themselves involved in the needs assessment?

3. RESPONSE

How timely was the response to the floods disaster?

How were response resources mobilized by your organization?

Which organizations contributed to the flood disaster response?

3. PARTNERSHIP AND CO-ORDINATION

How do you rate the collaboration between CARE and your organization? (1-5: Low to Very Good)

Were there any mechanisms for information sharing?

Did CARE respond to agreements in time with regard to disbursement of funds and delivery of food and/or NFIs?

4. MONITORING AND INFORMATION SHARING MECHANISMS

Did you gather information on progress? If yes, how regularly?

What mechanisms were in place to share the information gathered.

5. PROBLEMS ENCOUNTERED

What were the enabling factors in the response?

What challenges did you encounter in the floods response program.

Any recommendations for the future?

OTHER OBSERVATIONS

CHECKLIST FOR CONDUCTING EVALUATION OF THE EMERGENCY FLOOD RESPONSE IN EASTERN AND NORTHERN UGANDA

Respondent Category: District Staff

Date: _____

1. BACKGROUND

District:

Title of Respondent:

What particular areas were affected by floods in the district? About what percentage of the district do they represent?

3. RESPONSE

How timely was the response to the floods disaster in general?

Which organizations were behind the response?

How were response resources mobilized by the district?

Did you receive adequate resources to cope with the floods disaster?

3. PARTNERSHIP AND CO-ORDINATION

How did you rate the collaboration between humanitarian agencies and your district with regards the flood response?

6. MONITORING AND INFORMATION SHARING MECHANISMS

Did you gather information on progress? If yes, how regularly?

What mechanisms were in place to share the information gathered.

7. PROBLEMS ENCOUNTERED

What were the enabling factors in the response?

What challenges did you encounter in the floods response program?

Any recommendations for the future?

OTHER OBSERVATIONS

Annex III: List of people interviewed

A. CATEGORY: Partners

District	Organisation	Person(s) Consulted	Designation
Lira	GAA	Lucien D' Hooghe	Project Coordinator
	GAA	Obote Patrick	Distribution Supervisor
	UNOCHA	Paul Onyanga	Ag. Head of Office
	UNOCHA	Joel	
	OPM	Othieno Daniel	District Disaster Preparedness Coordinator
	URCS	Albino Odong	Branch Field Coordinator
	URCS	Aine Reuben	Relief Officer
	URCS	Paul Ongom	Focal Person Disaster Management
	URCS	Okello Tom Okii	Volunteer
	URCS	Ling Mola Gustav	Volunteer
	URCS	Wilbert Ogwang	Volunteer
	Aromo Health Centre	Ayar Martin Peter	Enrolled Nurse
	Aromo Health Centre	Akwenyu Cypriano	Guard
	Soroti	SOCADIDO	Fr. Athanasius Mubiru
SOCADIDO		Epesa Grace	In Charge Agriculture
SOCADIDO		Elungole Peter	Accountant
SOCADIDO		Okurut David	Journalist- Kyoga Veritas FM
SOCADIDO		Sr. Tumito Rose	Focal Point - HIV AIDS
URCS		Walter Oine	-
URCS		Kakembo Moses Martin	Volunteer WATSAN
UN-OCHA		Carol Ariong	Information Management Assistant
OPM		Sam Oinya	District Disaster Preparedness Coordinator
Amuria		Obalanga Sub County	Egau Michael
	Morungatuny Sub County	Eboru Arengo Acom	Speaker
	Morungatuny Sub County	Akol Emmanuel	Ag. Sub County Chief
	Morungatuny Sub County	Opio Vigilio	Ag. Parish Chief, Morungatuny
Katakwi	Ngariam Sub County	Okiror Joseph	Ag. Sub County Chief
	Ngariam Sub County	Achia George William	LC I _ Oramuno Village
	Ngariam Sub County	Robert Olupot	Sub County Speaker
	Ngariam Sub County	Acan Masa	Councillor Olilim Parish
	Usuk	Ogwere Daniel	Ag. Sub County Chief
Usuk	Asio Florence	Accounts Assistant	

B. CATEGORY: Beneficiaries

District	Sub County	Parish	Respondent's Name/Title
Lira	Aromo	Acut Kumu	Held Focus Group Discussion (Cover page photo)
		Rwot Omito	Simon Peter Okeny
		Apuche	Joyce Ayami Omara
		Apuche	Patrick Odongo
Amuria	Morungatuny	Morungatuny	Edonu Sam- Secretary PLHA
	Morungatuny	Morungatuny	Michael Elagu- Councillor HIV Clients
	Morungatuny	Morungatuny	Opio Vigilio- Ag. Parish Chief
	Morungatuny	Morungatuny	Esimu Joseph
	Morungatuny	Morungatuny	Edeu Raymond- LC I Ojubai Village
	Morungatuny	Morungatuny	Ilobu Grace
	Obalanga	Obalanga	Osire Peter Paul - Camp Leader
	Obalanga	Obalanga	Oleng John - Opot Parish
Katakwi	Ngariam	Nagriam	Held Focus Group Discussion (List attached)
	Usuk	Abwokodya	Upumar George William - LC I Opoyongo Village
	Usuk	Abwokodya	Opoo Cuthbert - Vice Chairman LC I Opoyongo Village
	Usuk	Abwokodya	Abyai John

Annex IV: List of beneficiaries interviewed (People living with HIV/AIDS) in Morungatuny Sub County

No.	Name	Age	Sex	Village
1.	Ilobu Grace	40	F	Ojobai
2.	Edeu Raymond	45	M	Ojobai
3.	Esimu Joseph	50	M	Omunyir
4.	Opio Vigilio	50	M	Omunyir
5.	Elagu Michael	27	M	Ateuso
6.	Odeng Peter	28	M	Omunyir
7.	Edonu Sam	31	M	Orapak
8.	Okuda James	28	M	Aboket
9.	Okwanga Robert	33	M	Orapak
10.	Etionu Yuvantino	50	M	Ojobai
11.	Okello Peter	45	M	Omunyir
12.	Opio Simon	25	M	Omunyir
13.	Aceko Anna	50	F	Omunyir
14.	Epecu Andrew	27	M	Ateuso
15.	Enyagu Charles	24	M	Okangai
16.	Alibo Jennifer	25	F	Orapak
17.	Elunyu James	36	M	Ogangai
18.	Etwaru James	31	M	Ojobai
19.	Olago Robert	25	M	Orapak
20.	Okello Joseph	38	M	Ateuso