



## Real-Time Evaluation Asia-Pacific Regional COVID-19 Task Force



### ABSTRACT

This document is intended to be a light, “good enough” review of the Asia-Pacific COVID-19 Task Force’s performance during April-September 2020.

### Evaluation Team

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## Background and Scope of Evaluation

The Asia-Pacific Regional COVID-19 task force (RTF) was set-up in April 2020 as part of CARE's global corporate emergency protocols. The intention of the RTF was to coordinate support across the CARE membership to contribute to effective pandemic response actions at the country level, as well as appropriate support and guidance for staff at all levels.

The [official remit of the RTF that was agreed upon by the membership](#) was to support: 1) COVID-19 humanitarian response; 2) clear, consolidated and contextualized programming guidance for COs, CMPs, affiliates and candidates; 3) communications for brand coherence & higher influence; d) information management; 4) COVID-19 specific regional advocacy; 5) consolidating program and response learning; 6) making resources on COVID programming available for external partners; 7) coordinating technical support; 8) linking to the global task team. The priority areas agreed on for support to the whole confederation in Asia-Pacific are listed below:

- **Communications**
  - Coordinating external communications linking with global and CO/CMPs, supporting on talking points and media queries (as needed), producing communication materials but limited and depending on the content provided, support COVID 19 microsite run by CARE India for sharing resources with external partners, channeling internal communications).
- **Information Management**
  - Coordinating resources through platforms such as SharePoint and one drive, ensuring availability for all members, working with the global IM to ensure smooth process across the regions and up to the global level).
- **Coordination of Technical Support<sup>1</sup>**
  - Updating available support, raising requests on behalf of members/COs, translation services (limited), ERF proposal review & guidance- strive to expand to other proposals once further capacity is provided.
- **Advocacy**
  - Advocating at regional level on COVID related topics and coordinate with global advocacy)
- **Ensuring linkages to the APPLT+ Forum**
  - Facilitate support for, and needs from, the forum that focuses on peer support, PQ & operational lessons and trends for all COs/CMPs/affiliates and Candidates across
- Undertaking of a **regional scenario planning** exercise to assist organizational strategic planning and risk management
  - Light flexible process to come up with a high-level regional scenario

Additionally, supporting the CARE USA line managed country offices on the below areas:

- Program Support
- Safety & Security
- Staff Well-being

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<sup>1</sup> The TA included both RRT full time deployments (25%) and member deployments of technical staff that took on additional responsibilities with the region to their normal roles.

Now, six months into the response, the RTF has established a real-time evaluation to draw out learnings and understand how effective a role it has played in reaching its stated objectives. This RTE is intended to be a light, “good enough” review of the AP COVID-19 Task Force’s (henceforth referred to as RTF) performance since its inception.

The expectation is that learning from this evaluation will inform decision-making around possible continuation of the RTF, and also shed light on any adaptations to the remit, configuration or ways of working of the grouping that are required.

## Methodology

This RTE has been undertaken through a two-stage process incorporating 1) a review of all available and relevant documentation, written feedback, and other supporting evidence, including but not limited to: email communications, policy and process memoranda, as well as specific outputs associated with the RTF (full list available in Annex 2); 2) A time-bound (2 weeks), limited period of primary data collection through key informant interviews (KII), Focus Group Discussions (FGD) and written submissions, based on a previously agreed purposive sampling method<sup>2</sup>. In total, 32 individuals (full list of informants in Annex 1) provided specific inputs to the process based on their perspectives and experiences engaging with the RTF over the past six months

## Limitations

As a “good enough” evaluation, the RTE is limited by the extent to which it was able to speak to an adequate number and diversity of informants from across the organization both in and outside the region during its period of activity.

With that being said, due to both the sampling method and the availability of staff, the evaluation team is confident in the diversity of respondents that it did manage to speak to and that a balanced and nuanced understanding of the performance of the RTF has been possible.

## Findings

### **A success from which to build on**

After initial, understandable teething problems, once the COVID-19 Asia-Pacific Regional Task Force was established as confederation wide task force (following an initial period of a CARE USA only focus), this evaluation has found that the RTF has been **a considerable success - achieving a lot, working efficiently, effectively and relatively cohesively to drive forward advances for CARE Asia-Pacific in all aspects of the remit** that was agreed upon by CUSA, CI and the wider CARE membership. It is understood in various sections of the organization that the team has worked incredibly hard through uncertainty and achieved numerous successes. Achievements are particularly notable in the areas of internal communications and information management through which the profile of the work that CARE are doing in Asia-Pacific was

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<sup>2</sup> *At least* the following: 1 CAUS representative, 1 Pacific country office/presence, 1-2 Southern Members, 1-2 CUSA COs represented, 1 CO designated as high COVID-19 risk at the beginning of the response.

considerably raised, and various areas of the confederation were notified, informed about and connected to the response effort, and ultimately better positioned to undertake the duties to advance the mission of the organization and equipped to adapt and respond to the crisis. Notable successes and significant organizational progresses are also apparent in the areas of coordination between different areas of the organization, scenario planning and programming/response, advocacy, and (predominantly in regard to CUSA-managed offices) staff safety, security and well-being, and program support.

With that being said, the circumstances through which the RTF came to be, the terms of reference and remit that was eventually arrived at, and deficits in how this was all cascaded to staff throughout the region and the wider confederation resulted in a lack of clarity over what the RTF was (and what it wasn't) and the support that it could provide (and to whom), and the perception in some quarters that the group was not actively participated in or contributed to by all parts of the region, nor was it relevant or connected to all CARE staff in the Asia-Pacific.

The upshot being that the RTF evidently has done as well as it could in challenging circumstances, and for the most part delivered very well on the remit that it had. However, going forward there may be prospects to go further as an even more inclusive 'One CARE' entity with a broader, more widely contributed to and mutually owned communicated terms of reference.

## Key Achievements

The Asia-Pacific region was the first to be hit by the pandemic giving it a unique position in the organization as being engulfed in the crisis from the outset. This context, while challenging, provided the RTF (and all affiliated staff and offices) with the opportunity to lead the way for the organization in several aspects – **providing the initial “heads-up” about what was to come** through timely security analyses and assessments, the first batch of ERF allocations, and the organization's first learning piece about the on-the-ground reality of the response<sup>3</sup>. This attitude of “rolling up sleeves” to get stuff done, garner insights, and solve problems being faced by staff in the region (and globally) permeated the entire duration of the RTF thus far.

*“Asia-Pacific RTF has done a good job. It was the last one to be set up and agreed but it is the most challenging due to the diversity of the region.”*

CARE International Respondent

Perhaps the most significant achievement of the RTF was in **communications**. Prior to the crisis – due in part to its geography – the understanding of the work being carried out in Asia-Pacific across the CARE membership was limited and patchy, and likewise the visibility of our work to external audiences and stakeholders. However, the RTF has created a vehicle through which understandings of the breadth, diversity and richness of the work in the region has been greatly amplified, resulting in a significantly higher profile for the work in the Asia-Pacific region.

*“[The update] looks good and is quite comprehensive and reflects the collaborative spirit of the Asia-Pacific Leadership”.*

CARE Southern Member Leader

The main fulcrum of achievements in internal communications has been the Weekly (later Fortnightly) Update, shared with staff on Thursday afternoons. The update – which is widely regarded as being a smartly packaged, succinct, and nicely balanced grouping of critical information and data, stories from across the whole Asia-Pacific region, information on systems and processes, and

<sup>3</sup> Dated 4<sup>th</sup> April 2020.

reflections and experience sharing of staff – has received almost unanimously positive responses and feedback. Moreover, beyond its primary purpose and appeal as an internal communications product, it

*“The communications coming out of Asia-Pacific was among the highest quality we saw anywhere in the organization.”*

CARE US HQ Respondent

has also contributed to knowledge management, media and communications, fund-raising, advocacy, and proposal development, and more through its accessible, reliable and diverse content. A particular highlight of the updates was the special edition focusing on the voices and experiences of our staff which received widespread acclaim from across the organization.

While less widely understood and heralded within the organization, substantial achievements have also been had in external communications as a result of the efforts of the Regional Director, the RTF Communications leads and other CI, CUSA and CMP communications staff, and the Regional Advocacy Coordinator. There was significant media coverage over the period, particularly in print media. In total, 18 articles were published in at least 20 publications spanning the United States, the United Kingdom, among others. While many staff were not particularly familiar with the content and tenor of the articles printed, respondents that were familiar attested to the value of them, and were pleased that the media demonstrated the organization’s value and highlighted important issues (more on this in advocacy).

In the area of **information management (IM)**, as with CARE globally, it is understood that the RTF approach has led to a significant leap forward in this area for the confederation. The formulation of the global Sitrep by CI provided a coordinated, one-stop shop

report for all relevant information regarding the organization’s humanitarian response to the pandemic – informing communications, donor reporting, proposal and program development, adapted processes and systems, MEAL, and fund-raising and resource mobilization. For its part, the RTF was instrumental in ensuring up to date and reliable information fed into the Sitrep from the region.

*“We had a 100% success rate with the Sitrep in the region, and the RTF IM team were very supportive and also conducted themselves in a friendly manner.”*

CI Respondent

The evaluation has found that the Regional Humanitarian Coordinator and her Deputy (RRT) were highly responsive, diligent, supportive and friendly in their approach to this responsibility. While the process was imperfect and encountered teething problems linked to difference in understandings and perspectives regarding beneficiary definitions the team worked hard and fast to work through some of these issues and this ultimately assisted the wider organization to refine and better communicate expectations on this front.

In addition to the plentiful benefits facilitated by the Global Sitrep process, and the RTF’s contributions to it, the online CARE Shares platform fortunately came to prominence during the crisis providing a central knowledge management hub for the confederation. While not fully operational, the platform contributed to the RTF’s ability to communicate internally. A review of the user stats for the Asia-Pacific pages found broadly comparable figures with other regions despite 25% of countries having access during the period. Teams also worked hard to work around the access obstacle, with a mirror site being provided and various guidance documents being signposted, sensitized and socialized to teams in different fora. With that being said, it’s plausible that the limited access to CARE Shares has contributed to some of the internal communications deficits that have been found during the course of this evaluation (more later).

In Programming and Response there have been a number of positive highlights of note.

*“Has felt like having a clear structure of who to go to is a positive thing. Without this it would have been chaos. It felt more organized.”*

CUSA Respondent.

The evaluation has found that by and large the **coordination of technical support** (WASH, Health/SRHR, GiE and GBViE) was well done. The support was very much appreciated when provided, and the RTF programs staff promoted space for cross-learning/sharing on a regular bi-weekly technical advisors’ coordination call – which was noted for its novel but effective approach compared to other regions. The

evaluation found examples of where the technical support facilitated by the RTF had led to tangible improvements. For example, in Pakistan, timely technical support from technical staff contributed to a successful ECHO proposal. While, as a result of the learning uncovered through its Rapid Gender Assessment (RGA), CARE PNG put aside \$10,000 to develop a gender action plan to address the issues raised. There were also a number of instances where the working set-up enabled advisors to break through technical siloes and develop interventions in a much more connected and integrated way.

Furthermore, several other coordination and sharing calls were taking place including a weekly tripartite programs call between the RTF program lead (Regional Humanitarian Coordinator), her deputy, the Deputy Regional Program Quality Director, and the Manager of the response at CARE Australia. Participants of these calls highlighted their usefulness in understanding region wide support needs and available resources across countries and members.

Also in programs, another highlight of the period has been the **mobilization and expansion of the pre-existing Asia Pacific Program Leadership Team (APPLT) forum as the COVID-19 APPLT+ Forum** to bring together program and response leaders from across the region in a bi-weekly call. Through a jointly agreed agenda between the RTF Response lead and the DRD-PQ in addition to solicited

*“The APPLT is a great example of an existing structure that has been used and built upon during the pandemic”.*

CARE International Respondent

suggestions from participants, a range of topics, issues and areas for shared learning were explored over the six-month period: Technical Areas (GiE, WASH, SRHR/Health, Food Security, Inclusive Governance), MEAL, Remote Management, Localization & Partnership. The forum also played a role in socializing and raising awareness of global initiatives or work streams such as the Mid-Term COVID-19 Strategy, core sector guidance, and various other globally developed guidance documentation to assist teams in dealing with the crisis. The DRD-PQ relayed key findings and issues of note to the RTF through joining a weekly meeting. In addition, two learning pieces<sup>4</sup> exploring emerging issues and trends that had been raised on the calls were issued in April<sup>5</sup> and May. These pieces explored issues such as comparatively low rates of cash transfers in the AP response, challenges around Do no harm and remote management, and the complex migration context in the region. These pieces received positive feedback by readers. Other tangible outputs that the APPLT+ calls have contributed to include the development of [Remote Humanitarian Management and Programming](#) during COVID-19 guidance, which was led by CARE Australia in conjunction with the Humanitarian Advisory Group (HAG) and published on various forums including ALNAP; the expansion of the Cash Incubator work in the region as a way of expanding CVA use, as well as progressing of an Asia ICT for Programming work stream. In Nepal, participation in the calls led to break through in community score cards and CVA programming, both of which are now being piloted at country level. Finally, and perhaps of most significance, RTF members interviewed cited a clear benefit of linking with the APPLT+ forum during the response to the crisis. While participants of the forum itself stated similar and during a mid-term reflection exercise voted to retain the calls as a bi-

<sup>4</sup> [Initial Experiences and Learning \(April, 2020\); Navigating Complexity \(May, 2020\).](#)

<sup>5</sup> The first of these being the first learning piece that was developed by CARE globally.

weekly fixture in calendars, with a keenness to see more of a technical focus going forward. Overall, this evaluation has found that the linkage between the APPLT+ Forum and the RTF has served the pandemic response effort well.

In addition to the above findings, the evaluation also found that the Emergency Response Fund (ERF) was distributed in a timely manner – a fact which was undoubtedly supported by the fund being owned and facilitated by the RTF.

Following RTF review of proposals, a total of \$501,316 was distributed through 8 allocations to country offices during the first two installations of the ERF – with the countries designated as most highly at risk country offices being the recipients of this funding: Afghanistan, Nepal, Philippines, Bangladesh, Pakistan and Myanmar. The ERF funding enabled country offices to respond before further sources had been mobilized. While, this was not a specific focus of the RTF, the money provided the initial seed money for responses which contributed in part to a leveraging of \$20.4 mil in additional funding, including notable successes through grants from the Coca Cola Foundation (~\$1.5m for Bangladesh and India), and Mars Foundation (\$950K for India and Thailand), UNICEF (\$40K for 6 RGAs across SE Asia) in addition to ~\$4m in Pakistan. Commodities in Kind (CIK) were also leveraged including 2 million face shields for Afghanistan, Bangladesh and Pakistan, and 3 million soap bars for Myanmar, Philippines and Thailand. These achievements contributed to a significant scale-up of response in the region to directly reach approximately 9.7m people and raise nearly \$36m USD as of 16<sup>th</sup> September.

“Having availability of surge funding was super helpful”.

CAUS Country Office Respondent.

“Very good exercise to set the tone for collaborative work. Programs, Program Support and Safety & Security contributed equally.”

RTF Respondent.

Another cross-membership initiative that the RTF was associated with during the April-Aug period was **the [Regional Scenario Planning exercise](#)**. The task – led by the Regional Security Manager and Regional Humanitarian Coordinator, and supported by the DRD-PQ and DRD-PS, brought together a cross-section of staff from different functions, responsibilities and offices from across the region<sup>6</sup> in April to critically examine the issues and risks we would encounter

during the course of the pandemic and arriving at a most likely scenario with which to frame our thinking and planning in the days ahead. The evaluation has found that the process was an inclusive, well-explained and efficiently managed one which culminated in a usable output that has informed at least two country office response strategies, the Global Mid-Term COVID-19 Strategy, as well as the [CARE Asia Business Continuity Approach](#) (in particular its emphasis for Humanitarian Preparedness, CVA, Food & Nutrition Security, Women’s Economic Justice, and ICT for Program Delivery) which was developed by ARMU for CARE USA country offices. More broadly, the scenario planning exercise was useful as a process in of itself for those that took part – helping the organization to “take stock” of where we were, have a reality check about what was and wasn’t likely, and brace ourselves for what may yet still come.

As noted earlier the pandemic has led to a raised profile for CARE Asia-Pacific. The link between our communications work and our **advocacy work** has been a positive contributor in this arena. While the Regional Advocacy Coordinator was not part of the RTF, he worked in conjunction with the RD, the RTF Comms Lead and

“The GIHA piece was absolutely great – it was very timely, and raised awareness at a crucial time about Gender during COVID-19.”

CI Evaluation Respondent.

<sup>6</sup> Featured participants from CAUS, CUSA, CCAN, CIUK, Chrysalis, Care India, Several COs.

advocacy colleagues at CI and around the membership to raise the profile of a range of issues of key concern including the Rohingya boat crisis, the challenge of ensuring social distancing in cramped and crowded environments such as Cox’s Bazar, the impending food crisis, the low levels of UN funding going to NGOs during the crisis, and the importance of ensuring gender responsive COVID-19 response. The GIHA regional paper on Gender in Emergencies was a particular highlight.

### CUSA Specific Responsibilities

Finally, across the areas of the RTF remit that were limited solely to CUSA offices, there was a lot to be pleased with. Overall, **the majority of respondents in this area were very happy with the effectiveness,**

*“Support from region was very good and timely so I’m satisfied with their overall performance.”*

*Country Office Respondent*

**usefulness and helpfulness of the support being provided and facilitated by the RTF in staff well-being, program support, and safety & security.** Generally, staff felt very well looked after during the initial crisis period and the supportive presence of the region was felt by country offices throughout. The “How are you?” survey was regularly cited by informants as a highly appreciated endeavor that had led

to tangible improvements in **staff well-being**. The survey – a consultation of the effects of the crisis on staff well-being – had a 91% response rate from staff in the region and led to the development of an action plan to respond to the most common problems and challenges cited by staff. The survey has subsequently been used as a model to inspire other regions in their own efforts to support staff well-being. P&C respondents noted that there was a lot of guidance for helping staff during the challenging times, and that there was a genuine and sincere effort from the RTF to support staff well-being - exemplified through regular dialogue with the HR generalist in particular. Respondents also attested to a proper mechanism in place to ensure guidance was being acted on in our various offices. In **Program Support**, the guidance provided including on procurement planning and donor regulations were helpful, and several trainings and follow-up conversations were flagged by informants demonstrating proactive and consistent level of support from the DRD-PS and team. Furthermore, procurement waivers and shortened grant management processes were extremely helpful in reducing the burden on staff. The additional financial support provided to assist country offices in supplying PPE to staff was also acknowledged as being beneficial. Meanwhile, in **Safety & Security (S&S)**, the travel advisory aspect of the crisis was perhaps the most fluid and challenging one to oversee as international travel guidance and regulations were (and still are) continually changing. The efforts of the RSM were well noted by respondents to this evaluation. The guidance was well articulated and the messages of key persons to liaise with were also helpful. In other areas of this remit, several informants testified to the helpfulness of business continuity planning and back to office guidance and tools. There was evidence that the RSM had actively followed up on guidance provided to address S&S needs at country office level, as well as providing specific feedback to country teams to help them improve the final plans.

*“The all staff meeting organized from the regional level is a great initiative.”*

*Country Office Respondent.*

### Areas for improvement, reflection and learning

The RTF response to the pandemic has culminated in a noticeably enhanced level of cooperation and collaboration across the membership in the region, and resulted in a much more unified presentation of the work that CARE are doing in response to the pandemic. With that being said, there are also areas where challenges and learnings have been identified.

In the area of technical support coordination, the evaluation finds that while the process has been a step in the right direction, the effort was somewhat hampered by the limited resources that the RTF had available to provide to country office responses. Technical support was not always available to the extent that there was need. Some technical informants to this evaluation located at members noted that they were incredibly stretched and spread thin during the crisis. In addition, challenges around cultivating relationships with in-country focal points through remote means created challenges and an unclear sense of the demand for support coming from country level. One informant described the support provided as “sporadic” and that it “could have been done in a more structured way”. One difference in regional TA focal points performance is understood to be associated to whether a regional focal point was a full time deployment (RRT, cost recovery), directly managed through the RTF, or whether it was a member deployment who accepted to take on new responsibilities to their usual role, which the RTF had limited visibility and control over. A survey conducted by the Regional Humanitarian Coordinator found that while 80% of staff (ACD-P and HC level) noted needs for support, almost 60% of country office respondents reported receiving support only once or twice over the past 6 months. When this support was provided, the majority of it was provided to proposal development and learning events, with one-to-one support the least prevalent. The areas of greatest regional TA need were found to be in MEAL, Food & Nutrition Security and GBViE. Support demands among informants were particularly noticeable in area of GBV where the lack of specialist support was described as “particularly challenging”, and in GiE where progressing in our ability to respond to the findings of RGAs through timely adaptations in our response was cited on more than one occasion as a priority. While it was only within the power of the RTF to raise requests for support, and update offices on the support available, some respondents did suggest that the RTF could have been more active in making the linkage between technical supply and demand and in facilitating connections.

Next, in **advocacy**, while the evaluation found clear evidence that the RTF had been quite active at the regional level on advocacy, there was a desire among country offices in particular for a more defined advocacy agenda reflective of the “new context” to be clearly articulated and shared. Issues considered to be worthy of greater attention included protecting frontline health care workers during the pandemic, GBV, and issues relating to the long-term socio-economic fall out of the crisis.

Another finding, which had knock-on effects, was an **inconsistent understanding of the RTF at country level across the region**. One would-be key informant at country level had not heard of the RTF. Meanwhile several others at country and global levels noted they did not know the functions of the RTF or its central focus and that they would have liked to have seen the Terms of Reference, but had not. While the causes of such a communication gap are likely not caused by any one failing in particular, a shared understanding of the RTF among all relevant stakeholders is clearly an essential aspect for ensuring consistency and overall effectiveness and efficiency.

*“How the task force is communicated to country management going forward will help COs maximize the benefit of the group.”*  
RTF Respondent

In addition to and alongside the above, while the member-wide cooperation and positive collaborative spirit has been notable, there still remained a sense among some respondents to this evaluation that the **RTF has not always been perceived as being fully participated in – or contributed to – by all members across the entire region**. In terms of efforts to further engage the wider membership: while two CCG calls convened by CARE International Head of Humanitarian Response did take place (on 21st April and 29<sup>th</sup> July), only the first one was joined by most of the members, with the second one only being attended by CARE Australia and Chrysalis in addition to CI and CUSA. A regular scheduled connection between NDs (CDs/CEOs) and the RTF did not take place, meaning that opportunities for greater proximity and shared understandings between senior leadership across the region were limited.

*“We have a real chance to be working in a different way. Now, we have a slightly different rhythm, it is probably time to re-prioritize thinking around how we get things to feel genuinely collectively owned by all of the different parts that exist across the region.”*

CARE International Respondent

### **CUSA Specific Responsibilities**

In the area of **Program support**, again while perceptions of this were predominantly positive amongst relevant respondents, there were also one or two suggestions for areas where further support would have been or could be useful – including broadly applicable suggestions such as a desire to have a more detailed understanding of (all) international donor(s) flexibility and their applicability to specific country situations, in addition to other issues more specific to individual countries (e.g. support in tackling the risk of counterfeit procurement). Regarding **Safety & Security**, there was a sense among some that while the travel guidance was useful, putting into practice was difficult and perhaps given the relatively small number of journeys being made there could have been a more active role in the provision of back-up options and alternative solutions for staff facing flight shortages or cancellations.

Last but by no means least, in the area of **staff well-being** for CUSA staff, it was felt that while the immediate crisis period was managed very well, and that the RTF could only realistically be expected to respond to the most critical or frequent requests from country offices, there were some areas for attention. These include: the financial strain that staff affected by COVID-19 were experiencing, some confusion over the appropriate care and support we are able to provide to COVID-19 suffering staff, a demand for professional psycho-social support or counseling that goes beyond country-level provision, ensuring staff have the appropriate working from home (WFH) set-up (and the question of “what comes next”? with our future working arrangements), as well as efforts and considerations to counteract digital fatigue.

## Possible additions to remit

*“Hopefully as confederation members we can reconsider and think practically when we go forward and have a discussion: can we align on certain things, for example in security and staff well-being – are there things we can harmonize better?”*

RTF Respondent

In addition to understanding the extent to which the RTF delivered on its agreed TOR, this RTE set out to understand whether additional support requirements were felt in the region that the membership could consider endorsing the RTF to support in the future.

Some non-CARE USA informants raised the prospect of **whether the RTF could provide support in the areas of safety & security, program support, and people & culture to all offices across the membership in the region in future.**

While it was jointly agreed from the outset that these areas were the remit of lead members in line with management accountabilities, there was a sense that there were needs among some country offices that could not be sufficiently met by the existing way of working. With that being said, it was also acknowledged that the complexity and existing ways of working in the organization had made this likelihood difficult to achieve, particularly in a short space of time during the initial stages of the crisis.

Some respondents also raised questions about whether the RTF could have played a more proactive role in developing strategies for resource mobilization or to collectively respond to some of the shared challenges faced<sup>7</sup> and opportunities that were apparent in the region and in our work. Specific to resource mobilization, it was felt that donor outreach and engagement could be improved, and that potentially the RTF could be playing a stronger role in encouraging members to be more active on this front.

On a more practical note, a popular suggestion among informants was for a selection winning or high quality proposals to be accessible to all in order for them to be modified and re-used. Similarly, regarding advocacy, several informants cited a need for more specific support as well as clear and accessible guidance/steps for countries to follow in their own advocacy efforts.

Last but not least, in the area of MEAL, diverse respondents to the evaluation noted a shared concern about the risks to program quality and compliance caused by an inability to regularly monitor our interventions in person. Without a dedicated resource assigned to the RTF, specific MEAL support to country offices was limited largely to the global guidance that was disseminated by the RTF and APPLT+, and a Skype troubleshooting chat group supported by CI and the DRD-PQ and not formally within the scope of the RTF. While key informants noted this support to be useful and “helped a lot”, it was observed that activity in the chat group was limited. Several evaluation respondents stated that MEAL could be one area that the RTF facilitate additional support in going forward – which correlates with the findings from the survey highlighted on page 8.

## Recommendations

The below recommendations were among the most commonly raised or suggested through the course of the evaluation and have been selected and elaborated on by the DRD-PQ in order to respond to the areas where opportunities for building on the achievements of the RTF are most evident or required.

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<sup>7</sup> One respondent questioned whether this work could be advanced by the APPLT+

### **Building on 'One CARE' Gains**

- Extend existence of the RTF in line with the CARE Adapted Corporate Emergency timeline (End of December 2020).
- Explore options to facilitate better connections between - and shared understandings of the efforts - of senior leadership across the AP region.
- Work with CI and other members to increasingly ensure resources and TA deployments committed to the RTF are driven by country team needs, prioritizing full time positions/deployments.
- Continue to build upon successes of APPLT+ Forum in conjunction with participants and their teams.
- Set up an exploratory cross-member working group to:
  - Explore opportunities for better collaboration on well-being and program support.
  - Assess whether/what additional responsibilities or efforts other members can pick-up or undertake as part of the regional response and adaptations to the crisis, including but not limited to more proactive resource mobilization efforts, advocacy support, resources for technical support.
- Undertake a final evaluation of the RTF when it reaches its agreed conclusion, in order to further inform other regional collaborative efforts that are in development or may follow in future.

### **Adapt Focus and Address Technical Gaps**

- CI, Members and RTF urgently work to meet the expressed demands of country offices regarding technical support in MEAL, Food & Nutrition Security and GBViE including through whether and how such positions can be funded on a cost share or pooled fund basis.
- Consider and flesh out how the RTF's response/program focus can adapt to the current reality on the ground across the region by taking on a dual focus in programming:
  1. Focusing on preparedness and humanitarian response for multi-hazard disasters (including second and third later disasters) in high-risk countries
  2. Addressing issues of livelihoods, food security and GBV in areas that are understood as being "through the worst" of the health aspects of the crisis.
- CI, Members and RTF explore any further support that can be provided on resource mobilization and advocacy outside of plans already in train.

### **Communications and Internal Connectivity**

- If/when a refreshed terms of reference for the RTF is developed, ensure that it is appropriately shared at all relevant levels of the organization and membership.
- Explore possibilities to further improve internal communications in/of tasks and assignments that the RTF is associated with.

### **Staff Well-being (CARE USA Specific)**

- Continued efforts to respond to critical staff concerns raised through "How are you?" survey, including updating the existing FAQ file where needed to respond to and clarify commonly raised issues or concerns amongst CUSA staff in the region.
- Explore ways and means to reduce intensity of work to reduce fatigue and promote staff well-being.

## **Annex I – List of Respondents**

Abdul Hameed, *Admin Manager, CARE Afghanistan*  
Alison Darcy, *Assistant Country Director – Programs, CARE Timor Leste*  
Berhanu Moreda, *Assistant Country Director – Program Support, CARE Bangladesh*  
Bonaria Siahaan, *CEO, Yayasan CARE Peduli (CARE Indonesia)*  
Chrissy Haneef, *Regional Gender and Emergency Focal Point for COVID-19 response, CARE Canada*  
Hayley Conway, *Senior Manager – Public Affairs, CARE Australia*  
Jay Goulden, *Head of Knowledge Management, CARE International*  
Jayanthi Kuru-Utumpala, *Co-Lead LFFV Outcome Area, Chrysalis*  
Kalei Talwar, *Press Officer, CARE USA*  
Lesley Abraham, *Impact Growth Strategy Coordinator, CARE Asia*  
Losane Retta, *Operation & Information Coordinator, CARE International*  
Mirafior Silva, *HR & Admin Manager, CARE Philippines*  
Nilkantha Pandey, *DRR Coordinator, CARE Nepal*  
Rachel Routley, *Manager - Program Delivery, CARE Australia*  
Ram Das, *Deputy Country Director – Humanitarian, CARE Bangladesh*  
Ramin Oryakhail, *Acting Operations & Resilience Manager, CARE Afghanistan*  
Rahat Rizwan, *Program Development Advisor, CARE Pakistan*  
Ryan Derni, *Senior Technical Advisor, HER Team, CARE USA*  
Sally Austin, *Head of Humanitarian Response, CARE International*  
Sarah Taylor Peace, *Chief Revenue Officer, CARE USA*  
Sajia Tareen, *Finance Director, CARE Bangladesh*  
Sharon Alder, *Program Director, CARE Vanuatu*  
Shivani Dixit, *Assistant Country Director – Program Support, CARE Nepal*  
Muhammad Burhan Ibrahim, *Head of Operations, CARE Pakistan*  
Umar Iqtidar, *MEAL Manager, CARE Pakistan*  
Zainab Ibrahim, *Co-Lead LFFV Outcome Area, Chrysalis*  
Zehra Simeen Islam Rahim, *Director, HR – CARE Bangladesh*

RTF Members

Deepmala Mahla, *RTF Team Lead, Regional Director, CARE Asia*  
Hitesh Dharod, *Deputy Regional Director – Program Support, CARE Asia*  
Mark Herrick, *Regional Security Manager, CARE Asia*  
Valentina Mirza, *Regional Humanitarian Coordinator - Asia, CARE International*  
Sara Restua, *Regional HR Generalist, CARE Asia*