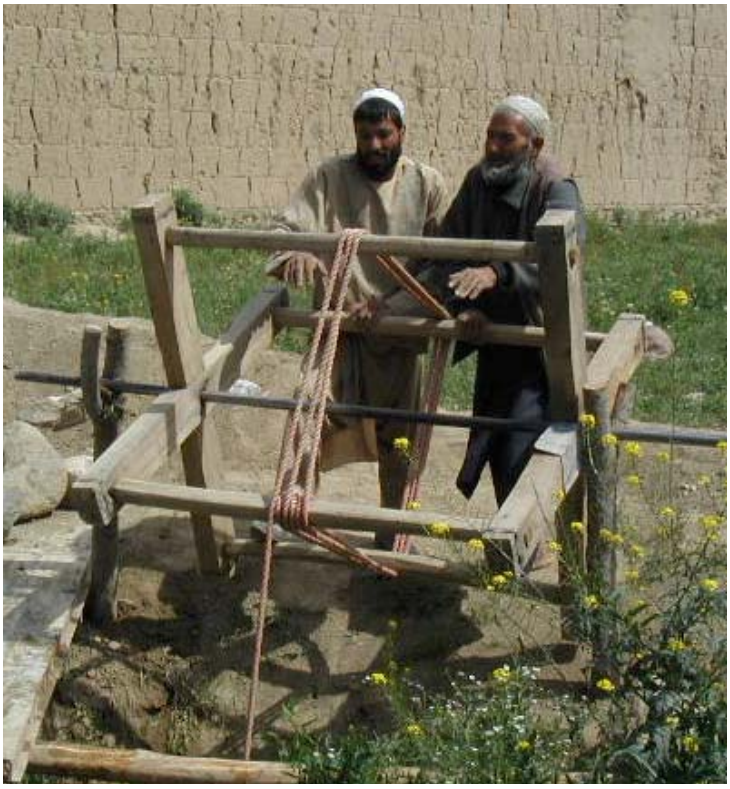
Evaluation of CARE Afghanistan's emergency response

September 2001 to May 2002



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Executive summary

Note for review draft

All paragraphs in this report are numbered thus ¶ 1 in the left margin for ease of reference. This numbering will be removed in the final report. Recommendations are in italics and are numbered without the ¶ symbol.

Introduction

¶ 1 The evaluation was led by an external evaluator with assistance from the Senior Adviser for Assessment, Design, Monitoring and Evaluation attached to the Emergency & Humanitarian Assistance Unit in Atlanta. The Terms of Reference are attached as Appendix 2.

¶ 2 The evaluators visited Afghanistan and Pakistan in April and May 2002 and the Team Leader (external evaluator) followed up with a series of interviews in the USA and Canada, supplemented by telephone interviews with other key informants. Direct observation and interviews were supported by a document search that amassed over two thousand documents, and an analysis of the results of two questionnaires, one for women beneficiaries in the Shamali Valley and another for CARE staff.

Context

¶ 3 September 11th found CARE Afghanistan with a good quality project portfolio that was professionally managed by a relatively large number of dedicated national staff working together with three international staff. CARE was clearly recognized as one of the leading NGOs working in Afghanistan and had a reputation amongst donors, government and NGOs for high quality implementation. Prior to September 11th, the total budget had increased due to drought programs to approximately 10M USD in cash and 4M in kind. As the Taliban extended their control to 90% of the country, CARE found itself working exclusively in Taliban controlled areas.

¶ 4 The previous Country Director had departed in August 2001 and the Assistant Country Director (Program) was acting in his stead. The ACD (Program) had six years of experience in a CARE National office but only two years of field experience and no field emergency experience. The only other senior international staff member in the Afghanistan Country Office was the Assistant Country Director (Program Support), who had only recently been promoted to this position.

¶ 5 After September 11th CARE suspended most of their projects in Afghanistan. International staff were evacuated, first to Pakistan and then to Bangkok, and returned to Pakistan in late September. Many national staff joined their families in Pakistan, while a few maintained a skeleton presence in Kabul.

¶ 6 A large scale refugee influx into Pakistan was anticipated. CARE Afghanistan remained focused on the program inside Afghanistan even though CARE members favoured a rapid scaling up to meet the possible refugee influx. While CARE Afghanistan clearly articulated the Country Office policy from an early stage, CARE USA did not clearly articulate a wider policy for CARE International until nearly a month after the crisis.

¶ 7 CARE Afghanistan was working in a very complex context that was not always fully appreciated by CARE National Offices. For its part, CARE Afghanistan did not appear to completely understand the environment in which CARE USA found itself following September 11th, with an - as yet - undeclared war on Afghanistan, against a background of terrorist paranoia and heightened nationalism.

¶ 8 The combination of heavy workloads, lack of common vision, and the incomplete understanding of respective working contexts led to a breakdown in trust between the Country Office and CARE USA by early October. While this situation improved somewhat following the appointment of an acting Country Director who was a former CARE Afghanistan Country Director this breakdown in trust adversely impacted relations for some time to come.

Appropriateness

¶ 9 The evaluators considered that CARE Afghanistan could have done more to scale up for the threatened refugee influx into Pakistan to the extent commensurate with CARE's capacity. With regard to the transition from the emergency to the recovery phase, the evaluators considered that CARE Afghanistan placed too much emphasis on restarting existing programmes without re-examining these in the light of the changed environment in Afghanistan. There was relatively little learning brought in from other post-conflict programs outside of Afghanistan, despite CARE International's considerable experience in Kosovo, East Timor, Mozambique and similar contexts.

¶ 10 CARE Afghanistan was not very fast to react. Part of the slowness was due to the breakdown in trust in the early part of the crisis.

¶ 11 One area in which CARE was a clear leader was in advocacy. This was an excellent initiative and was a wholly appropriate use of CARE's resources.

¶ 12 While CARE staff in Afghanistan have always worked in situations of poor security, little attention has been paid to formalising learning from this or to prepare formal guidelines for the future.

¶ 13 These criticisms above should not obscure the good work done by CARE in response to the crisis. The evaluators found that the interventions undertaken by CARE Afghanistan were, on the whole, of high quality. CARE Afghanistan's interventions were appropriate both for the context and the communities, and were built on a good understanding of the context. As a result, CARE has justly retained its very solid reputation in Afghanistan for high quality professional implementation.

Efficiency

¶ 14 The evaluators found that CARE's resources were used efficiently, but were concerned that CARE Afghanistan had made little use of the crisis to renew capital assets. Cost effectiveness was increased by the heavy reliance on national staff.

¶ 15 There was little preparedness for the crises either by the Country Office or the Regional Management Unit levels. This situation has not visibly improved at either level for future emergencies. The establishment of a CARE Emergency Response Team through aCERT should significantly increase CARE's ability to respond to emergencies. The evaluators considered that CERT could have made a significant contribution to the emergency response if it had existed at the time.

¶ 16 The threatened refugee influx raised questions about when Country Offices should respond to emergencies. The evaluators considered that Country Offices should consider longer term humanitarian goals, and not only immediate humanitarian needs, in deciding whether to respond or not.

¶ 17 The CARE International structure imposed heavy demands on the Country Office staff, which were in addition to the many demands placed on staff working in such a high profile emergency in an insecure environment. The evaluators considered that the breadth of these demands may have limited the quality of the responses to them.

¶ 18 There were gaps in the provision of security support, partly through the difficulty of getting field security officers with a skills set suitable for an NGO environment. Human resources represented another problem areas with very few staff equipped with a Terms of Reference and a complete absence of performance appraisals at the end of their respective deployments.

¶ 19 Financial systems seem to have performed relatively well, but this should be confirmed by an audit. CARE's financial rules and procedures, as understood by the evaluators, seem to be more appropriate for development rather than emergency response projects.

Impact

¶ 20 CARE's interventions were of good quality and on a vast scale assisting tens of thousands of families. It is not possible to estimate what impact interventions had on mortality and morbidity, but the evaluators considered that CARE's interventions had, without doubt, saved lives. The contribution to the reduction in suffering was very clear. Beneficiaries compared CARE interventions very favourably with those of other agencies. The main complaint heard from beneficiaries about the CARE projects was that were not extensive enough.

¶ 21 The results of the three recent external project evaluations commissioned by CARE Afghanistan are largely favourable. The present evaluators were nevertheless concerned that, while CARE Afghanistan ensured that activities were professionally executed, there was not always sufficient attention given to the impact of the activities.

Coverage

¶ 22 At the time of the evaluators visit, CARE projects were still largely concentrated in the same geographical areas and sectors as for the period prior to September 1st. The evaluators considered greater expansion, both sectoral and geographic, would have been appropriate, despite the risks of the dilution of program quality. The lack of a revised strategy in the wake in a dramatically-changed (and continuously changing environment) represents a significant gap in the program.

¶ 23 CARE has been effective at reaching vulnerable families, but there have not conducted a gender analysis of their program and as a result there has been relatively little attention to gender issues in the emergency response. The evaluators considered that CARE Afghanistan needs to address diversity issues amongst their staff, including gender and ethnic imbalances, particularly at a senior level.

Connectedness

¶ 24 CARE's response displayed a very high level of connectedness with the long term program and context. The evaluation team consider that CARE Afghanistan's response could be considered as a model for connectedness elsewhere.

¶ 25 The high quality of the CARE national staff was the major factor in this high level of connectedness.

Coordination

¶ 26 There was only one case identified where the lead agency position was ignored in submitting a funding proposal, and even this case was due to the actions of an individual rather than a CARE member acting in a corporate way.

¶ 27 There was evidence of a lack of coordination over staff placements, despite a CARE International protocol on this subject. Less than two thirds of the staff who travelled to work with CARE Afghanistan did so in response to a request made by the Country Office.

¶ 28 CARE USA was constrained in dealing the crisis by the USA's role as a belligerent. The evaluators considered that CARE International needs to develop a policy for dealing with the advocacy and management issues raised where the Government of a country with a CARE National Office is at war with the Government of a country with a CARE Country Office.

¶ 29 While a focus has been placed on gaps which the organization needs to address, the evaluators considered that CARE's response was largely appropriate and effective and had a significant positive impact on beneficiaries. The Team Leader has previously studied CARE's response to Kosovo Crisis and the Mozambique floods during different evaluations and considers the response to the Afghanistan crisis of far higher quality than the Kosovo response and reached a far wider segment of those in need than did the Mozambique response. Within Afghanistan CARE commands a great deal of respect for quality implementation and remains a partner of choice of most major donors.

Summary of recommendations

¶ 30 Recommendations in the report appear in italics and are numbered with the order of their appearance in the main text. Recommendations are grouped by the level of CARE to which they are directed:

¶ 31 CARE International, for recommendations for the whole CARE family.

¶ 32 CARE USA for recommendations specifically for CARE USA. Some of these may also be applicable to other National Offices as well.

¶ 33 CARE Afghanistan for recommendations specifically for CARE's program in Afghanistan

¶ 34 The recommendations are also dividend by type into recommendations for emergency response, for aCERT, for dealing with the transition phase and miscellaneous recommendations.

CARE INTERNATIONAL

EMERGENCY RESPONSE

1 In future emergencies CARE lead agencies needs to put more effort into ensuring that there is a common understanding of CARE's role and the context in which different parts of CARE are operating.

2 CARE lead agencies should arrange visits by at least one senior decision maker at the beginning of emergency operations to aid communication.

10 Given the changing landscape of food logistics operations, CARE International should reconsider its role, including whether it might be more appropriate to develop capacity in another under-served sector, such as cash distribution.

12 CARE International should introduce a requirement for all Country Offices to develop security management plans not only to protect staff, beneficiaries, and assets, but also to permit the continuation of programs under changed security conditions.

15 CARE International should adopt a policy of training local staff to develop their emergency management skills.

18 CARE Country Directors should treat emergency response operations as training opportunities for staff, even to the extent of seconding staff to other agencies when no CARE response is planned.

19 In future emergency operations there needs to be a better balance between the needs of CARE members for information and the needs to avoid overtaxing senior Country Office staff. Increased demands on already stressed staff are not only more likely to result in poor decisions and damage relationships through a lack of tact and diplomacy.

20 Conference calls should be timed to suit the Country Office to reduce the stress that these place on the staff there. Typically this will be mid morning for the Country Office. This strategy may lead to conference calls falling at unsocial hours for the lead agency or other CARE members but will have the advantage that people will only participate when they are getting value from the calls, and will encourage less frequent conference calls.

23 CARE security planning should acknowledge that "hibernation", (sitting tight) may often be a safer alternative than evacuation in times of crisis.

24 CARE should adhere to the policy that decisions on security are best made by staff in the field, provided that they have experience of and an awareness of the context that they are operating in, and an agreed security plan.

28 CARE members may need to take a more informed view of the messages being communicated by UN agencies.

32 CARE International should introduce the policy of auditing emergency operations within 6 months of the start of the operation.

33 If a Country Office lacks finance officers with recent experience of operating CARE's financial controls in large scale emergency operation, CARE International should send a specialist to verify that the controls systems in place are appropriate for the emergency operation, adequate, and unlikely to lead to future problems.

34 CARE National Offices need to proactively monitor and follow-up country programmes to ensure adherence to reporting deadlines. This is particularly true where, as in this case, the normal rhythm of program management has been interrupted by an emergency.

41 In future crises where there are difficulties of humanitarian access along traditional routes, CARE should immediately investigate alternatives forms of access at an early stage during the development of scenarios.

46 CARE International needs to develop an effective policy for dealing with the situation where countries in which CARE has National Offices are effectively at war with countries where CARE has Country office

ACERT ISSUES

3 In situations where Country Directors have limited emergency experience or limited experience of the Country Directors role, CARE lead agencies should immediately reinforce the Country Office's management capacity (as foreseen under aCERT).

9 CARE International's emergency response team (CERT) should include provision for early deployment of an advocacy specialist.

17 Training national staff in emergency response skills should be one of the priorities for CARE's emergency response team (CERT) when there are lulls in crises.

21 As foreseen under aCERT, CARE's emergency response team should include both a Media/Public Information focal point and an Information Officer. It is important that the two functions should be separated to ensure that both aspects are adequately covered.

25 All staff deployed in an emergency should have a Terms of Reference agreed in advance with the Country Office. CARE should develop standard ToRs for each of the posts in the CARE Emergency Response Team to expedite their deployment. ToRs should also be reviewed once staff are in country since working conditions and associated responsibilities often change dramatically during emergencies.

26 CARE Country Offices should formally report on the performance of each staff member deployed to an emergency operation, including short term consultants.

31 CARE International should ensure that finance officers deployed as part of the Care Emergency Response Team (CERT) are sufficiently familiar with the accounts software, both with Scala and with the associated reporting package, to set up new projects and new reporting formats.

44 CARE National Offices should ensure that any staff they second to probes are aware of CARE rules regarding project proposals.

TRANSITION ISSUES

4 CARE International should as a policy introduce the formal reassessment of all projects in countries where there have been, as in Afghanistan, major changes in the socio-political environment.

8 CARE International should consider grouping county programs in transition facing similar challenges (emerging from conflict – economic collapse etc.) so that they can share experiences of different approaches to the common problems either through an email list or occasional workshops and conferences.

CARE USA

EMERGENCY RESPONSE

5 Senior management should be involved in a regular process of review and revision with Country Offices in the aftermath of a large emergency to facilitate appropriate and effective support.

22 CARE USA needs to develop their pool of security officers, possibly through training, so that these fully understand the importance of the acceptance strategy and the impact of security measures on program activities. Security officers also need to understand that their role is to maximise the program activity that can take place at a given level of risk, rather than simply to minimise risk.

29 CARE USA should review its accounting policies to determine what changes would facilitate emergency operations. This review could either recommend changes to overall policies, or determine changes that could be applied to a country program when there is an emergency operation in course.

6 CARE USA should do some contingency planning around dealing with further terrorists attacks in the USA that are linked with countries where CARE has a Country Office.

ACERT ISSUES

14 CARE USA should consider reinforcing staffing in Regional Management Units with Emergency Response Personnel. Such staff would not only support the RMU in an emergency as part of a CARE Emergency Response Team (CERT), but would also help Country Offices with their training and preparation for emergencies.

27 CARE USA should consider providing experienced emergency staff to Regional Management Units to bolster their capacity during large emergency operations in their regions. These could not only assist RMUs with their disaster response planning, but also help in implementing aCERT. Such support would be particularly useful with regional crises affecting more than one country in the region. The support should be provided at the decentralised RMU site rather than just in CARE HQ.

MISCELLANEOUS ISSUES

13 CARE USA should promote the use of vehicle fund by programs to allow them to make vehicle purchases on the basis of set rental fees paid by donors.

30 CARE USA should immediately arrange training for the CARE Afghanistan financial staff in the use of the Crystal reporting package.

CARE AFGHANISTAN

EMERGENCY RESPONSE

11 CARE Afghanistan should develop a series of security protocols for dealing with security incidents. Given the continuing high levels of risk in Afghanistan, one of these protocols should cover the procedures for the evacuation of offices, including project continuation and the resumption of work after such an evacuation.

16 CARE Afghanistan should undertake a review of emergency response lessons learned and prepare contingency plans for what CARE Afghanistan consider to be the most likely emergency scenarios.

TRANSITION ISSUES

7 CARE Afghanistan should actively seek to draw appropriately from lessons-learned from programs that have faced similar transitions. Such learning could take the form of study visits, visits by staff from other programs, involvement of such staff in strategic planning sessions, etc.

36 CARE Afghanistan should consider the option of using cash for work rather than food for work wherever possible.

40 CARE Afghanistan should consider having a second focus for programs in Afghanistan other than the provinces around Kabul.

45 CARE Afghanistan should encourage project managers to identify issues for which advocacy is needed within their projects. While it will not be possible for CARE to follow up on all of these, this will help to ensure that advocacy is firmly grounded in CARE's program experience. This approach would also allow CARE to demonstrate the practical advantages of advocacy.

MISCELLANEOUS ISSUES

35 CARE Afghanistan should provide training in narrative report writing in English for senior national staff. Such training may include general English language skills.

47 CARE Afghanistan needs to promote knowledge of the Code of Conduct more broadly among its staff. One approach would be to translate the Code into local languages. Another would be to quote the principles of the Code on all CARE publications.

37 CARE should review the rates of pay it is paying labourers on cash-for-work projects to ensure that they are enough for families to survive on.

38 CARE Afghanistan should supply workers on sanitation projects with appropriate protective equipment.

39 CARE Country Programs should apply a standard set of core evaluation criteria such as the CARE Design Manual and Impact Guidelines.

42 CARE Afghanistan should examine the role of women in its staff and ensure that women participate in the management of each of the projects.

43 CARE Afghanistan should consider the image that it is currently projecting with the lack of female support staff.

RECOMMENDED PROCEDURE FOR DEALING WITH RECOMMENDATIONS

¶ 35 Most evaluations contribute little to learning[1] as the recommendations are not formally considered by the agency and the over-long reports are seldom read. The evaluators suggest that CARE adopt a transparent and structured approach to dealing with the recommendations made by this evaluation. One such approach would be the following.

¶ 36 Hold an initial senior management review meeting(s) or workshop(s) to include perspectives at each level (CARE International, CARE USA, ARMU and the Country Office), decide which recommendations are to be accepted or rejected, and define concrete follow-up actions needed.

¶ 37 Establish a clear timetable for the implementation of those recommendations deemed to be acceptable, specifying ownership for implementing the recommendation.

¶ 38 Record the outcomes of the review meeting in a formal minute. This minute should clearly state the reasons why rejected recommendations have not been accepted and specify the implementation timetable.

¶ 39 The minute of the review meeting should then be shared with the other parts of CARE.

¶ 40 Review, on a monthly basis, progress towards implementing the accepted recommendations.

Acknowledgements

¶ 41 The evaluation team gratefully acknowledges the assistance received from the many persons who freely gave their time to answer their questions. CARE Afghanistan has a large and complex programme, and the evaluators apologise in advance for any errors or lapses of understanding that appear in the report as a result of this short evaluation.

¶ 42 The cover photograph shows villagers in the Shamali Valley repairing their water system with CARE assistance.

[1] Except for the evaluators, for whom each evaluation offers a very powerful learning experience.

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1 Appropriateness

1.1 CARE Afghanistan Programme prior to September 11th[2]

¶ 43 The evaluators consider that CARE's projects were appropriate within the constraints then operating in Afghanistan. Prior to September 11th projects was constrained directly and indirectly by Taliban policies. Direct constraints included restrictions on the employment of women[3]. CARE was practically the only agency where women employees were allowed to work outside of the health sector, and in this respect was one of the most successful agencies in dealing with the Taliban.

¶ 44 The indirect constraints offered by the Taliban included the ongoing war and a moribund economy. Opium production, smuggling, and timber extraction were almost the only productive activities. Opium production, eventually banned by the Taliban in 2000, was the only one of these that brought an economic benefit outside of a narrow elite.

1.2 Response to the threatened refugee crisis

¶ 45 Within a week of September 11th UNHCR began preparing for a possible refugee influx into Pakistan. It was feared that the suspension of relief food flows and the fear of military attack would cause people to flee to neighbouring countries.

¶ 46 There was a clear divide between the CARE Afghanistan Country Office and CARE USA HQ (and other National CARE Offices) on how CARE should respond to this threat. CARE Afghanistan clearly spelled out the Country Office policy in several situation reports:

¶ 47 > *CARE Afghanistan's current priority is to continue/restart and expand programmes within Afghanistan as soon as the access and security situation allows in order to support IDP's and refugees to return to their places of origin, to assist people to rebuild their lives and to prevent further out-migration. If access to, and security in Afghanistan do not permit us to resume activities or there is an un-met humanitarian need encountered by Afghan refugees coming into Pakistan, CARE Afghanistan will work with Afghan Refugees in Pakistan. (Statement of Programming principles, Situation Report of 26 September 2001).*

¶ 48 The Country Office was of the view that initiatives in Pakistan should be undertaken only if programming inside Afghanistan proved not possible or if there were un-met needs as a result of refugees moving into Pakistan. Implicit in this policy is that no immediate action needed to be taken for refugees arriving in Pakistan. CARE Afghanistan was reluctant to gear up for a refugee influx partly because of concerns that preparations could encourage people to leave Afghanistan.

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[2] In this report September 11th refers to the terrorist attacks on 11 September 2001.

[3] It should be recalled that the Mujhadeen government that took power from the Communists in 1992 had already imposed widespread restrictions on women's participation in civil society prior to the Taliban regime, including restrictions on women working.

¶ 49 In Atlanta there was a clear expectation that CARE would gear up for a large-scale refugee response in Pakistan. However, it was not until October 9th that this policy was stated very clearly. For the first four weeks after September 11th, there was a clear gap in how CARE USA and CARE Afghanistan regarded the role of CARE Afghanistan in Pakistan. The extent of the gap was not apparent to both CARE USA and CARE Afghanistan, partly because the expectations of CARE USA (and through them of the other CARE International members) were not communicated very clearly to the Country Office.

¶ 50 This gap in understanding led to the situation where neither the Country Office nor CARE USA (together with the other CARE International members) felt that the other party had made a sufficient effort to understand the context in which they were working. The substantial pressure under which the various parties were working coupled with such gaps in understanding led to a breakdown in trust between CARE USA HQ and the Country Office.

¶ 51 While there was in the end no large-scale influx, it represented a real risk. The evaluators found that while some preparations were made, CARE Afghanistan did not gear up to play a role commensurate with the capacity of the CARE network for a possible refugee influx into Pakistan. The evaluators considered that it would have been more appropriate for CARE to have prepared simultaneously for both scenarios (a major influx and for restarting the program in Afghanistan).

1. *In future emergencies CARE lead agencies needs to put more effort into ensuring that there is a common understanding of CARE's role and the context in which different parts of CARE are operating.*

¶ 52 One way of ensuring that there is a common understanding of CARE's role is by including in an initial assessment team at least one senior staff who is empowered to make decisions to visit the country during the early phases of an emergency. Afghanistan represented (and still represents) an environment where changes are occurring rapidly.

2. *CARE lead agencies should arrange visits by at least one senior decision maker at the beginning of emergency operations to aid communication.*

¶ 53 Another is by ensuring that the Country Office possesses adequate capacity. In the case of CARE Afghanistan it was more than a month before the Country Director position was filled through a temporary duty assignment. Almost none of the various emergency staff deployed were mandated with a Terms of Reference. Deployment of emergency support personnel as foreseen under aCERT should help fill this gap.

3. *In situations where Country Directors have limited emergency experience or limited experience of the Country Directors role, CARE lead agencies should immediately reinforce the Country Office's management capacity (as foreseen under aCERT).*

¶ 54 Conference calls are no substitute for face to face meetings. The usefulness of high level visits is demonstrated by the visit of the President of CARE USA accompanied by the ARMU Regional Director to visit CARE Afghanistan in Pakistan in early November. CARE Afghanistan was at the time under intense pressure to take a more active role in preparing refugee sites, even though the refugee sites identified by UNHCR were grossly unsuitable. The evaluation team consider that CARE's eventual refusal to participate in developing these sites was wholly appropriate. The CARE USA President communicated this refusal to UNHCR during his visit. Without

this visit, such a decision by CARE Afghanistan would probably have provoked a major debate within CARE International.

1.3 The recovery phase

¶ 55 The sequel to September 11th has led to dramatic changes in the socio-political and economic environment in Afghanistan. This is not yet a post war environment as the different factions remain well armed and the interim administration appears to have very little real authority.

¶ 56 The evaluation team found that while changes in the underlying situation were reflected in new proposals there was little analysis as to how these changes affected the objectives, or even the rational for the existing projects. CARE remains engaged in the widow's feeding programme in Kabul, which is essentially a social welfare project initially justified by the Taliban's refusal to allow women to work[4].

4. *CARE International should as a policy introduce the formal reassessment of all projects in countries where there have been, as in Afghanistan, major changes in the socio-political environment.*

¶ 57 While the Team Leader of the Northern Probe did lead a small review meeting at the end of 2001, this was no substitute for the more extensive and periodic process of review and revision that was needed in such a rapidly changing political, social and economic environment. In such a dynamic environment, CARE Country Offices may not be aware of all the support that the CARE network can provide.

5. *Senior management should be involved in a regular process of review and revision with Country Offices in the aftermath of a large emergency to facilitate appropriate and effective support.*

1.4 Actions based on needs assessment

¶ 58 Emergency assistance was based largely on CARE's existing knowledge of the situation rather than on specific assessments in Afghanistan. However, the depth of CARE's knowledge of the situation in Afghanistan led to an emergency response that was largely appropriate, even without specific assessments. This reflects both the high calibre of the CARE staff and their deep knowledge of Afghan society. The overall appropriateness of the assistance was confirmed by interviewees with beneficiaries and participants in the few CARE projects that the team visited.

1.5 Cultural appropriateness

¶ 59 The evaluator's found that, as far as they could determine, CARE's projects were culturally appropriate. This was only to be expected where the international staff possess an in-depth knowledge of Afghanistan and so many senior management positions are occupied by national staff.

[4] The evaluators are not suggesting that the widow's feeding project be closed (as was envisaged in the 1998-2003 LRSP). However, that this is an example of where CARE should review and revise the project to identify and take advantage of any new opportunities opened by the changed environment to help achieve a sustainable solution for the project beneficiaries..

¶ 60 However, a balance needs to be struck between cultural appropriate and meeting international standards for humanitarian response[5]. Afghanistan is a very traditional patriarchal society. Women occupy a protected but inferior position in Afghan society. CARE's emergency projects targeted at the general population reflected this with no consultation with women[6].

1.6 Beneficiary consultation and participation

¶ 61 While there was relatively little beneficiary consultation in the design of emergency projects, the ongoing CARE program showed evidence of extensive beneficiary consultation over the years.

¶ 62 One very positive aspect of CARE's work that the evaluation team saw was the support for the creation of Community Shura. The Shura are councils of all the adult males in the village and they elect one person to represent the village at the commune level. This type of local democracy can help to ensure that the assistance provided by agencies is appropriate to the needs of the community. This is an example of yet another initiative by CARE that appears to have already had a positive impact far beyond the immediate project.

1.7 Timeliness

¶ 63 Despite having a relatively large capacity in Afghanistan, CARE was relatively slow to react to the crisis. Several interviewees described CARE as being "behind the curve" in the emergency response. In part, this was the result of the complex situation[7] that CARE USA found itself in the aftermath of September 11th coupled with the incomplete restructuring of CARE International's emergency response mechanism.

6. *CARE USA should do some contingency planning around dealing with further terrorists attacks in the USA that are linked with countries where CARE has a Country Office.*

¶ 64 Some delays resulted from the failure of the different parties to adequately communicate the context in which they were operating, different visions and expectations of what CARE should have been doing, overlaid with the gap in trust which existed between Atlanta and the Country Office. Some delays resulted from the lack of contingency planning at the field level. There were no protocols in place for the suspension or resumption of field operations, no planned communications tree for staff. While these protocols were developed by the CARE Afghanistan on an *as hoc* basis, the lack of preplanning did lead to delays, especially for the resumption of program activities.

[5] One common example of this conflict arises where aid agencies wish to target specific individuals whereas the community's preference is for aid to be distributed evenly between all the beneficiaries.

[6] The longer term development projects did consult women during project design.

[7] This was perceived by some interviews from outside the USA as virtual paralysis, but this description was strongly disputed by CARE USA interviewees.

1.8 Consideration of Lessons learned from other crises

¶ 65 While the response demonstrated the considerable experience of CARE Afghanistan staff in dealing with other crises in Afghanistan[8], there was little awareness of lessons learned from other crises outside Afghanistan. Some senior national staff were unaware that CARE had undertaken large scale emergency response operations in the past.

¶ 66 Experience from comparable contexts suggests that replacing a war economy with one more suited to peace is one of the most important contributions that external actors can make to peace-building. For example, in conflict families quickly exhaust their capital in their attempt to survive or through losses to looting. Experiences from Kosovo, East Timor, and elsewhere showed that income generation very quickly became an overwhelming priority following the immediate crisis. However it is only now, some seven months after the fall of Kabul, that CARE is planning an income-generation assessment. The evaluators considered that CARE Afghanistan may have missed opportunities in the recovery phase through a lack of awareness of lessons from elsewhere.

7. *CARE Afghanistan should actively seek to draw appropriately from lessons-learned from programs that have faced similar transitions. Such learning could take the form of study visits, visits by staff from other programs, involvement of such staff in strategic planning sessions, etc.*

¶ 67 By international standards, response in the early phases of an emergency has seen very mixed performance by CARE. Where CARE has shown itself to have a particular institutional advantage has been in the transition phase from relief to rehabilitation. There were a number of examples of this within existing CARE project portfolio, including the Rural Assistance Project.

8. *CARE International should consider grouping county programs in transition facing similar challenges (emerging from conflict – economic collapse etc.) so that they can share experiences of different approaches to the common problems either through an email list or occasional workshops and conferences.*

1.9 Advocacy

¶ 68 One very appropriate response[9] by CARE was advocacy. CARE was perceived as a leader in advocacy by a number of other agencies interviewed. The increasing politicisation of humanitarian aid means that there is a growing need for advocacy for donor policies to meet humanitarian needs rather than political ones.

9. *CARE International's emergency response team (CERT) should include provision for early deployment of an advocacy specialist.*

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[8] One excellent example of this was the decision by CARE Afghanistan to make a one-time distribution of six months ration to the widows in Kabul. This, completed just before the start of the bombing campaign, not only ensured that beneficiaries had food during the critical period, but also reduced the risk of looting.

[9] The appointment of an advocacy specialist had been planned before September 11th to advocate for increased donor support for the people of Afghanistan.

¶ 69 In the past, advocacy has often been a cohesive force within the CARE family. This was not the case for in the early stages in Afghanistan. Different CARE members adopted very different positions over, in particular, the nature of the US led Coalition's military intervention in Afghanistan. The evaluation team concluded that these differences arose not because of any particular donor pressure, but because of differences in how the crisis was perceived among the publics of the different countries in which CARE has members.

1.10 Still room for truck and dump[10]?

¶ 70 WFP has been running a large scale logistics operation out of Pakistan delivering food into Afghanistan. WFP praised CARE for its role in building capacity of Afghan partner organizations, some of whom have become key WFP implementing partners with relatively little training from WFP. At the same time, WFP were disappointed that CARE had not played a greater role in food distribution, obliging them to partner with other international NGOs with relatively little experience of such operations.

¶ 71 In the past CARE has run large emergency food operations that were often built on ongoing CARE logistics operations. Despite the fact that CARE is still perceived by many outsiders as having particular competency in logistics and distribution, most CARE programs now maintain relatively small logistics operations and the Focus has shifted to more socially sophisticated interventions.

¶ 72 WFP has radically improved its performance in emergencies since the 1980's, leaving relatively less room for large scale food logistics operations managed by NGOs. WFP now appear to be the donors' partner of choice for food logistics though there continues to be a large role for NGOs in distribution. Food for Peace had discussed an alternative (non-WFP) food pipeline into Afghanistan in early 2001[11], but later abandoned these discussions[12], and chose to channel all of their food through WFP.

10. *Given the changing landscape of food logistics operations, CARE International should reconsider its role, including whether it might be more appropriate to develop capacity in another under-served sector, such as cash distribution.*

1.11 Security management – appropriateness and impact

¶ 73 September 11th found CARE without an up-to-date security plan – a situation which still existed at the time of the evaluation despite the deployment of three successive security officers. Afghanistan was a dangerous environment prior to September 11th and CARE staff there were well used to dealing with a variety of security risks. During the crisis there were individual acts of heroism by staff in their desire to protect CARE assets. As with the emergency itself, the staff involved in security

[10] *Truck and Dump is used within CARE to refer to large scale food operations*

[11] The issue of an alternative pipeline was again raise around the time of the Northern Probe.

[12] One view is that Food for Peace held these discussions with more of an eye to improving their negotiating position with WFP than with any intention to setting up an alternative food pipeline.

incidents have not had the chance to work together to translate their experience into lessons learned and guidelines for the future[13].

11. *CARE Afghanistan should develop a series of security protocols for dealing with security incidents. Given the continuing high levels of risk in Afghanistan, one of these protocols should cover the procedures for the evacuation of offices, including project continuation and the resumption of work after such an evacuation.*

¶ 74 Despite having had a number of security advisors on staff, CARE Afghanistan has not developed a set of security protocols for dealing with security incidents. After September 11th CARE staff had to devise their security reaction plans as they went along. This has not changed.

12. *CARE International should introduce a requirement for all Country Offices to develop security management plans not only to protect staff, beneficiaries, and assets, but also to permit the continuation of programs under changed security conditions.*

[13] The Country Director asked several key staff to document their experiences.

2 Efficiency

¶ 75 The evaluators considered that CARE's resources were used efficiently. The heavy reliance on experienced national staff typically led to significantly lower staff costs than would have resulted from the use of expatriates.

2.1 Cost effectiveness

¶ 76 The evaluation team considered that CARE has not fully exploited the opportunities offered by the emergency to replace capital assets. There has been only very limited upgrading of the vehicle fleet which is in very poor condition. There have also been significant delays in restoring and upgrading communications systems. The evaluators recognise that purchasing capital assets for Afghanistan is risky, as the present peace may collapse, and agency vehicles may be more at risk of theft than private ones. However, some of the rental vehicles seen were not in the best mechanical condition, and none seem to be insured.

¶ 77 One of the reasons for not purchasing new vehicles is that many donors will only pay for vehicle rentals. Nevertheless, donors often find it acceptable to pay rental for vehicles owned by the implementing agency.

13. CARE USA should promote the use of vehicle fund by programs to allow them to make vehicle purchases on the basis of set rental fees paid by donors.

2.2 Use of resources

¶ 78 The evaluation team considered that CARE Afghanistan was correct in not diverting resources to respond to the (relatively small) earthquake, outside of CARE's operational area in 2001. To do so would not have been an efficient use of CARE's resources.

¶ 79 There are many examples of efficient programming by CARE Afghanistan. The contributions of different donors have been combined in imaginative ways to provide an efficient response. Good examples of this include the use of the COPE community structures to aid emergency distributions. CARE also used funds from different donors to ensure that the needs of vulnerable families were met even when they were not the primary target for the main donor.

2.3 Preparedness

¶ 80 Emergency preparedness is an efficiency issue as prior preparation can significantly reduce the cost of response.

2.3.1 IN-COUNTRY PREPAREDNESS PLANNING

¶ 81 Afghanistan has not only lurched from one crisis to another over the last 25 years, but also has a high earthquake risk. However, CARE Afghanistan appears to have done little emergency preparation since their excellent preparation in the aftermath of the February 1999 earthquake in Wardak. Only a handful of staff have received formal training in emergency management. Partners likewise appear to have received little formal emergency training from CARE. Experience in other countries

has show that disaster preparedness (including training) is one of the most effective ways of improving emergency response.

2.3.2 PREPAREDNESS AT A REGIONAL LEVEL

¶ 82 The situation at the level of the Asia Regional Management Unit is similar. Not only was there no regional emergency response plan, but ARMU did not possess the capacity either to prepare one for the region or to assist Country Programs to prepare their emergency response plans.

14. *CARE USA should consider reinforcing staffing in Regional Management Units with Emergency Response Personnel. Such staff would not only support the RMU in an emergency as part of a CARE Emergency Response Team (CERT), but would also help Country Offices with their training and preparation for emergencies.*

2.3.3 PRIOR STAFF TRAINING

¶ 83 CARE Afghanistan staff had little prior emergency management training. One of the three international staff in place on September 11th had attended the CARE Fundamentals of Disaster Response (FDR) Training and said that this training proved extremely useful during the emergency. While it is essential that international staff have emergency management skills, it is also important to develop the emergency management skills of national staff and CARE partners as:

¶ 84 National staff and partners organizations are often in place when an emergency happens and it is in the early stages that the greatest contribution to saving lives can be made.

¶ 85 National staff and partner organizations are often able to work in contexts where international staff cannot work. This is still the situation in Afghanistan today where international staff are still not able to visit all CARE projects at will.

¶ 86 At present CARE's emergency management training focuses on international staff.

15. *CARE International should adopt a policy of training local staff to develop their emergency management skills.*

¶ 87 The policy of training national staff could be executed by a number of means including, trickle down training by staff who attend emergency training, distance learning, and training by CARE's emergency response team.

¶ 88 This last option could balance out the work load of permanent members of CARE's emergency response team, particularly if any such persons are stationed at the regional management units.

2.3.4 LEVEL OF PREPAREDNESS FOR A FUTURE EMERGENCY

¶ 89 Despite the continuing risks in Afghanistan, (and the uncertain situation in the region overall) CARE the Country Office still does not have a plan for coping with any future emergency. While recognising that staff are extremely busy at present, it would still be appropriate to devote some resources to contingency planning.

16. *CARE Afghanistan should undertake a review of emergency response lessons learned and prepare contingency plans for what CARE Afghanistan consider to be the most likely emergency scenarios.*

¶ 90 Examples of scenarios that could be considered include earthquakes or other natural disaster within Afghanistan, war between India and Pakistan, open conflict within Afghanistan, and a large scale refugee return.

2.4 Gearing up

¶ 91 Closely allied with general preparedness is the issue of gearing up for a specific response. A common feature of refugee emergencies is that there may be periods of calm before large scale operations begin[14]. Not every threatened crisis develops into a large emergency.

¶ 92 For CARE Afghanistan, while senior staff were working very long hours, junior and intermediate staff relocated from Afghanistan had little to do. It would have been useful to take the opportunity to train these staff in skills for basic camp management.

17. *Training national staff in emergency response skills should be one of the priorities for CARE's emergency response team (CERT) when there are lulls in crises.*

¶ 93 This training would not have been wasted as it would have left the staff better prepared to meet further crises inside Afghanistan.

2.5 Effect of Care International structures on response

¶ 94 CARE Afghanistan saw its primary role as being focused within Afghanistan. Other CARE actors saw this role as working with Afghans in Pakistan. There was a lack of consensus on what CARE's role was, not only between the various players[15] but also within the players themselves. This lack of consensus led to some conflict between members of CARE international.

¶ 95 Some CARE National Offices appeared to have very limited understanding of the context within Afghanistan[16]. This is the natural consequence of the very complex context in Afghanistan. The crisis raised large questions about how CARE should respond to such a crisis. This decision can be based on a number of factors:

¶ 96 Scale of unmet humanitarian need. This should be one of the primary factors in the decision to respond.

[14] This was the case in the Rwanda crisis in 1994, where the initial refugee influx in Tanzania was delayed by the Rwandan military, and in the Kosovo crisis, where refugee numbers were initially quite small.

[15] CARE Afghanistan, the Regional Management Unit, CARE US, and the other members of CARE International

[16] One CARE National Office accepted a donation of school uniforms for Afghanistan without prior consultations with the Country Office. Unfortunately these uniforms had shorts rather than trousers making them unusable in Afghanistan since shorts are not regarded as an appropriate form of dress even for boys.

¶ 97 Whether CARE can make a real contribution to the unmet humanitarian needs.

¶ 98 Fit with country strategic plans – obviously an important factor for CARE country directors.

¶ 99 Whether the emergency is in an area served by CARE already (and can therefore benefit from the existing CARE infrastructure).

¶ 100 Level of public interest in donor countries. This largely determines the potential income stream from the crisis.

¶ 101 Attitude of CARE member agencies and CARE supporters.

¶ 102 The first two factors are probably the most important. However, the fit with the Country long range strategic plan (LRSP) and whether the emergency is in an area that is already served by CARE have a large influence on both the cost efficiency of the response and the potential disruption to the ongoing CARE Program. The fit with Country strategic plans can include the desire to build a Country program's emergency response capacity by exposing staff to an emergency response operation.

¶ 103 The final two factors also need to be considered because the way in which CARE responds to high profile crises can have an affect on CARE's overall ability to respond to situations where there are large needs but little public interest.

¶ 104 Emergencies provide an opportunity for CARE to recruit supporters who may later contribute to CARE development programs. People responding to emergency appeals are one of the most effective ways of building a base of potential supporters.

¶ 105 Emergency funds can be used to develop in-country infrastructure that will later support rehabilitation and development projects. The chance to write off start-up costs in this way for new areas of operation can be a good reason for changing strategic plans.

¶ 106 Some CARE members have a very narrow funding base and are dependant on emergency response funding from their governments. Unless these members can develop their funding base, they will always be a drain on CARE overall rather than active contributors.

¶ 107 CARE's constituency will expect CARE to act. Like other NGOs, CARE not only has a duty to its beneficiaries, but also to those who support it. If CARE fails to act when supporters think it should, supporters may switch their allegiance. This last point applies equally to support by CARE members for county programs. Country programs need to be sensitive to the needs of CARE members so that they can build relations that will serve humanitarian needs in the long run.

¶ 108 The bottom line is that there can be situations where emergency interventions are justified in terms of future rather than immediate humanitarian needs.

¶ 109 Overall, the evaluators considered that CARE Afghanistan was justified in not responding to the Narin Earthquakes at the end of March 2002 as the humanitarian needs were largely met by other players. However even here, CARE Afghanistan could have taken advantage of this earthquake to expose junior staff without previous emergency response experience to an earthquake relief operation. This would also have met the needs of CARE Canada for a CARE response to the earthquake.

18. *CARE Country Directors should treat emergency response operations as training opportunities for staff, even to the extent of seconding staff to other agencies when no CARE response is planned.*

2.6 Nature of external support

¶ 110 The CARE system made enormous demands on the senior staff of CARE Afghanistan. This is illustrated by the Acting Country Director's eloquent plea contained in a memo to CARE HQ in early November.

¶ 111

> *I am not looking for sympathy, but a bit of understanding. We are working 12 hour days (minimum often longer and telephone calls sometimes through the night), 7 day weeks. We have daily conference calls that consume at least an hour each day. We have bi-weekly sitreps to write. We have coordination meetings with WFP, UNOCHA and INGOs in Islamabad and often ACBAR in Peshawar. We are also having a good number of visitors … all of whom are most welcome and valuable to our overall effort, but to be honest, each of them also require a significant amount of mission senior management time. There are a lot of extraordinary demands on time – and a lot of them are coming from within the CARE system. This is probably unavoidable, but it is draining.*

¶ 112 This list of activities does not include the need to redraft proposals for donors due to frequently changing policies and funding priorities. Senior staff were working in a difficult security environment and were also concerned about the situation of the staff still in Afghanistan, at risk from the bombing and from possible retribution from the Taliban.

19. *In future emergency operations there needs to be a better balance between the needs of CARE members for information and the needs to avoid overtaxing senior Country Office staff. Increased demands on already stressed staff are not only more likely to result in poor decisions and damage relationships through a lack of tact and diplomacy.*

¶ 113 As noted earlier the breakdown in trust seen between CARE Atlanta and the Country Office in early October was due in part to the demands being placed on the Country Office.

¶ 114 The conference calls were seen by the Country Office as meeting the needs of other CARE players and being of little use to the Country Office. This suggests that they were overused. Worse, the conference calls took place at the end of the day for the Country Office, when staff there were already tired.

20. *Conference calls should be timed to suit the Country Office to reduce the stress that these place on the staff there. Typically this will be mid morning for the Country Office. This strategy may lead to conference calls falling at unsocial hours for the lead agency or other CARE members but will have the advantage that people will only participate when they are getting value from the calls, and will encourage less frequent conference calls.*

¶ 115 Much of the load placed on the Country Office dealt with providing information for other CARE members. This is a function that could be delegated to an Information Officer, which is a markedly different function from Media or Public Information

specialist. A Media/Public Information focal point should concentrate on cultivating the media and ensuring that CARE gets good media exposure. An Information Officer main responsibility would be providing information for the CARE network. As such they would be responsible for gathering information from a variety of sources to draft situation reports and responding to information requests from CARE Members.

21. *As foreseen under aCERT, CARE's emergency response team should include both a Media/Public Information focal point and an Information Officer. It is important that the two functions should be separated to ensure that both aspects are adequately covered.*

2.7 Support gaps

¶ 116 It was difficult for the evaluators to distinguish between support gaps that had arisen because of a lack of support by CARE members and or because of the unwillingness of the Country Office to accept support. CARE members did make funds available relatively quickly and some CARE members carried out recruiting exercises for potential emergency staff. However, CARE Afghanistan called forward very few of the staff identified in this way.

2.7.1 SECURITY

¶ 117 One large support gap was in the area of security. While the Country Office had not prepared performance appraisals for any short term staff (including security officers), interviews with staff indicated general satisfaction with the first security officer, but subsequent security officers were perceived as too military in their approach with little understanding of CARE's context.

¶ 118 NGO security strategies are normally based around three components:

¶ 119 Acceptance – where acceptance of the agency by the community reduces the risk of security incidents.

¶ 120 Protection – hardening the target, where physical and procedural measures (for example, high walls and visitor control procedures) are taken to reduce the risk or likely consequences of security incidents.

¶ 121 Deterrence – where security incidents are discouraged through the threat of counter-violence. For NGOs deterrence may be provided by their own guards or the local security forces.

¶ 122 While all programs will use a mixture of these three strategies, different strategies may predominate in different situations. Acceptance strategies often predominate with NGOs as they have the best fit with community consultation and participation in projects. Security advisors from a military background may give greater weight to deterrence strategies while those from a police background may emphasise protection strategies.

¶ 123 While CARE USA's security policies and guidelines take into account the fact that security measures should permit programs to continue while minimising risk (rather than simply minimising risk to staff), not all the security support staff deployed by CARE seemed to understand this.

22. *CARE USA needs to develop their pool of security officers, possibly through training, so that these fully understand the importance of the acceptance*

strategy and the impact of security measures on program activities. Security officers also need to understand that their role is to maximise the program activity that can take place at a given level of risk, rather than simply to minimise risk.

¶ 124 A further source of tension about security arose in regard to who should take decisions on security. The Afghan context is particularly complex. While USAID praised CARE's decision to withdraw it's international staff from Peshawar, others (including at least one major donor, some CARE USA staff, and CARE members) were critical, as this left CARE without an international presence in Pakistan after September 11th.

¶ 125 By early October Atlanta evidence of a significant gap in trust emerged when CARE USA HQ started to seek a role in approving staff movements. A lack of confidence seemed also to be demonstrated during that period since situation reports were being edited by CARE USA HQ to ensure that staff inside Afghanistan were not put at risk.

¶ 126 However, Afghanistan had been a dangerous environment prior to September 11th and staff were well aware of the security risks that they faced - and had repeatedly demonstrated their ability to manage them. In particular the Country Office was well aware of the security implications of whatever was said in the situation reports and took care that what was in them did not compromise CARE Afghanistan staff.

¶ 127 After the start of the bombing, CARE USA wanted the international staff in Peshawar to evacuate. The Country Office correctly insisted that it was more appropriate for the international staff to remain where they were rather than to attempt to move by road to Islamabad. A view which eventually prevailed.

23. CARE security planning should acknowledge that "hibernation", (sitting tight) may often be a safer alternative than evacuation in times of crisis.

¶ 128 The other issue was the wish by CARE USA that international staff remain in Islamabad but commute to Peshawar for meetings etc. This demonstrated a poor understanding of the context. Staff in Peshawar or Islamabad could be protected by the Pakistani police and military, whereas those travelling were far more vulnerable. The road from Islamabad to Peshawar passes through several population centres, and by a very large Madrassa (Islamic School) that was a known a centre of support for the Taliban

24. CARE should adhere to the policy that decisions on security are best made by staff in the field, provided that they have experience of and an awareness of the context that they are operating in, and an agreed security plan.

¶ 129 Attempting to micro-manage security decisions from a distance can have fatal consequences as the situation can change while decisions are being taken. Where there are concerns that field staff are taking excessive risks, line management has the option of providing security advisors in the field and, if necessary, insisting on evacuation. An agreed security plan is essential to ensure that staff do become so accustomed to a gradually worsening situation that they fail to take appropriate action in time.

2.7.2 HR ISSUES

¶ 130 Based on available evidence, the interim Country Director, was the only person sent to CARE Afghanistan as part of the emergency deployment who was furnished with a

clear Terms of Reference - and this was only because he had repeatedly asked for a terms of reference prior to his deployment. Other staff were deployed either with no terms of reference or with vague instructions to develop them after they arrived. The lack of terms of reference created a number of problems for staff as their role and authority was unclear,

25. *All staff deployed in an emergency should have a Terms of Reference agreed in advance with the Country Office. CARE should develop standard ToRs for each of the posts in the CARE Emergency Response Team to expedite their deployment. ToRs should also be reviewed once staff are in country since working conditions and associated responsibilities often change dramatically during emergencies.*

¶ 131 The performance of the staff deployed to the crisis varied widely. However, there seems to have been no formal recording of this. Without such formal recording there is a risk that unsuitable staff may be deployed in other emergencies.

26. *CARE Country Offices should formally report on the performance of each staff member deployed to an emergency operation, including short term consultants.*

¶ 132 While CARE appears to have a system in place, this does not appear to have been implemented or subjected to monitoring by Human Resources.

2.7.3 SUPPORT FOR REGIONAL MANAGEMENT UNITS

¶ 133 The ARMU Director's background was in development rather than in emergency response. In CARE's decentralised system it would be appropriate to ensure regional management units have appropriate advice on emergency response.

27. *CARE USA should consider providing experienced emergency staff to Regional Management Units to bolster their capacity during large emergency operations in their regions. These could not only assist RMUs with their disaster response planning, but also help in implementing aCERT. Such support would be particularly useful with regional crises affecting more than one country in the region. The support should be provided at the decentralised RMU site rather than just in CARE HQ.*

2.8 Potential role for a CI emergency response team

¶ 134 The evaluators saw a large number of potential roles for a CI emergency response team, if it had existed at the time.

¶ 135 Providing a pool of good quality staff familiar with CARE that could have been drawn on for probes and to support the country and regional offices rather that *ad hoc* arrangements that prevailed at the time.

¶ 136 Providing a core of experienced staff to further develop the emergency skills of the CARE Afghanistan national staff.

2.9 CI Management

2.9.1 INFORMATION SOURCES

¶ 137 United Nations agencies pursue aggressive public information policies using much of this information to raise funds. All of this information is not necessarily balanced. In particular, misleading statements by UNHCR about the state of readiness of the refugee camps[17] may have contributed to differing expectations about CARE Afghanistan's potential role in camp preparation.

28. CARE members may need to take a more informed view of the messages being communicated by UN agencies.

2.9.2 ACCOUNTING SYSTEMS

¶ 138 Project Managers in Afghanistan stated that delays in getting accounting information forced them to maintain parallel accounts to avoid running over-budget. Some dissatisfaction was also expressed regarding the format in which budget information was presented.

¶ 139 CARE Afghanistan changed to the Scala accounts package in February 2001 from a previous package that was perceived as a simpler and less complex system. Scala was accompanied by a rule that payments of any amount over US$20 could only be physically made after a voucher was prepared on the Scala system. Vouchers were prepared in batches at the end of each day, so payments could only be made on the following day. This created problems for program staff.

¶ 140 In accountancy systems the *point of recognition* is the point at which receipts and expenditures are "recognised" in the accounts. Commercial accounts are normally prepared on an accruals basis – receipts and expenditures are recognised in the accounts when they accrue rather than when physical payments are made. NGOs often operate accounts on a cash basis with actual payments being recognised. The evaluation team were informed that CARE Afghanistan recognises expenditures in the accounts when they are physically paid and that this is the standard CARE practice.

¶ 141 Humanitarian crises often see very large "rates of burn" with rates of expenditure significantly higher than is normal in development projects. Project managers need to have accurate and up-to-date information not only on actual expenditures but also on commitments to avoid overspending on budgets. One danger of using the cash account basis for expenditures in emergency operations is that project managers may not realise the full extent of their commitments. This is one of the commonest causes of major financial problems in emergency operations.

¶ 142 Some agencies get around this by the use of *suspense accounts* whereby major commitments are charged against the budget when they are made and then the funds are held "in suspense" until the commitment is paid. The evaluation team were informed that the use of suspense accounts is contrary to CARE accounting policy.

[17] The UNHCR definition of "ready" was not that the camps were physically ready to receive refugees, but that UNHCR had made all the decisions needed to get the camps ready in terms of planning and selecting partners.

¶ 143 While restrictions on suspense accounts and on payments without vouchers are quite sensible[18] for slowly changing development programs, they can prove a major headache in emergency operations.

29. CARE USA should review its accounting policies to determine what changes would facilitate emergency operations. This review could either recommend changes to overall policies, or determine changes that could be applied to a country program when there is an emergency operation in course.

¶ 144 While CARE Afghanistan staff apparently had few problems using the Scala system, the only staff member trained to use the associated Crystal reporting package left CARE prior to the crisis. CARE Afghanistan was unable to present expenditure reports in the format requested by the project managers. CARE Afghanistan requested a Software expert from Atlanta to assist. Eventually a trainer was sent from CARE Bangladesh, but while an expert on Scala, he was not familiar with the Crystal reporting package. This remained an unmet need of the Country Office at the time of the evaluation.

30. CARE USA should immediately arrange training for the CARE Afghanistan financial staff in the use of the Crystal reporting package.

¶ 145 One of the risks of emergency deployments of finance staff is that the staff deployed may not be sufficiently familiar with the accounts package used to set up new projects or report formats.

31. CARE International should ensure that finance officers deployed as part of the Care Emergency Response Team (CERT) are sufficiently familiar with the accounts software, both with Scala and with the associated reporting package, to set up new projects and new reporting formats.

¶ 146 Emergency operations often involve high rates of expenditures, the rapid recruitment of new staff, heavy work loads for finance staff, and in some cases the temporary loosening of financial controls. This is why financial problems are more common in emergency operations than in regular programs. Such problems may range from donors refusing to reimburse expenditures all the way to fraud.

¶ 147 In the case of CARE Afghanistan, there were relatively few new staff recruited, and project managers were already experienced at meeting donor requirements, controls were not relaxed. One would therefore be surprised if there were any major financial problems. Nevertheless it is part of good practice to carry out a routine audit of accounts and to adopt this as a general policy for all emergency operations.

32. CARE International should introduce the policy of auditing emergency operations within 6 months of the start of the operation.

¶ 148 CARE Afghanistan strongly resisted the secondment of a finance officer to assist during the emergency period but instead recruited an experienced finance officer locally. Given the problems which CARE has previously had in emergency operations (such as in Kosovo) it would be good practice to have a systems verification visit early on s so that emerging problems are quickly identified.

33. If a Country Office lacks finance officers with recent experience of operating CARE's financial controls in large scale emergency operation, CARE

[18] The use of suspense accounts and allowing payments on temporary voucher can make certain types of fraud easier.

International should send a specialist to verify that the controls systems in place are appropriate for the emergency operation, adequate, and unlikely to lead to future problems.

2.9.3 REPORTING SYSTEMS

¶ 149 While donors expressed a general level of satisfaction with reporting by CARE Afghanistan, the OFDA representative complained about reporting by CARE Afghanistan. It became clear that there was a difference in how respective CARE National Offices dealt with reporting, with some offices taking a much more pro-active stance on reporting and following up with CARE Afghanistan regarding report deadlines.

34. *CARE National Offices need to proactively monitor and follow-up country programmes to ensure adherence to reporting deadlines. This is particularly true where, as in this case, the normal rhythm of program management has been interrupted by an emergency.*

¶ 150 Narrative reporting to the quality required by donors is often a problem for programmes with a large number of senior national staff for whom English is not a first language[19].

35. *CARE Afghanistan should provide training in narrative report writing in English for senior national staff. Such training may include general English language skills.*

¶ 151 Providing staff with such training will increase their confidence in donor presentations which is a powerful marketing tool since it demonstrates the high calibre of the national staff (and by inference of the likely quality of implementation.)

[19] For many staff in Afghanistan, English may be their third or fourth language.

3 Impact

¶ 152 The activities observed by the evaluation team were of good quality and on a vast scale, assisting tens of thousands of families. However, the evaluator's considered that CARE Afghanistan sometimes paid too little attention to the links between activities, outputs, and impacts. This varied between projects, with some projects paying more attention to impact.

3.1 Estimating the impact

3.1.1 MORTALITY AND MORTALITY

¶ 153 There is no direct evidence that CARE's emergency programme after September 11th has contributed to the reduction of mortality and morbidity. This lack of direct evidence stems largely from the difficulty of measuring reductions in morbidity and mortality and of saying, even if measurements can be made, whether any reductions are due to a particular invention. There is indirect evidence to suggest that CARE Afghanistan has helping to reduce suffering, and has probably had an impact on reducing mortality and morbidity.

¶ 154 The evaluation of the Kabul Water and Sanitation project noted that there had been a reduction in water borne disease. However, the report noted:

¶ *155* > *At this stage it is too soon to state whether waterborne related diseases are reducing as a result of the Kabul Water Supply Programme and associated health education activities.*

¶ 156 In 1998 the Taliban forced CARE to suspend the Kabul Water Supply Program as part of the Taliban's effort to force NGOs to relocate to the Kabul Polytechnic. While the water supply project was suspended, Health officials noted a large increase in diarrhoeal disease while water pumping was suspended. All of this suggests that CARE continual operations of the Kabul water project saved lives.

3.1.2 REDUCTION IN SUFFERING

¶ 157 What is very clear is that CARE's interventions have been effective in reducing suffering. Several years of drought and a very weak economy have led to crushing poverty in Afghanistan. Many of the CARE projects seen provide some temporary relief from this suffering. CARE's interventions typically targeted the most vulnerable.

3.1.3 BENEFICIARY SATISFACTION

¶ 158 All of the beneficiaries interviewed were generally satisfied with the assistance provided by CARE. In some cases beneficiaries compared the assistance of CARE with that of other agencies, and rated CARE's assistance much more highly.

¶ 159 The complaint voiced most frequently was that the CARE program was not extensive enough. Beneficiaries complained that they received assistance for a shorter period, or in a smaller quantity than they would have liked. Communities sometimes complained that the number of beneficiaries was limited. The fact that such

complaints focused on quantity rather than quality issues should be viewed as praise for CARE.

3.2 Outputs or impact?

¶ 160 At least one previous evaluation criticised CARE for focussing too much on the activities being carried out and inadequate attention to impact. This issue is perhaps reflected in the lack of logical frameworks for some activities, or the weakness of some of the existing logical frameworks. Knowledge and use of impact indicators appears to be relatively low. The CARE activities seen were very professionally executed overall, although the evaluators had a number of questions about some aspects of the projects reviewed.

¶ 161 The widow's feeding programme covers three of Kabul's sixteen districts. Widows in the other thirteen districts had previously been covered by an ICRC feeding program, but this was suspended in March 2001 when ICRC no longer saw it as appropriate to continue[20]. CARE has nevertheless continued to support widows in the three districts.

¶ 162 The evaluators were concerned about the integrity and impact of concentrating relief assistance on widows in three districts[21] apparently only because of their status as traditional CARE clients, without some effort to assist the broader community. Previous CARE evaluations of the widows feeding project have not looked at the difference between the assisted and un-assisted populations, making it difficult to say what the impact of the project is. The evaluators were happy to see that the planned evaluation of the project will examine this aspect.

¶ 163 An added element of the widow's feeding program was that an evaluation conducted in 2001 showed that nutritional status among the beneficiaries was declining. The widows have only been receiving half rations after donor funding was reduced.

¶ 164 The road improvement project was very impressive. This is a huge[22] and very well managed logistics operation with 200 trucks hauling material to surface roads in Kabul. This project employs thousands of labourers directly and indirectly.

¶ 165 The roads made by the project are a huge improvement on the existing roads in the poorer parts of Kabul. However, the project has no funds for even small drains, meaning that either drains or roads are interrupted where roads branch off. Neither does the project have any provision for the used of water and equipment to compact the roads being built. Both of these factors limit the useful life of the road surface.

¶ 166 In a separate project, CARE is also building very good quality lined open drains at the sides of Kabul's paved roads. These drains prevent the flooding of roadside dwellings. However, the team noted that in some cases these excellent drains had been blocked by people who had filled them with earth to give vehicular access to their homes or workplaces. Also, it appeared that the drains did not always lead water to a water course. Both of these factors mean that while this project also has

[20] Publicly, ICRC gave as the reason for suspension that Kabul was no longer being fought over and that the project was outside the ICRC mandate. However, a number of interviewees felt that problems in the management of the project were also a factor in the suspension.

[21] A fourth district has since been added.

[22] The project will surface approximately 143km of road 6m wide with approximately 20cm of material – giving a total of over one quarter of a million tons, all of which is excavated, loaded and spread by hand.

led to useful employment and has radically improved drainage in some locations, the potential impact of the drainage is not as great as it could be.

¶ 167 In Shamali, CARE is engaged on yet another excellent project. In this case CARE is renovating the Karezes (underground water abstraction systems that are traditionally used for irrigation and general waster supply)[23]. Karezes were identified by the beneficiaries as a high rehabilitation priority in rehabilitating their communities and this represents another example of CARE responding appropriately thanks to their knowledge of the communities.

¶ 168 CARE is paying for the work with food and the ration for one month's work is 147kg wheat flour, 52.5kg beans, 22.5kg oil, and 15kg sugar. This ration provides approximately enough kilocalories for 74 days for a family of six at 2,100 kilocalories per person per day. This a very generous ration[24]. There is a lot of food aid flowing into Afghanistan and there is a danger that this will be a disincentive to local production . Lautze (2002) has noted that cash for work was needed in rural areas to support rural livelihoods.

36. CARE Afghanistan should consider the option of using cash for work rather than food for work wherever possible.

¶ 169 By contrast, people on cash for work projects in Kabul stated that it was impossible to live on what they were paid. CARE was paying the equivalent of 70 Pakistani Rupees per day, but participants complained that nearly half of this was consumed by the cost of getting to the work site and the cost of a simple lunch of bread, tea, and sugar. By contrast the transport contractors delivering material to the CARE project paid their drivers 100 Pakistani Rupees per day plus one substantial midday meal, giving a total package that is nearly twice the CARE rate.

37. CARE should review the rates of pay it is paying labourers on cash-for-work projects to ensure that they are enough for families to survive on.

¶ 170 Although there is no shortage of applicants for work on the Shamali food for work or Kabul cash for work projects[25], this does not mean that levels of pay are just or adequate. Experience elsewhere demonstrates that acute poverty will lead people to work for starvation wages.

¶ 171 Workers on the refuse collection project do not have any protective clothing – this seems to be at odds with a project whose intended impact is disease control.

38. CARE Afghanistan should supply workers on sanitation projects with appropriate protective equipment.

¶ 172 The above comments should not be seen as a balanced review of these projects, but only as issues that CARE Afghanistan should consider. Overall, the evaluation team were very impressed with both the scale of these projects and the professionalism with which they were managed.

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[23] Karezes are described in the list of acronyms and non standard terms in Appendix 1.

[24] CARE also operated WFP supported food-for-work projects where the daily rate was 8kg of wheat flour – enough kilocalories for approx 13 person days at 2,100 kilocalories per day (this is a very unbalanced ration at it has no protein or high-energy component.)

[25] Families are limited to having one adult work for one month only on the projects to spread the benefit of the relief as widely as possible.

3.3 Evaluation

¶ 173 CARE Afghanistan has carried out a number of evaluations. The three that were reviewed by the evaluation team were of good quality. However, they had radically different terms of reference. This limits the possibility for learning between projects, and even between country programmes.

39. CARE Country Programs should apply a standard set of core evaluation criteria such as the CARE Design Manual and Impact Guidelines.

¶ 174 If CARE Afghanistan used a standard set of criteria across different projects, this would make meta-studies far easier, and would facilitate learning and policy analysis.

4 Coverage

4.1 Geographical

¶ 175 Historically CARE has had directly implemented projects in Kabul and in provinces around Kabul[26]. Despite the expanded opportunities since September 11th there has been little direct CARE activity outside the geographical bounds of the pre-existing CARE programme, apart from the work in the Shamali valley.

¶ 176 There has been discussion within the Country Office about expanding the geographical range of the program for some time, ranging as far back as 1998[27]. The Northern Probe and strategy workshops held since the collapse of the Taliban identified expansion to Northern Afghanistan as desirable but no concrete action appears to have been taken to follow up on recommendations in the report.

4.2 Sectoral

¶ 177 There has been very little change in the sectors covered before September 11th. In particular, there has been little exploration of the possibilities for supporting livelihoods through re-capitalisation.

4.3 Program expansion

¶ 178 Program expansion carries the risk of a dilution of program quality. CARE Afghanistan was aware of this lesson from Kosovo and was determined not to repeat it. As a result CARE's programme appears not to have grown as much as those of other agencies. ACTED described the increase in their programme funding as "tremendous". CRS, which had not operated in Afghanistan since 1998, has seen its Afghanistan funding rise from zero to 8M USD.

¶ 179 This cautious approach means that CARE Afghanistan is now well positioned to undertake very interesting projects such as the World Bank Social Fund project, but this appears to have happened accidentally rather than as part of a deliberate strategy. A rapid expansion would probably have diluted the quality of the CARE programme. However, one of the consequences of not expanding has been that additional funds have gone instead to far weaker actors. This has probably led to a lower quality response that not only dilutes the quality of the overall effort, but may lead to residual problems for agencies like CARE with a long term commitment to work in Afghanistan.

¶ 180 One of reasons for not expanding was the limits on staff capacity. The use of expatriate staff (who could be from the region) to give a temporary boost to capacity as well as training new national staff, seems not to have been considered. While international staff can be very expensive, appropriately skilled international staff can

[26] CARE Partners worked in other parts of Afghanistan and in the refugee camps in Pakistan.

[27] CARE Afghanistan's Long Range Strategic Plan for 1998 to 2003 stated that: *"Based on its assessment of country needs, donor interests and organisational capacity, CARE Afghanistan plans to extend geographically into Central and Northern Afghanistan as well as establish activities in Pakistan and possibly linkages with CARE programmes in Tajikistan."*

fulfil a very useful role in emergency response. Expansion would have provided more room for internal promotion and might have lessened the losses of middle level staff to the UN and others.

¶ 181 In countries experiencing complex emergencies, some agencies adopt the policy of having two widely separated geographical areas of operation. This allows program activity to continue even when projects have to be suspended in one area.

40. CARE Afghanistan should consider having a second focus for programs in Afghanistan other than the provinces around Kabul.

4.4 Evidence of assessments influencing programming

¶ 182 The two largest assessments undertaken were the Northern Probe and the Iran Probe. The first of these visited Tajikistan initially and later Peshawar, to look at the possibility of carrying out a program in Northern Afghanistan. The second examined the possibility of supporting operations in the far South of Afghanistan across the Iranian border, as well as support for refugees in Iran.

¶ 183 The Iran probe (led by CARE Australia) recommended that no immediate action be taken but that CARE maintain a watching brief over the situation. This is what CARE did, skilfully using the links established during the probe visit to ensure that CARE had good quality information about developments on the Iranian border.

¶ 184 The Northern Probe was organized relatively late, arriving in Tajikistan after other agencies had already established their role there. While the probe was underway, the Taliban withdrew from Kabul. This changed the whole situation in Afghanistan. Northern Afghanistan was now accessible from Kabul and there was less need for cross-border operations although the option of setting up an alternative base of operations was available.

41. In future crises where there are difficulties of humanitarian access along traditional routes, CARE should immediately investigate alternatives forms of access at an early stage during the development of scenarios.

4.5 Gender and vulnerable groups

4.5.1 GENDER

¶ 185 The evaluation team found little evidence of gender analysis. Although CARE has paid particular attention to the needs of widows, the differential impact of the CARE program on women and men, or on different age groups appears to have received little analysis in some projects.

¶ 186 Afghanistan is a very traditional, patriarchal society and examples within CARE's senior staff were observed which reflect this. What was noticeable in CARE Afghanistan was that, while many other organisations in Kabul now employ female receptionists, cleaners etc, all of these roles in CARE are still occupied by men. The majority of CARE's female office staff are located in the annex that is furthest from the main office.

42. CARE Afghanistan should examine the role of women in its staff and ensure that women participate in the management of each of the projects.

¶ 187 The evaluators recognise that this may be somewhat difficult as CARE would be entering the market for skilled women managers for the general projects at a relatively late stage.

43. CARE Afghanistan should consider the image that it is currently projecting with the lack of female support staff.

4.5.2 VULNERABLE GROUPS

¶ 188 Many of the projects seen by the evaluation team focus on vulnerable families, and this focus is evident throughout CARE's work. While targeting is always difficult, CARE staff are experienced at helping communities to identify vulnerable members and these have benefited particularly from CARE's assistance. CARE's support for community Shura was particularly impressive.

5 Connectedness

¶ 189 CARE's emergency program displays a high level of connectedness. All of the emergency initiatives undertaken have been designed with a longer term perspective.

5.1 The long term context

¶ 190 In all of the CARE Afghanistan emergency programming, careful consideration was give to the long-term context. Overall, the evaluation team consider that CARE's response, with it strong emphasis on the medium and longer-term context is a model of connectedness for other programs elsewhere.

¶ 191 The one criticism that the evaluation team have was that in some ways the response has been too firmly rooted in past programmes and has not considered fully the options available under different scenarios and changing priorities of its target beneficiaries.

5.2 Staff capacity

¶ 192 Connectedness can work both ways. Not only should emergency interventions avoid compromising longer term development, but long term development can also facilitate emergency response.

¶ 193 In the case of CARE Afghanistan, the ability to implement emergency interventions was raised by the high quality and calibre of the national staff[28]. All those interviewed were complimentary about the high quality of CARE national staff[29].

5.3 Building local partner capacity

¶ 194 Building local partner capacity is one approach to linking emergency interventions to the long term context. Although the emergency response allowed relatively little opportunity for the strengthening of local partners, local partners referred to the positive impact that working with CARE had on their capacity.

[28] National staff capacity is particularly important because national staff can stay with a country program for decades, whereas international staff will often move on after a few years.

[29] One UN interviewee noted that, of all of the staff the UN has recruited from different organisations within Afghanistan, former CARE staff were the best as they required almost no training or support to become productive members of the team.

6 Coherence and Co-ordination

¶ 195 CARE has been a key player in some co-ordination arenas, especially in the shelter sector. Some external interviewees complained that CARE has not paid enough attention to some co-ordination mechanisms (such as some UNHCR sectoral meetings) although it should be noted that the United Nations has been criticized for perceived shortcomings in co-ordination.

6.1 Internal CARE Co-ordination

6.1.1 PROJECT PROPOSALS

¶ 196 CARE USA has the lead agency role for CARE Afghanistan. During the evaluation, some interviewees made reference to several projects having been agreed by National CARE's without reference to the Country Office or to CARE USA as the lead agency. Several projects were mentioned in this context, including CARE Canada's avalanche control project. However, there seem to be three projects that may fit into this area, one of which was a clear breach of CARE procedures.

CARE DE	BP-5 biscuit projects	Apparently arranged by the CARE DE media person on the Northern Probe without any consultation.

¶ 197 However, the evaluators note that this project was initiated by a single individual rather than by CARE Germany, and that the situation arose through a lack of awareness of CARE procedures.

44. CARE National Offices should ensure that any staff they second to probes are aware of CARE rules regarding project proposals.

¶ 198 The Country Office considered that it had not been consulted on two CARE Canada projects.

CARE CA	Regional non-food items project	Covered needs for Pakistan, Tajikistan, Iran, and Afghanistan. This was a large proposal and it was briefly discussed during an Emergency Working Group call. CARE CA understood that CI was going to circulate proposals. The Country Office was involved with discussions with the Canadian High Commission in Islamabad.
CARE CA	Peace Building project	Was discussed with the Country Office, but Country Office requested that CARE CA hold off but said that they were interested in funding for COPE. CARE CA submitted a concept paper within CIDA's two day deadline, and when this was approved by CIDA CARE CA

		transmuted this into support for COPE.

¶ 199 The Evaluators conclude that while the BP-5 biscuit project did not respect CARE guidelines, the two CARE Canada projects fell into a grey area, complicated by short donor lead times and the difficulties of communicating with Afghanistan. The reflected a genuine effort by CARE Canada to maximise funding for CARE Afghanistan in areas in which the Country Office had prioritized, and CARE Canada had made an effort to inform the Country Office of these projects and to tailor them to their requirements.

6.1.2 HUMAN RESOURCES

¶ 200 There was a certain lack of co-ordination within the CARE Network on the secondment of individual staff members. For the first 17 staff that were seconded to CARE Afghanistan the Country Office reported that they had been sent:

In response to a direct request from the Country Office	59%
Before discussions were complete	6%
After a brief notification sent to the Country Office but no discussion	24%
Without any information to the Country Office	12%

¶ 201 It is of concern that less than two-thirds of the staff were sent in response to a direct request by the Country Office or on agreed terms. It should be noted that this took place despite the drafting and issuing of a protocol for the secondment of staff to CARE Afghanistan.

¶ 202 Two staff were sent to Afghanistan without any information to the Country Office. The first of these was to be acting Country Director. The second of these was sent by CARE Canada, after agreeing the deployment with CARE USA HQ but this information was not relayed to the Country Office.

6.2 Lead Agency and Conflicts of Interest

¶ 203 Some CARE members favoured advocating for a halt to U.S. military action in Afghanistan, but CARE USA did not support this position. CARE USA was extremely sensitive[30] to how its role in Afghanistan would be seen after September 11th, and this constrained advocacy. CARE Canada was probably more sensitive to the US position than the European CARE's.

45. CARE International needs to develop an effective policy for dealing with the situation where countries in which CARE has National Offices are effectively at war with countries where CARE has Country office.

[30] For example, CARE US initially removed all the Afghanistan pages from its website, and requested other CARE members to make no reference to CARE's ongoing program in Afghanistan.

6.3 Coordination with other players

¶ 204 CARE has been a active player in co-ordination mechanisms with other NGOs. As one of the long-established NGOs in Afghanistan, CARE has good informal links with the other experienced players. Coordination is constrained more by the nature and proliferation of co-ordination mechanism, than by lack of interest on CARE's part.

6.4 The use of advocacy

¶ 205 One area in which CARE Afghanistan has established a leading role has been in the area of Advocacy in Afghanistan. This was a very appropriate concentration by CARE and generally appreciated by other agencies. Other agencies not only acknowledged CARE's lead in this area, but were also positive about it.

¶ 206 Advocacy has been focussed on macro issues, with relatively little attention to specific issue arising from projects[31]. One example is the need for advocacy on the situation of the urban poor in Kabul who live in unplanned parts of the city. Although CARE is helping them by cleaning houses to allow rebuilding, the municipality has slapped restrictions on reconstruction pending the development of a new master plan for the city[32]. Such advocacy has the potential to empower communities and increase the impact of CARE's assistance.

46. *CARE Afghanistan should encourage project managers to identify issues for which advocacy is needed within their projects. While it will not be possible for CARE to follow up on all of these, this will help to ensure that advocacy is firmly grounded in CARE's program experience. This approach would also allow CARE to demonstrate the practical advantages of advocacy.*

6.5 Code of conduct and SPHERE

¶ 207 National staff awareness of the Code of Conduct[33] and of the Sphere Project[34] was low. Although some staff had copies of the Sphere Project handbook on their shelves, they were not very familiar with its contents.

47. *CARE Afghanistan needs to promote knowledge of the Code of Conduct more broadly among its staff. One approach would be to translate the Code into local languages. Another would be to quote the principles of the Code on all CARE publications.*

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[31] Although CARE's advocacy for an increased wheat ration is one example of micro advocacy.

[32] This policy appears to also encourage rent-seeking by local officials

[33] Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

[34] The Sphere Project is a programme of the Steering Committee for Humanitarian Response (SCHR) and InterAction with VOICE, ICRC and ICVA. The project was launched in 1997 to develop a set of universal minimum standards in core areas of humanitarian assistance. The aim of the project is to improve the quality of assistance provided to people affected by disasters, and to enhance the accountability of the humanitarian system in disaster response.

Appendix 1: Acronyms and non-standard terms

Acronyms	Meaning
ACBAR	Agency Coordination Body for Afghan Relief
AIA	Afghan Interim Administration
ARMU	Asia Regional Management Unit, based in Bangkok (Director) and in Atlanta (Deputy Director). Responsible for managing CARE USA programs in Asia, and supporting other the US funded parts of other CARE programs. The ARMU director is the line manager for CARE Afghanistan.
CARE CA	Care Canada
CARE DE	Care Germany
CERT	CARE Emergency Response Team
CI	CARE International
Crystal	Trade mark for a software packaged used for generating user-friendly reports from Scala.
DFID	Department for International Assistance. The UK government's Overseas Development Assistance department.
IDP	Internally Displaced Person
INGO	International Non Governmental Organisation
Karez	Also called a qanat, kanat, adit, or foggera. A water channel tunnelled into a hill. Wells are dug along the line of the Karez, typically at 50m intervals. The wells allow excavation of the Karez and provide light and air for maintenance. The tunnels can stretch for tens of kilometres, but most are only a few kilometres long. Karezes were probably first developed about 2,500 years ago in Iran, and can now be found from Afghanistan to North Africa. Currently, several thousand Karezes are still used in Iran, Yemen, Pakistan, and Afghanistan, chiefly for irrigation. Karezes can supply large amounts of water from poor aquifers without the need for pumps, as water flows along the Karez and the associated irrigation canals by gravity.
LRSP	Long Range Strategic Plan
Madrassa	A religious school. Range from the very simple primary level education to advanced theological institutes.
PKR	Pakistani Rupee
RMU	Regional Management Unit.
Scala	Trade mark for the accounting software package used by almost all CARE members.
Shura	Council of Elders
ToR	Term of Reference

UK	United Kingdom
UN	United Nations
USAID	United States Agency for International Development
USD	United States Dollar
WFP	World Food Programme

Appendix 2: Terms of Reference

Terms of Reference (TOR) for the Evaluation of CARE Afghanistan's EmergencyResponse *(final version May 2002)*

Background

CARE first established health-focused programs in Afghanistan in 1961 though operations were closed down a few years later after the invasion by the Soviet Union. CARE subsequently restarted limited operations in 1989, assisting in the rehabilitation of returning refugees in resettling in border areas near Pakistan. By the time CARE re-opened its office in Kabul in 1994, they were implementing shelter construction, agriculture and rural water supply projects in a total of eight provinces[35]. When the Taliban occupied Kabul in 1996, CARE found itself working exclusively in Taliban-held areas. Immediately prior to the crisis, CARE employed a staff of 483, of which 3 were international staff, implementing an $8 million dollar portfolio encompassing rehabilitation of rural infrastructure, education, agriculture, emergency response, capacity-building of local organizations, water and sanitation.

The crisis in Afghanistan precipitated by the September 11th terrorist attack on symbols of political and financial power in the U.S.A. aggravated an already grave humanitarian situation in the region, provoking an additional displacement of hundreds of thousands of civilians and caused further destruction of any infrastructure remaining after decades of conflict. Countries in the region were already hosting some 4 million Afghan refugees - mainly in Pakistan and Iran - most of whom were classified as long-stayers. Threatened with yet another massive influx, neighboring countries took quick action to close their borders and, by November 2001, UNHCR was estimating the IDP population within Afghanistan at some 956,000.

Within hours of the September 11th events, WFP suspended cross-border food aid deliveries and evacuated all international staff. Apart from the acting Country Director, CARE's international staff were evacuated to Pakistan on September 13th and subsequently to Bangkok and Sudan on Sept. 18th, returning to Pakistan two weeks later. CARE subsequently relocated their main office from Peshawar to Kabul in late March 2002.

The first few months of the Afghan crisis were characterized by extreme uncertainty and chronic insecurity making planning difficult. CARE Afghanistan emphasized a response to the expanded humanitarian crisis by reactivating their existing programmes while at the same time expanding their current emergency programme. Interventions included provisioning of food and non-food assistance to vulnerable groups while CARE identified ways and means to move quickly from relief into assisting the communities with rural reconstruction, including agricultural support, small-scale infrastructure and girl-focused education projects.

CI members conducted assessments and developed options for interventions within the region (northern "probe" from Tajikistan, Iran assessment, contingency planning for a refugee influx into Pakistan) although none of these resulted in operations.

[35] Paktika, Logar, Wardak, Kabul, Kapisa, Paktia, Ghazni, and Parwan provinces

Main purpose of the evaluation

While taking into account that the emergency response took place within an uncertain planning context subject to significant security constraints and making due reference to the results of the recent ERD[36] Review, this CARE International evaluation will seek to conduct an assessment and make recommendations with regard to the following issues:

- Effectiveness and impact of the CARE International (CI) response to the Afghan crisis[37] beginning in September 2001 up to the time of the evaluation;
- Effectiveness and appropriateness of and gaps in external support, highlighting those areas which could have benefited from an operational CI emergency response team had one existed at the time.
- How and to what extent the CI response during the emergency stage has positioned CARE to participate in the rehabilitation and reconstruction phase.

Appropriateness

Were assessments undertaken appropriate to identification of need? Were the actions undertaken appropriate in the context of the affected population and the context in which the agencies were operating? Was sufficient attention given to the identification of clear objectives and activities that would ensure objectives were met? Was the assistance appropriate in relation to the customs and practices of the affected population?

To what extent were potential and actual beneficiaries consulted as to their perceived needs and priorities? What was the level of beneficiary involvement in project design, implementation and monitoring? How effective and appropriate were these processes in ensuring relevant and timely project delivery in support of the most needy and vulnerable?

Was the assistance provided in a timely manner? How did donor priorities and requirements influence program planning and implementation?

Efficiency

Were resources used efficiently? For instance, were more cost-effective forms of response available? Would greater investment in preparedness measures have resulted in more effective and less costly responses? How did CI management and coordination structures and systems, notably the lead member line management and the ERWG, facilitate or hinder the response?

[36] Emergency Response Director for CARE International

[37] The Afghan crisis here covers areas affected by conflict and displacement in the region post September 11th where CARE were running or was considering starting operations, including Pakistan, Tajikistan and Iran.

Impact

What direct and indirect evidence is available that the action taken contributed to the reduction of mortality, morbidity and suffering and that the affected population was assisted in maintaining or resuming basic dignity and livelihoods? Where baseline data does not exist, it is suggested this might best be measured against the level of satisfaction of beneficiaries and their perception of appropriateness and effectiveness of the response. What systems or indicators did CI use to evaluate the effectiveness of their work? Did CARE's emergency response contribute to their rehabilitation in the post-emergency phase? What was the impact of donor priorities and requirements?

Coverage

What was the geographical and sectoral coverage of CI-provided assistance? What efforts were made to ensure that particular populations, vulnerable groups and areas were not overlooked? Were beneficiaries correctly and fairly identified and targeted? Where were assessments carried out and what was the result?

Connectedness

Was the assistance provided in a way that took account of the medium to long-term context? Did the way in which assistance was provided seek to strengthen the capacity of local partners?

Coherence

What steps were taken by CI members and CARE Afghanistan to ensure their response was coordinated with each other and with other humanitarian agencies?

Following the field visits the evaluation team should be in a position to comment on the adequacy of management, accounting, monitoring and reporting processes of relevant CI members, Asia Regional Management Unit, and CARE the Country Office in Afghanistan (and their sub-office in Peshawar).. They should also be able to comment on the key constraints that affected the CARE emergency response and how they were dealt with.

Specific Issues for Consideration

- What was the nature and appropriateness of external support provided? What were the gaps? Specifically, what could have been the potential role(s) of a CI Emergency Response Team if it had been operational?
- How was gender considered in CARE's emergency assessments? Did relief provision include special components for women and, if so, were these systematically monitored?
- How have rights-based approaches and household livelihood security strategies been incorporated in the response? What role did advocacy play during the response? Were any significant constraints encountered? What has been the overall impact?
- Were the special needs of acute vulnerable groups (e.g. children/elderly/disabled etc) considered in the agencies' emergency assessments and were they consulted in the same way as other groups? Did

relief provision include special components for them and if so were these appropriate and systematically monitored?

- Did CARE's response complement the response of local organizations and coping mechanisms, or hinder them?
- What was the level of interagency co-operation in the field? Could more have been done to help improve the effectiveness of co-ordination, joint-logistics, communications packages, and information flows between the key relief players?
- Was there appropriate geographical coverage within the affected region?
- To what extent did responses reflect lessons-learned from previous emergencies, either within Afghanistan or elsewhere?
- Was the security management satisfactory and what effect did it have on programming?

Method

ARMU is requested to submit the following material (in both hard copy and electronic format) to the EPRT Senior Adviser for ADM&E at CARE-USA to facilitate the evaluation:

- A summary chronology;
- Key documents on the agency's response to the emergency, including relevant financial reports;
- Names, contact details and roles during the response of key agency and partner personnel in the head office and in the relevant field offices;
- List of performance indicators used by CARE to monitor and evaluate their activities.

The evaluation team will begin with a review of available documentation. Evaluators should be allowed full access to relevant files. The evaluation team will visit or conduct telephone interviews with key informants both inside and outside of the CI structure.

The evaluation team will seek to spend 2-3 days in Pakistan in approximately 15 days in Afghanistan. During their work the evaluators will fill out the chronology of decisions and actions so as to understand the context and the level of information that was available to the agency in deciding on a particular action. During their time with each agency the team will interview key personnel remaining in-country (contacting others prior to the field visits or on their return) and undertake visits to selected project sites/areas.

As well as interviewing CARE staff in Afghanistan, key officials in relevant agencies (e.g. UN staff, central and local government, other NGOs), and partner agencies, a sample of beneficiaries will be selected and interviewed by the evaluators. These interviews may be conducted without agency personnel being present, using interpreters where necessary who are not CARE staff. The beneficiaries will be questioned on their views of the assistance provided, the way they were selected and their overall views of the agency. Interviews with individuals may be complemented by discussions with groups of beneficiaries. So as to assess the agency's targeting and beneficiary selection methods the evaluation team may also interview a selection of potential beneficiaries who did not receive assistance.

It is expected that the evaluation team will use gender-aware and participatory approaches to seek the views of beneficiaries and, where appropriate, non-beneficiaries. Inclusive techniques will be expected of the evaluators, to seek active participation in the evaluation by members of local emergency committees, staff of implementing partner agencies and member agencies, and representatives of local and central governments.

At the start of the field mission team members will provide a briefing for CARE staff to explain the methodology and purpose of the evaluation. Before leaving the country, members of the team will prepare a briefing note outlining their preliminary findings for presentation to CARE staff in a meeting/workshop at the end of the mission. If possible, similar sessions will be held in Brussels and Atlanta (or other suitable venues) prior to dissemination of a draft report.

The Report

The Team Leader will have primary responsibility for compilation and editing of the draft and final versions of the evaluation report, which should consist of:

- executive summary and recommendations (maximum of six pages);
- main text, to include index, emergency context, evaluation methodology, resource management, commentary and analysis addressing evaluation purpose and outputs to include a section dedicated to the issue of particular lesson-learning focus (with Case Studies if appropriate), conclusions (maximum of thirty pages);
- appendices, to include evaluation terms of reference, maps, sample framework, summary of agency activities, and bibliography.

Evaluation team and timeframe

The engagement of individuals who are not involved in line management is intended to maintain the desired level of objectivity and accountability. This evaluation will nevertheless emphasize a learning approach with respect to concerned CARE staff in the Country and Regional Office, in addition to using the Afghanistan experience to accelerate the establishment of an effective CI emergency response capacity. There will be a two-person core team consisting of the Senior Adviser for ADM&E in the Emergency Unit at CARE-USA and one external consultant, who will be the Team Leader. The external consultant should have relevant skills and a proven background in both emergency evaluations and post-conflict transitions. Ideally, the consultant will have previous working experience in the region as well as sector expertise in food security and water/sanitation. Preference will be given to suitably-qualified female candidates to maintain a gender balance.

The evaluation timeframe should allow for the preparation of a first draft by the end of May 2002, followed by circulation of the draft to key stakeholders. A formal validation/comment period of two weeks will then follow. The completion date for the Final Evaluation Report will be June 30 2002, after having appropriately addressed comments.

Follow-up Actions

ERWG and ARMU/CO representatives will review findings, preferably in a workshop setting, to identify both immediate operational issues requiring follow-up and

recommendations for consideration by CI Senior Management at a policy level. The report will be posted on the CARE website.

Further information

For further information please contact:

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Emergency & Humanitarian Assistance Unit, CARE-USA (jbaker@care.org).

Appendix 3: Context and Chronology

A3.01 The first CARE period

¶ 208 CARE's response in Afghanistan was set in a very complex context. During the seventies Afghanistan saw fierce political infighting in the struggles of different factions for power. This culminated in the invasion by the Soviet Union in December 1979. CARE and other western organisations were not welcome under the new puppet government.

Date	Event
1960	CARE implements a short-term project in Afghanistan.
1961	CARE establishes a program in Afghanistan starting with a rural health-care project.
17 Jul 1973	While abroad, King Zahir Shah replaced by former prime minister in a low key coup.
27 Feb 1978	Bloody coup by one of the two communist factions in the military leaves several thousand dead and a radical government in place
14 Feb 1979	US Ambassador is killed in Kabul toghether with his kidnappers during a botched rescue attempt. President Carter cuts US Aid from $27M to $5M.
28 Mar 1979	Between 50 and 100 Soviet advisers are killed in Herat during an uprising largely fueled by opposition to government initiatives such as compusory education for girls, the abolition of bride price, freedom of marriage etc. 5,000 are killed when the Government retakes Herat.
03 Jul 1979	President Carter signs a secret directive for clandestine assistance to enemies of the pro-Soviet regime in Afghanistan.
09 Sep 1979	Amnesty condemns human rights abuses in Afghanistan with over 12,000 political prisoners arrested since the 1978 coup, and many punitive massacres of government opponents, in the worst of which some 1,100 unarmed men were killed.
14 Sep 1979	In a palace coup, one of the deputy presidents takes power after a Soviet backed attempt to assassinate him.
04 Nov 1979	Students seize the US Embassy and hold 52 personnel hostage after the US provides a home for the deposed Shah. The hostages where held for 444 days.
12 Dec 1979	Kremlin meeting decides to invade Afghanistan over military objections. The Kremlin is afraid that Afghanistan will become a base for undermining the Soviet Central Asian republics.
24 Dec 1979	Soviet troops enter Kabul and install a puppet government.
1980	Muslim clerics declare a holy war against the Soviet-installed regime
1980	CARE withdraws from programmes in Afghanistan

A3.02 The proxy war in Afghanistan

¶ 209 The 80's saw a fierce proxy war in Afghanistan. The West provided some support to the domestic opposition even before the Soviet invasion, but this support grew enormously after the Soviet forces crossed into Afghanistan. In the context of the Cold War, the West was keen to see the Soviet Union defeated in a war with a developing country.

¶ 210 Almost ten years of fighting between the Mujhadeen, Soviet forces and the Afghan Government left about 1.5M dead (of which about 15,000 were Soviet forces) and another 5M in refugee camps in Iran and Pakistan.

1988	Osama Bin Laden establishes "al Qaeda," to channel fighters and funds to the Afghan resistance.
15 Feb 1989	Some 115,000 Soviet troops complete their withdrawal from Afghanistan, leaving the government of Najibullah in power. To the surprise of some observers, the government survives the Soviet withdrawal.
1989	CARE restarts work in Afghanistan on a limited basis, concentrating on helping people return to their villages. This project, the Afghan Village Project, later becomes the Rural Assistance Project which CARE still runs today.
1990	Mujahideen leader Sibghatullah Mojaddedi takes over as interim president after a UN-brokered peace deal, although Russian-backed Najibullah continued to command the Afghan army.
12 Jun 1990	Kabul suffers widespread destruction after an abortive coup
Mar 1992	General Dostum defects from Najibullah's government, taking his Uzbek militia with him to join forces with Hekmatyar's mujaheddin. This coalition later evolves into the Northern Alliance.
Mar 1992	Najibullah's government is overthrown by the Mujhadeen. Najibullah and his brother take refuge in a UN compound in Kabul. The Mujhadeen close schools and health clinics and forbid women from working.
May 1992	Ahmad Shah Masood of Jamiat-i-Islami party is named defense minister of the Mojaddedi government
Dec 1992	Burhanuddin Rabbani is declared president under a multi-party accord of the mujahideen
1993	A peace agreement is signed between fighting factions of the mujahideen and a power-sharing plan is concluded but conflicts continue.

A3.03 The rise of the Taliban

¶ 211 The withdrawal of the Soviet Forces did not bring peace. Instead Afghanistan descended into an abyss of factional fighting and lawlessness. Commanders took whatever they wanted at the point of a gun. Pakistan sponsored the Taliban, seeing in them an opportunity to establish a stable government in Afghanistan. The Taliban began to attract volunteers from all over the Islamic world, drawn by the opportunity to build a true Islamic state untainted by corruption.

1994	CARE re-opens their office in Kabul.
1994	Factional fighting resurfaces leaving the Mujahideen badly divided.
12 Oct 1994	The Taliban, backed by Pakistan, seizes control of the border town of Spin Boldak.
Nov 1995	The current CARE Afghanistan Country Director assumes the post of Country Director for the first time. He will remain in post until 1999.
26 Sep 1996	The Taliban captures Kabul. Only Pakistan, Saudi Arabia, and the United Arab Emirates recognise the Taliban regime.
	The capture of Kabul means that all the CARE projects are now within the area controlled by the Taliban.
27 Sep 1996	The Taliban drag ex-president Najibullah and his aides from the UN compound where they have had asylum for four years. Najibullah and his brother are tortured, publicly executed, and left hanging in front of the palace.
Oct 1996	Rival opposition factions sign a new accord to cooperate against the Taliban.
June 1997	The Taliban rule that women cannot receive humanitarian assistance directly, but only through a male relative. CARE suspend the Kabul widows' feeding program and the water project for seven weeks until successfully negotiating a solution with the Taliban.
Jul 1997	Anti-Taliban forces led by Masood retake areas north of Kabul
04 Feb 1998	Some 2,500 people are killed as northern Afghanistan is hit by a powerful earthquake. This adds to the misery already caused by the year old drought.

A3.04 Difficult relations with the international community

¶ 212 Over the next few years the Taliban have an increasingly difficult relationship with the international community. The presence of Osama Bin Laden becomes a source of friction between the Taliban and the permanent members of the UN Security Council.

¶ 213 For the international staff of CARE, these ups and down's in the Taliban's relationship with the international community bring periods during which they cannot travel to Afghanistan. Regular security evacuations become a part of life for all international staff posted to Afghanistan.

07 Apr 1998	267 people are killed and over 5,000 seriously injured in truck bombings at the US embassies in Nairobi and Dar es Salaam. Al Queda is blamed.
30 May 1998	An earthquake kills over 4,000 people in Northern Afghanistan.
July 1998	Taliban edict instructs NGOs (including CARE) to relocate offices and residences to Kabul Polytechnic. Taliban closed offices and residences of most international NGOs when they refused to move. Almost all NGOs suspend their programs. CARE suspends its projects for six weeks, including the Kabul Water and Sanitation project.

08 Aug 1998 Taliban take the city of Mazar-e-sharif. Amnesty report that the capture is followed by the massacre of thousands of members of the Hazara ethnic group.

20 Aug 1998 US launches cruise missiles against training bases in Afghanistan and a pharmaceutical factory in Sudan. Cynics refer to the attacks as "Monica's missiles" as the attack coincides with increasing pressure on President Clinton over the Monica Lewinsky affair.

21 Aug 1998 Lt Colonel Calo of UNSMA is murdered in Kabul when his UN Vehicle is attacked by Pakistani Taliban. This murder is apparently in revenge for the US missile attacks.

Sep 1998 Taliban gains control of 80 percent of the country, but is only recognized as the legal government by Pakistan, the United Arab Emirates and Saudi Arabia

Feb 1999 Major earthquake at Wardak. CARE launches a major relief effort.

14 Mar 1999 UN finally returns to Afghanistan after a seven month absence following the murder of Colonel Calo.

May 1999 The current CARE Afghanistan Country Director ends his mission as Country Director for Afghanistan and his ACD Program is appointed in his stead.

15 Jun 1999 Ten ICRC staff badly beaten by Taliban during an assessment mission despite have permission from both Kabul and local Taliban officials. ICRC temporarily suspends operations.

10 Sep 1999 Afghanistan's record opium crop is double last years, making it the largest source in the world.

12 Nov 1999 UN Buildings are looted in violent protest against UN sanctions.

13 Nov 1999 UN sanctions related to bin Laden come into force. An embargo on air travel is imposed and Taliban assets abroad are frozen

A3.05 Afghanistan is affected by a worsening drought

¶ 214 Afghanistan is not seen as a priority for donors and the Taliban receives little in the way of international support. Their priority remains the war as they try to capture the remaining 10% of the country held by the Northern Alliance.

¶ 215 A priority for CARE and for many other NGOs is to raise awareness of donor governments regarding the scale of the humanitarian needs in Afghanistan.

26 Apr 2000 WFP reports that southern Afghanistan is severely affected by a drought since 1998 and that 60% to 80% of lifestock have died. WFP expect that food aid will be needed for at least 12 months.

28 Jul 2000 Taleban declares a ban on the cultivation of the opium poppy.

July 2000 The Taliban ban the employment of women by NGOs. CARE successfully negotiates for its employment of women for health education and the widow's feeding project.

12 Oct 2000 17 American servicemen killed and 39 injured in an attack on USS Cole in Yemen.

03 Nov 2000	Taliban agrees to UN-sponsored peace talks
12 Nov 2000	Taliban threaten action against Russia and allies in Asia if they continue to support Masood.
20 Nov 2000	A peace plan proposed by former king Zahir Shah, still living in exile in Rome, is rejected by the Taliban
19 Dec 2000	UN Security Council unanimously adopts resolution 1333, initiated by the USA and Russia, demanding that the Taliban abide by UN Security Council Resolution 1267 by turning over Osama bin Laden to a country where he can brought to justice, closing all terrorist training camps in Afghanistan, and complying with other UNSC demands. Taliban are given one month to comply. .
19 Jan 2001	UN Sanctions come into force. As well as travel restrictions and the closure of Taliban offices abroad, the sanctions forbid the supply of arms to the Taliban, while leaving the northern alliance free to receive arms.
06 Feb 2001	Three Western Ambassadors visit Afghanistan to assess the humanitarian situation.
14 Feb 2001	Taliban orders closure of UNSMA office in response to the closure of Taliban offices in other countries.
20 Feb 2001	UN announces thousands of people on verge of starvation in Afghanistan
01 Mar 2001	Taliban provokes international outrage by blowing up the giant Buddhas of Bamiyan.
Apr 2001	Masood, leader of the opposition, visits Paris, Strasbourg and Brussels. Dostom is reported to have returned from exile and to be in Northern Afghanistan.
Apr 2001	ICRC ends its food distribution to 22,000 families (8,000 widows and 14,000 disabled) in Kabul, citing the lack of armed conflict in Kabul.
19 Apr 2001	The USA and the UK revise their policies on their nationals working in Afghanistan. Prior to this, both governments had strongly advised their nationals against working in Afghanistan and the UK had refused to fund any NGO with US or UK staff in Afghanistan.
17 May 2001	The US administration pledges an additional $43M for Afghanistan, bring the total of US aid to $124M, in return for a Taliban agreement to eliminate the poppy crop.
29 May 2001	Four followers of Osama Bin Laden are convicted of involvement in the 1998 embassy bombings.
Jun 2001	The President of CARE USA visits CARE Afghanistan
07 Jun 2001	16 donor nations and the UN meet in Islamabad to discuss the worsening situation in Afghanistan.
21 Jun 2001	UN announces that it will set up famine relief camps in northern Afghanistan in addition to those in the South.
Jul 2001	Generally favourable evaluation of CARE's Kabul Water and

Sanitation project

A3.06 The eve of the crisis

¶ 216 In early September 2001, CARE Afghanistan has 480 national and 3 international staff. CARE's main office is located in Peshawar (60 staff) with an office in Kabul and sub-offices in Logar, Wardak, Gardez, Khost, and Ghazni. CARE is one of the most respected NGOs working in Afghanistan. Relief constitutes a significant component of CARE's project portfolio with even nominal development projects like the Rural Assistance Project including relief elements. The pre-September 11th project portfolio is represented below:

Project group	***Description***
Rural Assistance Project	Running since 1989 under a number of different titles. The project focuses on the construction of small-scale rural infrastructure such as erosion controls, irrigation systems, water supplies and roads. A number of new activities have been also been piloted ranging from tree planting to income generation.
Kabul Water and Sanitation Project	CARE has rehabilitated and operates a water system supplying water to nearly a quarter of a million people in Kabul.
Community Operated Primary Education	Supporting community managed primary education. Under the Taliban, this was one of the few ways in which girls had access to education.
Widow's feeding	Providing a half ration to 10,000 households in Kabul headed by widows. Under the Taliban, work opportunities for widows were restricted. This project was expanded to include an income generation component and now also features a kitchen garden component.
Partnership Umbrella	Funding for a number of projects in Afghanistan and among Afghan refugees in Pakistan.
Emergency Projects	The emergency projects dealt principally with drought relief.

¶ 217 CARE programming increased in response to the drought. Previously the programme was about 8M USD per year but by September 1st this had risen to 14.2M USD, of which approximately 70% was in cash.

Aug 2001 WFP estimates that 3.3M people are at risk within Afghanistan and in urgent need of food aid.

06 Aug 2001 The Taliban arrest 8 international and 16 national staff of Shelter Now Internation for evangelism, sparking a new crisis with the aid community.

10 Aug 2001 The Country Director who has served for two years departs for the UK having earlier resigned his position. An external candidate is

	interviewed and is accepted by the CARE.
16 Aug 2001	Taliban order closure of women's bakeries in Kabul.
23 Aug 2001	The Assistant Country Director (Program) returns from leave to take up the position of Acting CD
01 Sep 2001	CARE signs additional Program Agreement Letters from OFDA, bringing the funding for this financial year to 10M USD in cash and 4.2M in food.
04 Sep 2001	Trial of Shelter Now International aid workers begins. The Taliban announce that they may face the death penalty. Two other NGOs have meanwhile been expelled from Afghanistan and tensions are running high.
09 Sep 2001	Mashood, knows as The Lion of Panjshir and probably the most able leader in the Northern Alliance, is killed in a suicide bomb attack by bombers from North Africa. Some observers speculate that al Queda has carried out this attack in return for Taliban hospitality.
10 Sep 2001	Two out of three international CARE staff are in Kabul. The third, the Acting County Director is in Peshawar.
11 Sep 2001	Around 3,000 people are killed in New York and Washington when hijackers fly three passenger planes into the twin towers of the World Trade Center and the Pentagon.

A3.07 Response to September 11th

¶ 218 There was concern that US response to the attack on the World Trade centre may see military action against Afghanistan, and that this in turn could lead to attacks on the international community as had happened in 1998. Relations between the Taliban and the International community are already very tense over the trial of the Shelter Now International staff.

12 Sep 2001	WFP ceases all cross-border shipments, UN begins evacuating staff,
	CARE Afghanistan pays 2 month salaries to all staff.
	CARE USA sees the complete collapse of private fund-raising as individual charitable giving flows towards the families of the attack victims.
13 Sep 2001	Remaining two CARE international staff in Kabul are evacuated to Peshawar
14 Sep 2001	Osama bin Laden and his Al-Qaeda network are named as leading suspects in the terror attacks.
15 Sep 2001	Pakistan joins War against Terrorism and shuts border with Afghanistan.
	The Acting Country Director instructs CARE staff to limit travel and maintain a low profile
17 Sep 2001	The acting Country Director advises that it may become necessary to close the CARE office in Peshawar.
	CARE International Emergency Response Director appointed

18 Sep 2001	CARE's International staff and their dependents prepare to evacuate from Pakistan.
19 Sep 2001	Remaining two international staff are evacuated to Bangkok on the instructions of CARE USA HQ. Kabul based staff report that almost half the population has left the city. Some CI members challenge the decision not to maintain an international staff presence in Pakistan. Senior staff meeting in Kabul decides to disperse CARE assets to reduce the risks of looting.
20 Sep 2001	CARE Afghanistan emergency strategy agreed between Acting CD and ARMU. CARE Afghanistan's priority is to continue/restart and expand programmes within Afghanistan as soon as the access and security situation allows in order to support IDP's and refugees to return to their places of origin, to assist people to rebuild their lives and to prevent further out-migration.
	CARE Afghanistan decides they will only work with Afghan Refugees in Pakistan in the event that access and security conditions in Afghanistan do not permit resumption of activities or there are un-met humanitarian needs of Afghan refugees entering Pakistan.
21 Sep 2001	The Taliban seal the communications room at CARE, the UN, and ICRC.
22 Sep 2001	The Taliban forbids communication between Afghan citizens and outside world on pain of death.

A3.08 Fears of a huge humanitarian crisis

¶ 219 Large number of Afghan refugees are expected to flee both as a result of the lack of access to food aid and from fear of bombing. UNHCR begins planning for a major refugee crisis.

24 Sep 2001	WFP estimates that nearly one million Afghans are making their way towards the Pakistan Border
25 Sep 2001	An Emergency Officer from CARE USA's Emergency Group arrives in Bangkok
26 Sep 2001	CARE submits concept note to DFID for 1M GBP in funding. UNHCR Appeals for 262M USD for the expected refugee crisis.
28 Sep 2001	UNHCR calls meeting in Peshawar to discuss preparations for possible refugee influx.
	CI issues a protocol for the secondment of staff to CARE Afghanistan.
29 Sep 2001	The Acting Country Director and the Emergency Officer arrive in Islamabad. CARE agrees to release 0.7M USD from the board endowment fund for CARE Afghanistan emergency operations. A Logistics Officer arrives to take over logistics for potential refugee camps.
30 Sep 2001	An Emergency Officer, recruited through CARE Canada arrives in Islamabad. He has prior experience of Afghanistan and will eventually fill the roll as acting ACD for programme.

17 Sep 2001 CARE International Emergency Response Director appointed.

01 Oct 2001 CARE Canada have already secured 0.5M CAD with further funding in prospect

01 Oct 2001 CARE national staff completes the distribution of a six month half ration for the widows assisted by CARE in Kabul. This not only provides these widows with food, but also reduces the scale of any loss due to looting.

A3.09 Leadership crisis

¶ 220 In early October CARE Afghanistan was led by an Acting Country Director who assumed this position only a few weeks prior to September 11th. Although she had little field emergency experience, she had spent more than two years in Afghanistan and was familiar with the risks there. There are problems in three key areas of the relationship between the Acting Country Director and CARE USA in Atlanta:

¶ 221 Staff security: CARE Atlanta favours a very conservative approach and the Acting Country Director places more emphasis on program issues while carefully considering the threats in the Afghan context.

¶ 222 Working in Pakistan: CARE Atlanta favours scaling up for a large refugee influx into Pakistan whereas the Acting Country Director does not want to do anything that will lessen the capacity to work inside Afghanistan.

¶ 223 Advocacy: The Acting Country Director favoured advocating for a halt in the air strikes where Atlanta did not.

¶ 224 The ARMU Director was relatively new to CARE and lacked prior emergency experience. Added to this were the heightened tensions[38] in the United States combined with concerns that any negative publicity about CARE's operations in Afghanistan could impede the resumption of private fundraising[39].

¶ 225 The Afghanistan Crisis also represented the first time that CARE had responded to a large emergency through a decentralized management structure, with responsibility resting with line managers rather the Emergency Unit as in the past. It was also the first crisis to occur with a CARE International Emergency Response Director in place, although the integrated emergency response capacity that he was to establish was not yet in place.

¶ 226 The Acting Country Director not only had to deal with an accelerated programming load as donors changed their requirements on a regular basis, demands from the CARE family, staff security, and a personal health problem.

01 Oct 2001 The Acting Country Director asks the Regional Manager what her position is. She has increasing responsibility and it has already been

[38] Like many other organizations during that period, the CARE office in Atlanta had a false alarm because of an Anthrax scare, and had to be evacuated. While there were only four confirmed and two suspected letters deliberately contaminated with Anthrax, there were over 10,000 hoax attacks in the US. Most of the twenty three cases and four deaths were associated with cross-contamination in the postal system.

[39] One private donor called the CARE US Director a "traitor" after the CARE Director gave an interview in which he described CARE's work in Afghanistan.

	decided that the external candidate chosen to replace the Country Director would not be suitable in the changed circumstances.
02 Oct 2001	The Regional Manager asks Atlanta to appoint the Acting Country Director as CD until the Summer but gets no response from Atlanta.
	The Assistant Country Director (Support) of CARE Afghanistan returns to Islamabad from Bangkok.
	Atlanta complain that international staff have gone to Peshawar without a prior approval from Atlanta, although this was apparently agreed by the Regional Management unit.
03 Oct 2001	The Acting County Director meets with UNHCR in Peshawar to discuss a possible role for CARE.
07 Oct 2001	US and UK launch air strikes against targets in Afghanistan.
	CARE USA HQ orders expatriates to evacuate to Islamabad, but the Acting Country Director refuses. It is already night in Pakistan and she cites the dangers of night driving, the presence of a Taliban supporting Madrassa on the route, the lack of support services in Islamabad and program demands.
08 Oct 2001	All of the CARE international staff are now in Peshawar. CARE Atlanta's Afghan Crisis Team meets and decides to appoint a temporary Country Director over the present Acting Country Director. The present Acting Country Director is not informed of this decision.
	The first international security officer arrives.
	In the US the FBI steps in to investigate second case of anthrax exposure in Florida following anthrax death of 63-year-old year-old man.
09 Oct 2001	CARE USA HQ instructs CARE Afghanistan to significantly increase the size and scope of the program in Pakistan. The Country Director for CARE Ethiopia agrees to take over as interim Country Director for Afghanistan and copies his acceptance to the present acting CD. This is the first information she receives that she is to be replaced as acting CD. CARE Afghanistan staff are now preparing one of many versions of a US$3M proposal to OFDA.
16 Oct 2001	CARE Afghanistan has already submitted proposals totalling over 9.4M USD to OFDA, ECHO, DFID, DA-IHA, France, Norway, the Netherlands, and CARE. The majority of these proposals are for work in Afghanistan.
18 Oct 2001	The CARE Ethiopia Director arrives in Pakistan to take over as interim Country Director for CARE Afghanistan.

A3.10 Work resumes in Afghanistan

¶ 227 Work has continued throughout the crisis on some CARE Afghanistan projects, such as pumping water in Kabul. CARE Afghanistan decides to recall staff in Afghanistan from their homes and resume work on all possible projects.

21 Oct 2001	Decision for CARE to resume work in Afghanistan. Pilot convoy with 100 MT wheat. Survey of IDPs in and around Kabul. Pilot Cash for Work projects.
22 Oct 2001	CARE Afghanistan submits a proposal to manage two refugee camps in Pakistan, but receives a non-committal response from UNHCR the following day.
24 Oct 2001	OFDA announces 26.6M of grants for agencies working in Afghanistan, but no provision CARE is included despite a favourable recommendation from the DART team.
25 Oct 2001	Looting of aid agency vehicles increases in Afghanistan.
	Advocacy Co-ordinator is deployed from the East Africa Regional Management Unit to Islamabad to help CARE deal with advocacy issues.
26 Oct 2001	Afghan resistance hero Abdul Haq is executed by the Taliban after being captured while trying to persuade ethnic Pashtun tribes to turn against the ruling militia.
	The first two of ninety six cases of mail containing Anthrax are reported in Pakistan. (Later tests, which show that these were false alarms, go almost unreported.)
29 Oct 2001	A new Emergency Officer recruited by CARE Canada arrives as Pakistan Emergency Coordinator. Although CARE USA HQ agreed to his deployment, no information was passed to the Country Office.
03 Nov 2001	CARE's Northern Probe begins work in Tajikistan searching for ways in which CARE can work cross-border into Afghanistan.
09 Nov 2001	Northern Alliance opposition forces capture Mazar-i-Sharif and make sweeping gains against Taliban forces across northern Afghanistan.

A3.11 The focus changes

¶ 228 After nearly a month of bombing, the Taliban seem to be losing ground to the Northern Alliance. A large scale influx into Pakistan now appears less likely and more attention is given to the potential of working within Afghanistan.

10 Nov 2001	The CARE USA president visits CARE Afghanistan in Peshawar (departure on 11th). During the visit he makes it clear that CARE will not work in the unsuitable refugee sites proposed by UNHCR.
13 Nov 2001	Northern Alliance forces enter Kabul following an overnight pullout by Taliban troops.
17 Nov 2001	Exiled Afghan president Burhanuddin Rabbani returns to Kabul and vows a broad-based government will be installed as soon as possible.
26 Nov 2001	Northern Alliance forces mop up Taliban defenders in a fierce battle in the Taliban's remaining northern base at Kunduz following a bitter two-week siege.
30 Nov 2001	Taliban fighters surrender after staging a bloody prison uprising in a fort near Mazar-i-Sharif that resulted in hundreds being killed.

A3.12 CARE International Staff return to Kabul

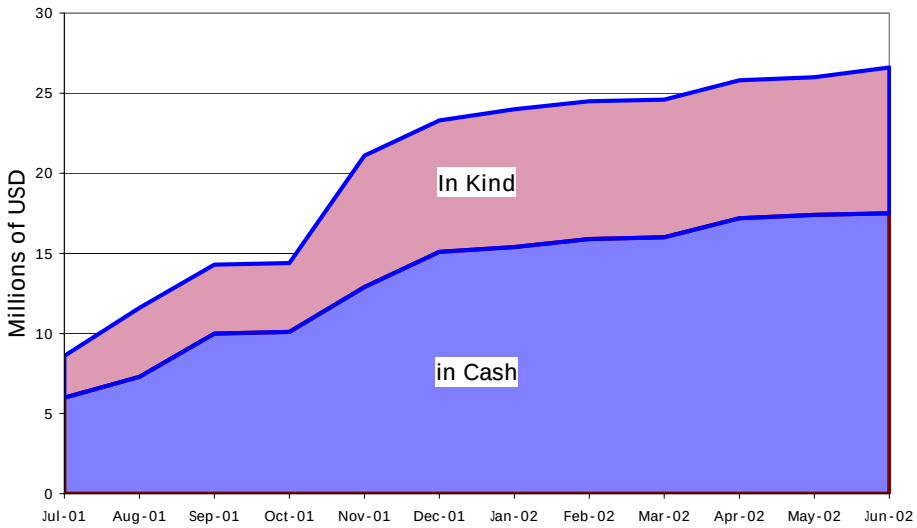
¶ 229 Early December sees International staff returning to Kabul.

04 Dec 2001	The interim Country Director and a Public Information Officer travel to Kabul. They are the first international CARE staff to do so since the evacuation after September 11th.
05 Dec 2001	Four rival Afghan groups sign in Bonn an historic power-sharing agreement to form a post-Taliban interim government. Royalist ethnic Pashtun tribal leader Hamid Karzai is nominated as head of the six-month interim body.
06 Dec 2001	The Taliban agree to surrender their last stronghold of Kandahar and hand over power to Tribal Elders.
16 Dec 2001	Anti-Taliban forces claim victory over Al-Qaeda fighters in their last stronghold of Tora Bora after two weeks of US bombing raids and ground assaults by Afghan militia.
19 Dec 2001	Incoming defence minister Mohammad Qasim Fahim announces the agreement for a 3,000 strong international peacekeeping force (ISAF).
22 Dec 2001	Hamid Karzai sworn in as Chief Executive of the Interim Administation.

A3.13 A developing programme

¶ 230 CARE Afghanistan's interim Country Director is now permanent. He still pursues a conservative approach to new programs. However, the overall size of the programme has grown and CARE is still regarded as a high-quality implementer.

Development of FY 2001/02 funding for CARE Afghanistan
Figures show FY 2001/02 total of all contracts to the 1st day of the month.



Appendix 4: Methodology

¶ 231 The methodology adopted for the evaluation has included the following:

¶ 232 Document review.

¶ 233 Semi-structured interviews.

¶ 234 Direct observation

¶ 235 Surveys

¶ 236 The reviewers built up an electronic reference set of over 2,000 documents. These were indexed using the DTSearch indexing software. Key documents were read, and others were read when they were highlighted in searches on particular topics.

¶ 237 The interviews were supported by a review of project reports and other references. Interviewers were conducted using a standard list of questions. The list of questions was varied slightly by interviewee type. Face to face interviews were held in Afghanistan, Pakistan, the United States, and Canada, with telephone interviews in a further five countries.

¶ 238 aCERT focal points who were not interviewed were sent a questionnaire about some of the main evaluation topics to gather their comments.

¶ 239 Field visits in Afghanistan were limited (largely due to security considerations) to Kabul and the Shamali Valley.

¶ 240 Two *ad hoc* surveys were conducted. One of these, of beneficiaries in the Shamali valley was conducted by the CARE staff in Afghanistan and the other, of CARE International, was carried out by the evaluators. The CARE International questionnaire was sent to selected staff from nine National Offices plus the CARE International Secretarial.

¶ 241 While providing useful background for the evaluators, the surveys are not referred to directly in the report. The survey of beneficiaries in the Shamali Valley served to confirm what CARE staff had already told the evaluators.

Appendix 5: Persons interviewed.

Some key figures were interviewed over a number of days. Only the date of the first or most detailed meeting is given. A number of other persons were met, but not formally interviewed.

Name	Position	Organisation	Date
Abid, Mohammed Humayoon	Deputy Finance Manager	CARE Afghanistan	May 2nd
Agha, Sher	Assistant Foreman on CARE Food for Work Project	Kabul	May 9th
Agha, Shirin	Worker on CARE Cash for Work Project	Kabul	May 9th
Ajamal, Mohammed	Beneficiary of CARE House cleaning project	Kabul	May 11th
Alem, Mohammed	Field Engineer	CARE Afghanistan	May 4th
Alingari, Hassan	Field Engineer	CARE Afghanistan	May 4th
Ambler, John	Director, Asia Regional Management Unit	CARE USA	June 11th
Amin, Mohammed	Beneficiary of CARE Windows and doors project	Kabul	May 11th
Arian, Abdul Wassay	Program Coordinator	Coordination of Humanitarian Assistance	May 7th
Ashar, Mohammed	Returnee and Beneficiary of CARE Windows and doors project	Kabul	May 11th
Austin, Sally	Assistant Country Director, Program	CARE Afghanistan	May 2st
Baheer, Dad Mohammed	Project Manger, Kabul Water and Sanitation project	CARE Afghanistan	May 8th
Barker, Paul	Country Director (1995 to 1999, and from October 2001)	CARE Afghanistan	May 7th
Bell, Peter	President	CARE USA	May 29th
Bradford, Pippa	Acting Director	WFP, Afghanistan	May 5th
Camargo, Filipe	Head of Sub Office, Kabul	UNHCR, Afghanistan	May 10th
Carey, Pat (telephone)	Vice President, Programming	CARE USA	June 21st
Chang, Claudia	Program Officer and acting Deputy Manager (based in Atlanta)	Asia Regional Management Unit, CARE	May 28th
Costy, Alexander	Head of Programmes (UNOCHA)	UNAMA	May 10th
Davis, Gillian	Human Resources Director	CARE Canada	May 31st
Denyer, Adrian (telephone)	Deputy Humanitarian Response Director	CARE International	June 6th
Freckleton, Ann	DFID representative	Kabul	May 11th

Name	Position	Organisation	Date
Ghani, Ashraf	Head. Afghan Assistance Coordination Authority	Afghan Interim Administration	May 9th
Giannone, Paul	Deputy Director, Emergency Group	CARE USA	May 29th
Gordon, Nancy	Senior Vice President	CARE Canada	May 30th
Hackett, Fiona	Programme Manger	CARE UK	June 7th
Hakin, Waleed	Deputy Project Manager, Community Organised Primary Education	CARE Afghanistan	May 5th
Hamid, Adul Hahab	Distribution Officer	CARE Afghanistan	May 6th
Hansen, Sigurd	Country Director	IRC Afghanistan	May 6th
Haroon, Mohammed	Returnee	Kabul	May 11th
Hassagawa, Yuka	Programme Officer, Branch Office, Kabul	UNHCR, Afghanistan	May 4th
Hassan, Mir	Assistant Foreman on CARE Cash for Work Project	Kabul	May 9th
Hayward, John	Head of Office	ECHO, Afghanistan	May 4th
Hearne, Nancy	Programming Officer	Catholic Relief Service, Kabul	May 10th
Henry, Kevin	Director for Advocacy	CARE USA	May 28th
Hollingsworth, Steve (telephone)	Country Director (and leader of Northern Probe)	CARE Sri Lanka	June 10th
Holstrom, Jörgen	Project officer	Swedish Committee for Afghanistan	May 13th
Jamal, Arsala	Project Manager, Partnership Umbrella Initiative	CARE Afghanistan	May 6th
Kebar, Abdul	Finance Manager	CARE Afghanistan	May 14th
Khalil, Karim	Reporting Officer	ACTED	May 9th
Khosim's First Wife	Widow and CARE Beneficiary	Shamali	May 4th
Khosim's Second Wife	Widow (absent during distribution)	Shamali	May 4th
Labrada, Alina	Press Officer	CARE USA	May 29th
MacVean, Ros (telephone)	Senior Emergencies Officer	CARE Australia	June 7th
Miller, Graham (telephone)	Leader Iran Probe	CARE International	May 28th
Mohamed, Awadia	Project Manager, Humanitarian Assistance for Women of Afghanistan	CARE Afghanistan	May 6th
Mohamed, Hassan	Assistant Country Director, Support	CARE Afghanistan	May 2st
Mohammed, Faisal	Truck driver contracted to CARE Cash for Works project	Kabul	May 9th
Nabi, Mohammed	Assistant Foreman on CARE Cash for Work Project	Kabul	May 9th
Nabli, Mohamed	Well lining manufacturer	Kabul	May 9th

Name	Position	Organisation	Date
Nabuil, Rachmad	Programme Assistant, Field Office, Kabul	UNHCR, Afghanistan	May 4th
Nadir, Mohammed	Project Manager, Rural Assistance Project	CARE Afghanistan	May 5th
Nuttel, Jim	OFDA Head of Mission	USAID, Afghanistan	May 10th
O'Brien, Paul	Advocacy Coordinator	CARE Afghanistan	May 5th
Palanque, Nicolas	Emergency Officer	CARE Canada	May 31st
Petersson, Sidney	Country Director	Swedish Committee for Afghanistan	May 13th
Pugh, Andrew	Advocacy Coordinator	CARE USA	May 29th
Quareshi, Mohammed.	Emergency officer seconded to CARE Afghanistan	CARE Canada	May 31st
Rabbani, Ghulam	Truck owner contracted to CARE Cash for Works project	Kabul	May 9th
Rahimi, Azif	Program Manager, South Asia	CARE Canada	May 30th
Rashed, Abdul Rashid	District Administrator	Shamali District	May 4th
Reshad, Ahmed	Worker on CARE Cash for Work Project	Kabul	May 9th
Robbins, Karen	External Relations, Large Private Donors	CARE USA	May 29th
Saboor, Abdul	Field Supervisor, WatSan Project	CARE Afghanistan	May 9th
Safi, Farid	Emergency Response Project Manager	CARE Afghanistan	May 4th
Selim, Mohammed	Water and Sanitation Engineer	ICRC, Afghanistan	May 8th
Shepherd-Barron, James (telephone)	Emergency Response Director	CARE International	June 4th
Shimizu, Yasuko	Programme Officer, FO Kabul	UNHCR, Afghanistan	May 4th
Siddiqui, Sefatullah	Administration Manager, CARE	CARE Afghanistan	May 5th
Sidiqi, Zeba	Team Leader, Food Distribution	CARE Afghanistan	May 6th
Stanikzai, Mohammed Masoom	Managing Director	AREA	May 4th
Swanson, David L	Field Officer Manager	Catholic Relief Service, Kabul	May 10th
Tan, Yen	Senior Procurement Officer	CARE USA	May 29th
Tillman, Bruce	Water and Sanitation Team Leader	ICRC, Afghanistan	May 8th
Tornblom, Bjorn-Ake	Planning Manager	Swedish Committee for Afghanistan	May 13th
Tsitouris, Marge	Former Director of Emergency Working Group	CARE USA	May 28th
Ullah, Safi	Water Quality Technician	CARE Afghanistan	May 9th
Umbach, Jill	Asia Regional Manager	CARE Canada	May 31st
Upson, Phillip	Deputy Head	DFID, Afghanistan	May 10th

Name	Position	Organisation	Date
Waizi, Hashmatullah	Deputy Programme Manager, East	Danish Committee for Aid to Afghan Refugees	May 13th
Wali, Shah	Programme Manager for Central Afghanistan	Oxfam GB	May 7th
Wilder, Andrew	Director	Afghanistan Research and Evaluation Unit	May 8th
Yusuf, Hussein Mohammed	Senior Logistics Officer	CARE Afghanistan	May 14th

Appendix 6: Bibliography

This section will appear in the final report