Annex 1
Main Sections of the Terms of Reference
(contractual requirements and annexes not included)

TERMS OF REFERENCE
for
Independent Evaluation of
Cyclone Sidr Response & Rehabilitation Program
CARE Bangladesh

1. Background

Super *Cyclone Sidr* (equivalent in intensity to a high-end Category 4 Hurricane) hit Bangladesh on November 15, 2007. Intense wind and storm surges left behind a ravaged landscape along the coast of Bangladesh. Bagerhat, Barisal, Barguna, Patuakhali, and Pirojpur are identified as the worst affected districts. More than 3,000 people were killed and hundreds were missing from these districts. Physical damage is even worse. Crops, fisheries, and livestock were either severely damaged or washed away by storm surges.

CARE Bangladesh intervened with emergency relief support in Bagerhat, Pirojpur, and Barguna Districts. The program was implemented through two Response Site Office, Bagerhat and Barguna. Initially the Bagerhat office covered Sharonkhola, Morelgonj, & Mathbaria upazilas and Barguna office covered Barguna sadar and Pathatghata upazilas. After first month's operation CARE Bangladesh concentrated its response effort in 9 upazilas of Bagerhat and 2 upazilas of Barguna districts. At the end of March 2008, CARE's assistance reached nearly 130,000 families in Bagerhat (including Pirojpur) and nearly 80,000 families in Barguna districts with food and non-food items, safe drinking water, and medical support.

Though CARE worked in this part of Bangladesh until 2004-2005, they were no longer operational in the disaster-affected areas when SIDR hit. However, CARE did have a number of existing and former local partner NGOs (PNGOs) that do maintain a permanent presence in those areas. Of these, CARE initially prioritized delivery through two "long term partners" with whom CARE has had MoUs in place since 2002, namely Prodipon and Resource Integration Centre (RIC). CARE approach with partners was not only to channel resources through them, but also to reinforce their capacity through secondment of CARE staff and capacity building approaches to ensure they can implement assistance programs using resources from CARE and other international partners with appropriate monitoring and accountability systems in place. CARE also supplemented these efforts during the immediate response with some direct delivery.

During the recovery and rehabilitation phase, nearly 50, 000 families from Bagerhat and 25,000 families from Barguna are participating in water & sanitation, hygiene education, livelihood, and shelter activities with an emphasis on socially marginalized groups. It gives particular emphasis on reaching vulnerable woman groups, such as, widow, abandoned, and divorced women. Monitoring finding suggests that the response program becomes successful in reaching nearly 15% female headed households.

The $15m ($9m in cash and $5.8 in kind) cyclone response program is being funded by different bi-lateral (AUSAID, BMZ, CIDA, DEC, ECHO, MOFA Germany, MOFA Norway, USAID, etc.) and UN (UNICEF & WFP) donors. CARE is implementing this response program through partner NGOs, except some direct delivery. The partner NGOs supporting CARE to attain its goal of reaching the disaster affected communities are: Prodipan, RIC, Uttaran, Shaplaful and Rupantar in Bagerhat and CODEC, RDF, and SAP in Barguna.

The overall goal of this response and rehabilitation program is: *to save lives and reduce sufferings of the cyclone affected families, and reconnect to normal life through providing*

emergency food & non-food items and rebuilding their livelihoods, shelter, and water and sanitation system.

Specific projects under this review and CARE/B's SIDR Response Strategy are given in Annex I and II of this TOR.

2. Purpose and Objectives of the Evaluation

The purpose of the evaluation is three-fold:

a) Assess the quality and accountability of CARE Bangladesh's response to the cyclone, using relevant OECD-DAC evaluation criteria, CARE/B's Emergency Strategies and CARE/B's draft Humanitarian Accountability Framework (HAF) as primary points of reference.

b) Assess the extent to which the objectives of individual donor-funded projects and programs were met.

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

Some specific areas according to OECD - DAC the evaluation will examine, include:

- **Timeliness and Appropriateness of response** – To what extent did CARE Bangladesh and partners have the capacity, systems and procedures, sufficient human resources and appropriate level of preparedness to facilitate a rapid and appropriate response?
- **Relevance** - Relevance is concerned with assessing whether the response & rehabilitation activities are in line with local needs and priorities (as well as donor policy), whether the program is designed through a participatory needs assessment and in consultation with the affected communities. Appropriateness is the tailoring of humanitarian activities to local needs, cultural sensitivity, and program accountability.

- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was CARE Bangladesh's response timely and cost effective?
- **Impact** – Review of the impact of CARE Bangladesh's response in terms of preservation of life, reduction of human suffering, establishing access to safe drinking water & hygienic latrine, and rebuilding livelihoods/cash-flow generation. Assessment of the extent to which international standards (e.g., international humanitarian and human rights law; the Red Cross/NGO Code of Conduct) and relevant standards (e.g., Sphere, CI Program Standards) were applied, notably those referenced in the HAF, and their impact.
- **Coverage** – Scale and ability to reach those most in need, given the political, religious, geographic and social context of the emergency, and providing intended beneficiaries with assistance and protection that is proportionate to that need.
- **Connectedness and Sustainability** – Links to local capacity, plans and aspirations and the collaboration and co-ordination with intended beneficiaries (including the effectiveness of communication/feedback systems), within CARE and with external partners.

3. **Additional background relevant to the Evaluation**

a) **Human resources and management systems -** The challenge of expansion from a small development–focused base. Mechanisms used in recruiting or transferring staff. Implications for the organization of the nature of the staff in the short, medium and longer terms. Inter-agency competition/sharing of staff.
b) **Partnerships -** The nature, quality, and actual mode of operation of partnerships with local partner NGOs for achieving objectives of SIDR response program.
c) **Coordination –** Extent and effectiveness of coordination between CARE/B and other international NGOs, the UN system and government organizations.
d) **Community capacities and needs.** Community responses in different phases, building, maintaining and strengthening community capacity. Community participation modes, Community structures, the nature of need assessment at different levels & stages, prioritization of needs and communities' involvement in overall design, implementation, and assessment process.
e) **Gender**. Specific vulnerabilities and limitations on women. Gap identification and gap filling. Specific activities for women. Strategic implications of emergency interventions, Implications for and of human resources past present and future.
f) **Other groups with special needs –** What special efforts were taken to address the needs of physically and structurally vulnerable groups and expanding benefits to them.
g) **Programming and delivery**. Other stakeholder views, including community. Longer term strategic significance of modes for sustainability. Do no harm principle and accountability. Adherence to codes.
h) **Logistics.** Procurement, delivery mechanisms, accommodation and site development. Most-affected areas were not accessible for several days and telecommunication systems were also affected in those areas.
i) **Preparedness and development**. Transition to development. Incorporation of preparedness, risk assessment, vulnerability reduction mechanisms and surveillance systems in the planned development context.

4. Evaluation Methodology

a) The evaluation process will employ a *mixed methods approach* combining qualitative and quantitative methodologies. Mixed methods approach usually enriches understanding of the local context and complements the overall assessment process. The evaluator will develop a detail evaluation methodology and share with CARE/B before implementation.

The evaluation will cover a desk review of relevant CARE/B Sidr response office documentation, field travel, key informant interviews or focus group discussions with CARE staff (both field and HQ), CI Members who were significantly involved, other relevant implementing partners, and other key external stakeholders.

The evaluation team members should spend significant amount of time in interviewing the project participants (beneficiaries) through FGD, KI, and participant observation, and quantitative survey (if required) for assessing the program's overall performance and benefit recipients' perception.

b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their express permission.

c) **Communication of results** – an official report of the evaluation will be prepared. However this report will be supplemented by a presentation of preliminary findings for key stakeholders (both internal and external) to both provide immediate feedback to

CARE staff (and beneficiaries where appropriate) and give the Evaluation Team an opportunity to validate findings.

5. Deliverables

a) **Debriefing & Draft Report** - All the data collected will be analyzed by the evaluation team. Immediately after field trip/after completion of data analysis the evaluation team will make a debriefing on the findings gained through desk review and interviews. This will give CARE an opportunity to comment on the on the findings and help the team prepare draft report. The draft report should present analysis (both data & narrative) clearly specifying **phases** (emergency & rehabilitation) and **sectors** (FI, NFI, emergency water supply, WATSAN, CFW/Livelihoods, etc.)., The main report will be 40 pages maximum, plus annexes. The executive summary should be no more than five pages and include the overall assessment of the project, the lessons learned and recommendations for future programming. While the Evaluation Team will retain responsibility for drafting and editing the report, targeted stakeholders (CARE Bangladesh, ARMU, CARE USA, CI Members and/or CEG) will have the option of making a written response, which will be attached as an annex to the final report.

b) **Final Report –** The main report should include complete analysis, including comments from draft report and debriefing. While maintaining the analysis and presentation structure of draft report the final report will also include a standard format summary "cover sheet" (see Annex III). This information will subsequently be entered into CARE's evaluation database. The format and relevant guidelines are attached in annex III of this TOR. At the minimum, the main report should contain following sections:

a. Executive Summary
b. Cover Sheet
c. Introduction
d. Objectives of the Evaluation
e. Methodology
f. Findings from Reviews & Analysis
g. Lessons Learned
h. Recommendations
i. Conclusions

6. Evaluation Team Composition

CARE Bangladesh anticipates that the evaluation team will be made up of **5** persons including an international team leader with adequate experience in disaster program evaluation and well versed in OECD-DAC criteria, Sphere, HAP standards and other international standards related to emergencies, and familiar to South Asian social context; a team member/ national expert with a specialist background in disaster management, clear/analytical understanding of social dynamics, partnership, capacity building, coordination, etc.; and a national socio-economist experienced in emergency response & rehabilitation programming/evaluation. The consultants (3) will cover all the response and rehabilitation activities (NFI, FI, emergency water supply, WATSAN, Psychosocial, & livelihood/CFW). In addition to these consultants, there will be two field facilitators (preferably female) for assisting in FGD/interview sessions. All the proposed members of the team must have a demonstrated track record, and be recognized as seasoned professionals who can conduct this evaluation with a high degree of proficiency.

Team Leader Qualifications/Experience:

Required:

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

Desired:

- Prior experience of CARE relief and development operations
- Understanding of the Bangladeshi context
- Experience in managing emergency shelter programs
- Gender in emergencies experience
- Knowledge of Bangla language

Other Team member combined experience:

- Monitoring and evaluation experience
- Knowledgeable in sectoral issues (Watsan, CFW/Livelihoods, partnership, governance, gender, etc.)
- Previous experience of evaluation in Bangladeshi context
- Gender in emergencies experience
- Good emergency management and DRR experience (previous experience in cyclone response also desirable)
- Fluent in Bangla & English

7. Use of Evaluation Results

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

8. Proposed Timeframe: The team leader (Ian Tod) will be contracted for a period of 4 weeks for leading the overall evaluation and producing final products. The evaluation process will be conducted according to the following schedule[1]:

Activity	Approximate Dates	Person(s) responsible
Evaluation Team commissioned, Meeting with CARE/B SR, document/desk review	2 days	Full team
Field Visit to CARE Barguna & Bagerhat for desk review and interviewing primary& other	10 days	Full team

[1] The actual schedule of eth Evaluation Team is given in Annex 4.

relevant stakeholders (beneficiary/ affected community, CARE & PNGO staff, govt. and other related agencies)		
Tel interviews with CARE USA HQ, ARMU, CEG, key CI members Meeting with donors & other relevant agency (if needed)	2 days	Team Leader
Follow-up Interviews	1 day	Team leader, M&E and HR Experts
Debriefing & Draft Report Circulation	5 days	Team leader & team members
Final Report (after incorporating feedback on draft)	4 days	Team Leader w/ CARE
Stakeholder review of recommendations		CO, ARMU, CARE USA, CEG
Stakeholder Plans of Action circulated		Country Office, ARMU, CARE USA, CEG.
Monitoring Implementation of Recommendations		Country Office, ARMU, CARE USA, CEG.

Note: *Fridays are non-working day.*

ANNEX 2
Check List for Group Discussions

Checklist for Group Discussions

Location of Focus Group Discussion

Village Name	
Mauza Name	
Union Name	
Number of homesteads in mouza	

Participants of Focus Group Discussion

Number of households	
Number of males	
Number of females	
Number Receiving FI	
Number Receiving NFI	
Main livelihoods of Participants	

INFORMATION ABOUT CYCLONE SIDR:

Before:

1. Did you receive any warnings about the cyclone Yes/No

If Yes:

What was the source of the warnings?	
How many days before the cyclone did you hear about its approach	
What actions did you take to prepare for the cyclone	

During:

2. What happened when the cyclone hit?

When did the wind start to increase	
When did the winds return t normal?	
When did the water rise?	
What was the water level in village	
How long was the water high?	
What did you do during the cyclone?	

After:

3. What happened after the cyclone passed

What did you do after the winds stopped and the water receded	
What possessions did you still have after the cyclone?	
What possessions did you lose during the cyclone?	
What the value of the lost possessions?	Tk
When did you receive the first visitor from outside and where did he/she come from	

RESPONSE AFTER THE CYCLONE

A. Relevance/ Appropriateness: were priority needs addressed and were they addressed in ways that increased ownership, accountability and cost-effectiveness?

1. What were your needs after the cyclone? Did you receive FI or NFI as per your needs?

2. Who did the needs assessment?
3. Did the PNGO ask about your needs, in a participatory fashion and differentiated needs of the affected population (women, men, girls and boys, different social groups etc.), including how external interventions are likely to support your livelihood recovery strategies?

Relief

4. Appropriateness of the relief items provided (tents, hygiene kits, potable water, ORS, shelter materials, food) in terms of:
   - Were the relief items useful and of good quality?
   - (If not, why not?)
   - What were the most useful items? What items were the least useful?
   - (If possible rank the usefulness of the items)
   - Was the delivery of relief materials adequate in terms of time?
   - Was the amount and mix of relief materials appropriate?
   - Did the relief materials meet the needs of different groups (e.g. women and men, and girls and boys)?
   - Was there a way for recipients to complain to CARE or PNGO about the relief packages (e.g. if items were missing or items damaged)?

5. Were beneficiaries involved in the selection of relief materials?
6. How was the distribution of relief packages organized? What was the distance to the distribution centre? Did different groups line up separately? Could recipients carry the package? How long did it take recipients to return to their homestead with the package? Did anyone help them to carry the package?
7. Did women and men including venerable groups of all ages receive information about the relief program and the collection of relief packages?
8. What was the effect of relief materials on household coping strategies and resilience. (changes in adjustment strategies, nutritional practices, divestment strategies, borrowing strategies, mutual support or migration)

Recovery

9. Appropriateness of the recovery activities (WATSAN, Livelihoods) in terms of:
   - Were the recovery activities useful?
   - (If not, why not?)
   - Was the delivery of recovery activities adequate in terms of time?
   - Was the amount and mix of recovery activities appropriate?
   - Did the recovery activities meet the needs of different groups (e.g. women and men, and girls and boys)?

10. Were beneficiaries involved in the selection of recovery activities?
11. Did women and men including venerable groups of all ages receive information about the recovery projects?

12. What as the effect of recovery activities on household coping strategies and resilience. (changes in adjustment strategies, nutritional practices, divestment strategies, borrowing strategies, mutual support or migration)

General

13. Did CARE's response improve or harm the environment in any way?
    (for example: disposal of excavated material, quality of HTW water, location of latrine etc.)

B. Coverage: reaching the people facing life-threatening risk wherever they are.

1. What proportion of the cyclone-affected population received relief materials according to their needs?
2. Did women and children receive adequate assistance and protection during the relief and recovery activities?
3. What were the main reasons that the intervention provided or failed to provide major population groups with assistance and protection, proportionate to their need

C. Effectiveness: the extent to which an activity achieve its purpose (the contribution of outputs to achieving outcomes).

1. Were beneficiaries involved in the formulation of project objectives, and who participated, and why?
2. How did beneficiaries participate in the project design?
3. Were project activities carried out in a fashion that adequately supported the affected population at different phases of the crisis?
4. What is your assessment of criteria used for selection of beneficiaries?
5. Did the CARE activities help you re-start your life?
6. What are the main reasons why project activities achieved or did not achieve particular objectives?

D. Coordination: the level of coordination of government organisations and non-government organisations in responding to an emergency.

1. What government organisations provided relief materials to the community and what materials did they provide?
2. What non-government organisations provided relief materials to the community and what materials did they provide?
3. Were relief materials and recovery activities channeled in a coordinated fashion, or individually by government organisations or non-government organisations?
4. Were the Union Parishads involved in the relief and recovery activities?
   If yes, how? What were their activities in the relief and recovery phases?
5. Did the Army visit your village to help in relief and recovery?

E. Impact: examines the short-term and longer-term consequences of achieving or not achieving project objectives.

1. Was the risk of hunger and malnutrition among the most vulnerable households reduced as a result of CARE interventions? Were vulnerable households better protected as a result of CARE interventions? How?
2. Did vulnerable women and children affected by Sidr receive equal opportunity in accessing food, protection, water/sanitation, and other resources provided by CARE regardless their economic status of the household, religion, sex, cast and race? Did CARE reach the most marginalized groups?
3. Were project activities effective in preventing possible disease outbreaks and protecting health safety and well being of families?

Annex 3
Objective, Targets and Achievements of Projects comprising CARE-B's Cyclone Sidr Response Programme

Annex 3 Objective, Targets and Achievements of Projects of CARE-B's Cyclone Sidr Response Programme

Donor	Objectives	Main Activities	Number of Households		Remarks
			Target	Achievement	
UNICEF I	To support the most vulnerable cyclone affected population with critically needed water and sanitation assistance	Jerri can Water Supply Sanitation Hygiene Education -women -adolescent girls -children Hygiene kits	))10,000 HH)))	1,000 HH 100 ponds 1826 HH 2500women 2216 girls 971 children 5000 HH	Exceeded beneficiary targets and objectives Pond cleaning very timely and useful in restoring water supplies. Sanitation may require longer term support to promote maintenance and usage. Hygiene education had good initial impact but need to reinforce hygiene messages over time to ensure sustainability.
UNICEF II	To support the most vulnerable SIDR affected population with critically needed water and hygiene/sanitation assistance	Water supply Sanitation Hygiene education	) 20,000 HH))	-	Being implemented Not analysed
AusAID	(i) To protect people against ill-health, and preserve some dignity, in the intervening period until people are able to move into permanent shelters (ii) To re-start the livelihoods of vulnerable groups severely affected by cyclone Sidr (Note: not explicitly stated but inferred from activities)	NFI Boats and nets CFW -Home gardens -Road repairing	764 HH 382 HH) 1500 HH)	764 HH 152 HH 1250 HH 1000 HH	Instead of 38 large trawlers used by 10HH/boat, boat provision changed to 38 smaller boats used by 4 HH/boat. Also poultry and livestock and shelter provisions changed to CFW. Boats and nets need further investment to perform. (See Box 4)
DFID	Assisting the most severely cyclone affected populations who became extremely vulnerable to infectious water-borne diseases due to the collapse of water and sanitation systems by providing critically needed water, sanitation and hygiene restoration services	Jerri can Water supply Repair Water Supply Sanitation Medical treatments Hygiene Education -women -adolescent girls -children Sanitary kits	) 40,000 HH)) 40,000 HH)150,000)women and adolescents 20,000 women and adolescents	12,000 HH 69,566 HH 1989 HH 6000 HH 19,825 HH 24,000women 3960 girls 2980 child 12,000 kits	Will be completed by 31-Jul-08. Mobile water supplies provided during relief phase. HTW and PSF repaired/installed during recovery. Both will need further support to develop sustainable management. Water continues to be scarce in many areas. Latrines also will need further support to ensure usage and maintenance. Hygiene education had good initial impact but need to reinforce hygiene messages over time to ensure sustainability.

DEC	The most vulnerable women and men in cyclone affected communities will be able to recover, rehabilitate and improve their shelter security, economic, social needs and rights and be better prepared for future cyclones.	Shelter	At least 634 HH	On going	288 houses under construction Not analysed
CIDA	To meet the needs of the cyclone affected people are met in the areas of water, sanitation, health and psychosocial issues.	Sanitation Hygiene kits Hygiene Education -women -adolescent girls -children Sanitary kits Psychosocial support	3394 HH 10,000 HH 500 direct 10,000 indirect	3394 HH 10,000 HH 3000 women 1500 girls 1000 child	Met objectives and beneficiary targets. Latrines also will need further support to ensure usage and maintenance. Hygiene education had good initial impact but need to reinforce hygiene messages over time to ensure sustainability. Psychosocial support provided for first time in Bangladesh, Seemed to have positive impact, but maybe more effective if done sooner.
MoFA, Norway	1. Emergency provision of relief materials 2. Early recovery 3. Employment generation for the cash	FI NFI CFW	 1000 HH 4000 HH	6000HH 1000 HH 2000 HH	Met objectives and targets Distributed HEB from 20 to 25-Nov when food needs high. CFW had high impact for most vulnerable households particularly women.
USAID I	To provide non-food items to vulnerable, cyclone-effected population and thereby assist their survival	NFI	13,000HH	18,000 HH	Met objectives and exceeded beneficiary targets. Effective early relief distribution. Distributed 19-Nov; 22-Nov to 6-Dec
USAID II	To provide short-term emergency relief assistance and medium term support to rebuilding livelihoods and reducing vulnerability of families affected by cyclone Sidr.	FI FI+NFI FI+NFI CFW Home Gardens & plinths Shelter Cyclone shelter	))))not specified)) 825 HH 3 shelters	500HH 17,000HH 5,000HH 3250HH on-going on-going	Being implemented Not analysed.
USAID III	To provide food and non-food items to vulnerable, cyclone-effected population and thereby assist their survival	FI NFI	1500HH	5000 HH	Met objectives and exceeded beneficiary targets. Effective early relief distribution. 8-10 Dec

BMZ	To support the most vulnerable cyclone affected populations with supplementary winning food, especially for women and children	FI	6250 HH	6235 HH	Met objectives and beneficiary targets. Effective distribution of supplementary food for pregnant and lactating mothers.
ECHO I	To support the most vulnerable cyclone affected populations with survival package containing food, critically needed non-food items and to address water and sanitation needs.	FI NFI	10,500HH 10,500HH	10,500HH 10,500HH	Met objectives and beneficiary targets. Under-spent budget. Distributed 16 to 27-Feb-08
ECHO II	To help the most vulnerable population affected by Sidr in recovering their livelihoods and improving food security level through cash for work, seed distribution and other input support to repair rural roads and to grow next aman rice.	CFW -Plinth -Roads-80km -Home Garden Agriculture inputs	 1500HH 3000HH 1350HH 5200HH		Awaiting approval Not analysed
MoFA, Germany	To support the most vulnerable cyclone affected people by providing essential survival package	FI NFI	12,000 HH	 5,440HH	Changed to NFI as FI not required in addition to WFP FI.
MoFA-Luxem-burg	No details	NFI	No data		Not analysed
WFP	To save lives by providing basic food items to the most vulnerable people in the areas affected by Cyclone Sidr	FI	69,000 HH	69,000HH	Met objectives and beneficiary targets. HH in 9 upazilas received 3 packages of food items that were delivered on (19-Dec-07 to 3-Jan-08); (28-Jan-08 to 16-Feb-08) and (31-Mar-08 to 27-Apr-08). Delays in food distribution reduced nutritional impact of food (see Page 24) and extended recovery phase.
CARE-BD LH Barguna	i) To provide income to community members in order to meet with immediate needs of the vulnerable poor cyclone affected communities ii) To repair community infrastructure so as the community people will ensure their access to market, health centre etc.	CFW Plinth raising Roads repaired	1800 HH 1000 HH 12 km	No data	CFW had high impact for most vulnerable households particularly women.
CARE-Japan				No data	Included in CARE-BD LH Barguna
CARE-Canada	To support the most vulnerable population by providing survival package consisting of food	FI	2,400 HH	No data	Change of use to support medical teams
CARE-USA	Not specified	No data	Not specified	No data	Institutional Support to CARE-B

Citibank	Reconstruction of schools	NFI	4282 HH	No data	Being implemented Not analysed
Private Assorted sources	Not analysed	Various	Not specified	No data	Not analysed

Annex 4 Humanitarian Accountability Framework

4A Humanitarian Accountability Framework Benchmarks
4B Performance Metrics for Sidr Response Programme

Annex 4A
Humanitarian Accountability Framework Benchmarks

HAF Benchmark	Indicator	Evaluation Team Findings
1. Leadership and Accountability	1. There is a public commitment by CARE that we adhere to specific standards, principles and codes of conduct.	This benchmark refers to actions of CARE's senior management. Not evaluated
	2. CARE leaders know the standards CARE is committed to, incorporate them into policies and ensure adequate staff and funds are allocated to quality and accountability.	Not evaluated
	3. CARE functional units implement CARE's Humanitarian Accountability Framework and monitor their compliance for continuous improvement.	Not evaluated
	4. The Secretary General reports regularly to the CI Board on progress on implementing CARE's Humanitarian Accountability Framework.	Not evaluated
	5. CARE has well-established mechanisms for timely and adequate resource deployments during emergencies (including clearly defined decision-making mechanisms for rapid responses, with clear lines of authority and accountability).	Not evaluated
	6. Performance management of senior managers includes their involvement in awareness-raising and supervising implementation of CARE's Humanitarian Accountability Framework.	Not evaluated
2: Principle of non-discrimination and response based on needs and rights alone (underpinned by people's right to the minimum conditions required to live in dignity)	1. Systematic assessments are carried out with the participation of the disaster-affected population to determine humanitarian response.	Sidr affected population not involved in needs assessments
	2. The assessments take into account local capacities and institutions, coping mechanisms and risk reduction, as well as the responses of other actors and agencies.	After Sidr, many stakeholders were making assessments following different methodologies and making decisions about their response. Absence of formal coordination mechanisms for INGOs and LNGOs hindered information sharing.
	3. Capacity assessment determines the capacity needs of CO and potential partners, and how these can be filled in relation to first local then external capacities and resources.	Search for funds stopped after sufficient funds identified to fit with capacity of CARE-B to deliver quality outputs.

	4. Assessment findings are shared and validated with other stakeholders, and CARE's response is determined in consultation with other relevant agencies.	Assessments shared with others. Challenging to consult with other GO and NGO as decisions on funding and activities made in sort time frame.
	5. CARE has an appropriate emergency strategy to guide its response that is informed by assessments and is periodically updated, and the strategy reflects the specific needs of vulnerable and marginalised groups.	Emergency Preparedness Plan is draft and finalisation delayed due to ERT busy with responding to emergencies (riverine floods during Jul-Aug 2007 and Cyclone Sidr in November 2007)
3: Planning, project design and internal monitoring	1. Staff systematically use CARE's Humanitarian Accountability Framework, previous lessons, and relevant technical standards (such as Sphere) to inform planning, design and monitoring.	Very few CARE-B and no PNGO staff working on Sidr Response Programme aware of HAF and most relevant HA technical standards.
	2. In addition to input-output tracking, there are internal mechanisms to review and report on processes, outcome and impact.	Processes and outcome monitored and reviewed. Impacts monitoring not started until rehabilitation phase and results not yet analysed.
	3. Disaster-affected people (including the most vulnerable and marginalised) participate in planning, design and monitoring, and we actively seek their feedback on impacts.	Disaster-affected people did not participate in planning, design and monitoring or asked for feedback on impacts.
	4. CARE uses monitoring results to make timely adjustments where necessary, and shares monitoring results with various stakeholders.	Monitoring results used to adjust beneficiary lists and improve facilities and performance at distribution centres.
4: Participation	1. CARE proactively identifies and works with representatives of the poorest and most marginalised people.	CARE-B and PNGOs actively tried to identify households that fitted Programme selection criteria that included being the poorest and most marginalised people.
	2. Beneficiaries, or their representatives, participate in assessments, implementation, monitoring and evaluation, and in decision-making on determining project activities throughout the lifecycle of the project.	Beneficiaries not involved in monitoring and evaluation, and in decision-making on determining project activities throughout the lifecycle of the project.
	3. Beneficiaries and local communities are made aware of assessment, monitoring and evaluation findings.	Information on assessment, monitoring and evaluation findings not made available to beneficiaries or local communities.
	4. Local government and partners are involved in assessments, implementation, monitoring and evaluation.	Local government involvement limited to providing list of beneficiaries.
	5. Disaster response is built on local capacities and emergency projects are designed to increase disaster response capacity.	Disaster response not included in relief and recovery activities. Limited disaster preparedness in rehabilitation phase.

5: Stakeholder feedback and complaints mechanism	1. Beneficiaries have the ability to comment on all stages of project, and there is effective coordination and exchange of information among those affected by or involved in the disaster response.	Beneficiaries not involved with project planning or design.
	2. CARE has formal mechanisms in place to periodically capture and monitor feedback from beneficiaries and other key stakeholders (e.g. use of systematic stakeholder surveys, focus group discussions).	Such actions discussed in M&E plan but not implemented until rehabilitation phase.
	3. A formal mechanism is in place for beneficiaries to lodge and receive response for complaints in a safe and non-threatening way, and is accessible to all.	Complaint boxes provided inside FI and NFI distribution centres.
	4. Management oversight of complaints and community feedback ensures that CARE responds to the feedback and complaints received, making improvements, and informing affected populations of any changes made, or why change is not possible.	CARE-B acted on complaints to improve eligibility of households on list of beneficiaries.
6: Transparency and information sharing	1. Key information is made publicly available on: • CARE's structure, staff roles and responsibilities and contact details • CARE's humanitarian programme, commitments to standards, assessment findings, project plans, specific activities and key financial information • beneficiary selection, including targeting criteria and entitlements, and how key decisions are being made • stakeholder participation and feedback opportunities, including how beneficiaries and local communities can become involved, and information on formal feedback and complaints mechanisms • CARE's performance such as progress reports, monitoring information, and findings of reviews and evaluations, including an explanation of gaps in meeting minimum standards.	Information available CARE-B and PNGO staff working of Sidr Response Programme not aware of most of this information. Beneficiaries or Sidr-affected households not aware of beneficiary selection criteria. Local communities and beneficiaries not involved, and mechanisms for formal feedback and complaints limited to distribution centres. Reports are generally available.
	2. All information is provided in a way that is accessible to beneficiaries, local communities and authorities, and which does not discriminate against vulnerable groups or cause harm.	Reports mainly in English and hence not accessible by beneficiaries or local communities. Furthermore many beneficiaries illiterate.
	3. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects.	Achieved

7: Independent reviews, monitoring, evaluation and learning	1. The collection of information for evaluation purposes is independent and impartial, and is carried out with the participation of the disaster-affected population.	Achieved
	2. Independent real-time and end-of-project evaluation of all large-scale emergency operations are carried out.	One real-time evaluation (HAP 2008) and one end-of-most-projects evaluation carried out (this evaluation)).
	3. Evaluation findings are acted upon by top management, based on clear action plans resulting from evaluation recommendations.	Too early to say
	4. Evaluation results are made publicly available in appropriate formats to promote accountability to and learning by stakeholders, including disaster-affected communities.	Too early to say
8: Staff competence and human resources management in emergencies	1. Staff deployed in humanitarian operations has a job description or terms of reference where their accountability responsibilities are clearly defined.	Not evaluated in detail but seem to have been generally complied with.
	2. Policies and practices that relate to staff recruitment and employment are documented, and staff is familiar with them.	Not evaluated in detail but seem to have been generally complied with.
	3. Staff is provided with pre-posting briefing and orientation, including humanitarian accountability and compliance, before they go into an emergency.	Staff recruited for Sidr Response programme not trained on humanitarian accountability.
	4. Specific competencies and behaviour expected of staff are clearly defined.	Achieved
	5. Staff is regularly oriented and/or trained on the Humanitarian Accountability Framework, including relevant principles, standards and compliance systems.	Not achieved (see 3 above)
	6. Staff and partners understand and practise the non-discrimination principle of the RCRC Code of Conduct, and associated principles of impartiality and neutrality in all humanitarian operations.	Not evaluated in detail but seem to have been generally complied with.
	7. Managers are held accountable for supporting staff and ensure regular review of performance.	No information

Annex 4B
Performance Metrics for Sidr Response Programme

Outcome	Indicator	Evaluation Team's Findings
1: CI's response to humanitarian disaster will be more timely	• Decisions on rapid-onset emergencies are made and communicated throughout CI within 24 hours.	Achieved
	• Material emergency response interventions are launched within 48 hours of the disaster (2012 target of 80%).	Achieved. CARE-B pre-positioned Advance Team plus FI and NFI, and started distributing relief items on 19th November, 3 days after the event. Water treatment plant set up on 17th November.
	• Appropriate level of CARE ERF funds to start-up emergency responses are allocated within 48 hours.	Achieved CD allocated $50,000 (ERF) immediately after the cyclone. CI Regional Director arranged $500,000 (CUSA ERF) after 6 days.
	• Additional international staff is deployed (en-route) within 72 hours after staffing requests.	Achieved. Action taken to deploy CI media Adviser and Emergency Adviser.
	• Additional national staff is redeployed (en-route) within 48 hours after staffing requests.	Achieved. National staff redeployed from other CARE-B programmes, principally SHOUHARDO.
	• Senior staff from Lead Member visits the disaster site within appropriate time frame.	Achieved. Vice President CARE USA and ARMU Director visited shortly after disaster.
	• Statements about CARE's response are issued throughout CI and to the media within 24 hours of the disaster event.	No information.
2: The quality and accountability of CI's response to disaster will increase	• Country, regional and CI member offices have emergency preparedness plans that have been reviewed/revised within the past six months, and with evidence of readiness and use.	CARE-B's Emergency Preparedness Plan revised in April-July 2007 (CARE-B 2007). Finalisation delayed as ERT involved with responses to emergencies caused by riverine floods during monsoon 2007, and then cyclone Sidr in November 2007.

	• Emergency strategies are developed within one week of the disaster event and revised as necessary.	Emergency Strategy prepared by December 7th 2007, three weeks after disaster.
	• Disaggregated population information is provided for CARE's beneficiaries within two weeks.	Disaggregated population information not prepared or distributed.
	• Monitoring and evaluation of CARE's responses indicate that minimum levels of appropriate and applicable humanitarian accountability standards are met or exceeded	Not Achieved Limited reference to applicable humanitarian accountability standards in M&E reports.
3: CI will become known for its competence in the three core sectors	• Significant interventions in at least one of the core sectors (2012 target of 80%)	Achieved Significant Interventions made in water and sanitation and food security sectors
	• Monitoring and evaluation of CARE's responses indicate technical quality in core sectors exceed accepted standards.	Not achieved Nutritional value of FI and water distributed and some NFI (polythene sheets) below SPHERE or other international standards. Problems with access to safe water persist in many areas.
4: CI's emergency revenues will increase substantially	• 70% of disaster response funding target has been met within three months.	Achieved Response to funding requests exceeded expectations and funding target achieved within 1 month.
	• Average annual leverage of ERF allocations across CI (2012 target of 6).	No information
	• Annual CI emergency total revenue (2012 target based on percentage growth rate)	No information
	• Annual percentage growth rate of CI emergency revenue (2012 target to be determined).	No information
5: A significant portion of CI's annual outlay on emergency capacity will be recovered	• Cost recovery on international staff deployed to emergency assignments (2012 target of 70%).	No information
	• Percentage of CI members' and CEG's emergency unit costs covered by restricted funding sources (2012 target of 50%).	No information

Annex 5
Schedule of Evaluation Team

Annex 5
Schedule of the Evaluation Team

3 June	Team Leader arrives in Dhaka Team Meeting. Briefing at CBHQ
4 June	Travel to Barguna (13 hours)
5 June	Briefing at CARE-B, Barguna Office
6 June	Meeting with PNGOs, Barguna
7 June	Field visit to Pathakhata upazila
8 June	Field visit to Barguna Sadar upazila. Discussions at government offices.
9 June	Travel to Bagerhat. Start briefing at CARE-B Bagerhat Office.
10 June	Continue briefing at CARE-B Bagerhat Office. Meeting with PNGOs, Bagerhat
11 June	Field visit to Sarankhola upazila
12 June	Field visit to Morrelganj upazila. Discussions at CARE-B and government offices.
13 June	Return to Dhaka
14 June	Sorting documents
15 June	Team meetings
16 June	Meetings with CBHQ staff
17 June	Compiling field notes and preparing report
18 June	Meetings with UN organisations (UNICEF, WFP, UNDP)
19 June	Meetings with government organisations (DRR, DMB) , CDMP and non-government organisations (RIC).
20 June	Preparing report
21 June	Preparing report
22 June	Team meetings and preparing reports
23 June	Discussions at CBHQ
24 June	Team meetings and preparing reports
25 June	Team meetings and preparing reports
26 June	Discussions at CBHQ.
27 June	Preparing report
28 June	Preparing de-briefing presentation
29 June	Debriefing at CBHQ
30 June	Discussions at CBHQ. Departure of Team Leader.
1 July	Team Leader departs Dhaka

Annex 6
List of People Consulted

Annex 6
List of People Consulted

A) Dhaka

Nick Southern	Country Director, CARE-B
Stav Zotalis	Assistant Country Director
Shawkat Ara	Monitoring and Evaluation Coordinator, Sidr Respnse Programme, CARE-B
Kazi Eliza Islam	Coordinator Evaluation and Impact, CARE-B
Jahangir Hossain	Health Advisor, CARE-B
Selim Reza Hasan	Coordinator Competitive Bids, CARE-B
Shamsul Huq	Finance Manager, CARE-B
Fatima Jahan Seema	Monitoring, Evaluation and Learning Coordinator, CARE-B
Suman Islam	Humanitarian Assistance Coordinator, CARE-B
Faheem y Khan	Team Leader, SHOUHARDO, CARE-B
Manzur Morshed	Deputy Team Leader, SHOUHARDO, CARE-B
Zubaidur Rahman	Finance Coordinator, SHOUHARDO, CARE-B
Abdus Shaheen	Technical Coordinator Infrastructure, SHOUHARDO, CARE-B
Md. Mizanur Rahman	Adviser Infrastructure, SHOUHARDO, CARE-B
Md. Khalilur Rahman Siddiqui	Director General, Department of Relief and Rehabilitation
K.H. Masud Siddiqui	Director General, Disaster Management Bureau
Sk. Abubaker Siddique	Programme Officer, WFP
Maher Nigher	Programme Officer, WFP
Md. Tarik-ul-Islam	Assistant Country Director (Disaster Management), UNDP
Md. Zulfikur Ali Khan	Emergency Specialist, UNICEF
Lalit Mohan Patra	WES Specialist, UNICEF
Regis Garandean	Technical Officer, UNICEF
Ian Rector	Chief Technical Advisor, CDMP
AKM Mamunur Rashid	Training and Awareness Specialist, CDMP
Ahmadul Hassan	Director, CEGIS
Abul Haseeb Khan	Director, RIC and Chair of NIRAPOD (Forum for CARE-B supported PNGOs)
Dipak Tanjan Chakraborty	Coordinator, Administration and Finance, RIC

B) Barguna

M.A.Khaleque	Acting Team Leader, CARE-B
Dilara Akhter	PO-Training, CARE-B
S.M. Maqsood Kabir	DMC-CBHQ, CARE-B
Md. Faruque Hossain	P.O.-M&E Watsan, CARE-B
S.U.M. Mahfuzur Rahman	M&EO, CARE-B
Md. Nasir Uddin	PO-Watsan, CARE-B
Swakawat Hussein	ADC Development and General, Barguna
Inet Shamul Russel	Executive Engineer, DPHE
Nitya Nanda Haldar	Estimator, DPHE
Allauddin	Sub-Assistant Engineer, DPHE

M. Golam Mostafa	Chief Executive Officer, RDF
Md. Abul Kashem	Join Director, RDF
Md. Enamul Haque	Project Coordinator, RDF
Md. Istiak Azad	Project Monitor, RDF
Md. Nazrul Islam	Finance Manager, RDF
Paresh Howlader	Field Officer, RDF
S K Fazlul Karim	Field Facilitator, SAP-BD
Masud Ahmad	Project Coordinator, SAP-BD
Md Nawas Ali	Project Officer, SAP-BD
Md Abu Jafor	Field Engineer, SAP-BD
Md Akhtarul Islam	Account and Admin Officer-CODEC
Ahamed Un Nabi	Project Coordinator-CODEC

C) Bagerhat

Ed Shea	Program Coordinator, CARE-B
Maruf Islam	Deputy Program Coordinator, CARE-B
AFM Ferdous	Shelter Manager, CARE-B
Syed Mahmudul Huq	Livelihood Manager, CARE-B
Md Aminul Islam	M&E Manager, CARE-B
Md Khaleque	Project Manager-Watsan, CARE-B
Shakil Anwaar	Field Manager, CARE-B
Md. Asduzzaman	Program Manager, Livelihood, CARE-B
Md. Salamat Ullah	Regional Manager-Program Support, CARE-B
Raihan-Ur Rashid	Procurement Manager, CARE-B
Md. Jahangir Hossain	Shelter Monitoring Officer, CARE-B
Kamrun Nnahar	Partnership Officer, CARE-B
Mukul Kanti Biswas	Assistant Livelihood Manager, CARE-B
Md Azizul Haque	Assistant Livelihood Manager, CARE-B
Rabeya Akter Helen	Training Officer-WASH, CARE-B
Shaidul Islam	Deputy Commissioner, Bagerhat
M. A. Rashid	Project Coordinator, RIC
Md. Asaduzzaman	Field Coordinator, RIC
Mahmud Khan	Field Coordinator, RIC
Salma Jaman	Finance, RIC
Edel E Baroi	Project Coordinator, Rupantar
Mizanur Rahman Panna	Assistant Director, Rupantar
Uzzal Paul	Field Officer, Rupantar
Firoz Kabir	Field Officer, Rupantar
Vashkor Das	Field Coordinator, Uttaran
Lipika Mondal	Field Officer, Uttaran
M. A. Aziz	Field Officer, Uttaran
Humayun Kabir	Finance, Uttaran
R.M. Fuhad	Project Coordinator, Shaplaful
Abdullah Al Mamun	P.S.O., Shaplaful
Ripon Kumer Ghose	Emergency Coordinator, Prodipan
Kamal Ahmed Chowdhuri	Project Manager, Prodipan
A. Ali Faruk	Accountant, Prodipan
Md. Tariqul Islam	Assistant Accountant, Prodipan

Golam Shafi	WATSAN Officer, CARE-B
Mukul Kanti Biswas	Manager-Livelihood, CARE-B
Saleha Khatun	Livelihood Officer, CARE-B
Azifa Anjuman Ara	Livelihood Officer, CARE-B
Md. Mostafa Mollah	Infrastructure Officer, CARE-B
Purnima Rani Bachar	Livelihood Officer, CARE-B
Md. Yakub Ali	Livelihood Officer, CARE-B

D) International

Jonathan Mitchell	CI Emergency Response Director
Jock Baker	Programme Quality and Accountability Coordinator CARE Emergency Group
Lizzie Babister	CI Shelter Specialist
Rigoberto Giron	Director, Humanitarian and Emergency Response Unit, CARE-USA
Sajedul Hasan	Head of Programme, CI Indonesia
Sanjay Mukherjee	Technical Adviser (Shelter), IFRC

Annex 7
List of Documents

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