



After Action Review Report

2015/2016 Ethiopia El Niño-induced Drought

Addis Ababa, March 28 - 30, 2017



Executive Summary

Along with its neighbors, Ethiopia is currently battling the residual needs of an intense drought that strengthened since the earliest stages of the 2015 agricultural season, driven by one of the strongest El Niño events of the last decades. By December 2015, the Government of Ethiopia (GoE) estimated that 10.2 million people would require humanitarian assistance in 2016. This drought affected a population impacted by four droughts over the last fifteen years (2003, 2008, 2009, and 2010)¹.

CARE Ethiopia responded with a USD 80M emergency response that focused on food security; livelihoods; water, sanitation and hygiene; as well as on emergency nutrition, working both independently and as part of consortiums.

CARE Ethiopia organized an After Action Review (AAR) workshop from March 28 to March 30, 2017 to identify key lessons and recommendations to improve future emergency responses. Twenty-four employees participated in discussions related to program quality and accountability; program support; gender; and coordination and partnerships. Key findings for each topic are described below.

Program Quality and Accountability

Workshop participants agreed that overall, CARE Ethiopia's 2015/2016 drought response was a successful large-scale and quality-based emergency response, while highlighting that many lessons were learned along the way. The response built on the Country Office (CO)'s significant experience and expertise on food security and livelihoods (sectors for which CARE is the go-to NGO in the country), and used market-based approaches (cash transfer programming) at scale for the first time in an emergency response.

CARE Ethiopia made strategic decisions at the right time and carefully scaled-up its operations, constantly ensuring that the scope remained within its absorptive capacity. The organization responded early to the emergency thanks to the crisis modifiers² included in its development projects and the scale-up of JEOP, an emergency food distribution program led by Catholic Relief Services (CRS) and implemented by eight organizations, including CARE. Building on years of learning, CARE Ethiopia also worked in an integrated fashion and ensured strong humanitarian – development linkages through different initiatives.

As for areas requiring further attention, participants highlighted that program quality differed depending on the sector, but also on the field office. CARE Ethiopia is also not totally prepared to scale-up its emergency operations outside its operational areas, and does limited emergency work in partnership with local NGOs. Moreover, the organization does not have contingency funds to respond quickly to emergencies, which contributes to tensions in its relationship with the Ethiopian Government.

Finally, participants highlighted that knowledge management was a significant issue for the organization. Due to the lack of a formal knowledge management system, knowledge resides in individuals and not in the organization itself.

Program Support

AAR participants identified several successes and challenges in program support areas (procurement, human resources, finance, and internal audit). Overall, participants felt that program support activities related to the emergency response had been properly planned. Procurement management was generally seen as effective due to an increase of procurement thresholds, preferred vendors lists, and procurement staff entirely dedicated to emergency projects. Despite a challenging recruitment environment (all NGOs in Ethiopia were scaling up and hiring massively), CARE Ethiopia successfully recruited a large number of employees in a very short period of time.

The number of program support staff required for the emergency response was however underestimated and several program support staff felt overwhelmed. Due to this, newly hired staff did not always receive proper induction when joining the organization, which causes significant difficulties later on. CARE Ethiopia internal audit team was also not always in a position to work as much as desired with the organization's local partners, as they already had a significant workload with CARE Ethiopia's own projects.

¹ D. Guha-Sapir, R. Below, Ph. Hoyois - EM-DAT: The CRED/OFDA International Disaster Database – www.emdat.be – Université Catholique de Louvain, Brussels, Belgium (consulted on September 30, 2016).

² A crisis modifier is an additional amount that is ear-marked in long-term interventions, but not granted to the implementing agency until certain "triggers" are reached. The agency suggests the triggers, monitors and reports on an agreed set of indicators. When evidence shows that a situation is developing into a crisis/emergency, the crisis modifier funding is released for immediate use, allowing early action and protecting development gains.

Finance management however remained one of the biggest challenges of the response. Financial information was not always uploaded on time in PeopleSoft, CARE's financial and grants management system. This was mainly due to the fact that the number of finance staff was not adequate to manage such a large portfolio. Additionally, field offices experienced internet connectivity problems on a regular basis, which proved challenging since PeopleSoft is an internet-based system. As a result, monthly financial reports did not accurately present expenses incurred (they were 6 weeks behind on average) and staff did not trust them, making grant management very difficult. In many cases, the organization ended up with underspent or overspent projects due to late financial information provided to project managers.

CARE Ethiopia was also not always in a position to report quarterly to the Ethiopian Government as it is required to. This situation affected the organization's relationship with the Government, and many participants felt this was a risk for the organization.

Gender

CARE Ethiopia placed significant emphasis on gender in its emergency response, which was highlighted as a major strength by AAR participants. CARE Ethiopia conducted two comprehensive Rapid Gender Analyses (RGA) in four different zones of the country and these analyses contributed to the design and implementation of gender-sensitive projects. The team however noted that some RGA recommendations had not been fully integrated in the design and implementation of projects, and recognized that equal gender representation on project committees does not automatically translate into greater decision-making power for women.

Alongside the RGA, CARE Ethiopia innovated in conducting a cohort study, which followed 12 drought-affected women in 3 regions over a period of six months. The qualitative longitudinal study was conducted to better understand and build evidence on the impact of the drought and recovery over time on a variety of women from different operational contexts with the aim to better inform CARE's emergency intervention on how the lives of women changes before, during and after emergencies. CARE Ethiopia was also pleased to see that evidence emerging from its development projects indicates that Village Savings and Loans Associations (VSLAs) contribute to resilience, as members (mostly women) have continued to contribute to savings during the crisis. Finally, the team highlighted that it wanted to include more gender transformative components in its emergency responses.

Coordination and Partnerships

CARE Ethiopia enjoys a long-standing relationship with the Ethiopian Government, which contributes to strong collaboration before, during and after emergencies. The Ethiopian Government however expects CARE Ethiopia to respond quickly to most emergencies, which the organization is not always able to do. Participants explained that this situation creates significant pressure for them, particularly at field level. A contingency fund or pre-positioned items would allow the organization to respond quickly and would also provide a flexibility that CARE Ethiopia does not currently have.

Internal coordination was strong with a responsive Emergency Response Team (ERT) both at headquarters and field office levels and teams which supported each other throughout the response. Coordination with CARE International came with its successes and challenges.

It was also the first time that CARE Ethiopia implemented large-scale emergency projects in partnership with Local Non-Governmental Organizations (LNGOs). CARE Ethiopia did not however identify these LNGOs in advance of the crisis and therefore did not have adequate time to work with them on developing specific capacities. This impacted the quality of the projects that were implemented.

Finally, participants noted that CARE Ethiopia has a good reputation among donors due to its strong compliance and accountability systems among other reasons, and that this facilitated fundraising. Donors however delayed funding to relatively late into the crisis, and earlier funding would be more efficient and impactful.

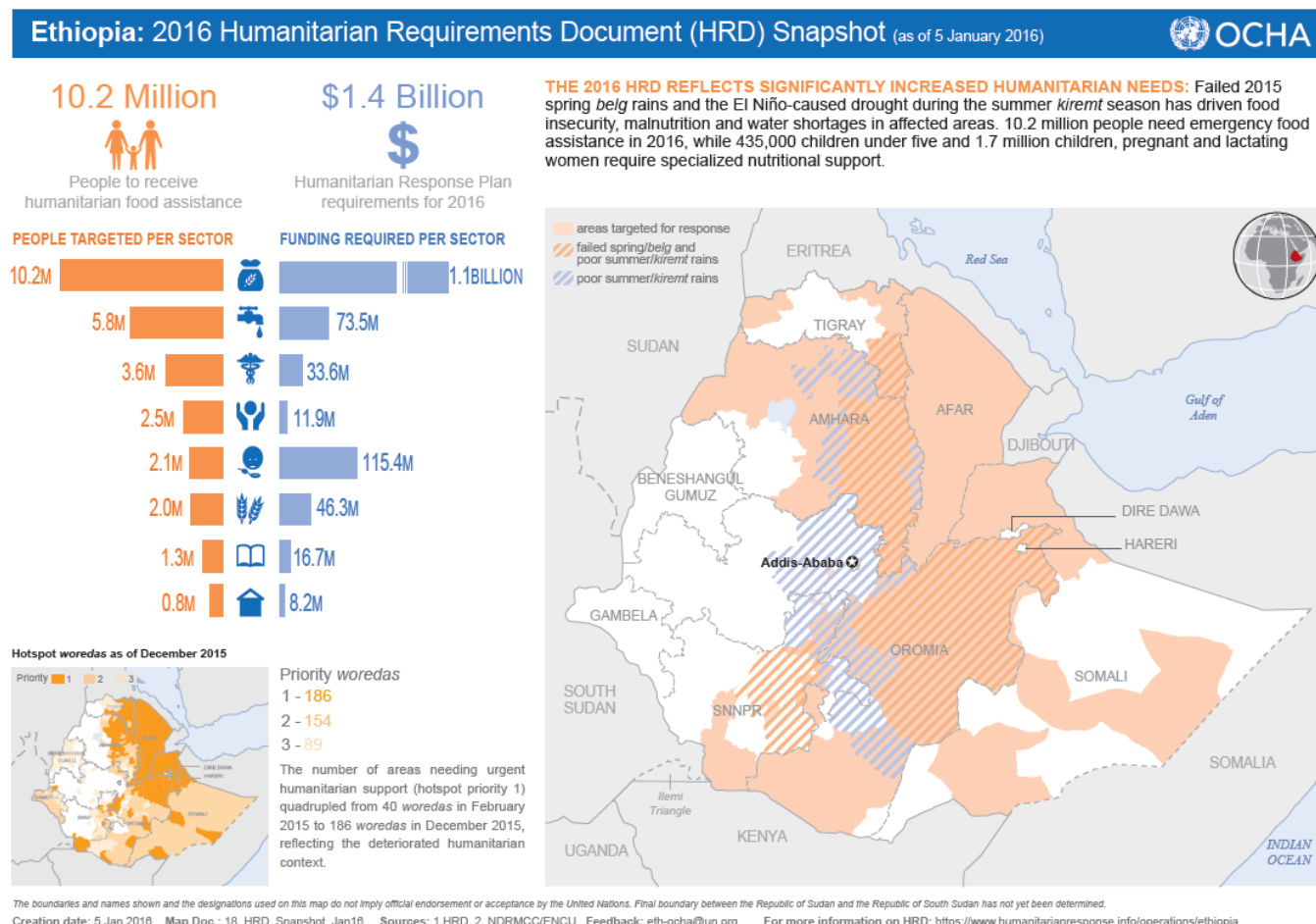
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1. Ethiopia 2015/2016 Drought: Background

1.1 One of the Strongest El Niño Events of the Last Decades

Along with its neighbors, Ethiopia is currently battling the residual needs of an intense drought that has strengthened since the earliest stages of the 2015 agricultural season, driven by one of the strongest El Niño events of the last decades. The performance of the 2015 *belg* and *kiremt* rains were poor, resulting in below average *belg* and *meher* harvests³, and in significant deterioration of agricultural, livestock, food security, water security and nutrition conditions. By December 2015, the Government of Ethiopia (GoE) estimated that 10.2 million people would require humanitarian assistance in 2016 (please see details in the snapshot below). This drought affected a population impacted by four droughts over the last fifteen years (2003, 2008, 2009, and 2010)⁴.



While Ethiopia continues to feel the impacts of the 2015/2016 drought, it is also facing a new drought affecting lowlands areas in southern and eastern parts of the country. At the end of 2016, the GoE estimated that 5.6 million people would require humanitarian assistance in 2017.

³ Please see FEWSNET's Ethiopia Seasonal Calendar in Annex 3 for more information.

⁴ D. Guha-Sapir, R. Below, Ph. Hoyois - EM-DAT: The CRED/OFDA International Disaster Database – www.emdat.be – Université Catholique de Louvain, Brussels, Belgium (consulted on September 30, 2016).

1.2 Overview of CARE Ethiopia Emergency Response

In order to respond to the crisis, CARE Ethiopia designed a 2-year emergency strategy in September 2015. Its key components can be seen in the table below.

Goal	Meet the immediate needs of the most vulnerable women and men affected by drought, while supporting them, their families and communities to recover and rebuild long-term resilience to future droughts.		
Number of beneficiaries targeted	1,000,000	Funding target	USD 100M (including commodities value)
Sectors	<ul style="list-style-type: none"> Food security Livelihoods Water, Sanitation and Hygiene Nutrition 		
Prioritized approaches	<ul style="list-style-type: none"> Market-based approaches Gender transformative methodologies Climate change adaptation and early warning Working with and through partners Staff well-being 		
Geographical focus	<ul style="list-style-type: none"> Oromia Afar Amhara Tigray SNNPR 		

CARE Ethiopia succeeded in raising significant funds and in implementing a large scale emergency response as can be seen in the table below:

Period covered by the table		From June 2015 to February 2017		
Total number of beneficiaries reached		1,165,746	Number of projects	24
Sector	Beneficiary response goal	Beneficiaries reached	Region(s)	
Food security	600,000	733,810	Oromia	
Livelihoods	502,405	519,707	Oromia, Afar, Amhara, SNNPR and Tigray	
Water, Sanitation & Hygiene	225,000	449,738	Oromia, Afar and Amhara	
Nutrition	100,000	183,820	Oromia, Afar and Amhara	
Funding secured		USD	Amount of funds spent	USD 78,760,338 (including commodities)

From February 23, 2016, to November 15, 2016, the Ethiopia crisis was classified as a Type 4 in CARE International typology of emergencies.

1.3 Key Events: The Crisis and CARE Ethiopia's Response

Recent disasters in Ethiopia*:

1989: Drought
(6,500,000 affected)

1999: Drought
(4,900,000 affected)

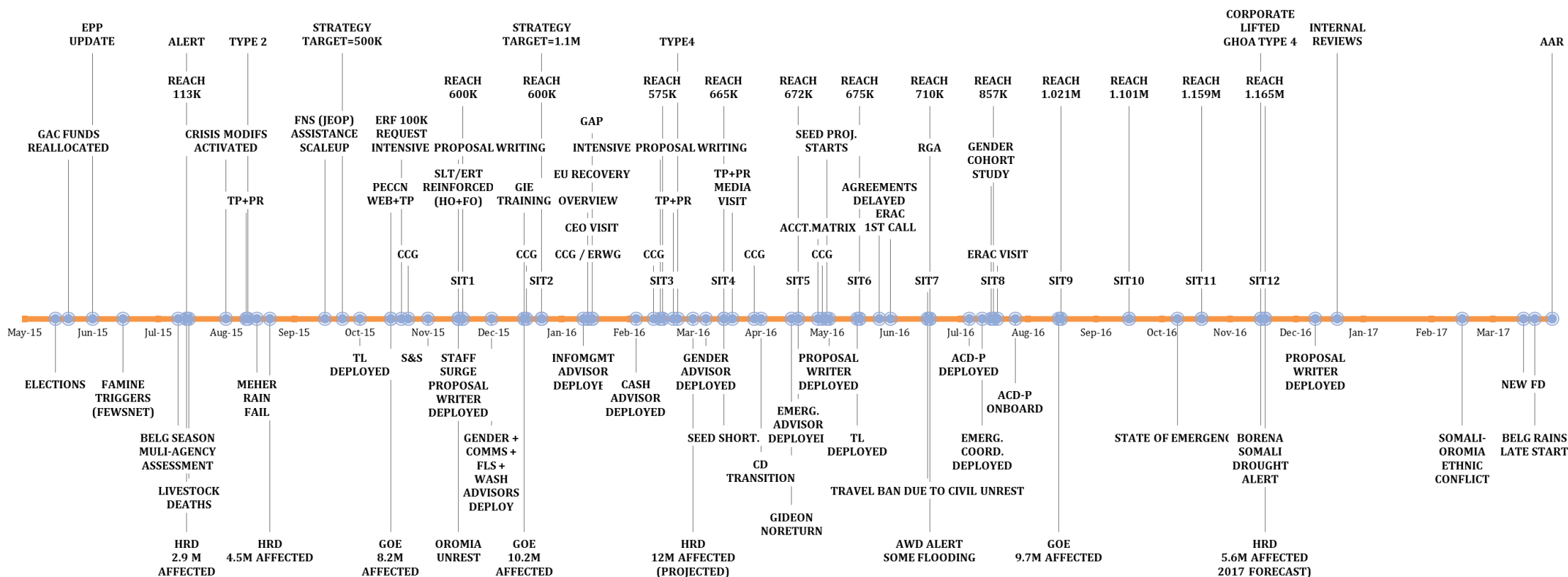
2003: Drought
(12,600,000 affected)

2008: Drought
(6,400,000 affected)

2009: Drought
(6,200,000 affected)

2010: Drought
(4,805,679 affected)

Ethiopia 2015/16 El Niño-induced Drought



* Source: D. Guha-Sapir, R. Below, Ph. Hoyois - EM-DAT: The CRED/OFDA International Disaster Database – www.emdat.be – Université Catholique de Louvain, Brussels, Belgium.

2. After Action Review

2.1 Objectives

CARE International (CI)'s policy to conduct an After Action Review (AAR) for all major emergencies (type 2, 3 and 4) illustrates CARE's commitment to learning and improvement. AARs specifically focus on performance, which enables those involved in the response to reflect on what happened and why as well as to document best practices, successes, challenges, and to develop recommendations to sustain organizational strengths and improve on weaknesses.

The objectives of CARE Ethiopia's AAR were to capture learning from the organization's emergency response to the 2015/2016 drought in order to strengthen emergency preparedness and improve CARE's operational procedures and policies.

As per CI's policy, an AAR is typically scheduled within 3-4 months of the declaration of a major emergency. Due to the slow onset nature of the 2015/2016 Ethiopia drought and the high level of activity of the country office, the process was delayed and the workshop took place on March 28-30th, 2017.

2.2 Methodology

2.2.1 Preparation for the After Action Review

Significant time was invested in planning the review in order to have a successful event. CARE Ethiopia's Emergency Program Coordinator served as focal point to plan the workshop along with the AAR facilitator. Emergency response documentation such as situation reports, emergency strategy, and other relevant information were reviewed.

AAR participants were contacted a few weeks prior to the workshop and asked to reflect on key events of the crisis, main accomplishments and challenges, as well as on recommendations for improving future emergency responses, so that they would come prepared to the workshop.

2.2.2 Workshop

The two and a half day event brought together 24 participants (10 women, 14 men) representing the key stakeholders of CARE Ethiopia's emergency response. Field, headquarters and CI staff participated in the workshop.

After a welcoming note, an overview of the crisis and of CARE Ethiopia's response was presented by the Emergency Program Coordinator in order to bring everyone on the same page. CARE's Humanitarian Accountability Framework (HAF) was then presented to the participants in order to lay the ground for the entire workshop. The preliminary findings of the Rapid Accountability Review (RAR) conducted the week prior to the AAR were then presented by CARE Emergency Group's Monitoring Evaluation and Accountability Coordinator.



The facilitator then took the participants through a process of scene-setting by reviewing the chronology of internal and external events that impacted the crisis and CARE's response in order for everyone to remember what happened and when. Participants were then divided into groups based on functional areas relevant to the context:

1. Program quality and accountability
2. Program Support (administration, finance, procurement and logistics, human resources)
3. Gender
4. Coordination & Partnerships

The groups worked separately to identify the strengths and weaknesses of the emergency response in their particular area. They subsequently presented their findings in plenary sessions, offering other participants the opportunity to provide feedback and comments.

Building on strengths and weaknesses identified, groups then made recommendations for improving future emergency responses. To ensure that recommendations could be effectively absorbed by the organization, participants were requested to identify a maximum of five strategic recommendations per group.

Action planning concluded the workshop and an action plan with clearly defined action points, responsibilities and deadlines was developed in order to address critical issues identified during the workshop. It was agreed that CARE Ethiopia senior management would subsequently review and finalize the action plan to ensure clarity, and address any overlaps and overburdening individuals.

The workshop agenda can be consulted in Annex 1.

3. Key Findings & Recommendations

3.1 Program Quality and Accountability

Workshop participants agreed that overall, CARE Ethiopia's 2015/2016 drought response was a successful large-scale and quality-based emergency response, while highlighting that many lessons were learned along the way. The response built on the CO's significant experience and expertise on food security and livelihoods (sectors for which CARE is the go-to NGO in the country), and used market-based approaches (cash transfer programming) at scale for the first time in an emergency response.

Due to strong leadership, a responsive Emergency Response Team (ERT) and an extremely committed staff, CARE Ethiopia made strategic decisions at the right time and carefully scaled-up its operations, constantly ensuring that the scope remained within its absorptive capacity. CARE Ethiopia raised adequate funds for the response, even if it took more time than desired. The organization however responded early to the emergency thanks to the crisis modifiers included in its development projects and the scale-up of JEOP, an emergency food distribution program led by Catholic Relief Services (CRS) and implemented by five organizations, including CARE.

Building on years of learning, CARE Ethiopia also worked in an integrated fashion and ensured strong humanitarian – development linkages by 1) including crisis modifiers in most of its development projects since 2011; 2) using crisis modifiers (or equivalent concepts) six times during the crisis; 3) leveraging expertise and approaches from development projects to respond to the crisis; and 4) ensuring that emergency projects focused as much as possible on the Impact Groups of its long-term programs (particularly the Chronically Food Insecure Rural Women long-term program). The emergency team also designed a multi-sectoral response (food security, livelihoods, nutrition, WASH) where one project complemented and built on another, contributing to an efficient response and increased impact.

One crisis modifier (or equivalent concept) however came with its challenges. A 3-year development project which started in December 2015 benefited from a quick budget reallocation in January 2016 to allow the organization to respond to the crisis by distributing seeds. The goal was to distribute seeds by the end of March 2016 in order to allow farmers to plant them during the *Belg* planting season (which lasts from mid-January to April). Due to several reasons (shortage of seeds in the country; transition at the Country Director level; absence of an Assistant Country Director Programs and a Chief of Party for the project - both positions were under recruitment at the time), the distributions took place only in June, missing the 2016 *Belg* planting (and therefore harvesting) season.

In terms of accountability to communities, CARE Ethiopia made significant efforts to share information widely, encourage participation and gather and act on feedback. The organization ensured to have community feedback mechanisms for all its emergency projects.

As for areas requiring further attention, participants highlighted that program quality differs depending on the sector (CARE Ethiopia is extremely strong in food security and livelihoods but not as equally strong in WASH), but also on the field office (for example, WASH programs in South Gondar are stronger than the ones in East Hararghe and West Hararghe). CARE Ethiopia is also not totally prepared to scale-up its emergency operations outside its operational areas, and does limited emergency work in partnership with local NGOs.

Participants moreover draw attention to the fact that CARE Ethiopia does not have a contingency fund to respond quickly to emergencies. They explained that this situation contributes to tensions in its relationship with the Ethiopian Government (especially at field level), as it expects the organization to be in a position to respond to small and major emergencies in a timely manner.

A sustained discussion took place during the workshop and participants concluded that knowledge management was a major issue for the organization. While significant efforts were made in terms of information management (the emergency unit has a dedicated Information Management Officer), these were not supported by a learning platform or a formal knowledge management system. Lessons learned over the years are not properly captured and therefore not used when relevant and appropriate. To a great extent, knowledge resides in individuals and not in the organization itself. Likewise, participants highlighted that CARE Ethiopia should improve its impact measurement system.

RECOMMENDATIONS – PROGRAM QUALITY AND ACCOUNTABILITY

1. Develop a framework that allows CARE Ethiopia to respond to small-scale disasters (including crisis modifiers, development projects, pre-positioning, etc.).
2. Advocate donors to release funds quickly.
3. Systematically include PSEA in CARE Ethiopia's Code of Conduct and induction trainings for staff and partners.
4. Review CARE Ethiopia's practices in the four sectors of its emergency response (food security, livelihoods, nutrition and WASH) and ensure they are in line with CI, GoE and global standards.
5. Expand CARE Ethiopia's expertise on cash transfer programming.
6. Systematically capture lessons learned and ensure their application when relevant and appropriate.

3.2 Program Support

AAR participants identified several successes and challenges in the area of program support (procurement, human resources, finance, and internal audit). Overall, participants felt that program support activities related to the emergency response had been properly planned. The ERT was highly involved in program support issues, which was appreciated by both program and program support teams. The human resources, procurement and internal audit teams were also able to provide adequate support to field offices during the response.

The number of program support staff required for the emergency response was however underestimated and several program support staff overwhelmed. Participants also noted that there were no consistent project start-up workshops that would include both program and program support staff for the emergency projects at Addis level, but that it was a regular practice at field level.

Participants engaged in detailed discussions related to specific program support areas and the outcomes of these discussions are detailed below.

Procurement Management

Procurement management was generally seen as effective due to three reasons:

1. **Increase of procurement thresholds:** From February 23, 2016 to November 15, 2016, Ethiopia's 2015/2016 El Niño drought was classified as a Type 4 in CARE International typology of emergencies. During that period, CARE Ethiopia's emergency procurement thresholds were raised from 3,500 USD to 100,000 USD for budget holders, and on a case by case basis for field offices.
2. **Preferred vendors lists:** CARE Ethiopia maintains preferred vendors lists for commodity transportation and field vehicle rentals. These lists are reviewed every year.
3. **Procurement staff entirely dedicated to emergency projects:** Learning from previous emergency responses, CARE Ethiopia ensured to have two dedicated procurement staff for the 2015/2016 response (one for a specific project and one for the emergency response in general).

All these factors contributed to timely procurement of goods and services during the response.

As for aspects to improve, participants highlighted that CARE Ethiopia's procedure of requiring only one quote for purchases under USD 3,500 was not respected, as procurement staff always demanded three. The rationale for requesting three quotes was that the organization did not know market prices, since these were volatiles and that the market was sometimes distorted. Participants also noted that CARE Ethiopia did not have a price catalogue for the goods and services it procures on a regular basis. These two factors created additional work for staff, which hindered procurement efficiency.

Participants also felt that quality of goods purchased was not always given sufficient consideration, as the cheapest quote was often selected. Specifications included in purchase orders were also not always detailed, which caused delays in the procurement process and opened the door to goods that did not meet quality requirements.

Finally, some participants estimated that CARE Ethiopia's contracts with vendors should include more "holdback" clauses (i.e. a sum of money that remains unpaid until certain conditions are met) in order to ensure that vendors deliver all goods and/or services indicated in contracts.

Human Resources

Despite a challenging recruitment environment (all NGOs in Ethiopia were scaling up and hiring massively), CARE Ethiopia's human resources department successfully recruited a large number of employees in a very short period of time. However, several newly hired staff did not receive proper induction when joining the organization, which caused significant difficulties later on. CARE Ethiopia conducted quarterly inductions, but many more were required. Movements of staff hired for short-term periods also remained a challenge, as with any emergency response.

To address some of these issues, CARE Ethiopia is considering contracting some components of its recruitment process to a private company, while continuing to conduct interviews with potential candidates itself. This could potentially reduce the burden on the human resources team and help the organization to find and hire talented employees.

Finance

Finance management remained a significant challenge during the response. Financial information was not always uploaded on time in PeopleSoft, CARE's financial and grants management system. This was mainly due to the fact that the number of finance staff was not adequate to manage such a large portfolio. Additionally, field offices experienced internet connectivity problems on a regular basis, which proved challenging since PeopleSoft is an internet-based system. As a result, monthly financial reports did not accurately present expenses incurred (they were 6 weeks behind on average) and staff did not trust them, making grant management very difficult. In many cases, the organization ended up with underspent or overspent projects due to late financial information provided to project managers.

There were also cases of duplicate expenses, which causes significant issues for the team. Late reporting to one donor also happened in one project (JEOP), due to the fact that CARE's financial system closes later than the mid-month deadline established by the donor. CARE Ethiopia was also not always in a position to report quarterly to the Ethiopian Government as it is required to. This situation affected the organization's relationship with the Government, and many participants felt this was a risk for the organization.

Compliance

Due to the limited number of staff and the high number of emergency projects, CARE Ethiopia's internal audit team was also not always in a position to work as much as desired with the organization's local partners, as they already had a significant workload with CARE Ethiopia's own projects.

RECOMMENDATIONS – PROGRAM SUPPORT

7. Increase the number of program support staff proportionally to program scale-up in both head and field offices.
8. Financial management: Bring field offices online. Create offline budget tracking tools. Customize PeopleSoft so that the organisation can conform to local reporting regulations (by Woreda and every quarter).
9. Systematically conduct internal project start-up meetings at HQ level with program and program support staff.
10. Develop and regularly update a price catalogue for key emergency and recovery supplies.
11. Develop compliance checklists, toolkits, maps and workflow charts for specific donors and projects.
12. Introduce holdback clauses in contracts with suppliers when possible.
13. Develop an incentive package for emergency personnel.

3.3 Gender

CARE Ethiopia placed significant emphasis on gender in its emergency response, which was highlighted as a major strength by AAR participants.

CARE Ethiopia conducted two comprehensive Rapid Gender Analyses (RGA) in four different zones of the country (East Haraghe, West Haraghe, Afar, and South Gondar). These analyses contributed to the design and implementation of gender-sensitive projects. The RGA reports were shared widely with NGOs, donors, and CARE International.

The team however noted that some RGA recommendations had not been fully integrated in the design and implementation of projects, and recognized that equal gender representation on project committees does not automatically translate into greater decision-making power for women. Although women participate, their voices are not always heard and their influence on decision-making processes is limited.

Alongside the RGA, CARE Ethiopia innovated in conducting a cohort study, which followed 12 drought-affected women in 3 regions (Afar, Amhara, and Oromia) over a period of six months. This qualitative longitudinal study was conducted to better understand and build evidence on the impact of the drought and recovery over time on a variety of women from different operational contexts with the aim to better inform CARE's emergency intervention on how the lives of women changes before, during and after emergencies.

CARE Ethiopia improved its Gender in Emergencies (GiE) expertise by conducting a GiE training early in the response (December 2015) for 23 staff from headquarters and field offices (Borena, East Hararghe, and West Haraghe). Field office staff then cascaded the training with their own teams. However, the emergency unit did not have a permanent gender advisor on its team, which resulted in a Gender Action Plan (GAP) that was not fully implemented.

AAR participants also felt that stronger emergency-development linkages could have been done in terms of gender. For example, several of CARE Ethiopia development projects have established Mother-to-Mother and Social Analysis and Action (SAA) groups as well as VSLAs. While some emergency projects had similar initiatives to the ones undertaken in development projects (both emergency and development nutrition projects had Mother-to-Mother groups for example), these were not linked together, therefore diminishing the sustainability of the interventions implemented in emergency projects. The emergency projects could have created linkages with development ones in a more intentional and strategic manner.

On a positive note, the organization increased its collaboration with GoE's Women Affairs Office at Woreda level. The team however estimated that more "gender champions" were needed at government level, and that better coordination on gender should take place among civil society organizations. Additional efforts should also be made to increase local NGOs' awareness and understanding of gender issues.

While CARE Ethiopia ensured to have Sex and Age Disaggregated Data (SADD), questions arose about if/how the data was analyzed and used to modify programming when relevant. More could have been done on that front. Participants also felt that awareness about Gender-Based Violence (GBV) and Protection from Sexual Exploitation and Abuse (PSEA) among CARE Ethiopia staff was lacking and that efforts should be made to improve the situation.

CARE Ethiopia was however pleased to see that evidence emerging from its development projects indicates that VSLAs contribute to resilience, as VSLA members (mostly women) have continued to contribute to savings during the crisis.

Finally, the team highlighted that it wanted to include more gender transformative components in its emergency responses.

RECOMMENDATIONS - GENDER

13. Ensure dedicated human resources for gender at headquarters and field office levels during emergency responses.
14. Use RGA recommendations to inform the design of new projects.
15. Monitor the implementation of the Gender Action Plan (GAP).
16. Strengthen emergency – development linkages to increasingly include more gender-transformative initiatives in emergency responses.
17. Monitor the cases of Gender-based Violence (GBV) reported to the authorities on a regular basis, and adjust program activities when relevant.

3.4 Coordination & Partnerships

CARE Ethiopia enjoys a long-standing relationship with the Ethiopian Government, which contributes to strong collaboration before, during and after emergencies. Significant information sharing is taking place (particularly on early warning information) and regular coordination meetings are held at all levels of the government (woreda, zonal, regional and national).

CARE Ethiopia usually succeeds in getting its project agreements signed quickly, although it is not the case for all regions. There is however strong coordination during project implementation, would it be for beneficiary selection, seed source identification, and technical support provided by the different units of the government (agriculture, water, etc.).

The Ethiopian Government however expects CARE Ethiopia to respond quickly to most emergencies, which the organization is not always able to do. Participants explained that this creates significant pressure for them, particularly at field level. In Ethiopian culture, it is important to commit something quickly to respond to an emergency, even if it is a modest contribution. A contingency fund or pre-positioned items would allow the organization to do that and would also provide a flexibility that CARE Ethiopia does not currently have.

Some participants however highlighted that CARE Ethiopia would have to be really strategic on how to use such contingency funds due to the high number of emergencies in the country. Others pointed out that it would be beneficial for the organization to be clearer on the key messages it wants its key stakeholders to know at the beginning of an emergency (for example “We are scaling-up JEOP while raising new funds”) so that all staff (particularly field staff) would be in a better position to respond to support requests.

Internally, participants felt that CARE Ethiopia had a strong ERT both at headquarters and field office levels. The headquarters and the field office teams supported each other well, and there was good collaboration between the emergency unit and the program support units, as well as between the emergency unit and development projects teams, particularly because of crisis modifiers.

Coordination with CARE International came with its successes and challenges. CARE Ethiopia received significant support from CARE International with 16 international deployments since the beginning of the crisis. This was extremely appreciated. Some members however did not understand the visa constraints that CARE Ethiopia is facing (business visas are mandatory, must be obtained before arrived in country, take 3-4 weeks to get, and last only for 30 days) despite several communications on the topic.

One project also proved particularly challenging. When discussing about a particular opportunity with a CARE Member, CARE Ethiopia clearly communicated that they could not develop a concept note themselves and that they would not go ahead without external support. The CARE Member accepted to send a proposal writer to Ethiopia to develop the concept note, but retracted in the end. This situation stretched the CO and forced the Country Director to write the concept note herself. The CARE member however sent three writers later on to develop the proposal, which was later approved by the donor.

When the implementation of the project started, the CARE Member requested CARE Ethiopia to submit two reports: one using the donor format, and one using its own format. This resulted in CARE Ethiopia producing three different reports for the same project: one for the donor, one for the CARE Member, and one for the Ethiopian Government (reports for the Government are mandatory in Ethiopia).

In terms of in-country coordination, participants felt that CARE Ethiopia's relationships with other Non-Governmental Organizations (NGOs) were characterized by mutual respect. CARE Ethiopia coordinated systematically during the response to avoid overlaps, even if some happened in the end. Participants however felt that better coordination was needed between International Non-Governmental Organizations (INGOs) in order to avoid unhealthy competition (not sticking to collective agreements for example).

It was also the first time that CARE Ethiopia implemented large-scale emergency projects in partnership with Local Non-Governmental Organizations (LNGOs). CARE Ethiopia did not identify these LNGOs in advance of the crisis and therefore did not have adequate time to work with them on developing specific capacities. This impacted the quality of the projects that were implemented.

Finally, participants noted that CARE Ethiopia had a good reputation among donors due to its strong compliance and accountability systems among other reasons, and that this facilitated fundraising. Donors however delayed funding to relatively late into the crisis, and earlier funding would be been more efficient and impactful.

RECOMMENDATIONS - COORDINATION & PARTNERSHIPS

18. Map LNGOs and assess their capacities for possible partnerships and collaboration.
19. Capitalize on existing relationships with the government and organize annual learning forums with high level government officials (regional and national levels).
20. Hold an “After Action Review” discussion with CARE UK about the EU Recovery project.

4.Action Plan

CARE Ethiopia developed the action plan below to institutionalize good practices and address critical issues identified during the workshop.

Theme / Recommendations	Action points	Time frame	Responsibility	Support
PROGRAM QUALITY AND ACCOUNTABILITY				
Recommendation 1. Develop a framework that allows CARE Ethiopia to respond to small scale disasters (including crisis modifiers, development projects, pre-positioning, etc.).	Action 1. Develop a framework so that CARE Ethiopia can respond quickly to small scale emergencies.	31 Dec. 2017	Emergency Program Coordinator	Emergency Program and Operations Manager
R2. Advocate donors to release funds quickly.	A2. CARE Ethiopia to work with the Humanitarian International Non-Governmental Organizations (HINGO) group to develop key messages and share them with donors.	31 May 2017	Country Director	Regional Humanitarian Coordinator
	A3. Share key messages developed in A2 with CARE International Advocacy Coordinator and see if they can be linked to the Grand Bargain Initiative.	31 May 2017	Country Director	
R3. Systematically include PSEA in CARE Ethiopia's Code of Conduct and inductions for staff and partners.	A4. Include PSEA in the orientation provided to newly hired staff.	Starting from Sept. 2017	Administration Director	Human Resource Manager
	A5. Develop orientation module for partners and organize orientation sessions for partners.	Starting from Sept. 2017	Administration Director	Human Resource Manager
R4. Review CARE Ethiopia's practices in the four sectors of its emergency response (food security, livelihoods, nutrition and WASH) and ensure they are in line with global standards.	A6. Review CARE Ethiopia's nutrition interventions in light of CARE International, GoE, and global standards.	30 Sept. 2017	Nutrition Advisor	Emergency Program Coordinator
	A7. Review CARE Ethiopia's WASH interventions in light of CARE International, GoE and global standards.	30 Sept. 2017	Emergency WASH Advisor	Emergency Program Coordinator
	A8. Review CARE Ethiopia's food security and livelihoods interventions in light of CARE International, GoE and global standards.	30 Sept. 2017	Food Security and Livelihoods Advisor	Emergency Program Coordinator
R5. Expand CARE Ethiopia's expertise on cash transfer programming.	A9. Review CARE Ethiopia's Cash Transfer Programming (CTP) in light of best practices and lessons learned in Ethiopia and other countries.	31 Aug. 2017	Emergency Program and Operations Manager	Emergency Program Coordinator

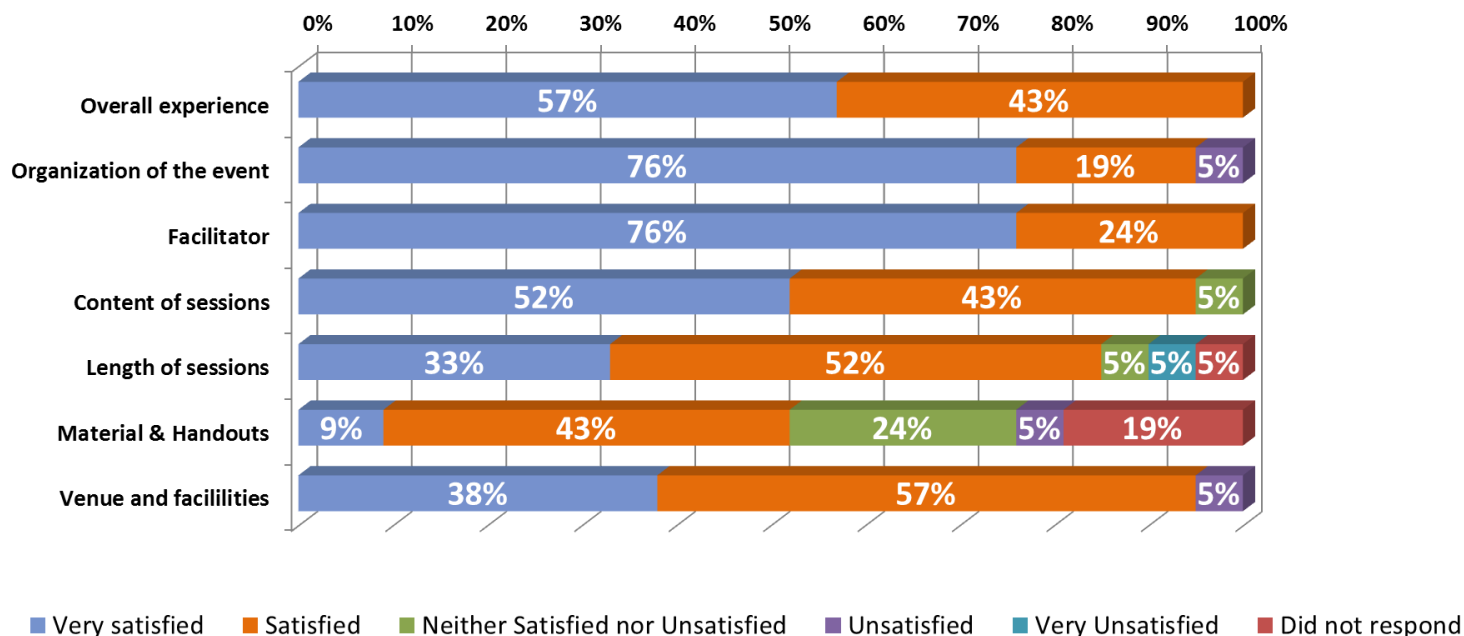
Theme / Recommendations	Action points	Time frame	Responsibility	Support
R6. Systematically capture lessons learned and ensure their application when relevant and appropriate.	A10. Develop a short “Lessons learned” paper from the 2015/2016 drought response and store it so that it can be accessed by every staff.	31 Oct. 2017	Learning, Design and Measurement Advisor	Emergency Program and Operations Manager & Knowledge Management Advisor
PROGRAM SUPPORT				
R7. Increase the number of program support staff proportionally to program scale-up.	A11. Develop a staffing matrix that provides guidance on how many staff should compose the program support team during an emergency response depending on several factors such as donors, duration of projects, geography, amount of grant funding, number of LNGOs being monitored, etc.	31 July 2017	Administration Director	Deputy Administration Director
R8. Financial management: Bring field offices online. Create offline budget tracking tools, Customize PeopleSoft so that the organization can conform to local reporting regulations (by Woreda and every quarter).	A12. Assess internet connectivity of field offices.		Finance Director	
	A13. Develop an offline Excel budget monitoring tool.		Finance Director	
	A14. Liaise with CARE USA to customize reporting.		Finance Director	
R9. Develop and regularly update a price catalogue for key emergency and recovery supplies.	A15. Develop a price catalogue	1 Aug. 2017	Procurement Manager	Administration Director
	A16. Update the price catalogue every 6 months.	Twice a year	Procurement Manager	Administration Director
R10. Develop compliance checklists, toolkits, maps and workflow charts for specific donors and projects.	A17. Develop a compliance checklist, for selected donors and projects.	31 Aug. 2017	Deputy Administration Director	Internal Audit
R11. Introduce holdback clauses in contracts with suppliers when possible.	A18. Introduce holdback clauses in contracts with suppliers when possible.	31 May 2017	Administration Director	Procurement Manager
R12. Develop an incentive package for emergency personnel.	A19. Evaluate possibilities for developing an incentive package for personnel looking at 1) compensation and 2) potential transition for staff hired for short-term projects.	30 June 2017	Administration Director	
GENDER				
R13. Ensure dedicated human resources for gender at headquarters and field office levels during emergency responses.	A20. SMT/PMT at Addis level to discuss about assigning a gender specialist to support emergency projects at field level (that person could share his/her time between development and emergency projects).	31 May 2017	Emergency Program Coordinator	Field Office SMT and PMT

Theme / Recommendations	Action points	Time frame	Responsibility	Support
	A21. SMT/PMT at Addis level to discuss about assigning a gender specialist to support emergency projects at headquarters level (that person could share his/her time between emergency projects and development projects/PQL.	31 May 2017	Emergency Program Coordinator	SMT, PMT, HR
R14. Use RGA recommendations to inform the design of new projects.	A22. Ensure that RGA findings and recommendations are considered when new proposals are developed.	As new opportunities arise	Emergency Technical Advisors and Gender Advisor	Emergency Program Coordinator
R15. Monitor the implementation of the Gender Action Plan (GAP).	A23. EU Recovery Project Staff to convene and identify 3 activities informed by the Gender Action Plan (GAP) and include them in the upcoming new project.	31 May 2017	EU Recovery Project Gender Advisor	EU Recovery Program Coordinator. Emergency Program Coordinator
	A24. Emergency staff to convene and identify 3 activities informed by the GAP and include them in new upcoming projects.		Emergency Gender Advisor	Emergency Program Coordinator
R16. Strengthen emergency-development linkages to increasingly include more gender-transformative initiatives in emergency responses.	A25. During emergency project design, involve Gender Advisors from Emergency and Development units to identify gender-transformative that could be included and that would build on CARE Ethiopia's existing projects.	As new opportunities arise	Emergency Program Coordinator	Field Office Managers
R17. Monitor the cases of Gender-based Violence (GBV) reported to the authorities on a regular basis, and adjust program activities when relevant.	TBD	TBD	TBD	TBD
COORDINATION & PARTNERSHIPS				
R18. MAP LNGOs and assess their capacities for possible partnerships.	A26. Review Organizational Capacity Assessment of LNGOs conducted by other organisations in Ethiopia (for example UNDP has conducted one a few years ago).	31 May 2017	Emergency Program Coordinator	Emergency Program and Operations Manager
	A27. Identify potential LNGOs to partner with based on thematic and geographical operating areas.	31 July 2017	Emergency Program Coordinator	Field Office Program & Operations Managers
	A28. Conduct capacity assessments of LNGOs identified in A26.	30 Sept. 2017	Emergency Program	Field Office Program &

Theme / Recommendations	Action points	Time frame	Responsibility	Support
			Coordinator	Operations Managers + Taskforce
	A29. Select LNGOs and sign collaboration agreements.	31 Dec. 2017	Emergency Program and Operations Manager	Field Office Program & Operations Managers
R19. Capitalize on existing relationships with the government and organize annual learning forums with high level government officials (regional and national levels).	A30. Invite Government regional high officers from the NGO Coordination Desk to attend field visits to sampled project activities.	30 June 2017	Program Director	Field Office Program & Operations Managers
	A31. Organize annual discussion forum at regional level.	30 June 2017	Program Director	Field Office Program & Operations Managers
	A32. Submit timely periodic reports to the Government (including financial expenditures)	Quarterly + Annual CHSA	Emergency Program Coordinator	Field Offices, Learning, Design and Measurement Advisor, Finance Unit
	A33. Share good practices and success stories to regional and federal Government Officers (Sector Officers)	30 Sept. 2017	PQL	Field Office Learning, Design and Measurement Officer
R20. Hold and “After Action Review” discussion with CARE UK about the EU Recovery project.	A34. Hold and “After Action Review” discussion with CARE UK about the EU Recovery project.	TBD	EU Recovery Project Manager and SMT	Regional Humanitarian Coordinator, if felt necessary

5.Participant Evaluation

All participants were satisfied or very satisfied with the workshop experience. All sessions were appreciated by the participants, with identification of strengths and weaknesses and action planning sessions deemed the most useful. A summary of the results of participant evaluations is presented below:



As aspects to be improved, participants mentioned that they would have preferred to have more discussions prior to event; that more time was needed and that having more participants from CARE Members and CARE International would have helped to learn from one another.

6. Annexes

6.1 Annex 1: Agenda

Day 1 – March 28, 2017

Time	Session	Objective
Early morning	Session 1: Introduction	<ul style="list-style-type: none"> • Getting to know each other • Overview of agenda and goals of the workshop
	Session 2: Overview of emergency response	<ul style="list-style-type: none"> • Putting everyone of the same page: <ul style="list-style-type: none"> - Overview of crisis - Synthesis of response
	Session 3: Introduction to CARE's new HAF	<ul style="list-style-type: none"> • Introduce CARE's new HAF
Tea Break		
Late morning	Session 4: Presentation of preliminary RAR findings	<ul style="list-style-type: none"> • Uwe to share the preliminary findings of the RAR
	Session 5: Timeline	<ul style="list-style-type: none"> • Remember what happened and when
Lunch		
Early afternoon	Session 6: Team building exercise	<ul style="list-style-type: none"> • Building team spirit in view of the following sessions
	Session 7: Overview of previous AAR recommendations	<ul style="list-style-type: none"> • Review previous AAR recommendations and evaluate what has been done
Tea Break		
Late afternoon	Session 8: Strengths and weaknesses	<ul style="list-style-type: none"> • Identify good practices we need to continue/ reinforce and challenges we need to address
	Session 9: Presentation of strengths/ weaknesses	<ul style="list-style-type: none"> • Present findings on strengths and weaknesses
	Session 10: Summary of the Day	<ul style="list-style-type: none"> • Summary of the day and request for feedback

Day 2 – March 29, 2017

Time	Session	Objective
Early morning	Session 11: Recap of Day 1	<ul style="list-style-type: none"> • Highlight key learning points from the previous day
	Session 12: Presentation of strengths/ weaknesses	<ul style="list-style-type: none"> • Present findings on strengths and weaknesses
Tea Break		
Late morning	Session 13: Recommendations	<ul style="list-style-type: none"> • Propose recommendations based on strengths and weaknesses
Lunch		
Early afternoon	Session 14: Presentation of recommendations	<ul style="list-style-type: none"> • Present proposed recommendations
Tea Break		
Late afternoon	Session 15: Action planning	<ul style="list-style-type: none"> • Prepare detailed action plan
	Session 16: Summary of the day	<ul style="list-style-type: none"> • Summary of the day and request for feedback

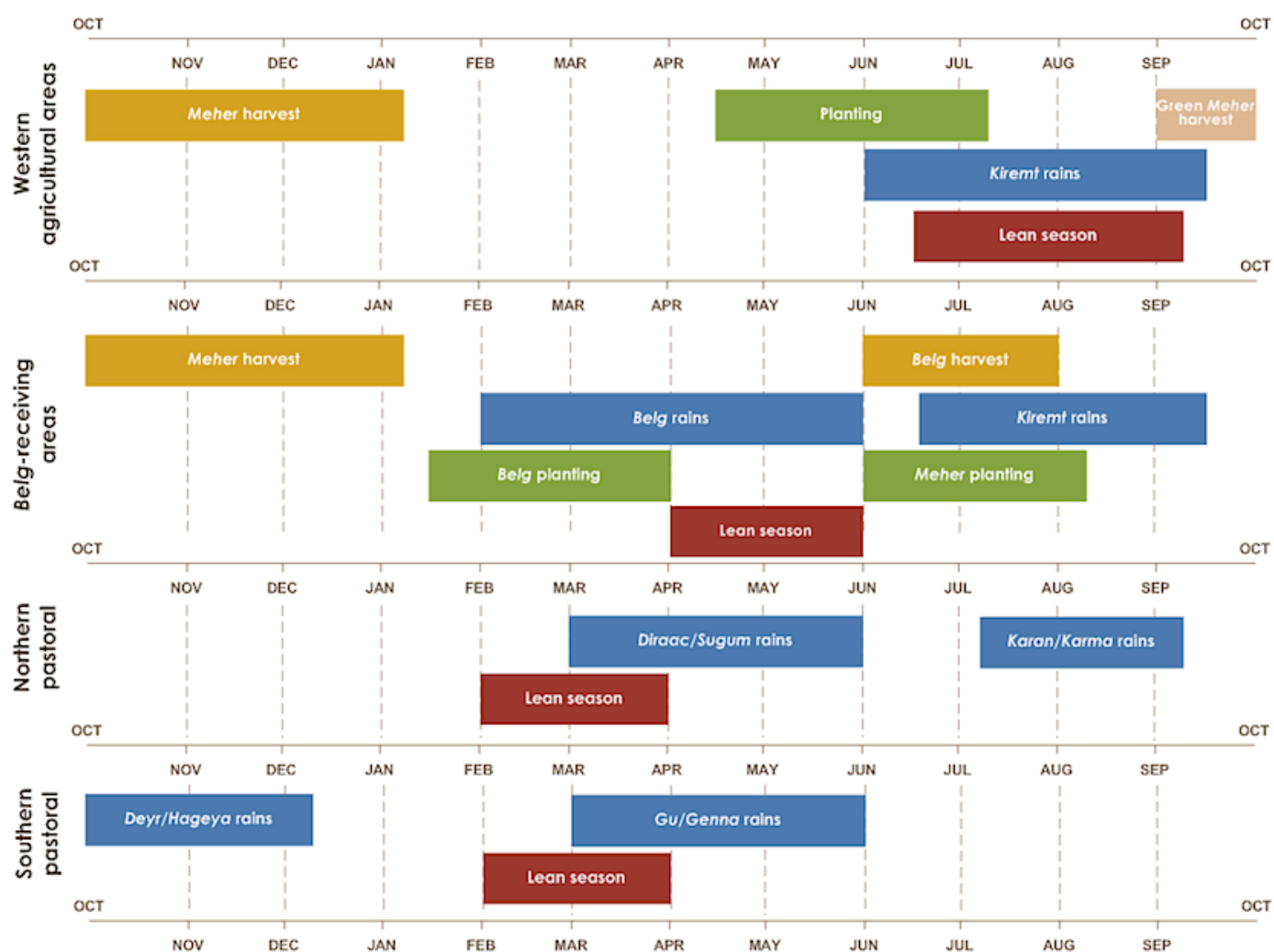
Day 3 – March 30, 2017

Time	Session	Objective
Early Moring	Session 17: Recap of Day 2	• Highlight key learning points from the previous day
	Session 18: Action planning (if still needed)	• Prepare detailed action plan
Tea Break		
Late morning	Session 19: Refining Action Plan	• Refine action plan to make it clear, realistic and achievable.
	Session 20: Closure	• Conclude the workshop

6.2 Annex 2: Participant List

	NAME	SEX	TITLE
1	Yohannes Eshetu	M	Learning, Design and Measurement Advisor
2	Rahel Bisetegn	F	Information Manager
3	Serkalem Getachew	F	Food Security and Livelihoods Advisor
4	Addisalem Birhane	F	Knowledge Management Advisor
5	Worku Abebaw	M	Emergency Program and Operations Manager
6	Anteneh Gelaye	M	Field Office Program and Operations Manager
7	Hossaena H/Mariam	M	Field Office Program and Operations Manager
8	Mesfin Kifle	M	Emergency Response Manager
9	Desta Baye	M	WASH Technical Advisor
10	Kathy Dginsky	F	Program Manager (CARE Canada)
11	Teyent Tadesse	F	Emergency Program Coordinator
12	Abebe Moges	M	Project Manager
13	Esther Watts	F	Country Director
14	Sintayehu Tilahun	F	Emergency Response Manager
15	Melkamu Kassa	M	Emergency Response Manager
16	Ayele Getachew	M	Nutrition Technical Advisor
17	Jalalie Djeregna	F	Administration Director
18	Nardos Aboma	F	Emergency Program Officer
19	Haji	M	Emergency Response Manager
20	Hilawit Worku	F	Emergency Intern
21	Uwe Korus	M	Monitoring, Evaluation and Accountability Coordinator (CEG)
22	Tarku Abera	M	GCB mgr.
23	Assefa Amenu	M	Field Office Program and Operations Manager
24	Tewodros Nigussie	M	Project Manager
25	Audrée Montpetit	F	Facilitator / Rapporteur

6.3 Annex 3: Ethiopia Seasonal Calendar



Source: Famine Early Warning Systems Network (FEWSNET),
<http://www.fews.net/east-africa/ethiopia/seasonal-calendar/december-2013>