



FINAL EVALUATION OF HURRICANE MARIA OPERATION, DOMINICA RESPONSE TO RECOVERY

Commissioned by the International Federation of the Red Cross

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List of Acronyms

CBHFA	Community Based Health and First Aid
CDRT	Community Disaster Response Team
CTP	Cash Transfer Programme
DANA	Damage and Needs Assessment
DG	Director General
DIFID	Department for international Development
DRCS	Dominica Red Cross Society
ECHO	European Civil Protection and Humanitarian Aid Operations
ERU	Emergency Response Unit
FACT	Field Assessment and Coordination Team
HHs	Households
HQ	Headquarters
IFRC	International Federation of the Red Cross
IEC	Information Education and Communication
IOM	International Organization for Migration
IM	Information Management
KII	Key Informant Interview
LLIN	Long Lasting Insecticide Treated Net
NFI	None Food Items
NS	National Society
ODK	Open Data Kit
ONS	Operating National Society
PASSA	Participatory Approach for Safe Shelter Awareness
PDM	Post Disaster Monitoring
PNS	Partner National Society
PSS	Psychosocial Support
RIT	Regional Intervention Team
UNDP	United Nations Development Programme
WatSan	Water and Sanitation
WFP	World Food Programme

Executive Summary

Introduction

In September of 2017, Hurricane Maria made landfall on the Caribbean island of Dominica as a Category 5 storm, leaving in its wake devastation and destruction to most of the island's infrastructure. The International Federation of Red Cross and Red Crescent Societies (IFRC) and the Dominica Red Cross Society (DRCS) launched an Emergency Appeal (MDRDM003), which gave rise to funding and resources from partners and donors. The operation commenced on 21 September 2017 with an end date of 31 March 2019. It should be noted that a third revised Emergency Appeal was since prepared with a new end date of 30 June 2019. This evaluation covers only the 18-month period ending on 31 March 2019.

This report is a Final Evaluation of the Hurricane Maria Operation and seeks to determine the appropriateness, relevance, efficiency, effectiveness and sustainable results from the operation as well as any lessons that could be learned and recommendations for future both the DRCS and the IFRC.

A combination of qualitative and quantitative methods was used for the review including document review, key informant interviews with IFRC and DRCS staff as well as community leaders, a household survey in six communities as well as focus group discussions with community members. Finally, a Lessons Learned Workshop was conducted with the DRCS at the end of the field visit.

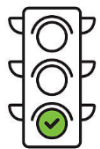
Key Findings

- The Operation targeted 5,000 households of the most vulnerable households or 15,000 people mostly in and around the St. George Parish and the surrounding Parishes particularly to the South and East.
- Key activities included, deployment of surge tools, Regional Intervention Teams, Head of Operations, Restoring Family Links, Water and Sanitation activities, cash transfer and shelter construction. At the national society level work was done on improving the infrastructure and organizational structures.
- Beneficiary selection and assessment captured most of the target population, especially when done as a Multi Sectoral assessment; however, existing flaws in the process related to assessment criteria as well as the heavy dependence on technology, prevented the Red Cross from helping more persons in need.
- A total of 3,888 households or 11,664 people were reached through the Shelter, Water and Sanitation and Cash Transfer Components which was equivalent to 78% of the overall target.
- An estimate of 8,614 persons received relief items during the review. Because there is no mechanism to determine whether a household received relief multiple times, the estimate was not used to determine an overall beneficiary count for the operation.
- Within a period of 6 months, over 1 million litres of water were supplied to 9 communities who had no access to water.
- Following the hurricane, the greatest needs listed by survey respondents were Water, shelter and food, this directly co-relates to what the respondents received from the Red Cross, including additional items;

- The CTP component reached 1940 households or 97% of the target although it was felt by staff and volunteers that more persons could have been assisted but were not because of the assessment process;
- The original target for shelters to be constructed was severely reduced from 2500 to 500 primarily due to the costs associated with new building codes introduced by the government of Dominica; at the end of the operation a total of 567 shelters were completed;
- The cash for work programme provided income for residents in affected communities, while at the same time assisting in reconstructing their communities.
- Very little was done under disaster preparedness during the period under review possibly due to lack of funding as well as focus on other sectors which were considered critical such as livelihoods and shelter.
- Health activities included the distribution of long-lasting insecticide treated nets (LLITNs) reaching 3,507 households or 70% of the target, as well as the delivery of psychosocial support;
- From the operation the DRCS was able to receive support to obtain equipment, furniture, receive infrastructural improvements to the headquarters as well as support to re-organize and reconstitute the boards. The latter was done with the assistance of an interim Director General;
- Volunteers formed a critical part of the operation, received training and carried activities through to the communities. Volunteers generally felt that they should have been included in the decision -making process.
- Volunteers were also victims of the Hurricane and required further Psychosocial Support;
- Coordination between the DRCS and IFRC generally was smooth because there DRCS was small and required the support. The challenges outlined in the review in this area were mainly around the communication between the IFRC delegates and the volunteers.
- There was evidence of coordination with other non-movement partners in the various sectors. This was especially evident around the allocation of target areas as well as the weekly meetings attended by RC staff.
- The operation costed a total of CHF 6,796,593 and had a deficit of CHF 18,556,45. Expenditure was aligned closely to the earmarks outlined for the funds. Most of the funds were used during the Recovery phase with the largest amount going into the Shelter component.
- Data was managed by an IM Officer who had the support of several delegates and training. Data was used frequently for reporting and decision making throughout the operation. There was evidence that the sectors were streamlining their data collection to reduce the burden on the communities as well as the efficiently manage their own volunteers. The use of mobile phones greatly assisted in the collection process.
- Overall, beneficiaries consulted during the review including 84% of the household survey respondents, were satisfied with the Red Cross describing several benefits including those related to the provision of basic needs, knowledge, skills building and income generation.
- The perception of community preparedness for future disasters varied according to the respondent. Persons felt a sense of satisfaction with their improved structures; however, respondents felt there was still more that needed to be done along disaster planning, drills, community shelters, response teams, early warning systems and other forms of preparedness.

Summary of Key Evaluation Themes

Relevance and Appropriateness of the Operation



From the review, it was evident that the goods and services provided by the Hurricane Maria Operation were consistent with the expressed needs of beneficiaries during both the response and recovery periods. Water, shelter and food were listed as the top three priorities of household survey respondents who also indicated that Red Cross provided the same water, shelter (tarpaulins) and cash transfers followed by other items such as mosquito nets, solar lights, roofing materials and water treatment tablets.

Did we target the right group of beneficiaries during the emergency response?



While community leaders agreed that the Red Cross had covered their communities well, the challenges around the beneficiary selection process particularly around Shelter and CTP where the benefits are of higher value; created some questions around the selection methodology. It was evident that more needed to be done around community engagement, particularly as it related to determining selection criteria, validation of beneficiaries, communicating with residents as well as providing feedback and having clear grievance mechanisms. Additionally, there was a need at the red cross level to triangulate information received from volunteers and staff on the field who were conducting the assessments and would provide valuable input from Direct observation. Despite these challenges, almost 50% of respondents to the household survey indicated that they saw red cross providing special assistance to persons with disabilities, while 41% said that they saw them assisting children. 55% of those who said they received assistance from the Red Cross were from female headed households. During The survey 61% of the respondents also agreed that Red Cross covered their community.

Efficiency and Effectiveness of Response

Have immediate results been achieved according to the intervention design, based on the indicators?



Yes, specifically around the areas of relief, cash transfer as well as water and sanitation where the benefits were almost immediate. In CTP for instance beneficiaries indicated that they were able to use the funds to purchase food, water and to do repairs to their home. Most persons also said they were satisfied with the amount they received from the CTP with only 7% saying they were not.

In the areas of Shelter, apart from the NFI distribution of shelter materials the results were delayed because of the time taken to obtain materials, the cost of materials which affected the targets, as well as the time for obtaining a labour force and the completion of construction. The results however from this intervention were longer term, although not outlined as an outcome under the Shelter component the trained carpenters and labourers increased both skills and employability among those community members who participated in the cash for work programme. Unfortunately, because of the cost of the materials the target for shelter construction was significantly reduced to 500 reaching less beneficiaries than originally intended but surpassing the final target in the end. Under health, 70% of the target population received Long Lasting Insecticide treated nets whether these were used was not reported.

Where the operation faltered was in the area of Disaster Risk Reduction as other than some public awareness activities, no significant action was taken during the timeframe to roll out DRR programs and establish an Early Warning system which were part of the design.

Did beneficiaries receive assistance in a coordinated manner?



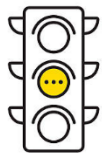
Yes, feedback from beneficiaries indicated that the Red Cross was generally organized especially when conducting distributions with only 11% of survey respondents saying the Red Cross was not very organized. It was also noted that the time taken to receive a debit card between assessment and delivery was approximately 10 days. This was considered reasonable by beneficiaries.

Coordination among the sectors particularly during the use of the multi sectoral survey also assisted the Red Cross in better addressing the needs of beneficiaries in a more efficient manner streamlining resources to match the beneficiary needs.

Coordination with other non-movement partners including the government was relatively well done especially around the allocation of target areas. There was little evidence of overlap except in the case of the distribution of chlorine tablets in the response phase, however because of continuous communication among partners this was quickly corrected.

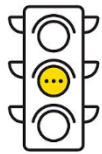
The distributions on the field as well as the coordination with village councils and/or community disaster response teams also aided the RC in accessing, assessing and assisting residents.

Was adequate time and effort invested for the integration of interventions across the different operation sectors?



To some extent yes, as it relates to the multi sectoral assessments where beneficiary treatment was viewed under the lens of combined sectors. More important was the integration of the livelihoods and shelter designs to introduce the cash for work programme. This was the most significant example of sectoral integration among the same target group. At a lower level was the combination of health and WatSan particularly around hygiene practices to prevent the spread of disease in the communities by combining these resources were also more effectively and efficiently utilized.

Sustainability



The provision of shelter as well as the acquisition of knowledge and skills (both community and NS) were the most sustainable aspects of this operation. Persons were able to return home while at the same time provide shelter for other displaced families. Some of those who acquired skills through the Red Cross shelter programme continue to work in the area of construction and can support their livelihoods. Staff from the NS as well as volunteers have now received some training in the various sectors and feel they are better able to handle a future operation but require further trainings both new and refreshers.

To date, community members though grateful for the provision of safer, stronger shelters, still feel that they are not completely ready to face another hurricane. This was echoed by the community leaders who felt that there was still significant work to be done in the areas of disaster planning, public education, improved infrastructure including fully equipped community shelters, pre-provisioning of stocks and mobilization of community disaster response teams to ensure the communities are better prepared. While residents may have had some first-hand experience, leaders advocated for further Disaster risk reduction education to reinforce and refresh what they already knew as well as to provide them with new information.

At the level of the DRCS, the disaster and the operation has provided the impetus for better organizational structures, including the reactivation of branches which are critical to an effective disaster response. These however need to be maintained and engrained as part of the community engagement process in order to improve collective efficacy and response to future disasters.

While the NS would have benefitted from some capacity building through the operation, this needs to be expanded to include areas such as monitoring and evaluation, community

engagement, logistics, water and sanitation, psychosocial support and cash transfer among others.

Recommendations Moving Forward

1. **Improve beneficiary assessment, selection and distribution processes**, through the inclusion of community councils & representatives in all stages of the process as well as Branch members and combining methodologies such direct observation from RC staff and volunteers and data from multi sector assessment to be assessed via a joint committee in order to reach and determine the most vulnerable persons in the communities. Data should be collated in a multi-sectoral database to ensure effective targeting and efficient and effective use of limited resources.
2. **Ensure effective utilisation of CEA activities**,
 - 2.1. provision of training for the RC in CEA to be applied in **all sectors**;
 - 2.2. Mobilize communities before and after times of disaster. This should include the involvement of local representatives in the community, volunteers as well as RC branches in the decision-making processes and the delivery of intervention; communication through townhalls, information and education campaigns, notices, house to house visits in order to reduce conflict, ensure transparency and foster greater community ownership.
3. **Standardize relief data collection & collation** to reduce duplication and improve beneficiary targeting.
4. **Improve delivery of WatSan intervention in communities**
 - 4.1. Ensure coordination and communication with cluster partners to reduce duplication of services;
 - 4.2. Provide interactive training in WatSan for DRCS volunteers;
 - 4.3. Use CEA to educate communities about water quality, use, purification and storage;
 - 4.4. Provide CEA training for RC staff and volunteers (WatSan and other sectors) and include conflict management and mediation to reduce inter-community conflict around a shared resource.
5. **Improve design and delivery of CTP programme**
 - 5.1. Revise criteria for CTP beneficiaries to capture persons who are for instance none-paid;
 - 5.2. Ensure grievance mechanism is instituted in CTP and CEA is used to ensure beneficiaries are aware of the mechanism to ensure accountability and opportunity for feedback and redress;
 - 5.3. Continue use of proxy identification system for beneficiaries without national identification;
 - 5.4. Use CEA in aspects of the CTP intervention including decision making, beneficiary assessment and selection;
 - 5.5. Joint committee should review beneficiary lists before debit cards are distributed;
 - 5.6. Provide further CTP training for DRCS staff and volunteers;
 - 5.7. Update donors on changes in similar initiatives by other humanitarian actors.
6. **Improve design and delivery of shelter programme**
 - 6.1. Target numbers should factor in the cost of building materials, from preferred suppliers both locally and in neighbouring countries;
 - 6.2. Engage community leaders/women when locating labour force for shelter building or utilize builders from neighbouring communities;

- 6.3. Include protection and gender inclusion in shelter training in order to integrate females into programme;
- 6.4. Continue the integration of shelter programme with livelihoods;
- 6.5. Ensure close collaboration between Logistics and Shelter sectors.
- 7. Effective application of Logistics within a disaster operation**
 - 7.1. Include logistics at the start of operation and prepare procurement plan compatible with design and needs;
 - 7.2. Provide Logistics training to DRCS staff and volunteers;
 - 7.3. Update inventory at warehouse and in areas where there is pre-positioned stock.
- 8. Provide health training** in PSS and Epidemic Control.
- 9. Ensure focused and timely DRR activities** to ensure a more effective response to future disasters, this should be done earlier in the recovery stage.
- 10. Improve the Capacity of the National Society to Manage and Respond to disasters**
 - 10.1. Integrate branches to lead community activities and support branch development;
 - 10.2. Provide M&E training to all NS staff and selected volunteers;
 - 10.3. All staff should complete stay safe training;
 - 10.4. Continue to provide PSS support to staff and volunteers;
 - 10.5. Include volunteers in design and decision-making processes;
 - 10.6. Create volunteer skills bank.
- 11. Effective coordination between IFRC and DRCS and Partners**
 - 11.1. Institute complaints mechanism for DRCS staff to treat with issues related to international staff;
 - 11.2. Include regular performance updates for deployed staff especially delegates;
 - 11.3. Use weekly team meetings to share information among sectors;
 - 11.4. Share delegate roster with DRCS to ensure preparation for receipt of foreign staff;
 - 11.5. Continue use of RIT in place of delegates, ensure refresher trainings;
 - 11.6. Introduce team building activities for local and international staff.
 - 11.7. Knowledge transfer should be part of operation design and mandatory for International Staff.
 - 11.8. Better information sharing between Red Cross and partners in terms of the services being offered and design schemes e.g. WFP CTP versus RC CTP.
- 12. Involve the DRCS more on matters related to funding and the use of funds.
- 13. Include DRCS in the development and use of Logframe, M&E plan and indicator tracking table.
- 14. Regularize the Information Management position and include IM training for more DRCS staff and volunteers.
- 15. Greater Community Engagement** activities by DRCS in order to both mobilize communities before and after times of disaster. This should include the involvement of local representatives in the community, volunteers as well as RC branches in the decision-making processes and the delivery of intervention; communication through townhalls, information and education campaigns, notices, house to house visits as well as the provision of feedback and grievance mechanisms;
- 16. Standardize the collection and collation of relief data (into multi sectoral database), using relief information from catchment areas/distribution centres;
- 17. A timely focus on disaster risk reduction activities, including requisite financial and human investments;

18. Coordination/Information Sharing: Better collaboration and information sharing among partners, continued attendance at coordination meetings, notification of changes to design or capacities to ensure the most beneficiaries are served and a reduction of duplication;

Conclusion

Overall the Hurricane Maria Operation was relevant and appropriate to the needs of beneficiaries. Despite the varying challenges, the IFRC and the DRCS were able to find ways to work around or adjust to shifting priorities or needs, with an aim to ensuring positive results. While the operation is just one part of a greater response on the island, it managed to provide significant support to both the DRCS and communities improving its image locally. Although this report covers the response and recovery phases, it is evident to date that that Dominica is still recovering and will need assistance from the DRCS in the coming months and years.

Introduction

A major shift in global climate over the past few years has brought with it an increase in the frequency and ferocity of natural disasters. The Caribbean is comprised of many small island developing states and has an increasing vulnerability to rising temperatures, saltwater intrusion, coastal erosion, drought, bush fires and deadly hurricanes which bring heavy winds, storm surges, landslides and flooding.

On September 18th, 2017, Dominica was battered by a Category 5 Hurricane Maria that left in its wake an island-wide disaster. A report produced by the UNDP in collaboration with the Government of Dominica, indicated that at least 25% of the total housing on the island was severely damaged, while another 18% suffered moderate damage. Overall, the estimated 73,000 inhabitants of this mountainous island suffered loss of life, property, livelihood, possessions; and the island's infrastructure and utilities particularly water and telecommunications, were either affected or destroyed. Additionally, the already limited medical facilities on the island were destroyed or severely damaged exacerbating the emergency even further.

On September 21st, 2017, the International Federation of the Red Cross, who had deployed its global surge tools to the island of Dominica and to surrounding countries, launched an Emergency Appeal which was answered by numerous donors. In order to ensure accountability to all stakeholders including donors, other partner National Societies, the Dominica Red Cross Society which was the host National Society, as well as the beneficiaries and communities where the operation was rolled out, the International Federation of the Red Cross and Red Crescent Societies, Americas Office has commissioned this Final Evaluation.

Purpose of Evaluation

The purpose of this evaluation is to examine the relevance, efficiency and effectiveness of the operation both during the response and recovery phases and determine what effects of the intervention are perceived to be Sustainable. Additionally, the review will draw out lessons learned and recommendations which can be applied to future operations.

Evaluation Methodology

A series of mixed methodologies were employed during this evaluation to obtain both quantitative and qualitative data. Several stakeholders were consulted at the IFRC, DRCS and community levels in some instances using highly participatory methods. See Appendix B for information on the male to female ratio of respondents according to each evaluation activity.

DOCUMENT REVIEW

Review of key documents published by the IFRC such as the Emergency Appeal and subsequent revisions, Information Bulletins, Operations updates, electronic documents including operation logframe, Info graphs, presentations, UNDP Reports, World Food Programme reports and local newspaper articles from Dominica.

HOUSEHOLD SURVEY

During the review a Household Survey was collected with Open Data Kit using mobile phones and collated on Kobo Toolbox. Initially, the objective of the survey was to collect data from 100 households per community in six identified communities at a total of 600 HHs. Due to the short timeframe and the lack of human resources, this target was reduced to 300 households. Communities were zoned according to Parish and divided proportionally based on HH data taken

from the 2011 census. A total of two hundred and nine (209) responded to the survey, at a rate of 70%.

Parish	Community	Sample Target	Sample Collected
St. George	Morne Prosper	16	17
	Fortune	13	14
	Goodwill	71	72
St. Luke & St Patrick	Scottshead	37	26
	La Plaine	63	62
St. Paul	Layou	100	18
Total		300	209

Table 1

KEY INFORMANT INTERVIEWS

Key Informant Interviews were held in person, via skype or phone call. These informants included:

<ul style="list-style-type: none"> ▪ IFRC Level: Former Delegates in WatSan, CTP, Shelter
<ul style="list-style-type: none"> ▪ DRCS Level: Former Interim Director General, Current Director General, Information Management Officer, volunteers
<ul style="list-style-type: none"> ▪ Community Level: Community leaders including village council representatives, Community Disaster Response Team (CDRT) Representatives, city leadership, shelter builders, beneficiaries of the operation and residents within the target communities.

FOCUS GROUP DISCUSSIONS

The consultant was able to conduct a focus group session with residents in La Plaine and Scottshead.

LESSONS LEARNED WORKSHOP

On Tuesday the 16th, April a Lessons Learned Workshop was conducted at the Dominica Red Cross Society between the hours of 9:30 am and 2:30 pm. Staff and volunteers as well as members of the board were invited to participate. Ten persons were in attendance, including the Director General, Information Officer and current Shelter Manager as well as seven volunteers who worked during the operation. At the beginning of the workshop, participants were asked to share their expectations for the day.

The Lessons Learned had a 3-pronged highly participatory approach:

1. Theory of Change

Participants were briefly introduced to logic models then asked to consider or reflect upon the key activities during the operation and the expected outcomes. This was done in a group setting according to specific sectors identified by the group which included; National Society Capacity, Shelter and CTP. In plenary, the groups were able to discuss the Inputs-Activities-Outputs-Outcomes-Goal according to sector and determine where there were gaps or where they did well. They also were able to contribute to what they perceived as the outcomes both intended and unintended of the operation.

2. Story Boarding

In this segment, participants were provided with markers, and coloured cardboard, glue and tape and asked to write their personal experience within the operation and during Hurricane Maria.

This session gave the volunteers an opportunity to express themselves as well as give feedback on the operation both at the community and National Society levels, what was even more important in this exercise was their ability to give feedback at an individual level. See Appendix D for storyboard layout.

3. Modified World Café

Participants were asked in this segment to select key sectors or themes. There were then asked to answer the following questions: What went well? What didn't go so well? How did we work around the problems? What could have been done better? The activity was done in a Round Robin fashion as groups of two went from table to table to contribute to the identified sector/themes. After ten minutes a bell rang, each team would go to another table and build upon what the previous team/s had contributed.

In plenary the group discussed the results according to the six sectors/themes selected: National Society Capacity, Cash Transfer Programme, Shelter, Water and Sanitation and Logistics. At the end of the day participants were asked to express what they thought about the activity, how they felt about it and what they wanted to walk away with from the day in an exercise called Head, Heart, Feet. See Appendix D for feedback from participants on the day.

Evaluation Limitations

Several challenges were encountered during the evaluation, particularly around the organization and the roll out of the field visit and are outlined below.

- Postponement of field visit due to challenges with logistics and community mobilization in Dominica;
- Delayed arrival of consultant while in transit to Dominica due to unforeseen closure of the Marigot Airport. This affected prescheduled activities, including focus group sessions and key informant interviews in the St. George Parish;
- Several IFRC staff had moved on since the operation and were difficult to contact;
- Lack of full participation by the NS/Board/Branch members at the Lessons Learned Workshop due to competing priorities;
- Household survey data limited in Scottshead and Layou due to lack of or absence of volunteers to assist;
- Challenges with focus group planning due to availability of communities particularly in Roseau;
- Challenges with access to transportation to some communities which was to be provided by the DRCS.

Operation Description and Design

The Hurricane Maria Operation was managed by the International Federation of the Red Cross and Red Crescent Societies Country Cluster Support Team in Trinidad with the assistance of the Americas Office in Panama. This was done through the Dominica Red Cross the operating National Society in Dominica.

The stated goal of the operation was *“To support the DRCS to ensure that immediate humanitarian and early recovery needs of at least 5000 people (1000) families affected by Maria in the most affected communities are met through the provision of Cash Transfers, health care, water, sanitation and hygiene promotion, shelter support (including Non Food Items), Restoring Family Links (RFL), DRR actions, as well as capacity building for the National Society.”*¹

The operation was expected to last for a period of twelve (12) months from September 21, 2017 to September 21, 2018. This was later extended to fifteen (15) months with an end date of December 21, 2018 and then a further extension to eighteen (18) months with an end date of March 2019. Both funding and the target numbers increased in the new time frame with the operation focussing on **15,000 persons** or **5,000 households** primarily on the Western Coastline, including the capital city Roseau and environs.

The Operation was organized into two phases: Response and Recovery.

Phase 1- Response (3 months)

Key Activities

- Deployed FACT Team: Shelter, CTP, Information Technology and Telecommunications, Project Monitoring, Evaluation and Reporting;
- Deployed Emergency Response Units(ERU): Logistics, Basecamp, IM, Telecommunications
- Deployed Head of Emergency Operations (HEOPS)
- Deployed RIT : Disaster Management
- Distribution of Non-Food Items (NFIs)
- WatSan- Water Distribution, catchment, monitoring and distribution of water treatment tablets
- Restoring Family Links
- Psychosocial Support Training and Services
- Community Assessments and Registration
- CTP Training

Phase 2- Recovery (15 months)

Key Activities

- Cash Transfer Programme
- Shelter construction (PASSA Training)
- Construction of roofs
- First Aid Training (CBHFA)
- Post Distribution Monitoring

In the response phase, technical support, equipment and relief materials were deployed to the island by the IFRC and other National Societies. The Dominica Red Cross Society whose headquarters was looted following the hurricane, was responsible for registering and coordinating volunteers in the various sectors, assessment and registration of beneficiaries in communities, community engagement, NFI distribution, the provision of PSS and conduct of WatSan activities, such as the distribution of water and chlorine tablets and creation of water catchment and purification areas. These were also done with the assistance of the IFRC team and equipment.

¹ Emergency Appeal, Dominica: Hurricane Maria, n^o MDRDM003- 21 September 2017.

On the IFRC side, a FACT team was deployed as well as Emergency Response Units and a base camp was set up at the Dominica Red Cross. The FACT coordinated with other humanitarian agencies and the Government of Dominica to determine the needs in Dominica which were utilized to formulate the Emergency Appeal.

In the recovery phase, volunteers were trained and used to coordinate CTP assessments and conduct CTP distribution as well as perform post distribution monitoring (PDM). They were also trained to “Build Back Better” shelters in target communities. Other DRCS activities included shelter assessments and monitoring completion of shelter work in communities.

The IFRC deployed technical support in the areas of WatSan, Shelter, CTP/Livelihoods, Information Management, Programme Monitoring, Evaluation & Reporting (PMER) and Logistics. Heads of Operations were also rotated by the IFRC. Focal points participated in cluster meetings with the Dominican Government and other Humanitarian agencies to ensure effective coordination of the response on the island.

Key Findings

Beneficiary Assessment, Selection and Reach

At the start of the operation, a target was set at one thousand (1000) households or five thousand (5000) people. This was later revised in the Emergency Appeal to five 5000 households or 15,000 people². Beneficiaries were selected based on the following minimum criteria:

Community Selection:

- Communities with minimal access to food, water and sanitation;
- Low lying communities with restricted road access;
- Communities at high risk of landslides/rockfall because of topography.

Family Selection:

- Displaced Persons;
- Families with damaged dwellings;
- Persons with minimal access to food, safe water, and adequate sanitation;
- Single mothers with children;
- Elderly family members;
- Families with small children (0-5 years);
- Families who do not have a source of income;
- Persons with disabilities;
- Pregnant and/or lactating mothers;

To select the target population, the operation relied on damage and needs assessments conducted by the NS, IFRC FACT Team, government and humanitarian agencies. These targets were later refined when the government allocated coverage areas to the Red Cross in the Parishes of St. George, St. Luke, St. Mark and St. Paul. A further Multi-Sectoral Survey was conducted in the target communities, to determine beneficiary needs and eligibility.

By the end of the operation a total of 10,215 people were assessed for the receipt of relief items while 4,737 households representing approximately 14, 211 people were assessed for either or

² Emergency Appeal Revision n°1 MDRDM003, issued 09 October 2017.

both cash transfers and shelter support. These three sectors represented the core activities of the operation. Because relief data did not capture whether persons from the same households received assistance, it was not possible to combine with Shelter and CTP data to determine a sole count of people reached. Relief data was also collected manually at the start of the operation, which made its reliability questionable.

Of those assessed for relief, a total of 8,614 persons or 84% received assistance from the Red Cross. For CTP, 1,940 households representing an estimated 5,280 people or 68% of those assessed received assistance.

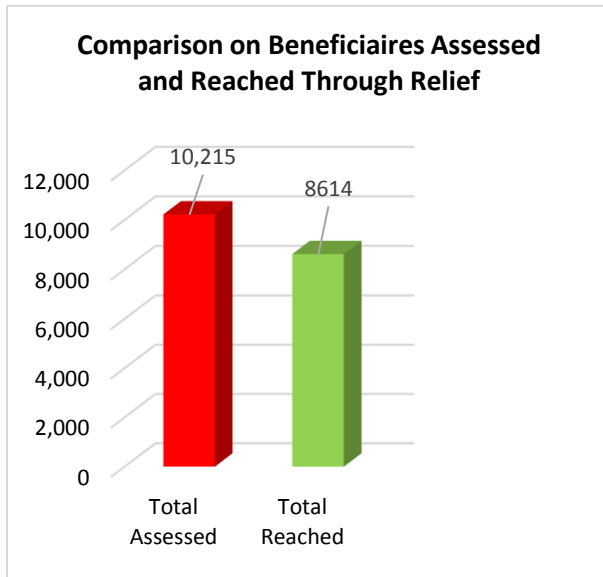


Figure 1

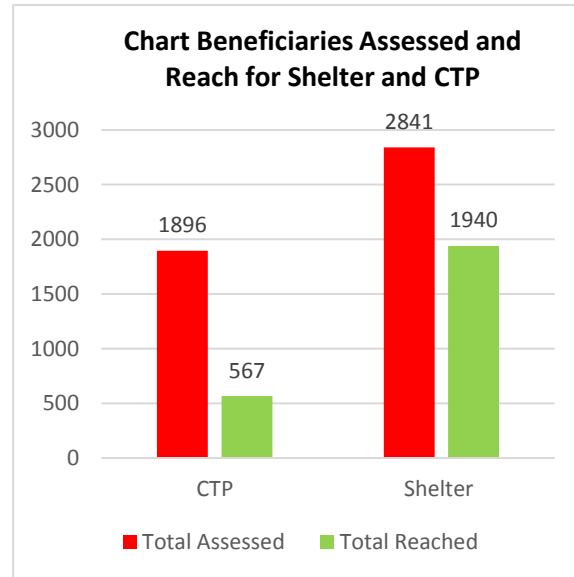


Figure 2

In the case of shelter a smaller number, 567 HHs representing approximately 1,701 persons or 30% of those assessed received a new roof. It should be noted that persons who did not receive a roof may have received relief items such as tarpaulins and shelter repair kits.

For WatSan activities, HH data from the 2011 Census was used to determine reach. Unlike the other sector activities which looked specifically at individuals and households, water was supplied to entire communities. Additionally, there was no overlap between the communities receiving WatSan and those receiving Shelter and CTP since the latter two were concentrated around the St. George Parish while the former in more remote communities where there was a need. Table 2 below shows the number of households and communities reached under each core sector.

SECTOR	HH REACHED	TOTAL COMMUNITIES
SHELTER	567	23
CASH TRANSFER	1940	28
WATSAN	1598	9

Table 2

Because the data was readily available for these three sectors, the evaluation team was able to determine a unique beneficiary count by removing the duplicates³ for those households which received multiple assistance. For WatSan, CTP and Shelter alone, the Hurricane Operation Maria was able to reach **3,888⁴ HHs** or 11,664⁵ persons in 53 communities which was equivalent to **78%**

³ Duplicates were removed by IM Officer due to the sensitivity of the data

⁴ Communities that received water were not Shelter or CTP recipients

⁵ The average household size in Dominica is 3 persons.

of the target of 5000 HHs. This of course does not consider those who received assistance through relief and in the emergency phase and so the actual persons reached would be higher. It is also interesting to note that these 53 communities represented eight out of the ten Parishes in the Island.

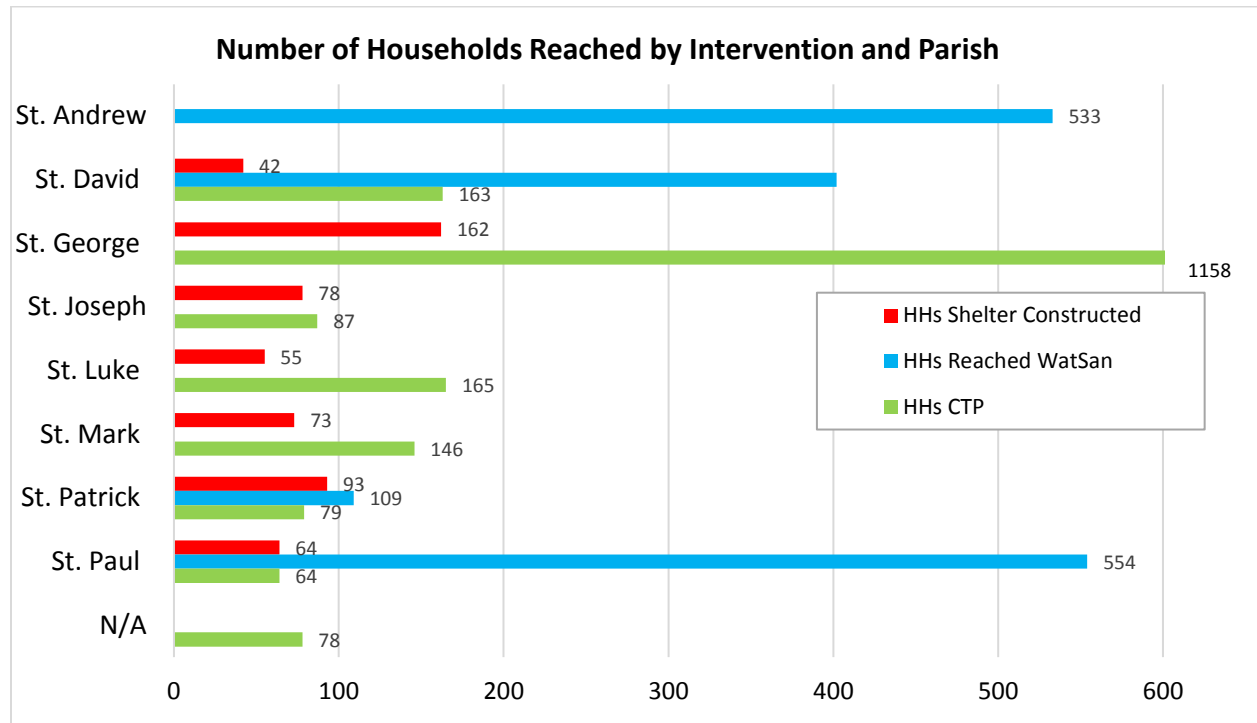


Figure 1

According to the data illustrated above, CTP was predominant in most of the parishes and had the highest reach in St. George. WatSan activities occurred mainly in the remote parishes of St. Andrew in the north east, St. David to the east, St. Paul to the north of Roseau and St. Patrick to the south east. This was consistent with reports that water had been cut off in those parts of the island which were less accessible and could not be repaired quickly by the local water company DOWASCO. Shelter building was evident in seven of the parishes with St. George being the greatest recipient reaching 163 households and St. Patrick 93 households.

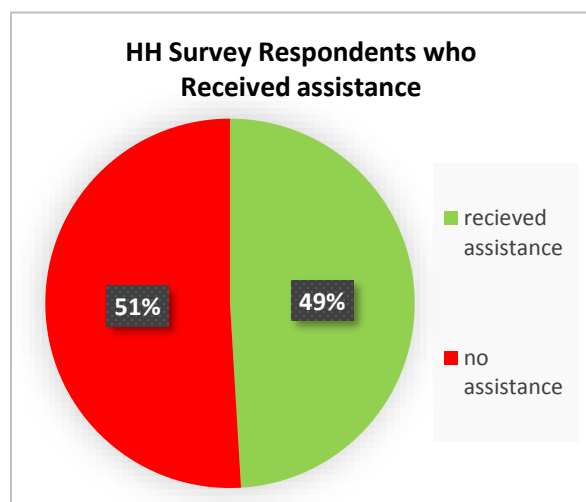


Figure 4

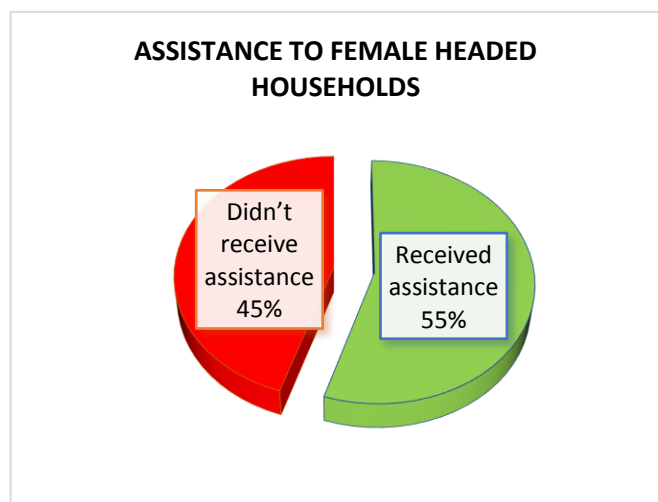
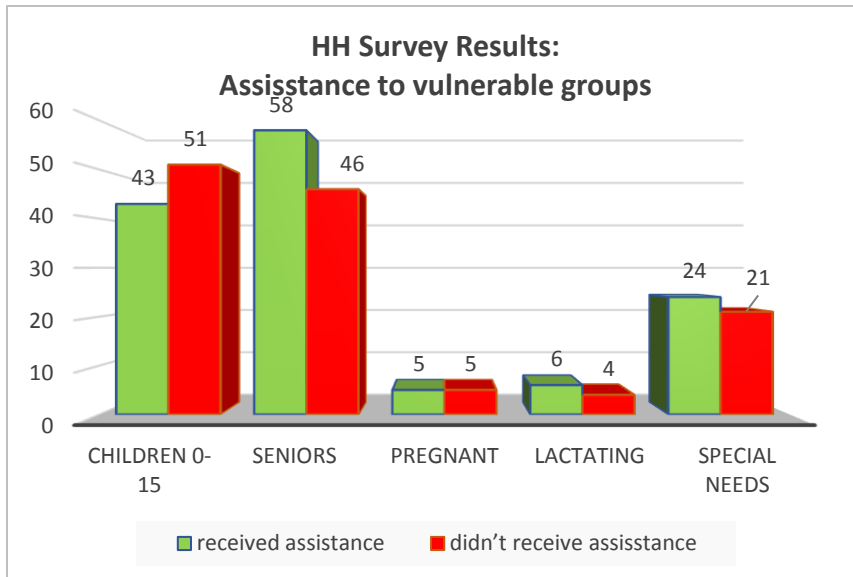


Figure 5

Generally, respondents from the household survey, focus groups, community leaders and Red Cross staff and volunteers felt that the operation had reached the most vulnerable persons.

During the household survey, respondents were asked whether they had received any assistance from the Red Cross. Of the 209 respondents 49% or 103 persons said “yes” while 106 said “no”. Thirty-three (33%) percent of survey respondents came from female headed households while 67% percent were from male headed homes. Of those female headed households interviewed, 55% had received assistance from the Red Cross following Hurricane Maria.



Further to this, the household survey data illustrated that the Red Cross was able to assist households with all the other vulnerable groups targeted in their criteria, especially seniors and persons with special needs. Significant reach was also evident among respondents who had households with children.

Figure 2

When asked what their greatest need after the passage of Hurricane Maria most of the respondents indicated *Water, Shelter* and *Food* as their top three priorities.

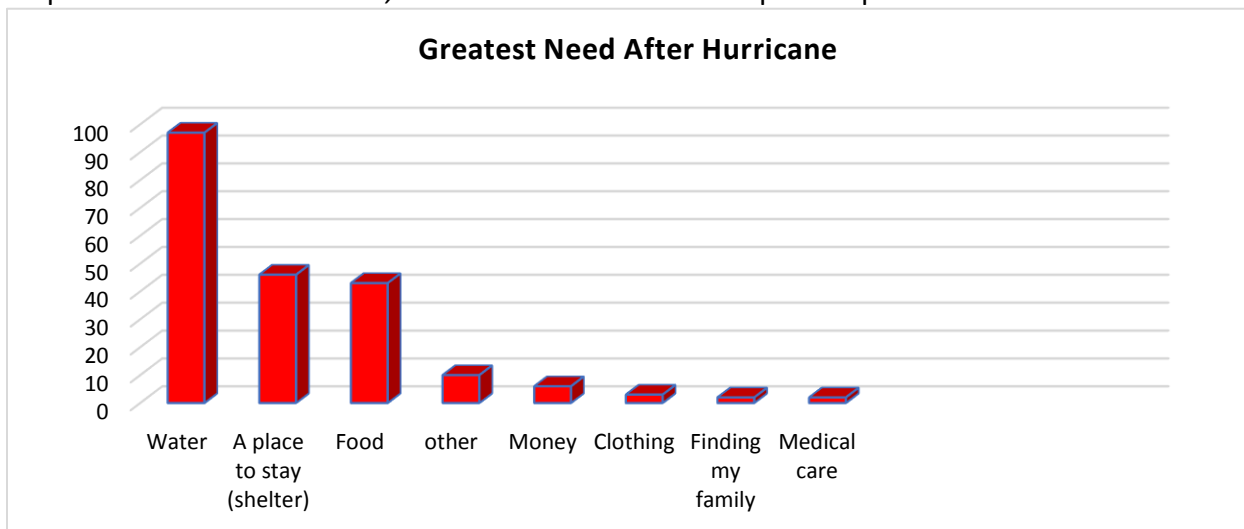


Figure 3

When asked what type of assistance they received from the Red Cross, responses corresponded to the needs listed above with “water”, “tarpaulin (shelter)”, “Cash transfer” for food purchase being listed as the items most received. This again suggests that the response was consistent with the needs of the community.

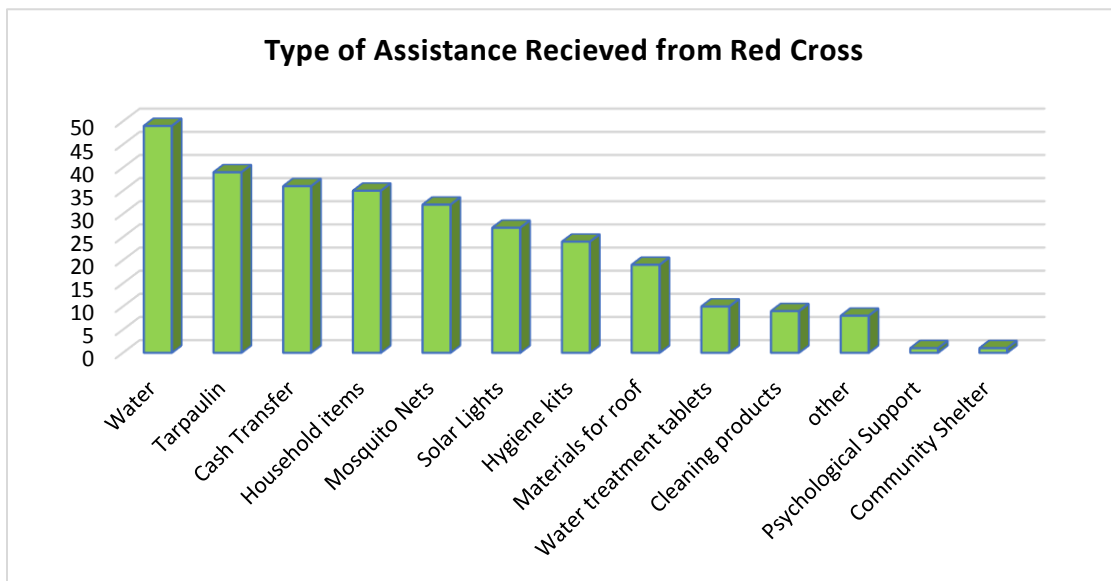


Figure 4

Beneficiaries were also asked during the review if they received assistance from other actors in their community. 73% said “no” and 25% said “yes”. For those who said “yes” the following items were some that were indicated: materials, money, food, cash, roofing materials, water purification tablets, a roof, galvanized sheet metal. Generally, the focus was on food and assistance with shelter and water. According to respondents, some of the other agencies working in the communities apart from the Red Cross were the WFP, UNICEF, ISRAID, the government of Dominica and Samaritan’s Purse.

During the evaluation, challenges were reported both at the level of the Red Cross and the community with regards to the beneficiary selection process. In the case of beneficiary selection, while the mobile data collection appeared more efficient, some delegates, DRCS staff and volunteers reported that an assessment using this method was insufficient for choosing beneficiaries. Most argued for the inclusion of feedback from direct observation and follow-up from teams on the field to determine whether people in need were being missed by the system.

Classification of beneficiaries, particularly along the lines of their employment status caused potential beneficiaries to “fall through the cracks”. For instance, there was no category for housewives, or senior citizens who were not retired and did not receive a pension. There was also an assumption that older persons with younger working age relatives would be supported, not considering that the relative’s support system may have also collapsed after the hurricane, or in other cases that the senior was the breadwinner of the household.

Part of the selection process also relied on village councils to validate the selected beneficiaries. A small number of community residents during the focus groups expressed a level of suspicion of these organizations, which some considered highly political. In order to keep the process transparent, the Dominica Red Cross in collaboration with the village councils held Town Hall Meetings to update them on activities of the Red Cross as well the criteria for selecting beneficiaries. The Village Council, according to Red Cross staff both at the IFRC and the DRCS, were key in assisting the operation in identifying those most in need in the communities, their locations as well as persons who may not be eligible for assistance.

Despite these challenges, it was the perception of most respondents at all levels, that the Red Cross had reached the target group and covered the community to a significant degree. Of the

HH Survey respondents 129 or 61.4% agreed that Red Cross adequately covered their community while 74 persons or 35.2% said they did not cover the community.

Relief

During the evaluation, respondents to the household survey were asked about their losses following the passage of Hurricane Maria. 71% had suffered some degree of losses related to their personal property with 30% who losing some of their belongings, 29% losing everything and 26% losing most. Fifteen percent (15%) reported that they did not lose anything. Additionally, when asked if their income was affected by the Hurricane, 32% said that their “place of work was closed” some temporarily, 26% said there was “no effect”, 25% lost their “crops/livestock” and 14% said they suffered loss of income in other ways.

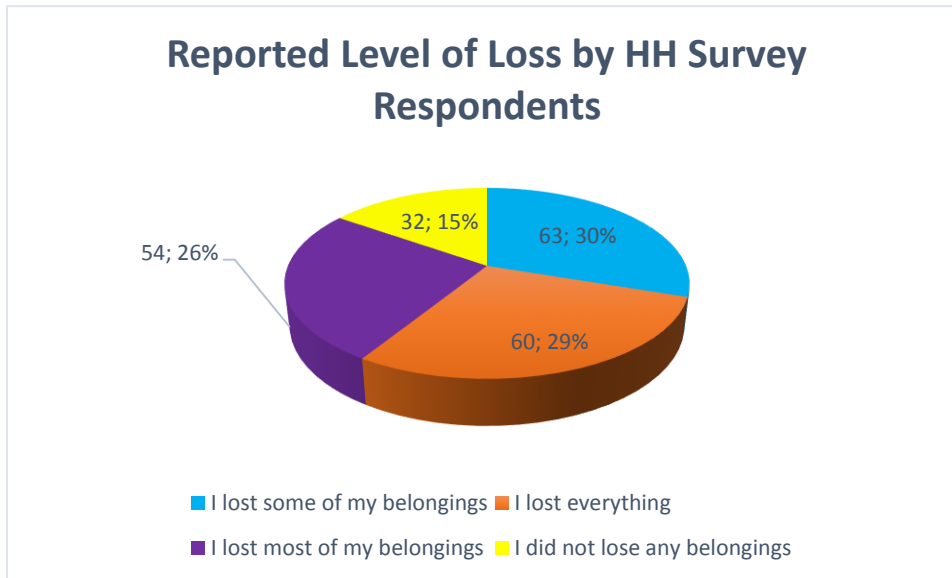


Figure 5

These losses combined created an immediate need as the levels of vulnerability increased within the communities increasing the demand for the basic items. Relief activities commenced in the Emergency phase and consisted of the distribution of non-food items such as blankets, jerry cans, hygiene kits, aqua tabs, candles, solar lights, mosquito nets and buckets. Shelter items such as tarpaulins were also heavily distributed during the relief phase, representing the greatest proportion or 23% of the total relief items distributed. Blankets and jerry cans followed closely behind at 17% and 14% respectively.

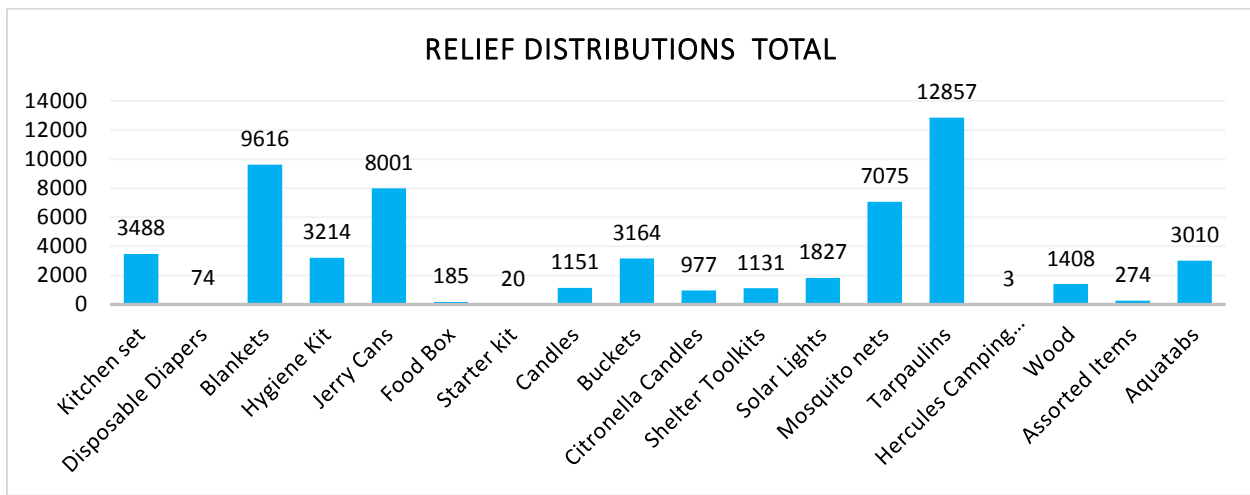


Figure 6

After examining the relief data, it was evident that there was an emphasis on the *count* of items distributed as opposed to collection of household data. Household data was less reliable since at the start of the operation, household information was collected on paper, which introduced more human error as well as a backlog when uploading into an electronic spreadsheet later and secondly because the information collected was not linked to a unique household. In order to report a household estimate, relief items such as “tarpaulins” were measured numerically. So, for instance, if 2000 tarpaulins were distributed in a period, and each household received an average of two tarpaulins, the estimated number of households reached would be 1000. In the case where there were no tarpaulins, “blankets” would be used as the next unit of analysis.

This is understandable in an Emergency setting, however in determining the reach of these items to the beneficiaries it is difficult to do so. According to the Information Management Officer, data collection for relief did not begin until November 2017 and “Walk Ins” at the Dominica Red Cross were subsequently subject to a Damage Needs Assessment or (DANA), a paper-based form which was used to compile a database. To date, even with the database there is still no method for identifying unique households.

In November 2017 a Post Distribution Monitoring was completed and 235 persons were sampled from five communities. According to the information in the report, relief items were not the same in each location mostly because they were not always in stock. Tarpaulins though were always available to everyone.

When asked which item should be included in the distribution package the most common answer (26%) said a *“mattress”* or a *“bed”*. Many residents during the review spoke of their beds being soaked as a result of the flooding and the rainfall. A smaller percentage of 2017 survey respondents said they would like *“lights”* which was relevant at the time because the electricity was down in many communities for several weeks and even months.

When asked about the manner in which the items were distributed, 78% of the respondents said the distribution was “orderly”, however there were some beneficiaries a smaller percentage who either said the distribution was unequal, the reasons for this were not given in the PDM report. The report also stated that one person felt that the distributors were rude while two others claimed that the process was not dignified, one of them even saying they felt like “a beggar”.

Water and Sanitation (WatSan)

After any disaster access to clean water becomes most critical for human survival as well as the prevention of diseases. WatSan experts were deployed as Surge tools very early in the operation and assisted in the development of the Emergency Plan of Action. Following Maria, several communities were cut off from their pipe-borne water supply that was damaged by the hurricane. The remoteness of some of these communities and destroyed roads delayed the repair and reintroduction of water by the local company DOWASCO. The Red Cross Response to the water challenge was two-fold:

“Water is life, we brought water to the people!”

Response Phase

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted areas.

Both the IFRC and the Dominica Red Cross were able to achieve this outcome early in the operation. Through the deployment of WatSan personnel, an initial assessment was done in seven targeted communities assigned by the government. A cadre of eleven (11) volunteers were also initially trained in WASH. The DRCS some of whom were already trained also continuously monitored water, sanitation and hygiene situation in the targeted communities. Throughout the operation there were no reported cases of disease outbreaks related to WatSan.

It was important to note that in the early stages assessments were done in collaboration with other Sectors particularly Health which included the hygiene component of WatSan. All sectors in the operation shared information and this assisted the WatSan team in identifying areas for water interventions.

In order to further mitigate against waterborne and water related diseases, water was trucked to the seven targeted communities. During the Relief distribution a total of three thousand and ten (3,010) chlorine tablets were also provided to the overall target of five thousand (5000) households.

To supplement WatSan activities non-food items such as hygiene kits, jerry cans and buckets were distributed to approximately three thousand seven hundred and ninety (3,970) households. This was especially important for persons who had to walk long distances to fetch water from the pumping stations and for the storage of water at home.

Recovery Phase

Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase.

To achieve this outcome the Red Cross provided pumped water to a total of one thousand five hundred and ninety-eight (1,598) households, 7%⁶ more than was originally targeted to support the DOWASCO Water company until it was able to access electricity to operate its own pumps. Overall a total of fourteen communities⁷ over a period of six months were able to access almost

⁶ Target WASH Outcome 2: 1,489 HHs receive pumped water

⁷ Massacre, Checkhall, Petit Soufriere, Saint Sauveur, Good Hope, Dix Pas, Tranto, Dos D'ane, Borne, Paix Bouche, Moore Park Village, Providence, Blenheim and Bellemaniere.

1 million litres of clean drinking water compatible with Sphere standards. During this phase, a total of 267 volunteers were trained to carry out water, sanitation and hygiene monitoring and evaluation activities and 12 schools or 1223 students were reached in hygiene promotion activities by the DRCS.

Generally, the WatSan component seemed to have favourable results, however it was not without its challenges. While the objective was to provide access to safe water, there were sometimes problems finding catchment areas that could provide water for a long period. Additionally, in order to achieve the maximum results, the WatSan team had to select an area in the most centralized location, accessible to multiple settlements. On one occasion, the placement of a pumping area in a specific community created the unintended consequence of conflict with a neighbouring community. Unfortunately, there were instances where a station could not be set up in a community which was too small this is where the centralized location became very important.

Because the equipment was limited and a water treatment system was usually available for a period of two and a half to three weeks to an area, some communities had to wait longer than others to receive pumped water. Truck-borne water, including partnerships with actors such as the International Medical Corporation who was able to truck the Red Cross water helped to mitigate against some of this.

In the response phase, volunteers recalled that it was more difficult to recruit other volunteers for WatSan because it looked both like hard work and too technical to move and operate equipment from one place to the next. To work around this, the Red Cross tried to make the requirements of the sector easier to understand.

The distribution of chlorine tablets and their use, while successful also had to come to a halt as too many actors were duplicating this activity in Dominica with tablets of various strengths and different applications becoming available in communities and creating some confusion. Instructions therefore as to how many tablets to use were conflicting. The result was the call by the government of Dominica to cease distribution of tablets.

Although purified and pumped water was said to have met Sphere standards, there was evidence that some residents were sceptical of the purification methods and the safety of the water due to its colour. To work around this, the Red Cross had to further explain to the community that the water was safe for consumption.

According to the reports, five convenience community toilets and washrooms in Loubiere, New Towne, Citronier and two in Point Michel were to be constructed. Based on indicator tracking tables and reports this activity did not take place. The possible reasons for this was the lack or reallocation of funding.

A total of **(CHF)529,582** was allocated to the WatSan sector reaching a total of 3,970 households or 11,910 people. This is equivalent to **CHF 133.39 per household** or **CHF 44.46 per person** over a period of one year. Close coordination with the government of Dominica assisted the Red Cross to course correct by discontinuing the distribution of chlorine tablets as well as ceasing WatSan activities when DOWASCO resumed operations. Overall, Water and Sanitation activities conducted by the Dominica Red Cross with the support of the IFRC were extremely successful particularly in ensuring safe water access to affected communities.

Cash Transfer Programme

Cash Transfer Programmes have been a growing feature of the Red Cross interventions since 2006. Over time the method for the transfer has evolved from cash in envelopes to the use of debit cards and agreements with local banks in affected areas.

On September 21, 2017, a CTP delegate was deployed to the island of Dominica to manage the CTP aspect of the operation and contribute to the EPOA by conducting both Feasibility and Rapid Market Analyses. After an initial target in of 1000 HH was set in the first EPOA, this was later increased to 2000 HHs who would each receive the sum of 450 USD. By the end of the operation a total of 1940 beneficiaries received a debit card reaching 97% of the target. Figure 11 below illustrates the distribution of CTP in targeted parishes and communities.

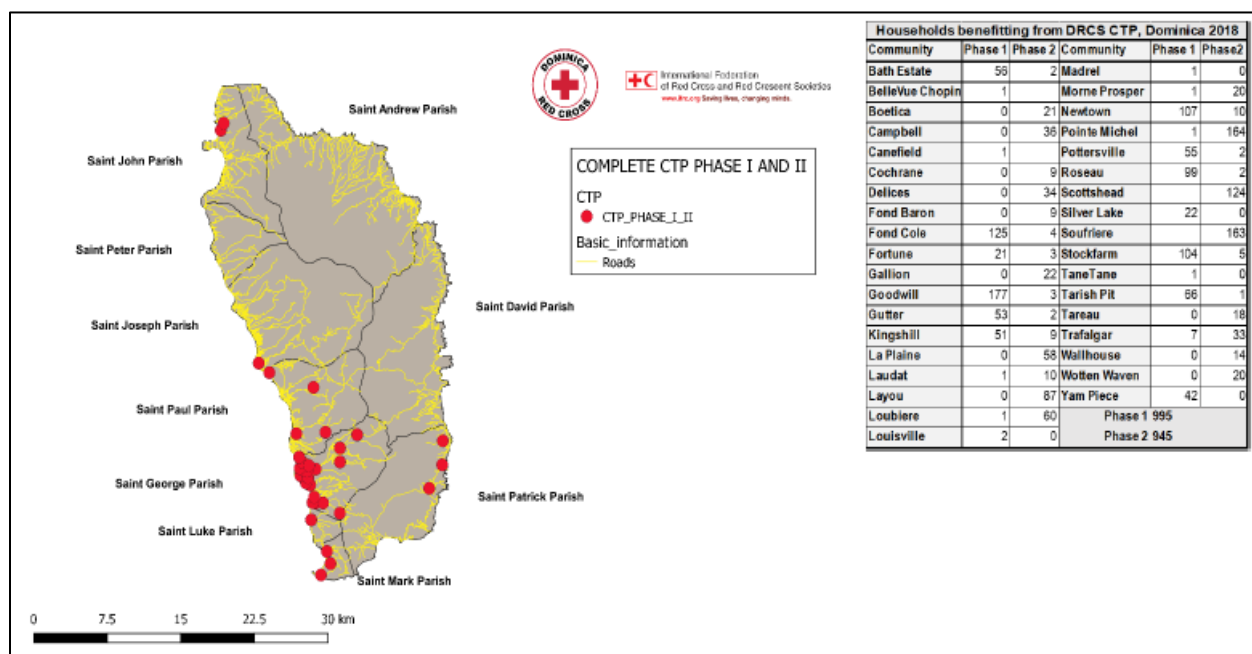


Figure 7- Source: 12 Month Operations Update, Dominica: Hurricane Maria, 6 December 2018.

According to operation documents the CTP component was listed under the following outcome: **Outcome 9: 1000 families (3,000 people) are assisted through a one-time unconditional cash grant transfer to cover their immediate need.** At the start of the operation this outcome appeared under a section called “Quality Programming Areas” but was later shifted to the “Livelihoods” section in reports.

In order to achieve this outcome, beneficiaries were chosen based on impact to their income generation activities, vulnerability, access to safety nets and whether they had received financial assistance from any other government or humanitarian actors. An eligibility committee was created which included one (1) person from **each** community and representatives from the DRCS. Persons were assessed, registered and if they met the eligibility criteria, would be short listed and validated. This assessment process was also used to provide relief and shelter support to families depending on the need.

Generally, there was a sense that the people who met the criteria received the assistance, however there was feedback indicating that all stakeholders were not completely pleased with the selection process. Both delegates and volunteers felt that the metric system used by IM for

selecting beneficiaries again created some problems. In their view, some persons who appeared to be clearly in need missed the eligibility qualification by a small margin. According to one delegate “We could have helped more people.” Volunteers claimed they brought this to the attention of IFRC but felt that their views were not being heard. In the community of Scottshead, there was also a case where one household seemed to have received multiple cards causing some dissatisfaction with the system by other residents.

Because the CTP System was technology driven, the Information Management consultant from the IFRC was able to develop a dashboard. When comparing the datasets, a discrepancy was identified as the beneficiary total on the dashboard 1945 was different from the total seen on excel spreadsheets and reports 1940. Because of this error, it was difficult to go into in depth analysis, but it was noted that there were more male than female beneficiaries, the difference being less than one hundred (100) persons. Additionally, a significant proportion of the beneficiaries approximately 40% were elderly and/or chronically ill and the largest group of children were between the ages of 5-17. This suggests that there was some adherence to the beneficiary selection criteria.

A complaints mechanism in the form of a hotline was instituted for CTP as well as the use of the Facebook page to receive comments, there were also walk-in complaints at the DRCS HQ. The hotline was reported by some to not be a grievance mechanism as it only treated with persons who had technical difficulties with their debit cards or who had a lost or stolen card. One Delegate indicated that because the island was so small and interconnected, it was easy for persons to be aware of the recipients of CTP cards and question validity of some of those receiving cards.

In terms of those CTP recipients who were not sure or unable to properly use or access the card, for example elderly or disabled beneficiaries, the DRCS accompanied them through the process or provided home delivery of cards. This support also applied to beneficiaries who couldn't get their card to work.

An early challenge faced by the CTP team was the identification of beneficiaries. In several cases, persons were without a national identification as it was either lost or destroyed by the Hurricane or they never had cause to obtain identification. To work around this, the Red Cross created a proxy identification system which included the taking of a photograph of the beneficiary during assessment and distribution for comparison and validation. Village councils were also on hand to assist the CTP team in verifying the beneficiaries in their communities.

According to one council leader, the village council is the “gateway to the community” and as such it was the right approach to use the councillors for the selection process. During the PDM there was only one person who seemed to have a grievance with this methodology claiming that he had to argue with the council member.

According to one CTP delegate, the system for CTP was very efficient, taking approximately ten days between the time of assessment to the time of distribution. The post distribution monitoring data also indicated that 51% of respondents said that the distribution process took approximately 10 minutes with a smaller percentage 25% saying it took over 20 minutes and 24% over 30 minutes. Generally, people felt satisfied with the time it took to receive the service.

Distributions were usually planned and happened outside of the DRCS headquarters. This worked in the operation’s favour as the service was easier to access by beneficiaries. A CTP exit survey was conducted with 653 of the beneficiaries who had received CTP debit cards and when asked whether they were satisfied with the distribution site, 94% responded “Yes”.

Use of CTP Funds

In terms of the use of CTP funds, persons who responded to the household survey during the evaluation indicated food, water and home repair as being the major purchases. Some used the funds to pay off debts or pay rent.

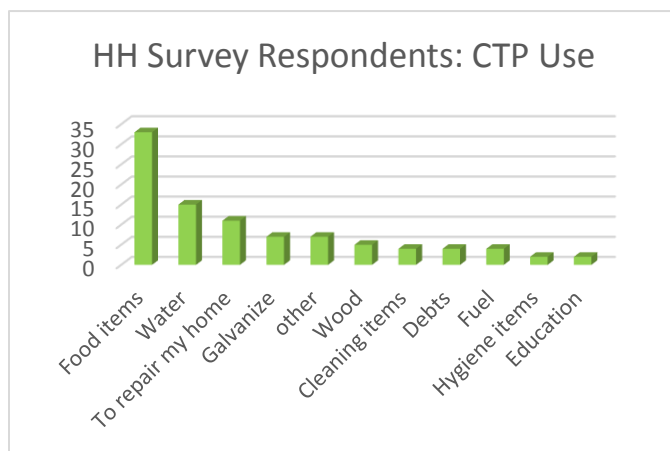


Figure 8

During the post distribution monitoring, most people 64% indicated food as their priority purchase this was followed by shelter related purchases. The third priority was medical expenses. This was

noted also by a CTP delegate who felt this intervention gave beneficiaries the purchasing power to get what they really needed. Most beneficiaries or 96% said that the items they needed were available to purchase locally. One CTP delegate confirming this saying that the communities were a short distance from the capital Roseau where goods and services could be found.

Interestingly, the PDM survey also asked beneficiaries whether they preferred cash or debit cards. 71% said cash while 24% preferred the debit card. A smaller proportion 2-3% wanted a bank transfer or coupon. After the risk analysis was completed, IFRC discarded the prospect of cash distributions in preference of the debit card system, as cash created a higher risk for the DRCS, volunteers and especially beneficiaries.

According to operations updates and financial reports, the total allocated and spent for the Livelihoods component was **CHF 1,061,496**. Overall, a reported **USD 915,843**⁸ or CHF 931284.113 was transferred through CTP. When considering the overall expenditure under livelihoods, most of the money 88% was delivered directly to the beneficiaries in the form of cash transfers. By using the total number of beneficiaries reached and the total expenditure under the sector the consultant was able to give an estimate cost per HH equivalent to USD 547 or approximately USD 157.36 per person.

CTP Beneficiary Satisfaction

Recipients of CTP were asked both during the CTP exit Survey and the Final Evaluation via the HH survey whether they were satisfied with the amount of money received. In the Exit Survey 93% said “Yes” while 7% said “No”. In the household survey the recipients were asked the same question to which 95% of the respondents who received CTP answered “Yes” and 4% said “No”. During the PDM recipients were asked whether they felt that the money was “Fair” to cover the size of their household, 67% of the beneficiaries said the amount was “Fair” while 33% said it was “Unfair”.

A coordinating committee and working group for Livelihoods assisted the operation in reducing duplication of efforts among actors such as the WFP, Samaritan’s Purse, UNDP and of course the

⁸ Includes fees related to the use of the cards and the transfer of funds

DRCS. While there was low replication, challenges arose as comparisons were made between the DRCS and WFP schemes. Initially, during the first phase of CTP, the scope and grant calculation was agreed upon by humanitarian actors. WFP was expected to cover all parishes while DRCS was to cover St. George and surrounding parishes if funds were available.

Later, a new injection of funds to the WFP by UNICEF caused the agency to restructure its grant to be delivered across 3 months with a base fee that increased when the family had more children. Additionally, based on the information from the WFP website, these cash transfers from WFP were done using the traditional cash in envelop method of payment something PDM respondents indicated was their method of choice. According to one delegate, the different cash transfer schemes which targeted the same



Figure 9- Extracted from WFP Brochure

type of beneficiaries created and imbalance that raised questions especially among shared donors such as European Civil Protection and Humanitarian Aid Operations (ECHO) and the Department for International Development (DIFID).

Volunteers and CTP

Volunteers were a critical support to the CTP activities. During the operation ten volunteers received refresher training both online, and from delegates on CTP. These volunteers were expected to conduct assessments, card distribution, manage data, engage communities, and coordinate feedback with the community. At any given time, CTP activities were simultaneously being conducted in different communities as well as at HQ. While there was some experience in the area of cash transfer at the DRCS, volunteers indicated at the Lessons Learned Workshop that they could have benefitted from some more training.

During the workshop some DRCS volunteers and staff were asked to develop a logic model to reflect a theory of change for the Cash Transfer Programme. Some of the potential outcomes identified by the group included:

1. **Support/revival of livelihoods (restoration)**
2. **Increased dignity of beneficiaries through the increase in spending power**

Ideas around these outcomes were echoed through the evaluation as one CTP delegate said the intervention provided dignity and hope for beneficiaries. Additionally, many beneficiaries described the financial assistance from the Red Cross as a means of helping them “get back on their feet”. This imagery is symbolic of individual and community resilience.

Shelter

Following Hurricane Maria, the UNDP reported significant destruction and devastation to households several of which were without roofing. During the evaluation, residents and leaders in the six selected communities, were asked to describe the immediate effects of Hurricane Maria. One community leader in Scottshead said that 95% of the infrastructure was down; in Layou another leader said 90% of the community infrastructure was affected by flood damage. In La Plaine residents spoke of their displacement, having to stay with neighbours, friends or

relatives and moving “house to house” and at least two (2) senior citizens said they were forced to sleep in their vehicles for 3 or more nights.

According to the City Overseer of Roseau where a significant amount of Red Cross Operations took place, the effects were ‘catastrophic’ with 95% of the Households in the municipality being affected. Shelter operations were therefore extremely relevant to these areas.

Additionally, Household survey data collected during the evaluation for the six communities show that most respondents stayed at home during the Hurricane, however the majority received damage to their roof during the Hurricane’s passage. Table 3 lists where respondents chose to stay during Maria.

Location	% of respondents
Home	50.4%
Friend	28.1%
Family	9.3%
Shelter	9%

Table 3

Of the 209 respondents, 75% had roofs that were either completely or partially destroyed. Those whose roofs were “completely destroyed” represented 50% of the total. Only 12% of respondents had roofs unaffected by the hurricane. Figure (14) below gives a breakdown of the responses.

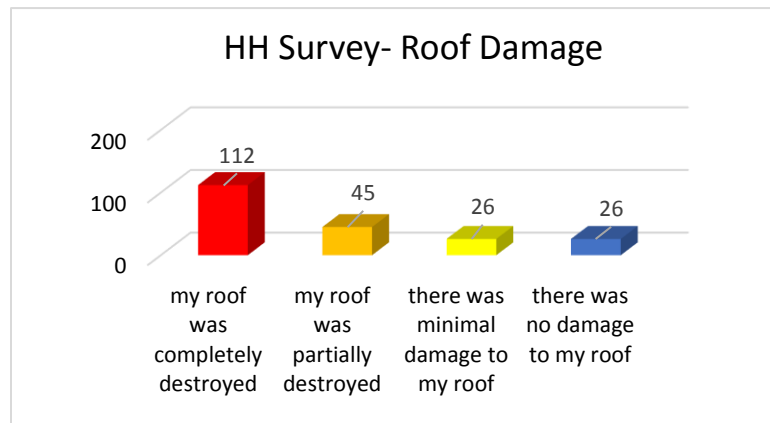


Figure 10

Shelter Targeting and Classification

In the early stages of the operation, the FACT Team had recommended that 2500HH, be refitted with roofs, however this was later reduced to 1000HH, then to 550HH. Several factors influenced this change in scope. These included the budget, the cost of sourcing materials from other

islands and most importantly the new Building Codes required by the Government of Dominica, which meant higher costs for shelter structures and consequently, less households.

Under the Shelter Programme, households were classified under the following criteria:

- Type A-** Any house constructed following the building code may receive a new or repaired roof that complies with the building code
- Type B-** Any house that is not constructed following the building code but is structurally sound enough to receive and interim roof as per code. These houses will be flagged for the government as they will need future retrofit. In this case the contract signed with the beneficiary will have a stamp noting: “Mandatory Evacuation”
- Type C-** The Structure of the house does not allow an interim roofing solution or is destroyed. The house needs to be completely rebuilt or relocated if in a high-risk area. If a house is categorized as Type C, the household’s name will be taken off the list and flagged for the government. In cases where the owner or the government programme can reinforce type C houses, the DRCS would list them as type B and support them accordingly.

Figure 11

Shelter classification was compared with family vulnerability, including female headed households, single headed households, persons with disabilities, elderly persons and family income. According to the then Shelter Coordinator, the Government was encouraging repairs to Type A housing. This created a challenge for the operation since most of the vulnerable population, the Red Cross target group, lived in Type B or C housing. In order to work around this, the Shelter Cluster group, which was formed during the emergency, advocated in favour of the B type housing pointing out that government housing schemes such as in La Plaine did not match the building code requirements. Subsequently, the DRCS, IFRC and communities went on to construct roofs to mostly B type households.

In January 2018, an Integrated Joint Assessment was conducted by the Dominica Red Cross in coordination with the village councils to determine the needs of the communities. This assessment was rolled out in the parishes where the Red Cross was allocated shelter responsibility by the government. The objective of the assessment was to consider the vulnerabilities as well as the housing classification in order to refine the initial target of 2,500HHs to a more manageable number.

Shelter Construction



The Shelter programme was divided in 2 parts:

- 1. Relief Distribution-**Tarpaulins and Blankets
- 2. Shelter Construction-** Recruitment and training of Shelter Builders from the community as well as the assessment of households, and the construction of shelters.

The aim of the shelter programme was to “**Build, Back, Better**”. In order to support the shelter intervention, the IFRC deployed both a *Shelter Delegate* as well as a *Shelter Construction Manager*, the latter being supported by the Danish Red Cross.

The Shelter building component relied heavily on labour from the communities. According to the Shelter Construction Manager, during the life of the Shelter Programme 42 teams of five were created across Dominica. Each team consisted of:

- **1 Head Carpenter**
- **2 Skilled Builders and**
- **2 Unskilled Builders**

The Red Cross also encouraged each team to have at least one female. As an incentive, DRCS recruited these builders as staff, providing both salaries and benefits. At the same time the Head Carpenter was promised the tools for a minimal fee at the end of construction.

During the review the consultant was able to meet with four shelter builders, including one female, from two of the target communities La Plaine and Scottshead. The builders reported several changes as a result of the intervention in their communities. Firstly, the builders of La Plaine, described a change in how the community looked as prior to the intervention most houses were covered in Tarpaulins while now people had “new roofs, stronger and better”. The skilled and unskilled builders also reported that they now had both improved and new skills as a result of Red Cross training. The La Plaine Builders felt a sense of satisfaction as they were helping their community, while at the same time helping their family to survive as the intervention was “their bread and butter” or a means to feed their family. Ironically, to date none of these builders have

their own shelter, as two relocated since the hurricane, while the other is building back his home slowly, using the skills he gained from the Red Cross.

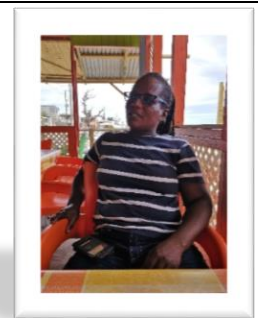
“Without the Red Cross help, I would have been on the streets, in jail or a thief.”

Additionally, at the time of the evaluation, the builders indicated that they were still working and using the skills to support themselves, and the Head Carpenter was able to purchase and continue using the tools at the end of the operation.

In Scottshead, the situation was a little different. The Shelter Construction Manager recalled having difficulties generating labour from the community and having to employ “private sector tactics” to stir up interest. This included suggesting to the female members of the community that Red Cross would work elsewhere if they were not able to get the young men loitering on the street to assist. Consequently, the Red Cross was able to get the labour support from Scottshead, which received 67 roofs during the operation, the second largest number of roofs for a given community.

Case Study- Female Shelter Builder, Scottshead

Ketura Francis is a resident of Scottshead. Prior to the Maria Operation, she had a general love for building and construction and was also considered a leader in her community. During the project she acted as a skilled builder, not taking up the Head Carpenter role stating that it was “due to her respect for the male as the head”. The Maria Operation allowed her to gain new skills and



knowledge including those around project management which she is now happy to put on her resume.

Ketura was also a small business owner, selling plumbing materials and building supplies to her community. When the hurricane hit, she lost her shop. Unfortunately, her business-related loans were still in existence and she was in debt. According to Ketura, the work with the Red Cross assisted her in building back her community, learning and doing what she loved as well as got her out of debt.

While Ketura was not a recipient of a R.C. Roof, because her home was insured, her work with the Red Cross, however, did help her to manage the rebuilding of her home to better standards.

Largely, Shelter operations went smoothly from the perspective of the communities. In some cases, there was a political undertone due to the general climate in Dominica which is approaching its General Elections. In areas such as La Plaine, where the people are equally divided, there was sometimes a sense of dissatisfaction. In Scottshead it was a question of education level as well as the increased strain of the disaster on the residents. These however were treated with quickly by the DRCS, who explained their beneficiary selection to the communities through the Town Halls and Village Councils. The latter at times, did pose a challenge due to their political ties and their perceived importance as gatekeepers of the community.

In La Plaine villagers also raised the case of families, such as single female headed household where the roof could not be repaired because the property was unfortunately rented and not owned. This made it difficult for the Red Cross to treat with the property. The same happened in properties where the owners were not present. Overall, however both community residents and leaders felt that the Shelter work done by the Red Cross was extremely positive, with most of

them saying that without the Red Cross “the next Hurricane season would have met us with tarpaulins over our heads”.

Overall, the shelter programme results were more positive than negative. One of the most noteworthy observations was the community’s response to the increase in shelters. When a roof was repaired and a family returned, it was noted that this family would take in other families. As the repair work continued, the families would return to their homes and host other families, allowing more people to return to the community. The Red Cross therefore contributed to preserving communities and keeping families together.

Procurement, Logistics and Coordination

At the Red Cross Level, challenges were reported in the areas of procurement, logistics and coordination. Firstly, building materials and tools had to be sourced from outside Dominica, from neighbouring islands because according to RC Staff, the government had priority over existing materials, and there was a limited supply within the island. The sourcing of these materials created delays which were exacerbated by the port that was inundated following the Hurricane.

Added to this, were challenges at the warehouse which was looted after the hurricane, and which did not possess a proper system for the removal of supplies or an updated inventory. Furthermore, when new materials and supplies came in there was not enough storage space to accommodate and secure the materials and DRCS and IFRC stock were mixed up. In order to address this, the warehouse had to be cleaned and items which were expired or damaged were removed and a security system was installed at the Red Cross. More importantly Logistics protocols were developed, and the inventory was updated. Currently at the DRCS there is an officer assigned to the warehouse who is responsible for managing the inventory.

A disconnect also existed between logistics and the shelter team in terms of the expenditure as well as the materials being purchased. There were cases where quantities of material for example “screws” incompatible with the shelter operation was purchased, creating expenditure wastage and a further delay when replacing material. During the review, it was noted by RC staff that bills related to logistics were still coming in for payment even after the Operation end date.

According to the Shelter Construction Manager, the Logistics process was much smoother when the Head of Operations coordinated weekly meetings with the team. This was not always the case, since not every HEOP managed the operation like this, but when it did exist it was to the benefit of everyone.

Another shelter challenge related to logistics included the availability of vehicles from the fleet to transport materials to the communities, this sometimes created a delay as a vehicle would be out doing transportation for another sector. To work around this the Red Cross rented vehicles for use during the operation. Relatedly, during the evaluation, the DRCS who own just two vehicles, indicated that these were used throughout the operation both in good and bad terrain. There was a feeling that post operation-their fleet should have expanded, repaired or replaced.

Volunteers played a significant role in the Logistics aspect of the operation and seemed keen to learn more about this component. Because of the large influx of volunteers following the disaster, there was enough to support the delivery of goods and services to communities.

Finally, during the evaluation, the issue of interpersonal challenges was raised between both DRCS and the Logistics Officer as well as one of the Shelter Delegates. On one hand there was a question of trust and on the other a question of competence. This apparently resulted in a court case which is outside the scope of this evaluation.

Shelter Data Management

Shelter data was stored on a dashboard along with CTP data. This was managed and updated by the IM Officer. On this dashboard household information was classified according to “Assessed”, “Ongoing”, “Completed”, “Received certificate”. The dashboard does not however have information on houses passed on to the government. On the dashboard, before and after images can also be seen for households according to Parish and Case.

Health

In the Emergency Phase Health and Care consisted of 1 Outcome: ***Contribute to reduce the risks to the health of the people in the affected communities.*** To achieve this outcome the DRCS and IFRC planned to:

1. Distribute Mosquito Nets LLITNs;
2. mobilize volunteers to provide first aid,
3. provide first aid material to DRCS,
4. conduct PSS activities with targeted population,
5. conduct PSS training with volunteers,
6. Deploy RIT for PSS,
7. Train and mobilize DRCS and community health volunteers with training in epidemic control in conjunction with CBHFA
8. Produce and distribute IEC relevant for disease prevention and health promotion

The Outcome was later changed to: ***Contribute to the protection and recovery of the affected communities’ physical and mental wellbeing.***

During the Emergency, a Health Delegate was deployed to the Island as part of the FACT Team and participated in Health Emergency Operations Centre meeting to determine the greatest need. Five thousand (5000) families in four parishes were targeted for assistance.

According to the reports 3,507 households or 10,521 people received LLITNs, this was equivalent to 70% of the 5000 HH target. Each house received two LLITNs. Nine hundred and seventy-seven (977) Citronella candles were also distributed to households during both the emergency and recovery phases, with the majority being appropriately distributed in the first phase.

In the case of First Aid, it was assumed that the population would identify themselves while seeking care, for PSS people would be identified through the general screening or referral in the communities. Initially, the EPoA included the procurement and distribution of 60 dressing/suture kits to primary care facilities, however this was removed from the Logframe and plan because it was being provided by other actors.

For PSS a targeted 15 volunteers were trained by a hired consultant in PSS activities and 379 debriefings (126%) of the target, were conducted in communities such as Point Michel, Soufriere, Layou, Grandbay and Wootenhaven. IEC materials for PSS in both the response and recovery phases were also completed and distributed. There were some delays in the delivery of PSS due

to DRCS' search for a PSS lead. Additionally, some volunteers who were trained in PSS had found employment.

A recorded 1,150 households or approximately 3,450 people received IEC material from the Red Cross related to health.

For items seven and eight above it was agreed with the Ministry of Health to combine the community-based disease prevention with the hygiene promotion activities under WASH. Based on the ITT and reports, no volunteers were trained in Epidemic Control.

Restoring Family Links

Restoring Family Links was measure employed temporarily while telecommunications services were down on the island. During the Emergency 2 RFL Surge capacity⁹ were deployed to Dominica with the requisite equipment. This equipment included three satellite phones and mobile charging stations. A total of six (6) volunteers were trained in RFL and during the operation telecom access was provided 805 times. A total of 529 persons were assisted in finding their relatives. The figure below gives a summary of RFL in October 2017. It is evident that the greatest amount of activity took place down the east coast of the island and then to the Southern Parishes in which DRCS was responsible.

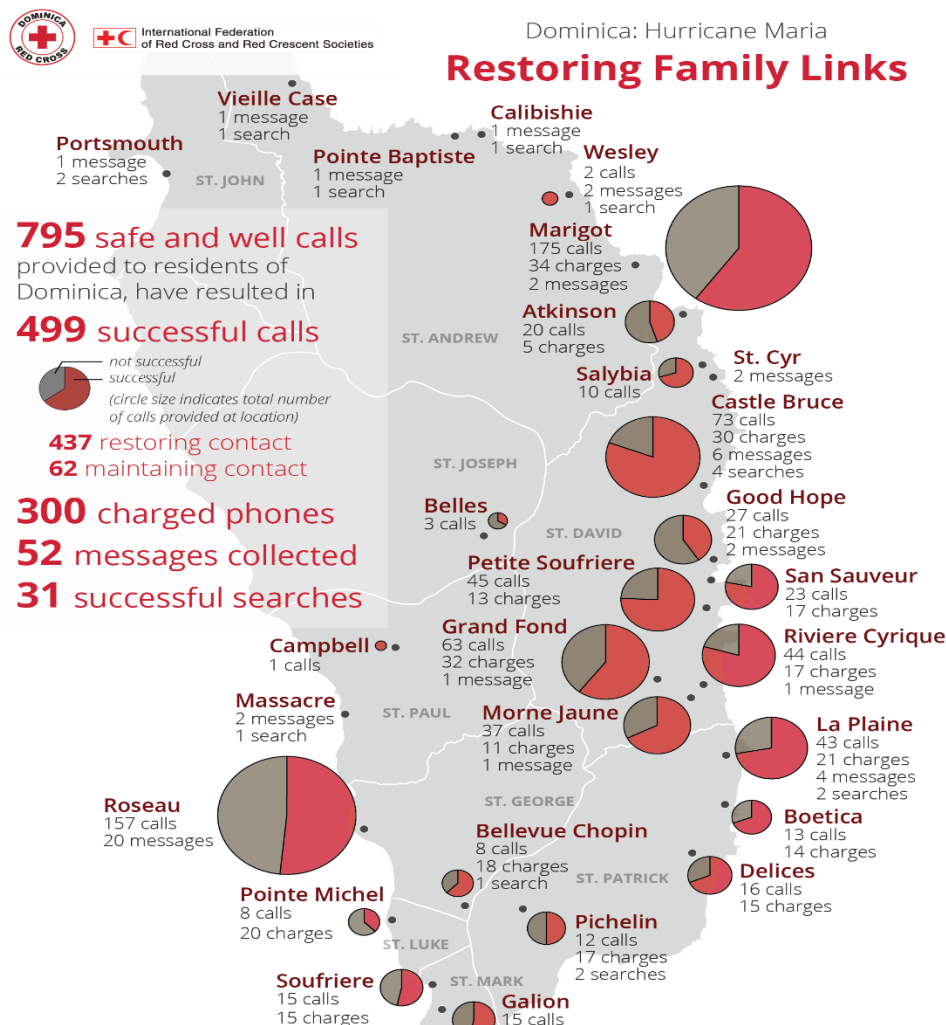


Figure 12

⁹ 1 from IFRC and 1 from American Red Cross

Disaster Risk Reduction

DRR activities seemed to have occurred later in the Recovery Phase of the Operation as resources and energy was directed to the Response as well as early Recovery efforts. The primary Outcome under this sector was to: ***Increase the disaster risk reduction (DRR) knowledge of community members.***

Key activities planned under DRR included:

1. Community early warning system training in selected affected communities
2. Sensitization campaign on community disaster preparedness
3. Training for volunteers on DRR and Early warning system
4. Support the Development of family disaster plans
5. Training and equipment of Community Emergency Response Teams
6. Conduct drills at community level
7. Roadmap to Resilience training for DRCS, volunteers and staff.

Between September 2017 and March 2019 very little happened under the DRR component and according to reports, the activities were planned for months 9-11.

On March 5th to 9th, 2018, 24 participants from IOM, Habitat for Humanity and WFP received PASSA training and Habitat for Humanity provided the trainer. Other than this there was no other action taken under DRR that seems to have been reported. Additionally, during the Lessons Learned Workshop it was noted that the current DR Officer chose not to participate due to other priorities therefore valuable input was missing for the review.

At the start of the Evaluation it was noted that the DRCS had just received an approved cost extension for activities for DRR. While these details were not shared with the consultant it is a step in the right direction. Disaster Preparedness at the community level is discussed later in this report in the Other Evaluation Issues and Sustainability sections.

NS Capacity

At the time of the Appeal, the Dominica Red Cross Society had a complement of five staff, ten branches and 15 CDRTs. There was also a Board in place. Activities of the NS included DRR interventions, First Aid/CPR Training, NCDs and Zika Virus Project, Radio Communications, Blood Donor Recruitment, Mass Casualty Response and Ambulance Services. The headquarters of the DRCS was in the Capital City Roseau a 45-minute drive from the major airport Marigot. For any effective Red Cross Response operation to occur, the Operating National Society within the recipient country should be functional as it is the legal entity which leads the intervention. The DRCS in this respect was hindered at the start of the operation as a result of several factors including their physical infrastructure, HR capacity and Management structure.

According to reports the Operation under this focal area had the following outcome:

Outcome S1.1 National Society capacity building and organizational development objectives are facilitated to ensure the NS have the necessary legal, ethical and financial foundations, systems and structures.

In order to achieve this the operation focused on infrastructure and Building HR Capacity and training. Additionally, critical to the operation was the re-organization of the management structures within the DRCS which included the Branches and the Board.

Infrastructure

Following the hurricane, the NS suffered significant loss of property and infrastructural damage. The roof of the warehouse located next to the main building was damaged and equipment such as laptops, HV/VHF, furniture and stock in both the warehouse and storeroom were looted.

Key deliverables outlined by the IFRC and the in this respect included the repairs to the NS building and warehouse, as well as the replacement of equipment, furniture and stock. According to the Operation ITT, "As of 21 March roof of the warehouse facilities at the DRCS's headquarters has been repaired, and the headquarters' main office have been restored." During the evaluation it was evident that the building, warehouse and storeroom were all fully furnished and stocked, and the NS functional and fully operational. It should be noted that neither the storeroom nor the Warehouse have additional space for storage at this point.



Figure 17- Inside Storeroom, DRCS



Figure 18- Inside Storeroom, DRCS



Figure 19- Warehouse outside DRCS Main Building



Figure 20- Container at the back of DRCS compound for pre-positioned stock

Human Resources

Core staff at the NS during the disaster included:

- Director General (1)
- Secretary (1)
- Administrative Officer (1)
- Disaster Risk Reduction Officer (1)
- Driver (1)

A total of 58 volunteers were considered active and some were already trained in CTP and First Aid among other specialties. This small complement was insufficient to manage such a large operation. To supplement this the IFRC sought to hire 7 staff and the DRCS ramped up its volunteer recruitment. Additionally, IFRC brought in their technical focal points in the surge team and subsequent RITS and rotated Delegates for the various sectors.

Of the targeted seven staff members, only four were reported to be hired. These included one Logistics Officer, one WASH Officer, one Administrative/Finance Officer and one Shelter Officer.

Throughout the Operation some volunteers were assigned to various sectors and received training in that area. Training activities included WASH where seven volunteers were trained in Hygiene Promotion and 267 trained to carry out water, sanitation and hygiene assessments. For Shelter two volunteers were trained by Engineers Without Borders in coordination with the Dominica Ministry of Housing. Seven volunteers were trained to use ODK and a targeted 26 volunteers received Logistics training in fleet management, warehousing, procurement and asset management. It should be noted that there was no Monitoring and Evaluation training besides data collection for the assessments provided to volunteers and staff.

During the operation at least three volunteers went on to be employed by either the DRCS or the IFRC as local hire. These included the Director General, a driver who later became the Logistics Officer and the Information Management Officer. In the case of the latter this was done under the emergency appeal funds.

NS Management

During the review it was reported that the National Society had faced severe challenges within its management structure. According to feedback the DG who existed at the time of the Emergency had lost the confidence of the Board and was accused of nepotism within the organization. This scenario also created a negative image for the DRCS especially with the government and public. Before the end of 2017, the DG had turned in her resignation, but made sure to terminate the employment of some of the existing DRCS staff members before leaving her post.

Added to this was the fact that the Board who was responsible for giving directives to the DG, was not constitutionally appointed and its President was in office for eight years. To be properly appointed the Board had to be elected by the Branches, however it was found that several Branches were defunct for many years. It was noted that the Goodwill Branch the one closest to HQ was the most active. These major challenges in the management structure affected the DRCS' ability to be an effective partner and threatened the success of the operation. Essentially the DRCS was supposed to take the lead with the support of the Federation, but the roles were reversed due to the existing conditions at the NS.

To address these challenges, the IFRC assisted the DRCS in getting an interim DG experienced in organizational management to help restore some structure at the Branch, Board and DRCS levels while simultaneously working closely with the Maria Operation providing DRCS support where necessary and coordination with the IFRC. Generally, it seemed that the reception for the Interim DG was very good as several staff, volunteers and Delegates said that prior to his arrival there were at times confusion, chaos and even arguments.

The plan to reconstitute the Branches was expected to be completed by May 2018 and involved a series of meetings in the communities and workshops which including discussing the current conditions, reviewing the statutes, recruiting DRCS “members”. Additionally, the Interim DG had several meetings with the Board and was successful in getting them to step down. With the new branches constituted and the introduction of new members, the DRCS was able to have an election and select a new Board all with the support of the Federation.

Summary of Key Achievements

- While improving the Management Structure, the DRCS also sought to rebuild its relationship with the Dominican Government including the President and Prime Minister as well as Ministers in the relevant ministries.
- All Branches re-constituted
- Recruited over 100 members eligible for voting to serve the branches
- Sensitized members and board on structures, processes and statutes
- Conducted Elections and Installed a Board
- Commenced recruitment for new Director General

A New Director General is now in place at the DRCS and facilitated and participated in the Evaluation.

Volunteer Management

It is evident from the review, that the Maria Operation in Dominica relied heavily on the work of Red Cross Volunteers. Without these people it would have been difficult for the DRCS or the IFRC to coordinate response and recovery activities on the island. Volunteers brought with them past experiences and training, knowledge of the communities, familiarity with the culture and many had a keen sense to learn as well as to help.

General feedback indicates that the volunteers were well managed by their Coordinator who is incidentally now the Director General and was a volunteer herself. According to the reports more than two hundred (200) volunteers were recruited during the Emergency to respond in the communities and work at the DRCS HQ. These were provided with insurance coverage as part of the Operation deliverables. The numbers reduced during the Recovery Phase as communities and services regained function and the volunteers found employment or returned to school.

A 40 XCD stipend was given to volunteers daily and usually paid every Friday. This was a major draw and a possible reason why the volunteer numbers were so high, especially when the island was in an Emergency State. Several volunteers during the lessons learned workshop recalled their own experience in Maria, one indicating that she was the breadwinner for her family. This stipend had proven to be important to many for their very survival and that of their families. The large number did create difficulty however, in terms of productivity levels and payment. Because there may not have been tasks to complete over an entire workday, a volunteer would only have to work for a few hours and still be paid the full stipend.

While volunteers supported the Operation, they were also victims of the Hurricane. At the Lessons Learned Workshop each volunteer was asked to record their own Maria experience from the start of the Operation to the time of the Hurricane using a story Board. One volunteer who was a nurse at the General Hospital just opposite the DRCS recalled that she had finished a back-to-back shift when the Hurricane hit. She worked in the Neonatal ward, after the roof of the hospital blew off the Neonatal ward become one ward, and she saw people die. After she left the hospital, she went to the DRCS where she observed looting, she tried to get help from the hospital security, but it was to no avail. Two days later she returned to work with the Red Cross as Operations commenced.

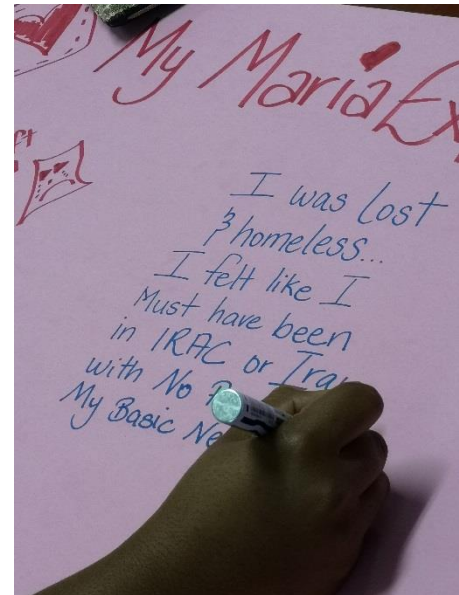
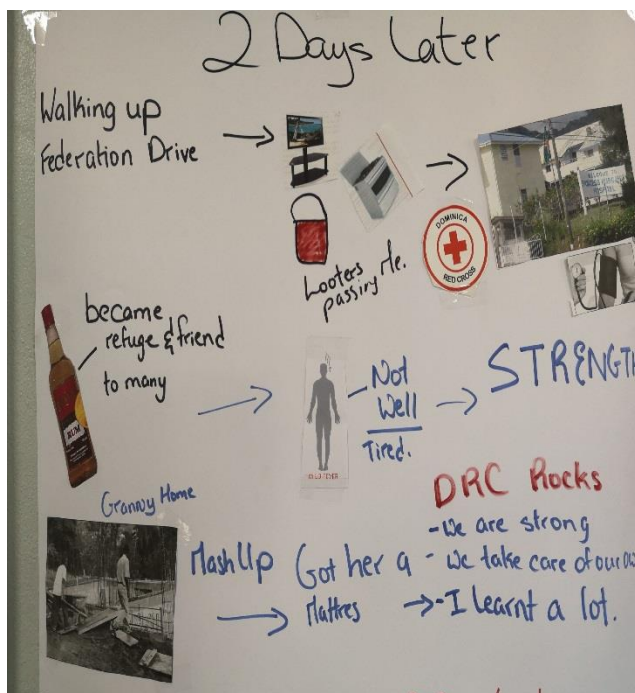


Figure 21- Storyboard in Process

In several stories, volunteers compare the experience to being in a war and make references to death and other negative consequences. When discussing Red Cross ideas of hope, strength and knowledge from training emerged. It was placed at the heart of all the volunteer stories. Reports from the Operation refer to PSS being given to volunteers however it was evident that there was a need for them to share more.



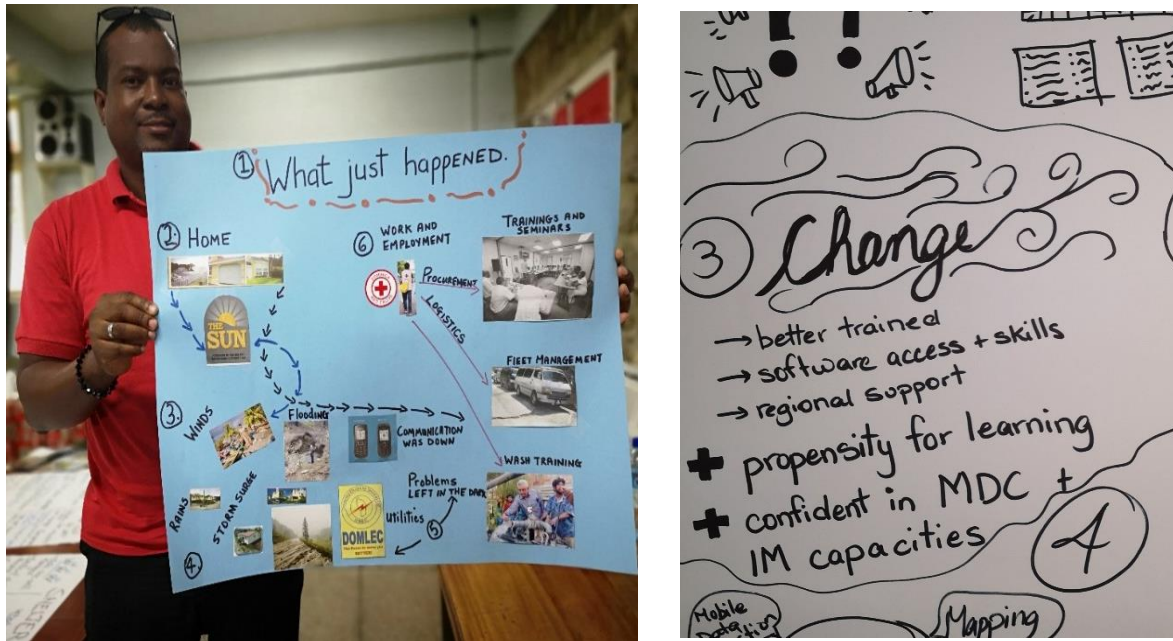


Figure 22- Storyboard examples from DRCS Staff and Volunteers

One challenge reported by volunteers during the review, which has been mentioned previously in this report, was the claim of IFRC “not listening” to volunteers. Many felt that some Delegates were there to do their job but did not appreciate the inputs they had to share and perceived to be as potentially valuable to the overall response. Under Strategies for Implementation in the Emergency Appeal Operation Update the operation was supposed to: “Create mechanisms to ensure volunteers’ engagement in the decision-making processes of the respective projects they implement, including distributions, assessments and PDM.” This clearly did not happen all the time, and because of the small size of the DRCS and the heavy reliance on volunteers, it is necessary to ensure their involvement to sustain and develop the organization as a key Humanitarian actor in Dominica.

Coordination

DRCS and IFRC

Coordination between the IFRC and DRCS was considered smooth by most respondents. The IFRC was able to bring to the table Financial Aid through the Appeals, Non-food items, equipment and trained personnel for all sectors. A total 53 persons were deployed to Dominica 38 in the response phase and 15 in the recovery Phase. All other positions were filled by IFRC Delegates.

Organization	Support
American Red Cross	RFL, Relief, CTP
Argentina Red Cross	Finance
Belize Red Cross	RIT, DM
British RC	ERU Supply Logs, DM, IM
Canadian Red Cross	Base Camp, Health, Team Leader
Colombian Red Cross	Logistics ERU
Danish Red Cross	Shelter
International Committee of the Red Cross	RFL
(PIRAC) French Red Cross	Logistics, WatSan equipment
Finnish RC	Communications
Icelandic Red Cross	FACT, PMER
New Zealand Red Cross	IT/FACT
Suriname Red Cross	WatSan
Swiss Red Cross	Logistics
Uruguay Red Cross	IT, RIT

Table 4

The HEOPs and FACT were deployed within three days after the disaster. These were necessary for commencing Emergency Operation and conducting needs assessments in coordination with the government and other humanitarian organizations. The Head of Operations was critical to the roll out of the operation as this officer brought all sectors together to formulate the response and liaised with the NS. Both Interim DG and the current DG indicated during the review that there was constant communication and consultation during the process. While each HEOP would have their own management style, it was evident that convening of regular weekly meetings with the team influenced both the efficiency and effectiveness of the operation as it encouraged greater collaboration among sectors and better use of resources. There was only one instance where a HEOP did not convene these meetings much to the dissatisfaction of both Delegates, staff and volunteers.

RIT members were utilized heavily during the Operation and in some cases where Delegates did not exist in Surge tools, some RITs were used to develop the Appeal documents in the response phase and re-deployed as delegates in the recovery phase.

Handovers varied from one Delegate to another. In the case of CTP for instance, data and systems were already in place and Delegates who had worked together previously, recalled communicating with each other when necessary. At other times Delegates would pick up from where the other left off and continue operations.

According to respondents, delegates had various management styles. Some were collaborators who worked with the DRCS and volunteers to roll out the interventions in the community while there were others who upon arriving sought to re-invent processes created by a previous Delegate creating delays and encouraging friction between the IFRC and the NS. This however was not the norm.

“Most sectors the coming and going of delegates didn’t cause any interruption. It worked well”.

Finance

Financial management of the operation was overseen by an IFRC Finance Delegate with the support of the Panama and Trinidad offices. Both the IFRC and DRCS worked together to create the operations budget based on the deliverables over the specific time frame. It should be noted that activities were divided between both organizations.

In order to ensure the availability of funds for the delivery of services, the DRCS received money in the form of a “Working Advance” in its account. Money for IFRC activities in Dominica were also transferred to this account.

In order to manage the various donors both bilateral and multilateral, the Federation used an “earmarking” system to ensure the funds were pegged to their donor’s requirements. These funds were also scheduled over the life of the operation and had various timeframe for use. According to the DG this scheduling process worked well for the coordination of activities and the relevant expenditure.

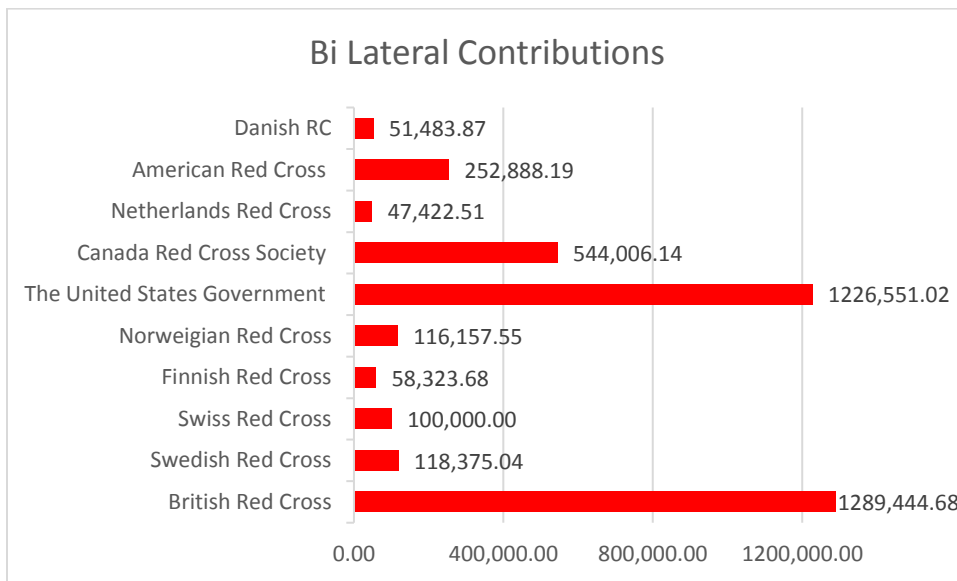


Figure 23

The British RC was the greatest contributor with over 1 million CHF in funding. This was earmarked primarily for PSSR, reporting and administrative costs of the Operation. The US Government followed closely behind offering support to CTP and Shelter and most recently the DRR component as a Cost Extension which was expected to begin in April 2019 and be completed by September 2019. The Canada Red Cross also offered financial assistance particularly for the purpose of CTP.

Financial and Operation reports indicate from September 2017 to March 2019:

Total Appeal Budget: CHF 6,939,398

Total Funds Available: CHF 6,937,984

This amounted to a minimal funding gap of CHF 1,414

Total Expenditure: CHF 6,796,593

It was reported that the Operation suffered a deficit of CHF 18,556.45. According to financial reports, 9% percent of the total expenditure was used during the first three (3) months of the Operation. The remaining 91% was used from December 2017 to March 2019 during the Recovery Phase.



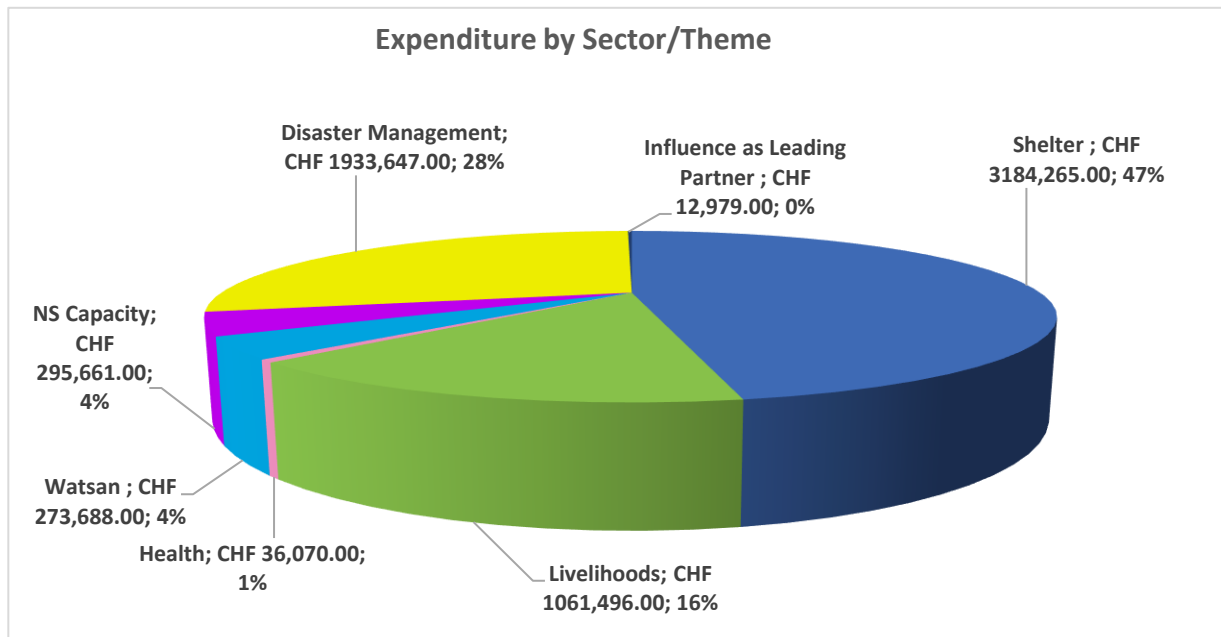


Figure 24

A more detailed review of expenditure shows a direct co-relation between spending patterns and the course of activities according to the various Sector/Theme components. According to the financial data, the Shelter component received the most funding at CHF 3,184,265 or 47% of total expenditure. This was in line with the activities and the costs of building materials. Shelter also as mentioned produced the longer-term results and as a result this focus could be considered value for money.

Disaster Management represented 28% of the expenditure reaching almost two million CHF. Livelihoods, activities which was the second largest intervention reaching a larger number of communities represented 16% of the funding and over 1 million CHF.

Health was very small in comparison as it was combined with the WatSan component during the operation in the area of hygiene promotion also the Health role was reverted to the government during the coordination of the response effort.

CPB- Cost per beneficiary (estimate)

While the figures are not complete, the consultant felt that it was useful to share an estimated cost of what the overall programme would have cost per beneficiary. It should be noted that the total number of beneficiaries could only be higher and as a result the CPB would be lower than what is given here.

Using the unique beneficiary data taken from the beneficiary selection of this report, the estimated cost per beneficiary for the entire duration of the Operation is:

$$\frac{\text{CHF } 6,796,593}{11,664 \text{ persons}} = 583 \text{ CHF per person.}$$

This figure is very small, however does not consider the possible beneficiaries reached from Relief and the fact that the distribution among beneficiaries is based on need and not the same across the board, meaning that costs would vary from sector to sector and beneficiary to beneficiary.

Data Management and M&E

By the second month the Maria Operation became highly data driven as an Information Officer was brought on to collect and collate data for monitoring and reporting purposes. This data was used mostly by the HEOPs and the DG.

Data, which was initially collected by sector, was streamlined by IM in the form of the Multi Sector Survey. This was used to share information to the various sector focal points as well as to reduce the data collection burden on the beneficiaries while efficiently utilizing human resources. The use of mobile phones and ODK also facilitated the a more efficient data collection process.

Several levels of training were provided to the current IM officer who was first a volunteer in the operation. It should be noted that this position was funded by the IFRC and at the time of the Evaluation, the IM officer who was the focal point for the review was at the end of her contract. An additional two weeks were added on to ensure the presence of the officer while the consultant was in Dominica. This function is both an asset to the DRCS and the region however it is not clear what the next steps are. Additionally, the over reliance of this one officer puts both a strain on that individual as well as limits the access of this important information.

A PMER Delegate was also assigned to the Operation and remained until March 2019. This individual had a bird’s eye view of the operation and had updated information related to the Operation indicators. In brief discussions with the PMER Officer, it was found that the Logframe was not used by the DRCS and neither was the ITT. These are useful tools for the management of an operation/programme and as part of the knowledge transfer process should be shared among the stakeholders. This would also assist in greater buy in and support for the Operation.

As mentioned in previous sections IM was also critical in the role of beneficiary selection as well as the housing of beneficiary data and both the PMER officer and IM officer were active in designing monitoring tools and conducting assessments.

Overall Beneficiary Satisfaction

News reports as well as operation bulletins and updates from the IFRC highlighted the devastation experienced in Dominica. During the focus group discussions and key informant interviews residents were asked to describe the effects of Hurricane Maria in their community. Most residents confirmed the loss of their roofs, flooding in their home and loss of their belongings as well as deaths in neighbouring villages. In Scottshead the Village Councillor stated that road access was cut off and help had to come by way of the sea.

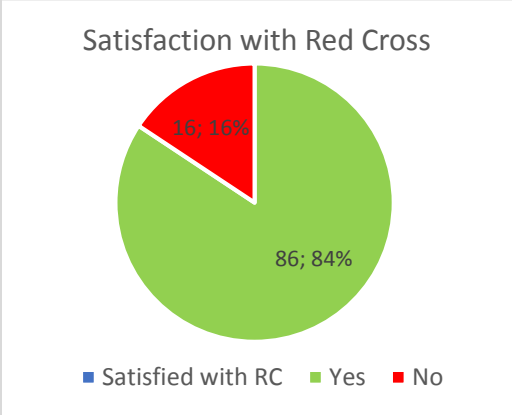


Figure 25

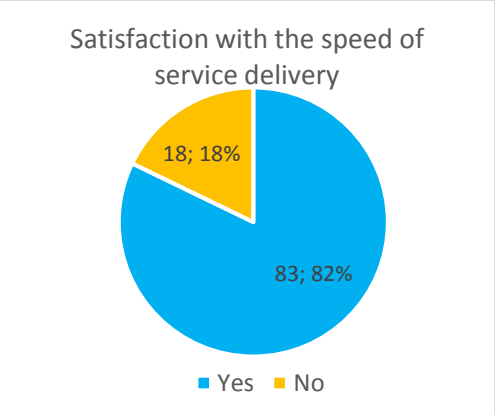


Figure 26

In La Plaine villagers recalled seeing their destroyed homes and the emotion they felt. Most of the persons consulted during the evaluation agreed that they were satisfied with the services provided by the DRCS. This was also evident from the responses of the HH survey where 84% respondents said “yes” when they were asked if satisfied. When asked if they were satisfied with the speed at which the services were delivered 82% of the respondents said “Yes”, while 18% said “No”.

When asked what the Red Cross could do to improve the delivery of their limited resources in communities out of 209 persons, 119 provided an answer. Thirty-two, 32% percent of the respondents were satisfied with the Red Cross of felt that there was nothing left to be done giving answers such as, they did enough, they did well, they could not do any more, they are perfect, they did a great job. Others 9% indicated that they were “not sure or didn’t know” what else could have been done. The balance of the respondents gave varying answers or suggestions including suggestions to provide for more, provide for the needy, to have less biased volunteers, prepare the community, ensure everybody gets a little, have a database of the community members to respond better and limit the amount received by a house.

In Rosseau, the City Overseer said that the Red Cross played an integral role in providing hope to the community. They were well placed and well regarded.

“When you see the Red Cross coming, you get the feeling of hope”

The large contingent he claimed made a good impression on the community and the quality of the work was excellent. He believed that there is strength in numbers and encouraged the Red Cross to gain more volunteers.

According to the village council leader in Scottshead, without the work of the Red Cross, if one visited the area, “one would think Maria is still around”. It was evident that there was a lot done by the Red Cross and the community was grateful.

In Layou, residents were asked what it would be like without the RC in their community. One person responded “No Red Cross, no roof” others referred to being under tarpaulins still or struggling. One member of the community said that the Red Cross helped to keep him positive especially with the skills he was received through the Shelter building programme.

Other Evaluation Issues

Integration

While at the start of the operation the various teams were collecting their relevant assessment data, the later introduction of the Multi Sector Survey assisted the team in streamlining the services. Information sharing among the teams, for example cash transfer officers who may have noticed a lack or absence of water in a community, or a household that was in need in a remote location that had a roof destroyed would be shared with the relevant sectors. This ensured that persons could receive the best possible response from the DRCS with the resources and services available.

There was also evidence of cost sharing, where funds were transferred to another sector based on priorities and need, however this is not an example of integrated programming, but efficient use of funds. The best example of integration in the programming sense would be the Cash for Work Programme, where the trained shelter builders were able to receive pay via the CTP mechanism.

Disaster Preparedness and Response

During the review, the consultant sought to observe the link between disaster preparedness and the effectiveness of the response. The community of Layou is a classic example in this operation of how some degree of preparedness allowed for a better-quality response. Layou was not a community initially listed as the responsibility of the Red Cross but was also affected by the Hurricane. Because of the active CDRT they were able to rally the support of the Red Cross and receive subsequent Shelter, CTP and NFI assistance.

According to the Public Relations Officer of the CDRT, the community was well mobilized with 13 members trained in First Aid and CPR and a Disaster Plan was shared with the community and the group also worked closely with NEPO, National Emergency Programme. This CDRT was able to conduct search and rescue, damage and needs assessments for the community as well as assist with the distribution of NFIs. They also combed the community to ensure that no one was left out. In Layou, Red Cross assistance from CTP helped people to purchase food and clothing and the utensils helped them to cook their meals.

Being prepared for the disaster was however not the norm as evidenced by the level of damage in the communities. During the focus groups and KIIs respondents were asked whether their community was prepared for the Hurricane. Most respondents said “No”. Evidence of this was the lack of knowledge among some residents about the “Eye” of the storm. Several persons said that they thought the hurricane was over and ran out to find other relatives and as a result got separate from their families.

Others also spoke of being in their homes instead of seeking shelter, underestimating the force of the Hurricane and overestimating their own home’s ability to shelter them. This underestimation of Maria also came from experience in previous hurricanes where there was little damage.

In Scottshead there was some level of preparation as the community is highly vulnerable to both the sea as well as volcanic eruptions and rockfalls. There are shelters in Soufriere, but they were not fully equipped.

Several respondents also recalled a family in Point Michel, one of the hardest hit communities, the family with small children, lived near a ravine that led straight to the ocean. The family refused to leave and were washed away to the sea by the hurricane. In another community one villager used his bus to take residents to the shelter, when he was finished, instead of returning to the shelter he went home to secure his belongings and as a result lost his life.

Sustainability

During the review beneficiaries were asked if their lives were any better since the Hurricane hit. Answers varied with one person saying “Yes, plenty better because I have a place to stay, clothes, I am dry, my home is small but comfortable”. Another respondent said, “I am better, I do not depend on anyone” while another said, “I’m back on my feet.” One respondent said, “I do not have a home yet”. In Layou, while conducting the HH survey, one

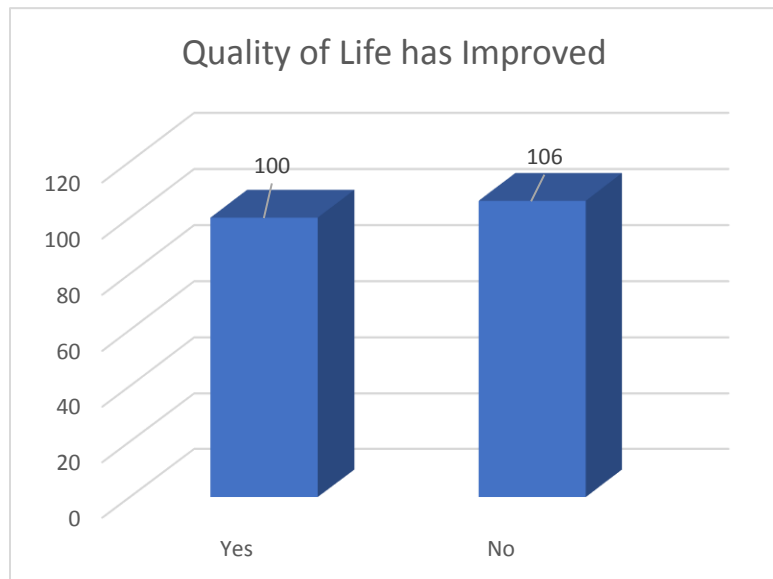


Figure 27

resident explained that he sent his daughter away to live in Antigua with her aunt because there was no place for her to stay and that he missed her.

Respondents of the HH survey were also asked if their quality of life has improved since the hurricane, 51.5% who responded said “No” while 48.5% said “Yes”. It should be noted that this is not a reflection of the Red Cross response but an example of people’s perception of their present life condition since the Hurricane. Persons were also asked if their income has been maintained or improved since the hurricane 67.6% said “Yes”, while 30% said “No”. These conditions suggest an increased level of vulnerability among a population still recovering.

In terms of preparedness for future Hurricanes the responses differed from community to community. In Layou for instance the CDRT representative said they were prepared to a certain extent “Roofs are built”, although the roofing was adequate some materials were not supplied such as the “Hurricane ties”. This may have been an item to be provided by the government. With the Shelter programme, the men in Layou got new or improved skills and are assisting to rebuild the community. The CDRT intends to review the community plans with both the Red Cross and the Government.

In Scottshead, a community vulnerable both to the sea and possible volcanic eruption from neighbouring Soufriere, they feel that they are not ready for any disaster. There still needs to be pre-positioned stock since this community along with Soufriere got cut off during the Hurricane. Equipment, medicine, water storage when there is no aid for 1-2 days are all needed. There is also a need for training in disaster preparedness, Disaster Management and First Aid/CPR. The VC at present hopes to meet with the Office of Disaster Management to plan. At present there is no CDRT in Scottshead. Like Layou and La Plaine, the skills from the Shelter programme was indicated as one of the most sustainable aspects of the operation.

In Rosseau, the City Overseer doubted their preparedness for another disaster. ‘People are traumatized, not sure how much the government, and relevant ministries were doing to get the people’s minds prepared.’ He also suggested that half the residents would leave the island if they had the means as many of them are ill prepared. The government must ensure the river is dredged and have in place the River Defence Wall. The National Disaster Office did have a

symposium on family disaster preparedness. In the case of the Red Cross, he suggested that it be more visible as they play a critical role before and after the disaster. He suggested meeting with the community via town hall or house to house to get a sense of preparedness and assist them in understanding how to help themselves while waiting for help.

In Layou, residents claimed that they are “Building back stronger”, within their Village Council they also have a disaster committee. To date there is no shelter and they have not conducted drills. Volunteers are training with the RC to use HAM radio relay with the police and other entities; however, they do not have the device in the community. Additionally, a small presbytery is used as a shelter as well as a location for RC activities. There is a container which was transported to the community but intended to go to the presbytery, it is empty. At present the DRCS is in the process of purchasing two twenty-foot 20ft and two forty-foot 40ft containers for pre-positioning.



Figure 28

Conclusion

The Hurricane Maria Operation was a massive and necessary undertaking to aid the Island of Dominica in getting back on its feet. It was evident that in both the Response and Recovery Phases there were key areas of Focus that are logical in design.

In terms of the beneficiary selection, the criteria seemed fair and the process was generally efficient. However, the key recommendations for triangulating beneficiary information would enhance this process for future interventions. Many community members understood why they may not have been selected for assistance and this can be attributed to the red Cross taking the responsibility to share information with the public as well as partnering with the local Village Councils.

In the response phase, the operation sought to ensure that the necessary personnel, equipment and systems were in place to best serve the needs of the DRCS and the communities, while simultaneously ensuring effective coordination with the government and other humanitarian partners. Although challenges did exist internally at the Red Cross level both in terms of NS capacity and relations between the DRCS, volunteers and IFRC, these did not severely hinder the process or cause the cancellation or reduction of key activities. It is in the Response Phase that the NS gained visibility within communities and the subsequent respect. Additionally, the introduction of the Cash Transfer Programme added to this visibility and relevance while the WatSan activities mitigated against the outbreak of diseases.

In the Recovery Phase of the Operation the DRCS and the IFRC sought to deepen its ties with the communities, providing training and increasing visibility further with the construction and completion of roofs, therefore allowing residents to return to their homes and communities. Based on the findings, the Shelter component and its integration with Livelihoods, was the shining force of the Operation. This could not have happened however without the other key activities such as the CTP and Relief as well as the work of other agencies and the government all of which brought beneficiaries to a position to begin their own recovery process.

In terms of deliverables, more could have been done to transfer knowledge to the National Society, however it was also the responsibility of the NS to involve itself in the overall activities of the operation. The separation in some ways worked against the NS and reduced the opportunity for learning and information sharing.

In reaching the communities the operation was both effective in what it achieved and efficient in the delivery of its services. It was clear during the review that those who received assistance were happy with what they received whether large or small. It was evident that that the volunteers felt a sense of satisfaction from the work being done by the Red Cross.

In terms of Sustainability, the Hurricane and the subsequent operation brought with it a level of experience to the DRCS, the IFRC and the communities although varied in its depth. The Shelter programme created a window for livelihoods and productivity which is evident today. There is still lots to be done in communities however and in order to do this, more support needs to be given to the DRCS.

Recommendations

Sector/ Thematic Area	Recommendations	Responsibility	
		IFRC	DRCS
Beneficiary Assessment & Selection (All Sectors)	Recommendation 1: In order to ensure a comprehensive assessment and review process, combine methodologies including ODK mobile collection, direct observation from field teams (Delegates/ branch members/volunteers) in multiple sectors, village council/committee review and feedback to arrive at the beneficiaries most in need. This process should be streamlined in such a way that the triangulation of data is intuitive.		X
Distribution of Services to beneficiaries (All Sectors)	Recommendation 1.2: A counterpart to Recommendation 1 above, the Red Cross set up a multi-sector database to cover beneficiary assistance across sectors including relief, shelter, health, WatSan, CTP. This will assist the Red Cross both in targeting resources as well as ensuring more equitable distribution. Such a database would also assist future interventions in determining the unique number of persons/HHs served by the RC.	X	X
CEA	Recommendation 2: It is evident that further training in CEA be provided both to the DRCS staff and Volunteers. This will enable the RC to mobilize persons faster when conducting any Red Cross activity in the communities and promote community buy in and support for RC interventions. Training should include creative methods for engaging the community, sustaining community relationships, building collective efficacy, interacting with vulnerable members of the public example the elderly, socially displaced, illiterate, persons with disabilities and, females, males, children. If CEA IS done well it will assist in grounding the work of the Red Cross in the communities and foster community ownership.		X
CEA	Recommendation 2.1: All engagement activities in the community, including selection and distribution activities should be done under the Seven Fundamental Principles of the Red Cross in mind and should be a constant reminder both to volunteers and staff. This will assist in ensuring personal dignity for the beneficiaries as well build trust between RC and the community.		X
CEA	Recommendation 2.2: Consider replicating the Eligibility community used for CTP into all sectors, as a form of effectively engaging the community in the decision-making process and to streamline activities and resources in a more efficient manner.		X
CEA	Recommendation 2.3: Community feedback processes should be outlined as a manual/ process map and applied during an operation in every community, these include Town		X

	Hall meetings, collaboration with village councils, grievance mechanisms, circulation of eligibility criteria, follow up mechanisms for grievance cases and feedback on cases provided to beneficiaries. All RC staff, volunteers as well as community representatives collaborating with the Red Cross should be trained in these processes and procedures. This will ensure greater transparency and accountability to communities as well as ensure that residents are properly and fairly served.		
Relief	Recommendation 3: IFRC should consider standardizing relief data and recording along unique households, with relevant identity key where possible, this may be more relevant if relief is distributed at catchment areas/distribution centres. This is especially important since relief data seems to be the least reliable. Where it is not possible, estimates using the current metrics/ e.g. 2 tarpaulins per household is acceptable but should be stated clearly in the Logframe and M&E plans. IFRC should provide support to DRCS in the establishment of the database before the Hurricane season. Additionally, consider recording DANA form using mobile device.	x	x
WatSan	Recommendation 4.1: Better coordination with the government and aid agencies in this sector specifically as it relates to the distribution of chlorine tablets. All actors should be aware of the various brands/ strengths available and information on their use must be clear when distributed in communities. Overlaps in distribution should be avoided meaning that coordinating agencies should distinguish coverage areas to ensure public safety.		x
WatSan	Recommendation 4.2: More interactive trainings are required in this area to ensure volunteer interest and support In Dominica and to build a cadre of local expertise.	x	x
WatSan/CEA	Recommendation 4.3: There is a need to roll out some outreach and information, education and communication activities around the provision of water during times of disaster, to reduce scepticism around the water colour and quality and encourage use. This can be done outside the hurricane season and reinforced during the season.		x
WatSan/CEA	Recommendation 4.4: CEA training for volunteers specifically around effective communication and dispute resolution/ mediation will assist DRCS in easier access to the communities and better community management during water distribution processes. It will assist in reducing instances of inter-community conflict.		x
CTP	Recommendation 5.1: Red Cross should consider none-paid community members such as housewives, or elderly persons who rely on family or are not considered retired as different from those whose employment was affected, but also needing attention during the assessment process. (Recommendation 1 also applies).		x

CTP	Recommendation 5.2: Ensure grievance mechanism is instituted and community members are effectively made aware of this avenue. This should be communicated via townhalls, notices, through the village councils and other noted community leaders as well as direct interaction between RC and members of the public. The grievance mechanism should also include, opportunity for redress or appeal for those persons who believe they are eligible but did not qualify and for those who have complaints related to persons who may falsely be in receipt of assistance or who received multiple cards.		X
CTP	Recommendation 5.3: The proxy identification system seemed to work well under CTP and should be replicated (and used across sectors) especially in a place like Dominica where national identification may not be mandatory. This can assist in the equitable distribution and tracking of goods and services to households.		X
CTP/CEA	Recommendation 5.4: Ensure using CEA/IEC and other communicative tools that there is better public sensitization around the CTP process as well as eligibility criteria, this will assist in reducing confusion at the community level.		X
CTP	Recommendation 5.5: Beneficiary lists must be reviewed by joint committee before distribution to ensure validity.		X
CTP	Recommendation 5.6: Further training in CTP should be provided to the DRCS volunteers and staff to ensure knowledge transfer and future application in the communities.	X	X
CTP/ other sectors where applicable	Recommendation 5.7: Keep donors abreast of changes in programming by other humanitarian actors especially those which share a donor e.g. WFP.	X	
Shelter	Recommendation 6.1: When determining household target for Shelter, consider the cost of local materials, or materials sourced from reliable suppliers on neighbouring territories as well as updated shelter building codes.		X
Shelter	Recommendation 6.2: Obtaining a readily available labour supply for shelter building may at times be difficult in a given community, in such a case consider using shelter teams from neighbouring communities which may have already completed work, or who have additional labour. From within the community it is imperative to first engage the community gate keepers i.e. the village councillors and community leaders to enlist support. Finally appeal to the families, particularly mothers who may have sons of working age.		X
Shelter	Recommendation 6.3: Include in the initial shelter training a component on protection and gender inclusion, to encourage female participation and acceptance of females into the skilled/unskilled workforce. This will aid in providing new skills across genders and increase the available workforce in communities.		X

Shelter	Recommendation 6.4: Continue the integration of shelter and livelihoods using cash for work, and consider inserting outcomes related to this intervention into the logframe and the general operation design.	X	X
Shelter	Recommendation 6.5: For homes that are rented by vulnerable families, there was no recommendation offered by the respondents however efforts should be made to reach the owners and seek permission to repair the roof.		X
Shelter	Recommendation 6.6: Pre-identify potential suppliers for the provision of Shelter materials from the main island and neighbouring countries. A basket of materials or pre-requisite materials for shelter construction should be listed with complete specifications.		X
Shelter	Recommendation 6.7 Ensure close collaboration between Logistics and Shelter, with oversight and regular meetings and follow up by the HEOPs. Review and follow up on request for materials to ensure quantities and delivery times are correct and on schedule with the operation.	X	
Logistics	Recommendation 7.1: Include Logistics at the start of the planning process to establish a procurement plan compatible with the needs of the operation and the available resources.	X	
Logistics	Recommendation 7.2: Tag the items to the distribution point example Prepositioned stock or from the RC warehouse would also help manage the flow of items from the RC to the communities/beneficiaries this will assist in keeping a check on where there is a demand and whether stock items have to be moved or replenished.		X
Logistics	Recommendation 7.3: Provide further training in Logistics and Shelter building to DRCS staff and volunteers		X
Logistics	Recommendation 7.4: Ensure inventory at NS warehouse is updated and materials are not outdated and pre-identify and secure spaces for additional stock, or stock increases during times of disaster including pre-positioned stock within/communities generally targeted by the RC. Differentiate IFRC/RC stock.	X	X
Health	Recommendation 8.1: Provide further training to DRCS staff and volunteers in PSS and Epidemic control.		X
DRR	Recommendation 9.1: More effort needs to be placed in pushing the DRR component very early in a response operation. This should not be treated as an afterthought as the evidence suggests adequate DRR aids in a better response. DRR should not be treated as separate but part of the disaster response process. Consider integrating DRR into CEA activities, creating CDRTs, developing EWSs, Family disaster plans, drills etc, early in the Recovery Phase while the disaster is still fresh, and it may be easier to mobilize people. Follow up in the pre-hurricane season and during the hurricane season with reminders to reinforce what was learnt. With greater knowledge of the risks associated with natural disasters as well as mechanisms in place such as	X	X

	designated shelters and response teams and evacuation plans, communities and residents would be less vulnerable and more resilient if a disaster were to strike.		
NS Capacity	Recommendation 10.1: Integrate branches into RC activities, and support branch development and compliance with DRCS statutes.		X
NS Capacity	Recommendation 10.2: M&E training should be offered to all NS staff and selected volunteers, possibly with the support of IFRC- Americas PMER unit.	X	X
NS Capacity	Recommendation 10.3: All staff should complete stay safe training.		X
NS Capacity	Recommendation 10.4: Continue PSS support and introduce debriefing processes for volunteers, post disaster and throughout the operation. Noting that volunteers are also victims ensure that their households are also assessed and included in the relief and recovery efforts.		X
NS Capacity/ Volunteer Management	Recommendation 10.5: Include volunteers in the design and implementation phases of the operation as well as include them in the decision-making process. This will assist in knowledge transfer, build capacity and ownership.		X
NS Capacity/ Volunteer Management	Recommendation 10.6: Create a skills bank of volunteers, update regularly. During disaster implement a volunteer roster using the most experienced volunteers first and new volunteers after to avoid overloading the NS.		X
Coordination	Recommendation 11.1: Consider instituting a complaints mechanism for local staff and volunteers to address issues with Delegates in a safe manner. This should be managed both by the DRCS and possibly the CCST. Provide regular feedback to delegates to ensure they are engaging the NS staff and volunteers appropriately.	X	X
Coordination	Recommendation 11.2: Institute not only an exit interview but a regular performance review system for delegates. This should affect future deployments.	X	X
Coordination	Recommendation 11.3: Ensure weekly team meetings as part of the response operation coordinated by the HEOPs include DRCS/ volunteers in weekly review.	X	
Coordination	Recommendation 11.4: A roster of delegates/RITS incoming and outgoing should be shared with DRCS including roles and functions, and preparations for the receipt of these Delegates, transporting, accommodating at the office, equipment should be in place. Where there are challenges these should be communicated in advance to the IFRC. Ensure a focal point at the NS responsible for working with international incoming staff assist in sharing information and planning activities together to ensure the response is grounded in the work and capacity of the NS.	X	X

Coordination	Recommendation 11.5: Continue use of RIT as Delegates, when there is no available delegate, ensure regional refresher trainings especially for Caribbean RITS.	X	
Coordination	Recommendation 11.6: A standard template of processes; a checklist and key documents as well as status updates should be used to hand over responsibility from one Delegate to the next.	X	
Coordination	Recommendation 11.7: Apart from being involved in the decision-making process, where possible, include team building activities between the Federation staff and DRCS staff and volunteers, to ensure greater collaboration and cooperation.	X	X
Coordination	Recommendation 11.8: A concerted effort must be made on the part of the incoming international staff to transfer knowledge to the recipient NS, whether it be formal trainings in a classroom setting, or on the job training as well as sharing of relevant readings related to the specific sectors. This is critical for building local and regional capacity. Knowledge transfer activities could possibly be integrated into the performance appraisal of the incoming/outgoing Delegate.	X	
Finance	Recommendation 12.1: Ensure that the NS is fully abreast on the funds available as well as part of the decision-making process on prioritizing the expenditure.	X	
M&E and Data Management	Recommendation 13: Ensure DRCS involvement in the development of program logframe and M&E plan being cognizant of both human capacity as well as data collection abilities.	X	
Data Management	Recommendation 14: Regularize the position of the IM Officer however ensure other members of staff are trained and have access to the program data. The training of this officer should be transferred locally and regionally.	X	X

Appendix A- Sex of Respondents by Evaluation Activity

Evaluation Activity	Male	Female
Household Survey	110	99
Focus Group Discussion- La Plaine	4	3
Focus Group Discussion Scottshead	3	2
KIIs- Community	6	1
KIIs- IFRC	3	2
KIIs-DRCS	1	2
Lessons Learned Workshop	3	6

*Note- there is a small overlap of participants between the Lessons Learned and KII for DRCS as well as the FGD and KIIs for community.

Appendix B- List of Key Informant Interviews Conducted

#	Name	Position	Organization/Community	Interview date/time	Status
1	Steve Mc Andrew	Head of Ops	IFRC	Sent email	x
2	James Jones	Head of Ops	IFRC	Sent email	x
3	Dr. Salmon	DG	DRCS	Thursday 25 th , April 12pm	✓
4	Roxana Trigo	CTP Delegate	IFRC	Wednesday April 3 rd , 4pm	✓
5	Terrence Woodeye	CTP Delegate		Tuesday April 2 nd , 8:30 PM	✓
6	Henrik Ortved	Shelter Delegate	Danish Rec Cross	Wednesday April 9 th , 1:00 pm	✓
7	Brigitta Vaes	Shelter Delegate	IFRC	Sent email	x
8	Mike Janssens	Logistics Delegate	IFRC	Sent email	x
9	Kenny Letterboom	WatSan Delegate	Suriname Red Cross	Wednesday April 3 rd , 5pm	✓
10	Iris Almanza	Finance Analyst	IFRC	Wednesday April 17 th	✓
11	Stephen Hagerich	Cash Transfer	IFRC	Sent email	
12	Sandra Rolle	Director General	Dominica Red Cross	Wednesday April 9 th , 2019. 2:30 pm	✓
13	Abbigail Durand	Information Management Officer	Dominica Red Cross	Friday April 11 th , 2019.	✓
14	Weefu Jules	Chairperson	Scottshead/Soufriere/Galleon Village Counsellor	Friday April 12 th 11 am, Scottshead VC office	✓
15	Katura Francis	Community Leader/Shelter Builder	Scottshead	Friday April 12 th 12 pm	✓
16	Moses Prosper	Shelter Team, Carpenter	La Plaine	Thursday April 11 th 2pm	✓
17	Franki Mathew	Shelter Team, Labourer	La Plaine	Thursday April 11 th , 2pm	✓
18	Luke Talma	Shelter team Labourer	La Plaine	Thursday 2pm	✓
19	Thomas Baptiste Junior	City Overseer, Rosseau	(Goodwill/Fortune)	Tuesday April 16 th , 3:30 pm	✓

1 STORY TITLE: e.g. My Maria Experience

2 Context
When?
Where?
Who?



3 What was it like at the start?

4 What happened in the middle?

Challenges Risks
issues lows
highs

5 Did anything change?
More problems
Great improvements
No change
Unintended benefits

6 What have I learned about my NS, Community & Myself?

7 Take Aways

Appendix D- Household Survey Tool

Country: Dominica

Community Name:

Date:

HH Size:

Children: 0-15 years:

Persons 65 and >:

Pregnant women:

Lactating Mothers:

Persons with Disabilities or special needs:

Sex of Head of household

Male

Female

Sex of Respondent

Male

Female

Relevance

1. During the passage of Hurricane Maria where did you seek refuge?

1. At home (primary residence)
2. At the home of a friend or relative
3. At a neighbour's home
4. At a community shelter
5. Other

2. Following the passage of Hurricane Maria what level of damage was done to your roof?

1. My roof was completely torn off
2. My roof was partially destroyed
3. There was minimal damage to my roof
4. There was no damage to my roof

3. Following the passage of Hurricane Maria what level of damage was there to the walls of your House?

1. The walls were destroyed
2. The walls were partially destroyed
3. There was minimal damage to the walls
4. There was no damage to the walls

4. To what extent did Hurricane Maria affect your belongings?

1. I lost everything
2. I lost most of my belongings

3. I lost some of my belongings

4. I did not lose any belongings

5. How was your source of income affected by Hurricane Maria?

1. My place of work was closed/I had no income

2. I lost my crops/livestock

3. I lost my stock/business

4. No effect

5. Other _____

6. What was your greatest need immediately after the passage of Hurricane Maria?

1. A place to stay (shelter)

2. Food

3. Water

4. Clothing

5. Finding my family

6. Blankets

7. Medical care

8. Money

9. Other _____

7. Following Hurricane Maria did you receive assistance from the Red Cross?

Yes

No

7.1 If Yes, what type of assistance did you receive? (Select multiple responses where appropriate)

Water

Water treatment tablets

Hygiene kits

Household items

Cleaning products

Mosquito Nets

Solar Lights

Cash Transfer

Tarpaulin

Community Shelter

Materials for roof

Psychological Support

Other _____

Effectiveness & Efficiency

8. In your opinion was the Red Cross able to assist with some of your immediate needs?

- Yes
- No

9. Are you satisfied with the assistance you received from the Red Cross?

- Yes
- No

10. Are you satisfied with the speed at which you received support from the Red Cross?

- Yes
- No

11. Did you receive Cash Transfers from the Red Cross?

- Yes
- No

12. Was the amount you received the same as the Red Cross had told you?

- Yes
- No

13. Were you Satisfied with the amount you received?

- Yes
- No

14. How did you put the money to use? [select all relevant options]

- Food items
- Water
- Galvanize
- Wood
- Cleaning items
- Hygiene items
- Education
- Fuel
- Savings
- To pay for lodging
- To repair my home
- Debts
- Other _____

15. Did you observe RC staff providing special care or consideration for any of the following groups?

1. Children

2. Pregnant or Lactating mothers

3. Disabled members of your community

4. Other _____

16. In your opinion did the Red Cross provide ample assistance and coverage to your community?

1. Yes, they covered my community

2. No, they did not cover everyone

If no, who was left out?

17. In your opinion please rate the Red Cross level of Organization in your community

1. Very Organized

2. Somewhat Organized

3. Not very Organized

18. Has your household also received any assistance from the government or other organizations following Hurricane Maria?

Yes

No

If yes, what type of assistance have you received?

20. How did you become aware of the assistance available from the Red Cross and other agencies?

1. Media

2. Radio

3. Television

4. Word of Mouth

5. Facebook

6. WhatsApp

7. Red Cross Staff/Volunteer

8. Other _____

21. What issues are you still dealing with today as a result of Hurricane Maria?

Recovery from Physical injuries

Rebuilding my home

Finding a place to live

Finding new employment

Rebuilding my business

Getting children back to school

Emotional and psychological recovery

Other _____

22. Did you feel that your community was prepared to respond to Hurricane Maria?

Yes

No

23. What can your community do to better respond to future Hurricane threats?

24. How has life changed since Hurricane Maria?

25. Has the quality of life been improving for community members affected by the hurricane?

Yes

No

26. Have you been able to maintain or increase your income following Hurricane Maria?

Yes

No

27. In your opinion, what can the Red Cross do to improve the distribution of its limited resources in future disasters?

Appendix E- KII Tool- Community Leaders

1. Please describe the effects of Hurricane Maria on your community.
2. Did your community have any systems in place before the Hurricane passed over?
3. What were the needs of the community during the hurricane and immediately after the hurricane?
4. What was your/organizations role in the recovery and the response effort?
5. Did your organization work closely with the Red Cross during the relief and recovery stages?
6. If yes, please describe how you worked with the Red Cross? If no, why not?
7. Who were the people who benefitted most from the Red Cross Response? Are you satisfied that these were the correct people in need?
8. Who were the people who benefitted the least? Were there some people who were left out?
9. During the time of the relief/recovery were there any challenges to rolling out the Red Cross Activities?
10. How in your opinion has Red Cross engagement affected your community since the passing of Hurricane Maria?
11. Which benefits if any are sustainable or will last in the longer term?
12. Do you believe your community is currently prepared to withstand another Hurricane?
13. What needs to be done to ensure you are prepared at the community level?
14. What can the Red Cross do better or how can operations be improved with current limited resources to ensure a better result?
15. Overall are you satisfied with the assistance provided by your community? Please elaborate?
16. In 1-2 words please describe the Red Cross.

Appendix F- Focus Group Discussion Tool

Guiding Questions	Purpose of question	Evaluation Theme
Can you describe for me what happened when Hurricane Maria hit your community? From the start. in sequence	To initiate introductory discussion around the event and create a timeline	Introduction
What sort of damage or injury did you, your family or other community members experience? Physical, psychological, hoe infrastructure business etc....	To determine the effect of the hurricane in the community	Relevance, Beneficiary Targeting
During the Hurricane where did you seek shelter?	To determine relevance in beneficiary targeting and to triangulate information from the HH survey and Desk Review	Relevance, Beneficiary Targeting
After the Hurricane had passed what were the things you needed the most? And how did you address these needs	To determine the needs of the beneficiaries, individual capacity and to establish relevance	Relevance, Beneficiary Targeting
Did any of you receive Red Cross Assistance after the Hurricane? If yes what sort of assistance? What sort or assistance did you receive from the Red Cross? (Shelter-tarpaulin, roofing material Health- Mosquito Nets Watsan- Water, Livelihoods- CTP etc)	To validate or confirm red cross engagement among target group and subscription to services	Relevance, Beneficiary Targeting
How did Red Cross assistance support your immediate needs?	To determine whether the intervention matched community needs	Effectiveness
Were you satisfied with the quality of assistance you received?	To determine the level of satisfaction by beneficiaries with Red Cross services	Effectiveness/Beneficiary Satisfaction
Did you encounter any problems while interacting with the Red Cross in your community? Was there any method for you to provide feedback to the Red Cross about the services they were providing including the CTP	To highlight any challenges that may have existed	Effectiveness/Beneficiary Satisfaction
Did you feel that the right people in your community received help from the Red Cross? If not who else needed help and didn't get it?	To understand perception of distribution of limited red cross resources, determining effectiveness and appropriate targeting	Relevance
Who else was in your community assisting the residents after the Hurricane? How were they assisting?	To ascertain whether there were other actors providing humanitarian relief in the community	
Did any of you receive cash transfers from the Red Cross? How did you use this money? Did you use it for what you intended? Were you able to use it immediately? Who in your household was responsible for managing the CTP.	To determine the effectiveness of this type of intervention Other evaluations have highlighted in some instances that Cash transfers does not necessarily reach the entire family depending on whether the recipient is male or female	Relevance, Effectiveness and Efficiency
Were you satisfied with the amount received?	To determine whether the calculated amount was enough	Effectiveness

	to address the expressed needs of beneficiaries	
Has your community taken any initiative to prepare for Disaster since the Hurricane? Are you part of this initiative?	Looking at community preparedness post disaster	Sustainability
At present has your living situation improved since the Hurricane? Have you been able to return to your home or obtain a new place of residence?	To determine changes or improvements in the period of recovery	Effectiveness and Sustainability
What would you have done if there was no support from the Red Cross?	To again determine the relevance and need for Red Cross services	Sustainability
Are there any positive consequences or changes that have arisen as a result of the Hurricane response to you, your family or community?	To determine any unintended benefits from the intervention	Unintended Benefits

Appendix G- KII DRCS

1. What was the DRCS role in the implementation of the Hurricane Maria Operation in Dominica?
2. What was your specific role in the Operation?
3. What was the problem that you were responding to?
4. In our own words what was the objective of the operation?
5. How did IFRC work towards achieving that objective?
6. Who were the beneficiaries of the Operation and how were they selected?
7. How did the RC work to cover the various groups including the most vulnerable?
8. Can you describe for me the design of the operation, the different stages or phases?
9. Were the resources made available to DRC by IFRC and Partners enough to reach the needs of the target group? Please give a reason for your answer.
10. Was the DRC sufficiently trained to undertake the activities outlined in the Disaster Response and Recovery? If not, what was done to address this gap?
11. Please Describe the coordination process between IFRC, other humanitarian partners and the Government of Dominica. (Was there adequate communication, and course corrective measures to reduce duplication?)
12. Were there challenges to the coordination of actors? If so, how did you overcome these challenges?
13. What monitoring systems were in place to track the progress of the response? Were there regular feedback mechanisms included?
14. How did the Operation adapt to the changing needs of beneficiaries?
15. Which of your activities were intended to have longer term benefits for the beneficiaries? Do you believe these activities have resulted in their intended benefit?
16. How did the level of community preparedness affect the effectiveness of the Disaster Response and Recovery Operation?
17. At this stage are the communities better prepared to take on another hurricane?
18. At this stage is the DRCS better prepared to take on another hurricane?
19. What is needed to ensure preparedness at both the community and NS levels?

Appendix H- KII Delegates/ RITS

1. What agency/arm were you affiliated with during the Hurricane Maria Operation in Dominica?
2. What was your position/ title?
3. What was your role relative to the IFRC response?
4. What do you believe was the overall objective of the Operation?
5. What aspects of the overall operation did you find the most effective?
6. What aspects did you find the least effective? (planning, appeals/funding/ resources, FACT/ERU/RDRT, NS capacity, coordination, integration)
7. Do you think there were adequate systems in tools, resources in place to do your job?
8. To what extent did the services provided by the red cross meet the needs of the target group?
9. What were the expected outcomes of the operation and were these met?
10. What was the coordination like between your agency/arm/ org and the IFRC and DRCS, Govt of Dominica and other humanitarian agencies?
11. What were the main coordination successes?
12. Were there challenges to the coordination mechanisms?
13. To what extent does Information Management help or hinder the response?
14. To what extent did the operation utilise and take into account existing movement capabilities?
15. In your opinion to what extent did the operation integrate sectors?
16. What other challenges did you face during the operation?
17. How did you overcome these challenges?
18. Were any lessons learned from other previous responses applied to this operation?
19. Are there any current or future challenges that may pose a threat to future IFRC response operations in the Dominica?
20. What possible recommendations could you offer to improve or optimize the IFRC Dominica response? Future responses?
21. Is there any question I should ask?
22. Is there anything you would like to share?

Appendix I- KII CTP Delegate

1. Describe the cash transfer process
2. What were the objectives of the cash transfer?
3. Who were the targets? Were they the right people?
4. Did you reach your intended target?
5. What were the intended outcomes?
6. What systems were in place to monitor/report?
7. How did you verify that CTP was being used correctly?
8. Was the DRCS prepared to provide this service?
9. Did you encounter any challenges while delivering CTP? How did you overcome these challenges?
10. Was there continuity in the operation between when you arrived and when you left?
11. Do you think beneficiaries were satisfied with the CTP?
12. What were if any some sustainable effects/results from the CTP?
13. What do you believe were the strengths and weaknesses of the CTP?
14. What recommendations do you have for using/improving CTP by DRCS and in future operations?
15. Is there anything else you wish to share?

Appendix J- KII Finance (IFRC)

1. Who were the major donors of this operation?
2. How was the funding allocated?
3. Were the funds delivered in an efficient and timely manner? Did the operation experience any delays?
4. How did the operation adjust to changing circumstances in funding?
5. Did the activities peak with the funding?
6. Is there any other funding source for DRCS?
7. What sustainable effects remain after the funding is gone?
8. What reporting mechanisms currently exist for finance?
9. What were the major challenges related to finance?
10. What were the strengths?
11. What recommendations do you have for future operations particularly in the area of finance?

(Final Evaluation Hurricane Maria Operation Dominica)

Date of issue:15-11-2018

Closing date (Geneva time zone):25-11-2018

Duty station:Dominica

Country:DOMINICA

Duty station status: N/A

Accompanied status: N/A

Duration:45 days

Category of Staff: Consultant

Grade: Not applicable

Vacancy No:IFRC02650

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Background

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian organization, with [191 member National Societies](#). As part of the International Red Cross and Red Crescent Movement, our work is guided by seven fundamental principles; humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

Organizational Context

The Secretariat of the International Federation of Red Cross and Red Crescent Societies ("the IFRC") works to a Business Model and has a Business Delivery Plan with key commitments that sharpen its focus, clarity, and efficiency and accountability results. The Secretariat, headquartered in Geneva, has five decentralized regional offices: one of which is the Americas, guided by the Secretariat strategies for implementation and areas of focus that builds on the vision of Strategy 2020. The Americas' region is organized in two main hemispheres: a group of service-based departments and geographical configurations of (i) Country Cluster Support Teams and (ii) Country Office(s), as well as the Deputy Regional Director, each of them led by the Regional Director; and another hemisphere: six building blocks composed by (i) Partnerships and Resource Development, (ii) Policy, Strategy and Knowledge; (iii) Communication, (iv) Disaster and Crisis: Preparedness, Response, and Recovery, (v) Health and Water and Sanitation, (vi) Logistics, each of them led by the Deputy Regional Director.

Hurricane Maria hit Dominica on 18 September 2017, bringing torrential rain and winds of up to 250 kilometers per hour (category 5), which affected all the country's 73,800 inhabitants. The government and UNDP conducted a building damage assessment of 29,431 buildings from late October 2017 until the end of January, which showed that 18.5 per cent of the buildings were destroyed, 25.5 per cent had major damage, 28.5 per cent had minor damage and 27 per cent had minimal damage; moreover, the assessment revealed that many houses still have inadequate roofing. A sizeable portion of the population were highly vulnerable due to the loss of their main source of livelihoods. The impact of the hurricanes went beyond physical infrastructure. Routine visits to health centres and hospital care were interrupted until those facilities could be repaired. There was damage to structures and critical systems such as water, electricity and communications. There was damage to high-cost specialized equipment and medical supplies, and damaged roadways hindered the arrival of supplies to the affected facilities, which also had an impact on health care .

Job Purpose

Evaluation Purpose and Scope

The IFRC is committed to quality assurance, standards and a culture of lesson learning in its disaster response. This final evaluation aims to improve service delivery and accountability to beneficiaries, donors and other stakeholders and to build lessons for the improvement of the IFRC disaster response system.

The final evaluation will look at lessons learned, but also provide support to recovery planning and any recommendations for adjustments for the upcoming operational responses in the region.

The final evaluation will evaluate the following areas:

- the relevance and appropriateness of delivery of humanitarian assistance to beneficiaries based on needs and context.

- the efficiency and effectiveness of the IFRC response, including coordination with key partners and external actors aimed at optimizing the response.
- the coverage in terms of which population groups were included in or excluded from the intervention. Special attention will be given by the evaluators to the extent the response has considered and addressed the needs of vulnerable groups and in particular women, girls and boys and people living with a disability.
- the connectedness ensuring that short-term emergency activities are implemented taking longer-term and interconnected factors into account
- The Relevance and efficiency of the coordination mechanisms implemented.

The final evaluation will review what worked well, what requires improvement, taking into consideration the context and capacities of the National Society and other Movement components.

The evaluation will cover the periods of the responses in Dominica with a duration of 18 months from September 2017 to March 2019.

Evaluation objectives and key questions

The specific objectives and possible key questions to be addressed in this final evaluation are listed below. These questions provide an initial guidance and are expected to be further elaborated by the Evaluation Management team.

To what extent has the response achieved the expected results and been relevant and appropriate to the needs of the target groups?

- Did we target the right group of beneficiaries during this emergency response? Was it a good decision to cover the total population from Dominica?
- Did the amounts of target population estimated reasonable giving the capacities and resources available?
- Did the needs assessment consider the vulnerabilities and capacities of groups in the communities?
- To what extent has the design of the operation considered the capacities of the national societies involved, both at HQ and branch level?
- To what extent has the operation taken in to account the pre-existing Movement capacities and incorporated in to the response operation?
- Did the response adapt to changes in need, capacities and context?
- What successes and gaps can be identified in the response and are there ways these gaps could have been addressed or could be addressed in future?

To what extent has the response achieved its intended immediate results in an effective and efficient manner?

- Have immediate results been achieved according to the intervention design, based on the indicators?
- Did beneficiaries receive assistance in a coordinated manner? (within the different sectors of intervention and with other partners?)
- Was there adequate time and effort invested for the integration of interventions across the different operation sectors and how could this be further strengthened?

Job Duties and Responsibilities

- How effective were the contributions of regional assets (RIT, etc) and how efficient was the cooperation and coordination with NS, movement partners and external partners?
- To what extent were the Principles and Rules for RCRC Humanitarian Assistance adhered to and were these Principles and Rules effective as a coordination tool to improve the delivery of humanitarian assistance?
- How successful has the Movement Coordination framework been and what lessons learned are?

Evaluation methodology & process

The methodology will adhere to the [IFRC Framework for Evaluations\[1\]](#), with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted, and utilized.

An **IFRC evaluation management team** will manage and oversee the evaluation and, with the evaluators, ensure that it upholds the IFRC Management Policy for Evaluation. The evaluation management team will consist of three people not directly involved with the operation: the operation coordinator from the cluster, PMER delegate for the operations, and the PMER regional manager for the Americas.

The **evaluation consultant** will provide an independent, objective perspective as well as technical experience on evaluations, and will be the primary author of the evaluation report. The consultant will not have been involved or have a vested interest in the IFRC operation being evaluated, and will be hired through a transparent recruitment process, based on professional experience, competence,

ethics and integrity for this evaluation. The evaluation consultant will report on progress or challenges to the evaluation management team.

The specific **evaluation methodology** will be detailed in close consultation between the evaluation consultant and the evaluation management team, but will draw upon the following primary methods:

1. **Desktop review** of operation background documents, relevant organizational background and history, and any relevant sources of secondary data, such as exist surveys from IFRC participants in the operation.
2. **Field visits/observations** to selected sites in Dominica
3. **Key informant interviews** (institutional and beneficiaries as appropriate).
4. **Carry out a lesson learnt workshop** with key stakeholders.
5. **Focus group discussions**, (institutional and beneficiaries) to collect lessons learned from the operations.
6. **Participatory workshops** with key personnel from the national societies to present results from the evaluation.

The evaluation consultant will meet with and interview key Red Cross Red Crescent stakeholders in the countries, partner National Societies, and the relevant IFRC Secretariat offices. The team will also consult with other partners and organizations such as governments, the UN, INGOs / NGOs as appropriate to the evaluation's objectives, including beneficiaries.

Initial findings will be shared with the affected national societies and the partner operational response teams in the Dominica. Recommendations relevant to that team will be developed in participatory workshops. [1]<http://www.ifrc.org/Global/Publications/monitoring/IFRC-Framework-for-Evaluation.pdf>

Consultancy Timeframe

A draft report will be prepared for review. This review process should occur within 3 weeks of submitting the draft report to the evaluation management team (EMT), and will involve the following stakeholders in the following order:

- **Week 1-2 post review:** the evaluation management team to check content is in line with this TOR and IFRC evaluation standards. Stakeholders who participated in the evaluation to provide feedback on any inaccuracies or clarifications (differences of opinion should not be put forward here but outlined in the management response). Following this, a final draft is prepared.
- **Week 3 post review:** an evaluation management response table from within the IFRC will review the report and compile a management response to be included as an appendix to the final published evaluation report.

Evaluation deliverables

Inception Report – The inception report will be a scoping exercise for the evaluation and will include the proposed methodologies, data collection and reporting plans with draft data collection tools such as interview guides, the

Draft report: A draft report identifying key findings, conclusions, recommendations and lessons for the current and future operation, will be submitted by the consultant within two weeks of the evaluation team's return from the field.

Final report: The final report will contain a short executive summary (no more than 1,000 words) and a main body of the report (no more than 10,000 words) covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions, lessons learned, clear recommendations. Recommendations should be specific and feasible. The report should also contain appropriate appendices, including a copy of the ToR, cited resources or bibliography, a list of those interviewed, the data collection tools used, and any other relevant materials. The final evaluation report will be submitted 5 days after receipt of the consolidated feedback from IFRC.

All products arising from this evaluation will be owned by the IFRC. The evaluators will not be allowed, without prior authorization in writing, to present any of the analytical results as their own work or to make use of the evaluation results for private publication purposes.

The preliminary and final reports will be submitted through the evaluation management group, who will ensure the quality of the report providing input if necessary. The management group will submit the report to the IFRC Secretariat stakeholders interviewed for review and clarifications. The USG PSD will oversee a management response and will ensure subsequent follow up.

Evaluation quality and ethical standards

The evaluator should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and

impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation consultant should adhere to the evaluation standards and applicable practices outlined in the IFRC Framework for Evaluation.

Education

- Minimum qualification of a master's degree or equivalent combination of education and relevant work experience

Experience

- Demonstrable experience in leading evaluations of humanitarian programs responding to major disasters
- A minimum of 7 years of experience in monitoring and evaluation of projects
- Knowledge of strategic and operational management of humanitarian operations and proven ability to provide strategic recommendations to key stakeholders
- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner
- Experience in qualitative data collection and data analysis techniques, especially in emergency operations
- Knowledge and experience working with the Red Cross Red Crescent Movement and knowledge of the IFRC's disaster management systems

Knowledge, skills and languages

- High capacity to organize and fulfill on time deadlines Demonstrated capacity to work both independently and as part of a team
- Knowledge of the LAC region and previous experience in the Caribbean.
- Immediate availability for the period indicated
- Technical knowledge about Shelter (supports by previous working experience and/or trainings) will be an asset
- Excellent English writing and presentation skills in English

Competencies and values

- **Values:** Respect for diversity; Integrity; Professionalism; Accountability
- **Core Competencies:** Communication; Collaboration and Teamwork; Judgment and Decision Making; National Society and Customer Relations; Creativity and Innovation; Building Trust
- **Functional Competencies:** Strategic Orientation; Building Alliances; Leadership; Empowering others.

It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these Principles at: www.ifrc.org/what/values/principles/index.asp

Comments

Interested candidates should submit their application material by November 25, 2018. Application material is non-returnable, and we thank you in advance for understanding that only short-listed candidates will be contacted for the next step in the application process.

Application materials should include:

1. **Curriculum Vitae** (CV)
2. **Cover letter** clearly summarizing the experience of the consultant(s) proposed as it pertains to this evaluation, daily rate, and three professional references.
3. Short methodological proposal to address in this evaluation. Please include data collection method, data analysis method, among others.
4. At least two examples of an evaluation report most similar to that described in this TOR.

