



**DEC Indonesia Tsunami Appeal
Phase I & Phase II
Final Evaluation Report
Dec 2020**

Prepared for Yayasan CARE Peduli by

Primary Authors

Avianto Amri, PREDIKT

Yusra Tebe, PREDIKT

Idha Kurniasih, PREDIKT

Robert Nufninu, PREDIKT

Wahyu Agung Kuncoro, PREDIKT

Yos Malole, PREDIKT

Moudy Cynthia, PREDIKT

Other Contributors

Nurlaela Lamasitudju, PREDIKT

Rahmadiyah Tria Gayathri, PREDIKT

Munawarah, PREDIKT

Andika, PREDIKT

Cover photo: Yayasan CARE Peduli

Published by

PREDIKT

CEO Building, Jl. TB Simatupang No 18 C. Cilandak - Jakarta Selatan

Email: predikt.id@gmail.com

Website: www.predikt.id

December 2020

Suggested citation :

Amri, Avianto, et al. (2020) DEC Indonesia Tsunami Appeal Phase I & Phase II, Final Evaluation Report. Jakarta, Indonesia: PREDIKT

© Yayasan CARE Peduli, 2020.

You may copy, distribute, display, download and otherwise freely deal with this work for any purpose, provided that you attribute CARE International as the owner.

Disclaimer

This publication does not necessarily reflect the policy position of CARE International or any CARE International organization. The information in this publication was based on available information at

the time of preparation. No responsibility is accepted by CARE International or any CARE International organization for any errors or omissions contained within this publication.

Acknowledgements

This Evaluation was commissioned by the DEC to assess the DEC-funded Indonesia Tsunami Appeal Phase I and Phase II which was implemented by Yayasan CARE Peduli. The objective of the evaluation is to assess the effectiveness and challenges in the project's implementation, gain insight and lessons learned from the experience to serve as inputs and recommendations for future emergency and recovery response.

This evaluation involved the engagement of YCP staff both in Headquarters and in the field, the implementing partner and importantly, representatives of the project beneficiaries. We would like to convey our thanks to those that had contributed their time to the evaluation, sharing their insights frankly and constructively which attributed to the evaluation's quality and integrity. It is our hope that the report will be useful not only for our own internal learning and improvements, but also to the humanitarian and development community in continuously striving to bring the optimum benefits to the people in need that we serve.

Yayasan CARE Peduli management

December, 2020

Project Summary

Title	DEC Indonesia Tsunami Appeal Phase I & Phase II
Date of report	29 November 2020
Type of report	Final Evaluation Report
Authors	Avianto Amri, Yusra Tebe, Idha Kurniasih, Robert Nufninu, Wahyu Agung Kuncoro, Yos Malole, Moudy Cynthia, Nurlaela Lamasitudju, Rahmadiyah Tria Gayathri, Munawarah, Andika
Email	Lead author: avianto.amri@gmail.com
Name of the project	DEC Indonesia Tsunami Appeal Phase I and Phase II
Project start and end dates	1 October 2018 through 31 October 2020
Project duration	DEC Phase 1: 6 months DEC Phase 2: 19 months
Project locations	Donggala district in Central Sulawesi Province
Thematic areas	Shelter and NFIs, Water Sanitation and Hygiene (WASH), Livelihood
Sub-themes	-
Total budget	DEC Phase 1: GBP288,371 DEC Phase 2: GBP491,154
Donor	The Disaster Emergency Committee or DEC (UK)
Estimated beneficiaries	DEC Phase 1: 16,581 people (of which 8,111 are female and 5,811 are children) DEC Phase 2: 11,462 people (of which 5,665 are female and 4,540 are children) Overall total: 28,043 people
Overall objective	DEC Phase 1: <ul style="list-style-type: none"> Disaster/crisis-affected people supported by CARE have access to safe drinking water, adequate sanitation and use adequate hygiene practices Disaster/crisis-affected people supported by CARE obtained or recovered adequate housing and received appropriate HH items to live in dignity and safety DEC Phase 2 <ul style="list-style-type: none"> The most vulnerable affected people at household, community and school levels have improved access to safe drinking water, adequate sanitation and are practising improved hygiene behaviours The most vulnerable affected households (prioritising women-led households) have diversified, productive and sustainable livelihoods that secure access to basic needs as part of their recovery

Executive Summary

Yayasan CARE Peduli (YCP) has been implementing a 25-month program of DEC-funded Indonesia Tsunami Appeal Phase I and Phase II, running from 1 October 2018 through 31 October 2020. The project aims to help secure livelihoods recovery for the most vulnerable households in Central Sulawesi who were affected by the major earthquake and tsunami in 2018.

In DEC Phase 1, the emergency response was delivered in the sector of WASH and Shelter to support the disaster-affected people. In DEC Phase 2, the recovery period focused in WASH and livelihood programs, particularly for female-headed households. In both phases, YCP was working in collaboration with PKPU/ HI, as local implementing partner. Overall, the DEC provided supports with the amount of about USD 1 million for 25-months project period and reached to more than 28,000 people.

This evaluation is to provide a comprehensive analysis of the project's achievements, lessons learned, and recommendations for future actions for similar project within YCP. The evaluation focused on research questions that assess criteria in Core Humanitarian Standards: Appropriateness & relevance; Effectiveness; Timeliness; Strengthening of local actors; Communication, participation and feedback; Coordination with and complementarity to other actors; Continuous learning and improvements; Support for staff; and Management of resources, as well as assessing cross cutting Issues, consists of: Gender sensitivity; Social inclusion and; Accountability.

This evaluation used a mixed methods approach, which includes a combination of desk review, quantitative, and qualitative methods. A total of 432 people took part in this evaluation, through various methods. Survey participants were participated by 353 people from Sibado and Balentuma villages in Donggala district, consisting of 166 men and 187 women. From KII and FGD, 79 people were involved, of which 34 were women. Key informant interviewees were conducted with former/ current YCP staff relevant in each sector, key government officials, and relevant NGO staff, including cluster coordinators. Representatives of beneficiaries and key stakeholders from each sector also took part in the FGDs. Data collection started from 12 November 2020 and completed by 27 November 2020. The team did not detect significant issues and/ or bias that would ill affect the quality of this research.

Based on our assessment, we assessed that the area-based approach combined with integrated programs strategy provided an effective approach for program delivery that enables assistance to reach the most vulnerable and prevent conflict at the village level.

The WASH and livelihood program were considered to be appropriate and relevant. The response was in line with the government and cluster priorities. In general, the WASH program has been designed to be integrated with the livelihood program since the beginning of the assessment then continued at the time of implementation in the field. Each family member received complete benefits from both programs (WASH & Livelihood). In WASH, the program was designed to also include the 5 pillars of Community Led Total Sanitation (CLTS) which are key hygiene education messages that have been agreed at the cluster level. The livelihood program provided benefits to the women, youth, and farmer groups, where these groups are vulnerable and at-risk to future shocks. YCP also responded appropriately in adjusting the response program during the COVID-19 situation where budgets were reallocated to support in the provision of handwashing situation, distribution of hygiene kits and food packages.

In terms of effectiveness, the shelter (distribution of shelter kits), WASH (i.e. latrine repairs, improvement of water points, hygiene promotion), and livelihood programs (trainings of community groups) have been considered as effective in achieving the project targets. In WASH, there are now about 80% of people not doing open defecation and practicing handwashing with soap, a 30% increase before the project starts. All targets have been achieved according to the targets that have been committed.

Further assessment showed that there were latrines for schools and households that were designed for people with disabilities based on the feedback from the users. The beneficiaries selection process also prioritised people with family members that have disabilities. However, it is likely that these interventions were not properly known in the community. Thus, CARE should promote further related to these supports and the importance of inclusion.

In terms of timeliness, the program did experienced delay during the initial phases of emergency due to procurement issues, and there were some interventions that were delayed due to the turnover of staff. However, all beneficiaries that we interviewed and took part in the FGDs have shown high appreciation to YCP's intervention and recognise the added value that YCP provided in the overall recovery process of the communities. In our survey, most people (92%) described that the project were undertaken in timely manner. Overall, almost all people were satisfied with the assistance supported by YCP (98%), felt the assistance were useful or very useful (97%), and appropriate according to the needs of the community (97%).

YCP decision to establish relationship with PKPU/ HI is commendable and considered as a good practice as part of its effort to strengthen local actors. Nevertheless, YCP should also consider expanding its partnership to include local organisations to support the program, for example in post distribution monitoring or CFRM as part of strengthening the monitoring system. YCP also has developed an output tracker that captures beneficiaries data that are segregated by age groups, gender, and other factors of vulnerability, such as elderlies, people with disabilities, and pregnant women. This is a good practice that can be promoted to other agencies for further adoption and replication.

However, during evaluation the team were not able to find any tools to show how safeguarding is embedded into the project cycle. The evaluation team also did not find any specific IEC materials nor document showing on how reporting mechanism related to safeguarding issue should be processed. These are seen as areas of improvement.

Gender has been acknowledged as a key issue of YCP and many humanitarian actors in Central Sulawesi recognised that YCP is a champion in advocating gender issues. For example, in the recovery phase, YCP has no specific program on shelter intervention. However, YCP was actively promoting and advocating gender mainstreaming to government and non-government agencies. This has resulted with the "Ibu Pelopor Rekonstruksi" event (Women Champions in Reconstruction), where this event was seen as an effective and innovative approach that foster inter-agency collaboration while addressing gender issues. Moreover, the Rapid Gender Assessment that was conducted by YCP has served as key reference document for other agencies in gender issues.

Several recommendations were provided to further improve future responses, consists of:

1. YCP should improve the recording and documentation of feedback as well as the response in following up the feedback. This will help in monitoring the responses and to ensure in closing the loop of all feedback.
2. YCP should anticipate the turnover of staff, strengthen the recruitment system, enhance ways to retain staff as well as ensuring that sufficient technical capacity is available for all sectors.
3. A robust and reliable knowledge management system should be established to ensure that all data and information can be collected, recorded, documented, and analysed properly to influence decision making process and support monitoring and evaluation process.
4. In order to increase preparedness and the speed of response, YCP should strengthen the procurement system by having pre-positioned stocks or establishing Long Term Agreement.
5. The response program should integrate DRR during relief and recovery phases, which are crucial to ensure that the disaster-affected people have sufficient capacity to withstand future shocks that may influence their recovery process.

Table of Contents

Acknowledgements.....	3
Project Summary.....	4
Executive Summary.....	5
Table of Contents.....	7
List of Figures	8
List of Tables	9
Acronyms	10
I. Introduction	11
1.1. Project Background and Context	11
1.2. Purpose and Scope of the Evaluation	12
1.3. Scope of Consultancy	12
1.4. Research questions	13
1.5. Ethical considerations	13
II. Methodology and Study Design	14
2.1. Suggested Approach	14
2.2. Field Work Timeframe	15
2.3. Geographical Scope	15
2.4. Survey Sampling Size and Selection	15
2.5. Quality Control and Data Analysis	16
III. Results.....	18
3.1. Water, Sanitation, and Hygiene Promotion (WASH)	19
3.1.1. Appropriateness and Relevance	20
3.1.2. Effectiveness and Timeliness	22
3.1.3. Strengthening of local actors	25
3.1.4. Communication, participation and feedback	26
3.1.5. Coordination with and complementarity to other actors	26
3.1.6. Continuous learning and improvements	26
3.1.7. Support for staff.....	27
3.1.8. Management of resources.....	27
3.1.9. Recommendations	27
3.2. Livelihood.....	28
3.2.1. Appropriateness and Relevance	28
3.2.2. Effectiveness and timeliness.....	30
3.2.3. Strengthening of the local actors.....	33
3.2.4. Communication, participation and feedback	33
3.2.5. Coordination with and complementary to other actors.....	34

3.2.6. Continuous Learning and Improvements.....	34
3.2.7. Support for Staff.....	34
3.2.8. Management of Resources	34
3.2.9. Recommendations	35
3.3. Shelter and NFIs	35
3.3.1. Appropriateness & relevance (CHS1).....	36
3.3.2. Effectiveness and timeliness	37
3.3.3. Strengthening of local actors	38
3.3.4. Communication, participation and feedback (CHS4 and CHS 5)	39
3.3.5. Coordination with and complementarity to other actors	40
3.3.6. Continuous learning and improvements	40
3.3.7. Support for staff.....	41
3.3.8. Management of resources	42
3.3.9. Recommendations	42
3.4. Gender Equality and Social Inclusion.....	43
3.4.1. How the interventions both in the design and its implementation of activities and how it incorporated different needs and accessibility of men and women?	43
3.4.2. Gender gaps that the project has addressed.....	43
3.4.3. Challenges and the recommendations	46
3.5. Safeguarding Mechanism.....	46
3.5.1. Overview	46
3.5.2. Recommendations	47
3.6. Community Feedback and Response Mechanism (CFRM)	47
3.6.1. Participation.....	48
3.6.2. Feedback	48
3.6.3. Recommendations	51
IV. Limitations and Challenges	52
V. Conclusions	53
VI. Recommendations.....	54

List of Figures

Figure 1. Methods in Data Collection and Analysis	14
Figure 2. FGD with livelihood beneficiaries in Balentuma village.....	16
Figure 3. Composition of respondents.....	18
Figure 4. The WASH program supported latrine repairs	20
Figure 5. Access of people to clean water (based on baseline survey conducted in 2019)	21
Figure 6. Survey results on how long it took respondents to collect water from their house	21
Figure 7. Survey results on the quality of the water.....	22
Figure 9. Survey results on where the respondents usually defecate.....	23

Figure 8. Supports latrines provided by various institutions	23
Figure 10. Handwashing station provided by YCP as part of the COVID-19 response	23
Figure 12. Behavior change description from the survey respondents.....	24
Figure 13. IEC materials produced for hygiene promotion.....	25
Figure 14. Survey results on respondents' perspective towards livelihood program	28
Figure 15. Survey results on the food package assistance	30
Figure 16. Survey results on the results of the livelihood program towards economic improvement and knowledge and skills of the beneficiaries	31
Figure 17. Survey results on training activities were carried out in timely manner	32
Figure 18. Survey results on whether the food packages during COVID-19 were distributed timely or not	33
Figure 19. Shelter repair kit distributed by YCP	36
Figure 20. Capacity building strategy on shelter programming.....	39
Figure 21. Community participation in shelter programming	41
Figure 22. Composition of beneficiaries	44
Figure 23. Survey results regarding the involvement of women and disability groups in the livelihood program	44
Figure 24. CARE International Accountability Framework.....	47
Figure 25. CFRM sticker produce during the project implementation	49
Figure 26. Status of complaints and feedback gathered by YCP in DEC Phase 1.....	49
Figure 27. Survey results on the practice of using CFRM mechanisms	50
Figure 28. Preference of respondents on CFRM channels	51

List of Tables

Table 1. List of activities in DEC Phase I and Phase II.....	11
Table 2. Total Survey Respondends per village divided by gender.....	18
Table 3. Total beneficiaries per agreed indicators (Phase 1).....	19
Table 4. Total beneficiaries per agreed indicators (Phase 2).....	19
Table 5. Comparison between baseline and survey results	24
Table 6. Progress of livelihood program against agreed objectives and targets.....	28
Table 7. Total livelihood beneficiaries categorised by target groups and gender groups.....	30
Table 8. PDM results from Shelter Distribution.....	40
Table 8. Total beneficiaires on WASH program based on sex and age category in Balentuma and Sibado villages.....	43
Table 9. Feedback reported from the community.....	45
Table 10. Status of CFRM records in Balentuma and Sibado villages	51

Acronyms

Acronym	Definition
BBS	Build Back Safer
BPBD	Badan Penanggulangan Bencana Daerah (Local Disaster Management Agency)
CBCP	Community Based Child Protection
CFRM	Community Feedback and Response Mechanism
CHS	Core Humanitarian Standard
COVID-19	Corona Virus Disease - 2019
CSOs	Community Society Organisation
DAC	Development Assistance Committee
DEC	Disasters Emergency Committee
DPO	Disability Persons Organisations
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
FSL	Food Security & Livelihood
HAF	Humanitarian Accountability Framework
PKUP/HI	Pos Keadilan Peduli Umat/Human Initiative
HR	Human Resources
IEC	Information, Education, and Communication
IFRC	International Federation of Red Cross
IT	Information Technology
KII	Key Informant Interview
KPA	Komite Pengelola Air (Water User Group)
LTA	Long Term Agreement
MEAL	Monitoring, Evaluation, Accountability, and Learning
MSNA	Multi Sector Need Assessment
NGO	Non-Government Organisation
OECD	Organisation for Economic Co-operation and Development
PDAM	Perusahaan Daerah Air Minum (Local Government-owned Water Company)
PDM	Post Distribution Monitoring
PREDIKT	Preparedness for Disaster Toolkit
PSEA	Protection from Sexual Exploitation and Abuse and Child Protection
SOP	Standard Operating Procedure
RGA	Rapid Gender Assessment
RTR	Real Time Review
SAQ	Self-Administered Questionnaire
SSC	Shelter Sub Cluster
USD	US Dollars
YCP	Yayasan CARE Peduli
WASH	Water, Sanitation, and Hygiene

I. Introduction

1.1. Project Background and Context

Yayasan CARE Peduli (YCP) is an Indonesian based humanitarian non-governmental organisation committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

YCP has been implementing a 25-month program of DEC-funded Indonesia Tsunami Appeal Phase I and Phase II (Table 1), running from 1 October 2018 through 31 October 2020. The project aims to help secure livelihoods recovery for the most vulnerable households in Central Sulawesi who were affected by the major earthquake and tsunami in 2018.

Table 1. List of activities in DEC Phase I and Phase II

Activities	DEC Phase 1
Kitchen Kits	14 villages in Banawa and Sirenja districts
BBS Training	2 villages in Sirenja and Sindue Tokara districts
Shelter Repair Kit	2 villages in Sirenja and Sindue Tokara districts
Shelter Kit	2 villages in Banawa and Sirenja districts
Hygiene kits	1 village in Boya village, Banawa district
Hygiene promotion	5 villages in Banawa and Sirenja districts
Water points	2 villages in Sirenja district
Latrine	1 village in Tanjung Padang village, Sirenja district
Cash for Work	1 village in Tanjung Padang village, Sirenja district
Activities	DEC Phase 2
Business Model Canvas training	2 villages in Sirenja district
Production Cost Training	2 villages in Sirenja district
Financial Reporting Training	2 villages in Sirenja district
Marketing training	2 villages in Sirenja district
Hygiene Promotion	2 villages in Sirenja district
Latrine repair	2 villages in Sirenja district
Water Point	1 village in Balentuma village, Sirenja district
Food package assistance	2 villages in Sirenja district
Hygiene Kit	3 villages in Sirenja district

In the “Indonesia Tsunami Appeal Phase I”, the emergency response was delivered in collaboration with Pos Keadilan Peduli Umat or currently named Human Initiative (PKPU/HI) for hygiene kits and hygiene promotion, water point, latrine, shelter kits, shelter repair kits, kitchen kits, cash for work and BBS training.

In the recovery phase, the “Indonesia Tsunami Appeal Phase II” was implemented both by PKPU/HI (Human Initiatives) for the hygiene promotion and livelihood component and by YCP for the water point rehabilitation, public latrine construction, household latrine rehabilitation and providing handwashing facilities at schools. In addition, to respond to the COVID-19 impact, YCP also distributed Food Aid and Hygiene Kit distribution. All target villages in phase 2 were located in Sirenja Sub-district, Donggala District. YCP plays an overall leadership role and supervision for all field activities. The list of villages is available in the annex.

The project's specific outcomes are:

Phase I:

- a) Disaster/crisis-affected people supported by CARE have access to safe drinking water, adequate sanitation and use adequate hygiene practices
- b) Disaster/crisis-affected people supported by CARE obtained or recovered adequate housing and received appropriate HH items to live in dignity and safety

Phase II

- a) The most vulnerable affected people at household, community and school levels have sustainable access to safe drinking water, adequate sanitation and are practicing improved hygiene behaviours;
- b) The most vulnerable affected people (prioritising women-led households) have diversified, productive and sustainable livelihoods that secure access to basic needs as part of their recovery

1.2. Purpose and Scope of the Evaluation

Purpose

The final evaluation is expected to provide a comprehensive analysis of the project's achievements, lessons learned, and recommendations for future actions for similar project within YCP. The target audience for the evaluation includes such key stakeholders as government, international donors, and non-governmental organizations responding to disasters in Indonesia, particularly in similar geographical area of Central Sulawesi.

Objectives

There are several objectives for the current evaluation as follows:

- 1) Assess relevance, effectiveness, efficiency, impact, sustainability, coverage, and coherence of project refer to the Core Humanitarian Standards (CHS) Quality Criteria.
- 2) Assess the outcome and impact of the project in relation to its objectives, activities and outputs as set out in the log frame and recommend ways of improving the delivery model of similar humanitarian programmes in future.
- 3) Assess how effectively the project has addressed the challenges encountered, including assessing the project's rationale, beneficiary accountability mechanisms, and phase out plan
- 4) Assess the level to which identified gender issues were addressed.
- 5) Provide clear analysis of the following themes, throughout the intervention cycle and the effect on intervention result:
 - a. Protection Disability
 - b. Safeguarding
 - c. Diversity and inclusion

1.3. Scope of Consultancy

The Evaluation will focus on the implementation of the whole emergency response that conducted by YCP across the sector along with the implementation and contribution of DEC phase 1 & 2 funding, including:

- Account to local stakeholders and funders for the project's performance.
- Verify whether the funds were used effectively and efficiently to deliver results (assessing Value for Money).

The Evaluation also need to take consideration all operational activity due to COVID-19 crisis situation that may impact project implementation, as well as the planned evaluation implementation

1.4. Research questions

The Evaluation will focus on research questions that will assess:

- a) Criteria in Core Humanitarian Standards: Appropriateness & relevance; Effectiveness; Timeliness; Strengthening of local actors; Communication, participation and feedback; Coordination with and complementarity to other actors; Continuous learning and improvements; Support for staff; and Management of resources
- b) Cross Cutting Issues, consists of: Gender sensitivity; Social inclusion and; Accountability

The detail questions related to the above criteria is listed in Annex.

1.5. Ethical considerations

The following protocols were undertaken to ensure minimum risks to vulnerable groups, such as children people with disabilities, women group, and others:

- a. Obtaining permission from the disaster management office at the local level.
- b. Written consent from the adult participants. The consent form has followed CARE's Safeguarding Policy.
- c. While written consent obtained from respondents, verbal consent also be sought from each respondent before commencing the research.
- d. The consent forms also explicitly state that the research will be recorded (if applicable) and that by providing written consent to participate in the study, permission to record is also being granted
- e. Respondents will participate in an area where it is a familiar, safe, and accessible environment for them (e.g. home, government buildings, village facilities).
- f. The topic that is being discussed (i.e. disaster) is well within the respondent's common experience and the questions were designed not to induce any stress or trauma. Selection of respondents were consulted first with the village head.
- g. Information regarding CARE's program presented, so respondents able to get more information on the hazards and their management if they wanted it.
- h. The field work was led by Nurlaela Lamasitudju who have extensive experience working as a facilitator with the community and conducting FGDs and interviews.
- i. All information collected from the respondents remained anonymous. Only the Core Team Members have access to the research data with identifiable information.
- j. All data (recordings and other documents produced, e.g. questionnaires) were converted into computer file and stored in a password protected cloud storage file. The hard copy data will be destroyed after converted into digital format. The data will be stored for at least five years.
- k. All of measures mentioned above -including the permission from the Government, permission from the school managements, and consent forms from the parents and legal guardian of the children- were sufficient and comply with the Indonesian law.
- l. The deputy team leader coordinate with the field team to check and monitor the situation, including also consultation protocols were aligned with the ethical considerations that have been agreed.
- m. The consent form consisted of background information on what is CARE, who we are, where we operate, and how we operate. Contact information is also available if the respondents have issues, complaints, or change their mind. The respondent provides information on their full name, age, address, and signatures.

II. Methodology and Study Design

2.1. Suggested Approach

This evaluation is using a mixed method approach which is a combination of desk review, survey (using questionnaire), and qualitative data collection through Focus Group Discussion (FGD) and Key Informant Interviews (KII), as illustrated in Figure 1.

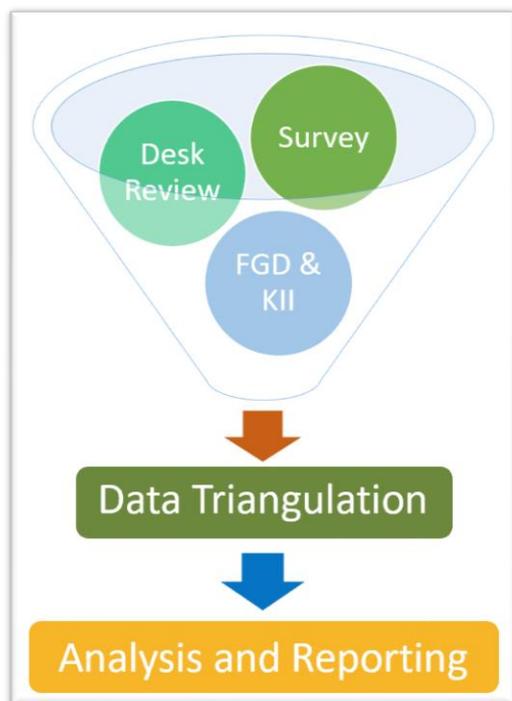


Figure 1. Methods in Data Collection and Analysis

Continuous consultation with YCP team was conducted throughout the evaluation to collect relevant documentation to the project in both DEC Phase 1 and Phase 2. This includes the project proposals, output tracker, Post Distribution Monitoring (PDM) reports, reports related to the Community Feedback and Response Mechanism (CFRM), baseline and evaluation reports, training materials, and Information, Education, and Communication (IEC) materials. Other data from external agencies were also assessed including relevant policies, guidelines, reports published by government and non-government entities. In general, the documents were reviewed to assess the relevance, coherence, and build evidence on the past and current context. The PREDIKT team collaborated with YCP in Jakarta and Central Sulawesi offices in identifying the most relevant and important reports from its internal and external resources to benefit further analysis and data collection measures.

Primary data collection was gathered using questionnaire, FGD and KII. Quantitative method by using questionnaires have the advantage of gathering information from large groups and it is usually relatively quicker to analyse numerical data compared with qualitative data (Bell 2007). However, this tool cannot gather in-

depth data in relation to the effectiveness of the process and has limitation in assessing sustainability and impacts. This method also restricts participants' responses to those listed by researchers. It does not allow the collection of data otherwise important to the participants or data relating to wider issues at play, such as underlying vulnerabilities.

Therefore, to have a robust analysis, we also recommend using focus groups discussions and key informant interviews. These methods are useful to explore more in-depth on participants' knowledge and experiences and reasons for their views and opinions (Kitzinger 1995; Kvale 2007). FGDs in particular are considered to be more cost effective in collecting large amounts of qualitative data in a relatively short period of time (Parker and Tritter 2006). FGDs were carried out with the beneficiaries of the programs to get their understanding and inputs of what have worked well and what have not. Beneficiaries include institutions, CSOs and communities.

In addition to FGDs, interviews with key informants were conducted to have in-depth understanding of key stakeholders, such as Government Agencies, cluster coordinators, NGO partners, as well as former and current staff.

The evaluation will also focus on several considerations as follow:

- a. The evaluation will focus on the implementation of the activity that covers DEC Phase 1 and DEC Phase 2 starting from the initial emergency response (October 2018) until the end of the program (October 2020).

- b. The evaluation will take into consideration the OECD Development Assistance Committee (DAC) and CHS indicator to measure the success of response quality and operation, as well as lessons learned.
- c. Strict measures of COVID-19 health protocol, including maximizing the use of local researchers, avoiding air travel, and preventing large crowds (including in FGDs) were conducted throughout the study.

2.2. Field Work Timeframe

Data collection started from 12 November 2020 and completed by 27 November 2020.

2.3. Geographical Scope

All DEC-supported disaster response program was implemented in Donggala district in Central Sulawesi province. For DEC Phase 1, CARE was implementing program on Shelter, WASH, and livelihood (cash for work) in about 18 villages in Banawa, Sirenja, and Sindue Tobata sub-districts in Donggala district. For DEC Phase 2, CARE have been using area-based implementation approach in Sibado and Balentuma villages in Sirenja sub-district, Donggala District, implementing WASH and Food Security & Livelihood (FSL) programming.

For shelter, since the program was implemented during emergency phase, which was almost two years ago, the evaluation team conducted FGD and KII in two villages that received the most assistance, particularly on shelter (i.e. distribution shelter kits, repair kits, kitchen kits, and Build Back Safer training), which were in Tanjung Padang and Lende Tovia villages, in Sirenja sub-district, Donggala district.

For WASH and FSL, the evaluation focused in the two villages that CARE has been operational, which are in Sibado and Balentuma villages, in Sirenja sub-district, Donggala district. The two villages represent 20% of population in Sirenja sub-district, which is around 4,000 people, according to the Statistical office (2019).

For school latrines, the evaluation collected qualitative data since the schools were not fully operational due to the COVID-19 situation. Thus, interviews were conducted with school representatives from Tompe village where many constructions of school latrines and handwashing stations were conducted. For additional activity, i.e. distribution of hygiene kits during COVID-19 situation, qualitative data were also collected from Lende Tovea village.

2.4. Survey Sampling Size and Selection

According to YCP's output tracker, the total beneficiaries of in the two villages (Sibado and Balentuma) are approximately 939 households. The sample size n and margin of error E are given by using the following formula:

$$x = Z(c/100)^2 r(100-r)$$

$$n = N x / ((N-1)E^2 + x)$$

$$E = \text{Sqrt}[(N-n)x / n(N-1)]$$

where N is the population size, r is the fraction of responses that you are interested in, and $Z(c/100)$ is the critical value for the confidence level c . This calculation is based on the normal distribution. The formula and calculation is provided by sample size calculator developed by Raosoft Inc (2004).

Based on the above formula, the target respondents for the survey is 310 respondents, consist of 150 male and 150 female respondents. The above figures will provide confidence level of 95% and margin of error of 4.67%¹.

Sampling size in each village will use proportional sampling. In Balentuma village, we were targeting 110 respondents (55 male and 55 female respondents) and in Sibado village, we were targeting 200 respondents with 100 respondents each for male and female. The survey is designed using household visit with strict COVID-19 protocol to be adhered.



Figure 2. FGD with livelihood beneficiaries in Balentuma village

For the qualitative data collection, the evaluation team invited representatives of beneficiaries from each sector to attend FGD (a maximum of 10 persons) that were conducted for around 3-4 hours. The FGD participants were selected based on the consultation from the evaluation team and the CARE's team in Central Sulawesi. Key informant interviews were conducted with interviewees comprising of former/ current CARE's staff relevant in each sector, key government officials, and relevant NGO staff, including cluster coordinators (please see annex for detail list of interviewees).

2.5. Quality Control and Data Analysis

The consultancy team conducted the FGDs and interviews with guiding questions which has been agreed during the inception phase. The process was semi-structured and when possible, the consultant investigated further during the process. FGDs applied participatory and interactive approaches. Where consent is provided, FGDs and interviews were recorded. Three people were involved in the FGD process. The lead facilitator facilitated the discussion, the co-facilitator supported in notetaking, and an assistant support the administrative arrangements. Key points as well as quotes that are relevant to the key aspects of this feasibility study were documented.

A grounded theory method was used to understand new trends in research and allows the researchers to analyse the data with an open mind and not limited by previous theories (Graig et al., 2012, Mardis

¹ A confidence level is a range of values we are fairly sure our true value lies in. Meanwhile, *margin of error* tells us how many percentage points the results will differ from the real population value.

et al., 2014). The notes then were compared and analysed to complement the results gathered from the survey and desk review.

Questionnaire responses were recorded using mobile device and enumerators were present to help survey participants if they had difficulties in using the mobile device or understanding the questions. A self-administered questionnaire (SAQ) refers to a questionnaire that has been designed specifically to be completed by a respondent without intervention of the researchers (e.g. an interviewer) collecting the data. Research has shown that respondents are more likely to report sensitive or illegal behaviour when they are allowed to use a SAQ format rather than during a personal interview on the phone or in person. For this reason, SAQs are commonly used to supplement face-to-face interviews when researchers are concerned about social desirability issues².

Prior to the roll out, the questionnaires were pre-tested to assess to 10 participants if there are difficulties to finish the questionnaire. No difficulties were found during the pre-testing.

The data set were first screened for errors visually, and then were checked for any missing values. Due to relatively small number of data, the questionnaire data set were analysed by using Microsoft Excel© software. Triangulation of data received from government agencies, NGOs, and community representatives were also conducted to prevent bias and ensure objectivity.

All records will be given to CARE, however, the information that is presented on the report will be summary of FGD and interview result with some quotes from respondents.

² Lavrakas, P. J. (2008). Encyclopaedia of Survey Research Methods. doi:10.4135/9781412963947

III. Results

This chapter outlines the results from the data collection and analysis from the desk review, questionnaire, as well as FGD and KII. This chapter describes the analysis based on the evaluation criteria that have been approved by YCP, consists of: Appropriateness & relevance (CHS1), Effectiveness (CHS2), Timeliness (CHS2), Strengthening of local actors (CHS3), Communication, participation and feedback (CHS4 and CHS 5), Coordination with and complementarity to other actors (CHS6), Continuous learning and improvements (CHS7), Support for staff (CHS8), Management of resources (CHS9), and Cross Cutting Issues: Gender sensitivity, Social inclusion, and Accountability.

This chapter starts with description regarding the respondents that have contributed to the study and followed by analysis per specific sector and the cross-cutting issues.

The survey successfully gathered 353 respondents (Table 2), with the age range from 23 to 75 years old with the average age of 44 years old. With this figure, the survey's confident level is 95% and margin of error of 4.12%.

Table 2. Total Survey Respondents per village divided by gender

Village	Male	Female	Total
Balentuma	86	73	159
Sibado	80	114	194
Total	166	187	353

Qualitative data collection consists of FGD and in-depth interview participants. The participants of the FGD and interviews were as follow (the complete list of participants is available in the Annex):

Focus Group Discussion participants	In-depth interview participants
<ul style="list-style-type: none"> • Representatives of WASH beneficiaries • Representatives of Shelter beneficiaries • Representatives of Livelihood beneficiaries • YCP staff at country office level 	<ul style="list-style-type: none"> • Social Affairs office at the District and Provincial level • Shelter cluster coordinators • Former and current PKPU staff • Former and current YCP staff

Overall, there were 432 people taking part in this evaluation, through various methods. Survey participants were 353 people (53% female). From KII and FGD, 79 people were involved (43% women) as illustrated in Figure 3.

Of all survey respondents, 22 respondents described that they have some sort of disabilities (e.g. hearing, visual, and walking). The youngest respondent is 23 years old and the older respondent is 75 years old, with average respondent's age of 44 years old. Most respondents are high school graduates (33%), junior high (43%), and elementary school graduates (19%). The rest has university degree (3%) and did not graduates (1%).

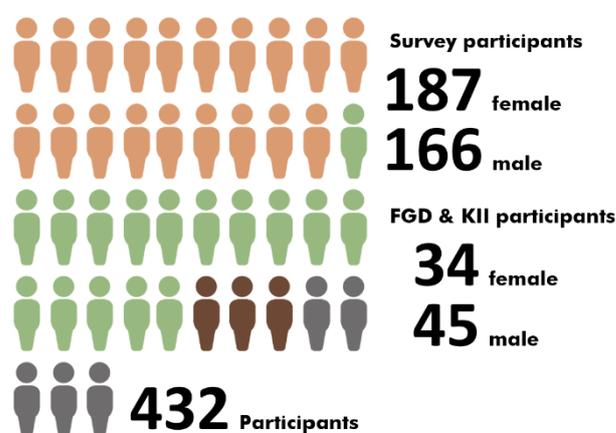


Figure 3. Composition of respondents

3.1. Water, Sanitation, and Hygiene Promotion (WASH)

The outcome of the YCP's WASH program is "the most vulnerable affected people at household, community and school levels have sustainable access to safe drinking water, adequate sanitation and are practising improved hygiene behaviours". This outcome has the objectives and outputs as described in Table 3 and

Table 4.

Table 3. Total beneficiaries per agreed indicators (Phase 1)

Description	Total HH	Girls (U18)	Boys (U18)	Female (18+)	Men (18+)	Total
Phase 1: Disaster/crisis-affected people supported by CARE have access to safe drinking water, adequate sanitation and use adequate hygiene practices						
a. Women, men, boys and girls in the affected areas provided with emergency family hygiene kits						
Results	600	365	362	700	700	2,127
b. Women, men, boys and girls in the affected areas improved knowledge on hygiene practices						
Results	600	365	362	700	700	2,127
c. Women, men, boys and girls in the affected areas gained access to safe water supply						
Results	470	289	348	631	669	1,937
d. Women, men, boys and girls in the affected areas gained access to safe sanitation facilities						
Results	440	270	327	661	799	2,057

Table 4. Total beneficiaries per agreed indicators (Phase 2)

Description	Total HH	Girls (U18)	Boys (U18)	Female (18+)	Men (18+)	Total
Phase 2: Disaster/crisis-affected people supported by CARE have access to safe drinking water, adequate sanitation and use adequate hygiene practices						
a. Women, men, boys and girls in the affected areas gained access to safe water supply						
	166	146	163	193	221	723
b. Women, men, boys and girls in the affected areas gained access to safe sanitation facilities (Included hygiene kits during Covid 19)						
	1,373	1,003	1,035	1,663	1,800	5,501
c. Women, men, boys and girls in the affected areas gained access to safe public sanitation facilities						
	326	700	603	-	-	1,303
d. Women, men, boys and girls in the affected areas are practicing improved hygiene behaviours						
	807	463	516	1,126	1,123	3,228
e. Women and men in the affected areas employed through CFW for the construction of emergency latrines						
	45	31	32	63	70	196

The WASH response focused on reducing the risk of faecal-oral diseases, the transmission of which includes lack of adequate clean water, sanitation, and poor hygiene practice. The WASH program targeted communities affected by disaster especially people who were directly impacted by the earthquake, tsunami and liquefaction and households with vulnerable people, covering in settings/ environment where the affected people were located, i.e. at home, in displacement camps, in schools, and in health facilities.

The WASH program was also designed to provide a holistic and inclusive approach to increase the health resilience of affected Woman, men, boys, girls and their families in the recovery phase. This includes:

1. Hygiene promotion through behaviour change communication.
2. Coordinating and collaborating with other organizations to improve the quality and access of WASH facilities in the community
3. Encourage the government to continue to maintain and operate clean water facilities that have been built through village regulations
4. Improve the quality and access to sanitation facilities for vulnerable groups (Figure 4)
5. Improve the quality of partners through assistance and cooperation on a broader scale
6. Cooperate with governments in districts and provinces to share expertise in improving the quality and reach of services for access to clean water and sanitation for the community.



Figure 4. The WASH program supported latrine repairs

3.1.1. Appropriateness and Relevance

Since the beginning of the YCP Response in Central Sulawesi, the WASH program was designed to target disaster-affected families, particularly female-headed households, persons with disabilities and households with children under-5, HHs with pregnant/bread feeding mother, HHs with elderly. These groups were recognized as the most vulnerable and prioritized to receive benefits from the activities under YCP's WASH program.

Furthermore, 77% of disaster-affected households in Donggala district was not able to return to their houses because their houses were destroyed or damaged due to the disasters, as reported in the Multi Sector Need Assessment initiated by REACH (2019). This is also an indication on the extent of damages on WASH facilities in Donggala. It was also reported in the Central Sulawesi Earthquake Response Plan that Central Sulawesi has one of the lowest rates of access to sanitation in the country and open defecation is still being practiced.

The program design was consulted with technical advisors at the Headquarter level and then further discussed in detail with the implementing partners (PKPU) to ensure all staff understand on what will be done in the field. YCP / PKPU conducted a baseline assessment in 2019 in Balentuma and Sibado villages in Sirenja Subdistrict. The baseline assessment reported that there were still many people who still practiced open defecation, where the government health data showed that only 68 to 79% people have access to household latrines (prior to the disaster). In Balentuma, of those who do not have household latrine, most of them defecate in the river (78%) and public latrine (20%). Meanwhile in Sibado, the practice was a bit more diverse with people who do not have household latrine: defecate in the river (43%), public latrine (21%), dug a hole (18%), and the rest in drainage channel, grass, and the neighbour latrine.

The baseline assessment also highlighted that people have limited access to clean water with only 36% people in Balentuma village have access to clean water and the rest has no access to clean water (Figure 5). The situation in Sibado village was better, where 84% of people have access to clean water. However, it is worth noting that only 38% of people have access to their own water facility and there were still 16% of people lacking access to clean water. This baseline study suggests the importance of

WASH intervention particularly in post-disaster situation to prevent disease outbreak that can further strain the health system.

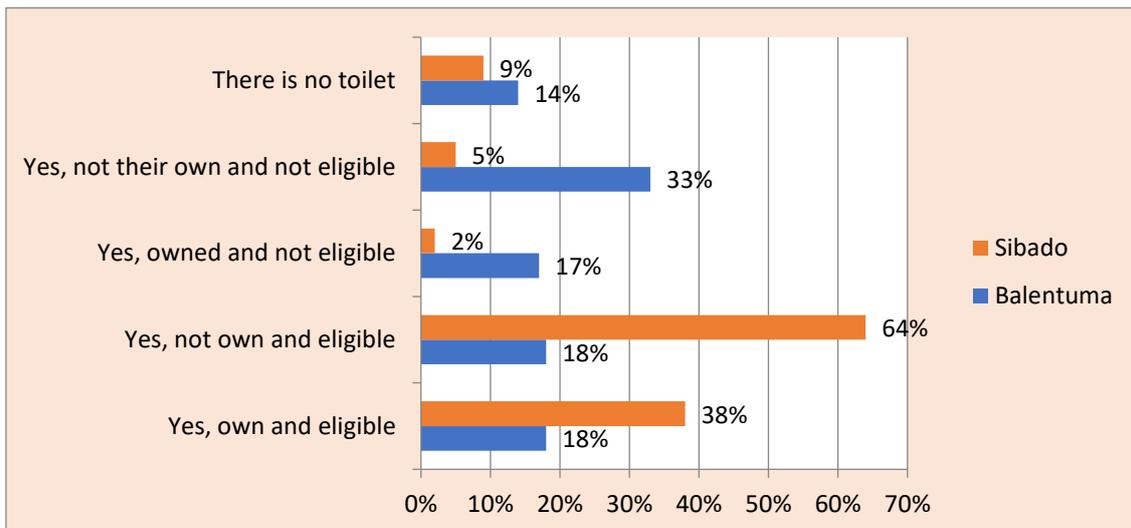


Figure 5. Access of people to clean water (based on baseline survey conducted in 2019)

The WASH response complied with the Sphere minimum standards. To maintain quality in the implementation of the program in the field, the WASH program team refers to the Sphere minimum standards and indicators, where according to our survey, most beneficiaries (61%) described that it takes them less than 15 minutes to collect clean water from the nearest water point (Figure 6) and this is also an indication that the maximum distance of the nearest water points are less than 250 meters from the house.

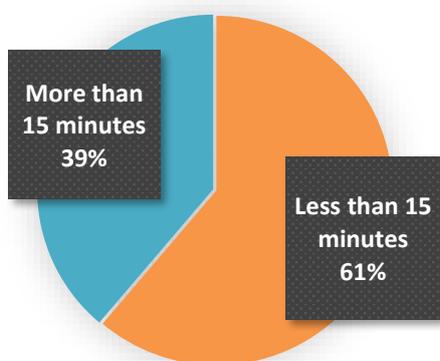


Figure 6. Survey results on how long it took respondents to collect water from their house

On the other hand, there are still 39% of people who were not able to achieve the minimum standard. This should be further communicated with the relevant stakeholders, including the local government so it can be responded accordingly, including to increase the number of water points.

In addition to the construction of school latrine, the community was also continuously educated with health messages where health promotion was carried out through posters and posted in public places to reach more people. In addition to using posters to convey health messages, YCP in partnership with PKPU / HI trained village health cadres in health promotion, especially in triggering the five pillars of community-based total sanitation (or commonly known as STBM) approach. This STBM approach was also recommended by the local government and the WASH cluster, where the five key messages of the hygiene promotion are: (1) stopping open defecation; (2) handwashing with soap; (3) safely managing drinking water and food; (4) properly managing solid waste; and (5) safely managing household liquid waste.

The WASH program team also carried out regular monitoring and evaluation in the field to ensure that all activities were carried out relevant to the needs of the affected community. The WASH program was proven to be flexible to adjust with the evolving situation in at least two occasions. When people have moved out from camps, the communal latrine that were constructed in displacement camps

were reallocated to schools and modified as school latrines so that it can benefit the schools, particularly for children and teachers.

".. we have received assistance for 4 toilets using cement and steel frames, there are 7 places to wash hands for 7 classes and a water reservoir... We were very happy to receive this assistance and it has been handed over to the school on October 27, 2020, but we cannot use it yet because the school is still on holiday due to Covid 19" said one of the school headmasters in Sirenja district

The second occasion was when the COVID-19 situation happened and YCP distributed hygiene kits consist of buckets / water containers (2 units), scoop with handle (1), soaps (14), laundry detergent (1 kg), sanitary napkins (10x6 packages), toothbrushes (adult and child size, 5 units), toothpaste (1), sarong (3), underwear (4). Based from the FGD in Lende Tovea village, we found that the community felt the assistance of Hygiene kits from CARE specifically during the COVID-19 pandemic has been helpful and suitable with the needs of the community, as captured during interview with the head of village.

"We were given by CARE (consists of) water with reservoirs, blankets, and tents. Overall, everything we needed during the COVID-19 pandemic was provided by CARE" said the head of Balentuma village

The items in the hygiene kit were also aligned with the government’s campaign on the prevention of COVID-19 outbreak in promoting handwashing with soap and good hygiene practices at home.

3.1.2. Effectiveness and Timeliness

The WASH program includes support for water points to increase clean water access. The survey results showed that beneficiaries were satisfied with the quality of the water that were taken from facilities built by YCP. More than 90% of people responded that the water that they consumed is generally odourless, tasteless and colourless (Figure 7). Furthermore, almost all people (90%) boil their water first before consuming it, which is a proper practice for good hygiene practice.

The construction of the school latrine was completed timely. However, it was at the same time when the COVID-19 pandemic occurred, thus the latrine that had been handed over to the school have not been used because children were learning from home. Nevertheless, based on our observation and interviews, these school latrines would be very useful in the future, especially when the children return to learning at school. Moreover, the latrines were equipped with handwashing facilities that will help preventing the spread of COVID-19.

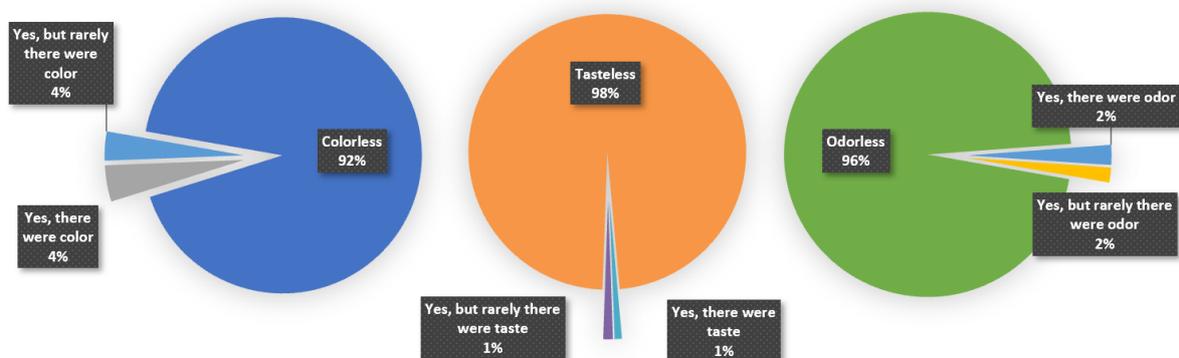


Figure 7. Survey results on the quality of the water

The WASH program also included latrine repair and hygiene promotion focusing on good hygiene practices. The survey results described that YCP reached 28% of the community in supporting for latrine repair, and the rest were supported by other institutions (67%) and by the government (5%) (Figure 8).

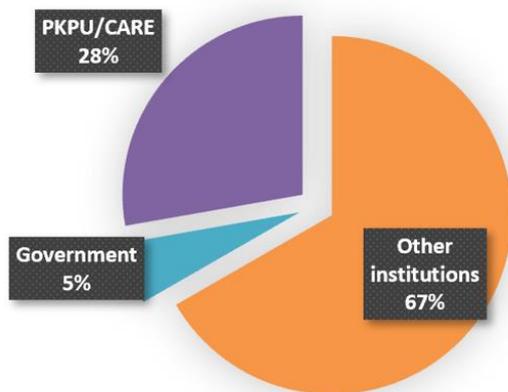


Figure 9. Supports latrines provided by various institutions

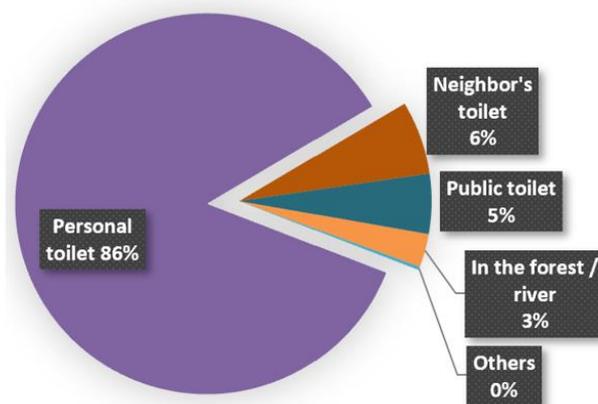


Figure 8. Survey results on where the respondents usually defecate

As mentioned earlier, around 68-79% of people have access to individual latrines. At the end of the program, there were increase of people who access individual latrines, where our survey results showed that there were 86% of people who have access to individual latrines (Figure 9).

The combination of latrine repair, provision of handwashing station (Figure 10), and hygiene promotion has produced effective intervention, as the survey also assessed respondents perspectives on good hygiene practices. The survey results showed that good hygiene practices were applied by the community with 84% of people applied “free of open defecation” (pillar 1) and “handwashing with soap” (pillar 2) in the community. This is an increase of 34% from the baseline survey that was conducted by PKPU/HI in 2019 (Table 5).

Moreover, 48% of respondents said that they had changed healthy behaviour, especially healthy practices in the 5 pillars of STBM since receiving information from YCP / PKPU and other organizations, while 27% said the habit of practicing personal health was long before the disaster occurred, meanwhile another 25% said that they do not routinely practice these good practices such as defecating in the toilet and washing their hands with soap (Figure 11).

This also showed that the hygiene promotion was conducted timely in preventing disease outbreaks as these two messages were also crucial in preventing disease outbreaks, including for water-borne diseases (as described in Sphere handbook) and for COVID-19 disease (as described in the Government’s COVID-19 prevention guideline).



Figure 10. Handwashing station provided by YCP as part of the COVID-19 response

Table 5. Comparison between baseline and survey results

Parameters	Baseline	Survey results
Free open defecation	52%	84%
Handwashing with soap	50%	84%

During DEC Phase 1, the WASH response consists of primarily distribution of hygiene kits combined with provision of emergency latrines in camps, hygiene promotion, and provision of water points to restore access to clean water. The distribution of hygiene kits was facing delays due to materials were limited in Central Sulawesi and needed to be sent from Makassar, which is located in South Sulawesi and about 850 km away. Furthermore, many agencies were procuring the same items in South Sulawesi for the needs in the disaster affected communities. This was further exacerbated with YCP’s procurement system that was not equipped to support emergency situations.

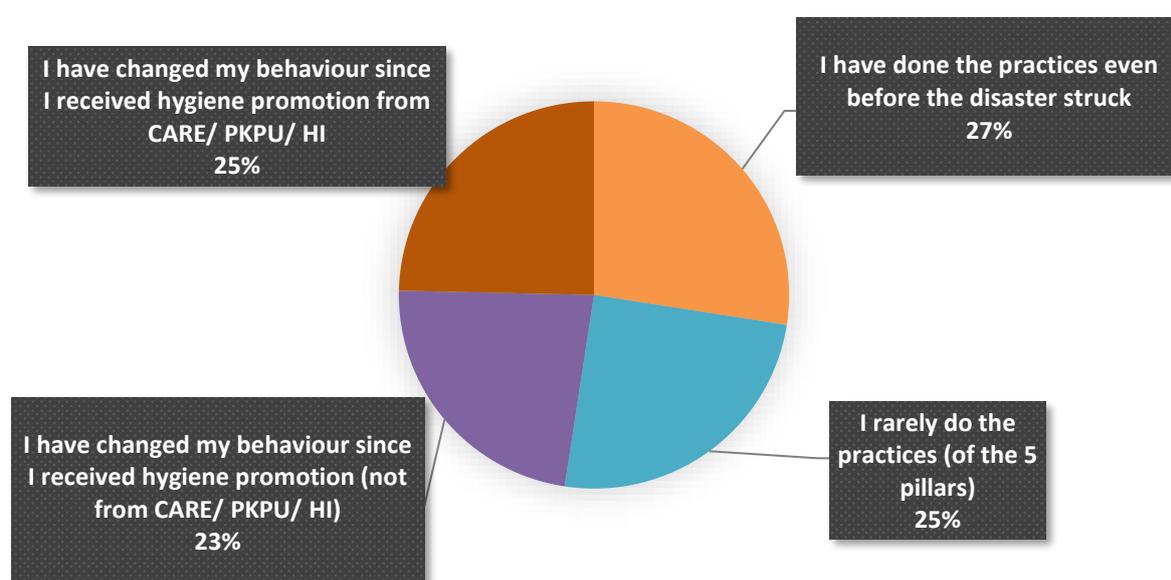


Figure 11. Behaviour change description from the survey respondents

Many established humanitarian agencies in Indonesia have pre-positioned stocks for relief items or Long-Term Agreement with reliable supplier across Indonesia to anticipate sudden onset disasters as Indonesia is recognised as one of the most disaster-prone countries in the world with about 2,000 – 3,000 disasters occurred every year. Thus, it is encouraged for YCP to have an established plan for the procurement of essential relief items so that the distribution of relief items can be implemented during the first days of emergency.

In the FGD, the people in Sibado and Balentuma described that the health messages were placed on the posters and these posters were easily understood and people can remember the key messages (Figure 12).

The health promotion activities were originally designed to be conducted by mobilising people and conducted in groups. However, due to the COVID-19 situation, the hygiene promotion was carried out by health cadres where they conducted household visit. This approach, combined with the distribution of hygiene kits, was felt to be very effective especially since this was performed during the COVID-19 situation happened and the beneficiaries were able to also discuss and asked regarding COVID-19 to the health cadres.

“We received water storage with clean water, blankets, tents, where everything that we need (during emergency period) were provided by CARE” said head of village



Figure 12. IEC materials produced for hygiene promotion

However, the limited vendor list made the procurement process was slow, even when assisted by CARE's office in Makassar. Changes in the procurement system should be explored, including options to purchase stocks and pre-positioned it in a dedicated warehouse, partner's office, or YCP's office, or having a Long-Term Agreement (LTA) with trusted and reliable suppliers in several places across Indonesia. Maintaining pre-positioned stocks is a common practice of humanitarian agencies in Indonesia due to the proneness to disaster. These relief items may consist of tarpaulins, tents, shelter kits, hygiene kits, school kits, and recreational kits. These kits often preferred due to its long shelf-life. Another alternative is having LTAs can also be explored seeing that Indonesia is often has a robust transportation and distribution system.

Based on the above analysis, the WASH program response carried out by YCP in partnership with PKPU/ HI has had a significant impact on the community, especially in fulfilling access to clean water, access to sanitation, and increased knowledge and promote healthy behaviour change.

3.1.3. Strengthening of local actors

In the response that has been carried out in Palu, YCP and PKPU / HI have tried to employ more local staff. This is a good practice to strengthen the capacity of the local community. Another advantage of recruiting local staff is that they are familiar with the customs and culture of the affected people as well as understand the local language. However, hiring local staff is not without challenges because most local staff have no or limited technical experience and capability. This challenge combined with the nature of post-disaster response programming that often requires fast response and quick decision, creates more complicated situation. Our interviews also described that YCP and PKPU/ HI often build the capacity of local staff with a more hands-on approach to learning or "learning by doing".

YCP and PKPU/ HI has also collaborated with the local government especially at the village level, where the trainings involved village representatives as well as representatives from sub-district governments such as sanitarian from the community health centres (or commonly known as Puskesmas), particularly for the hygiene promotion component. The involvement of sanitarian staff from the Puskesmas on the 5 Pillars of STBM training has also made impact in strengthening relations between health cadres and puskesmas staff, that also enables the process of monitoring the behaviour changes of community after receiving triggering of the 5 STBM Pillars in emergency in the community.

On the other hand, to ensure the operation and maintenance of clean water facilities supported by YCP and PKPU/ HI, there were trainings that were conducted for the Water User Group (Komite Pengelola Air or KPA) where KPA members were involved in the process of water infrastructure repair/ construction. KPA involvement during field work made them learned on technical skills on how to operate and maintaining facilities supported by YCP and PKPU/ HI.

3.1.4. Communication, participation and feedback

YCP has established CFRM using several channels that can be used by the community. During the FGD with WASH beneficiaries, people prefer to use suggestion boxes because the boxes are always under the staff when carrying out activities in the field, the community feels more comfortable using the suggestion boxes compared to IT-based channels (i.e. WhatsApp / SMS / hotline number).

Besides the CFRM channels that have been prepared by YCP and PKPU/ HI, the community also provides direct feedback to the field staff or comes directly to the office. Unfortunately, these often were not received by CFRM Log person at YCP and PKPU/ HI, this had an impact on the response to the community regarding the WASH program, whether requests for help or complaints were not followed up by program staff for the unrecorded feedback. However, based on the CFRM reports, most of the feedback gathered from the community were requests for more support. Our interview with YCP staff also mentioned that the feedback has been responded and communicated collectively to the community at the end of the program.

Based on our observation, we see significant value in having a dedicated person to coordinate and manage the CFRM, particularly in collecting, documenting, and facilitating proper response for every feedback. In addition, all staff -both YCP and PKPU/ HI – should be trained on how to handle complaints or feedback from the community, especially since there are people who prefer to send their complaints directly to the field staff or to the office. A robust and effective CFRM can improve participation, prevent conflicts, and promote inclusive approach and ultimately improve the quality of response.

The existence of CFRM has provided significant inputs for the WASH program. However, due to limitation of resources, the suggestions from the community were not able to be followed up as many of these suggestions were request for additional support. For all requests from the community that were submitted through CFRM and cannot be responded by YCP and PKPU/ HI, then YCP and PKPU/ HI coordinated with other institutions and/ or the village administration to be advocated using village funds.

3.1.5. Coordination with and complementarity to other actors

During the emergency period, the WASH Program team was active and regularly involved in the WASH cluster. During the recovery period, the WASH cluster was gradually phasing down and coordination only took place between agencies with the same program or work location to avoid overlapping programs and also for promoting sustainability of the activities implemented in the target villages.

The YCP WASH Program Team has coordinated well with village government officials and health workers from the puskesmas for initial data collection in order to target potential beneficiaries with priority on vulnerable groups.

There is not much coordination with the local government at the district and provincial level, such as with the public works (PU), health office (Dinkes), or the state-owned water company (PDAM) because the activities carried out by YCP and PKPU/ HI focus at the village level, and thus the coordination were more with the village government and at sub-district level (with Puskesmas).

Additionally, YCP's program team also coordinated with other NGOs that received funding from DEC to reduce overlaps in the field, sharing program activities and building inter-agency networking.

3.1.6. Continuous learning and improvements

YCP has developed several standard documents that can be used by field staff for implementation and maintaining the quality of all activities. However, these tools and guidelines that have been used can be further improved. For example, the development of technical manual in WASH for building infrastructure or implementing training and health campaigns in emergency situations

Other lessons learned sharing related to learning from the field and innovation in response have been very limited. The learning sharing process was not fully implemented and only based-on-requests basis from staff or partners. Thus, there is a lack of documentation. In the future, a systematic and structured capacity strengthening program should also be designed to ensure the transfer of knowledge to the local level, particularly local staff, local partners, and local communities.

3.1.7. Support for staff

During the emergency period, YCP's field staff felt supported from the country office in Jakarta, especially the specialists who were involved during the assessment and implementation in the field. These specialists were helpful and supported the team in the field. The baseline reports have been very helpful in guiding the program design and to ensure reaching out to vulnerable groups or the most at-risk.

During the recovery period, there was a vacuum in the WASH specialist role, and this was felt to have quite an impact to the implementing partners, because they had difficulties in consulting technical matters related to WASH. This emphasise the importance on the availability of technical specialists for WASH for both emergency and recovery phases (including linking relief , recovery, and development) to support the field team and partners.

Another thing is that the initial support provided by the WASH specialists from the Headquarter and Country office have not carried out transfer of knowledge and capacity strengthening properly, especially to local staff who work in the field.

3.1.8. Management of resources

YCP's partner felt that they have sufficient resources to recruit staff for implementation in the field, drawn from local people and supported by competent technical specialists, particularly during the emergency period.

Even though with limited technical capabilities, PKPU/ HI as the implementing partner have staff with high volunteerism spirit for humanitarian activities that are easy to adapt, willing to keep learning and build personal capacity and were dedicated and they also have strong local networks. These traits were very useful in making sure the program is moving forward.

3.1.9. Recommendations

Based on the above analysis, there are some recommendations that can be applied for further improvement for future emergencies, as follow:

1. The logistics system needs to be further improved, especially during emergencies. Having prepositioned items or Long-Term Agreement with trusted and reliable suppliers such as hygiene kits will greatly assist CARE in delivering essential relief items in future emergencies
2. WASH technical specialists should be readily available at all time throughout the period of the project implementation. This should be combined with capacity strengthening for YCP's staff as well as partner's staff and the development of tools and guidelines specifically for emergency and recovery program for Indonesia context
3. YCP should develop guidelines on clean water piping construction, troubleshooting, and maintenance for the water committee that can be used as basic manual tools of implementation for future emergencies
4. Every staff, whether YCP staff or partners, should be properly capacitated on how to manage feedback from the community, starting from how to respond to it, how to take notes, how to report it and how to follow up on the complaints / feedback. Recruitment of a dedicated staff to manage CFRM can provide a significant added value
5. There is more than one-third of the population in Sibado and Balentuma who lack access to sufficient quantity of safe water. Therefore, YCP and PKPU/ HI should continue to advocate the

local government and village administration to mobilise resources in improving access to clean water

3.2. Livelihood

The livelihood program was implemented in the recovery period with the following outcome: The most vulnerable affected people (prioritising women-led households) have diversified, productive and sustainable livelihoods that secure access to basic needs as part of their recovery. This outcome has the following objectives and targets, as described in Table 6.

Following the emergency response with the support from DEC Phase 1, CARE and PKPU / HI shifted the focus of the response program on longer-term WASH reconstruction, building community resilience, and livelihood recovery, with the support from DEC Phase 2 funding.

The second phase of the response was designed and implemented to strengthen the resilience through longer-term livelihoods recovery and community-led preparedness programming. Activities have been designed using a rights-based approach, where communities are empowered, and include a range of options to ensure inclusion of the most vulnerable households. The beneficiary criteria were defined to facilitate targeting the right person. Disaggregated data especially for sex, age, and vulnerability criteria were collected and has helped PKPU as partner in targeting groups with the specific needs.

Table 6. Progress of livelihood program against agreed objectives and targets

Objectives and Targets	Progress
280 individuals assisted through the provision and rehabilitation of productive agricultural and fishing assets	All training has been completed and reached 280 individuals as planned
280 individuals assisted through livelihood enhancing trainings	All training have been completed and reached 280 individuals as planned
280 individuals receiving information products through a variety of mechanisms on humanitarian program planning, functioning and progress	All training have been completed and reached 280 individuals as planned

3.2.1. Appropriateness and Relevance

The disaster severely impacted agricultural land and production, irrigation systems, fisheries, horticulture and markets. Despite signs of recovery and markets slowly returning to normality, demand for and supply of some items remains a challenge. YCP was committed and prioritised assistance in the areas with the highest level of damage to infrastructure and to reach the vulnerable people, women headed household in the remote areas who lost their source of income/livelihood due to the disaster. Together with the partner organization, YCP ensured that the selected households met the criteria of most vulnerable, informed by data collected at community level.

Based on the assessment results, recommendations from local authorities, as well as coordination with other stakeholders, the intervention areas were selected.

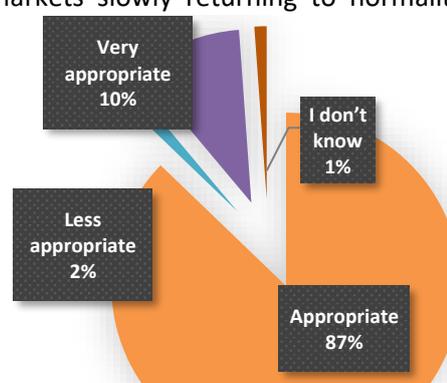


Figure 13. Survey results on respondents' perspective towards livelihood program

Community leaders were involved in determining beneficiaries using pre-determined vulnerability criteria and sought to target areas that have not been reached by other NGOs and/or government.

Almost all respondents (97%) described the livelihood program is appropriate or very appropriate (Figure 14). Our observation also conclude that the livelihood response was appropriate because:

- One of the main priorities in the recovery phase as described in the local government policies on Rehabilitation and Reconstruction Master Plan (Renaksi) that have been legalized with Central Sulawesi Governor Decree Number 10 Year 2019.
- It was designed to accommodate and in line with the needs of the community, as most people in the villages have never attended trainings related to economic program.
- The economic training provided a great value to enhance the capacity of the community to increase their income
- The trainings were also designed to target the most vulnerable, i.e. female headed household

The trainings supported by YCP were business model canvas training, cost of goods production training, financial training and marketing training.

Based on the initial list of pre-identified categories, CARE and its partners worked closely with the affected communities to confirm the most vulnerable groups to ensure equitable access and coverage through the interventions. After the beneficiary lists have been developed, a verification process was conducted to ensure the inclusion of the most vulnerable families in forming the final list. Activity and beneficiary selection information were shared with targeted communities through community meetings for confirmation and validation process. The target beneficiaries were then involved actively in the project activities from the beginning starting, from planning and all the way to implementation.

The project targeted three (3) different groups: women group (development of diversifying product), farmer group (production raw material) and youth group (marketing). Identification of beneficiaries was using a pre-determined criterion, consist of:

- Beneficiaries criteria:
 - Light damage to house
 - Medium damage to house
 - Severe damage to house
- Lost source of income and/or breadwinner dead or injured in the disaster (impacting his/her ability to provide income)
- People with disabilities
- Female-headed households
- Pregnant women and lactating mothers
- Elderlies

During the emergency phase, the response was using Cash for Work (CFW) scheme, particularly for the construction of communal latrine in camps. There were areas that need to be considered in the CFW implementation, which were: people should have equal access for the CFW scheme to avoid conflicts and assessments needs to be done to identify skilled labour. Nevertheless, the affected community was pleased with the approach since they were able to have income

During the implementation of the project, the COVID-19 pandemic occurred. Responding to these situations, YCP has made efforts to help the government to reduce the spread of COVID-19 by distributing communal handwashing facilities in all program locations and also distribution of food aid.

The most significant impact of COVID-19 is a decrease of income due to limited mobility of the community. Normally people were going outside the village and went to Palu to look for additional work and income as laborers before the harvest period. During that time the community only depends on jobs in the village from the agricultural sector and there are no other sources of income. In addition,

during the COVID-19 situation, there is an increase in prices of basic commodities, such as rice due to the lack of access of transportation from outside the village and the available food stocks are limited.

Thus, YCP and together with village cadre and village authority were distributing food packages to the community. Distribution of food packages were implemented in accordance with the needs of the community during the COVID-19 pandemic. Rice, egg and vegetable oil were distributed to each household in Balentuma and Sibado villages in Donggala district. The survey results showed that almost all respondents (99%) described that the food assistance fit according to the needs of the community (Figure 15).

3.2.2. Effectiveness and timeliness

The project successfully achieved short and medium-term outcomes from various interventions. The type of training has been determined in consultation with the beneficiaries from the beginning. During the training, activities especially related to training cost of production were adjusted into the commodities that are available in the village, so that the knowledge and skill received can be directly implemented. The cost of goods production training builds the capacity of the participants in determining the cost of products produced in a certain period.

There were 280 beneficiaries under livelihood programs in the two targeted villages, Sibado and Balentuma villages. These beneficiaries consist of 120 people from agriculture groups, 80 people from women groups, and 80 beneficiaries from youth groups. Men and women have equally benefitted from the project and actively took part in the implementation process during the project implementation (Table 7).

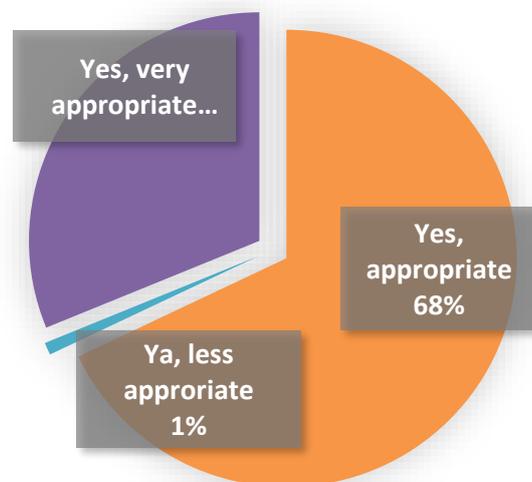


Figure 14. Survey results on the food package assistance

Table 7. Total livelihood beneficiaries categorised by target groups and gender groups

Beneficiaries group	Total livelihood beneficiaries (Household)		
	Balentuma	Sibado	Total beneficiaries
Farmer group	60	60	120
Women group	40	40	80
Youth group	40	40	80
Total	140	140	280
Beneficiaries by gender			
Male	80	70	150
Female	60	70	130
Total	140	140	280

Beneficiaries of the program provided positive assessment on the livelihood program where most beneficiaries stated that the livelihood project was very helpful, as described below:

“Evidences are for example, for farmers who have coconut plantations, usually there is a lot of empty land/space that is unused, after joining the program the

farmers clearly understand and start make use of the empty land/space planting a horticulture product such as chilies, tomatoes and other crops” said FGD participant from Sibado village

During the program implementation, there were no conflict occurred among the group members and there was mutual agreement between group members where the beneficiaries said that they were very optimistic that the livelihood program can continue, as captured during interviews. This was also reflected from the survey result where 61% of respondents described that there was no social conflict occurred during project implementation, and 23% of respondents expressed that sometimes conflict occurred.

The project successfully achieved short- and long-term impact of the outcomes from the various training interventions. The program helped change the mindset and behaviour of community. It has helped the community improve their knowledge and business skill. People also built their capacities by learning their own situation, adaptation to the environment.

The positive outcome: the livelihood program has greatly assisted the community in the post disaster recovery by increasing knowledge and skill as well as enhance economic status. The village administration suggested that all beneficiaries to continue work in groups, so that they can be more productive. And for the time being, the head of village are monitoring closely of all assistance provided so that it can be used properly and not being sold. The project was designed with a good and comprehensive log frame and timeline for each activity. Continue partnership with PKPU/HI was considered the best way for implementation of the activity.

The survey results also captured the perspectives of the beneficiaries where almost all respondents (98%) described that the project resulting to a positive impact on the economic improvement and increased the capacity of beneficiaries in-term of knowledge and skill, where most people (93%) described that the support has increased the knowledge and skill of beneficiaries (Figure 15).

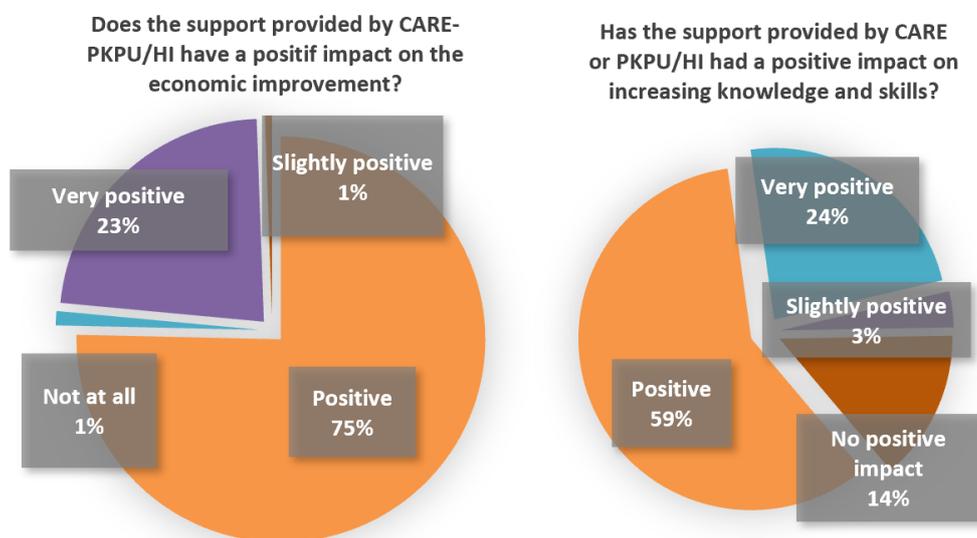


Figure 15. Survey results on the results of the livelihood program towards economic improvement and knowledge and skills of the beneficiaries

It was mentioned in impact evaluation research report the training provided the beneficiaries with relevant skill and have changed their knowledge and skill about business model canvas training, financial, cost of production, farming method and food management. Likewise, the skill of women groups in food processing from agriculture commodities from less skilled becoming skilled and in fact the women groups are able to sell their food products. Also, for the youth group they understand know more detail on the marketing.

*“For the women group, some of the members already have the ability to produce such as coconut oil, processed food from sweet potatoes with the training given, they can manage their business well and PKPU helps with production equipment”
said FGD participant from Balentuma village*

“I am convinced that my business will continue to prosper, because I have all the necessary raw material here and plus, we also received support (from YCP) with production tool. we also received marketing training with other methods to calculate cost and manage funds” said FGD participant from Sibado village

In term of human resources, PKPU/ HI staff have sufficient capacity and skill. However, there is no community mobilizer staff so that if there a feedback/suggestion and comment from the community, it cannot be immediately responded to. The beneficiaries were active during the implementation process by playing their respective role in the project activities. They were also regularly providing feedback during the implementation, monitoring, and evaluation phase that was captured in the feedback mechanism.

In DEC Phase 1, the livelihood program was implemented in the form of cash for work. An interview with the partner’s staff described that the selection of beneficiaries was very difficult because the number of quotas were limited and the duration was also short, and thus there were less representation of women and the vulnerable groups. Unfortunately, due to staff turnover and lack of documentation on DEC phase 1 intervention, it is challenging to assess progress of cash for work intervention.

Due to a miscommunication on the number of target beneficiaries between the target that was agreed by YCP to DEC and the target proposed by PKPU (YCP’s implementing partner), there was a delay in the project implementation. The team then felt it was necessary to adjust the target beneficiaries. This process caused almost 2 months of delay in finalizing the target of beneficiaries and thus caused delay in the implementation.

Despite of the delay, the project was designed with a good and comprehensive log frame and timeline for each activity. With close coordination and collaboration, all planned activity reached 280 HH (according as planned/ committed). However, due to the COVID-19 situation, the project implementation was delayed for 2 months. Even though there were challenges during COVID-19 pandemic, all training activities were conducted timely, including business training, financial literacy, and marketing. This was reflected in the survey results where 65% of people suggest that the program was implemented timely (Figure 16).

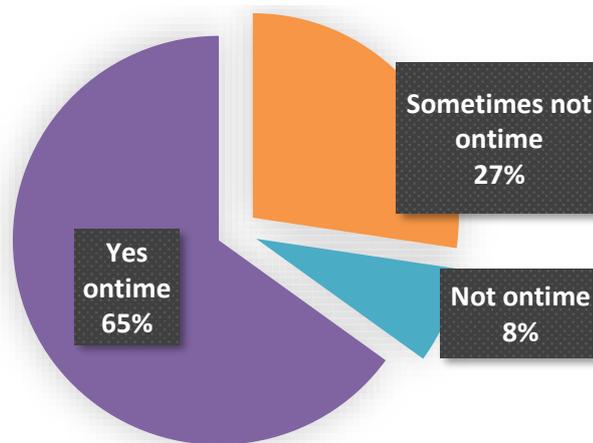


Figure 16. Survey results on training activities were carried out in timely manner

Similarly, the distribution of food packages -as part of the COVID-19 response- was conducted timely and reached the people who needed the most. The food aid distribution took place in the first week of August and the distribution was running well, and the community felt that the assistance provided was timely and very appropriate to help the beneficiaries cope with the impact of COVID-19 situation.

In term of speed of program delivery, there were several factors of influence, including availability of human resources, including team members to support the distribution. Staff turnover, particularly on YCP's field office Project Manager has contributed to challenges in coordination and it took considerable time for adjustment and to catch up with the project implementation. Nevertheless, the administrative and financial process were not affected.

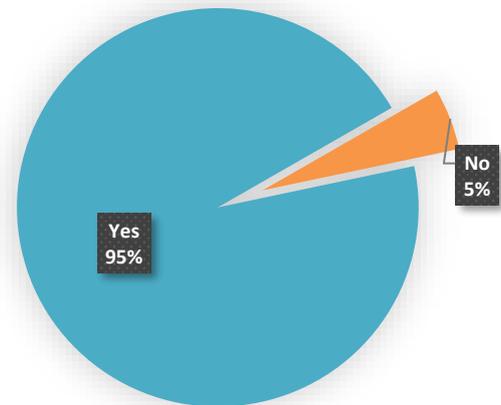


Figure 17. Survey results on whether the food packages during COVID-19 were distributed timely or not

3.2.3. Strengthening of the local actors

YCP continued to work with PKPU/HI since the emergency phase into recovery response. To strengthen the partner's capacity, YCP has provided several trainings activities to PKPU/HI such as MEAL, Gender, CVA and Core Humanitarian Standards. As part of capacity strengthening, CARE also encourages the partner by applying the international standards based on CHS, Sphere, Humanitarian Charter, HAF, and minimum standards in gender. Livelihood training for PKPU staff was provided in the beginning of the DEC 2 project implementation.

Unfortunately, throughout the response period, there was no specific capacity strengthening activity that involves the local government. Although, lessons learned from the livelihood project have been shared with the government, with the expectation that in the future the government can adopt or improve according to the situation. Nevertheless, there were support provided by YCP's Livelihood specialist. PKPU has also livelihood guideline that were used. Thus, technical support from the livelihood specialist have added and enriched the knowledge of PKPU staff throughout the project implementation.

3.2.4. Communication, participation and feedback

Based on CFRM data, there are 126 complaint, input and feedback beneficiaries such as complaint, expectation, question, suggestion, thank you note. From And there is no feedback or complaint from the beneficiaries that have an impact on the project implementation. There is suggestion from beneficiaries technical assistance is one of the concerns and need to be followed up by facilitator.

YCP along with PKPU/HI have has prepared complaint and feedback mechanism for the communities to access. Two ways of collecting feedback were put in place, these were: 1) a telephone hotline available for community feedback and complaints (a card detailing the hotline number is always given to beneficiaries after they receive their kits and the number is displayed on a banner during distribution); 2) a suggestion box placed at each distribution site; and 3) sharing feedback and complaint directly to staff during onsite monitoring.

From the survey results, 23,51% of community have provided suggestion, feedback or complaint directly to staff, 20,40% of community provide through hotline number and 63,46% of community never use the complaint, feedback mechanism. Suggestions, input and complaint from beneficiaries are well documented and followed up

3.2.5. Coordination with and complementary to other actors

All relevant government offices have been consulted with the project plans and have contributed into the implementation of the project. As explained in previous section, YCP participated in coordination meetings among DEC agencies working in Central Sulawesi and using the shared matrix to check which agencies who are working in same area in Sirenja sub-district. List of beneficiaries was also shared with those agencies to avoid overlapping.

As mentioned in the DEC-2 report, the food security and livelihoods (FSLH) cluster were no longer active. However, YCP and PKPU/HI maintain close contacts with key actors in this sector to discuss coordination and technical issues. Both YCP and PKPU/HI have also developed strong relationships with relevant local government bodies. Local government officials were regularly informed about the update implementation of the project.

3.2.6. Continuous Learning and Improvements

YCP and PKPU/HI have worked closely with local authorities and have engaged the communities in implementation and monitoring of the activities and programme, as well as the beneficiary selection. The learning process and sharing lesson learn should be well documented as part of areas of improvement.

The PDM report was mentioned generally 100% of community satisfied related to the assistance provided, 97% the assistance provided was relevant to their needs and 100% of respondents described the implementation was conducted timely. There was an evaluation of the project conducted by PKPU/HI, where this report concern about the impact of the program on changes in social and economic aspects.

Due to high turnover of staff, absence of livelihood officer/specialist on-site, and poor documentation, there was low institutional memory related to the livelihood program. This is unfortunate as it will affect in the learning process and transfer of knowledge from YCP to partners, from the NGO to the communities as well as to the government institutions. Further strengthening in knowledge management system to ensure that proper documentations were recorded and safely recorded should be considered to improve program quality.

3.2.7. Support for Staff

YCP has several documents that served as reference documents, for example the Core Humanitarian Standards, Preventing Sexual Exploitation and Abuse(PSEA) policy, and YCP's Code of Conduct. These documents were shared to all staff and applied in all internal contracts with Country Offices. YCP requires that all staff and partners read and agree to its code of conduct, which includes PSEA. Regular trainings targeting field staff were provided including PSEA training, gender and disability mainstreaming. A livelihood consultant was recruited in July 2020 to support the local staff and partner's in the program implementation.

YCP expects to continue build the capacity building throughout the life of the project by providing several trainings such as PSEA, gender and disability mainstreaming to project staff based in Palu.

3.2.8. Management of Resources

The implementing partner was underspending during the implementation of the project and the remaining budget was allocated for the COVID-19 response. Nevertheless, the adjustment/ budget reallocation for support during the COVID-19 did not affect the project target achievements. The program assisted the communities in reducing the impact of the COVID-19 situation and prevent spreading of the disease.

With limited of technical capabilities and staff of PKPU/HI during the implementation that they are working harder to carry out the activities accordance with the workplan and target time to be achieved. In related to this condition, YCP has continue to strengthen PKPU/HI on MEAL (especially data collection and reporting), finance, logistics and other systems as well their technical capacity and also requires to build the capacity in applying international standards based on CHS, Sphere, Humanitarian Charter, HAF, and minimum standards in gender

3.2.9. Recommendations

To further enhance the FSL response programming, several key recommendations have been identified as follows:

1. YCP and PKPU/ HI should continue strengthen coordination and collaboration with local authorities and other NGOs (particularly local NGOs) for assisting the communities in livelihood, and not only focus on reaching the target number of beneficiaries but also allocating more resources in providing technical assistance to deliver quality programming
2. YCP should allocate resources and to have a dedicated staff as Livelihood officer/Livelihood advisor to provide more technical expertise, sharing knowledge, monitor the implementation of project and also strengthen coordination with NGOs, particularly with local government for advocacy sustainability of the project.
3. YCP should be able to conduct and/or jointly with other NGOs or parties on specific studies such as Sustainable livelihood framework, Livelihood through community-based organization, detail Emergency Market Mapping and Analysis and take action to enrich and strengthen for further livelihood intervention
4. YCP should incorporate strategies to strengthen the capacity of local partner on FSL by enabling transfer of knowledge, experience, and mentorship program. As local partner and staff play significant roles in the program whereas these people are familiar with the local context and culture of the communities.
5. The project management need to allocate longer project duration or project lifetime, so that all the deliverables can be impactful for the targeted beneficiaries and communities and also ensure its sustainability.
6. Due to limited duration of project implementation, an adjustment to livelihood programming may be considered by adjusting the grouping. Instead of division of group by production process (production, post-harvest, and marketing), grouping can be made based on commodity. This approach may allow all commodity groups to obtain knowledge on all production and postproduction processes including marketing. This might also worth to be considered to shorten the duration of the training implementation and make more time to provide technical assistance during postproduction and marketing.
7. The monitoring mechanism should be improved to include detail outputs, scope, schedule as well as budget. The monitoring mechanism should also capture additional constrains of quality, resources and risk that occurred.
8. The project management need to allocate more time and budget for a more thorough impact evaluation of the project, to assesses the changes in the wellbeing and comparing the outcomes experiences of individuals, households, or communities group that can be attributed to the project intervention.

3.3. Shelter and NFIs

The outcome of YCP's Shelter Programming is to support disaster/crisis-affected to obtain or recover adequate housing and receive appropriate household items to live in dignity and safely. The shelter programming consisted of shelter repair kit distribution, cash grant shelter repair, emergency shelter distribution (i.e. tarps and ropes), emergency kitchen distribution, shelter repair and construction by beneficiaries (as part of capacity building), and capacity building on build back safer.



Figure 18. Shelter repair kit distributed by YCP

3.3.1. Appropriateness & relevance (CHS1)

According to report from local province government of Central Sulawesi on December 2018, there were 11,478 HH displaced due to the disasters that happened in 28 Sep 2018³. In Donggala it's reported that 7,989 houses were destroyed, 6,099 were heavily damaged and 7,290 were lightly damaged. Multi Sectoral Needs Assessment conducted by REACH reported that in Donggala 77% of household could not return to their original place of living because their houses were destroyed or damaged due to the disasters⁴.

In the early emergency phase, government policy only allowed non-government organization to provide assistance for emergency shelter, however the needs for people to live in temporary shelter are really high with the number of 7,908 of them in Donggala⁵. Local government eventually allowed non-government organization to provide temporary shelter through SK Gub No. 369/476/DIS.SOG-G.ST/2018) and this has encouraged non-government actors to provide assistance to the affected population through temporary shelter based on agreed standards

The beneficiary criteria that YCP used to determine their shelter assistance for damage houses was categorising houses damage types: destroyed, heavily damaged, and lightly damaged. Furthermore, the beneficiary criteria were also integrated with other vulnerabilities criteria such as;

- Households with family members from vulnerable groups as specified by YCP (Elderly, children, disabilities, lactating women/pregnant women etc.)
- Households with damaged house who have not received adequate shelter assistance from other organisation
- Households that have built their own shelter by themselves or received shelter assistance from other organisations, but it doesn't meet sphere standards

³ Laporan Finalisasi Data dan Informasi Bencana gempa Bumi, Tsunami dan Likuifaksi di Sulawesi Tengah Per Tanggal 20 Desember 2018, Pemerintah Provinsi Sulawesi Tengah, 2018

⁴ Indonesia, Gempa Bumi dan Tsunami Sulawesi Tengah: Kebutuhan Penduduk. Penilaian Kebutuhan Multi-Sektor: Profil Penduduk/ Kabupaten, Februari 2019, Erupean Union, Klasnas PP, UNICEF, Universitas Muhammadiyah Palu, HFI dan REACH, Februari 2019

⁵ Laporan Finalisasi Data dan Informasi Bencana gempa Bumi, Tsunami dan Likuifaksi di Sulawesi Tengah Per Tanggal 20 Desember 2018, Pemerintah Provinsi Sulawesi Tengah, 2018

- Households that have built their own shelter by themselves, but it is not gender-sensitive/ provide enough dignity and privacy for women and girls.

The assessment and beneficiary selection were conducted in the targeted areas by visiting each household to take account the level of the condition of the affected house and the socio-economic criteria.

In distributing shelter assistance as well as conducting capacity building on Build Back Safer (BBS), many supports were undertaken in order to assure an equal participation could reach the most vulnerable groups through as community discussion, translation into local language, and reaching out to an individual or family for those who could not join the community meeting.

The shelter intervention was initially designed for emergency phase. However, there were delays on the implementation, which required the programme to be pushed back for the recovery phase. Some adjustments were made in order to address the needs and to assure that it was in line with the YCP strategy and at the same time met the current needs of the community, for example providing support for community to repair their emergency shelter or houses, instead of distributing tarps and tent for those people who still live in tents and need to repair, as at that time there were not many people who still lived in tents, most of them had returned to their houses. This showed that YCP was able to assess the situation and designed the intervention to be appropriate according to the evolving needs of the community.

3.3.2. Effectiveness and timeliness

It was challenging to collect detail information from the community as the assistance was distributed around two years ago and there were many organisations delivered almost the same type of assistance at that time. For example, in Tanjung Padang the head village did not have any information on the exact people within his village who actually received the shelter kits. There was also no documentation received from YCP to support this assessment.

“Many beneficiaries received multiple emergency shelter assistances from different organizations, the needs during emergency phase also high and not only limited to shelter sector.” said a local government officer during interview

Nevertheless, shelter assistance distribution records showed that the intervention reached the targeted number. The number of households who received assistance were 600 HH for shelter kits, 250 HH for emergency shelter distribution, 250 HH for Conditional Cash Transfer for NFIs, 250 HH took part in capacity building, and 1260 HH received emergency family kitchen kits.

However, there were still people who did not receive or just received partially the distribution, even though they had been assessed by the YCP shelter team and its partner and considered to be eligible. It is also challenging to assess the effectiveness of shelter programming in correlation to its outcome, as the assistance was limited to distribution for emergency shelter. The shelter distributions addressed beneficiaries their immediate needs but have not helped enough in supporting the community’s transition towards recovery process of live in a safe, adequate and dignifying housing as stated in YCP’s log frame.

One of the strong aspects in YCP shelter project is the gender marking and inclusivity which is very significant in assuring that both men and girls are equally benefit from the project.

“YCP always committed to assure the equality for women to received assistance across their programs” said a former YCP staff in an interview

According to the output tracker from DEC Phase 1, both male and female almost received the assistance equally except for capacity building as it is recorded that the number of male beneficiaries who received was more than 3 times to the female number of beneficiaries.

There was also good collaboration with the other organisations that implement programming as well. A good example is through Ibu Pelopor Rekonstruksi, the event was conducted to commemorate National Mother's Day, in 19th December 2019 in Sigi Palu and Dongala. This initiative had engagement with the community with more than 90 women participated and more than 23 non organisations involved. Some of key successful results from this event were; an initiative of inter-agency program for shelter reconstruction with sharing of resources and an increase of skill and knowledge among women towards safer shelter and house reconstruction. YCP provided the technical skills while other organisations provided other resources such as the shelter materials, including both from government and non-government organisations. This joint workshop was found to be effective in term of reaching out collaboration with other shelter actors as well as community coverage.

“It was very smart that they (CARE) used their limited shelter fund strategically at the end of the program with great coverage and complemented other organisations strengths in shelter such as CRS, Build Change, Habitat for Humanity.” said former shelter sub cluster Focal Point in Central Sulawesi during interview

Communities had to wait up to one month to receive the shelter materials after their requests were submitted. This gap caused challenging situation for community to repair their houses in a timely manner. Just few months after disaster occurred, the rainy season started, where this condition amplified the need of having an adequate shelter for community that can provide them protection during the rainy season.

“We had to wait for a month until they delivered the assistance to us, we found it very hard to have that waiting period... In addition, there were several families from the community who did not received the assistance at the same time with the other families” said a male participant in FGD

The YCP team only has one shelter specialist based in Central Sulawesi and was recruited in December for six months working period. Considering that shelter is big sector, it is required to have a team of peoples to manage different task including the procurement technical advice and coordination. By having only one shelter specialist, it is challenging to deliver shelter assistance in timely manner. There was also absence of shelter specialist at the national level. However, to address this, YCP used staff from its partners and some local volunteers to support the program. These volunteers were accustomed to the local language and known in the community. This strategy has helped to build trust and filled the gap of limited human resources in managing shelter assistance and accelerate the process of distribution

YCP has shown good communication, actively involved in coordination meeting in the shelter sub cluster coordination. However, the consistency of having focal point to attend the coordination meeting faced challenge as within March - June 2019 there was no staff who represented and reported the process of shelter project both from YCP and its partners.

3.3.3. Strengthening of local actors

The Shelter interventions included capacity building for the implementing staff as well as the community/beneficiaries in order to strengthen the local capacity to respond for future disasters. Staff received orientation on shelter related technical skill and how to engage with the community in the shelter project. Most staff from local partner organisation also had engineering background related to

shelter. However, to be in line with the paradigm of shelter as a social process to support self-recovery for community, it is required to also have some staffs with social science background

During the shelter repair activity, the community was formed into groups and received capacity building on build back safer. They were also equipped with shelter kits which for each group the component of the kits was also adjusted to local context. Community happened to have more knowledge on safer shelter, even though some of them (women and elderly) could not involve directly with the actual shelter repairing. Nevertheless, they have knowledge and capacity to supervise the process of their shelter repairing.

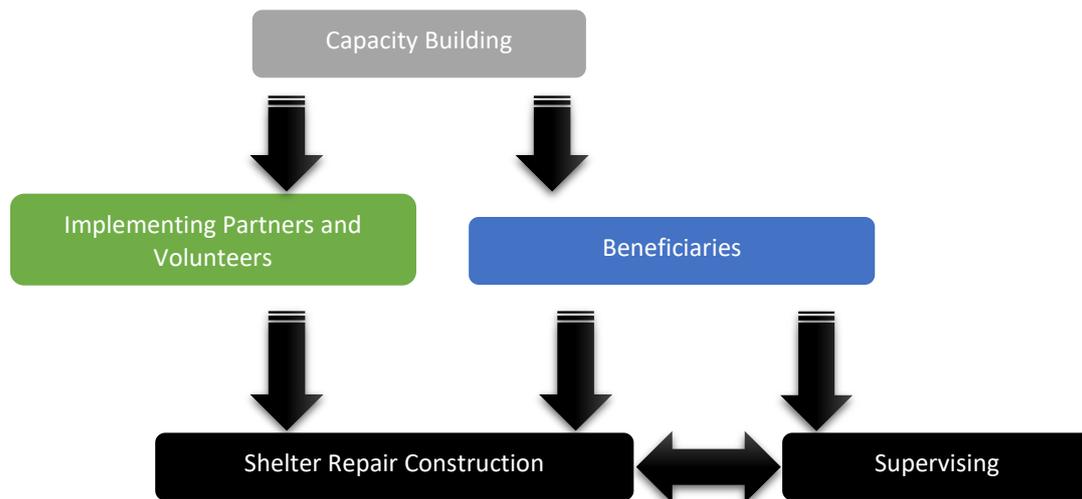


Figure 19. Capacity building strategy on shelter programming

3.3.4. Communication, participation and feedback (CHS4 and CHS 5)

YCP established village monitoring team and formulated the task as below:

- Monitoring of cash grant shelter repair activity,
- Monitoring shelter and latrine repair/construction activity,
- Monitoring cash for work (infrastructure) activity,
- Ensure the vulnerable groups receive enough assistance to repair or improve their shelters
- Receive suggestions and complaints from beneficiaries during the program and pass on to CARE's partner

Before receiving shelter assistance, beneficiaries were oriented about the project including the purpose, modalities and the expected outcome. Afterwards, community meetings were conducted throughout the process of shelter programming. This activity has enabled two-way communications. Communities had space to share their opinion, knowledge, and were consulted on the design, or preferred materials of their shelter assistance based on their needs. The components of shelter kits were also adjusted to what usually used locally, as well the method of using and mixing the shelter materials.

Complaints were generally welcomed and taken into action. For example, there were some households who complained about the quality of the wood given to them, or the number of sandbags they received were different to what they have requested. After YCP or PKPU/ HI received these complaints, they contacted vendor and asked for replace of these materials. However, they were communities who were still uncomfortable to express the complaints and unfamiliar with the complaint and feedback mechanism which has been set up by YCP or PKPU/ HI.

“ We don’t know anything about the complaint and feedback mechanism that CARE had for shelter” said a female participant in FGD

The Post Distribution Monitoring (PDM) implemented directly after the distribution (on the day at the distribution site) and two weeks after the shelter repair kit distribution and cash grant distribution. Some of the highlights from PDM Results are listed as below

Table 8. PDM results from Shelter Distribution

Indicator	Beneficiaries responded	
	Agree	Disagree
Shelter materials were directly delivered to their houses	76%	24%
Materials were appropriate to their shelter repair plan	91%	9%
The quality of the materials is good	94%	6%
Received information on shelter distribution schedule	56%	44%

This result showed even though that beneficiaries were generally satisfied with the assistance that they received, however community’s involvement and access to information related to shelter distribution schedule is an area that could be explored more in order to improve the distribution of shelter assistance process.

3.3.5. Coordination with and complementarity to other actors

At first there was overlapping in the distribution of emergency shelter assistance within the area of intervention. In particular when the coordination has not been established and the support that could be provided by non-government actors in shelter sector was limited only to emergency shelter. However, when local government announced that all NGOs were allowed to provide temporary shelter, YCP were limited in resources to provide support. Thus, YCP worked and coordinated closely with other organisations working on shelter intervention to provide complementary support in providing the temporary shelter within their area of intervention. In addition, YCP also coordinated both internally with cross sectoral program as well as with other organisation who could provide other services within their shelter programming such as WASH, Livelihood and Health.

YCP and its partner actively reported their progress to local government through Shelter Sub Cluster (SSC) in the first phase and both bilaterally, however there was a gap in time when YYCP did not have shelter Focal Point to attend the coordination meeting and inability to continue reporting activities within the cluster coordination. YCP was able to reconnect with SSC when the ER Manager was recruited in July and managed to have a joint activity with various organisations from SSC partners and shared the area of intervention based on what agreed during the coordination meeting. One of the biggest challenges was high turnover of staff with lack of internal coordination. The transitioning and clear hand over of documentation during staff changing was found to be insufficient.

3.3.6. Continuous learning and improvements

The Post Distribution Monitoring (PDM) as part of for Shelter Assistance and it was integrated as part the MEAL programme. Most key stakeholders were involved in the process of monitoring and evaluation process. The results of PDM were generally satisfactory and this was reinforced by local government who visited community and asked about the shelter assistance provided by YCP. YCP used the result of the PDM to improve their shelter assistance. The community also appreciated the participatory and inclusivity approach which used by YCP which allowed them to be able to contribute in assuring that the shelter assistance could help community in a better way.

Even though the learning process was not adequately documented, as there was no document that captured the process that happened during the shelter programming. However, based on interview and FGD, it showed that YCP applied the lessons learned during their shelter programming. One of an examples was when they realized that they had such a limited resource to meet a great number of needs in shelter. A good learning and improvement were indicated by YCP by adjusting their shelter budget to in more strategic way and combine it with strength from other organisations in the sector through a fruitful collaboration during Ibu Pelopor reconstruction event. Moreover, YCP also tried to improve the quality of their shelter assistance by using feedback from their beneficiaries. These have contributed to developing community owner driven of shelter programming.

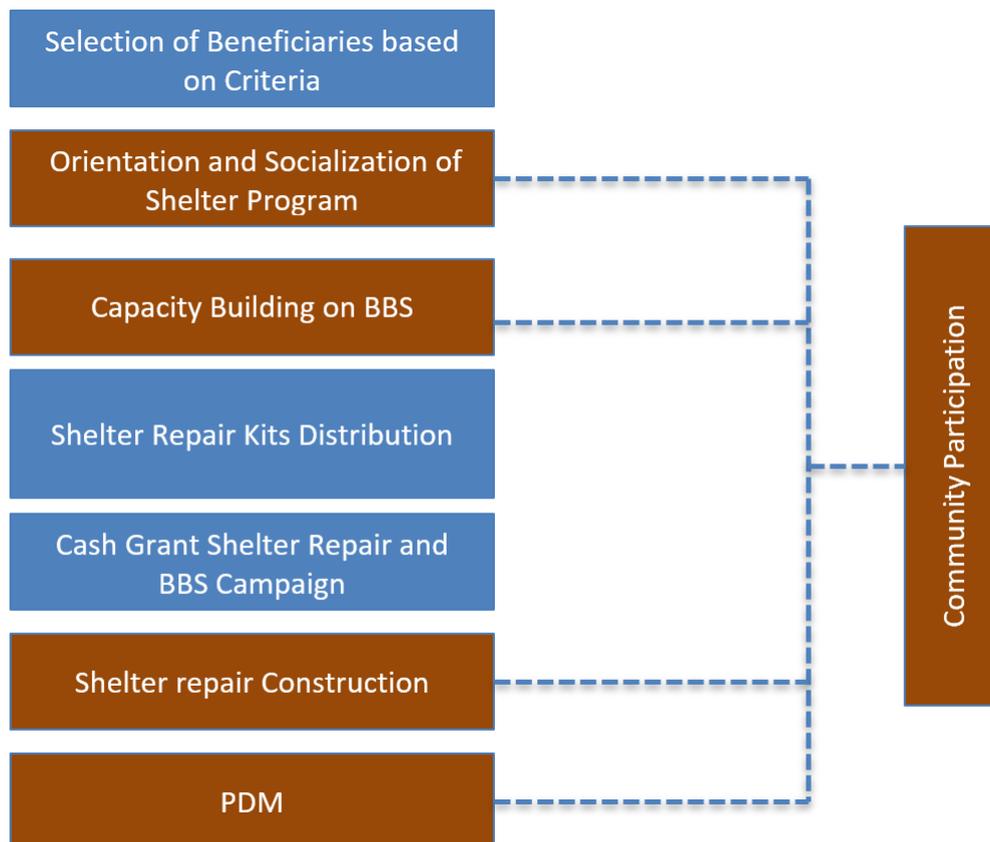


Figure 20. Community participation in shelter programming

As stated above, the shelter distributions were originally intended to provide emergency shelter assistance and help community to repair their emergency shelter. However due to uncertain of circumstance, many communities have tried to move out from their tents and returned to live in their own houses. YCP shelter programming could adjust this change of situation by being flexible so that the shelter assistance could be used to repair or improve their damaged house. This was found to be an unintended output, but it helps to promote community towards their self-recovery.

3.3.7. Support for staff

YCP facilitated their staff to attend short orientation and basic technical shelter session in order to assure that both YCP staff and its partner acquire sufficient knowledge, skills, and tools in order support their work. YCP also has a clear safeguarding SOP to assure the safety and security of their staffs and partners.

Shelter specialist received guidance from shelter expert at the global level. However, this was not supported with a systematic learning platform at the national organisational level for more long term and continuous process. YPS only had one staff that worked as shelter specialist for Central Sulawesi

response. The shelter specialist also had adequate experience and relevant background expertise in humanitarian shelter. However, the shelter specialist was not supported with shelter team in performing the tasks, the shelter program relied on the capacity of its implementing partners' staffs and some volunteers with no specific background on technical knowledge related to shelter.

As an organisation, globally CARE has a well resourceful in shelter expertise. YCP is also well connected to CARE globally in order to support the capacity of its staff and assuring the quality of the organisation to deliver response, through learning platform, guidelines and other learning tools. This is a good opportunity that could be used to support the capacity of the organisation in shelter program.

3.3.8. Management of resources

YCP could improve their the most efficient approach by having local staff as shelter specialist in advance rather than sending international staff. Particularly in the case of Central Sulawesi where in the early phase of emergency the government policy was not in favour of international involvement for the disaster response. Moreover, there are two other contributing factors, the growth of a strong nationalism movement in Indonesia and localization at the global level.

Furthermore, the procurement process could be done in advance and having prepositioning stock and some warehouse within regions in order to be able mobilise it quickly and avoid delay and the funding could be used in more efficient way. The lessons learned from Central Sulawesi could be used by YCP to develop their resource management within the shelter strategy in order to improve the procurement process to be faster, more effective, and more efficient. More dedicated resources for a longer and more comprehensive shelter programming that support the community beyond emergency shelter assistance

3.3.9. Recommendations

To further enhance the shelter response programming, several key recommendations have been identified as follows:

1. The Ibu Pelopor Rekonstruksi initiative has been seen as an innovative approach that contributes to gender mainstreaming and inclusivity across shelter project that have vast influences to shelter actors in Central Sulawesi. The initiative is highly recommended for replication in other relevant context of future disaster response.
2. Drawing from this response, YCP should consider Shelter as one of their main sectors for programming. Thus, it is very crucial to invest more local resources in shelter programming including preposition stock, having Long Term Agreement with trusted and reliable suppliers, and investing in human resources particularly for technical shelter advisor, shelter manager and shelter coordinator.
3. The shelter programming also needs to be more holistic in order to support the community to achieve housing that is dignified, safe and adequate. It is important to assure that the shelter program will achieve smooth transition and is connected with long term programming beyond the emergency phase. YCP strategy should adjust to this paradigm and using the lessons learned as the basis to develop a comprehensive shelter strategy to response future disaster when in times of need.
4. Strengthening coordination with other non-government organisations is highly necessary. YCP could play important role by being more actively involved in shelter discussion particularly in promoting cross cutting issues such as inclusivity and gender equality in shelter programming.
5. For gender issues and inclusivity, YCP could explore more in their shelter programming on how it impacts differently within different genders and the effectiveness of the capacity building of women and men particularly to improve their knowledge on build back safer.

3.4. Gender Equality and Social Inclusion

3.4.1. How the interventions both in the design and its implementation of activities and how it incorporated different needs and accessibility of men and women?

Globally, CARE has commitments to take a cohesive and coordinated approach to gender equality by applying CARE’s International Gender Equality Policy. The policy as the fundamental document that mainstreamed within Care’s organization as well as its development and humanitarian programming. Within the policy there are two (2) main tools that are being used to articulate how programming works across the Gender Equality Framework and apply and learn from the Gender Marker at every stage of the project or programme cycle to improve our gender transformative potential.

CARE in the same time applies CARE International Policy on Protection from Sexual Exploitation and Abuse and Child Protection (PSEA) as mandatory policy in conducting its program. During the DEC phase 1 and 2 implementation project, CARE used Rapid Gender Assessment (RGA), and Indonesia Gender in Brief as the basic documents in designing process. In addition, CARE staff also used Minimum Standard for Protection, Gender and Inclusion in Emergencies produced by International Federation of Red Cross (IFRC). The two documents (RGA and Indonesia Gender in Brief) has served as reference documents by other humanitarian organisations in designing their programs.

Prior to project implementation, CARE team conducted RGA with the key findings cited *the increasing of women workloads, impact of disaster that diminishing women, widows and single mother’s access to income, pregnant or lactating women are at particular nutritional risk, and women and girls to greater risk of violence* was used as basic of intervention. Those were used in the design both in DEC phase 1 and 2. In DEC phase 2’s intervention design, the RGA result was added by discussing process in community level engaging vulnerable groups (women, women households, person with disabilities, girls) to gather updated information regarding the needs of support.

3.4.2. Gender gaps that the project has addressed

In the implementation phase, gender equality and social inclusion mainstreaming started from establishing criteria of beneficiaries where women households, women, girls and elderly flagged as priority. This was also captured in the output tacker of DEC Phase 2, as highlighted in Table 9.

Table 9. Total beneficiaries on WASH program based on sex and age category in Balintuma and Sibado villages

Village	Male			Female			Total
	Elderly	Adult	Children	Elderly	Adult	Children	
Balintuma village	45	387	219	44	411*	168	1274
Sibado village	67	624	297	53	618**	295	1954
Total per sex and age category	112	1011	516	97	1029	463	3228

Furthermore, all sectors under the DEC phase 2 performed high engagement with women (48% from the total adult beneficiaries) and girls (49% from the total children age 6-18 beneficiaries) (Figure 21).

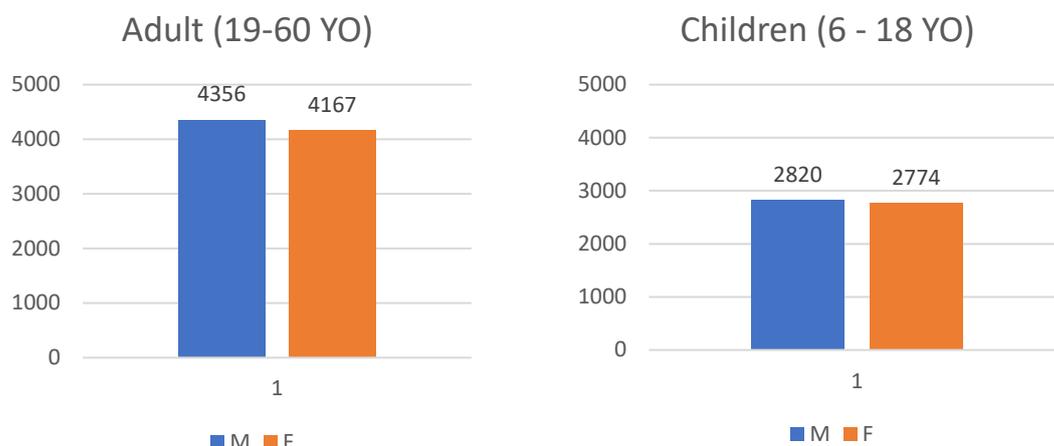


Figure 21. Composition of beneficiaries

In the livelihood sector, the project engaged with 80 families formed as women groups in Sibado and Balentuma. The women groups received training on business planning, business management, marketing and equipment support on food management. The intervention resulted positive impact where women groups able to produce and market their product in village and local government events.

Based on our survey, it is clear that most people who knows about the livelihood program recognised that women groups participated in the program (Figure 23). However, the survey also suggests that there is lower percentage of disability groups that participated in the program. This can be further improved in the program design.

As CARE program approach emphasizing on equal and meaningful opportunity for project participants to be involved in decision making at various stages of the programme and project cycle, DEC project opened actively participation of women and vulnerable groups. In the shelter sector women and elderly were actively involved in community meetings to give input related to the perspective of proper buildings. Project also allowed women to decide their needs on the house materials. Whereas for elderly groups, the team project assisted intensively and supported the groups by recapping, purchasing and delivering the materials to their house. Further, the project created enabling environment and system so that women can be actively participated in community meetings and share input on safely shelter, for example where the kitchen should be located, or friendly latrine based on women perspectives. On the water facilitation development, women, elderly and children involved in the design. Project explored their insight and input on the accessible water.

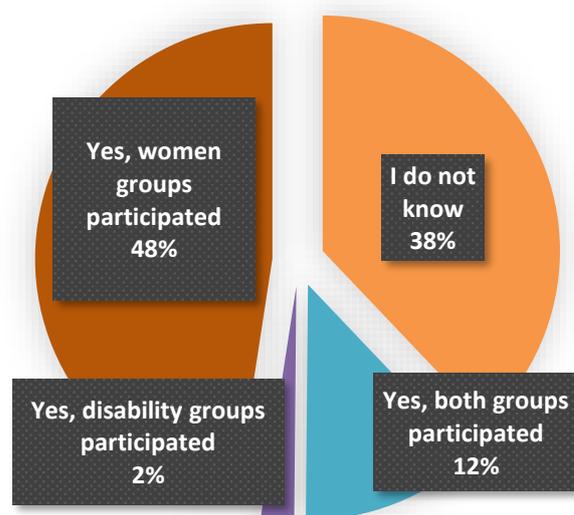


Figure 22. Survey results regarding the involvement of women and disability groups in the livelihood program

“During the project implementation, we equipped the beneficiaries’ knowledge pertaining to appropriate shelter that should have privacy and dignity, and protection to children.” Said former CARE staff during interview

The design of water infrastructure also considered the needs of disability groups. Project connected water from its source to the houses by using pipe (sambungan rumah) and used water treatment in order to have high quality water. In temporary latrine, project has built ramp, and separated to male and female unit, with 1.5 meters space for washing activity in between.

The project also addressed the gender-based violence aspect through water infrastructure so that villagers do not have to do the bathing, washing and disposal activities in the stream, a potential location where violence against women and children may occur. The temporary latrine development that separated male and female unit may also prevent violence for being executed, and the awareness and capacity building process in materials distribution under shelter sector that promoted dignity and privacy for the family members that may prevent violence against women and children.

“Before the water infrastructure developed, the villagers including children, women, girls went to the river stream as lavatory, and for washing and bathing. If a man would like to access the stream, he used to scream to make sure whether the location is occupied or not. This condition may put women, girls and children as violence victims. The water infrastructure provided access for them to have privacy and prevent them to become violence victims” said a CARE staff”.

Project applied responsive feedback mechanism to receive feedback from participants on how to improve CARE’s programming where women, men, boys and girls safely report complaints. In fact, the number of reports submitted by female members in the community was higher compare to male members (Table 10).

In the shelter sector women and elderly were actively involved in community meetings to give input related to the perspective of proper buildings. Project also allowed women to decide their needs on the house materials. Whereas for elderly groups, the team project assisted intensively and supported the groups by recapping, purchasing and delivering the materials to their house.

Table 10. Feedback reported from the community

Description	Livelihood		Livelihood Total	WASH		WASH Total	Grand Total
	M	F		M	F		
Aid request / Permintaan bantuan	17	10	27	134	99	233	260
Other (Complaint)	4	11	15	4	14	18	33
Other (Compliment)				22	72	94	94
Other (Hopes)		6	6	9	9	18	24
Other (Question)	11	11	22	9	14	23	45
Other (Statement)	1		1	5	5	10	11
Other (Suggestion)	8	1	9	7	20	27	36
Other (Thank You)	15	21	36	259	365	624	660
Suggestion for Support	6	4	10	4	5	9	19
Other (Not Relevan)				7	3	10	10
Grand Total	62	64	126	460	606	1066	1192

Overall, the project addressed key aspects of gender gaps such as access, participation, benefit and control. The project performed efforts so that women, elderly, girls and disability groups have access to information, capacity building, support on livelihood, access to water and sanitation and proper shelter. It also provided methods so women and other vulnerable groups can be actively participated during the implementation (community meetings, trainings, shelter and latrine development, etc), and in feedback mechanism.

“We are very thankful to CARE for its support to the affected communities in Central Sulawesi, particularly for the vulnerable groups” said a high-ranking government official from the Central Sulawesi province

Furthermore, the project ensured that the support benefitting vulnerable groups by mainstreaming its approach started from RGA assessment to the design, implementation and evaluation process. Through feedback mechanism, the project openly engaged women and vulnerable groups to monitor and to complaint if the support did not meet their expectation and their needs. Thus, the project provided space for women and vulnerable groups to also control the process of project implementation.

3.4.3. Challenges and the recommendations

As most interventions considered highly on the needs of the vulnerable groups, the team has also identified areas for further improvements. The result of FGD with beneficiaries showed that in latrine retrofitting, intervention in both Sibado and Belentuma villages has not specifically addressed the needs of women, disable and elderly groups. According to the findings in FGD, lack of number of latrines was the main reason that made vulnerable groups that included in the category did not receive support. Thus, project needs to invest more funds to engage with different elements of vulnerable groups.

On the livelihood capacity building, FGD found the necessity to have conflict management and group management as part of capacity building strategy. This is revealed on the FGD discussion where the forum exposed one women group was not able to manage the group’s asset due to the internal conflict. PKPU/ HI encouraged villagers to form a new group. However, the handing over is not implemented yet. In this case the coordination and assistance from CARE with the group is still needed.

Given the result of FGD findings that showed the lack of disability groups’ involvement throughout the project, the project needs to increase the involvement of disability group during the implementation and monitoring evaluation process. The project is also expected to have intervention to the water committee in the assisted villages. It is important to ensure its management sustainability. The involvement of vulnerability groups must be ensured in this committee. Furthermore, as CARE focuses to respond to the differing gendered needs, risks, and inequities, the project should have to consider the social situation around the assisted villages. CARE team identified child marriage cases during the DEC phase 1, however this has yet been accommodated in the phase 2 intervention.

3.5. Safeguarding Mechanism

3.5.1. Overview

YCP as affiliation of CARE International is committed to implement Safeguarding wherever their work including in humanitarian response. This commitment is implied in CARE’s Safeguarding policy which clearly stated: *“CARE has a zero-tolerance approach toward sexual harassment, exploitation and abuse and child abuse. We will carefully examine allegations and investigate and take appropriate disciplinary action where this is needed, taking into consideration the rights and interests of the survivor, consistent with CARE’s survivor-centred approach. We make very clear that sexual*

*harassment, exploitation and abuse and child abuse in any form, perpetrated by our staff, partners or other related personnel, towards anyone, will not be tolerated”.*⁶

This policy is binding and applies to all YCP staff as well to PKPU/HI who legally entered into a partnership agreement with YCP in the implementation of projects supported by DEC phase 1 and phase 2. The selection process of PKPU/HI as partner has been conducted by YCP team through detailed assessment and due diligent where safeguarding aspects are part of it.

*“We have signed the safeguarding policy as part of our partnership agreement with YCP. We also been oriented on safeguarding prior the project was kick-off”
said YCP’s partner staff*

To ensure PKPU/HI understand on the Safeguarding policy, YCP staff has conducted an orientation about this policy. Furthermore, YCP has assigned their Gender Specialist who have responsibility to align the project implementation with Safeguarding policy by focusing on prevention aspect.

However, during evaluation the team were not able to find any tools to show how safeguarding is embedded into the project cycle. Without any tools in place it will be difficult to measure whether the project has taken consideration of Safeguarding issue on its implementation. The evaluation team also did not find any specific IEC materials nor document showing on how reporting mechanism related to safeguarding issue should be processed.

3.5.2. Recommendations

There are several recommendations produced to improve the implementation of safeguarding in the future YCP project to be considered, as follows:

1. Documenting risk assessment related to safeguarding issue;
2. Having a monitoring tools to measure how Safeguarding are embedded into project cycle;
3. Continue strengthen the capacity of YCP partners related to Safeguarding through training, orientation and refresher;
4. Having IEC materials that explained safeguarding mechanism and dedicated hotline in it;
5. Appointed safeguarding focal point at field level in order to have clarity on who will follow up if there any report related to safeguarding that need to address immediately.

3.6. Community Feedback and Response Mechanism (CFRM)

As organization YCP is committed to accountability as it been mentioned on CARE International Accountability Report, published in May 2018. CARE is committed to behave as an open, transparent organisation that is set up to encourage participation in shaping our work and hearing feedback on how we are doing. In practice, CARE worldwide are following its core accountability principles which is **Participation** define as the opportunity to be actively involved and help shape strategy and decision making; **Feedback** define as the opportunity to share input, concern, suggestion for improvement and to get response; and **Transparency** the opportunity to see and understand.⁷ The following sections



Figure 23. CARE International Accountability Framework

⁶ CARE International Safeguarding Policy: Protection from Sexual Harassment, Exploitation and Abuse and Child Abuse, update and approved by 15 January 2019, effective from March 2020.

⁷ CARE International Accountability Report – Submission to Accountable Now, May 2018.

will elaborate the findings specifically on Participation and Feedback principles.

3.6.1. Participation

Participatory approach was used across the programmatic intervention by YCP and PKPU/HI. Selected community member was involved as source of information during the need assessment. The beneficiaries were selected by head of hamlet in collaboration with community chief (*ketua RT*) and in coordination with Head of village as well as with YCP-PKPU/HI. However, we found that limited community participation in the construction of public latrine facilities since it was constructed by contractors (third party). There was no clear assessment that supported the decision to use contractors. Using a third party such as local contractor could speed up the process, but also can create lower community ownership.

In the livelihood intervention, the beneficiaries were selected in coordination with head of village or selected local leader. Though there were no complaint on the selection process, this mechanism might provide bias and not able to reach the most needed population.

During the evaluation we conducted a survey to see the how YCP and PKPU/HI are involving the affected community in the project cycle such as selecting beneficiaries, project planning and monitoring. The survey results showed that only 7% of people responded that they were involved since the beginning in the beneficiary selection, 50% been partially involved and 43% of them was never been involved.

In addition, similar results were captured in the survey where only small percentage (<10%) of respondents who described that they were fully involved since the beginning for the planning and monitoring phases and more than one-third of the survey respondents (> 33%) described that they were not involved at all.

While the percentage of people who were partially involved was ranging from 57-62% of respondents which was slightly high, this should be seen as areas for continuous strengthening and further improvement, particularly to encourage more people to be more actively involved in the process since the beginning.

3.6.2. Feedback

The feedback and response mechanism are designed together with PKPU/HI to ensure the accountability of the project, through following channel: Hotline (PKPU and CARE number), Suggestion box and direct to YCP or PKPU/HI staff. YCP and partner also produced IEC materials such as: standing banner, stickers (Figure 24), and poster which been used to inform the community related with CFRM.

Our observation regarding the IEC materials were that it was quite text heavy and not appealing to people. The IEC materials designed by the WASH program are quite good example in delivering key messages in simple and direct format (please see WASH section). The format should also encourage inclusion where people of all ages -young and old- as well people with disabilities can access the CFRM and provide their feedback.

The above assessment was also reflected in our survey results where there were 33% of respondents who did not know where or how-to complaint related with YCP and partner behaviours. Nevertheless, the latest CFRM records showed:

- In the CFRM DEC 1, there were 85 feedback received, 86% of these were closed, 9% were still on process and 5% were pending to be responded nor closed.
- In the CFRM DEC 2, there were 1.192 community feedback received. However, 305 of them were still not yet responded (Figure 25). When we validate this data with YCP team, the team responded that the feedback that have not yet closed to serve as a reminder. Nevertheless, the team have responded the feedback collectively several times during the last community meetings, since most

of the feedback were additional requests for latrine repair and questions related to livelihood assistance and NFI distribution.



Figure 24. CFRM sticker produce during the project implementation

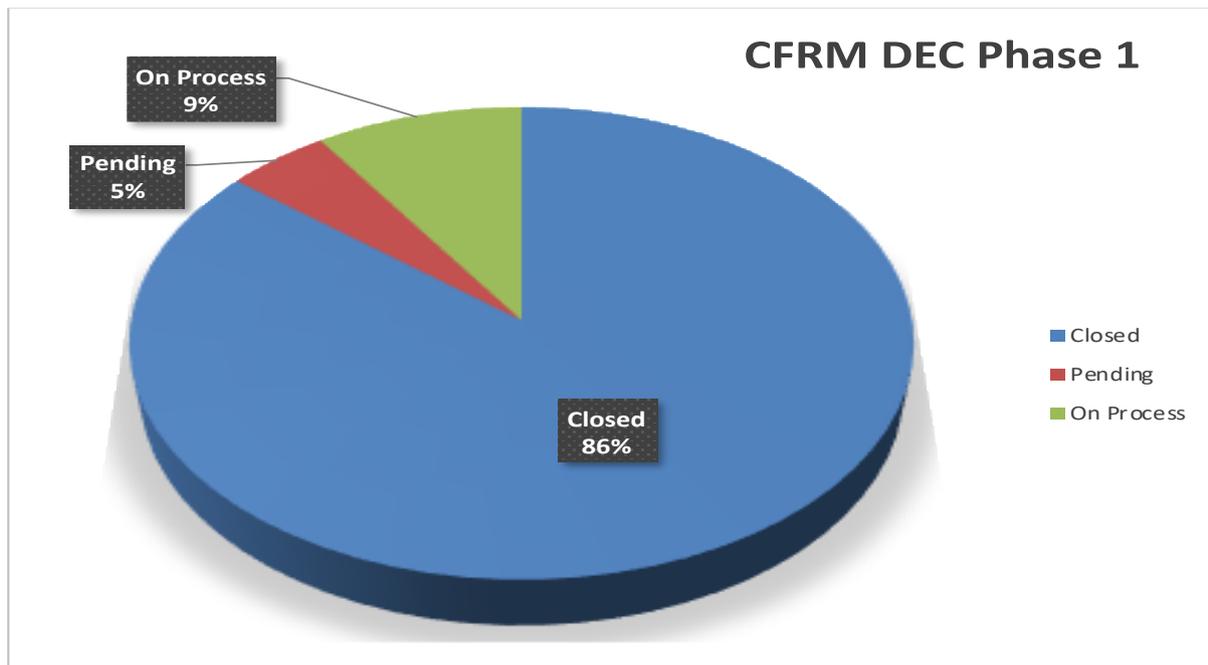


Figure 25. Status of complaints and feedback gathered by YCP in DEC Phase 1

There were insufficient data to assess the average length of the feedback being closed after it was recorded.

Moreover, YCP and PKPU/HI also conducted Post Distribution Monitoring (PDM) in the DEC project to seek satisfaction rate from the beneficiaries on the specific intervention such as Shelter. The PDM was used to get feedback from the beneficiaries on type of the materials provided by the project; delivery methods used by the project team; YCP and partners behaviours. The overall PDM results 100% respondent are satisfied with the aid provided by YCP and partners. However, it is also important to note that the PDM process in shelter program was only participated by 18 people and in WASH program was only participated by 45 people, which is likely did not provide a complete picture of the community. The PDM process should also be carried out by enumerators who are considered to be

neutral and independent. In practice, it was the partner’s staff/ volunteers who collected data for PDM, in which this may not be comfortable for the people to provide feedback.

Based on the FGD with YCP and PKPU/HI staff, we found there was no dedicated person appointed as CFRM focal point. During the project implementation this function was embedded to MEAL position. This can lead to unproper feedback and response handling such as take more time in follow up and closing the feedback. A good practice that we have seen in other humanitarian agencies is that having a dedicated community engagement personnel can enhance the CFRM process and increase the participation of people.

The evaluation also assesses the awareness level of the people on CFRM conducted by YCP and PKPU/HI. During the FGD with beneficiaries, they were not aware on feedback mechanism which been set up by CARE and PKPU/HI. Though there was IEC materials produce and disseminate during the project intervention, but seems it was not able to reach effectively to the beneficiaries. Our survey also suggests that only 28% of respondents often provided feedback to YCP and PKPU/HI, and 18% of them rarely provided feedback, and 54% never provided feedback to YCP and PKPU/HI (Figure 26).

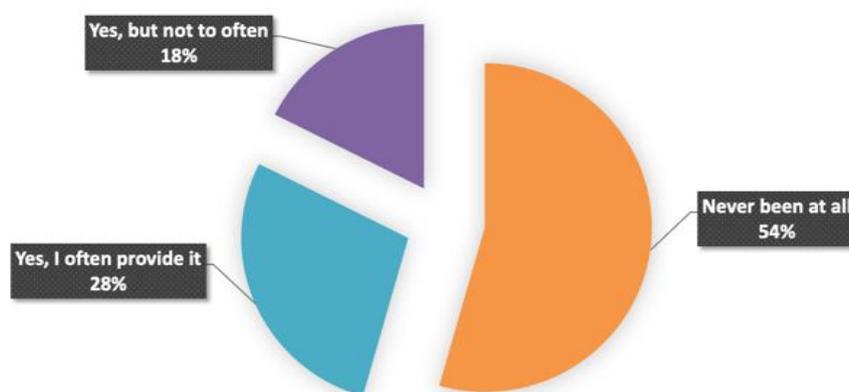


Figure 26. Survey results on the practice of using CFRM mechanisms

Regarding feedback channel that were used during the project implementation by YCP and PKPU/HI, 19% of respondents used hotline to provide their feedback, 11% respondents directly talk to YCP and PKPU/HI staff, 10% of them chose feedback box channel, and 3% were using WhatsApp channel. Meanwhile, 62% respondent mentioned that they never provided feedback to YCP and PKPU/HI.

CFRM Channel used by beneficiaries	Balentuma		Sibado	
	Male	Female	Male	Female
Directly talk to CARE or PKPU/HI staff	3,97%	3,12%	0,85%	3,12%
Through phone number provided by CARE or PKPU/HI staff	4,53%	3,97%	3,68%	6,80%
Through Whatsapp number provided by CARE or PKPU/HI staff	0,85%	0,28%	0,00%	1,98%
Through suggestion box provided by CARE or PKPU/HI staff	1,98%	1,13%	1,98%	5,10%
Never provide feedback	15,86%	12,75%	16,43%	16,71%

In terms of preference, there were 24% respondents who is more comfortable provide feedback by talking directly with YCP or PKPU/HI, 20% respondents preferred using hotline, 9% respondent preferred using feedback box, 7% respondent preferred using WhatsApp and while 63% said never provide feedback to YCP and PKPU/HI (Figure 27).

In regard to how the feedback been responded by YCP and PKPU/HI based on our survey there are 9% respondent said that their feedback was always being follow up by YCP and PKPU/HI. Meanwhile 8%

of them said their feedback was often being follow up, 19% said sometime being follow up and 3% said their feedback never been follow up by YCP and PKPU/HI. And 61% of them said never provide feedback to YCP and PKPU/HI (Table 11). Both YCP and PKPU/HI responded complaints from beneficiaries directly, particularly those who met directly with YCP and PKPU/HI staff. Looking at this result, the YCP and PKPU/HI team has proven take seriously inputs, feedback and complaint from the community by response it accordingly.

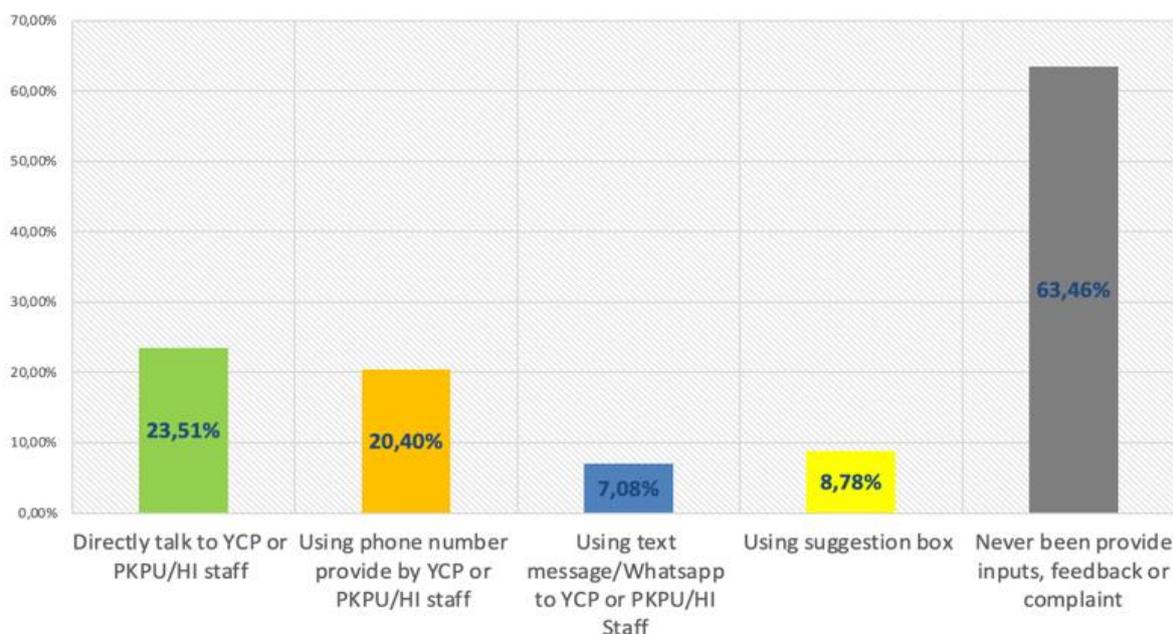


Figure 27. Preference of respondents on CFRM channels

Table 11. Status of CFRM records in Balentuma and Sibado villages

Have your feedback been follow up by CARE or PKPU/HI Staff	Balentuma		Sibado	
	Male	Female	Male	Female
Never been follow up	0,63%	3,77%	0,52%	1,03%
Yes, often been follow up	9,43%	5,66%	7,22%	14,95%
Yes, always being follow up	8,18%	3,77%	1,55%	5,15%
Yes, sometime been follow up	3,14%	4,40%	1,55%	7,73%
Never provide feedback	32,70%	28,30%	30,41%	29,90%

3.6.3. Recommendations

Moving forward to improve the CFRM implementation in the future emergency response, the following action can be considered by YCP and partners:

1. Having a dedicated CFRM staff particularly at the field level will maintain and strengthen the quality of CFRM implementation and in returns will affect the program quality
2. Having more readable IEC materials which not heavy text might can increase quantity of the respondent, though CFRM not about quantity but by having more attractive visual can lead to eagerness of the community to provide feedback
3. Having a hotline free of charge can be considered in the future to accommodate the community who do not have much phone credit to participate and those who doesn't have internet data package or lived in remote area.

4. CFRM should have a wide variety of ways for people to contribute and submit their feedback. It needs to be inclusive, where all people – young and old – should be able to access and report. Thus, other options that are child friendly, including the provision of child friendly and easier to understood information in describing the CFRM and encouraging people, including children, to provide their feedback is important. Moreover, strategy to encourage people with disabilities should also be explored to ensure that people with physical, sensorics, and mental disabilities can participate in the mechanism.
5. YCP should consider using a competent third-party local institution to conduct the PDM to ensure that it is being carried out with representatives number of respondents and for the respondents to be comfortable in submitting their responses to enumerators who are considered to be neutral and independent.

IV. Limitations and Challenges

Our observations from the field work showed that the respondents were open and did not hesitate to share their views and the problems that they are facing. Key stakeholders, including local NGOs, government officials (e.g. social affairs), as well as community members (e.g. head of village, community members) were helpful, including supporting in setting up the FGDs and the surveys. It is evident that the YCP and PKPU/ HI have a good relationship with the government and non-government stakeholders which helps the team to arrange meetings and enabled conversations.

The local researchers who we recruited were based at the local level, have experiences working in the field area, and familiar with the locations, local governance system, as well as the key actors. Therefore, building rapport with the key stakeholders, including in the community, were relatively easy. We were also fortunate that the FGDs can be conducted in-person, and thus creating a relax atmosphere for the participants to share their experiences (compared to doing it online).

Several limitations during the study that were identified are:

- a. Limited secondary data and supporting documents and low institutional memory. It is unfortunate that many documentations, particularly for DEC Phase 1 were not available due to high staff turnover. It was also unfortunate that some of the files were missing because of the laptop that was being used to store documents was repaired and the documents were not able to be retrieved.
- b. Limited information from government stakeholders (e.g. BPBD) due to busy schedule. The evaluation was conducted at the end of the year, where most government officials were busy with many activities.
- c. Particularly for shelter, the project was implemented only in Phase 1 which happened quite a long time ago (almost 2 years). Therefore, it was challenging to collect information from beneficiaries as most of them received assistance from various organisations and not just from YCP.

Nevertheless, the team did not detect significant issues and/ or bias that would ill affect the quality of this research. The use of mobile devices and Kobo collect has also helped to speed up the data collection. We were pleased to have a high response rate on the survey in a very limited time. Existing YCP staff from the field offices and country office were quick to respond and helpful throughout the evaluation process.

V. Conclusions

Yayasan CARE Peduli (YCP) delivered emergency response program shortly after the earthquake and tsunamis struck Central Sulawesi Province, focusing in Donggala district in the most affected areas. YCP has reached to the most marginalised and vulnerable households, targeting especially female headed households, households with people with disabilities, households with children under-5, pregnant women and lactating mothers, and elderlies.

The response program started with sectoral approach during the relief period, focusing on shelter and WASH programming, and then gradually shift towards integrated programming and area-based approach, focusing in WASH and livelihood programming. Three main sectors were assessed in this evaluation: Shelter, WASH, and livelihood. Cross cutting issues were also integrated in the three main programs, including gender mainstreaming, accountability, and safeguarding mechanism.

The evaluation assessed nine evaluation criteria, and these are: 1) Appropriateness & relevance; 2) Effectiveness; 3) Timeliness; 4) Strengthening of local actors; 5) Communication, participation and feedback; 6) Coordination with and complementarity to other actors; 7) Continuous learning and improvements; 8) Support for staff; and 9) Management of resources.

Our assessment shows that YCP has delivered relevant responses based on the needs of the affected communities. Our interviews and FGD showed that shelter, WASH, and livelihood are key areas of intervention for the affected people as most houses in the villages that YCP is working on are severely affected from the earthquakes. This then followed by the needs of the people to restore their livelihoods and income generations and have access to clean water, proper sanitation facilities, and essential hygiene education to prevent disease outbreaks, including during COVID-19 situation.

Based on our assessment, we assessed that the area-based approach combined with integrated programs strategy provided an effective approach for program delivery that enables assistance to reach the most vulnerable and prevent conflict at the village level.

After the emergency response program, YCP decided to focus its response to two villages, which are Sibado and Balentuma villages with WASH and livelihood programs as the two main programs that were implemented through partnership with PKPU/ HI.

In general, the WASH program has been designed to be integrated with the livelihood program since the beginning of the assessment then continued at the time of implementation in the field. Each family member received complete benefits from both programs (WASH & Livelihood).

The WASH and livelihood program were considered to be appropriate and in line with the government and cluster priorities. In WASH, the program was designed to also include the 5 pillars of STBM which are key hygiene education messages that have been agreed at the cluster level. The livelihood program provided benefits to the women, youth, and farmer groups, where these groups are vulnerable and at-risk to future shocks. YCP also responded appropriately in adjusting the response program during the COVID-19 situation where budgets were reallocated to support in the provision of handwashing situation, distribution of hygiene kits and food packages.

In terms of effectiveness, the shelter (distribution of shelter kits), WASH (i.e. latrine repairs, improvement of water points, hygiene promotion), and livelihood programs (trainings of community groups) have been considered as effective in achieving the project targets. All targets have been achieved according to the targets that have been committed.

In terms of timeliness, the program did experienced a delay during the initial phases of emergency due to procurement issues, and there were some interventions that were delayed due to the turnover of staff. However, all beneficiaries that we interviewed and took part in the FGDs have shown high appreciation to YCP's intervention and recognise the added value that YCP provided in the overall recovery process of the communities.

Our survey results also showed that programs were undertaken in a timely manner, as expressed by most people (92%). Overall, almost all people were satisfied with the assistance supported by YCP (98%), felt the assistance were useful or very useful (97%), and appropriate according to the needs of the community (97%).

YCP decision to establish relationship with PKPU/ HI is commendable and considered as a good practice as part of its effort to strengthen local actors. Nevertheless, YCP should also consider expanding its partnership to include local organisations to support the program, for example in post distribution monitoring or CFRM as part of strengthening the monitoring system.

YCP also has developed an output tracker that captures beneficiaries data that are segregated by age groups, gender, and other factors of vulnerability, such as elderlies, people with disabilities, and pregnant women. This is a good practice that can be promoted to other agencies for further adoption and replication.

Gender has been acknowledged as a key issue of YCP and many humanitarian actors in Central Sulawesi recognised that YCP is a champion in advocating gender issues. For example, in the recovery phase, YCP has no specific program on shelter intervention. However, YCP was actively promoting and advocating gender mainstreaming to government and non-government agencies. This has resulted with the “Ibu Pelopor Rekonstruksi” event (Women Champions in Reconstruction), where this event was seen as an effective and innovative approach that foster inter-agency collaboration while addressing gender issues. Moreover, the Rapid Gender Assessment that was conducted by YCP has served as key reference document for other agencies in gender issues.

VI. Recommendations

Recommendations per sector have been provided at the end of sector analysis in Chapter 3. We also noted several general recommendations for YCP to improve in their future programming on emergency responses, as follow:

- a) The CFRM mechanism has been established by YCP since the beginning of the project. Our assessment showed that YCP should improve the recording and documentation of feedback as well as the response in following up the feedback. This will help in monitoring the responses and to ensure in closing the loop of all feedback.
- b) In post-disaster response programming, it is essential to have the right person doing the right task in the right capacity. The decision of YCP to partner with local NGOs such as PKPU/ HI has resulted in positive outcomes. However, YCP should anticipate the turnover of staff, strengthen the recruitment system, enhance ways to retain staff as well as ensuring that sufficient technical capacity is available for all sectors.
- c) A robust and reliable knowledge management system should be established to ensure that all data and information can be collected, recorded, documented, and analysed properly to influence decision making process and support monitoring and evaluation process.
- d) In order to increase preparedness and the speed of response, YCP should strengthen the procurement system including exploring to have pre-positioned stocks of relief items or establishing Long Term Agreement with trusted and reliable suppliers across Indonesia.
- e) In the project design of DEC Phase 1 and Phase 2, there was a lack of integration on building resilience, including on Disaster Risk Reduction (DRR). Integrating DRR during relief and recovery phases are crucial to ensure that the disaster-affected people have sufficient capacity to withstand future shocks that may influence their recovery process. Particularly since Central Sulawesi province is very prone to future hazards, such as earthquakes, tsunamis, floods, and landslides.