

**CARE International in the Philippines**

**Emergency and Recovery Response Strategy (Typhoon  
Haiyan/Yolanda)**

# **Mid-Term Evaluation**

**Evaluation Report**

**Camilo Casals**

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## **Abbreviations and Acronyms**

AAR	After Action Report
ADPIMPC	Association of Disabled Persons of Iloilo Multi-Purpose Cooperative
ACCORD	Assistance and Cooperation for Community Resilience and Development, Inc.
ADF	Antique Development Foundation
BANIG	Basey Association for Native Industry Growth
BCPS	Barangay Councils for the Protection of Women
BizFTC	Business Fair Trade Consulting
C-BED	Community-Based Enterprise Development
CBO	Community-Based Organization
CCA	Climate Change Adaptation
CEAC	Community Empowerment Activity Cycle
CEF	Community Enterprise Facility
CGBSP	Community-led, Gender-responsive Beneficiary Selection Process
CSMT	CARE Senior Management Team
CT	Cash Transfer
DAC	Development Assistance Committee
DRR	Disaster Risk Reduction
ERM	Ecosystem Restoration and Management
ESA	Emergency Shelter Assistance
DSWD	Department of Social Welfare and Development
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GI	Galvanized Iron
GIDA	Geographically-Isolated and Depressed Area
ICRC	International Committee of the Red Cross
IGA	Income-Generating Activity

INGO	International Non-Government Organization
LGU	Local Government Unit
LCDE	Leyte Center for Development
LMPC	Laua-an Multi-Purpose Cooperative
MEAL	Monitoring & Evaluation Accountability and Learning
MSME	Micro Small and Medium Scale Enterprise
MSWD	Municipal Social Welfare and Development
NDRRMO	National Disaster Risk Reduction Management Office
NFCPWD	National Federation of Cooperatives of Persons with Disabilities
NHTS	National Household Targeting System
OCCCI	Metro Ormoc Community Multi-Purpose Cooperative, Inc.
OPARR	Office of the Presidential Assistant for Relief and Rehabilitation
PSEA	Protection against Sexual Exploitation and Abuse
PDAO	Provincial Disability Affairs Officer
PSWD	Provincial Social Welfare and Development
PNRC	Philippine National Red Cross
PVDCI	Pontevedra Multi-Purpose Cooperative
PWD	Persons with Disability
RAR	Rapid Accountability Review
SMPC	Sara Multi-Purpose Cooperative
SAVDD	Sex, Age, Vulnerability Disaggregated Data
SEA	Sexual Exploitation and Abuse
UN	United Nations
UNOCHA	United Nations Office of the Commissioner for Humanitarian Affairs
UDF	Uswag Development Foundation
WEF	Women's Enterprise Fund

## **Executive Summary**

On November 8, 2013 category five super typhoon Haiyan (known locally as Yolanda) hit the Philippines, devastating areas in 36 out of the country's 81 provinces. Haiyan was the strongest storm ever recorded to make landfall anywhere in the world. The United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) reported widespread food shortages. Affected areas sustained 90% destruction of housing. Infrastructure was severely damaged. Water and power supply were cut in many towns. Most medical facilities were either destroyed or not functioning.

CARE was among the first INGOs to respond in collaboration with local partners. A Haiyan response program strategy and operational plans were developed to guide the delivery of emergency relief and recovery assistance over a three-year period.

A mid-term evaluation of the Haiyan response program was undertaken in order to ascertain the level of achievement of program objectives and results that were realized half-way of program life and, in the process, assess the appropriateness and effectiveness of program interventions, strategies, and operational modalities, deduce learning and generate recommendations towards enhanced response interventions in the remaining period of program implementation. The evaluation focused on understanding how beneficiaries perceived effectiveness, timeliness, appropriateness and quality in emergency and recovery response and how CARE's performance was seen in terms of their norms.

It covered the period November 2013 to May 2015. During Phases 1 and 2 of the program, CARE provided emergency food and non-food assistance, shelter repair kits, and cash transfers for shelter and livelihoods recovery to communities. Now on Phase 3, CARE is implementing the Community Enterprise Facility (CEF) and Women's Enterprise Fund (WEF) which started in February 2015 and is expected to be completed by October 2016. Support to enterprises also included capacity building and technical assistance.

The focus of the evaluation was to assess the implementation of the first two phases of the program in order to determine how the underlying emergency and recovery response strategy might be improved for the future response of CARE. At the same time, the third phase was assessed in terms of how the implementation of CEF and WEF will be improved for future recovery and development programming.

The evaluation focused on four provinces - Leyte, Samar, Capiz and Iloilo – that were thought to be hardest hit. A municipality-clustered, household-weighted sampling approach with a margin of error of five percent was used to identify the eight municipalities and thirty-one barangays that were indicated by the sampling process. The evaluation methods included desk review, focus group discussion and key informant interviews.

## **Main Findings and Conclusions**

1. CARE's emergency and recovery response strategy has been cost effective in terms of scale and quality.

Scale was indicated by exceeding the targeted number of beneficiaries which by some calculations meet CARE's country goal of helping at least 5% of the affected population.

The quality of CARE's emergency response and early recovery strategy were indicated by the following:

- The assisted communities, especially the most vulnerable, consider that needs are met by the assistance;
- The communities are satisfied with the timing of the assistance;
- The program recognizes and evaluates existing capacities of CARE and partners;
- Members are satisfied that they have access to the information they need;
- Members participate in all stages of project implementation; and
- Members are aware and know mechanisms on how to provide feedback/complaints. They had the opportunity to communicate their complaints and grievances.

CARE and the local partners made a deliberate effort to identify and prioritize the households that most needed help. They consulted the households on their needs for livelihoods recovery and gave exactly the assistance that were most needed. All FGDs in Leyte, Samar and Capiz believed that CARE helped those who most needed help. In Iloilo, two thirds of FGDs shared the same belief.

Even if beneficiaries felt that an earlier distribution of food, shelter and livelihood cash assistance would have been better, the assistance was still helpful in that it allowed them to re-allocate limited household resources they would have otherwise used for shelter and early livelihood recovery to other needs.

When asked to identify what they felt beneficiaries appreciated most about CARE's response program, FGD facilitators in provinces where all three components were implemented replied that of all the perceived benefits, having high grade GI roofing sheet for the first time in their lives made the deepest impression on the beneficiaries' lives.

One evaluation question that some stakeholders had was about whether or not the three assistance components created a beneficial "synergistic effect" on the situation of households.

The evaluation found no evidence of a "synergistic effect." Instead there was anecdotal evidence from beneficiaries that the food and shelter support freed them from having to spend time and money on these needs, time and money that they used instead for other post-calamity needs.

On the other hand, the Rapid Accountability Review (RAR) and After Action Review (AAR) noted shortcomings and areas for improvement especially in Phase 1 related to beneficiary selection, monitoring complaints and GBV/SEA incidents, integrating DRR and gender equality and accountability to partners.

Considerable time and effort was needed to address these shortcomings but solutions were found for most of these issues. Beneficiary selection criteria and procedures were improved. Community feedback, complaints and suggestions were revised. These and other changes were included into operational plans for the implementation of the shelter recovery and livelihood cash transfer components.

Although the end recipient, i.e., household beneficiaries, were satisfied with the assistance, internal stakeholders had differing perceptions. Partners felt that they fulfilled their contracts as best as they could under the situation. CARE Regional office felt some partners were more effective and efficient than others although all partners fulfilled their contractual obligations.

Partners felt that the extra time and effort needed to practices and processes related to quality control and accountability, e.g., refining beneficiary selection and listing and gathering sex age and vulnerability disaggregated data, was considerable and strained their budgets and staff. But they agreed that it was necessary to improve quality and accountability. Most felt that the refinement was not difficult; just time consuming.

Moving forward with WEF and CEF, the development, funding and implementation of individual projects is ongoing and progress is being made in terms of the number of projects being identified, approved and funded. While a value chain approach is being pursued, there are no expected results for making the value chain better in terms of structure, market conduct, and performance. Rather the number of value chain services provided to beneficiaries was targeted.

There are early signs of higher price margins for *tikog* product makers and better market opportunities for seaweed producers in San Dionisio. The many and formidable business development challenges lying ahead of their community enterprises were also very visible.

Quality and accountability in providing assistance in proposal writing and enterprise development are issues to deal with especially as the number of WEF and CEF proponents grow and the ratio of facilitating partners to proponents declines.

2. The integration of gender equality into program strategy and implementation was effective in that gender equality outcomes were achieved in terms of meeting women's rights to quality humanitarian assistance and increasing women's access to the means for starting microenterprises and earn additional incomes from these enterprises.

About 48% of listed beneficiaries were women who were documented in audited distribution lists as recipients of shelter kits and livelihood cash transfers. There was similarly near equal representation by women in training for the use of shelter repair kits.

Women exercised considerable decision making rights in the use of shelter repair funds and even more significant leverage in deciding and implementing livelihood projects funded out of the livelihood cash transfers.

Protocols were established for facilitating reporting on gender-based violence and exploitation of women and children. While there had been no significant number of cases reported, it is not clear if the opportunities for reporting were well known or user friendly as well as safe and secure enough to use given the sensitive nature of the issues involved.

Both WEF and CEF are highly oriented towards women's economic empowerment although formidable challenges lie ahead for those aspiring to graduate from survival microenterprises to growth-oriented and competitive businesses higher up in the value chain.

After an initial lag and missed opportunities for sector-specific gender issues analysis and needs assessment, the program has caught up by doing gendered value chain studies of issues and needs of women in the handicrafts and seaweeds sectors. Also, CEF/WEF proposals require information on gender issues and ways that the project will resolve them. Gender sensitivity and women's economic empowerment were also included in community-based enterprise development (C-BED) training.

DRR integration is being addressed through similar information on risks, including disaster-related ones faced by CEF/WEF projects and ways by which the project will address these risks.

Reporting on implementation to achieve DRR outcomes does not seem to be as straightforward as that on gender equality. ACCORD, through collaboration with CARE Netherlands has developed the capacity and methodology for community risk mapping and DRR/CCA/EMR planning. This capability does not yet seem to have been mainstreamed across all CARE areas.

3. The partnerships employed by CARE were short term and output oriented but based on mutually shared objectives of responding to a crisis faced by households and communities in their areas of operation

The partnership contracts entered into with NGOs and co-ops that were already known to CARE were sufficient, appropriate and effective in achieving distribution targets and quality objectives.

The implementation partners during the emergency and early recovery phases performed relatively well because they were well motivated to help their local constituencies while leveraging CARE's resources, they had relevant competencies, e.g. humanitarian assistance experience by ACCORD and LCDE and financial transactions by OCCI and other credit cooperatives and knowledge of local conditions and were provided by CARE with guidance and support in implementing prescribed practices in the distribution of assistance.

Understanding and implementing CARE's mandated accountability principles and practices as well as financial documentation, reporting liquidation protocols were parts of a steep learning curve for most implementing partners due to the unanticipated level of effort involved.

The accessibility and readiness of CARE officers and staff to listen to and find mutually acceptable solutions to issues encountered significantly contributed to effective management of partnership contracts.

A new category of facilitating partnerships has been started to help CARE with proposal development and implementation support for WEF and CEF projects within a value chain approach. These partnerships are also short-term and output-driven contracts involving number of proposals submitted and approved and/or number of training and capacity building services delivered to WEF/CEF proponents.

As with the short term contracts of implementing partners in Phases 1 and 2, the ratio of deliverables, i.e., number of capacity building activities to complete and proposals to be written and submitted, to facilitating partners needs to be better understood in order to avoid implementation and financial reporting bottlenecks.

The number of partnerships with CEF and WEF proponents implementing approved projects will grow to about 288 CEF proponents and 600 individual implementers of WEF projects. The very basic capabilities of many proponents in documentation, project management and monitoring, reporting and liquidation of expenses may become unmanageable at some point under current partnership modalities.

4. Prioritizing the most vulnerable households in GIDAs was effectively achieved by putting in place a very deliberate process of setting up selection committees and training them to use a selection tool for household rating and inclusion in a distribution list.

Being prioritized in a distribution list ensured that the most vulnerable households received priority assistance for both shelter and livelihood cash transfers. Sex, age, vulnerability disaggregated data (SAVDD) in audited distribution lists confirm that this priority was given.

But the special needs of the most vulnerable, e.g., medicine, medical attention, emergency evacuation, menstrual kits, were not part of non-food items distributed. When asked for feedback, FGD participants disagreed with the statement that the special needs of these households were met. To be sure, in some barangays there were other NGO providers of these items but not by design.

Group solidarity or “*bayanihan*” approaches were promoted and encouraged to be implemented to assist vulnerable households with both their post-distribution shelter repair and livelihood project implementation. The evaluation’s barangay interviews were not able to validate post-shelter and post-cash transfer assessment report findings on the extent that these approaches were implemented for the benefit of the most vulnerable. Pooling part of livelihood cash transfers for group enterprises was promoted by two partners in Samar and Leyte with very good income and viability results.

The response strategy for early livelihoods recovery recognized that some of the most vulnerable households would not have the entrepreneurial abilities to engage in microenterprise development. It aimed to link such households to the DSWD’s conditional cash transfer programs. It was not possible to determine to what extent this course of action was implemented for these households.

CARE was pre-disposed to prioritize GIDAs and seek out and assist the most vulnerable. This orientation was part of an accountability commitment that was laid out in eight principles of its Humanitarian Accountability Framework.

Both RAR and AAR were part of ensuring compliance with these principles and their feedback called attention to quality shortcomings that were addressed, albeit with considerable time and effort, before the shelter recovery and livelihood cash transfer components were implemented.

MEAL practices related to AAR, RAR and post-distribution monitoring and evaluation also provided important post assessment information on progress and quality of implementation of activities. AAR and RAR feedback reinforced the need for improving the rigor in targeting the most vulnerable households. This led to the improvement of beneficiary targeting, selection, listing and prioritization.

Partners had a steep learning curve in terms of understanding and working with CARE staff to design and implement accountability practices. Except for ACCORD and LCDE, there is still no clear understanding of HAF and SPHERE principles among partners although several of them had participated by invitation in the RAR workshops.

All of them, nevertheless, felt that the process of putting accountability processes in place was worthwhile and necessary. Although they did not specify how they would do it, several partners wanted to integrate the principles and practices of accountability into their internal processes and procedures.

Community level feedback on CARE's quality of work was positive and indicated no significant amount of negative feedback.

5. CARE's impact on emergency and recovery response In Phases 1 and 2 may be described as achieving scale and quality. It provided the relevant emergency and recovery assistance with quality food packages and shelter materials plus small cash grants to a very significant number of the most vulnerable households in GIDAs across six provinces.

In terms of impact on household incomes, starting or re-starting income-augmenting microenterprises through livelihood cash transfers, majority of which were pig raising, was, as expected, really just a beginning. Microenterprise income did contribute to meeting food security needs of households. Most households had started recovering the main sources of income – farming, fishing or seasonal farm employment – that they had before Haiyan. It is not clear that income levels have been restored to pre-Haiyan levels. Income from shares in quarterly coconut harvests will not be restored in the immediate future.

The remainder of Phase 3 will determine to what extent livelihoods, especially growth oriented enterprises, will be successfully implemented with WEF and CEF projects. These projects have the potential to significantly make livelihood assets more accessible and available to households and increase opportunities for improving and scaling up MSME and farming enterprises.

6. The sustainability of household enterprises and of women's economic empowerment initiatives hinge on the prospects for enterprise survival, growth and development. More strategic business partnerships promoting access to financing, markets, technology and business development support and anchored on mutually beneficial sharing of costs and returns may be needed for a viable sustainable livelihoods approach.

Understanding and addressing the vulnerability context for enterprises through DRR, risk managing financial services and better enterprise risk management is an equally important measure for ensuring sustainable livelihood approaches.

As NGO/INGO Haiyan response programs end, the number of locally-based institutions that offer business development support and other programs to improve access to livelihood assets has been decreasing.

### **Explanation of Results**

The factors that facilitated implementation of the emergency and recovery response strategy were quality of partnerships, guidance and motivation influenced by accountability principles, availability of financial and human resources, program design and strategy, and program management quality.

CARE officers and staff were clearly committed and oriented to be accountable for prioritizing the disadvantaged and vulnerable and for ensuring clear and rigorous processes for designing and implementing distribution processes in a transparent, participatory and cost-effective way. This mindset was transferred to implementing partners through contractual and non-contractual means, building on the interests of partners to help their own local constituencies.

Resources in terms of funding and persons with expertise and experience, e.g., in shelter recovery, were available and were used in a cost effective way. The key interventions of food, shelter and livelihood cash were very relevant to households seeking to rebalance sources and uses of cash for multiple concurrent needs.

Finally, each and every partner agreed that the responsiveness of CARE management and staff to their concerns and issues made their partnerships viable and effective even as they experienced stresses and issues related to a level of time and effort that they underestimated for program delivery.

## **Recommendations**

1. Future design of emergency response and recovery should consider the following:

- Focus on outcomes related to scale, quality and timeliness.
- Assumptions related to the goal of reaching 5% of the affected population should be clarified.
- The meaning of quality to beneficiaries, partners and to CARE should be harmonized.
- Timeliness has both a survival dimension, i.e., aid delivered within a survival window of one to two weeks after a calamity and a liquidity dimension, i.e., aid that results in savings of time, money and effort which beneficiaries use to focus on other post-calamity needs. Food aid that is delivered too late does not save lives but it frees up cash for households to spend on other needs.
- Supporting the cash flow needs of households is very important to balancing household budgets to meet multiple and concurrent household needs
- Prioritizing the most vulnerable should also ensure that their special needs immediately after a calamity will be met

2. Gender equality integration

- should continue to focus on economic empowerment and improving the self-esteem, confidence, skills and knowledge of women, i.e., building human capital among women esp. for succession leadership in community-based organizations such as BANIG
- maximize opportunities for engaging women in policy advocacy that is related to DRR/CCA/EMR as well as the creation of an enabling environment for local economic development
- improve gender analysis and needs assessment for women and men in value chain development

3. DRR integration should

- better define relevant DRR outcomes at the level of community, enterprise and household
- facilitate mainstreaming within WEF/CEF of DRR/CCA/EMR approaches that have been tried and tested by CARE Nederland and ACCORD

4. On partnerships:

- The meaning and practice of accountability also needs to be harmonized and made easier to follow especially by partners and households

- Partners should get a comprehensive orientation on CARE standards of accountability and financial reporting. The point of inflexibility in these standards need to be stated clearly, categorically and transparently so that more realistic estimates of levels of effort, staffing and budgets can be made
- Recommended accountability standards and practices need to be accompanied with practical field manuals and training for implementation partners
- Looking forward, a qualitative change in partnerships may be necessary to address the following challenges posed by the goal of sustainable livelihoods:
  - Private sector partners who follow a social enterprise model and can support linkages within value chains horizontally or vertically
  - Locally-based institutions that are willing and able to provide sustained access to different types of livelihood assets
  - Locally-based institutions that are willing and able to provide sustained access to risk-managing financial services and other types of risk management support
  - Linkages to various livelihood support programs of government agencies, e.g., DSWD's Sustainable Livelihoods Program
- Learning and adapting the emergency and recovery response strategy for future calamity response can be done by exploring partnerships with DSWD to access:
  - household lists that mark vulnerable persons, i.e., under NHTS
  - processes such as the Community Empowerment Activity Cycle that safeguard against elite capture in project development and implementation and
  - Reporting and response protocols for gender-based violence and exploitation of women and children that are proactive rather than responsive.

Certainly, the DSWD can learn from CARE's use of the HAF framework as well as RAR and AAR.

## 5. Sustainable Livelihoods

- Design and implementation of an equal opportunity strategy for livelihoods development. Engaging associations and cooperatives of persons with disabilities and other vulnerabilities may be an option of a more inclusive livelihoods development strategy.
- Providing life skills and basic entrep training similar to C-BED, targeting the most vulnerable in all of the program's areas of operation
- Implement partnership strategies (see item 4 above) that will ensure continued access to livelihood capital after the project as well as to various risk-managing financial services, e.g., insurance, emergency credit, savings.
- Work with LGU to regularly convene value chain stakeholders to discuss ways and means for developing a more inclusive and efficient value chain.

## **I. Introduction**

### **1. Background**

Category five super typhoon Haiyan (known locally as Yolanda) hit the Philippines on November 8, devastating areas in 36 out of the country's 81 provinces. Haiyan was the strongest storm ever recorded to make landfall anywhere in the world. The United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) reported widespread food shortages. Affected areas sustained 90% destruction of housing. Infrastructure was severely damaged. Water and power supply were cut in many towns. Most medical facilities were either destroyed or not functioning.

CARE was among the first INGOs to respond in collaboration with local partners. Response program strategy and operational plans were developed to guide the delivery of emergency relief and recovery assistance over a three-year period.

### **2. Description of the Emergency and Recovery Response Strategy**

The goals, objectives and expected results of the emergency and recovery response strategy were as follows:

#### **Program Goal**

Affected communities (men, women, boys and girls) have recovered, built back safer, and have increased resilience. Target: Around 300,000 individuals will be impacted by the interventions

#### **Program Objectives**

- The most vulnerable affected households have access to food, NFIs and emergency shelter
- The most vulnerable affected households have safer shelters
- The most vulnerable affected households have sustainable livelihood that secure access to basic needs.
- CARE's partners have increased their capacity to support and maintain sustainable livelihoods and effectively engage in emergency preparedness and response.

The emergency and recovery response strategy that was adopted for the program consisted of principles and practices as well as key activities in the distribution and delivery of the following types of humanitarian assistance over three phases of program implementation:

#### **Phase 1: November, 2013 to January 2014**

The assistance package for this emergency response time period intended to meet survival needs of 40,000 affected communities in Leyte, Western Samar, Capiz, Northern Iloilo and Antique.

- Food packs
- Non-Food Items
- Emergency shelter

There was comprehensive distribution of food packages in Leyte and Samar communities that were hardest hit by the typhoon. On the other hand, there was targeted distribution in Northern Iloilo, Capiz, Antique and Aklan where damage was localized in several towns and barangays. Special distribution of emergency shelter and non-food items was done for 5,000 households.

#### Phase 2: February to October, 2014

This phase of program had the same goal and objectives as well as areas of operation as Phase 1. Implementation was an early recovery phase that was intended to mitigate sustained dependence on emergency assistance and facilitate a return to the same if not better pre-typhoon conditions for housing and sources of livelihood income.

- Shelter Repair Kits
- Shelter Cash Top Up with training on Build Back Safer housing
- Unconditional cash transfer for the most vulnerable
- Conditional livelihood cash transfer
- Establishment of Community Enterprise Facility
- Establishment of a Women's Empowerment Fund

#### Phase 3: November, 2014 to October, 2016

This phase had the same targets and areas of operation as Phase 1 and involves the extension of the Phase 2 Program focusing on livelihoods development. This phase focused on facilitating the participation of community enterprises esp. women's enterprises in the growth and development of selected value chains through the Community Enterprise Facility and the Women's Enterprise Fund bundled with capacity development support. A value chain approach was adopted for projects funded under these programs.

#### **Partnership as CARE's Underlying Response Strategy**

CARE deliberately chose to implement its response strategy through partners selected from NGOs belonging to a disaster response network that CARE Netherlands had been supporting and collaborating with since 2007. In particular, ACCORD was selected as a lead implementation partner given its area of operations in the disaster affected areas, its experience and its expertise in humanitarian assistance. LCDE, a Tacloban-based NGO that also had experience in humanitarian assistance and a network of People's Organization partners in disaster affected areas was also enlisted as an implementation partner.

In order to augment local NGO partner capacity former CARE partners under its past SEED Finance Corporation initiative were also enlisted based on their previous experience with CARE, familiarity with conditions in disaster affected areas, operational and financial capacity and relevant programming experience. These former SFC partners were credit cooperatives and NGOs engaged in microfinance. These were:

Sara Multi-Purpose Cooperative (SMPC)  
Uswag Development Foundation (UDF)  
Pontevedra Multi-Purpose Cooperative (PVDCI)

Laua-an Multi-Purpose Cooperative (LMPC)  
Metro Ormoc Community Multi-Purpose Cooperative, Inc. (OCCCI)

The scope of work that was negotiated and contracted out to these partners included:

Community identification  
Beneficiary targeting and selection  
Mobilization of logistics  
Procurement of materials and supplies  
Distribution of food, shelter repair kits and cash transfers  
Monitoring and reporting

CARE, Philippines itself maintained over-all management control and direction of the implementation of the response strategy. It also directly implemented critical functions such as procurement and capacity building for partners.

More recently, the concept of facilitating partners was put into practice for the purpose of supporting the achievement of the goals and targets of the Community Enterprise Facility and the Women's Enterprise Fund.

### **Principles and Approaches**

The underlying principles and practices of the program's response strategy included the following:

- Prioritizing the most severely affected communities and the most vulnerable households for emergency and recovery response
- Promoting gender equality and the empowerment of women as a key result and impact area of the program
- Ensuring the safety and security of staff and beneficiaries at all times
- Adoption of the “do no harm principle”
- Facilitating build back safer and disaster risk reduction approaches to the response strategy
- Ensuring accountability of response to donors and beneficiaries

### **Key Implementation Practices**

The key generic activities in the operations cycle for the response strategy may be described as follows:

*Needs Assessment* – This refers to how the program monitored and evaluated the need for emergency and recovery assistance in the areas affected by the super typhoon. Participation in UNOCHA coordinated clusters was the major source of government and other INGO/NGO information on the type and extent of need, status of assistance provided by different assistance providers and

*Program Design* – This refers to targeting and selection of beneficiaries, type, amount and quality of assistance to be provided, phasing of delivery of emergency and recovery assistance and sequence of pre-implementation, implementation and post implementation activities to be followed in the delivery of assistance.

The types of assistance to be provided over three phases of program implementation appeared to have been determined during the emergency response phase although the Community Enterprise Facility and the Women's Enterprise Fund were fleshed out during the recovery phase.

Targeting was a two-step process. The first step involved an identification of geographical areas with the lowest incomes and most disaster-affected communities. Barangays classified as Geographically Isolated and Disadvantaged Areas (GIDAs) that were affected by the calamity were prioritized. Updates on the status emergency response efforts by government and non-government organizations that were provided to clusters were also used to avoid duplication and oversaturation of deliveries. Other criteria used included: barangays within a 50-km. radius of the typhoon path and coastal communities with low coping capabilities.

The second step in the targeting process was the Community-led, Gender-responsive Beneficiary Selection Process (CGBSP). The process was intended to maximize multi-sector participation in the implementation process by local government units and communities. Refinements in the process were made over the three phases of program implementation that ensured collection of sex, age and vulnerability disaggregated data.

Based on partner interviews, determining the number of beneficiaries to be contracted to a partner was an iterative process guided by feedback and recommendations from the local partners, notably ACCORD, a longstanding partner with extensive local community contacts, experience and expertise in humanitarian assistance.

*Program Implementation* – This refers to mobilizing for the procurement, transport and delivery of emergency and recovery assistance as well as actual on-site distribution of food, non-food items, shelter repair kits and various conditional and unconditional cash transfers, technical assistance and training.

As discussed above, local implementation partners were key facilitators of emergency and recovery response distribution. ACCORD and OCII played specialized roles related to procurement of food, non-food items and shelter repair materials as well as cash transfers across several partners. CARE Philippines also directly participated especially in procurement and facilitating cash transfers.

*Monitoring, Evaluation and Learning* – This refers to the post distribution gathering of data, information and feedback from partners and communities for the purpose of determining distribution results, the benefits received, issues and concerns, lessons learned and recommendations for future response programs.

Apart from post-distribution reports such as the Post-Distribution Report for Food and NFI, Shelter Assessment reports and post livelihood cash transfers monitoring reports, special monitoring that was planned included a Rapid Accountability Assessment report (conducted February 2014) and the After Action Review report (conducted April 2014) and Assessment of partnerships strategy.

Implementation plans were designed for the distribution of shelter repair kits and shelter cash top-ups as well as two phases of livelihood cash transfers.

## **Integration of Cross Cutting Themes**

The following themes were identified for integration into all aspects of the response strategy:

### ***a. Gender Equality***

Women and girls were priority beneficiaries of the response program and all key activities related to program implementation were oriented towards targeting women and girls, researching their post-disaster issues and needs, including them in distribution lists, monitoring and reporting on their protection and safety during and after distribution of humanitarian assistance and building the capacity of partners to design and implement gender sensitive and gender equitable policies and practices.

With respect to the CEF and WEF, criteria for prioritizing proposal development and approval specifically highlight the importance of targeting women as beneficiaries and addressing their needs.

Other programming practices that were planned in order to ensure focus on the promotion of gender equality:

- Gender analysis
- Setting gender-sensitive goals, strategies, indicators and monitoring and evaluation system
- Promoting equal participation of women in all aspects of implementation of the response strategy
- Gender and Protection Dashboard
- Use of the Gender Marker to monitor strategy, programs, policies and practices in terms of contribution to gender equality objectives
- Prevention and response to gender-based violence
- Implementation of policy on the prevention of sex exploitation and abuse
- Technical support for gender-responsive value chain analysis
- Documentation and reporting on sex-disaggregated data
- Promoting gender balance and sensitivity in the work place

### ***b. Disaster Risk Reduction Practices***

DRR practices were planned to be applied to the design and implementation of the Build Back Safer component of the shelter recovery program and also the livelihood program.

In addition, DRR initiatives were planned that would facilitate:

- Community risk mapping focusing on livelihoods
- Ways and means for community livelihood protection
- DRR analysis for livelihoods to be supported
- Awareness raising for DRR in enterprises in selected value chains

## **Other Key Components of Response Strategy**

### ***a. Accountability***

CARE's Humanitarian Accountability Framework was identified as a statement of accountability to program stakeholders. Within this framework, the following accountability practices were planned:

Putting in place policies that promote accountability  
Ensuring adequate and competent staffing for the implementation of quality and accountability commitments  
Conducting assessments that involve disaster-affected populations including vulnerable groups  
Sharing information with disaster-affected communities  
Putting in place mechanisms for disaster-affected communities to monitor program activities, program effectiveness of mechanisms and complaints

Accountability was also integrated into the monitoring and evaluation process of the response strategy by the following planned response protocols:

- Rapid Accountability Review
- Real Time Evaluation
- After Action Review
- Internal Evaluation after Phase 2
- Mid-term External Evaluation during Phase 3
- Final External Evaluation towards the end of the Response Program

### ***b. Advocacy Component***

The response strategy calls for support for advocacy of the following issues:

- Protection of girls and women
- Land rights that support sustainable livelihoods and food security needs
- Rights of households forced to re-settle away from former residence areas due to disaster buffer zones
- Adoption by other providers of humanitarian assistance of integration of gender-sensitive approaches and protection mechanisms
- Support from donors for starting recovery efforts from the outset of the emergency phase
- Influence national policies, legislation and response on DRR
- Increase budget support to building local capacity of local partners and local governments to strengthen preparedness and immediate response capacity
- Streamlined communication and information sharing on humanitarian issues and initiatives
- Linking advocacy initiatives to media programs

### **c. Safety and Protection**

An ongoing assessment of safety and security concerns was planned for the response program. CARE was among the first INGOs to respond in collaboration with local partners. Response program strategy and operational plans were developed to guide the delivery of emergency relief and recovery assistance over a three-year period. The Safety and Security Focal Point was designated to monitor safety and security issues as well as design and ensure implementation of risk mitigation measures.

## **3. Evaluation Objectives and Methodology**

The mid-term evaluation covered the period November 2013 to May 2015. During this period, emergency food and non-food assistance, shelter repair kits and cash transfers for shelter and livelihoods recovery were distributed to communities and households that were prioritized for their being the most isolated, socio-economically disadvantaged and vulnerable.

Phase 3 of the program, consisting of the implementation of the WEF and CEF program components was also started in February 2015 and is expected to be completed by October 2016.

The focus of this evaluation was to assess the implementation of Phases 1 and 2 of the program in order to determine how the underlying emergency and recovery response strategy might be improved for future calamity response programs that CARE might be involved in.

At the same time, Phase 3 was assessed in terms of how the implementation of WEF and CEF might be improved to enhance program implementation continuity and coherence as well as increase the prospects for significant program impact and sustainability.

### **3.1 Purpose and Objectives**

The overall objective of the Haiyan response program mid-term evaluation was to ascertain the level of achievement of program objectives and results that were realized half-way of program life and, in the process, assess the appropriateness and effectiveness of program interventions, strategies, and operational modalities, deduce learning and generate recommendations towards enhanced response interventions in the remaining period of program implementation.

Specifically, the objectives of the evaluation were to:

- Assess the overall achievement of results of the program at the objective and output levels. This will include an assessment of how effective gender and protection and disaster risk reduction were integrated to achieve or contribute to the achievement of project outputs.
- Evaluate program performance and operational plans in terms of the Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, impact, sustainability. The evaluation will also consider appropriate indicators in the CARE's Humanitarian Accountability Framework (HAF).
- Identify lessons learned, good practices and any particular challenges in the implementation of the program and achievement of results.
- Provide recommendations to improve program design/strategies and improve future programming.

### **3.2 Key Evaluation Questions Answered**

The key evaluation questions were specified with the framework of DAC evaluation guidelines by the terms of reference (Pls. refer to Annex 2).

These key questions were framed within DAC guidelines, i.e.,

- Effectiveness
- Efficiency
- Relevance and Appropriateness
- Impact
- Sustainability

CARE management was particularly concerned about an assessment of the following:

- The emergency and recovery response strategy
- Integration of gender equality and disaster risk reduction into program design and implementation
- Partnership arrangements
- Targeting the most vulnerable households
- Implementation of accountability principles and practices
- Impact and sustainability

### **3.3 Approach and Methodology**

#### **The evaluation methods used included**

- Desk review of program documents, progress and monitoring reports (see Annex 5)
- Clarification of performance expectations based on program documents and interviews
- FGD with 192 program beneficiaries, 142 females and 50 males, selected using municipality-clustered, household-weighted random sampling to get insights on the how households in CARE assisted areas managed to recover and move on with their lives and what role CARE's assistance played in their recovery;
- Interviews with CARE management and staff at head office and at their regional offices (See Annexes 3 to 4)
- Interviews with 7 CARE implementation partners and 2 facilitating partner
- Interviews with LGUs/NGAs, NGOs and other key stakeholders and key informants
- Analyzing data and information captured through field notes and records of meetings and interviews, esp. in terms of the following:
  - Variance measurement, determination of materiality of variance
  - Triangulation of Responses

The evaluation did not seek to re-validate signed and audited beneficiary distribution lists that identified each and every recipient of food and non-food emergency packages, shelter repair kits and cash transfers for shelter and livelihoods recovery.

Instead it sought to get information on the circumstances under which affected communities and households received emergency and recovery assistance, i.e., their needs, expectations, reactions,

challenges and initiatives as well as their own experience and assessment of distribution of assistance by providers like CARE.

Random sampling of municipalities and barangays with a margin of error of 5%, using households as weights was done. This meant that findings would be more qualitative and indicative rather than quantitative and definitive.

### **3.4 Constraints and Limitations**

While a household weighted sample of barangays was made for all six provinces that CARE covered, there was time for FGDs in only 31 barangays in 8 municipalities in four provinces, namely, Leyte, Samar, Capiz and Iloilo. The four provinces were prioritized over all six provinces because of the extent of typhoon damage they endured.

The evaluation did not interview carpenters and community mobilizers who were trained during Phase 2 of the program. A locally based engineer who was asked to make random visits to shelter assisted barangays in Leyte and Basey to assess the status of house repairs backed out at the last minute and could not be replaced. The evaluation instead relied on feedback from FGD facilitators on perceptions of barangay leaders and households interviewed regarding how adequate the support for shelter recovery was. This assessment was compared to findings of the shelter repair assistance evaluation.

## **II. Main Findings**

This section presents the evaluation's main findings with respect to relevance, effectiveness and efficiency in the following areas:

- Program delivery model, i.e., the emergency response and early recovery strategy
- Integration strategy for gender equality and DRR cross cutting themes
- Partnership strategies
- Accountability and vulnerability policies and practices

It also presents the evaluation's main findings on program impact and sustainability.

### **1. Program Delivery Model**

The following section presents the main findings on effectiveness, efficiency and relevance of the program delivery model underlying CARE's emergency response and recovery strategy.

#### **1.1 Effectiveness of the Program Delivery Model**

CARE's emergency response and recovery strategy was very effective in reaching some of the most geographically-isolated and disadvantaged areas (GIDAs) that were hit by Typhoon Haiyan.

An examination of distribution lists<sup>1</sup> for food, non-food items, shelter repair kits, shelter repair cash top-up and two phases of livelihood cash transfers shows that the program exceeded targets in terms of number of households actually provided with assistance.

**Table 1**  
**Actual Vs. Targeted Household Beneficiaries for Food, Shelter and Livelihoods Assistance**

	<b>Targeted</b>	<b>Actual</b>
<b>Emergency Food Assistance</b>	40,000	49,180
<b>Shelter Assistance</b>	15,000	16,349
<b>Livelihood Cash Transfer (first)</b>	<sup>2</sup> 5,000	25,513
<b>Livelihood Cash Transfer (second)</b>	25,000	19,147*

\*Partial data with residual number of ACCORD beneficiaries not yet included

Source: CARE Information Manager

#### **Partner and Beneficiary Views**

Beneficiaries across all FGDs in sampled barangays recalled both CARE and the local partner as being major providers of humanitarian assistance in their area. Their accounts on the type of assistance received matched official reports by CARE on what types of assistance were provided to their barangays. They also confirmed that food, shelter and livelihoods recovery were their main needs after the calamity.

About 65% of those selected for FGDs could be classified as having a vulnerable household member, i.e., with children below two years old, pregnant or lactating mother, senior citizen and/or a person with disability. Most of households classified as vulnerable had a child under two years old.

Some of these FGD participants could not identify special needs for members classified as vulnerable. Most of them, however, mentioned medicines and medical attention as priority needs of the vulnerable

members of their households. The task of identifying and meeting these special needs was left to other providers of humanitarian assistance both government and non-government.

In different CARE-assisted municipalities, different NGOs and INGOs as well as the Department of Health provided medical attention, medicines, nutritional supplements and cash for pregnant and lactating mothers.

In almost all FGDs, the consensus was that the assistance given to vulnerable persons was inadequate and whatever assistance was given would have been more helpful if delivered sooner.

In a very few cases, e.g., in Pontevedra and some barangays in Sara, emergency evacuation was needed for all households and their members including the elderly and persons with disability. The Officer-In-Charge of Persons with Disability Affairs in the province of Iloilo stated that emergency evacuation was a major concern for PWDs wherever and whenever there was a need for this. In addition, in evacuation sites, access to water and sanitation was a major problem for persons with disabilities. CARE's emergency response strategy was not designed for emergency evacuation or support to evacuation centers.

Except for livelihoods recovery assistance, there was no consensus across FGD groups on whether they were consulted on what they needed most. This finding reflects the difference between very limited opportunities for needs assessment during the emergency response phase and more time for needs assessment and training during the recovery phase.

Since the two training workshops on planning income-generating projects and managing money that were conducted prior to the livelihood cash transfers were the only opportunities for a discussion with households on their needs and plans for livelihoods recovery they probably explain the consensus of sampled households that they were consulted on what they needed most.

It was felt that the amount of assistance for shelter repair and livelihoods recovery was helpful but not enough. This sentiment probably reflected the very large funding gap experienced by most households in trying to restore main sources of income on top of starting or re-starting microenterprises as income-augmentation measures.

Not all implementing partners were updated on decisions of which types of assistance would be delivered to which municipalities. Local partners who distributed food in Basey, for example could not explain why shelter repair was not also distributed in the municipality.<sup>2</sup>

### **1.1.1 Food Assistance**

The quality of CARE's emergency food assistance distribution was evidenced by the following feedback from FGDs with beneficiaries in the chosen sample of municipalities and barangays in Leyte, Eastern Samar, Capiz and Sara, Iloilo:

- Across all FGDs, CARE was perceived to be next only to the ubiquitous DSWD/LGU tandem in terms of being the biggest and earliest provider of food assistance in the GIDAs. In Basey, the Red Cross was identified as the biggest provider of food assistance.

- FGD feedback supports the finding of the post food distribution monitoring report<sup>3</sup> that the quality of items and size of the food packages distributed by CARE was better than that of DSWD. There were occasional remarks about DSWD giving food items that were past their expiry dates.
- The only other major providers of food assistance in the sample barangays were the Philippine National Red Cross (PNRC) in Basey and Samaritan's Purse in Pastrana.

Other providers of food assistance were civic and religious organizations whose scale of distribution was much smaller and, while not exclusive, prioritized members and their families.

- The predominant opinion across the sampled municipalities and barangays was that CARE assistance benefitted those who needed it most and did not prioritize those who did not need assistance. In addition, CARE was perceived to have deliberately targeted those most in need of assistance.
- Both the DSWD/LGU and, where they were also present, the PNRC food distributions were marked with complaints and insinuations of having been diverted to benefit local political leaders and their followers. CARE distributions received similar negative feedback but this kind of feedback was very rare.
- CARE's on site distribution, i.e., barangay level, was favorably compared to DSWD's mostly municipal center drop off point, leaving barangay residents and their leaders with the responsibility for transportation to their communities.

On the other hand, DSWD was consistently the first to distribute emergency food assistance, in many cases within the first week after the calamity. This initial distribution was relatively small but was followed up by frequent follow-up distributions.

Beneficiaries defined their emergency food phase as up to two months after the calamity although distribution after more than two weeks after the calamity was thought to be "late but still welcome".

### ***1.1.2 Shelter Assistance***

CARE's shelter repair kit and cash top-up assistance package stood out in the minds of beneficiaries as the program that gave them quality materials, esp. GI roofing sheets, which they never had in their entire lives and would never have been able to access.

The sturdier design and the range of materials in shelter repair kit made CARE's program still noteworthy during interviews a year and a half after roll out. The beneficiaries, including, for example, those who lived on the dikes of fish pens in Pontevedra where they worked had never had homes with GI sheets as roofing.

Similarly, households in Ormoc felt that their houses were much more solid than the makeshift structures that they had prior to the typhoon. This perception was similar to those in other CARE-assisted barangays in Leyte, Sara and Pontevedra. The training of community based carpenters and mobilizers that was reported in the shelter component evaluation report was not always done, as for example in Albuera and Pastrana. But there was always at least a community orientation on building back safer principles and practices.

Most beneficiaries who received shelter repair assistance felt that their shelters were sturdier than before. The quality of materials provided and the training received explain this perception.

CARE's shelter program was considered to be the only significant shelter assistance program prior to the release of the DSWD's Emergency Shelter Assistance program in 2015. Other shelter assistance programs from religious and civic groups as well as local NGOs and co-ops, e.g., Samaritan's Purse, were limited to small packets of repair and construction materials.

This was true in Sara, Pontevedra, Ormoc and Albuera. In Basey, the PNRC was the major provider of newly built houses for affected households. The DSWD's Emergency Shelter Assistance (ESA) Program with a cash payout of P10,000 for households listed as having partially damaged houses and P30,000 for those listed as having a completely-damaged house has been implemented only this year 2015.

For many households in the sampled barangays, e.g., Sara, the need was for assistance in rebuilding rather than just repairing houses. About 53% of houses in Sara were reported to OPARR as totally damaged and 33% partially damaged. Shelter repair kits that were distributed by CARE were used nevertheless to rebuild parts of the house. Many houses in Ormoc and Albuera and most houses in Pastrana were also reported to be totally damaged.

FGD feedback suggests that notwithstanding external assistance, primarily from the CARE program, households had to contribute additional materials and cash received from different incremental sources. This perception may be due to the gap between assistance designed for shelter repair vs. the needs for rebuilding completely damaged houses as well as the desire of households to improve further upon their houses.

### ***1.1.3 Livelihood Recovery***

Households who were depended on seasonal farm or fishpond work were able to start recovery of their main sources of income. Households who depended on fishing were also able to re-start their main livelihoods after replacing their lost fishing equipment. Households that were dependent on farming were constrained by rain and local irrigation conditions. Some farming households were further affected by a second typhoon that hit them in December 2013.

The loss of income from shares in quarterly coconut harvests was a major factor in perceptions about livelihoods recovery. Households in Leyte municipalities, Basey and Sara who lost income from coconut harvests tended to report that they were still worse off today compared to their situation before the calamity. As is true for most households in the Visayas and Mindanao and many parts of Southern Luzon, income of households in the sample barangays from coconut harvests represents a very significant percentage of total household income.

As shown in Table 1 above, household distribution lists provided by the CARE Information Manager show that 27,040 households out of a target of 25,000 households received the first livelihood cash grant and 27,040 also received the second cash transfer.

The itemized household distribution lists from CARE's Information database show that most of the livelihood cash transfers were for microenterprises that were for income augmentation rather than recovery of the household's main sources of income prior to the calamity. Among the choices for income generating activities, pig raising was the most frequent choice.

**Table 2**  
**Top Five Income-Generating Activities Selected by Program Beneficiaries**

<i>Top 5 IGAs chosen as a percentage of total IGAs (IGA1 n=23257, IGA2 n=15437)</i>				
	Total IGA 1	% IGA 1	Total IGA 2	% IGA2
Pig	9946	43%	6339	41%
Chicken	3249	14%	1877	12%
Sari-sari	2551	11%	2009	13%
Rice	1716	7%	1440	9%
Fishing	1136	5%	813	5%

Source: Household Cash Transfer (HHCT) Program Evaluation, June 2015

The following information was generated from FGDs:

- A very high percentage - a guesstimate by field researchers based on FGD responses of eighty percent - of both phases of livelihood cash transfer amounts received was reported as actually spent on income-generating activities, notably pig raising and sari-sari stores.

In Ormoc and Albueria, a one hundred percent spending of livelihood cash transfers on the planned livelihood projects was reported in only three of the seven barangays sampled. Basey barangays reported spending approximately 20% of cash transfers on food, contingencies and even expenses related to children's schooling. Similar patterns were noted in Sara.

This observation confirms the opinion of all of CARE's implementation partners that most of the livelihood cash transfer amounts received were in fact used as capital for an income-augmenting enterprise but that some percentage of the cash transfer was used for emergencies, cost of funerals being the most common example given, or other household expenses.

- Money management training was perceived very well by implementation partners based on the feedback they got from participants after the training. This perception was confirmed by FGD participants who recalled, among other things learned, the difference between needs and wants in deciding on the household budget.
- The IGP planning workshop, in addition to training participants in preparing a livelihood project plan also served as a type of livelihood needs assessment opportunity for participants to share their priorities for livelihood recovery with staff of CARE and its implementation partners.
- Cash transfer livelihood undertakings, e.g., pig raising, were livelihoods that households already engaged in prior to the calamity. They were re-start ups.
- Cash transfer livelihoods were often augmented with cash from other sources, e.g. off farm employment income, loans from microfinance lenders and income earned from other sources

Cash for work and unconditional cash transfers by DSWD were the earlier sources of liquidity with which households started to recover livelihoods or start up new ones. Microfinance institutions and local moneylenders were also mentioned as other sources of liquidity for income-augmenting activities and other household needs.

- Households regained employment in sugar plantations fairly easily as these plantations re-opened soon after the calamity. Re-starting their farming livelihoods was more challenging due to seasonal, weather and financing constraints.
- The general perception that livelihood assistance received was not enough may be due to the additional financing needed to restore their farm-based livelihoods.

Households sourced cash from loans from microfinance institutions and from off-farm employment in order to add working capital for the income-augmentation projects that were re-started through livelihood cash transfers.

- Most pig raising microenterprises earned very modest net incomes for households (estimated at P1,000 to P1,500 net return to labor per pig after three months) and many of them stopped when alternative sources of income such as off-farm employment became more attractive.
- Those who ventured into the production of piglets seemed to have earned more and were better incentivized to continue. Beneficiaries of the cash transfer also put in cash for feeds from other sources, e.g., income earned elsewhere and loans from microfinance institutions.
- Pooling part of cash grants to start pig raising as a group enterprise was one noteworthy approach that seemed to be more successful in different areas, e.g., Ormoc, Sara and Basey where implementation partners encouraged them. Conceivably, the collaborative set up allowed for some economies of scale. Other examples of successful pooling of a portion of livelihood cash transfers included cash pooling in Basey for a group owned sari-sari store and group-owned tractor to be rented out to rice farmers.
- Pig mortality was the most frequent reason for livelihood failure but did not appear to be widespread in spite of the absence of readily available and competent technical advice and support. Especially in GIDAs of the country, the local agricultural extension support system consisted of an under-resourced municipal agricultural officer who was tasked to support all agricultural activity in all barangays.
- In any case, there were no instances reported wherein pig raising became more than an income augmentation enterprise for the household. There were some cases, e.g., in Sara, where income from these microenterprises increased its share of contribution to total family income.
- Farming activities, e.g., rice and corn production continued to be regarded as the main livelihood or source of income for the household. Re-starting farming activities was a major concern for households that had been dependent on agriculture before the calamity. Credit from traders was most-frequently mentioned as the principal source of agricultural credit.
- Practically all households pursued livelihoods recovery in parallel with shelter rebuilding or repair. Livelihood assistance was felt to have been needed as early as one month after the calamity.

This perception should be understood in the context of the financial liquidity constraints faced by households as they sought to pay for many competing needs related to shelter repair or rebuilding,

other livelihood initiatives, everyday expenses related to food, health, children's education and emergency needs.

#### ***1.1.4 Women's Enterprise Fund (WEF) and Community Enterprise Facility (CEF): Status of Inclusive Value Chain Approaches***

WEF and CEF funded projects have been increasingly directed towards enterprises that have scale-up potential via greater backward, forward and horizontal linkages within selected value chains. An interview with the leader of Basey Association for Native Industry Growth (BANIG) revealed that small producers have been able to earn higher margins on their products as a result of being able to more directly sell their products to end users. These benefits were made possible because their federation was able to directly promote and market end products to customer effectively bypassing traditional middle traders.

At this early stage in the federation's development, its earnings out of fees earned from member contributions are not enough to either support the marketing effort needed for scaling up or fund ongoing product research and development.

With respect to working within a seaweed value chain framework, a CARE facilitating partner based in Iloilo was taking the lead in terms of facilitating new market linkages and the provision of business development support services to seaweed producers and their association. It is too early to capture results of initiatives to move up the value chain but the new market linkage opens new opportunities for better terms of trade and scaling up production and post-harvest processing.

#### ***1.1.5 Complementarity of Program Components***

Each component of CARE's emergency and recovery response strategy, i.e., emergency food assistance, shelter repair and livelihood cash transfer was individually helpful and effective for households in the selected barangays. The Typhoon Haiyan Shelter Recovery Project Evaluation and the Household Cash Transfer Evaluation present data on the number of households and household members received shelter repair kits and cash transfers as well as feedback on perceptions about the quality of the assistance.

But their combined impact on the lives of the households is difficult to isolate from many other initiatives taken by households on their own and with support from others as well as from many intervening circumstances that were part of their recovery efforts.

A "synergistic effect" was not directly observed or noted in the responses of FGD participants. But there were indications supporting anecdotal evidence noted in the Post-Food Distribution Monitoring Report that food and shelter recovery assistance saved them a lot time, money and effort that they were able to re-direct to address many other post-calamity concerns that they had.

The planned sequence of distribution, first food, then shelter and then livelihood cash transfers was implemented on an as-needed basis based on an appropriate process of updated situation reporting and needs assessment for affected areas. CARE and partners implemented blanket emergency food assistance in Leyte and Eastern Samar where there were wide areas of communities severely affected by

the calamity and only targeted distribution in Panay Island in communities that were affected significantly along the path of Haiyan.

Some municipalities, e.g., Basey, where food distribution took place were left to other agencies when it came to shelter assistance.

In practically all discussions and interviews, respondents felt that the distribution of response and recovery support by all government and non-government agencies and organizations would have been even more helpful if done earlier. This sentiment probably reflects the dire need of households in almost all aspects of their lives immediately after a calamity.

But beneficiary feedback also indicated that after the emergency phase is over, households prioritized and pursued shelter, livelihood and other recovery efforts at the same time rather than in sequence. Incremental shelter repair and livelihoods recovery started as soon as the immediate threat of starvation had passed.

The underlying need at this point was for enough liquidity with which to pursue multiple needs. Cash for work and unconditional cash transfers primarily from DSWD, conditional cash from other sources and other cash from all sources were budgeted to meet multiple priorities including maintaining food for the household. There was anecdotal evidence of selling a surplus of relief goods – not from the CARE program - in certain barangays by some households.

There was therefore a very clear consensus among respondents that livelihood cash assistance would have been more effective if provided as early as January 2014. A one-time cash transfer instead of the program's two-phase staggered cash transfer would have better addressed the liquidity situation of beneficiaries.

A major concern of the program was about how to ensure that cash would be used for livelihoods recovery and not for other purposes. In hindsight, since cash is fungible any amount transferred would have resulted in savings of money that households would have spent on emergency food and shelter and livelihoods recovery that they could direct to other household priorities.

A stronger effort to help household improve budgeting and money management would probably have been a more cost effective way of ensuring that money was well spent.

## **1.2 Efficiency of Emergency and Recovery Response Program Implementation**

The amount of support given to each component across all barangays that were supported was sufficient to establish CARE as a major provider of food, shelter and livelihoods assistance in these areas.

In addition, the assistance provided by CARE stood out in terms of the quality of food packs and shelter materials as well as quality in program implementation.

### *1.2.1 Value for Money*

In terms of identifying the highest returns, FGD feedback indicates that having quality G.I. sheet roofing for the first time in their lives stood out in terms of the strongest and most lasting effects of CARE

assistance in the minds of beneficiaries. Households also felt that their houses were stronger. This was probably due to the quality of materials received and the training in shelter repair that they received.

But it was probably the stream of incomes from projects started with livelihood cash transfers that has helped most with socio-economic recovery efforts of households.

### *1.2.2 Timeliness of Distribution Efforts*

It was also clear from FGD feedback that households felt they would have benefitted from an earlier distribution of all types of assistance. Some of the hindrances to an earlier distribution of assistance included:

- By design, components were planned to be distributed in sequence rather than simultaneously
- CARE and its local partners did not have the staffing capacity to undertake simultaneous distribution of shelter and livelihoods cash transfers.
- Considerable time and effort was needed by partners to complete progress and financial reporting and liquidation requirements from one phase of distribution to another
- Refinements in beneficiary targeting, community participation processes, sex, age and vulnerability disaggregated data capture and reporting and other accountability practices needed considerable time for design, consultations, training and orientation and coaching

### *1.2.3 Readiness of Policies, Procedures and Practices for Distribution*

The need to orient and train partners' staff in implementing policies and practices related to better targeting and mobilization of communities for participation in the distribution effort was another key activity that affected quality and timeliness of distribution. As mentioned above, refinements in the policies and procedures and reporting forms to be used in the distribution process improved quality but held back the start of distribution.

On the other hand, the MEAL process managed to do a one hundred percent sample for its post-food distribution monitoring report and significant samples of shelter repair kit distribution and top-up cash distribution evaluation. Field research was done cost effectively using partner staff to sample high percentages of program beneficiaries in FGDs and training activities to generate useful monitoring and needs assessment information.

### *1.2.3 Donor Coordination and Efficiency*

Participation in UNOCHA and GOP coordinating clusters and participating in information exchanges related to situation reports, operations updates of various donors and stakeholders, household distribution lists and needs assessment analysis undoubtedly saved CARE from much duplication of efforts and overinvesting in less strategic activities.

Targeting harder to reach and communities underserved or less prioritized by donors also added to the cost effectiveness of CARE's assistance.

#### *1.2.4 Financial management risks*

In hindsight, partners probably did not have a clear appreciation of the strict standards for liquidating expenses and cash advances as well as the amount of time and effort needed to submit the needed financial reports and supporting documents.

Most implementation partners encountered a bottleneck in reporting on progress and spending. One partner, LCDE, managed to avoid expense liquidation and reporting bottlenecks by better understanding the requirements for financial reporting and hiring more staff to help with the process.

#### *1.2.5 Program management*

Program management was guided by clear humanitarian principles and reinforced by external AAR and RAR feedback. These guiding principles and values motivated management and staff to pursue challenging outreach targets, i.e., GIDAs and the most vulnerable households in these hard to reach places.

Even if CARE staff were at times perceived to be playing a very directive role in the partners' distribution activities, management was determined to hand hold partners who were neither experienced in humanitarian assistance nor steeped in accountability principles in going through the process of developing the protocols and tools that would guide a more participatory and valid selection of the most vulnerable in the communities targeted.

Implementing partners cited CARE management and staff as being highly accessible and ready to discuss concerns and look for mutually acceptable solutions.

Under the WEF and CEF components, senior management faces heightened risks in having to stay on top of an increasing number of approved short term contracts, many of them with community-based organizations who have weak reporting and internal financial controls. Although facilitating partners have been deployed to support the CBOs, the facilitating partners themselves may find themselves spread thinly and sharing accountability with the CBOs for shortcomings in implementation and reporting.

The roles of the Regional Office in proposal development, review and monitoring and evaluation appear to overlap with those of the facilitating partner and with those of CARE main office. Occasionally, there is no acknowledgement of receipt of proposals and document transmissions and no standards on time to respond or time to decide on proposal development matters. This situation often left the sub-grant proponent in the dark and partners uninformed.

### **1.3 Relevance and Appropriateness of the Program Delivery Model**

The emergency response and recovery program remains very relevant and valid as of this mid-term assessment. The first two phases sought to provide emergency relief and early shelter and livelihood recovery support to the most disadvantaged households in the most geographically isolated and disadvantaged areas.

The challenge for the present phase is how to harness CEF and WEF to move beyond early livelihood recovery into the development of more sustainable livelihoods that will replace sources of income that were lost or impaired by the calamity.

As mentioned in the previous section, blanket food distribution by CARE and its partners in Eastern Samar and Leyte as well as targeted distribution in Panay Island robustly reinforced the early and sporadic food distribution by the DSWD and the LGUs in the area.

CARE and its local partners distinguished themselves in the perception of beneficiaries by being the main provider of quality shelter assistance. Beneficiaries in far-flung areas expressed deep satisfaction over having for the first time in their lives having GI sheets instead of nipa shingles as roofing in their houses and sturdy foundations.

Livelihood cash transfers were effectively used to re-start microenterprises as income augmentation strategy for re-building the cash flows and incomes of households. Cash transfer pooling was one of the more noteworthy and successful ways of starting a microenterprise.

What distinguished CARE distribution from that of the ubiquitous DSWD and PNRC distributions was the high degree of beneficiary approval for the quality, quantity and fairness of the distribution effort in some of the most isolated and socio-economically disadvantaged areas in the calamity-stricken areas.

Both the WEF and CEF remain relevant and appropriate to the current need of households who benefitted from food, shelter and livelihood cash transfers in Phases 1 and 2 of the program.

### **1.3.1 WEF and CEF could be very helpful to the following beneficiary segments:**

*Farming households striving to re-start, improve or expand their farming can very apparently benefit from WEF and CEF.*

Across all provinces where interviews and FGDs were conducted, many households reported that income from their share of the coconut harvest was lost after large numbers of these trees were felled or lost their nut-bearing capabilities. The lost income per household could easily have been as much as P5,000 every three months depending on the number of trees that were part of their share tenancy agreements. This income stream was effectively lost for at least the six years needed to re-grow the trees to maturity.

At the same time, many respondents whose main livelihood and source of income was from farming rice or corn, experienced difficulty re-starting their farms. Typhoon Ruby had added to asset losses and delayed preparations for re-planting. The current El Nino induced drought has also been hampering recovery of farm based livelihoods. Cash from different sources including loans from relatives and traders as well as earnings from other income-earning activities was financing these farming activities.

*Agricultural workers were able to quickly return to paid farm work but may also conceivably benefit from participation in off-farm and non-farm enterprises under CEF and WEF.*

Another set of recipients of livelihood cash transfers were households whose main source of income came from seasonal employment on sugar cane, fishpond and other cash crop areas as well as part-time work as construction workers, carpenters and other wage employment. Some of these households also

had share tenant arrangements for very small plots of agricultural land planted to coconut, rice and corn or vegetables.

*Micro-entrepreneurs, including those who pooled their livelihood cash transfers for a shared stake in sari-sari stores, farm machinery for rent, pig raising and other enterprises*

Microenterprise activities such as those supported by the livelihood cash transfers were an income-augmentation strategy for all but the poorest households. The collaborative microenterprises started through cash pooling showed some scale up and sustainability potential that might be developed through WEF and CEF.

#### *Conditional cash transfer eligible*

The most vulnerable households often also have the lowest capabilities for enterprise engagement. It was planned that these households would be linked to the DSWD's conditional cash transfer program. While the CEF proposal required information on how the needs of the most vulnerable would be addressed, there was no proactive support for households in this segment to identify project ideas and develop them into proposals.

## **2. Integration of Gender Equality and Disaster Risk Reduction**

Gender equality and disaster risk reduction were cross-cutting themes that were designed to be integrated into all program components and their attendant processes, procedures and policies.

### **2.1 Gender Equality Integration**

Gender equality was both a major development objective and a cross-cutting concern that would be integrated into all key activities and processes.

#### **2.1.1 Gender Equality in Outcomes**

- a) At the level of promoting women's rights, the program was very effective in ensuring that women were prioritized as beneficiaries and participants in food, shelter and livelihood recovery program components. Sex-disaggregated data from distribution lists indicate both scale and evidence of scale of support to women.
- b) In terms of economic empowerment, women have increased access and control to important economic assets, i.e., sturdier houses and microenterprise capital that is earning incremental income.

In terms of recipients of shelter repair kits, 24,388 out of 51,329 or 47.5% were women. The Shelter Recovery Project Evaluation indicated that more men generated income to contribute to repairs (52% of the time), used and maintained repair kit tools (55%) and exercised quality control during building the shelters (56%).

While, women were stereotyped into housecleaning (73% of the time), they exercised more decision making than men over the use of the cash grant for shelter repairs (35% vs. 23% for men). However, it was also true that this was actually a joint decision 42% of the time.

About 19,890 out of 41,142 (excluding beneficiaries in ACCORD areas where data is still being finalized) or 48% of recipients of livelihood cash transfers were women. Pig raising, the most commonly selected microenterprise for the cash transfer, and other microenterprise activities augmented incomes modestly.

- c) It is too early to say to what extent the Women's Enterprise Fund and the Community Enterprise Facility will perform in terms of promoting women's increased control over livelihood assets and economic resources. A positive impact on women's economic empowerment can only come from these undertakings.
- d) Finally, there have not been many occasions to date for promoting women's equal voice and role in decision making esp. on policy and local government regulatory bodies. This may be partly due to the program's preoccupation with the distribution logistics of the emergency and early recovery phases.

### ***2.1.2 Gender Equality in Activities and Processes***

The Gender Action Plan of December 2013 committed CARE to implement a set of activities under the following categorical recommendations:

- Design and planning that engaged men and women as well as vulnerable groups
- Equal access and participation in program
- Prevention of gender based violence
- Gendered monitoring and evaluation and accountability
- Prevention of sexual exploitation and abuse
- Child Protection complaints mechanism established

This set of activities, later reinforced by the Rapid Accountability Assessment Report of February 2014 and the AAR of April 2014 influenced how CARE designed the operational plans for shelter and livelihoods recovery.

Female-headed households and pregnant and lactating women were also identified and prioritized for listing as beneficiaries of the program.

Efforts were made to facilitate reporting on gender-based violence and sexual exploitation of women and children during the emergency and recovery phases.

The December 2013 Gender Action Plan highlighted the importance of ensuring that processes for reporting on violence and exploitation of women and children were designed and implemented. The February 2014 RAR and April 2014 AAR noted that the first attempts to get feedback on distribution complaints and on incidents of sexual exploitation and abuse were flawed. Modifications were made but it is not clear if these have been effective. As with police records, the absence of reported crimes does not necessarily mean that no crimes were committed.

Discussions with the Provincial Social Welfare and Development officers in Capiz and Iloilo as well as the Protective Services Bureau of the DSWD indicate that many cases of abuse and exploitation are unreported and it is still a challenge to design and implement an effective reporting system for violence

against women and for the prevention of sexual exploitation of women and children. Iloilo province was just starting to encode barangay-level data on incidents involving various categories of violence and exploitation of women and children.

The Provincial government of Iloilo has initiated a review of their local legislation on the protection of women and children in order to strengthen provisions for the protection of women and children during and immediately after a calamity.

With respect to promoting livelihood recovery and development during the early recovery phase and as part of the ongoing CEF and WEF programs, there do not appear to be a program-wide monitoring of the extent to which work was equally shared between men and women at work and at home as well as to what extent women participated in making household asset management decisions.

a) Within CARE, the following activities were pursued:

- Completion of basic training on gender equality by all staff
- Promoting gender-balanced staff
- Newly-engaged staff to complete online courses
- One-on-one gender orientation on CARE's gender equality policies and code of conduct
- All job postings included statement on CARE Philippines had a Child Protection Policy in place where candidates are expected to comply
- Equal Opportunity clause included in job postings "CARE Philippines is an equal opportunity employer and diversity promoting partnership with. Women and PWDs are especially encouraged to apply"
- Gendered analysis of employee database

### ***2.1.3 Gender Equality in Needs Assessment***

In line with the value chain approach of WEF and CEF, the CARE Gender Specialist has facilitated the development of Gender-Responsive Value Chain Analysis that facilitates an identification of the gender issues and identifies ways and means for integrating women's needs with all CARE program. There is a deliberate effort to ensure that value chain analysis and action planning will capture and respond to the needs and opportunities for women's empowerment through the handicrafts

In February 2014, the RAR recommended that needs assessment and gender analysis needed to be more focused and specific to the situation of women in terms of food security, housing and livelihoods recovery.

It was by March 2015 that an updated Gender Report for Typhoon Yolanda provided some information on the situation of women with respect to a wider range of issues including employment and livelihoods and shelter.

Under WEF and CEF, gendered value chain studies, e.g., the study on the situation of women in the handicrafts industry in Samar, Aklan and Antique, much more precise information on gender needs assessment and gender issues analysis has become available.

#### **2.1.4 Relevance and Appropriateness of Gender Equality Integration Strategy**

The gender integration strategy was very relevant and appropriate to the emergency needs of Typhoon Haiyan-affected women for food, shelter and livelihoods recovery as well as to the longer-term challenges they face in building competitive, growth oriented and sustainable livelihoods.

The equality integration strategy was defined at the levels of needs, activities and outcomes and aligned with resources and budgets through WEF and CEF.

Equally relevant opportunities for targeting gender outcomes in terms of strengthening women's voices in community, local government and organizational affairs through policy advocacy initiatives related to DRR or local economic development do not appear to have been sufficiently pursued.

Recommendations in the March 2015 Gender Report to engage LGUs and women's networks in policy discussions were very appropriate. Similarly, a technical report on a gendered value chain analysis of the handicraft industry in Samar, Aklan and Antique indicated the importance of involving LGUs in a more proactive and gender-sensitive support for value chain development.

In Iloilo province, reviews of the province's Children's Code and Gender in Development Code are scheduled for October 2015 for the purpose of making protection of children and women during and after a calamity a clearer and enforceable priority. There are also plans to strengthen all Barangay Councils for the Protection of Women (BCPCs) and the Barangay Violence Against Women and Children Desks.

Programs for increasing the human capital of women as entrepreneurs or as managers, leaders and proactive members of community-based organizations appear not be maximized given a perceived general weakness of many community enterprises that are CEF proponents.

Studies on the integration of gender equality objectives into CARE's value chain approach, e.g., *Gendered Value Chain Analysis of Handicrafts in Samar, Aklan and Antique*, were also an appropriate response to the adoption of this approach. The integration can be more relevant if the expected improvements in the value chains prioritized by CARE can be better clarified in terms of expected changes in market structure, conduct and performance.

#### **2.1.5 Efficiency of Gender Equality Integration Strategy**

The integration strategy for gender equality outcomes into the emergency and early recovery phases was effective but required follow-up action and refinement in terms of improving the collection of sex, age and vulnerability disaggregated data as well as improving the reporting of incidents of gender-based violence and cases of sexual abuse and exploitation of women and children. SAVDD was successfully done for both shelter and livelihood cash transfer phases.

The result of improvements in the reporting on gender-based violence and incidents of sexual abuse and exploitation is uncertain since other factors, e.g., lack of awareness, fear of reporting or of reprisals and low levels of confidence in prosecution processes, can still not be discounted.

The integration of gender needs assessment, activities and outcomes into WEF and CEF proposal development, screening and approval stages was done in a timely manner and supported through the orientation of sub-grant proponents under CEF and WEF. A number of other gendered value chain studies are still pending.

As with the monitoring and reporting on over-all sub-grant objectives, the efficiency of efforts by sub-grant proponents and their facilitating partners to integrate and mainstream gender equality outcomes and related activities will also depend on the capacity of these proponents for implementing their projects well. As noted above<sup>4</sup> many sub-grant proponents are community based organizations with limited project management capabilities.

The use of the Gender Marker and Gender Dashboard tools was a very efficient way of highlighting to management summary information and progress made towards integration. Given the pressures and demands on senior management and regional offices to stay on top of WEF and CEF targets, encapsulated feedback at the level of activities, outputs, outcomes and issues would be very practical and cost effective if local capacity to use these tools with increased frequency can be put in place.

The Rapid Accountability Assessment submitted on February 27, 2014 highlighted issues in the reporting of complaints and grievances and handling of sex abuse and exploitation cases and proposed general measures to address the issues. Interviews with the current MEAL manager, regional office staff and implementation partners indicated that these concerns were addressed by developing a separate procedure directly supervised by the Gender Specialist.

The transition from gender advisor under the CARE emergency response team to the more permanent gender specialist who took over for Phases 2 and 3 was completed only in the first quarter of 2014 at a time when pressing issues related to the review, re-design, partner orientation and training and implementation for improving SAVDD processes and the revised handling of cases of sex abuse and exploitation.

This may have partly affected the schedule of Gender and Protection Orientation workshops for partners started in July 2015 and stretched into September 2015. During this period, livelihood cash transfers were either well underway or completed for a number of barangays.

Recommendations of the Rapid Accountability Assessment report to update gender issues analysis in the more specific contexts of food security, shelter and livelihoods recovery were eventually addressed in Phase 3 when gendered value chain studies were done.

There were opportunities during post SRK and post CT1/CT2 distribution evaluation studies to get more information on the sharing of workloads and decision making between women and men. The shelter recovery evaluation got this kind of information and improved understanding of gender issues related to shelter recovery.

The post shelter recovery evaluation did get important information on how women and men shared in the distribution of work and decision making on key aspects of shelter repair. While information on the distribution of workloads between women and men in livelihood activities was obtained by the

evaluation of the household cash transfer program component, similar information on the distribution of household work was not gotten. It is also not clear if similar information will be captured in the monitoring of WEF and CEF projects.

## **2.2 Disaster Risk Reduction**

During the emergency response and early recovery stages, the major DRR outcome has been to promote resilient shelters in areas where Build Back Safer practices were promoted and shelter repair kits were distributed and used to provide houses that would minimize harm and loss of life to occupants in the event of another typhoon. These results are presented in detail in the Shelter Recovery Assistance Evaluation Report.

A rapid assessment of DRR initiatives recently completed by a CARE Germany<sup>5</sup> Program Officer indicates that WEF/CEF requires from the proponents an identification and analysis of risks faced by the proposed projects as well as measures that the project will implement to manage these risks

There has been increasing awareness and understanding of DRR/CCA issues to address but limited capacity for respond with the right interventions and tools.

### **2.2.1 Relevance and Appropriateness of DRR Integration**

Nevertheless, the momentum of activities promoting DRR awareness and understanding as well as training in the use of DRR planning and programming appeared to be increasing as more partners completed training and more proposals prepared for CEF and WEF submission better incorporated DRR issues and project responses.

With respect to climate change adaptation concerns, there was awareness in for example the handicraft value chain initiative of BANIG in Basey of the risks posed by the current El Nino-induced drought on the viability of farms established to produce *tikog* and other materials for weaving into mats and handicrafts.

As a result, alternative cropping patterns for planting *tikog* and other plants needed as raw material sources were implemented. Presumably this type of CCA awareness and response initiative was program wide. The evaluation was unable to look into how DRR CCA was being addressed within the seaweed and other value chain approaches in San Dionisio, Iloilo and elsewhere.

The value chain approach in the CEF program raises the urgency and importance of understanding community and ecosystem embedded risks of scaled-up production and processing activities. But project-level DRR assessment may not capture systemic risks and community and ecosystem-wide DRR would be more appropriate.

Risks related to promoting mono-cropping, i.e., the environmental costs of reducing local bio-diversity and business risk of relying on a single major source of income for entire communities in adjacent areas need to be understood and addressed with more appropriate tools and approaches.

According to a DRR Specialist from CARE Germany, the level of effort required to mainstream a more comprehensive approach to DRR, e.g., the approach developed by CARE Netherlands with ACCORD in Leyte, requires a full time specialist within the program.

### **2.2.2 Efficiency of DRR Integration Strategy**

At this point, when significant awareness about the importance of DRR/CCA appears to have been generated, project investment in the adaptation and use of practical tools for DRR assessment and planning seem to be the better use of support for integration.

The partnership of CARE Netherlands and ACCORD outside of Haiyan program has developed an integrated approach to risk management that involves ecosystem management and restoration, climate change adaptation and disaster risk reduction. Pilot projects to demonstrate risk reduction outcomes and capability to implement this approach have been completed in La Paz, Leyte in collaboration with very supportive LGU officials. This result suggests that the DRR approach is tried, tested and ready for mainstreaming in program areas.

It is not clear to what extent this capability is being linked to mainstream the CEF/WEF programs as well as applied to the value chain approach.

Finally, DRR integration and mainstreaming cannot be done with meaningful results at just the project level but in collaboration with LGUs and national government agencies.

## **3. Partnership Strategies and Modalities**

The scale, effectiveness and quality of distribution for food, shelter and livelihood cash transfers would not have been possible without the partnership arrangements between CARE and the implementation partners. The partnership arrangements were short term contractual agreements to distribute a specified package of food, shelter repair kit and/or amount of cash transfers to a target number of specified barangays and municipalities.

### **3.1 Effectiveness of the Partnership Strategy**

CARE adopted a partnership approach that resulted in a distribution effort that had scale, i.e., reaching CARE's target of five percent of the affected population.<sup>6</sup>

3.1.1 Based on FGD feedback, (Sections 1.1.1 to 1.1.3 above), CARE's distribution program was much more credible and trustworthy than those of the only other major providers of food, shelter and cash transfers, i.e., DSWD, ICRC/PNRC and Samaritan's Purse, in CARE's areas of operation. Both DSWD and ICRC/PNRC offered higher amounts of assistance per beneficiary esp. for shelter and livelihoods assistance but their distributions were marked by misgivings about the integrity and impartiality of the LGUs they partnered with or of their own field representatives.

3.1.2 CARE's implementation partners felt that they had done their best under difficult conditions and completed their distribution assignments in accordance with contract terms and conditions. All except one of the partners interviewed<sup>7</sup> agreed that they had underestimated the amount of time and money

needed to implement the accountability measures that CARE prescribed as well as how exacting the expense claim liquidation and audit of distribution lists were.

ACCORD was unique in that it had carried out the lion's share of the food distribution effort and also engaged extensively in materials procurement. To date, it is still reconciling some liquidation reports.

**Table 3**  
**Distribution of Implementation Partner:**  
**Food, Shelter Repair Kits, Shelter Cash Top Up, Livelihood Cash Transfers**

Organization	Province	No. of HHs Food Packages	No. of HHs SRK/ Shelter Top-Up Cash	No. of HHs Livelihood Cash Phase 1	No. of HHs Livelihood Cash Phase 2
Assistance and Cooperation for Community Resilience and Development, Inc. (ACCORD)	Iloilo Eastern Leyte	20,666	11,649  3,405 (Top-up)	8,288	3,360*
Sara Multi-Purpose Cooperative (SMPC)	Iloilo	3,438	529 (Top-up)	2,182	2,181
Uswag Development Foundation (UDF)	Aklan	4,120	n.a.	2,782	2,726
Pontevedra Multi-Purpose Cooperative (PVDCI)	Capiz	4,591	1,500  1,064 (Top-up)	2,151	1,956
Laua-an Multi-Purpose Cooperative (LMPC)	Antique	4,152	n.a.	1,526	1,438
Leyte Center for Development (LCDE)	Western Samar	7,589	3,200	2,669	1,681
Metro Ormoc Community Multi-Purpose Cooperative, Inc. (OCCCI)	Western Samar Western Leyte	4,624**	2,003 (Top-up)	5,915	5,805

\*partial data without ACCORD data

\*\*LCDE and OCCCI were in tandem for shelter kit distribution and shelter cash top up support. LCDE took care of the kit distribution while OCCCI was in charge for the cash top-up support in joint areas of distribution.

3.1.3 On the other hand, CARE Regional Office staff felt that some partners were better than others in implementing the distribution procedures, collecting the needed sex, age and vulnerability data and completing progress and financial reports. In any case, all partners were given a passing grade.

Some partners, i.e., those that been working with community based organizations in the distribution areas prior to Typhoon Haiyan, validated and re-validated distribution lists that were prepared by the barangay selection committees. One partner just assigned its field staff to work with the selection committee and complete the list by herself if necessary.

Some partners re-deployed their staff to collect data requested by CARE in revised reporting form. Others simply did not provide the new SAVDD asked for.

3.1.4 Over-all, it seems that the efforts made by partners to consult, select community representatives, set up selection committees, use a selection tool, make house to house assessments, gather complaints and grievances, conduct safe, secure, organized and fair distributions and post distribution feedback was noticed and remembered by the household beneficiaries.

FGD feedback indicates that there was a positive recall of CARE's distribution efforts. Practically all FGDs were familiar with both the local implementing partner and CARE. There was high agreement that CARE made a very deliberate effort to reach those who most needed assistance.

The one disagreement noted was on whether or not CARE and its partner provided special assistance to the vulnerable members of the households in terms of medicines, medical attention, nutrition supplements and in some badly-affected areas such as Pontevedra, emergency evacuation.

In terms of timeliness, only DSWD was consistently reported across all areas to have delivered food, albeit at the municipal center, within a week of the calamity.

### 3.1.5 Performance, Attitude and Ability

The partners who were selected were well motivated to perform the contracted work. ACCORD and LCDE had humanitarian assistance mandates and programs in the intended areas of operation of CARE. Other implementation partners were credit cooperatives and saw the partnership with CARE as an opportunity to leverage program resources to respond to the humanitarian assistance needs of their members.

The partners had at least a good knowledge and familiarity with local conditions in the areas of operation of CARE. In addition, they had staff, satellite offices and social networks throughout the affected areas. LCDE had been working with a network of people's organizations in Samar and Leyte who were based in the program's target municipalities and barangays. ACCORD had extensive experience and knowledge about humanitarian assistance and disaster risk reduction. Other partners were credit cooperatives who were well versed in facilitating financial transactions.

The partners had had previous program partnerships with CARE and a basic familiarity with its mission, values, goals and ways of doing things. Starting in 2007, ACCORD had an ongoing project partnership with CARE Netherlands to develop and promote disaster risk reduction practices. Other partners had been part of a CARE Philippines project that developed the capacity of credit cooperatives to engage in microfinance programs. The history of having worked together enabled the partners to operate on the

basis of trust and goodwill during difficult times when serious challenges had to be hurdled in distributing food, shelter and livelihood cash transfers.

The partnerships were tried and tested most severely in the implementation of very detailed and exacting terms of community mobilization and engagement for the distribution of shelter repair kits, shelter top-up cash and two phases of livelihood cash transfers. These community processes that were intended to improve the quality and accountability of program delivery included the following:

- Conduct of a community orientation on the distribution program
- Election or selection of a Selection Committee that was tasked to prepare a distribution list
- Use of a scoring tool to determine and prioritize inclusion in a distribution list
- Preparation of a distribution list by the Selection Committee
- Public posting of a draft distribution list
- Soliciting and responding to complaints and grievances on the distribution list
- Orderly and secure distribution of cash and materials assistance
- Gathering sex, age and vulnerability disaggregated data on beneficiaries

Preparing implementation plans with budgets aligned to activities, preparing and submitting reports and expense liquidation statements also taxed the capabilities of partners not in terms of difficulty but in the higher than expected level of effort required by the rigor with which CARE implemented policies and practices related to MEAL and financial management reporting.

In addition, partners found the direct involvement of CARE officers and staff in distribution activities and the amount of coordination they had with their staff confusing at times.

On the part of CARE, organizations with no previous experience or expertise in accountability practices and humanitarian assistance needed close supervision.

### 3.1.6 WEF and CEF Partnership Modalities

Although there wasn't a more comprehensive description of partnership strategies and modalities under WEF and CEF, CARE has in fact added two modalities of partnership under these programs:

- Partnerships with community-based micro-entrepreneurs and organizations of primary product producers, i.e., the proponents of WEF and CEF
- Partnerships with facilitating partners who have been contracted to support the WEF and CEF program through proposal development and project implementation support.

WEF and CEF proponents are described in the guidelines as the implementers of proposed or approved projects.

Facilitating partners are partners who are also under a short term contractual agreement with CARE to help qualified WEF and CEF proponents develop and prepare funding proposals that would be considered for implementation. Contracted work also included identifying business development service providers, training, coaching and other business development support services that would help proponents of approved WEF and CEF projects implement their projects successfully.

The proponents of approved WEF and CEF project are enterprising women and community-based organizations. Their effectiveness is measured in terms of how well they implement their projects and comply with reporting and expense liquidation requirements.

The success of the facilitating partnership modality is measured by the number of proposals submitted by these partners are approved by the CARE senior management team and the number and quality of capacity building initiatives completed.

When interviewed, both BANIG and BizFTC showed a good understanding of the challenges of moving up the value chain and of providing business development support services to community-based organizations. They have also had initial success in helping community enterprises in Basey producing handicrafts out of *tikog* get better profit margins and seaweed farmers in San Dionisio in forming new market linkages with processors.

There is a risk, however, that both facilitating partners and CEF and WEF proponents will become preoccupied with project documentation and compliance with reporting and expense liquidation requirements to the detriment of achieving project outcomes.

Interviews with facilitating partners, implementation partners in Phases 1 and 2 and with CARE Regional Office staff pointed to a low levels of project development capability on the part of WEF/CEF proponents and a high degree of dependence on facilitating partners for project progress and financial transaction documentation and reporting. As more WEF and CEF projects are approved, this risk will increase unless alternative partnership arrangements are implemented and clearer accountabilities between proponents and facilitating partners are defined and communicated.

### **3.2 Relevance and Appropriateness of Partnership Strategies**

CARE participated in UNOCHA and Philippine government cluster and coordinating bodies during the emergency response. This engagement provided vital information and analysis on the changing situation in calamity affected areas as well as on changing needs and priorities in these areas. This coordination also helped to identify which of the vulnerable communities or GIDAs were not being supported by any providers.

CARE continues to participate in various forums on emergency response, early recovery and DRR programming and this is providing ongoing learning and development of partnerships with a broader set of organizations in the country.

The level of coordination with LGUs was appropriate especially at the barangay level where it was necessary in order to facilitate setting up participatory processes for beneficiary selection and safe and secure distribution of assistance. Policy-level partnerships at the level of the municipal and provincial governments do not seem to have been a focus either before, during or after the emergency and early recovery phases.

The type of short-term, output-based and contract-driven partnerships that was in place with implementing partners in Phase 1 and 2 were appropriate given the short term nature of the objectives and the framework of a three-year program with three phases of implementation that had a beginning and an end.

Considerations of longer-term and more strategic partnerships that are more on an equal footing with CARE have been considered; without a clear strategy for continued involvement in the Philippines beyond 2016 the ground is not ready for this type of longer-term strategic partnerships that are based on shared values, vision, mission and goals as well as mutuality of interests.

The present focus on WEF and CEF and the adoption of a value chain framework do make partnerships based on short-term emergency and early recovery work less relevant and introduce the need for a new set of market and enterprise-oriented partnerships.

Probably all partners from Phase 1 onwards have the capacity to assist WEF and CEF proponents with proposal development and writing; not all will have the set of knowledge, expertise and experience in providing business development support services. Within the broad range of business development support services partners will have capacity in some and not in others. Along the vertical and horizontal dimensions of a value chain, partners will have capacity in some and not in others.

The vulnerability context is very important in any sustainable livelihoods strategy; a partnership approach to mainstreaming DRR/CCA/ERM in all Phase 3 areas of operation would be very relevant and appropriate in this context.

The value chain approach needs to be clarified<sup>8</sup> if the relevance and appropriateness of specific partners is to be evaluated. Old and new partnerships need to be evaluated on a case-to-case basis on the basis of a clearer value chain development and sustainable livelihoods strategy.

Partnerships remain key to the successful implementation of WEF and CEF in the current phase of the program. While short-term contracting agreements would be appropriate to short term outputs such as distribution of emergency and recovery assistance, proposal preparation and one time training or coaching activities, intermediate outcomes related to value chain development may require more strategic partnerships that have outcomes beyond 2016.

### **3.3 Efficiency of partnership strategies**

3.3.1 While the sequence of food, shelter and livelihood support was logical, households apparently started livelihoods recovery as soon as if not even before the emergency phase ended. Based on interview and FGD results, financing livelihood recovery came from several sources such as cash for work, loans and income earned from employment or other parallel household enterprises. Most FGD groups felt that emergency and recovery assistance would have been more helpful if it arrived earlier.

3.3.2 Under very challenging conditions, the over-all partnership approach was cost effective.

The advantages of working through local NGOs included:

- Quicker mobilization of relief efforts made possible by harnessing available staff, office space, equipment and facilities
- Better choices among tried and tested staff of local partners compared to emergency hiring and screening
- Access to local networks, esp. contacts with local governments and community based organizations
- Local knowledge of language, culture, road networks and general geographic and socio-economic conditions

- Awareness of the local risk environment that avoided costly misjudgments of the type reportedly made by other INGOs that opted to do distribution by themselves, e.g., deliveries to the wrong destinations, misallocation by LGUs and by the INGOs' own field staff
- Potential for carrying lessons and skills learned to other organizations

The disadvantages included:

- Need for considerable orientation and training of partner organizations' officers and staff to understand and implement CARE's policies and standard practices for humanitarian assistance
- Potential for miscommunication and interference in the chain of command and communication of implementing partners by CARE.
- Differences in ways of doing things, e.g. in beneficiary targeting and prioritization lengthened the learning curve
- Need to rehabilitate and support local partners who also suffered losses and damage as a result of the calamity, e.g., LCDE.
- Need for time consuming back and forth clarifications on liquidation of expenses

In balance, even if CARE had simply seconded partner staff and placed them under direct supervision of CARE management, there would still have been a time lag between food and shelter and livelihood cash assistance during which policies and protocols to address shortcomings in the community mobilizing, beneficiary selection, public posting of beneficiary lists, in setting up distribution process, e.g. using a beneficiary selection tool, getting complaints and reporting GBV and SEA cases, gathering SAVDD had to be designed, taught, implemented, refined and rolled out again.

3.3.3 In general, partners who had no previous humanitarian assistance experience felt that they had underestimated the amount of time, money and other resources needed to live up to their contracted roles and responsibilities. As stated above, they did not fully appreciate the amount of detail and rigor involved in policies and procedures related to the accountability and financial management policies of CARE.

3.3.4 That in some instances partners advanced their own funds to jump start operations indicates that CARE's operating systems and procedures were playing catch up during the emergency phase. As the transition from CARE Emergency Group to Phase 2 and 3 staffing was completed and more operational procedures and practices were established normal budgeting, cash releases and liquidations followed.

3.3.5 Two of CARE's partners who have extensive experience and expertise in emergency and recovery assistance prior to Haiyan, were asked to significantly expand their scale of operations and level of staffing. One of them was able to adjust to significant and rapid expansion fairly well with no unliquidated expenses to date and not much stress reported in coping even with the iterative refinements in CARE's accountability protocols; the other experienced a slowdown in financial reporting and liquidation as well as challenges in field operations.

Interestingly, the former one had to, with CARE assistance, rebuild and recover office equipment, materials, supplies and records that were severely damaged by Haiyan.

The two cases merit further study in order to better appreciate the factors affecting the cost effectiveness of a rapid scaling up of operations and staffing by a local partner under emergency response situations.

3.3.6 Under WEF/CEF programs, one facilitating partner that has much experience and expertise in providing business development support services has significantly been scaling up operations and staffing in order to support CARE targets for the number of projects funded and implemented.

In this case, it is important to ensure that both the facilitating partner and all proponents for the projects it is supporting are clear about the level of effort, time and resources needed to comply with CARE's financial reporting and expense liquidation policies as well as with satisfactory integration of cross cutting themes related to gender equality, environmental protection and DRR/CCA.

3.3.7 Partner capabilities may not be optimally aligned with new partnership needs of CARE in the current Phase of WEF/CEF resulting in missed opportunities or mismatch. As discussed in Section 3.2 above, a wider range of partnerships is called for under CARE's value chain approach.

#### **4. Accountability and Vulnerability Policies and Practices**

The underlying accountability principles and practices of the program's response strategy included the following<sup>9</sup>:

- Prioritizing the most severely affected communities and the most vulnerable households for emergency and recovery response
- Promoting gender equality and the empowerment of women as a key result and impact area of the program
- Ensuring the safety and security of staff and beneficiaries at all times
- Adoption of the “do no harm principle”
- Facilitating build back safer and disaster risk reduction approaches to the response strategy
- Ensuring accountability of response to donors and beneficiaries

These accountability principles and practices were based on CARE's HAF and have mandated CARE to design, program and monitor and evaluate its program in line with these principles and practices.

If the expected outcome of effective use of accountability principles and practices is better quality of humanitarian assistance, then the program's strategy to promote accountability may be said to have been effective.

The application of these principles and practices was not perfect at the start of the emergency phase but through monitoring reports via the Gender marker, the RAR and AAR and post distribution assessment workshops, improvements were made and observed by CARE and its partners. Among other things, a beneficiary selection tool was designed, improved procedures for beneficiary targeting, listing and validation were implemented and a more comprehensive SVADD collection was done.

The simple choice of focusing on GIDAs was a very significant way of already focusing on the most vulnerable and socio-economically disadvantaged. In these GIDAs that CARE prioritized, feedback

indicates that there was positive recall across all sampled barangays on the quality of the distribution of food, shelter and livelihood cash transfers.

#### **4.1 Effectiveness of policies and practices to ensure accountability and priority access for the vulnerable**

4.1.1 The effectiveness of accountability policies and practices the CARE designed and implemented through local partners may be inferred from the generally positive perceptions noted in FGDs across all sampled barangays about specific qualities of its emergency and recovery response.

In particular, there was strong across-the-board agreement with the following (See also Sections 1.1.1 to 1.1.3 above):

- CARE and the local partner made a deliberate effort to identify and prioritize the households that most needed help
- CARE and the local partners consulted them on their needs for livelihoods recovery but not for food or shelter.
- They were always safe and secure during distribution.
- They had the opportunity to communicate their complaints and grievances.
- CARE and the local partner gave them the assistance that they needed

It was only in a small minority of barangay FGDs in Pontevedra, Panitan, Pastrana, Ormoc, Albuera and Basey that there was some ambivalence about whether CARE had assisted those who did not really need help and did not help those who needed help. In Sara, a third of FGDs in the nine sampled barangays felt that households who needed help were not helped.

##### **4.1.2 Confidence in CARE and Local Partner Distribution**

There is across-the-board evidence that the resulting effort in prioritizing and selecting carefully only the qualified and the most vulnerable led to a high level of confidence from among beneficiaries interviewed in the distribution that was done by CARE and its partners.

In practically all barangay interviews except a third of the nine barangays sampled in Sara, there was very high disagreement with the statement that CARE and its local partner helped households that didn't need assistance. On the other hand, there was very high agreement with the statement that households needing assistance were assisted by CARE and its local partner.

By way of contrast, distribution by other INGOs/NGOs and national government agencies were frequently accompanied by complaints or insinuations by beneficiaries of favoritism and misallocation.

##### **4.1.3 Meeting the Special Needs of the Most Vulnerable**

On the other hand, there was over-all disagreement with the statement that the special needs of the elderly, children below 5 years old and pregnant and lactating women were met.

There was also strong agreement that assistance of all types would have been better if delivered earlier.

#### 4.1.4 Prioritizing the most vulnerable

The early targeted distribution efforts in Panay were marked by prioritization of local partner members, confusion and even conflict with local government officials and community leaders. The shortcomings were noted by program management, documented as issues to be addressed in subsequent versions of CARE's emergency and recovery response strategy and highlighted in both the RAR and AAR.

The Gender Action Plan of December 2013, the RAR and the AAR made recommendations on improving the targeting of the most vulnerable and also added the need to address weaknesses in the policies and procedures for capturing and responding to complaints about the distribution process as well as incidents of GBV and SEA.

These shortcomings were addressed in subsequent versions of the response strategy and the improvements were included in operational plans for the distribution of shelter repair kits and the cash transfers for shelter top up and two phases of livelihoods recovery. These operational plans already presented improved ways for:

- Formation of barangay selection committees tasked to prepare distribution lists
- Design and use of a beneficiary selection tool that would prioritize households with vulnerable members
- Public posting of distribution lists
- Getting and responding to complaints on how distribution was planned and implemented
- Getting and responding to reports on GBV and SEA
- MEAL processes after both shelter and livelihood cash distribution
- Orientation and mobilization of communities for participation in distribution

#### 4.1.4 Feedback System for GBV and SEA

The Gender Action Plan of 2013, developed by the outgoing gender specialist during the emergency phase included recommendations for the improvement of the systems and procedures for capturing complaints about the distribution system as well as GBV and SEA incidents. This recommendation was reinforced by both the RAR of February 2014 and the AAR of April 2014.

Monitoring compliance with processes to capture GBV and SEA incidents as well as addressing the related complaints were also part of the set of accountability measures that were implemented. In this regard, evaluation field researchers gave feedback that provincial and municipal LGU officers from the PSWD and MWSD offices that they visited admitted that one reason for very few complaints against gender based violence or sexual exploitation of women and children during and after calamities might be the ignorance of options for protection and reporting cases, mistrust or inaccessibility of a trustworthy enforcement officer.

It is likely that the prevailing low levels of awareness of women and children of their rights to protection, the explicit and implicit costs of filing reports and persevering in prosecution and a basic mistrust of how authorities will handle their complaints undermine the effectiveness of GBV and SEA reporting systems.

#### 4.1.5 Prioritizing the Most Vulnerable under WEF/CEF

With respect to targeting the most vulnerable under WEF and CEF, all Phase 1 and Phase 2 GIDA barangays were eligible for WEF/CEF support. The proposal forms asked for specific information on how the projects will benefit and improve access of the most vulnerable in the community to livelihood assets.

WEF outcomes specifically target ways of reducing vulnerability of women and their enterprises.

But it should be noted that the households with members who are vulnerable may or may not have the capability for proposal development and implementation that other households have. Program initiatives such as technical assistance in write shops for proposal development and C-BED training are being implemented and are very relevant to prioritizing the most vulnerable.

It is very possible that these households may be members in community-based organizations that have the capacity for proposal development and project implementation. But a more proactive approach to determining their status and finding ways to support them would be more consistent with the deliberate targeting in Phases 1 and 2. In this regard, it may be noted that some livelihood cash transfer household beneficiaries (e.g., in Dagami, Sta. Fe, Tabon tabon and Albuera) formed groups, registered legally and became CEF partners.

Persons with disabilities have demonstrated their capacity to engage viable enterprises and gainful employment. The Iloilo province Provincial Disability Affairs Officer pointed to the local ADPIMPC and the NFCPWD as examples of entrepreneur worker co-ops of PWDs. Similar persons and organizations might also exist that might take the lead for championing inclusive enterprise development for the most vulnerable.

The same situation holds for landless households that depend more on seasonal farm and off farm employment, e.g. sugar workers in Albuera and Ormoc and fishpond workers in Pontevedra.

In addition, the status of plans to turn over the asset less or “hard core” poor who had neither entrepreneurial experience nor appetite to do business to the DSWD’s conditional cash transfer program does not seem to have been followed up.

#### 4.1.6 Ensuring Gender Equality Outcomes

The Gender Situation Report of December 2013 noted that outcomes were gender neutral. This was attributed to an analysis of gender issues that did not delve into the more specific issues and needs of women in terms of food security, shelter and livelihoods recovery and development. This observation was echoed in both the RAR and AAR reports.

A more in depth study on gender issues in housing and livelihoods recovery was not immediately forthcoming although the Gender Report of March 2015 already started to describe the concerns of women in housing and livelihoods development.

At any rate, under both shelter and livelihoods components gender outcomes were achieved in the area of economic empowerment as SAVDD showed how women received and benefitted from materials and

cash transfers that contributed to increased control of assets. These results were captured in an updated Gender Marker Assessment.

Women were also provided with opportunities to increase their human capital through their selection and participation as community facilitators under the shelter program and training in IGA planning and money management under that livelihood cash transfer phase. There was interest but not enough opportunity to undergo the carpentry training. This training was given mostly to men under the stereotype that carpentry was men's work.

It should be noted that community mobilizers, mostly women, were able to perform technical advisory roles like the carpenters during the course of their work, aside from their original roles in documentation and monitoring. This was an unintended positive result.

The shelter post-distribution assessment looked into the distribution of work and the sharing of decision making by men and women in matters related to shelter recovery. The household cash transfer evaluation report also collected information on the sharing between women and men of workloads in livelihood activities. However, work load distribution at home and the over-all sharing for both livelihood activities and household work was not covered.

Under WEF and CEF, a gendered approach to value chain analysis, e.g., Gendered Value Chain Analysis of the Handicraft Industry in Samar, Aklan and Antique, addresses the need to study gender issues and do needs assessment for women in more depth. This practice can lead to more deliberate and well-defined expected outcomes for gender equality.

It is not apparent that WEF/CEF progress and assessment reporting will capture data on how work and decision making will be shared by women and men under each project and for the program as a whole.

#### 4.1.7 Ensuring DRR Outcomes

DRR outcomes have not been as well defined and measured as gender equality outcomes. On one hand, the DRR marker does not link and assess needs/issues, outcomes and activities in the same straightforward manner of the Gender Marker. There has also been no full time DRR specialist with the responsibility and budgeted level of effort equivalent to a gender specialist.

The RAR noted that opportunities for setting longer-term DRR outcomes have not been pursued given an apparent parallel programming arrangement whereby CARE Philippines and CARE Netherlands both work with a common partner, ACCORD, on different matters. It recommended that the RTE further assess how the mainstreaming of DRR principles can be achieved.

DRR outcomes for the distribution of shelter repair kits and shelter cash top up were more clearly defined than for food and livelihood cash transfers. A post SRK and Shelter Top-Up Cash distribution assessment indicated that beneficiaries felt that their houses were stronger as a result of the support although they felt that parts of the house was not yet complete.

For early livelihood recovery, the importance of having diversified sources of income was learned and new skills for alternative livelihoods were being learned.

Under the WEF/CEF programs, there are procedures under the proposal development stage that identify project and enterprise risks as well as the means for mitigating them. The BANIG handicrafts value chain development proponent has identified DRR/CCA related risks for their tikog farms and processing enterprises.

An interview with the CARE Netherlands Philippine Country Representative indicated that the expertise, experience and materials for community risk mapping has been developed with ACCORD and has been tried and tested in several municipalities in the country. But there is still no apparent programmatic arrangement for ACCORD to mainstream the DRR/CCA/ERM approach to all CEF/WEF areas of operation.

#### 4.1.8 Ensuring Security and Safety

Security and safety measures to guard against issues involving the transportation and distribution of large amounts of cash as well as orderliness in distribution activities were generally ensured throughout Phase 1 and Phase 2.

FGD feedback and interviews with partner staff indicated that they felt safe and secure from peace and order threats throughout the emergency and early recovery phases.

The Post Shelter Recovery Assistance evaluation recorded many accidents, mostly minor, that were related to shelter repair and construction activity. A few life threatening accidents were reported. After the fact, information sheets giving advice on ensuring safety during repair and construction activity were given out.

The RAR nevertheless pointed to the risk posed by the delayed deployment of safety and security officials. Partners confirmed that safety and security specialists were deployed to provide advice and support to their staff during the distribution phase. They were not clear however about the value added of the specialists vis a vis proper coordination with local government officials, the police and community leaders.

It was noted that many partner staff recalled having to travel on foot to very remote locations without electricity and under severe weather conditions with only one other companion or no companion.

The same local coordination with local government officials, police and community leaders are in place today. Under CEF/WEF community-based proponents implement most the activities themselves. It has not been determined if their activities have been included in the risk assessment frameworks required during the proposal development phase.

#### 4.1.9 Implementing the Do No Harm principle

The Do No Harm principle has been applied to ensure that stakeholders' interests are balanced and are not compromised or undermined through their participation in the program. The concerns noted by the RAR was on the reputational harm that could be caused by unrealistic expectations about what CARE would provide and achieve through its partners.

The RAR was also concerned about the harm that cash transfers to the business of CARE partners who were also microfinance cooperatives.

On the former, expectations of communities were managed one distribution phase at a time by CARE and its partners. Under WEF/CEF, expectations were managed at the level of the project proposal and the proponent with the support of a facilitating partner.

Feedback through the suggestion and feedback boxes deployed during the distribution of shelter and livelihoods assistance were expressions of gratitude and appreciation. There were complaints about distribution lists but hardly any on CARE's commitments to long-term support.

It is too early to assess how well expectations of WEF/CEF project proponents are being managed esp. in terms of how they re-allocate budget items in their projects without always seeking CARE's approval.

On the latter concern, interviews with the cooperatives as well as microfinance institutions that were not CARE partners indicated that their loan programs were not affected by the increased liquidity brought about by a surge of cash transfers given by various donors after Haiyan.

If anything, it gave them breathing space to deal with portfolio-at-risk issues. The demand for liquidity to address other concurrent recovery and rehabilitation needs also remained high in spite of the cash surge.

A less noted issue related to management of expectations was that of implementing partners in Phases 1 & 2 interested to continue as facilitating partners under WEF/CEF but wondering what CARE's value chain approach was all about and whether there was an opportunity to become a business development support provider within a handicrafts value chain development program. Partners whose expertise was on the humanitarian approach were also contemplating getting into the value chain support provider role.

A potential set of risks from the value chain approach might be those related to mono cropping. These risks are not just at the enterprise level and merit risk assessment and management measures beyond those under the CEF proposal development processes. These set of risks might be better identified through DRR processes such as ACCORD's community and eco-system risk mapping approach as well as a farm systems development approach.

#### 4.1.10 Ensuring Accountability to Donors and Beneficiaries

CARE made itself accountable to donors, beneficiaries and other stakeholders by integrating accountability principles and practices into its design, programming, implementation and monitoring and evaluation processes.

The RAR of February 2014 provided a fairly comprehensive accountability assessment using the eight benchmarks in CARE's HAF.

This evaluation was unable to interview the program's donors for the purpose of determining how they view CARE's assurance of quality and accountability in the delivery of humanitarian assistance through this accountability report.

As for household beneficiaries, quality was understood as quality of materials and food, amount, timeliness and appropriateness of the humanitarian assistance. But being consulted and involved in key activities in needs assessment, design, programming and assessment of the assistance program also gave them a positive opinion of CARE's program. The suggestion boxes that were deployed to gather complaints and feedback elicited mostly gratitude and appreciation according to CARE partner staff who were interviewed.

With respect to CARE's partners, two of CARE's partners were apparently aware of the HAF assessment standards of CARE; most were not or had only a very general. All except one partner found the process of meeting tighter standards called for by the RAR and CSM for beneficiary selection, posting of beneficiary lists, SAVDD reporting and capture of SEA and GBV incidents and complaints information much more time consuming and costly than they expected.

However, they all agreed with the value and importance of making the improvements in line with HAF. They felt they had learned from the experience and found the whole process worthwhile.

The failure to provide for the special needs of the elderly, persons with disability, pregnant or lactating women, children under five and women in general was noted by the RAR and not addressed as part of follow-up distribution runs. In this sense the focus on the vulnerable seemed to have been lost.

There is a similar risk also that, without a deliberate needs assessment of the sector and with no targets, in pursuing growth oriented enterprises within a value chain approach in Phase 3, the least ready or able to do business will be left behind.

In addition to accountability to donors and beneficiaries, the RAR also concerned itself with CARE's accountability to its implementing partners. Six of its eleven main recommendations were related to better supporting and communicating with its implementing partners.

The RAR noted the difficulties and mistakes made by inexperienced partners during the early stages of food distribution as they prioritized their own members over the most vulnerable and struggled to deal with complaints and resistance from local government officials and community leaders who were seeking to corner food and non-food assistance for themselves and their associates.

It was concerned also about the following partnership issues:

- Whether partners were getting enough support in terms of guidance, technical assistance and budgets for their challenging distribution responsibilities
- Whether partners had enough information and capability to help CARE manage expectations of beneficiaries and government about the extent of CARE's support for recovery and rehabilitation
- Whether partners were empowered to raise complaints, issues and concerns with CARE so that these could be resolved
- Whether CARE's partners felt that their core microfinance businesses would be negatively affected by a surge of liquidity caused by cash transfers.

The RAR findings and recommendations were effective in calling attention to key partnership issues that CARE senior management was able to eventually address through processes outlined in the operations plan for shelter recovery and livelihoods cash transfer.

It remains to be seen if CARE will have learned to act proactively to minimize if not avoid similar issues related to partner capacity, end-of-assistance expectations and clarity over rigid audit rules as well as the availability of practical field guides that translate general accountability principles into specific dos and don'ts or step by step easy to follow implementation guides.

These proactive measures will be all the more critical when dealing with a multitude of community based organizations with very basic communication and project management capabilities.

In summary, the RAR and various MEAL processes played an important part of this assurance of quality and accountability. Accountability policies and procedures have also been integrated into the CARE program as a whole and in various sub-components such as WEF and CEF.

#### **4.2 Relevance and Appropriateness of Accountability Principles and Practices**

Over-all these accountability principles and practices were very relevant and appropriate to CARE's response strategy and served to motivate CARE and its partners to set and meet high quality standards for emergency response and recovery.

The areas of accountability were directly important to quality delivery of emergency and recovery response.

More importantly, periodic gender markers and DRR markers, RAR, AAR and various post-distribution assessment exercises that were part of MEAL processes called attention to quality and accountability issues such as beneficiary selection, complaints and GBV/SEA feedback, partnership management.

Both CARE and its partners made appropriate responses to accountability concerns and issues. The development and implementation of operational plans for shelter and livelihood cash transfer addressed important shortcomings that were raised by the 2013 Gender Report, February 2014 RAR and April, 2014 AAR.

Perhaps noting the many difficulties and challenges hurdled by CARE's partners in improving quality and accountability, the RAR appropriately called attention to CARE's accountability to them and recommended several measures to live up to this accountability.

In hindsight, it is much easier to see that having a field manual ready that already contained specific policies, procedures and practices and reporting forms related to food, shelter and cash transfers that had been already tried and tested under field conditions to meet CARE's accountability and quality standards for beneficiary selection, community mobilization, SAVDD collection, GBV and SEA monitoring and control would have greatly facilitated compliance.

In addition, not just general information about CARE but specific orientation on the rigor and inflexibility of certain audit standards for the liquidation of expenses would have been appropriate and relevant to partners under contract to deliver short term services under qualified terms and conditions.

The same information and others that would help facilitating partners and WEF/CEF proponents make better judgements about matching level of outputs, scale of operations and ability to comply with CARE's accountability and audit requirements remain relevant.

Other concerns and measures that both the Gender Action Plan of December 2013 and the RAR called attention to that were very appropriate in the context of accountability to the most vulnerable included the finding of ways and means to provide for the special needs of the most vulnerable perhaps in the context of follow up deliveries and an assessment of how in future responses emergency assistance can be distributed within the critical one to two week period immediately after a calamity across all areas of operation.

#### **4.3 Efficiency of Implementing Accountability Principles and Practices**

The main problem with the design and implementation of improvements to key accountability practices highlighted by the RAR and AAR was that the process delayed the distribution activities for both shelter recovery and livelihoods cash transfer. After the design of better distribution processes, partners and their staff also needed to undergo training prior to implementation.

There was little awareness among CARE's partners about the Humanitarian Accountability Framework of CARE even though they had been invited and participated in the RAR workshops. It is possible that staff turnover or the time lapsed since the last RAR/AAR affected recall. It is also possible that there was little motivation to mainstream HAF within the partner organizations given the challenging workloads they were contracted to handle or the short term contract period of engagement.

However, once explained to them, there was ready acceptance and support for the framework principles. Being short-term contractors, however, the main interest and need of partners was more for a practical, step-by-step guide on how the principles should be applied in their field work.

Delays in hiring as well as a too brief turnover phase to a new gender specialist may also have affected the pace of following through on the implementation of measures outlined in the Gender Action Plan of December 2013 that were intended to promote gender equality outcomes.

With respect to the implementation of recommendations made by the Gender Action Plan of 2013, the transition to a new gender specialist and the attendant familiarization with the frameworks and operational policies and procedures in the first quarter of 2014 delayed appropriate action especially on capacity building for staff and partners and on the development of more in-depth sector focused gender issues analysis and needs assessment. An expanded engagement of women in the area of policy advocacy and engagement with local and national government agencies also appears to have lagged behind.

There was also only a brief overlapping of time at CARE main office during which debriefing, orientation and some coaching between the outgoing emergency phase gender specialist and the incoming gender specialist.

There was however a concerted and collaborative effort between CARE and its partners to improve on the reporting system for GBV and SEA incidents as well as for distribution complaints in general. Improvements in the reporting system were integrated into the operational plans for both shelter and livelihoods recovery.

The updated assessment of gender issues that was issued in March 2015 and the undertaking of a series of gendered value chain studies indicate that CARE is now able to do more sector focused and in-depth analysis of gender issues that can better inform gender equality strategies in line with its accountability norms. This capability has developed over the last year and half.

In-house and partner capacity building and gender sensitivity training were pursued albeit belatedly due also to factors such as difficulties in finding a common schedule for staff who were frequently on field visits at the height of shelter and livelihood recovery activities.

The RAR highlighted the need to mainstreaming DRR. It is possible, based on the assessment of a visiting DRR specialist<sup>10</sup> of a need for a full-time DRR, that multi-tasking DRR integration may be a factor in the slower pace of responding more fully with this recommendation.

## **5. Impact of the Typhoon Haiyan Emergency Response and Recovery Program**

The impact of CARE's emergency response and recovery strategy may be described as having significant scale and quality.

### ***5.1 Scale of Impact***

The program has had a very tangible and positive impact on the lives of thousands of households in some of the most isolated and socio-economically disadvantaged areas that were devastated by Typhoon Haiyan.

At the household level, the main effect of cash transfers for shelter top up and two phases of livelihood support was to directly increase liquidity with which to address multiple concurrent needs related to livelihoods recovery, shelter repair and re-building, everyday expenses such as food, education of children and emergency needs.

As early as late November, households whose main source of income prior to Haiyan had been from farming, were finding ways and means to re-start their farms. Planting root crops was a common and immediate farming recovery measure. Rice farming was resumed where it was in season using funds from cash for work and loans from various sources, e.g., microfinance institutions, traders, relatives.

On the other hand, most landless rural households that were dependent on farm employment in sugar plantations and fish ponds as their main livelihood source were able to get back to work fairly soon as the plantations were able to re-start operations fairly quickly.

Most of the CARE livelihood cash transfers was directed towards income augmenting activities, the most common of which was pig raising.

These microenterprises played an important role in livelihoods recovery especially in places where rice and corn farming could not be immediately resumed and where the rice and corn crop was destroyed by Typhoon Ruby, a second typhoon that hit them in December 2014. In Sarangani, microenterprises were contributing a greater share of total household income compared to pre-Haiyan sources.

In many places where coconut trees were felled, the loss of quarterly income from households' share in coconut harvests under share tenancy arrangements amounted to as much as P500 to P2,000 per

month and was significant. Pig raising earned about P1,000 to P1,500 as net return to labor after three months.

Compared to pre-Haiyan levels, there was greater dependence on non-farm employment to compensate for the loss of income sources and to improve liquidity for other household expenses. FGD feedback across provinces and municipalities sampled pointed to employment seeking in cities and elsewhere as very common measures to augment incomes or compensate for lost livelihood opportunities.

Under these conditions of severe financial liquidity constraints, the indirect effects of food, non-food and shelter repair assistance may have been very significant as time, money and effort were freed up for other coping and recovery activities of households.

Thus, while no clear evidence of “synergistic effects” from CARE’s three phase strategy could be found, it is possible that the enhancement of household and community liquidity was a significant impact of CARE’s response and recovery strategy. Post-distribution monitoring and assessment that was facilitated by the MEAL officer reported feedback from respondents on the amount of time and money saved by CARE’s response and recovery packages.

The time and money saved by a household that no longer had to look for food, non-food or shelter recovery materials and have these delivered to their barangay would indicate how many livelihood more recovery activities they were allowed to do.

Certainly, households might never have had access to some of the kinds of materials, e.g., high quality GI roofing sheets that they received from CARE. This may explain why, in the FGDs across all sampled barangays, GI roofing sheet was the clearest and strongest indicator to beneficiaries of the impact of CARE’s assistance.

Finally, while it was not possible to measure to what extent new knowledge and skills learned from workshops on shelter repair, carpentry, income-generating project planning and money management were used, it would be reasonable to infer some benefit for households in terms of more time and money saved from efficient repairs, better productivity of microenterprises and improved management of household cash.

## **5.2 Quality of Impact**

The quality of CARE’s emergency response and livelihoods recovery program may be described in terms of how households evaluated it<sup>11</sup> in addition to how partners rated their own efforts and how CARE, esp. CARE Regional Office evaluated compliance by partners and how RAR and AAR reported on compliance by CARE.

In general, these assessments were favorable and their significance may be understood in terms of ensuring that the impact of scale would happen in the GIDAs and for the most vulnerable and socio-economically disadvantaged households. The GIDA priority is apparent and SAVDD indicate a high accomplishment rate in this regard. The absence of any significant number of complaints on the CARE program and incident reports on GBV and SEA, subject to the constraints cited above, also support this finding.

### **5.3 Potential Impact of WEF and CEF**

Given the greater impact of cash transfers on income-augmenting activities rather than on the main sources of livelihoods, the still relatively-small marginal returns to the microenterprises that were implemented and the need to replace lost incomes from shares in coconut harvests, there is still much scope for WEF and CEF support for the replacement of lost income streams and the development of newer and more growth oriented enterprises.

The value chain approach of CEF, e.g., through support for BANIG in Basey under the handicrafts value chain initiative is a promising approach by CEF that can impact positively on Haiyan-affected households.

The women who were mat weavers and members of BANIG federation in Basey were getting a bigger share of the pricing margins as they developed the capacity for product research and development and more direct selling and promotions at trade fairs and exhibits.

While it is too early to predict business success, as more WEF and CEF projects are starting up, more women are owning and learning to manage access to more livelihood assets.

The BANIG initiative to take the lead in market and product development is one strategy that can have a great positive impact on women's empowerment on household incomes in Basey.

The following circumstances appear to be key to being able to scale up opportunities for business leadership of women's enterprises:

- capacity for low-cost, high-impact marketing
- partnerships that will allow for ongoing product design and quality improvements
- household-level productivity and capacity to meet design and quality specifications
- more broad based leadership by more women within the federation

### **5.4 Gender equality outcomes**

The program impacted positively on women and their households and addressed their right to humanitarian assistance after a calamity.

SAVDD on shelter and livelihood cash transfers shows that there was near parity in the number of women and men receiving shelter and livelihood cash transfers.

Indicative surveys that were done for the post shelter recovery assistance assessment suggested that there was joint decision making on the part of women and men when it came to decisions on the use of cash grants for shelter repair.

For cash transfer implementation, there was no post distribution measurement of how work at home and at enterprise was distributed between women and men or of how decision making was shared on major decisions to be more the household and for the enterprise. There was feedback that women were mostly in charge of implementing the cash transfer projects.

## **5.5 Equal opportunity outcomes**

While targeting the GIDAs were also the priority of DSWD and to some extent the PNRC, households and implementation partners noted that in their areas of operation, only the CARE program had a specific accountability policies and practices to search for, prioritize and report on assistance given to vulnerable households.

Community enterprise and “bayanihan approaches” to enterprise development was mentioned as a modality for keeping vulnerable households involved in Phase 3. Under the *tikog* value chain approach of the WEF and CEF components, persons with disability and women who are home bound were given opportunities to be part of household level production. Inclusive approaches such as this practice would be a good start for creating an impact on equal opportunity objectives for the vulnerable and disadvantaged.

No information on targets and progress made was available during community and partner interviews with respect to prioritizing access to livelihoods assets for the most vulnerable. The evaluation was also not able to confirm the status of the planned endorsement of households with low propensity and capacity to undertake microenterprise to the DSWD’s conditional cash transfer program.

## **5.6 Building the capacity of communities and community enterprises**

WEF and CEF have very deliberate and targeted capacity building outcomes for proponents at the individual and institutional levels. Also, facilitating partners and lead enterprises or federations have been contracted to provide business development support to the project proponents so that their community enterprises succeed.

Collaborative community enterprises that maximize value added to members and support their communities while remaining viable and financially strong become assets to the community that they operate in.

It is still too early to assess the scale and strength with which these results will happen. An interview with the president of the BANIG federation suggests that the federation’s value chain approach needs to advance on several key result areas at the same time in order to make an impact on the value chain and on the livelihoods of the federation members.

These key result areas include the following:

- Low cost, high impact marketing capacity
- Partnerships for ongoing product design and quality development
- Clarification of the federation’s business model
- Strengthening of the federation based on performance expectations
- Broadening the base of women leaders, esp. next in line and next generation
- Rationalizing and strengthening household level enterprises to meet clear break even productivity targets
- Risk management

The level of effort on these key result areas would need to be increased in order to have a value chain level impact by the end of the program.

## **6. Sustainability of the Emergency Response and Recovery Program Results**

The sustainability of program results hinge on the following:

- the financial and business viability of WEF and CEF funded enterprises
- ability of WEF and CEF proponents to sustain affordable, convenient and quick access to quality livelihoods assets, i.e., land, capital, information, technology, financing, market and business partner networks, risk management support
- the strength and self-sufficiency of locally based institutional providers of business development support services and other services facilitating linkages to livelihood assets and improving risk management and resiliency

### **6.1 Viability of CEF and WEF enterprises**

The re-start of microenterprises, mainly pig fattening or piglet production but also sari-sari stores and buy and sell businesses – as income-augmenting activities of many households represented an important milestone in the restoration and sustainability of livelihoods and income in CARE-assisted communities.

That some households successfully pooled part of their cash transfers to start up a community store enterprise or buy and rent out a tractor as a collaborative business project also points to more cohesive and mutually-supportive community structures that can conceivably facilitate socio-economic recovery in the future if the need arises.

However, there is still much to do to ensure that this spark of community collaboration is recognized and strengthened. The value added of collaborative enterprise can be more clearly stated in terms of revenue sharing, overhead cost reduction and/or risk pooling. Productivity improvement targets can be set with reference to breakeven prices. Pooling production capacity to achieve economies of scale in response to new marketing linkages, e.g., for seaweed producers can also be targeted.

It is too early to tell if the various CEF and WEF enterprises will be sustainable. Many of these enterprises are at the community level and focus on production of primary products or the raw material of finished products. It is not clear if break even pricing has been a skill that is taught to these producers and whether or not break even prices are well below the lowest seasonal price for their products.

The terms of trade and bargaining power by program partners with other value chain stakeholders is another factor to evaluate in order to determine sustainability prospects.

On the other hand, finding and collaborating with a business partner who can facilitate linkages to a growing market, e.g., the seaweed processor introduced to producers in San Dionisio, would be very helpful for viability and sustainability.

Value chains in the country tend to be fragmented and dominated by a few traders or processors at different levels. The quality and availability of support services are limited. Access to livelihood assets is

difficult esp. for small producers. Without addressing these constraints, surviving and navigating the value chain can be very risky and slow.

## **6.2 Access to Livelihood Assets and Risk Management Support**

Both WEF and CEF provide considerable support to enterprises of women and of community-based organizations. Considerable funding and technical assistance from facilitating partners is also given in order to ensure the proponents identify what they need for business viability and growth. An interview with BizFTC, the facilitating partner for Iloilo province indicated that this partner was highly capable and experienced in business development support.

Due to the still early formative situation of CEF enterprises, the evaluation was not able to determine the following elements of effective and efficient access to livelihood assets:

- Viable business model that identifies a differentiating business advantage
- Clear metrics for community enterprise performance
- Business development needs assessment that is linked to performance targets
- Capacity building plan in line with business development needs
- Business performance monitoring

There does not seem to be a good provider of risk management support services who can help proponents evaluate their risks and access insurance and non-insurance services that will keep these risks manageable

## **6.3 Institutional Access to Livelihood Assets and Risk Management Support**

Post-Haiyan calamity access to all types of livelihood assets was boosted by the influx of NGOs and INGOs as well as support from a number of UN agencies and ODA funding. This surge in support for improved access to livelihood assistance, e.g. MSME and agriculture credit, technology, marketing linkages, business development support services, was noted by implementation and facilitating partners of CARE as well as by CARE Regional Office staff to be diminishing as these assistance programs end.

It is doubtful that one or two facilitating partners or implementing partners turned into BDS providers will be adequate for a sustained livelihoods or value chain development program in CARE's areas of operations. A number of credit cooperatives including some of CARE's implementing partners suffered an impairment of solvency and it is not clear to what extent normal lending programs will resume. It is not apparent that the partners themselves have prepared their own organizational risk management and continuity plans.

Before Haiyan, both national and local government agencies were not adequately staffed or capable of providing a wide range of business development support services esp. to GIDAs.

At the same time, there is so far no evidence that there will be more and better locally-based providers of business and livelihood development support services in the areas of operation of CARE after all the livelihood recovery and rehabilitation programs of INGOs wind down.

#### **6.4 Sustainability of Partner Capabilities**

Implementation partners have learned about more principled and quality humanitarian assistance. There was a greater awareness of accountability standards and practices including a more deliberate targeting of GIDAs and vulnerable households, participatory and impartial beneficiary selection and feedback mechanisms, integrating gender equality outcomes, practices and policies into humanitarian assistance processes.

What is not clear is to what extent partners who do not have humanitarian response as part of their organizational mandates or core programs and services will keep alive and build on what they have learned.

For the implementation partners whose mandates and core programs and services include humanitarian assistance and emergency response, what is not clear is how they will continue to use what they have learned in the areas of household money management training, income generating project planning, microenterprise development and value chain development.

Without alignment of organizational mandates and core programs and services, factors such as staff turnover and departures may easily affect the sustainability of acquired capabilities. This is not to say that other policies such as promoting gender equality in the workplace and DRR will not be relevant for these partners.

#### **6.5 Exit strategy with government**

The opportunities for collaborating with national government agencies and LGUs have yet to be fully explored.

Meetings with the PDRRMOS and PSWDs in Iloilo and Roxas City indicated an openness and interest to collaborate with CARE in order to exchange information and to explore tie ups in anticipation of disaster response in the future. The same was true for DSWD officials at national and regional office levels.

Among national government agencies, the DSWD appeared to have the scale, scope, resources and national and local networks that were relevant to emergency response and recovery assistance as well as to sustainable livelihoods development.

#### **6.6 Community and Enterprise Resilience**

The physical risk environment is a major factor that affects the prospects for sustainability and resiliency of households, enterprises and communities. The technology as well as capability exists within the network of CARE partners to undertake community and enterprise risk mapping.

ACCORD has an apparently tried and tested<sup>12</sup> multi-stakeholder approach to community risk mapping that could facilitate mainstreaming of DRR/CCA/ERM planning and response measures.

BizFTC is knowledgeable about enterprise risk management although it was not determined that it was also providing support for business continuity planning.

The extent of implementation of DRR in communities assisted in Phases 1 and 2 and of depends partly on whether the value chain approach to WEF and CEF will be pursued in the community.

### **III. CONCLUSIONS**

#### **1. Program Delivery Model**

CARE's program delivery model was successful in achieving scale and quality. Scale was defined within the CI networks in terms of a target for reaching 5% of the affected population.

Quality was positively perceived by household beneficiaries esp. in contrast with complaints and misgivings about fairness and integrity of other major providers. Quality was also defined by implementation partners who felt that they fulfilled contractual obligations under difficult and demanding circumstances.

CARE, esp. at the level of Regional Offices felt that some partners delivered better quality than others. It was felt however that practically all partners achieved their outputs and fulfilled their contractual obligations.

In the later part of Phase 1, the RAR and AAR noted weaknesses in targeting the most vulnerable, in integrating gender and DRR issues and responses, in capturing and responding to complaints about the distribution processes and GBV and SEA incidents as well as concerns over accountability to partners. These weaknesses were addressed by CARE through improvements that were integrated into the operational plans for the shelter recovery assistance programs and the livelihood cash transfer programs as well as by close and responsive work with field staff of their implementation partners.

The need to improve accountability policies and practices delayed the delivery of shelter and livelihood assistance.

FGD feedback across all sampled barangays indicated that CARE's emergency and recovery response would have been more helpful if delivered earlier as they addressed multiple and concurrent needs as early as December, 2013.

Although the most vulnerable were prioritized and special additional distributions for food and non-food items were arranged the special needs of women, the elderly and disabled and children were not provided for.

#### **2. Integration of Gender Equality and DRR**

The right of women and their households to quality humanitarian assistance was met by the program.

Gender issues analysis and needs assessment during Phase 1 was not able to look in depth into the situation of women in terms of food security, shelter and livelihoods. Later updates started to focus on these issues and responses.

More well defined gender equality outcomes were identified, targeted and achieved esp. in terms of economic empowerment objectives. SAVDD indicated that there was near parity in the number of women and men who received shelter and livelihood cash transfers. Post-shelter recovery assistance assessment indicated a fairly equal sharing of work in implementation of shelter recovery even as gender stereotypes were noted over carpentry being men's work.

Survey results also showed that women and men shared decision making authority for the use of materials and cash received. For livelihood cash transfer, women were predominantly implementing the microenterprises that were funded.

DRR outcomes were less clearly defined and pursued. Enterprise risk planning was addressed at the proposal development stage for WEF and CEF proposals and projects. Community and value chain-level risk assessment and response planning do not appear to have been mainstreamed.

### **3. Partnership**

There were advantages and disadvantages to a partnered approach to program design and implementation. Partners felt they delivered their contracted outputs and fulfilled their responsibilities under difficult circumstances. CARE noted an uneven quality in partner performance esp., with respect to implementing operational plans for shelter recovery assistance and livelihood cash transfers. The RAR and AAR highlighted CARE's accountability to its partners.

All except one partner experienced much stress and higher than expected levels of effort to comply with revised accountability practices and responses. It was more the absence of ready-to-use and practical field guidance across all accountability requirements including SAVDD reporting that necessitated a delay in implementation and close supervision of field activities.

In hindsight, the accountability implementation guidelines were not ready in the form and quality needed to meet CARE's HAF standards and facilitate partner understanding and compliance.

Partners also did not appreciate and CARE did not impress upon them well enough the rigor and inflexibility of CARE's audit processes and standards.

Consequently, neither CARE nor its partners made a realistic estimation of level of effort, staffing and budget needs.

All partners agreed that the ease of access to CARE senior management and CARE's responsiveness to their needs and concerns made the partnership viable.

CEF and WEF have introduced new partnership modalities in terms of project proponents and facilitating partners. The ratio of facilitating partners to prospective and implementation proponents suggests a potential risk similar to underestimating level of effort needed to not just prepare new proposals but to also complete financial reports and settle outstanding claims and expenses.

There is also a similar risk that esp. at the WEF and CEF proponent levels, there is not enough awareness, understanding and capacity to comply with CARE financial reporting and auditing standards.

The value chain approach requires a broader set of enterprise and government partnerships that match expected outcomes.

The capacity exists within the CARE network of partners for mainstreaming community and enterprise risk mapping and response.

#### **4. Accountability for the Most Vulnerable**

SAVDD reports on the profiles of distribution for shelter recovery assistance and livelihood cash transfers indicate that the most vulnerable in GIDAs were successfully identified and assisted.

There were shortcomings and mistakes in Phase 1 related to beneficiary selection, community participation, addressing complaints and GBV and SEA incidents. Weaknesses in gender equality and DRR integration were also noted by both CARE management and RAR and AAR.

Although it took a lot of time, effort and stress esp. for implementation partners, most of the accountability issues were resolved by preparing more detailed and practical operational plans for shelter recovery assistance and livelihood cash transfers.

The RAR highlighted the importance of accountability to partners through recommendations that sought to address their concerns and needs.

The same accountability risks may arise with both facilitating partners and CEF/WEF proponents if there is no strong awareness, understanding and capacity for complying with CARE's requirements for financial management of project funds and of audit standards.

Since facilitating partners help develop and write proposals as well as assist proponents whose projects are funded, the lines of responsibility and accountability between facilitating partner and proponents may not be so clear as to prevent confusion over non-compliance with reporting and project management standards as well as achievement of project objectives.

#### **5. Impact**

The program has created a positive impact in terms of scale and notwithstanding accountability issues encountered Phase 1, quality in delivery outcomes.

SAVDD confirms that CARE's assistance directly helped the most vulnerable in GIDAs by providing them with exactly the kind of emergency and recovery assistance that they needed.

Cash transfers had a positive impact on the liquidity position of individual households that were desperately trying to respond to multiple concurrent needs related to food, nutrition, shelter, health, education of children, emergency situations that included death and accidents as well as the recovery of main livelihoods, income augmenting livelihoods and lost livelihoods.

The incomes earned from microenterprises, mainly pig raising, that were funded out of livelihood cash transfers were indeed only incremental but critical given the inability of many farming households to restart their main sources of income. In some places, e.g. Sara, microenterprises continue to account for a higher share of household income when compared to pre-Haiyan sources.

While no direct evidence of a "synergistic effect" was noted, feedback from households on how much time and money the food and shelter recovery materials freed up for them to pursue some of their many post-calamity concerns suggests that these savings may have been greater than the total amount of the cash transfers combined.

In the context of the significant challenges for livelihoods restoration or replacement, the roles of WEF and CEF in expanding and intensifying livelihoods development impacts are critical.

## **6. Sustainability**

The program is providing important direct enterprise development support and capacity building to ensure the viability and scaling up of growth and market oriented enterprises of women and community based organizations.

Given the basic capacities of community based organizations and their members and the very challenging value chain environments that they operated in, strong support is needed and being provided by capable facilitating partners such as BizFTC.

WEF and CEF are playing a critical role in ensuring that proponents can easily access affordable support services and various forms of physical, natural, financial, social and human capital.

But it is not clear that enterprise level performance metrics that include viability and sustainability underlie business needs assessment and plans and budgets for capacity building.

The surge of NGO/INGO and UN agency spending on the delivery of livelihoods development support funding and services is ending and it is not clear that the remaining institutional framework for making business development support services and access to a wide range of livelihood assets needed by program proponents on a sustained, affordable, convenient and effective basis will be in place.

Certainly this institutional framework for supporting sustainable livelihoods did not exist before Haiyan and there have been no programmatic efforts to strengthen this framework.

LGUs and national government agencies do not show signs of having developed this institutional framework capacity although the DSWD appeared to be trying.

The capacity for community and enterprise risk mapping and response are present within the CARE network of partners but does not seem to be mainstreamed.

#### **IV. EXPLANATION FOR THE RESULTS**

Under conditions where all kinds of infrastructure were completely damaged or impaired, where the integrity and efficiency of local governments were of uneven quality and the cohesion and social preparedness of affected communities were too weak for proactive partnership with assistance providers, there are bound to be implementation shortcomings and challenges. Responding to these challenges can be delayed by factors beyond management's control.

The following findings and conclusions need to be understood in the context of the following factors that were largely beyond the control of program management:

##### ***Limiting Factors***

- Massive infrastructure damage that severely limited essential services such as health care, transportation, banking, utilities, sanitation
- LGU and community leadership and implementation capabilities had uneven effectiveness, efficiency and integrity
- The social cohesion and preparedness of communities for proactive partnership with assistance providers were further weakened after the calamity
- Shortages and the attendant inflation of prices of materials and supplies as well as available human resources for staffing and management
- Decimation of retail and wholesale trading facilities
- Impairment of capabilities of some CARE partners caused by damage from the typhoon, e.g. higher PAR for credit co-op partners of CARE due to disrupted farming and non-farming enterprises of borrowers, damaged equipment and facilities, lost data and files, trauma of staff and their families

##### ***Facilitating factors***

- Creation by GOP and UNOCHA of donor coordination clusters for relief and recovery assistance
- Strong international community response
- General commitment of assistance providers to coordinate and share
- Past efforts to increase disaster preparedness and strengthen disaster response networks
- Philippine Disaster Risk Reduction Management Act of 2010 had created and strengthened DRR policies, programs, processes and structures with respect to DRR and disaster response
- Creation of the Office of the Presidential Assistant for Relief and Recovery facilitated information sharing and coordination with national government agencies

The main factors affecting program performance have to do with having the right motivation and accountability to make a difference in emergency response and early recovery efforts as well as putting into play the capabilities and competencies needed to make a significant contribution.

##### **1. Clear mission, strategy and principles of accountability**

1.1 CARE's 2020 strategy committed all country offices to be "working with our partners...in emergencies...to save lives, with special attention to the needs of women and girls and the most

marginalized". It was a given that the most hard-to-reach and disadvantaged areas and the most vulnerable households would be prioritized.

The goal of reaching 5% of the affected population guided the setting of targets for scale of response.

The CARE Emergency Group and subsequent CARE Philippines office took this mandate very seriously and went through great lengths with their local partners to implement the mandate.

1.2 CARE's HAF defined quality standards at the level of accountability standards, processes and practices in eight key result areas. This framework along with the mandated RAR, AAR and RTE feedback mechanisms helped to flag shortcomings and failures in key policies and processes such as accountability to partners, responding to complaints and GBV and SEA incidents, promotion of gender equality and DRR outcomes

1.3 The in-country MEAL policies, procedures and practices were part of the accountability framework of CARE and was effective and efficient in working with CSM and local partners to identify and address quality shortcomings and weaknesses encountered in the field including those that were highlighted by RAR and AAR.

Fairly comprehensive post distribution assessments were done after food distribution, shelter recovery assistance and livelihood cash transfers that generate useful information on how beneficiaries felt about the assistance provided.

Although the shelter recovery assistance evaluation incorporated them, it was not yet standard practice for all post distribution assessments to get feedback on how women and men shared responsibilities at both home and at work and how decision making over key decisions affecting the household and use of assets and investments. The livelihood cash transfer evaluation captured work sharing between women and men for livelihood activities but not for house work.

2.2 The AAR and RAR processes were timely corrective processes that sharpened attention on compliance with the HAF and SPHERE principles and practices. CARE's MEAL officers diligently responded to the findings and recommendations to put in place measures to address quality compromises related to SAVDD, impartiality and conflict management issues encountered during the food distribution in Panay, capture and response to complaints and GBV and SEA incidents.

That putting principles into practice took a lot of time and effort may be due to several reasons:

- Since no field manuals for Philippine conditions were at hand, accountability principles had to be formulated into acceptable and detailed processes as well as specific practices that partners were to follow or avoid.
- Orientation and training for CARE and partner officers and staff was needed on the what, why, how, when, who of the processes for household selection, public posting, feedback management for both general complaints and acts of violence and exploitation of women and children, safety and security measures SAVDD collection
- Expert advice and guidance from the CARE International network was needed and sometimes had to be flown in from outside the country
- Some steps in the accountability processes had to be refined, re-designed and re-presented
- Some reporting requirements and formats had to be refined, re-designed and re-presented
- Reporting practices and guidelines needed to meet multi-donor requirements

- Field implementation of modifications required field staff of partners to re-visit barangays and sometimes conduct re-orientation of local officials involved
- Other circumstances that were specific to partners, time and place

As one partner put it, the processes and subsequent refinements were not complicated; they just took a lot of time and effort. Some partners, e.g., those who had barangay-based PO partners, were better able to respond than others.

2.3 All partners pointed to the ease of access to the most senior CARE managers and their readiness to find mutually acceptable solutions and arrangements to resolve implementation and contractual issues as very important to getting the job done.

2.4 Capacity building for partners and for CARE officers and staff was provided for through practical and focused one-on-one meetings as well as more structured training workshops.

Understandably timing and scheduling of meetings and training workshops and learning events so that what was learned was still relevant to field implementation have been very challenging.

2.5 Although there was early feedback and RAR findings on that the special needs of women for menstrual kits and of the elderly, children and persons with disability for medicines and medical attention, the gap did not seem to stand out in the accountability and monitoring reports.

## **2. Partnership**

2.1 What made the program strategy effective was the commitment and capabilities of implementing partners, notably ACCORD with respect to food and shelter materials procurement and distribution. ACCORD's mission and goals as well as internal capabilities and resources were very well aligned with CARE's mandate for responding at scale with quality and accountability assurances.

While other partners were not humanitarian assistance organizations, they were committed to humanitarian and development values and had very practical reasons as well to assist their own members and the communities in their areas of operation while leveraging program resources. They also had knowledge of local conditions and familiarity with local LGU and community leaders.

Field staff of partners trekked long distances in many barangays where land transportation was simply not possible. Coordination with municipal and barangay officials ensured safety and security.

2.2 Partnerships were essentially short-term, output-driven contracts. They were appropriate for short term deliverables that were easily verifiable, e.g., distribution and proposal writing targets. That highly committed partners were contracted was very helpful. The challenge was in finding the optimum level of effort, i.e., number of barangays per field staff and carrying capacity of the finance/administration department of the partners.

The general environment of shock at the massive devastation and loss of life and the attendant urgent calls to action probably led both contracting parties to overestimate carrying capacity. There was anecdotal evidence that local partners needed to be convinced about the feasibility of responding at scale, the availability of resources and the flexibility of management support.

However, a more precise understanding of the rigorous compliance expectations of CARE, in terms of accountability and financial audit standards may not have been adequately impressed upon partners.

While partner orientation and briefing sessions were conducted, partner representatives may not have been able to translate CARE standards into levels of effort needed by the partner to comply. In addition, compliance requirements may not have been sufficiently impressed upon field staff.

High field staff turnover and the time and cost of making follow up field visits to correct shortcomings or collect additional documents and information was a factor in responding to accountability and reporting issues. Interestingly, LCDE, a partner with an extensive network of community-based organization partners in the CARE areas of operation, did fairly well with compliance.

The same circumstances may be applicable to the current partner arrangements even if there are mandated and standard orientation and training workshops for CEF/WEF proponents on standards and expectations for project management and financial reporting.

1.4 Creating a new category of facilitating partners to facilitate CEF and WEF implementation has been helpful in fast tracking proposal preparation, approval and funding. Implementation support has been added to contracted short term deliverables of these partners.

An interview with one of the facilitating partners indicates that they are experienced, competent and committed. As with the implementing partners during Phases 1 and 2 of the program, the optimum carrying capacity of their finance/administration departments is not easy to measure.

1.5 Project funding has created a new category of WEF/CEF implementation partners, i.e., the proponents themselves, with apparent constraints in progress and financial reporting capabilities. At the moment, facilitating partners are providing very close support in proposal development, writing and post-funding approval implementation support. While WEF and CEF proponents certainly need to be supported, the unclear optimum ratio of facilitating partners to WEF/CEF proponents at the proposal writing stage and implementation stage poses a risk to effective management of partnership agreements.

### **3. Availability of resources**

3.1 The program would obviously not have achieved the scale and scope of humanitarian assistance that it did without the resources that CARE International mobilized

3.2 According to one of CARE's shelter experts, available funding allowed them to make a very timely bulk purchase and stockpile good quality GI sheets for distribution to priority areas. Soon thereafter, only lesser quality materials were available in the market. As things turned out, high quality GI sheet roofing more than the added safety features of the house, stood out in the minds of beneficiaries as the most tangible symbol of quality assistance by CARE.

3.3 That experienced advisers and specialists on specific areas of concern, e.g. Building Back Safer, were available for on-site support was very helpful for program strategy implementation. The strategies that they implemented, i.e., training and deployment of community facilitators and carpenters were generally innovative and helpful.

3.4 There is evidence of being spread thinly given that certain key result areas, notably DRR, value chain development and business and organizational development support for proponents of WEF and CEF can by themselves be stand-alone national programs requiring full time management and staffing.

#### **4. Program design and strategy**

4.1 A partnership approach was a deliberate decision that was challenging to implement but proved valuable in achieving scale and quality

4.2 Specifying the integration of gender equality and DRR as well as the practice of accountability principles ensured that there would be prodding on these concerns that would ensure they were not left behind in the preoccupation with the distribution of assistance.

In hindsight, the availability of implementation manuals and tools for administering prescribed or recommended practices as well as training modules and locally trained trainers could have facilitated compliance and promotion of these cross cutting concerns.

#### **5. Program management**

5.1 Program management took very seriously the mandate to put into practice the stated accountability principles and values underlying the emergency response and recovery strategy.

This was evident in the time and effort invested in prioritizing GIDAs and vulnerable households as well as in putting in place processes and procedures for ensuring accountability throughout Phases 1 and 2.

It was likewise responsive to feedback from the AAR and RAR reports on the need to refine and improve on certain accountability processes and practices.

5.2 Program management was highly focused and engaged in the deliverables and worked very closely with partners in practically all aspects of mobilization of communities and logistics, distribution, post distribution monitoring and reporting

Program staff were hands-on, sometimes too hands-on for the partners' comfort, in ensuring effective and efficient translation of distribution protocols into practice.

5.3 As mentioned above, the easy access to CARE managers and their responsiveness to negotiate mutually-acceptable solutions with partners was very important for effective partnership.

5.4 With respect to the management of partnerships, competent partners were engaged, e.g., ACCORD for DRR and BizFTC for value chain business and organizational development support but they have been spread thinly in short-term contracted outputs rather than engaged at a more strategic programmatic level.

5.5 MEAL officers and staff very diligently conducted post distribution assessments with up to one hundred percent sampling in some instances and worked hard with all partners to come up with verifiable distribution lists that eventually contained sex, age and vulnerability disaggregated for the shelter and livelihood cash transfers components.

5.6 Staff training and capacity building across mandated accountability themes was implemented. Understandably, timing and scheduling in between the demands of operational concerns were challenges and continue to be challenges.

5.7 There were some indications that training and capacity building activities were lagging as the availability of partners who were focused on their contracted outputs was limited or did not coincide easily. The rate of filling in staffing positions and the amount of time for outgoing and incoming staff to interact and turnover work may have affected the pace of program implementation.

## **V. LESSONS LEARNED**

This section presents findings and implications that may guide future programming for emergency response and early recovery programs.

### **1. Program design and strategy**

1.1 Program design requires clear targets for scale, timelines and quality. Targeting the most vulnerable in the GIDAs is a highly relevant goal for any humanitarian assistance program given the limitations of national government agencies that are mandated to respond everywhere, i.e., DSWD, and LGUs and the proliferation of limited scale and member targeted responses of civic, religious and other NGOs and philanthropic organizations.

1.2 The best time to do needs assessment esp. on a sectoral basis that also analyzes the situation of women is before the next calamity. There is much literature on the common issues faced by communities and women with respect to food security, shelter and livelihoods development. Post-calamity information can be used to define the local context for these issues and to set targets.

1.3 CARE's quality and accountability standards and processes distinguishes it from the quality of distribution of DSWD and other NGOs/INGOs. On the other hand, DSWD has first-to-arrive capability and has started in late 2014 to harness its very wide network of democratically elected community assemblies, organized through its National Community Driven Development Program and present in all of the poorest municipalities and barangays, for disaster response and preparedness. Collaboration would be very relevant.

1.4 Timeliness objectives need to differentiate between deliveries across all targeted areas within a critical one to two-week survival window and a “soon enough” distribution that still saves households time, money and effort that they can use to attend to many other multiple and concurrent needs.

1.5 Targeting scale should consider capacity to deliver through either partnered or direct approaches. The cost effectiveness of partnered approaches is more relevant if there are no bottlenecks in terms of availability of funds, ratio of staff to partners and ready to use and practical field guides, other materials and training modules needed to orient and train partners to comply with quality and financial audit standards.

1.7 Beneficiaries, partners and other stakeholders may have different standards and indicators of quality and accountability. As a minimum, there should be a harmonization and agreement with contracted partners on what quality and accountability means and this agreement should be reflected in contracts.

1.8 While needs assessment rightly focuses on products and services needed by communities, the core needs for survival and financial liquidity also need to be understood in order to better align products and services offered by providers to the often intuitive survival, coping and recovery strategies of households.

Beyond the critical survival window of emergency need, materials assistance (unless they are quality materials not for sale locally) become basically a means for freeing up limited cash and time to spend on other priorities.

1.9 Clusters meetings are perhaps the best means to date to coordinate and allocate emergency assistance but they do not ensure that a community's entire set of emergency needs will be seamlessly farmed out to the right set of humanitarian assistance providers or to local barangay health workers.

Some CARE-assisted communities were in dire need of emergency evacuation and medical attention for vulnerable members of households. They received food and emergency shelter assistance but not the medical attention needed came weeks after elderly and pregnant women needed attention.

1.10 Livelihoods recovery for households involves recovery of a mix of income streams that were completely lost, reduced or at risk. In early recovery, microenterprise is appropriate. Households try to recover whatever lost income streams are recoverable. In later stages, the recovery, improvement or scaling up of main sources of income through sustainable livelihoods approaches

1.11 A value chain approach requires both immediate and intermediate value chain improvement outcomes that are guided by a statement of a long-term goal or vision for that value chain. These results can be very different from project or enterprise level outcomes.

1.12 The transition from staffing during an emergency response stage to a more permanent staff for post-calamity recovery and development is a critical time that will determine the quality and efficiency or program implementation. Needless to say, new staff should be in place before temporary emergency response staff exit.

## **2. Integrating gender equality and disaster risk reduction**

2.1 Women have a strong interest in having safe and sturdy homes, appreciate getting new knowledge about building back safer and are also willing and able to perform carpentry work that will result in disaster-resilient homes.

2.2 The best time to do gender issues analysis and women's needs assessment with respect to food security, shelter recovery and livelihoods development is before a calamity.

2.3 The Gender Marker, AAR and RAR are helpful in reinforcing mandates to integrate gender equality and DRR into programming and implementation activities.

2.4 Practical guides and tools for doing gender analysis and community risk mapping and response planning at the different levels, organization, enterprise, community and value chain, can facilitate integration better than discussion only at the level of principle or goals.

2.5 Policy interventions are needed in order to pursue gender outcomes that give women a stronger voice in the community

2.6 Policy advocacy, esp. with local government, is an important part of a response strategy that can create opportunities for gender equality outcomes related to strengthening women's voices and rights.

2.7 In between calamities, promoting DRR/CCA outcomes is a very relevant programmatic response at national, local and community levels that has can be designed to jump start disaster response and the mobilization of communities for risk mapping and preparedness and mitigation programming.

2.8 The integration of gender equality and DRR/CCA requires full time specialists to ensure accountability for mainstreaming.

### **3. Prioritizing the vulnerable**

3.1 The will and motivation to reach the GIDAs and the most vulnerable households is an important pre-condition to developing the ways and means to do so.

3.2 Targeting the most vulnerable needs to also ensure that they will receive support for their special needs including, emergency evacuation, medicines, and medical attention.

3.3 The specific policies, processes, procedures and practices for targeting and responding to the most vulnerable need to be identified, formulated within a local community context and issued as a field practice manual for reference and use by response partners.

3.4 An equal opportunity policy that is supported by an equal opportunity strategy is necessary to ensure that the vulnerable and disadvantaged will continue to be prioritized after the early recovery phases and into a value chain approach

### **4. Accountability**

4.1 A public statement of accountability principles and values underlying an emergency response and recovery strategy is an important starting point of accountability.

4.2 The significance of accountability can be better appreciated if it is linked to quality of response and quality of lives of beneficiaries can be established.

4.3 The cost effectiveness and relevance of accountability principles and practices can be better evaluated and improved if there is a clear results chain from principles and practices to accountability outcomes and from accountability outcomes to strategic program objectives.

4.4 AAR and RAR are useful ways of re-focusing, refining and prodding management and partners to be more attentive and rigorous in putting accountability principles to practice.

4.5 It is important to give partners an appreciation not just of high standards of accountability expected of them but also to help them understand the how to implement related practices and estimate the amount of time and effort needed

### **5. Partnerships**

5.1 There is a difference between strategic use of short-term, output-driven partnership contracts and strategic partnerships that are based shared values, goals, vision and strategy.

5.2 Short-term, output-driven partnerships are appropriate for deliverables that are one off

5.3 Partnership strategies for program implementation, e.g., for a value chain approach, cannot be clear if program implementation strategy is not clear.

5.4 Both quantity and quality targets need to be specified in partnership agreements.

5.5 Accountability to partners is a two-way commitment whose cost effectiveness depends on tangible benefits that each partner expects to receive. The more clearly and transparently these expected benefits are shared, the more effectively both partners can assess if the partnership was successful.

5.6 A value chain approach requires a wider range of longer-term partnership arrangements and agreements to pursue intermediate and long-term value chain improvement objectives

5.7 Partnership within a value chain approach involves a wide range of stakeholders whose interests, conduct and performance influence each one's business as well as over-all value chain performance

## **6. Impact**

6.1 Timeliness of emergency assistance determines if impact will be on survival outcomes or savings of time, effort and money with which to pursue other post calamity concerns. In Haiyan areas covered by the evaluation, the critical survival window was from one to two weeks according to accounts of beneficiaries.

6.2 For a great number of households, loss of income from a quarterly share in coconut harvests under share tenancy or employment arrangements created a big liquidity and income gap in their budgets that may last for years before felled or damaged coconut trees are re-grown.

This coconut income is a common loss that is likely suffered by most households esp. in the rural areas of Southern Luzon, Mindanao and the Visayas.

6.3 Creating an impact in terms of livelihoods recovery entails strategies to start, re-start, improve and/or expand income augmenting microenterprises, mainstream sources of income that are based on farming, fishing or seasonal farm employment as well as lost sources of income such as shares in coconut harvests.

6.4 Recovering shelters using high quality materials, i.e., high quality GI roofing sheets that households would never have been able to access or afford has made a deep and positive impression in beneficiaries' hearts and minds.

6.5 Creating an impact in livelihoods and value chain development requires a market that will allow for growth and expansion of firms and farms.

## **7. Sustainability**

7.1 In farming communities, a farms systems development approach more readily captures the range of short, medium and long-term crops that meet sustainable income and DRR/CCA objectives.

7.2 The number and range of business recovery and development support services mushrooms after a calamity as relief, rehab and development NGOs/INGOs enter to provide emergency and recovery response.

7.3 After their programs close and NGOs/INGOs leave, the range and number of institutions supporting access to livelihood assets fall back to pre-calamity days or lower if institutions existing before the

calamity have been affected and not recovered, e.g., credit co-ops that suffered massive loan defaults, nurseries that did not re-open.

7.4 Enterprise development projects need to address not just project implementation risks but the entire risk environment for enterprises and the communities they operate in.

## **VI. RECOMMENDATIONS**

The following recommendations are provided as a forward looking exercise in refining emergency response and recovery strategies and value chain approaches. They assume that CARE will continue to be interested in emergency and early recovery response in the Philippines in the future.

### **1. Program Design and Strategy**

- 1.1 In between calamities, pursuing DRR/CCA/EMR outcomes and building sustainable and resilient livelihoods sources are highly relevant programming priorities that can fast track emergency response and recovery if and when another calamity happens.
- 1.2 The desirability and feasibility of aiming for responding to a Type 4 calamity across all targeted areas of operation within a one to two week survival window should be studied in collaboration with the DSWD as the government agency required to immediately respond to all calamities within this survival window.
- 1.3 Before the next calamity, research the most serious and most frequent health, safety and security issues facing vulnerable members of households. Also research tried and tested products and services that address these issues.
- 1.4 Risk mapping should be promoted at least at the community, enterprise and household levels in tandem with needs assessment and a baselining of pre-calamity sources of income for households and sources in terms of main sources, income-augmenting sources and seasonal sources.
- 1.5 Study and discuss with DSWD their Community Empowerment Activity Cycle<sup>13</sup> as an anti-elitist capture approach to community mobilization before, during and after a calamity
- 1.6 As part of community mobilization for disaster preparedness, financial literacy workshops should be conducted to increase knowledge of good financial housekeeping practices. Improved management of sources and uses of cash under simulated post calamity conditions should be taught in these workshops.
- 1.7 The improvement of households' liquidity position after a calamity should be a programmatic objective in emergency and recovery assistance.  
Cash for work and other liquidity boosting measures as soon as possible after survival needs are met should be considered as part of response strategy.
- 1.8 Partnerships with organizations whose core response capabilities complement CARE's own capabilities, e.g., emergency evacuation, medicines and medical attention, should be explored to ensure that a broad range of survival services and products can be targeted and will be available to GIDAs and vulnerable households
- 1.9 The transition from staffing by an emergency response team to more permanent post-emergency staff needs to allow for maximum overlap between outgoing and incoming staff.
- 1.10 Performance metrics for community enterprises should be used as a reference for needs assessment, capacity development planning and improving next cycle enterprise development targets and needs.

## **2. Integration of Gender Equality and DRR into Response and Recovery Programs**

2.1 Gender situation analysis, issues and needs assessment should be done on a sector level to identify the women's issues with respect to rights, voice, access and control of resources and human capital gaps in relation to food security, shelter, livelihoods development and other priority response sectors of CARE.

2.2 A policy agenda for DRR and value chain approaches should be pursued that creates opportunities and builds capacity for women to participate in policy advocacy and dialogue with LGUs, national government and other external stakeholders.

Opportunities to collaborate with, for example, the PSWD in Iloilo as it advocates a review of provincial legislation of the protection of women against violence and exploitation so that protection is heightened rather than diminished during and after calamities, should be pursued.

2.3 Women's leadership roles as well as the number of women ready to assume leadership roles in community assemblies and federations should be part of livelihood and value chain development programming.

2.4 A range of gender outcomes that covers women's rights, voice and access and control to economic resources should be integrated into a value chain development strategy. A scoring tool that rates the strength of gender in voice outcomes can help reinforce integration.

2.5 The monitoring of work load distribution between men and women as well as extent of control over decision making at home and at work should be done as standard practice.

2.6 DRR/CCA/ERM outcomes at the level of eco-systems, communities, enterprises and households should be identified prior to even to any calamity as part of regular country programming

2.7 CARE should collaborate on pilot basis with the DSWD, PSWD, MWSD and local police authorities to strengthen monitoring, assessment and response to GBV and SEA incidents during and after calamities.

2.8 CARE should participate and support the Iloilo provincial government's ongoing review of its policies and ordinances on protection of women and children during and after a calamity

## **3. Prioritizing the Vulnerable**

3.1 A principled approach to humanitarian assistance is critical to ensuring the prioritization of support to disadvantaged communities and vulnerable households. Pilot exchanges with LGUs and the DSWD in order to embed accountability commitments and practices should be initiated.

3.2 An equal opportunity strategy within a value chain approach should be considered that sets equal opportunity goals and will prioritize catch up skills and entrepreneurial mindsets for the vulnerable but productive members, e.g., PWDs and home-bound women, of households.

3.3 Partnerships with PWD worker coops and associations to facilitate equal opportunity initiatives should be pursued. A pilot project to link PWD groups to vegetable value chains in Iloilo might be feasible.

3.4 For a more seamless transition from emergency to livelihoods recovery for the asset less and non-enterprising poor, collaborative mechanisms with the DSWD, PSWD and MWSD should be identified to leverage these agencies' community and LGU based networks as well as their own funding resources that are targeted for disadvantaged and vulnerable groups

#### **4. Promoting Accountability**

4.1 An Accountability Marker can be designed to identify expected accountability outcomes, e.g., quality of delivery or quality assurance in humanitarian assistance delivery that have cause and effect relationship with over-all emergency response and recovery objectives and as well as the related activities and budgets that have cause and effect relationship lead to the expected accountability outcomes.

Feedback from partners and stakeholders should guide the identification of these outcomes and activities.

4.2 Preparation of field manuals that will provide partners and other on-site personnel in implementation of activities with the dos and don'ts and step by step procedure that are linked to accountability outcomes. Standard SAVDD capture and reporting forms should be part of the manuals.

4.2 Review and refine mechanisms for community participation, managing elite capture processes, complaints and grievances reporting and acting upon incidents involving violence against women.

In this regard, study how DSWD implements community mobilization measures to safeguard against elite capture, i.e., through its Community Empowerment Activity Cycle and through a complaints and grievances process. Both of these processes are implemented in almost all GIDAs in the country.

#### **5. Strategic partnerships**

5.1 Move partnership contracts to strategic partnerships based on social enterprise norms of market conduct and performance and directed to achieve value chain improvement outcomes

5.2 Move towards a value chain stakeholder forum to be convened and hosted by the local Municipal Planning and Development Officer or Provincial Planning and Development Officer to discuss business performance, identify issues related to the opportunity/threat environment for doing business and identifying policy action needed to improve business conditions for the value chain.

5.3 Developing business and organizational performance metrics in a participatory manner for value chain stakeholders can provide a focus for building partnerships and identifying policy issues in a more focused manner

5.4 Consider partnerships and leveraging of response resources with mainstream microfinance institutions, e.g., CARD, TSKI that operate in most provinces and municipalities/cities and have a good track record of humanitarian assistance

5.5 Consider partnerships with private sector social enterprises that scale, resources and clear policies and processes for promoting participation of households and communities in the ownership, governance and business results of their enterprises.

## **6. Maximizing Impact**

6.1 As part of value chain analysis and development planning:

Each selected value chain should be led by at least one or two firms or organizations that provide access to growing markets for firms and farms within the chain.

WEF and CEF projects and proponents should be linked to market opportunities and agreements.

Appropriate business and organizational performance metrics should be identified for firms and farms within the value chain.

6.2 Access to relevant support services should be available to WEF/CEF proponents

## **7. Sustainability**

7.1 Promote awareness and use of break-even analysis esp. for firms and farms engaged in primary production and raw materials

7.2 Review the long list of value chain interventions and prioritize value chains that have strong market scale up potential,

7.3 Identify and engage partners to complete a network that responds to CEF/WEF proponent needs for access to a range of livelihood assets, e.g., marketing, technical and business development support services, financing, land as well as to risk protection services and products, e.g., insurance and other risk managing financial products, business/farm continuity planning, risk mapping, food security options

7.4 This type of institution building is a prelude to strengthening the network of local organizations that provide business development assistance to CARE assisted households and barangays.

7.5 Mono cropping in value chain approaches should be balanced by a farms systems development approach that provides food and income security options

## **Footnotes**

1. Distribution list data were provided by the CARE Information Manager. Data were partial for livelihood cash transfer beneficiaries pending full liquidation of ACCORD's disbursement reports.
2. The Philippine National Red Cross supported the re-building and repair of houses in Basey.
3. Post Food Distribution Monitoring Report, March 17, 2014. p. 15
4. Section 1.2, Program Management
5. Interview with Katrin von der Dellen, Project Officer, Referentin Südostasien Programmabteilung
6. Aspirations and Realities: Partner Approaches to Emergency Responses within the Context of Lighter Footprints. Jude Rand, November 21, 2014, p.7
7. All partners were interviewed except Sara MPC
8. What is really a strategy to help primary producers move up the value chain through engaging and taking ownership of enterprises related to post-harvest handling, bulk assembly, processing, transportation and retailing is a very different approach from improving market structure, conduct and performance so that the value chain is more efficient, inclusive, environmentally sustainable and resilient and growth oriented
9. CARE International in the Philippines – Emergency Response Strategy: Typhoon Haiyan / Yolanda (8 May 2015)
10. Interview with Katrin von der Dellen
11. See Section 5.1.1 above
12. McDiarmid, Tracy. Disaster Risk Reduction in Philippines: A Post Haiyan Reflection on Effectiveness and Sustainability. CARE Australia.
13. The Community Empowerment Activity Cycle is a process implemented by the DSWD under its KALAHI CIDSS – National Community Driven Development Program (KC-NCDDP) for the purpose of ensuring participatory planning, programming, budgeting and monitoring and evaluation of Typhoon Yolanda projects – mostly community infrastructure – that are proposed for funding and implementation under a joint World Bank/Asian Development Bank/Government of the Philippines program.

It consists of four stages namely, (i) Social Preparation; (ii) Community Planning and Project Proposal Development; (iii) Community-managed Implementation and Community-based Organization (CBO) formation, and; (iv) Community Monitoring and is led by community leaders democratically elected by a barangay assembly that requires a quorum of more than 50% of families represented from each part of the barangay.

The process is facilitated by community facilitators and guides a municipal action team of the DSWD who assist in coordinating program management.

**Annex 1**  
**Program Expected Results**

Hierarchy	Intervention Logic
<b>Overall Goal</b>	Affected communities (men, women, boys and girls) have recovered, built back safer, and have increased resilience. Target: Around 300,000 individuals will be impacted by the interventions
<b>Specific Objectives:</b>	<b>Outputs</b>
1. The most vulnerable affected households have access to food, NFIs and emergency shelter	Food relief distributed to 40,000 HH within three months in line with food cluster standard  Non-food items (including emergency shelter items) distributed to 5,000 HH within 3 months
2. The most vulnerable affected households have safer shelters	15,000 shelters repaired based on "build back safer" principles  Community members (men and women) trained in 'build back safer' techniques and practices  Female and male community mobilizers and/or carpenters trained to provide social and technical support to most vulnerable targeted shelter beneficiaries
3. The most vulnerable affected households have sustainable livelihood that secure access to basic needs.	25,000 targeted most vulnerable affected households, men and women have received quick impact livelihood support through cash transfer programming.  25,000 targeted most vulnerable affected households, men and women provided with equal access to sustainable livelihood initiatives and opportunities.  200 community enterprise projects and 600 women entrepreneurs established to support the livelihood initiatives of the targeted most vulnerable affected households (men and women)
4. CARE's partners have increased their capacity to support and maintain sustainable livelihoods and effectively engage in emergency preparedness and response.	Partners provided with capacity strengthening to effectively facilitate gender responsive, sustainable livelihood initiatives in targeted communities  Partners provided with capacity strengthening to effectively engage in emergency preparedness and gender-responsive response.

**Annex 2**  
**List of Persons Interviewed**

**Implementation Partners**

Ms. Marieta Alcid, Executive Director ACCORD  
Minet Jerusalem, Executive Director, LCDE  
Ramil Boniel, OCCCI Area 3 Manager  
Didi Quimpo, Executive Director, USWAG  
Ernesto Espanola, Manager, Laua-an Multi-Purpose Cooperative  
Rowena de la Cruz, Manager, Pontevedra Multi-Purpose Cooperative  
Risa Distor, Project Officer, Pontevedra Multi-Purpose Cooperative  
Gayzel Dayao, Project Officer, Pontevedra Multi-Purpose Cooperative  
Ruby San Diego, Project Officer, Pontevedra Multi-Purpose Cooperative

**Facilitating Partners**

Anita Orgrimen, Basey Association for Native Industry Growth (BANIG), Pambansang Koalisyon ng Kababaihan sa Kanayunan (PKKK), and the Rural Improvement Club (RIC)  
Rhodora Pon-an, Executive Director, Antique Development Foundation  
Regina Gaza, Business Fair Trade Consulting

**CARE Netherlands**

Celso Dulce, Country Program Representative

**CARE Main Office**

Alexandra Maclean, Country Director (phone interview)  
Synadicta Nkrumah, Finance Director  
Tess Bayombong, Program Director  
Dennis Amata, Information Manager  
Jemelle Milanes, Gender Specialist  
Madel Montejo, Monitoring Evaluation Accountability and Learning Manager  
Ronald Tabulog, Livelihoods and Private Sector Specialist  
Efren Mariano, CARE Shelter Adviser  
Katrin Dellen, Visiting CARE Germany DRR Specialist

**CARE Regional Offices**

**Tacloban**

Jerome Lanit, Regional Manager  
George Samonte, Livelihood Officer  
Lynette Dimatawaran, MEAL Assistant  
Rona Casil, Finance Officer

**Roxas City**

Magdaleno Bargamento, Regional Manager  
Suzzette Gellangcanao, Livelihood Officer  
Elpidio Camasa, Senior Sub-Grants Officer

**National Government Agencies**

Alex Glova, DSWD NCDDP Deputy Director  
Catherine Racho, DSWD Sustainable Livelihoods Program Deputy Director  
Rosario San Agustin, Officer-in-Charge DSWD Region 6 Sub-Region Office  
Luna Muscoso, DSWD Emergency Shelter Assistance Program, Region 6 Sub-Region Office  
Ronald Comeros, DSWD SLP Laua an, Antique  
Angelita Solano, DSWD SLP, Albueria, Leyte  
Nerissa Pesquera, DSWD SLP, Albueria, Leyte  
Marlon Jinon, Office of the Presidential Assistant for Relief and Recovery, Iloilo Province  
Argeo Porquez, Office of the Presidential Assistant for Relief and Recovery, Sara

**Local Government**

Esperidion Pelaez, Capiz PDRRMO Officer, Province of Capiz  
Violeta Silva, PSWD Officer, Province of Capiz  
Joerne Tan, Social Worker, Province of Capiz  
Mario Abaygar, OIC, Persons With Disability Affairs Office, Province of Iloilo  
Ronald Comeros, DSWD SLP Laua an, Antique  
Arjun Garcinela, MDRRMC, Laua-an, Antique  
Clarita Jamon, MSWDD, Laua-an, Antique  
Ma. Minerva Cubi, MWSD, Albueria, Leyte

**Other Key Informants**

Eden Garde, Project Manager, UNDP Typhoon Yolanda Response Program

**Annex 3**  
**Barangay Key Informants**

<b>ILOILO PROVINCE</b>		
<b>San Dionisio</b>		
<b>Table</b>		
	Maximino Binas	Barangay Captain
	Aquilina Dela Cruz	Barangay Council
<b>SARA</b>		
<b>Apologista</b>		
	Antonio Tedoco, Jr.	Barangay Captain
	Vicente Placero	Barangay Council
	Amparo Ramos	Barangay Council
	Razel Samson	Barangay Council
<b>Aposaga</b>		
	Ner Salcedo	Barangay Captain
	Marites Tario	Barangay Council
	Ofelia Batan	Barangay Council
	Florentina Tolentino	Barangay Council
<b>Arante</b>		
	Restituto Temporal, Jr.	Barangay Captain
	Alfredo Benobo	Barangay Council
	Norberto Antopina	Barangay Council
<b>Gildore</b>		
	Patrick Alcantara	Barangay Captain
	Marlyn Belgira	Barangay Council Selection Committee
	Nelly Locsin	Brgy. Admin
<b>Domingo</b>		
	Edgar Palma	Barangay Captain
	Emil Grace Pantaleon	Barangay Council
	Elena Delfin	Barangay Council
	Emelia Delfin	Barangay Council
<b>Bagaygay</b>		
	Jennifer Janay	Barangay Captain
<b>Bato</b>		
	Ernesto Belarma, Jr.	Barangay Captain
	Nestor Camarista	Barangay Council
	Arlene Perez	Selection Committee

LEYTE PROVINCE		
Ormoc		
Manlilinao	Allan Villarmino	Barangay Council
Liberty	Beteliqua Manidlangan	Barangay Council
Patag	Raul Formentara	Barangay Council
	Blezie Lloveras	Secretary
Esperanza	Sanny Boy Delalamon	Barangay Council
	Ma. Janice Boholst	Secretary
Magaswe	Arturo Villa	Barangay Council
Albuera		
Antipolo	Eduardo Jaballa	Barangay Captain
Mahayahay	Delia Batistis	Barangay Captain
	Lucina Batistis	Barangay Council
Pastrana		
Lanauan	Rogelio Empelio	Barangay Captain
Capilla	Delia Polillo	Barangay Council
Halaba	Marilyn Medina	Brgy. Secretary
Lima	Amelita Cinco	Barangay Council

**Annex 4**  
**Number of FGD Participants**

<b>LEYTE PROVINCE</b>		
	<b>Female</b>	<b>Male</b>
<b>Ormoc</b>		
Manlilinao	2	3
Liberty	6	0
Patag	4	2
Esperanza	6	0
Magaswe	3	3
<b>Albuera</b>		
Antipolo	5	0
Mahayahay	5	0
<b>Pastrana</b>		
Lanauan	4	0
Capilla	5	0
Halaba	5	0
Lima	5	0

<b>Eastern Samar</b>		
<b>Basey</b>		
	<b>Female</b>	<b>Male</b>
Balud	2	3
Cogon	0	5
Sawa	2	3
Bulao	4	1
Dolongan	4	1

<b>ILOILO PROVINCE</b>		
<b>San Dionisio</b>		
<b>Table</b>	<b>Female</b>	<b>Male</b>
	6	0
<b>SARA</b>		
<b>Apologista</b>	7	1
<b>Aposaga</b>	6	4
<b>Arante</b>	7	6
<b>Gildore</b>	7	0
<b>Domingo</b>	0	5
<b>Bagaygay</b>	7	0
<b>Bato</b>	5	1

<b>CAPIZ PROVINCE</b>		
<b>Panitan</b>		
	<b>Female</b>	<b>Male</b>
Cogon	10	7
Tinigban	8	1
<b>Pontevedra</b>		
Agbanog	8	3
Bantigue	9	1

**Annex 5**  
**List of Materials and References Reviewed**

1. ALNAP, The State of the Humanitarian System. Paul Harvey et al. 2010
2. CARE International in the Philippines – Emergency Response Strategy (Version 21 March 2014)
3. CARE International in the Philippines – Emergency Response Strategy (Version 15 August 2014)
4. CARE International in the Philippines – Emergency Response Strategy (Version 30 December 2014)
5. CARE International in the Philippines – Emergency Response Strategy (Version 8 May 2015)
6. CARE CEF Guidelines Matrix v2
7. CARE DRR Marker Tool
8. CARE Guidelines for the Community Enterprise Facility for Livelihoods Recovery, Final Draft
9. CARE Haiyan Logframe - April 2015 review
10. CARE Haiyan Response AAR summary May2014
11. CARE Humanitarian Assistance Framework
12. CARE Operations Plan for Shelter Recovery
13. CARE Operations Plan for Shelter Top Up
14. CARE Operations Plan for Livelihood Cash Transfer
15. CARE Women Enterprise Fund Process
16. CARE Gender Marker Vetting Form
17. CARE Partnership Assessment Report
18. CARE Rapid Accountability Assessment, February 27, 2014
19. CARE Partner Capacity Assessment and Due Diligence Tool
20. CARE Women Enterprise Fund Process
21. CARE DRR Marker Tool
22. MacDiarmid, Dr. Tracy, Disaster Risk Reduction in Philippines: A Post Haiyan Reflection on Effectiveness and Sustainability
23. Gendered Value Chain Analysis of Handicrafts in Samar, Aklan, and Antique
24. Humanitarian Practice Network, Humanitarian Exchange. No. 63, January, 2015
25. National Disaster Response Plan, June 2014
26. Rand, Jude. Aspirations and Realities: Partner Approaches to Emergency Responses within the Context of Lighter Footprints. November, 2014
27. Livelihoods Operations Plan Revised
28. Post Food Distribution Monitoring Report
29. Typhoon Haiyan Shelter Recovery Project Evaluation
30. Household Cash Transfer (HHCT) Program Evaluation

**Annex 7**  
**MID-TERM PROGRAM EVALUATION TERMS OF REFERENCE**

**Date:** 15 April 2015

**Job Title:** Consultancy Services: Mid-Term Evaluation – Typhoon Haiyan Response Program

**Organization:** CARE

**Country:** Philippines

### **Background**

On November 8, 2013 category five super typhoon Haiyan (known locally as Yolanda) hit the Philippines, devastating areas in 36 out of the country's 81 provinces. Haiyan is possibly the strongest storm ever recorded anywhere in the world. CARE was among the first INGOs to respond in collaboration with local partners. Response program strategy and operational plans were developed to guide the delivery of emergency relief and recovery assistance over a three-year period. The program design intends to achieve the following goal, objectives and outputs.

Hierarchy	Intervention Logic
<b>Overall Goal</b>	Affected communities (men, women, boys and girls) have recovered, built back safer, and have increased resilience. Target: Around 300,000 individuals will be impacted by the interventions <sup>1</sup>
Specific Objectives:	Outputs
5. The most vulnerable affected households have access to food, NFIs and emergency shelter	Food relief distributed to 40,000 HH within three months in line with food cluster standard  Non-food items (including emergency shelter items) distributed to 5,000 HH within 3 months
6. The most vulnerable affected households have safer shelters	15,000 shelters repaired based on "build back safer" principles  Community members (men and women) trained in 'build back safer' techniques and practices  Female and male community mobilizers and/or carpenters trained to provide social and technical support to most vulnerable targeted shelter beneficiaries
7. The most vulnerable affected households have sustainable livelihood that secure access to basic needs.	25,000 targeted most vulnerable affected households, men and women have received quick impact livelihood support through cash transfer programming.  25,000 targeted most vulnerable affected households, men and women provided with equal access to sustainable livelihood initiatives and opportunities.  200 community enterprise projects and 600 women entrepreneurs established to support the livelihood initiatives

<sup>1</sup> Based on SADD figures of beneficiaries assisted during emergency phase: 20% boys; 19% girls, 33% men; and 29% women.

	of the targeted most vulnerable affected households (men and women)
8. CARE's partners have increased their capacity to support and maintain sustainable livelihoods and effectively engage in emergency preparedness and response.	Partners provided with capacity strengthening to effectively facilitate gender responsive, sustainable livelihood initiatives in targeted communities
	Partners provided with capacity strengthening to effectively engage in emergency preparedness and gender-responsive response.

CARE has been assisting the most vulnerable disaster-affected communities in selected severely typhoon-affected areas. CARE has provided the following assistance to targeted communities and partners:

- Food, emergency shelter kits, and other non-food items (NFIs) during the emergency phase (November 2013 – January 2014)
- Self-recovery shelter repair package (construction materials, hand tools, cash and training/technical support) in the early recovery phase (January – December 2014) to build back safer (BBS) shelters. Top-up cash assistance was also provided to targeted vulnerable households to complete application of the build back safer (BBS) principles and improve habitability of their shelters.
- Conditional cash transfer to jump start quick-impact household income-generating activities, diversify and expand these IGAs (March – December 2014).
- Financial support to community enterprises (CEF) for more than 200 organized groups in Haiyan-affected locations. Moreover, in line with CARE's commitment to women's economic empowerment, female entrepreneurs can apply for grant under the Women's Empowerment Fund (WEF) to expand or diversify an enterprise that benefit the local community. Skills development is integral to CEF and WEF assistance (July 2014 – December 2016).
- Supported the development of shared emergency preparedness plan (EPP) document jointly by CARE and partners. The document has defined the roles and responsibilities of CARE and partners. Capacity gaps were also identified and were the basis for the partners' capacity development plan. Trainings that enhanced implementation of livelihood program were also provided; these include gender, DRR, business planning, contract management, MEAL systems and tools.

CARE ensures contribution to gender equality and women empowerment by understanding the gender dynamics in the communities and focusing on the needs of women and girls. Gender is not only a cross-cutting issue but a major focus in identification of beneficiaries, capacity building and approaches undertaken in longer-term recovery.

CARE Philippines' Haiyan response strategy is aligned with the CARE 2020 program strategy. The CARE 2020 overarching approach for all programs is "to tackle the underlying causes of poverty and social injustice and to bring lasting change to the lives of poor and vulnerable people". To address the underlying causes of poverty and social injustice, CARE prioritizes: strengthening gender equality and women's voice; promoting inclusive governance; and increasing resilience. CARE plays three roles for impacting on poverty and social injustice in its efforts to achieve lasting impact at scale and promote inclusive development; these are humanitarian action, promoting lasting change and innovative solutions, and

multiplying impact. CARE works in partnership with a wide range of actors from civil society, government and the private sector.

To date, CARE has partnered with the following local organizations to deliver emergency and recovery assistance in specific locations:

Organization	Province
Assistance and Cooperation for Community Resilience and Development, Inc. (ACCORD)	Iloilo Eastern Leyte
Sara Multi-Purpose Cooperative (SMPC)	Iloilo
Biznez Fair Trade Consulting (BizFTC)	Iloilo
Uswag Development Foundation (UDF)	Aklan
Pontevedra Multi-Purpose Cooperative (PVDCI)	Capiz
Capiz NGO/PO Network for Enterprise Development, Inc (CapizNED)	Capiz
Laua-an Multi-Purpose Cooperative (LMPC)	Antique
Antique Development Foundation (ADF)	Antique
Leyte Center for Development (LCDE)	Western Samar
Metro Ormoc Community Multi-Purpose Cooperative, Inc. (OCCI)	Western Samar Western Leyte

### Program Accomplishments

As of March 2015, 16 months after the disaster, CARE and partners have reached 68,170 households or 318,650 individuals in 18 affected municipalities in Region VI (Panay) and Region VIII (Leyte & Western Samar). The following activity outputs have been achieved against targets:

Output Indicators	Target	Achieved
Food relief distributed to 40,000 HH within three months in line with food cluster standard	40,000	54,284
Non-food items (including emergency shelter items) distributed to 5,000 HH within 3 months	5,000	13,905
15,000 shelters repaired based on "build back safer" principles	15,000	15,413
Community members (men and women) trained in 'build back safer' techniques and practices	15,000	15,413
Female and male community mobilizers and/or carpenters trained to provide social and technical support to most vulnerable targeted shelter beneficiaries	500	500
25,000 targeted most vulnerable affected households, men and women have received quick impact livelihood support through cash transfer programming.	25,000	27,040
25,000 targeted most vulnerable affected households, men and women provided with equal access to sustainable livelihood initiatives and opportunities.	25,000	27,040

200 community enterprise projects and 600 women entrepreneurs established to support the livelihood initiatives of the targeted most vulnerable affected households (men and women)	200 600	19 0
Partners provided with capacity strengthening to effectively facilitate gender responsive, sustainable livelihood initiatives in targeted communities	10	10
Partners provided with capacity strengthening to effectively engage in emergency preparedness and gender-responsive response.	10	10

### Evaluation Objectives and Key Evaluation Questions

The overall objective of the Haiyan response program mid-term evaluation is to ascertain the level of achievement of program objectives and results that were realized half-way of program life and, in the process, assess the appropriateness and effectiveness of program interventions and strategies/operational modalities, deduce learning and generate recommendations towards enhanced response interventions in the remaining period of program implementation. Specifically, the objectives of the evaluation will:

1. Assess the overall achievement of results of the program at the objective and output levels. This will include an assessment of how effective gender and protection and disaster risk reduction were integrated to achieve or contribute to the achievement of project outputs.
2. Evaluate program performance and operational plans in terms of the Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, impact, sustainability. The evaluation will also consider appropriate indicators in the CARE's Humanitarian Accountability Framework (HAF).
3. Identify lessons learned, good practices and any particular challenges in the implementation of the program and achievement of results
4. Provide recommendations to improve program design/strategies and improve future programming.

Below are some guide questions in assessing the program design and performance in terms of the DAC criteria.

1. Relevance/appropriateness
  - Based on the contextual analysis and needs assessment conducted to inform program design and implementation, are the objectives, outputs and activities of the project relevant and remain valid to date? Has the context changed?
  - Are the activities and outputs of the program consistent with the goal and its objectives (Analyze the causal link)?
  - To what extent was the overall approach adopted by CARE appropriate to address the identified needs in emergency food, shelter and food security and livelihoods sectoral intervention areas?
  - Are the program interventions appropriate and relevant to local needs and capacities? How can they be strengthened and what recommendations can be made to scale it up?

- Is the timing of the interventions appropriate to the local needs and situation?
  - To what extent were the achieved outputs consistent with or supportive of government rehabilitation and recovery plans?
2. Effectiveness
- To what extent have planned outputs and objectives outlined in the logframe been achieved in line with the agreed timeline? What is their quality? Have the planned activities led to the achievement of these outputs and contributing to objectives?
  - How effectively have program components (emergency food, shelter and food security & livelihoods) complemented one another to achieve the program objectives? Are interventions well integrated?
  - How effectively have gender equality and disaster risk reduction been integrated in program components?
  - What are the major factors influencing the achievement or non-achievement of the objectives?
  - Who is using and benefiting from the resources the program has provided? What is the partners' and household/community beneficiaries' view of the program?
  - How effective was CARE's accountability mechanism and the feedback/complaints system? How was beneficiary participation and information ensured throughout the program cycle?
  - How effective were the partnership strategies/modalities in program implementation?
  - Has there been an effective coordination mechanism established between CARE and other stakeholders involved in the same sector?
3. Efficiency
- Have resources been appropriately allocated across intervention sectors? Which programming areas provided the highest returns so far?
  - Has the program efficiently used resources (value-for-money)? Did the program achieve desired quality outputs at reasonable time?
  - To what extent have measures been taken during planning and implementation to ensure efficient utilization of funding, staff, time and other resources without compromising on the attainment of quality results?
  - Were CARE system and procedures (e.g. finance, procurement, contracting practices, MEAL, etc.) applied in a way that ensured program interventions are efficiently delivered?
  - Were program funds and other support provided to partners in a timely manner? Was financial risk properly monitored and managed?
  - How was the management of the program carried out, in terms of cost-efficient approach, considering the geographical scope?
  - Was there any potential to increase cost-effectiveness, and if so, how? Were there alternative approaches?
4. Impact
- What are the overall effects of the interventions, intended and unintended, directly and indirectly, long term and short term, positive and negative?
  - What are the evidences to show that the program is contributing towards gender equity/empowerment/transformation?
  - What are the evidences to show that the program is contributing towards the resilience of affected communities? How can these be attributed to CARE's program?

- To what extent has local capacity been supported and developed and mainstreamed by communities?
5. Sustainability
- What strategies, and with what success, did CARE and partners take (at both institutional and community levels) to ensure that all interventions lead to sustainable (emergency food, shelter, individual livelihoods, community and women's enterprise projects) results?
  - Will the capacities being developed with partners be sustained and applied after the program ends?
  - Will the CARE-supported community and women's enterprises remain viable after the program ends?
  - Has an exit/sustainability strategy being defined with the government and how is this being proposed to be managed?
  - What were the major factors which influenced the achievement or non-achievement of sustainability?
  - What could concretely be recommended to ensure sustainability of the action and linkages with other programs?

### **Scope of Evaluation**

The mid-term evaluation should cover the 18 months implementation period from November 2013 to May 2015 and will sample respondents based on CARE's and partners' areas of coverage by program sector in six provinces, two regions.

Below is the detailed coverage by program sector per region, province, and municipality

Region	Province	Municipality	# of Barangays	Partners
<b>FOOD</b>				
VI	Aklan	Altavas, Balete, Banga, Batan, Kalibo, Lezo, Madalag, Makato, Malinao, Nabas, New Washington, Numancia, Tangalan	94	UDF
VI	Antique	Tibiao, Culasi, Barbaza, Libertad, Pandan, Sebaste, Laua-an	50	LMPC
VI	Capiz	Dao, Ma-ayon, Sigma, Panay, Pontevedra, President Roxas, Roxas City, Panitan	35	PVDCl
VI	Iloilo	Sara, San Dionisio, Lemery, Ajuy	31	SMPC
VIII	Leyte	Dagami, Sta. Fe, La Paz, Pastrana, Tabon Tabon, Ormoc, Albuera, Tolosa	126	ACCORD
VIII	Western Samar	Basey	48	OCCCI & LCDE
<b>TOTAL</b>			<b>384</b>	

NFI				
VIII	Leyte	Albuera, Ormoc	23	ACCORD
Emergency Shelter				
VIII	Leyte	Albuera, Ormoc, La Paz, Dagami, Tabon Tabon, Tacloban, Tolosa	50	ACCORD
Shelter				
VI	Aklan	Malinao	23	ACCORD
VI	Capiz	Sigma, Pontevedra, President Roxas	18	PVDCI
VI	Iloilo	Sara, San Dionisio	22	ACCORD & SMPC
VIII	Leyte	Albuera, Ormoc, La Paz, Dagami, Pastrana, Sta. Fe, Tabon Tabon, Tolosa	91	LCDE, ACCORD & OCCCI
<b>TOTAL</b>			<b>154</b>	
Livelihoods				
VI	Aklan	Batan, New Washington	15	UDF
VI	Antique	Barbaza, Laua-an, Pandan, Sebaste	16	ADF & LMPC
VI	Capiz	Pontevedra, Panitan	10	PVDCI & CapizNED
VI	Iloilo	Sara, San Dionisio	23	BizFTC & SMPC
VIII	Leyte	Albuera, Ormoc, La Paz, Dagami, Pastrana, Sta. Fe, Tabon Tabon	99	OCCCI & ACCORD
VIII	Western Samar	Basey	22	OCCCI & LCDE
<b>TOTAL</b>			<b>185</b>	

### Methodology

The evaluation will adopt a participatory approach and is expected to employ mixed methodologies: desk review of CARE database, reports and related documents; field visits, key informant interviews, and focus group discussion.

The evaluation will consult a wide range of stakeholders and will triangulate information to meet the objectives. The stakeholders are the following:

- Individual beneficiaries (male and female), including those classified as most vulnerable such as single heads of household, older persons, persons with disabilities, pregnant and lactating women
- Community enterprise officials and staff
- National government officials (Office of the Presidential Adviser on Risk Reduction (OPARR), Department of Social Welfare and Development (DSWD), Department of Trade and Industry (DTI), Department of Agriculture (DA))
- Local government officials at the provincial, municipal and barangay levels (governor, mayor, barangay captain, heads of relevant offices/committees such as planning, disaster risk management, agriculture, trade and industry)

- Structures formed at the barangay level as a result of the project: barangay selection committee, shelter roving team, livelihood group leaders
- Relevant clusters and working groups facilitated by UNOCHA
- CARE management and staff
- CARE's implementing/facilitating partner organization management and staff
- Other national and international non-government organizations working in the project areas

The evaluation will make reference to a number of qualitative and quantitative data requirements that were already integrated in existing monitoring and evaluation processes such as post-distribution monitoring/assessment/evaluation using surveys, focus group discussions and key informant interviews conducted by CARE in assisted areas.

### **Roles and Responsibilities**

CARE will have the overall responsibility and accountability for the evaluation. The consultant will primarily liaise with CARE, and secondarily with CARE's local implementing partners. Though the consultant will be operating independently, field movements will always be in coordination with CARE and partners. Partners will be in charge of informing and coordinating with the stakeholders regarding the purpose of the evaluation and in scheduling the visits/interviews.

The consultant will be responsible for:

- Planning and implementing the mid-term evaluation, the day-to-day management of the evaluation, and progress feedback to CARE;
- The production of deliverables in accordance with contractual requirements;
- Performing the work with due diligence, displaying a high level of professional independence and ethical standards, utilizing appropriate techniques and methods, and display of impartiality, integrity, objectivity, transparency, accountability, and fairness;
- Validating information using multiple sources, where feasible; and
- Ensuring that the final report disseminates reliable, factual, and credible information, findings, conclusions and recommendations.

### **Plan for Dissemination and Learning**

The final mid-term evaluation report will be shared among CARE Member Partners (CMPs), donors, local implementing partners, government counterparts and peer humanitarian agencies. The report is considered as property of CARE. Should the consultant wish to publish or otherwise disseminate all or part of the report, presentations, communication materials and other evaluation-related documents, he/she must request permission from CARE and proper acknowledgement will be required.

### **Deliverables and Timeframe**

The recruitment process for the Consultant is planned for May 2015. Evaluation work plan is expected to be finalized by June 10 and field mission is targeted to commence immediately. The evaluation will be conducted based on the dates provided in the table below. The evaluation timeframe will consist of approximately 32 working days spread over the months of June and July to give ample response time on draft deliverables and hence ensuring an inclusive approach with partners. The activities include the following:

Activity	# of days
1. Desk review	3
2. Inception report/tools	3
3. Filed mission/data collection	12
4. Data encoding, processing & analysis	3
5. Draft report	7
6. Draft report presentation	1
7. Final report	3
Total # of days	32

The target schedule for the evaluation is given in the table below:

Activity	Timeframe
ToR development, inputs from Partners and CMPs; final ToR	April 1-30, 2015
Recruitment process for consultant	May 1 - 31, 2015
Contract signing with Consultant	June 02
Draft work plan/inception report	June 10
Comments on draft work plan	June 14
Final work plan	June 17
Field mission: data collection/travel-Time	July 04
Data analysis & report preparation	July 15
Draft report presentation	July 16
Comments on draft report	July 24
Submission of final Report	July 30

The draft and final report will have the following structure:

- Cover page
- Table of contents
- List of acronyms
- Executive Summary (max. 3 pages); must be a stand-alone summary describing the Project, main findings of the evaluation, and conclusions and recommendations.
- Main body (max. 30 pages):
  - Introduction
  - Background/Description of the project, including goals and objectives
  - Evaluation purpose
  - Methodology
  - Scope and limitations
  - Findings and analysis
  - Lessons learned
  - Conclusion
  - Recommendations
- Annexes
  - Results indicator tracking matrix
  - Data collection tools

- List of documents reviewed
- List of FGD participants and key informants
- Relevant maps and photographs of the study areas
- Bibliography of secondary sources

### **Expertise required**

The following are the desired skills and qualifications of the consultant:

- Advanced university degree in sociology, development studies or any related field
- With a demonstrated years of professional experience in multi-sectoral programming, partnership, and capacity development programs.
- Proven record of undertaking mid-term evaluations / end-of-project evaluations of a similar nature using participatory approaches
- A solid and demonstrable knowledge of relevant sectors in humanitarian contexts, including emergency food, shelter, food security and livelihoods
- Excellent understanding of humanitarian system and principles
- Good understanding of donor requirements and policies
- Ability to communicate and collaborate with diverse stakeholders
- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions and prepare well-written reports in a timely manner
- Excellent writing, facilitation and presentation skills
- Fluent in English (both speaking and writing); understanding of languages in project sites is an advantage
- Willing to travel extensively in the project sites

### **Application Requirements and Selection Criteria**

Initial applications should consist of the following:

- An Expression of Interest
- CV of consultant
- Daily rate and work base (to determine travel costs)

Shortlisted candidate will be asked to submit the following:

- A technical/methodological proposal/work plan
- An example of past evaluation report prepared
- Contact details for 2 references

Proposals will be assessed under the following criteria:

- Demonstration that the Consultant fulfills the above requirements
- Appropriateness and quality of proposal in relation to the evaluation requirements
- Feasibility of technical proposal and evaluation work plan
- Quality of writing based on sample evaluation report
- Daily rate requested