MULTI-AGENCY EVALUATION OF TSUNAMI RESPONSE: INDIA AND SRI LANKA

Prepared for: CARE International, Oxfam GB & World Vision International

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Abbreviations and Glossary

AAR	After Action Review
ADP	Area Development Programme
ATRT	Asia Tsunami Response Team (of World vision)
CD	Country Director
CFS/CFC	Child Friendly Space/Centre
CFW	Cash for Work
CHA	Consortium of Humanitarian Agencies
CNO	Centre for National Operations
CO	Country Office (of Oxfam, CARE and WV)
CRS	Catholic Relief Services
CRZ	Coastal Regulation Zone (called buffer zone in SL)
DS	District Secretary (Government functionary in SL below the GA)
GA	Government Authority (in districts of SL, equivalent to District Collectors in India)
GIK	Gifts-in-Kind
GOSL	Government of Sri Lanka
HEAT	Headquarters Emergency Action Team
HR	Human Resources
HQ	(International) Headquarters (of Oxfam, CARE & WV)
INGO	International NGO
LKR	Lankan Rupees
LTTE	Liberation Tamil Tigers Eelam
NFRI	Non Food Relief Items
PD/PC	Programme Director/Coordinator
PHP	Public Health Programme
PRA	Participatory Rural Appraisal
RBM	Result-Based Management
RCRC	Red Cross & Red Crescent
Rs.	Indian Rupees
SL	Sri Lanka
SO	Support Offices (of World Vision)
TAFREN	Task Force for Rebuilding the Nation
TS	Transition Shelter
T-shelter	Transition shelters
WATSAN	Water and Sanitation
WV	World Vision
$	US dollars
PD/PC/District Managers	Different designations used in different agencies for their heads of district offices; in this report, these are used interchangeably.
CO/National Office	In this report, these are used interchangeably.

Acknowledgement

By definition, evaluations of this nature involving multiple agencies are known to be complex both for the evaluators as well as for the organisers. The evaluation team would like to note that the team found it less complex/difficult to do their work than what the members had initially feared. This was made possible by the efforts of all the staff of the three agencies the team visited and met with. It is not possible to mention the names of all the staff who made it possible for the team to carry out our work over six weeks of travel and field visits. However, we will be remiss in giving credit where it is due if we did not mention at least the following names of individuals and teams in different districts/offices of India and Sri Lanka. They not only did their best in making sure that our field visits and discussions were organised properly, but also patiently answered all our questions and listened to our often incoherent comments and arguments.

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(on behalf of the Evaluation team) *20-07-2005*

Table of Contents

Abbreviations and Glossary

Acknowledgement

Executive Summary 2

Chapter 1 Introduction ***9***
1.1 Background 9
1.2 Scope, Purpose and Objectives of the Evaluation 9
1.3 Methodology and process 10

Chapter 2 Observations and Analysis ***11***
Section 1: Early Deployment, Assessment and Relief 11
1.1: Early Deployment 11
1.2: Initial Assessment and Early Relief 15
1.3: Local procurement and logistics capacity 17
1.4: Non Food Relief Items 19
1.5: Decision-making and Management structure 20
Section 2: Shelter 24
Section 3: Issues in permanent housing 27
Section 4: Water and Sanitation 28
Section 5: Public Health and hygiene promotion 31
Section 6: Cash for Work 33
Section 7: Livelihoods 35
Section 8: Psycho-social support 38
Section 9: Coordination and collaboration 40

Chapter 3: Cross-Cutting Issues ***43***
3.1: Monitoring, on-going review and learning 43
3.2: Gender, social exclusion, vulnerability and conflict 44
3.3: Red Cross Code of Conduct, Accountability and Transparency 45
3.4: Overall performance – Quality and Impact 46

Chapter 4: Summary of Recommendations ***49***
4.1: Strategic issues 49
4.2: Recommendations 49

Annexes

Annex 1: Terms of Reference for the Evaluation
Annex 2: Note on fishing community and boat distribution in India
Annex 3: List of Persons interviewed/met
Annex 4: List of key Documents reviewed
Annex 5: Policy Environment in India for Tsunami Response
Annex 6: Brief Profile of the Evaluation team members

Executive Summary:

Background:
In December 2004, an Interagency Working Group comprising CARE International, World Vision (WV), Oxfam GB, Catholic Relief Services (CRS), Save the Children US, International Rescue Committee (IRC) and Mercy Corps, received a two year grant from the Bill Gates Foundation to strengthen humanitarian response through capacity building. It was decided to undertake a series of joint learning events that would aim to examine issues of accountability, capacity, co-ordination and development of impact indicators. In April this year, a joint After Action Review of Tsunami response involving WV, CARE, Oxfam and CRS was held and this collaboration effort set the platform for this evaluation. The evaluation was led by CARE, WV and Oxfam GB.

Scope and Purpose:
This evaluation covered the work of CARE and World Vision in both India and Sri Lanka, and of Oxfam GB in Sri Lanka. The major emphasis of the evaluation was on learning, accountability and impact. In specific terms the evaluation focussed on the following:

a) Lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in future.

b) Examine how agencies might adjust their programmes to improve the efficiency, quality and impact of their programme during the next phase of their operations.

c) Coherence and coordination between agencies, identifying examples of good practice and missed opportunities.

The evaluation was carried out by a team of five people, with an independent consultant as the team leader, and one staff member nominated from each of the participating organisations[1], and a local independent consultant in each country[2].

Key findings:
Overall, the evaluation found that the three organisations launched a significant response to the disaster right from the first day after Tsunami in both the countries. Each of the three organisations are rated very highly by the beneficiaries, local NGOs as well as the local governments for their work, specifically in the following areas where each has demonstrated their unique competence:

[1] Except in India where the staff nominated from World Vision had to pull out of the process at the last moment due to health reasons, and hence the India team constituted four persons only.
[2] The local consultant in Sri Lanka had to leave the team after one day due to bereavement in the family, thus finally reducing the Sri Lanka team to four persons.

World Vision: Agility in their speed of response and their large scale of work in immediate relief, shelter and housing.

Oxfam GB (Sri Lanka): Quality of its water and sanitation interventions and good quality transition shelters it built.

CARE: Work on short term livelihoods specifically targeting the vulnerable and its work on psycho-social support (India).

1. Disaster preparedness:

1.1 The evaluation concluded that in both the countries CARE and WV have, through their long-term work in several regions/districts, substantial capacity to launch an immediate response to a disaster. Their knowledge of the area, ability to deploy a significant number of staff within hours of the disaster (WV), access to professional emergency expertise in county and within the region (CARE), and fairly decentralised system in both these organisations came in handy to launch immediate response.

1.2 However, there are specific issues each of these organisations need to address in order to significantly boost the capacity of their country offices to respond to future disasters. In brief, the issues are as follows:

CARE: CARE lays strong emphasis on participatory and developmental approach relying on local capacity which are its core strengths. How does the organisation strike a balance between these unique strengths and the need to fast-track its scaling up and response on the ground in the immediate aftermath of a disaster?

WV: How does the organisation develop staff skills and capacity in quality assessment, coordination and leadership abilities, as well as in incorporating developmental approach in relief and recovery response, without compromising on its exceptional ability to mobilise and launch a speedy and sizeable response?

Oxfam: Oxfam's unique strength lies in its internationally-acclaimed technical expertise in the areas of Watsan and Public health promotion. How does the organisation bring to bear local knowledge, expertise and capacity that exists in its country offices on its management of emergency response in a way that does not undermine capacity of its COs and local staff?

2. Shelter and permanent housing: Tsunami response in both India and Sri Lanka has again proved that success in any shelter programme depends on three key factors: community-approach to planning, use of local materials and local design. Secondly, permanent housing takes upwards of nearly two years to come up and during this time people need to be put in transition shelters.

All these three organisations have learned these home-truths from their numerous involvements in rebuilding disaster-hit communities all over the world. However, these lessons were not built into the response by both CARE and WV in India and WV in Sri Lanka in construction of transition shelters.

Competition among the INGOs to 'secure projects' for themselves came in the way of taking a joint stand and collaborative position on government design and specifications of temporary shelter in India. This was a missed opportunity for all to work collaboratively to influence government policy.

3. Watsan and public hygiene promotion: As is often the case in emergencies, while organisations have been good in building the infrastructure, problems now appear to be arising in sustaining watsan interventions. This includes maintenance of infrastructure as well as supplies of adequate volumes of potable water in some temporary communities. Another major problem is the solid waste disposal in most camps in both India and Sri Lanka as INGOs generally argue that the community or local government ought to take responsibility for this. The evaluation concluded that lack of rigorous monitoring of *effects* of the work undertaken could have disastrous consequences for all, raising questions about accountability of the organisations: in the crowded and unsanitary conditions that prevail in all temporary shelters, any diarrhoeal disease outbreak could spread and become quite serious very quickly.

4. Livelihoods: There are two major issues in relation to livelihoods response for the fishing community which were the major communities affected in both the countries:

a. In many areas, mere distribution of boats, nets and fishing gear or replacing the lost assets will not rehabilitate the fishing community as debris lying near the shore or damaged jetties and landing area for boats is the biggest problem which has not received adequate attention.
b. Provision of private assets for livelihoods needs to take into account equity issues so as not to negatively affect the social dynamics in communities affected by conflict, especially in Sri Lanka.

5. Coordination and collaboration: Inter-NGO or interagency coordination was generally weak, except for some initiatives by CARE India. Coordination was better where government/authorities took a dominant role (India and LTTE-areas in SL) in directing the efforts of NGOs/INGOs. Within the agencies, frequent changes in team leaders and point persons who liaise with government and other coordination mechanisms caused problems of continuity.

6. Focus on outputs: Organisations appear to have focused on outputs, rather than outcome and impact. Monitoring/reporting formats used by all the agencies concentrated mostly on physical measure of NFRI distributed, watsan structures completed, etc. A predominantly supply-/output-oriented

monitoring framework used by all the three agencies have meant that outcomes on the lives and livelihoods of people were not tracked systematically. However, in a few cases, organisations have ensured good targeting and quality of their response: for example, CARE's early interventions in debris clearing through CFW in Sri Lanka or Oxfam's emphasis on community processes in NFRI distribution in Ampara or World Vision's child friendly centres in both India and Sri Lanka.

7. Peoples' participation and quality assurance: All the three organisations have emphasised participation of and partnership with beneficiary communities to varying degrees. In some cases, such participation has been geared towards efficiency in project implementation, and in a few cases the participation went beyond *efficiency* needs to empowerment and ownership by the communities. Oxfam and CARE have initiated, through village committees and PRAs, etc., active participation, decision-making and assumption of responsibilities by the communities on various aspects of programme in some areas.

Wherever community consultation and participation were bypassed for the sake of speed and efficiency, the quality of response suffered, for example, poor shelter and watsan interventions in India.

8. Impact: Result Based Management frameworks instead of logframes which are currently popular among the Agencies evaluated would enable the response to be driven by peoples' own understanding of their needs, rather than by the Agencies *perception* of what people need.

The evaluators would argue that traditional indicators of impact are hard to formulate, besides being costly (time-consuming). This evaluation shows that wherever agencies have *listened* to the communities' perspectives of their needs and allowed communities to shape the response (Oxfam village committees in Ampara for example), there have been good impact. Conversely, wherever agency response has been shaped without any reference to community's perception of what they needed (water filters in Matara), the intervention has been a failure.

9. Red Cross Code of Conduct, Accountability and Transparency:

a. *Openness and transparency to affected population (principle 9 of the code of conduct)*: NGOs, especially INGOs will need to demonstrate their preparedness to be transparent, particularly with regards to the large volume of funds they have raised for the tsunami. Already the government in Sri Lanka and the various political components that constitute it have been raising questions about some of the INGOs who they perceive as spending lot of money on expatriate staff's salary.
b. *Openness and transparency to donors (principle 9 of the code of conduct)*: In terms of people ***from whom*** resources were obtained (private individual donors in the Agencies' home countries), greater openness

and honesty about the special nature of this disaster in terms of limited conventional relief needs in comparison with the overwhelming scale of the event itself would have been in order at an early stage. It was becoming very clear to most of the international agencies during the first 2-3 weeks that the former have little in-house competence in the areas where need for funds is the greatest (recovery and reconstruction). Having taken the money on the basis of the messages the organisations put out in the early stages that they were rebuilding lives, it is now incumbent upon organisations to ensure that they acquire /buy in the competence quickly and fulfil the role (construction of shelters and houses) which their donors expect them to do. Oxfam's decision in this regard not to undertake houses does raise a question about the openness and transparency it has had in its communication with its domestic private donors.

Key Recommendations:

1. Multi-Agency Initiatives:

MA1: In countries like India and Sri Lanka where all the three agencies have strong presence for number of years, a systematic joint assessment after two weeks, rather than an immediate assessment, could have provided opportunity for inter-agency coordination. Such an assessment carried out by a sizeable team of international and local staff of the three agencies would have enabled the agencies to coordinate response depending on their respective distinctive competence as well as provided a unique opportunity to influence the government and UN humanitarian system in the countries.

MA2: Draw lessons from the roster of CARE India and explore developing this into a regional deployment tool for each of the Agencies.

MA3: Both WV and CARE have substantial capacity in the two countries to handle procurement, warehousing and logistics. Develop these into a common pool for faster and coordinated response in future disasters.

MA4: In countries and situations where there exist functioning markets, explore introduction of cash voucher system instead of NFRI supplies, except for the first round (basic survival pack) of distribution. This needs careful research and study.

MA5: Carry out research into the negative effects of higher-than-market-wages for CFW and lobby with all agencies still carrying out CFW to ensure that time-tested good practices in planning and implementation of CFW are followed.

MA6: As livelihoods recovery in any substantial sense for majority of the poorest community will take many more months, contingency plans

for short term employment programmes (through CFW) need to be provided for.

MA7: Initiate a debate and thinking on how INGOs should work differently/ coordinate in situations where government is strong, and what leadership qualities are needed for effective coordination and collaborative work.

MA8: Undertake research and study to develop guidelines, strategies and capacity to ensure that response is guided by the affected community's perception of their need, rather than by Agency's perception of what communities need.

2. <u>All organisations (India)</u>:

AI1: While community ownership & maintenance of waste disposal & sanitation maintenance is a good longer-term goal, consideration should be given by CARE and WVI to provision of incentives for community sweepers and cleaners, particularly during the rainy periods. Pay people to maintain public health infrastructure: make use of CFW programme towards this purpose.

AI2: Ongoing monitoring of data related to water & sanitation will be important.

AI3: Train community youths in repair and maintenance of hand pumps and provide repair kits to each trained youth.

3. <u>All (Oxfam, WV, CARE) organisations in SL</u>:

ASL2: Pay people to maintain public health infrastructure: make use of CFW programme towards this purpose.

ASL3: Ensure senior managers in CO and districts take responsibility for and participate in all coordination forums, and not delegate these tasks to junior functionaries.

4. <u>World Vision</u>:

WV1: Needs to clarify right in the beginning respective roles of all its stakeholders: SOs, CO, the response team, regional office and specialised structure like ATRT; also clarify ATRT's role in the recovery/reconstruction phase.

WV2: Given the poor shelter built in India, WVI needs to take corrective actions immediately and take responsibility for the failure to be sensitive to the needs and views of the affected community while building the shelters.

WV3: Upgrade all the poor shelters made in Sri Lanka.

WV8: Develop livelihoods programming strategy incorporating equity issues in both countries and orient field staff on building equity and conflict analysis in programme design.

5. CARE:

C1: Need to ensure that the in-country disaster preparedness capacity and/or plans are reinforced with a strong component of international and regional expertise so that the COs are able to scale up response quickly by deploying optimum level of staff in proportion to the needs on the ground and expectations of various stakeholders.

C2: Given the poor shelter built in India, CARE needs to take corrective actions immediately and take responsibility for the failure to be sensitive to the needs and views of the affected community while building the shelters.

6. Oxfam GB:

OX1: Needs to ensure that the organisation brings to bear local knowledge, expertise and capacity that exists in its COs on its management of emergency response in a way that does not undermine capacity of its COs and local staff?

Chapter 1: Introduction

(This introductory chapter describes the background to this evaluation, the purpose and terms of reference and the methodology used by the evaluators).

1.1 Background:

1. Accountability, impact and learning: The Indian Ocean Tsunami disaster resulted in one of the largest relief and rehabilitation operations ever launched by the humanitarian organisations from around the world. The size of the resources generated and the scale of operations require that organisations involved in the operations demonstrate their accountability to their beneficiaries, partners and donors. At the same time, organisations need to ensure that the work being carried out makes the desired impact on the lives of the affected community, as well as enables the organisations to learn from and continuously improve their performance.

2. Interagency initiative: In December 2004, an Interagency Working Group comprising CARE International, World Vision (WV), Oxfam GB, Catholic Relief Services (CRS), Save the Children US, International Rescue Committee (IRC) and Mercy Corps, received a two year grant from the Bill Gates Foundation to strengthen humanitarian response through capacity building. It was decided to undertake a series of joint learning events that would aim to examine issues of accountability, capacity, co-ordination and development of impact indicators. In April this year, a joint After Action Review involving WV, CARE, Oxfam and CRS was held and this collaboration effort set the platform for this evaluation. The evaluation was led by CARE, WV and Oxfam GB.

1.2 Scope, Purpose and Objectives of the Evaluation:

3. Scope: The entire process of interagency evaluation covered four key countries namely, Sri Lanka, India, Indonesia and Thailand, and was carried out by two teams covering Sri Lanka and India as one sub-region, and Indonesia and Thailand as another. This evaluation report relates to the first sub-region, i.e., Sri Lanka and India. The organisations that participated in the evaluation were: CARE and WV in India, and CARE, WV and Oxfam GB in Sri Lanka. Oxfam GB has a Tsunami response programme in India; however, India's participation in this evaluation was not prioritised by senior management in the region and the evaluation in India therefore does not cover the Oxfam programme.

4. Purpose: The multi-agency evaluation has three main purposes[3], namely:

a. The impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the three agencies, highlighting key lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in future.

b. To what extent programmatic decisions and approaches by the three agencies to date have contributed to recovery and reconstruction, referring to relevant lessons learned in this and similar contexts, recommend how agencies might adjust their programmes to improve the efficiency and quality of their programme during the next phase of their operations.

[3] "Joint AAR of our Humanitarian Response to the Tsunami Crisis", Report of Workshop Proceedings, April 7-8, 2005, Bangkok

c. Coherence and coordination between agencies, identifying examples of good practice and missed opportunities.

5. Objectives:

Detailed Terms of Reference for the Review is attached as Annexe 1.

1.3 Methodology and process followed by the Evaluators:

6. The Evaluators: The evaluation was carried out by a team of four evaluators in India and five in Sri Lanka in the period between 09 May and 22 June 2005. Between the two teams, there were two members common in both the countries, including the team leader who was an independent consultant. A brief profile of the evaluators is given in Annexe 6.

7. The Approach taken by evaluators: Conventional evaluations of humanitarian programmes generally take an output-driven approach, rather than attempting to assess impact from a beneficiary perspective. This is justified on the ground that participation of affected population in planning, monitoring and evaluation of humanitarian programmes in emergency situations is unrealistic. While the constraints of a fully participatory approach are recognised, the evaluators have attempted to understand the humanitarian response from a beneficiary perspective as much as was possible in both India and Sri Lanka. The ultimate criteria for judging the operations are those which concern the victims and affected community, and these include their survival, livelihood, dignity, self-respect and rebuilding their homes in the midst of the destruction and void left in their lives by the loss of family, relatives, friends and neighbours, houses and other community infrastructure which shaped their being. Efficiency, effectiveness and impact will be measured or judged only in terms of these concerns of the affected community, and nothing else. The evaluation acknowledges that systematic development of impact indicators or carrying out assessment is complex task, more so in the case of a multi-agency evaluation. However, attempt has been made to identify a few key areas which would make real difference to the lives of the affected community.

8. Methods Employed: The methods employed by the evaluators in gathering and assessing information were the following:

-Detailed briefing, meetings and discussion with Country office staff of different organisations (Oxfam in Colombo, CARE in Colombo and Delhi, WV in Colombo and Chennai): Country Directors/Country Programme Managers, Heads of HR, Logistics and Procurement staff, various units and departments involved in emergency response in general and tsunami response in particular.
-Key informant interviews with staff from regional/international HQ offices of the organisations.
-Study of the Operations updates and all relevant documents made available in hard copies as well as electronically and assessment of how the tsunami response evolved.
-Desk research: After-Action Reviews conducted by all organisations, strategic framework for tsunami response, progress reports, monitoring mission reports.
-Intensive field visits to four districts in Tamil Nadu (Chennai, Cuddalore, Nagapattinam and Kanyakumari), Andaman Islands and six districts (Ampara, Hambantota, Matara, Jaffna, Killinochchi and Mulaitivu) in Sri Lanka, discussions with local government officials in districts and capitals and interviews/focus group discussions (including unstructured PRAs) with affected communities in the field.
-Triangulation of information gathered through semi-structured debriefings with concerned teams in all the district/field offices visited as well as country offices of

individual organisations; three substantive joint debriefings were held in Chennai (CARE and WV), Colombo (Oxfam GB, WV and CARE) and Delhi (CARE, WV and donor organisations) to check information and conclusions derived by the evaluation team. Subsequently, extensive comments were invited from the offices on a first draft of this report to check facts and conclusions[4].

A detailed list of people met is given in Annexe 3 and a list of main documents reviewed by the evaluators is attached as Annexe 4.

9. Constraints: At least two offices[5] may have received notification about the arrival of the evaluation team quite late, and this meant that senior staff or managers could not give any time to the evaluation process and the evaluation team was unable to meet or interview key people. Despite these limitations, the evaluators were satisfied that they received as much cooperation and participation of the staff as was possible in the circumstances.

Chapter 2: Observations and Analysis:

(This chapter describes, analyses and draws conclusions from the observations made by the evaluators from field visits and discussions. In nine separate sections, different issues of critical importance to the response are examined country-wise. Attempt has been made to summarise some sections which have been extensively covered during the evaluation: the summary pulls out the conclusions, recommendations and any strategic issues that the organisations need to address. The recommendations are clustered at three levels: (a) All: applicable to any of the agencies; (b) individual agencies; and (c) multi-Agency initiative[6]. Conclusions and Recommendations throughout this chapter are in Times New Roman Font 12.)

Section One: Early Deployment, Assessment and Relief (first three weeks)

1.1 Early Deployment:

India:

10. Ability to deploy staff with local knowledge and experience: Both CARE and WV were able to deploy experienced staff with good knowledge of the area and language as well as of emergency operations immediately after the disaster which enabled them to launch early response. CARE[7] used a well developed roster of current and former staff with expertise in specialised areas of disaster response.

[4] Most comments received by the evaluators generally validated or corrected the factual observations and conclusions the evaluators had drawn. However, WV India office felt that the evaluation produced "highly inaccurate findings" as in their opinion, the team did not visit all the projects or meet with key people due to shortage of time. The evaluation team however does not agree with this view for two reasons: (a) the team spent a total of 13 working days in field visits in India which was a reasonable length of time, and (b) the selection of projects and itinerary for field visits were left to the organisations/offices concerned and it was assumed by the evaluators that they were being shown a representative sample of the work being carried out by the organisations.

[5] WV India headquarters in Chennai where the evaluators had very little briefing from senior staff who were unavailable and no meetings were scheduled by the office before arrival of the consultants or on the day of the joint debriefing on 25 May. Another office where evaluators did not get any briefing or time from any senior person was Ampara district of SL.

[6] Where the evaluators think the three agencies could undertake collective initiatives

[7] CARE India, amongst all the COs of the three organisations covered by this evaluation, was the only Country Office with a substantive in-country Emergency Response Unit.

WV deployed its trained staff from Area Development Programmes in the state of Tamil Nadu (where it has its India headquarters located) and other states in India. While CARE deployed about 7-10 staff in each district, WV had over 100 staff and volunteers in each district in the early weeks.

11. Duration of deployment: CARE India deployed personnel for 3-4 weeks and replaced one third of the staff during each rotation cycle, ensuring that two-thirds of the staff are in post when the others arrive. While this may have enabled CARE to bring in right people with sufficient emergency experience, short duration of their deployment occasionally caused confusion and lack of continuity, especially with regards to coordination and relationship with government and other agencies in districts[8]. WV on the other hand was able to deploy staff for longer duration as it mobilised staff from ADPs closest to the affected areas. WV also engaged volunteers to increase its staff capacity. However, the team observed that lack of prior emergency experience amongst many of the WV staff may have led them to adopt a delivery mode without much analysis and assessment of need.

12. Management of early response by CARE India: CARE activated the Headquarters Emergency Action Team (HEAT), comprising the Country Director, three Assistant Country Directors, Operations Manager in Chennai (who joined through conference calls), Human Resources Manager, Directors of Learning and Development, and Advocacy. A Task Force was formed in the Country Office (CO) comprising 12 members of staff from finance, Information Technology, logistics, etc. The task force was responsible for producing sitreps, and coordination with partners.

12.1 A team leader was placed in Chennai to take overall management responsibility for the tsunami operations and provide hands-on leadership. CARE determined its capacity and decided that it will cover 20,000 families. Decision was also taken that CARE will implement its activities through partners as CARE had no presence in the Tamil Nadu state since 1985. This may have positioned CARE well for its long term work and strengthen local capacity for future disaster response in Tamil Nadu.

12.2 CARE's response however was slow in early stages: the bulk of NFI distribution by CARE took place around 20 January, weeks or days after number of organisations had already completed their first round of NFI distribution. While this may have enabled CARE to identify gaps and undertake proper targeting, this lack of visibility in early stages may have cost CARE significantly in later stages as it found hard to find adequate space (vis-à-vis the large number of organisations vying for space) for scaling up its humanitarian response in the area of temporary shelters and permanent housing[9].

13. Management of early response by WV: WV delegated full authority to deployed district managers right from the start. This was facilitated by a pre-agreed system that 10% of ADP budget could be spent on launching a disaster response, without seeking any approval. WV decided to be directly operational, rather than work through partners.

13.1 In the early days, WV's response, like CARE's, was determined by existing staff capacity in the country and ADP offices. However, as the situation unfolded and the disaster turned into a category III emergency, the regional office and subsequently the Asia Tsunami Response Team (based in Manila in the early

[8] Officials of government and NGO coordination committee mentioned that they found themselves talking to a new persons every now and then in the meetings in early weeks. Similar observations regarding rapid turnover of staff were made by CARE's monitoring mission in February.

[9] One district official told the evaluators that as CARE was not involved in the early stages, they had no way of assessing how CARE worked and hence they were reluctant to allocate houses to CARE.

days) tried to support the country office with offer of staff and expertise some of which were accepted. At the field/district level, senior management and leadership capacity was limited by the capacity of ADP staff deployed.

Conclusions:

- Both CARE and WV have, through their network of development programmes in various states/districts in India, excellent capacity to immediately deploy people with detailed knowledge of the area and are able to respond much faster. CARE in particular has a good roster of local/regional emergency-trained staff (current and former) which it used very effectively.
- CARE defined the limits of its operation by its existing capacity to deploy staff (current and former) available in India and by the capacity of its partners. While this may have ensured a strong developmental approach right from the start, the scale of response[10] in the relief and recovery stages was not necessarily in proportion to the capacity and expectations from a premier international organisation like CARE with reputation for leading global humanitarian response. Although in the later stages, most of the needs in terms of relief and rehabilitation were met by various organisations (both governmental and non-governmental), in the early phase there was a need for organisations like CARE which have experience in delivering good quality response to scale up. The evaluators have heard from several interlocutors that because that did not happen (several organisations which were expected to launch significantly large response were found to be reluctant to do just that), many new organisations with limited experience occupied a relatively large space in the overall response.
- CARE's HEAT process was an efficient and effective way of fast decision making and coordination between the CO and field, and this model may have good learning to offer to all agencies.

Sri Lanka:

14. Local and regional deployment by CARE: CARE deployed its staff from long term development programmes (like Dry-zone Agricultural development Programme) and brought in several staff with emergency programme experience from various countries in the region[11]. CARE deployed about 7-10 staff initially, mostly local in each district, supplemented by selective short-term deployment of a few international staff in critical areas requiring technical support. CARE utilised its roster of trained emergency staff from other countries of the region, most of who could fit into the Sri Lanka context fairly quickly. However, the deployment in most districts was relatively small[12], if one took into account the size and complexity of the disaster.

15. WV deployed local staff as well as short-term international staff: WV deployed staff from ADPs in various districts in the country as well as brought in fairly substantial number of international staff and volunteers from other countries to assist the country staff with immediate response. About 30 international staff came in the first two weeks. However, sometimes the deployments came without clear TOR or any information to the Country Office (CO), and such deployments

[10] A senior district official in Kanyakumari told the evaluation team that the government was expecting CARE to respond in a big way on temporary shelters, water and sanitation; however, that did not happen. A few local NGOs met by the team also aired similar views.
[11] Not all staff deployed in the country had previous emergency management experience.
[12] In contrast with CARE's approach in India where it works exclusively through partners, CARE Sri Lanka is mostly involved in direct implementation, with a few activities being done through partners.

were not helpful to the programme in any way, according to senior staff at the CO. At the start of the disaster there were some staff who came on short term deployment for about two weeks[13]. The short-term people came and wrote concept papers/proposals and left. Sometimes the proposals were not realistic as the visitors did not understand the context of the area.

16. Immediate response by WV and CARE staff: In both WV and CARE, staff in the district offices showed a high commitment and agility as they responded immediately within hours after the disaster, without waiting for formal approvals and clearance from HQ. In the field CARE offices in Jaffna and Mullaitivu staff planned to use the resources from their own staff welfare fund for the initial response, before they had been able to contact the country office in Colombo. As a senior staff in WV commented, staff responded first as citizens, and responded robustly as they knew that they had the backing of the organisations' resources behind them.

17. Oxfam relies on short term international deployment: Oxfam was able to deploy a large number of international staff[14] from its HQ to boost its country management capacity where it has a long-term development programme. Oxfam's management of the programme in the early weeks, however, made the local staff feel marginalised and undermined. Short-term staff, mostly expatriates, took certain decisions like hiring of local staff, fixing salary levels, renting accommodation, etc., which were inappropriate and these have taken the subsequent district managers significant time to rectify/undo the damages[15].

17.1 Oxfam's Lessons Learned Workshop[16] noted lack of coordination by newly arriving international staff with local staff and lack of attempt to acknowledge existing knowledge and relationships as a key problem in early response. Due to high staff turnover/short term nature of deployment, "local resources and capacity already available in-country were not fully understood and tapped". There was a very high staff turnover: four senior managers in five months. This left local staff feeling marginalized and not consulted. The national water engineer was not consulted on the usefulness of materials sent by chartered plane from Oxford.

18. Lack of HR capacity in the districts in the early stage: In all the three organisations, most of the positions created after the tsunami were new; so initially there were no clear job descriptions or proper orientation. There was lack of HR staff/capacity in all the districts to support managers in recruitment and orientation. During lessons learnt exercise carried out by the country team, WV realized they needed to send HR people to the field. There are now HR people in all zones. Oxfam and CARE have also recruited HR staff in some districts by the month of May.

Conclusions:

[13] There were three different response managers in the first two weeks.

[14] 50-60 expatriates in the early weeks (source: briefing given to Evaluation team on 27th May in Colombo in a joint Agency meeting).

[15] Some decisions short-term staff made were often not appropriate. Short-term staff signed a contract for a house in Ampara, which was not appropriate; contracts went to Sinhalese people only; also short-term staff set local staff salary too high which were unsustainable.

16 "Oxfam GB Sri Lanka Tsunami Response programme: Main Lessons Learned from the First 3 Months".

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- WV's response was in proportion to the need and expectations of various stakeholders. However, given the limited capacity of its deployed staff in terms of their ability to analyse and assess the needs in a dynamic situation, leadership at the ground level was weak which caused some inappropriate response.
- Oxfam (Sri Lanka) brought in international staff on short deployments for providing leadership and management to the planning and implementation of the humanitarian response which did cause some tension and inappropriate decisions in the early stages.
- CARE's deployment being small in the early weeks, it followed a very cautious approach in terms of its early response, and its scale of operations was limited[17] by the capacity of its relatively small staff team.

1.2 Initial Assessments and early relief:

India:

19. CARE's rapid assessment: CARE India adopted a phased assessment, beginning with an immediate assessment, followed by a multi-sector assessment in mid-January. Its rapid assessment during the first week after the disaster concluded that there was no need to get into cooked food distribution in India as the need for this was being met by dozens of local, religious and international organisations. CARE's initial response was delayed deliberately as there was complete chaos with hundreds of agencies providing all kinds of support. CARE decided to focus on psychosocial work which most of the other agencies ignored and this gave CARE its niche in the relief and rehabilitation response.

20. WV's assessment and response: WV did not carry out any formal assessment[18] but its field-based staff in various districts were able to continuously assess the needs and reassess and adjust the response accordingly. Staff deployed on the ground were able to respond almost immediately in all the affected districts and distributed cooked food[19] to over 85,000 people in the first week after the disaster. Subsequently, in one district (Chennai) they stopped this as it was felt that the need for (cooked) food distribution was not there. From discussions with various organisations, the evaluators gained the impression that the need for (cooked) food was being met by various local organisations, individual citizens, religious groups etc., in the districts visited.

21. Lack of coordination with government programme on food distribution: In India, the government usually comes up with fairly generous immediate relief packages following any major disaster. The Tamil Nadu government's package[20]

[17] It was noted in an internal monitoring report that up until the 3rd month and in the early stages of the recovery process CARE's impact (and level of expenditure) was relatively low compared to 'peer' INGOs *(CARE SRI LANKA MONITORING VISIT REPORT, Post-Tsunami Program).*

[18] WV national staff conducted quick assessments between 6-8 January to assess community rehabilitation needs in Cuddalore and Nagapattinam districts. This was quickly followed by a limited rapid assessment initiated by ATRT carried out in one district of Tamil Nadu. Apart from these, several sectoral assessments were carried out by WV from time to time.

[19] WV directly bought food from hotels to distribute to the Tsunami affected communities starting on the second day after the disaster and continued for three days. They hired local trucks to transport the food and other provisions.

20 Annexe 5

of rations and other household needs was for 4 months. It was during the same period that WV also provided support in form of dry rations[21]. WV's supply of dry rations seemed to have been untargeted and was intended to cover the entire population of the villages. The Evaluation team could not see much evidence of coordination of the food distribution with the Government programme.

21.1 An issue involved in government's food programme was the usual delays in distribution. Though this partly explains the logic behind food distribution by WV, the quantities supplied do not take into account Government provisions at all. Both CARE and WV do not seem to have facilitated timely delivery of the food supplies to the affected people by taking up these issues with the Government.

22. Post-distribution review: CARE in India carried out fairly systematic post-distribution reviews which in the early stages indicated that some household items distributed by CARE were also distributed by other NGOs to the same people. CARE was thus able to adjust its subsequent distribution.

Conclusions:

- CARE's decision to go for systematic assessment in the first week was appropriate, as it had no presence or pre-existing projects in the state of Tamil Nadu.
- CARE took an extremely cautious approach in the early days before launching its response as it wanted to assess what the myriad other players were doing, an approach which worked out to be fine as it enabled the organisation to plan and direct its response in the most critical areas of need.
- WV's speedy response without a systematic assessment may have been justified as WV had a strong presence in and knowledge about the area. However, the staff's inability to undertake continuous analysis of needs and what other organisations were doing, and adjust the response accordingly meant that WV provided some relief that were not required or the organisation may have unwittingly added to the chaos in the already-overcrowded relief market[22].
- CARE's cautious approach in the early weeks, especially with regards to food distribution which is one its areas of expertise was appropriate given the abundance in supplies.
- Both WV and CARE failed to carry out advocacy on behalf of the affected community regarding their entitlement to government supply of rations.

Sri Lanka:

23. No systematic Assessment by CARE and WV: CARE and WV did not carry out any systematic assessment before launching or during the relief operation. While this may have had the advantage in that the organisations could get down to launching immediate response, the appropriateness of the response depended on the *ability of the staff to analyse the situation and take appropriate decisions* locally. In Ampara for example, all other organisations namely CARE, Oxfam and

[21] In the first 90 days, WV distributed dry ration to proximately 223,000 people. *(Source: India Tsunami Response: Quarter 1 Report, The First 90 days, World Vision India).* It was mentioned by field staff of World Vision that quality of rice supplied by World Vision was much better than that of the Government and therefore people preferred to use the rice supplied by World Vision. This issue of quality of Government supplies does not seem to have been raised with the Government.

[22] In the early weeks, untargeted relief in several areas motivated hundreds of unaffected families to move into relief camps in order to grab relief materials, and government found it difficult to monitor such floating 'displaced' population.

CRS (the last two carried out assessments immediately after Tsunami) came to the conclusion that immediate food needs were being met by local organisations and government. However, WV staff decided that food distribution was a priority, a decision which the evaluators consider was determined by how individual staff at the time wanted to respond[23], rather than by objective parameters of unmet needs.

23.1 As noted in a CARE report, as there were no detailed assessment reports, information was channelled to Colombo for project development purposes. However, because of lack of experienced staff, the information gathered was more towards doing small interventions rather than large ones[24].

24. Oxfam's assessment: Oxfam carried out an initial assessment following which it decided to respond with water supply, NFRI, hygiene promotion, latrine construction and livelihood recovery activities, areas in which Oxfam is good at. Subsequently it carried out assessments to identify single-headed households, disabled and poor for transition shelter and livelihoods programme.

24.1 However, Oxfam's initial assessment which was led by a team flown in from outside the country did not include local staff which meant that the assessment did not take full advantage of the local capacities and relationships built pre-Tsunami. The initial assessment team involved national staff only as translators and hence the implementation plan developed was "divorced from actual situation"[25].

Conclusions:

- In a situation where the agencies have had long field presence and knowledge about the affected area, a formal assessment was not necessary in the immediate aftermath of the disaster as long as the field staff were able to gather, triangulate and analyse information from various sources and design appropriate response.
- Good assessments require the assessment team to have a good knowledge and understanding about the area, local context and the communities, apart from sectoral/ technical expertise in specific areas which Oxfam's assessment failed to take on board.

1.3 Local procurement and logistics capacity:

India:

25. WV's strong presence in Tamil Nadu: WV has its India headquarters in Tamil Nadu where it has an excellent local procurement system, and had suppliers identified before the disaster. This enabled it to get into NFRI distribution very early on, and one round of distribution of hygiene kit, kitchen utensils was carried out before people started moving to temporary shelters in some areas. WV district managers had full authority right from the beginning to take decisions,

[23] WV was requested by community groups with which it already had ADP programmes to supply cooked food.
[24] CARE SRI LANKA MONITORING VISIT REPORT, Post Tsunami Program, March 14 – March 22, 2005
[25] "Oxfam GB Sri Lanka Tsunami Response: Lessons Learned"

even without referring to the CO. This was helped by the fact that 10% of ADP budget could immediately be used for any emergency.

26. Tamil Nadu a new territory for CARE: CARE on the other hand did not have a presence in the state for nearly two decades, and therefore local procurement of non-food items took 10-11 days. CARE sent two of its procurement staff to Chennai who were able to put in place a procurement and logistics system that worked smoothly during the entire operation. Simultaneously, CARE used its national database of suppliers for procurement from other states as well. The CARE Country Director (CD) approved a procurement waiver enabling the Programme Manager stationed at Chennai to have financial approval levels equivalent to that of a CD.

27. WV-CARE coordination on procurement: As an example of coordination between the two agencies, WV advised CARE which vendors they were using so that CARE could use alternative ones to avoid overwhelming the supplier.

Conclusions:

- Both CARE and WV utilised their local procurement capacity and logistics (including staff trained locally) to procure food and NFRI locally.
- Along with the staff deployments, WV delegated full authority and empowered immediately the field staff to take appropriate decisions to speed up the response and ensure quick procurement.
- WV demonstrated ability to procure and distribute NFRIs very early on, and much faster than most other INGOs did.

Sri Lanka:

28. World Vision: Supplies were procured from abroad[26] as well as Colombo, and warehouses were rented in Colombo and in each of the affected districts. However, the response got delayed as the infrastructure in Sri Lanka could not cope with the overwhelming demands of transportation. Moreover, transportation of goods in LTTE-controlled areas got further delayed because of cumbersome security checks. Local supplies of NFRI were overstretched: an order was placed with local supplier for supply of plastic buckets early January, but the delivery to central warehouse took over 4 weeks.

28.1 WV also received airfreights of blankets that were not entirely appropriate. Beneficiaries used them as floor rugs. Some used clothing also came, but WV did not distribute them.

28.2 Local procurement by WV also took time: field could only buy up to a certain budget otherwise purchasing was done in Colombo; supplies took up to 4 weeks to reach districts if items were not available in warehouse initially.

29. Oxfam' procurement: Procurement was generally undertaken in Colombo as field staff did not have capacity to undertake local procurement in most places. Procedures for fast-tracking purchases, administration and financial transactions did not exist in the early days[27]. The first round of NFRI distribution went well as

[26] Sometimes goods could take up to 6 weeks to clear customs. WV procured over 10,000 tents for temporary shelter as per estimates made in January. However, when the consignment arrived in early February, the Government had withdrawn its customs duty exemptions on relief items and the needs had changed from tents to transition shelter. The tents were released from customs in late March, and now WV has over 7,000 tents in stock which are not needed for the tsunami response.

[27] Oxfam GB Sri Lanka Tsunami Response programme: Main Lessons Learned from the First 3 Months, Draft Input from Kandy Workshop, 21-22 March 2005.

Oxfam had been responding to Ampara/ Batticaloa floods two weeks before the tsunami. However, the second round of NFRI distribution was delayed as procurement in Colombo got delayed.

29.1 Oxfam sent lot of supplies/procurement/GIK which were inappropriate. Decision was taken in Colombo to supply water filters to each family in various communities in Matara, without any consultation with the community or the local office. Water filters are uncommon and generally not used in the area.

30. Procurement delays in CARE: In CARE, purchasing was done in Colombo. In one case, supplies took upto 3 months to reach affected community in Ampara as the NFRI package included over 40 different items. Finance and purchase systems took time to be put in place as the scale of operations was beyond the normal capacity of the CO to cope with.

Conclusion:

- In comparison with India where both WV and CARE have fairly robust procurement and logistics system, all the organisations in SL had procurement problems: some of which were to do with the scale of the need in Sri Lanka and limited capacity of local market and some with internal systems CARE, WV and Oxfam had which took time to be streamlined.

1.4 Non Food Relief Items (NFRI):

India:

31. Glut in the market: In all the districts visited, except in Andamans, if there was anything majority of the affected people did not have any dearth of, it was NFRIs which most people appear to have received from several organisations, and some still continue to receive after five months of the disaster.

32. WV undertakes massive NFRI distribution: The first round of distribution was carried out after a quick survey done through fishermen association to find out what they needed. A total of 39,000 families were provided NFRIs by WV in the affected districts in India. The communities highly value some of WV's high-value items like fans, steel cupboards, gas stoves etc., which were being distributed in some areas during the visit of the evaluation team. The distribution is undertaken with the help of CBOs or local leaders who assist WV in identifying beneficiaries in the shelters.

33. CARE ensures that its NFRI packs are gender-sensitive: CARE's NFRI distribution was modest and included basic kitchen packs, hygiene packs and family packs. Early on in the procurement process, CARE made sure that they provided sanitary towels/clothes for women as well as undergarments[28]. However, women reported that the supply was not enough. The problems of male-dominated camp administration and lack of women's representation in the committees of decision making for relief and rehabilitation were highlighted.

Sri Lanka:

34. WV continues to provide NFRI: WV gave out NFRI when people were still in camps/welfare centres, while others gave these only when people moved to

[28] The evaluation team in India comprised all men, and hence it was not possible for the team to look into it to assess how beneficiaries perceived this.

tents/temporary shelters. It was reported by many families that they had to keep their NFRIs with relatives as it was not safe to keep these in camps[29]. In Hambantota and Jaffna, WV has still been carrying out NFRI distribution which is scheduled to finish at the end of July.

34.1 WV has an effective method of ensuring that the NFRIs reach the right people by involving the community leaders in verifying the list of beneficiaries; WV used CBO members to pack NFRIs into kits and assist with distributions.

35. Oxfam uses extensive community consultation and participation: Oxfam in Ampara works closely with the affected community through programme committees which have been formed in each village/community. The committee members are given training in PRA and are well trained in identification of needs and monitoring of relief distribution. Beneficiary list is prepared by the committee and posted in the village notice boards and other public places. People can raise objections and complaints, and through consultation resolve any discrepancies.

36. Time lag between assessment and distribution: While the first round of NFRI (clothing, personal hygiene kit) by CARE were distributed in early January, the subsequent distribution of NFRI did not take place until May in Ampara, although the list for the NFRI was prepared in consultation with the community in February. By the time the distribution took place, the families would have received many of the items from other organisations.

37. Sale of NFRI for cash: While some of the NFRIs were highly valued by beneficiaries, in many communities, the evaluators were told by the former that they often try to sell items such as buckets, chair, kitchen items (which many have received from several organisations) in the market at throwaway prices.

Conclusions:

- The first round of NFRI (basic survival kit including kitchen/cooking utensil, hygiene kits and clothing) distributed in the early weeks as people were moving from camps/welfare centres to shelters were highly appropriate and valued by beneficiaries.
- Many organisations including WV in both India and SL provided a large volume of NFRI in the later stages which were sometimes not necessary and could have been better targeted.

1.5 Decision-making and Management Structure:

India:

38. HEAT in CARE: The Director of Emergency chaired HEAT, and all decisions were usually taken in this forum enabling clear communication between the field and CO as well as getting all departments to work together. Simultaneously, CARE decentralised decision making to the field. HEAT also set up a task force as an executive arm to oversee the implementation of decisions taken. Subsequently, as Programme Managers were being appointed in different districts, CARE management delegated financial authority to them, although in the given circumstances more authority would have enabled staff to move faster in terms of response on the ground.

[29] The DS for Kalmunai stopped distribution of the NFRI and requested the NGOs to distribute these after people moved to temporary shelters.

39. WV's decentralised decision-making: Within WV, District Managers were given substantial authority from Chennai to take decisions as required on the ground. The evaluation team noted a high level of confidence among the District Managers to take speedy decisions.

Sri Lanka:

40. Decision-making in CARE: In the early stages, CARE set up a Disaster Management Unit in Colombo and delegated significant authority to the field offices. The Project Directors (PD) in districts were authorised to spend up to $10,000 without seeking any approval from the CO. A point person in Colombo was delegated to each field office to provide support and guidance to the field. In Colombo, regular daily meetings provided a forum for national feedback and decision making. The evaluators noted that CARE PDs felt that they had full authority and support of their CO in taking all necessary decisions. However, it is understood that in the early stages, this was not the case. In most cases CARE staff participating in meetings with government in the field were either not empowered to take major decisions or not senior enough to do so. They consulted CO before making decisions and hence there were delays in the response. This contributed to CARE missing out on opportunities and being slow in starting the recovery phase of the implementation[30].

41. Decision-making within WV: Within WV, major decision-making is located in Colombo and this has caused delays in the start of implementation as approvals took long time[31]. Most of the planning was also done in Colombo. According to a senior staff of WV, decision making was easier in the early stages of the emergency as things were unfolding. However, once it became a category III emergency, decision-making was taken over by ATRT and International President.

42 ATRT manages global response for WV: To facilitate global response, WV also created a separate management structure, Asia Tsunami Response Team (ATRT) in mid-January which facilitated the CO response by taking on responsibility for coordination with SOs, visitors and on funding/reporting etc. Creation of ATRT helped in coordination with support offices and gave COs space to concentrate on programme work. However, now that the emergency phase is over, there appears to be some confusion amongst CO staff over the role of ATRT and its relationship with CO vis-à-vis the Asia Pacific Regional office.

43. Decision-making in Oxfam: Decision making in Oxfam was delayed on major issues as staff waited for weeks for experts to come from outside. Local staff were not authorized or fully empowered to take decisions: for example, Oxfam initially decided against getting into transition shelter as it had no expertise; however, at the end of January, decision was taken that Oxfam would get into t-shelter construction, although it would not get involved in construction of permanent houses. Many organisations had already started t-shelter construction by the middle of January.

43.1 Oxfam staff in the field could not share information or plans with government or UNHCR as all such communication with outside world had to be approved either by the CO or Oxfam HQ in the UK. This delayed response. All

[30] CARE SRI LANKA MONITORING VISIT REPORT, Post Tsunami Program, March 14 – March 22, 2005.

[31] It is understood that in the first 90 days, WV procedures were freed up so that districts could take faster decisions; it may be that field staff were not confident enough to use the authority given to them and hence felt that they had to refer most decisions to Colombo.

financial approvals had to be made in Colombo or Oxford[32]. Initially, the Programme Coordinators (PCs) and technical staff were not clear of the authority they had for taking decisions in a fast-developing situation.

Conclusions:

- Both WV and CARE in India and SL have decentralised decision making substantially: In India, WV district staff have full authority in taking all major decisions, while in Sri Lanka, CARE staff appear to have similar level of authority/confidence to take decisions.
- Decision making within Oxfam was highly centralised, with Oxford being responsible for most decisions and this caused frustration and delays.
- Creation of ATRT by WV took the pressure off COs at critical time and facilitated country staff focusing on response on the ground.

Summary of Section 1: Assessment of Disaster Preparedness and Response Capacity:

44. CARE and WV's disaster preparedness in India and SL: The evaluation concluded that in both the countries CARE and WV have, through their long term work in several regions/districts, substantial capacity to launch an immediate response to a disaster. Their knowledge of the area, ability to deploy a significant number of staff within hours of the disaster (WV), access to professional emergency expertise in county and within the region (CARE), and fairly decentralised system which facilitates quick decision-making and procurement in both these organisations came in handy to launch immediate response.

45. International response by WV: WV in particular demonstrated its agility to mobilise a massive global response fairly quickly, and apart from mobilising significant funding from SOs, they were able to deploy a good number of international emergency experts[33] and volunteers who helped the COs in scaling up the response quickly.

46. CARE: CARE India had an emergency preparedness plan which included a detailed staffing plan in case of an emergency, specifying roles and responsibilities of staff concerned. This preparedness plan was implemented and greatly assisted CARE India in the implementation of the tsunami response. The plan also included a substantial roster of current and former staff with emergency response capacity in the country. However similar plans for SL did not exist[34].

47. Oxfam: Oxfam's disaster response in this case was driven from its HQ in the UK as the preparedness in-country was either limited or not fully utilised.

48. ***Strategic Issues in Disaster Preparedness:*** Overall the preparedness in countries affected was such that they could launch a fairly good response to any medium or small disaster. Tsunami was of a different scale. There are specific strategic issues

[32] The CO pointed out that this was not true. Since the evaluators heard this from District offices, this may be a case of district staff not knowing what authority they have or not feeling confident of taking decisions, and hence they are under the impression that they have to seek approvals from CO/Oxford.
[33] Not everyone who was sent had the right expertise or attitude to work with strong local offices nor did everyone have clear TOR.
[34] CARE Sri Lanka Monitoring Visit Report, Post Tsunami Program

which each of these three organisations need to address in order to be able to significantly improve their response in future disasters:

CARE: CARE lays strong emphasis on participatory and developmental approach relying on local capacity which are its core strengths. How does the organisation strike a balance between these unique strengths and the need to fast-track its scaling up and response on the ground in the immediate aftermath of a disaster?

WV: How does the organisation develop staff skills and capacity in quality assessment, coordination and leadership abilities, as well as in incorporating developmental approach in relief and recovery response, without compromising on its exceptional ability to mobilise and launch a speedy and sizeable[35] response?

Oxfam: Oxfam's unique strength lies in its internationally-acclaimed technical expertise in the areas of Watsan and PHP. How does the organisation bring to bear local knowledge, expertise and capacity that exists in its COs on its management of emergency response in a way that does not undermine capacity of its COs and local staff?

Recommendations:

- *WV*: needs to clarify right in the beginning respective roles of all its stakeholders: SOs, CO, the response team, regional office and specialised structure like ATRT; also clarify ATRT's role in the recovery/reconstruction phase.
- *CARE*: needs to ensure that the in-country disaster preparedness capacity and/or plans which are currently geared towards small and medium disasters are reinforced with a strong component of international and regional expertise as well as the COs are able to scale up response quickly by deploying optimum level of staff in proportion to the needs on the ground and expectations of various stakeholders.
- *All*:
    1. Examine and assess procurement and logistics system in Sri Lanka.
    2. In all major disasters, deploy HR staff in the field offices early on to enable local recruitment.
- *Multi-Agency Initiative*:
    1. In countries like India and Sri Lanka where all the three agencies have strong presence for number of years, a systematic joint assessment after two weeks using a pre-agreed common assessment format, rather than an immediate assessment, could have provided opportunity for inter-agency coordination. Such an assessment carried out by a sizeable team of international and local staff of the three agencies would have enabled the agencies to coordinate response depending on their respective distinctive competence as well as provided a unique opportunity to influence the government and UN humanitarian system in the countries.

[35] WV in both India and SL have got involved in relatively a large range of activities like rebuilding education facilities, reconstruction of community/government buildings, provision of critical equipments, as well as providing child friendly spaces in camps, running nurseries., etc. In addition to these, WV has supplied various essential and non-essential equipments and drugs to hospitals in various districts who approached them for support.

2. Draw lessons from the roster of CARE India and explore developing this into a regional deployment tool for each of the Agencies.
3. Both WV and CARE have substantial capacity in the two countries to handle procurement, warehousing and logistics. Develop these into a common pool for faster and coordinated response in future disasters.
4. In countries and situation where there exist functioning markets, explore introduction of cash voucher system[36] instead of NFRI supplies, except for the first round (basic survival pack) of distribution.

Section Two: Shelter (Temporary/Transition)

India:

49. Poor shelter in India: The shelter policy[37] of the Government of Tamil Nadu failed to deliver satisfactory semi-permanent housing in the early phase of reconstruction. Nearly 50% of shelters were built through contractors by the Government and the rest were done by NGOs mostly through contractors following the same design and specifications. NGOs made some improvements in terms of room sizes or additional works like flooring, toilets, etc. But none of these addressed the critical issues of acceptable standards of semi-permanent housing. In a nutshell, the policy led to delivery of shelters that are highly unsatisfactory, with poor sanitation and drainage and high risk of flooding, fire or other hazards. Although, the NGOs were under pressure from the government to build these shelters in a very short time of less than a week, the fact remains that by providing shelter which have health and safety risks for the dwellers, the NGOs have failed in their duty to provide protection to the affected people.

50. CARE and WV shelters: Both CARE and WV temporary shelters in Tamil Nadu, like shelters built by most INGOs and district administration, are of poor quality and un-inhabitable during daytime due to excessive heat[38]. Some shelters, particularly those made in the early stages by WV in Tamil Nadu, are already showing signs of serious cracks and damages which will render them useless unless further investment is made to repair or re-do them. The evaluators consider these not only below SPHERE standards but also unfit for any family to live with dignity[39].

51. Failure to take into account lessons from previous emergencies: CARE and WV were under pressure from the government to build the shelters using Government designs and within a short period of a week. The shelters were built thinking that people would be moved out of their temporary shelters to permanent houses within 3-6 months time, and therefore were of poor quality. It is ironical that both CARE and WV which have huge experience in post-disaster housing all over the world failed to take into account the umpteen empirical evidences which show that permanent housing usually take about or upwards of

[36] The evaluators are aware of the fact that such a system will need to be carefully designed and administered. This is an opportunity for the three agencies - the largest amongst the INGOs operating in Tsunami areas – to work together and provide leadership to the entire humanitarian industry.

[37] The references to *Pongal* (local festival held in Tamil Nadu on 14 January every year) day as deadline, promotion of asphalt-based or asbestos-based sheets by the Government for construction of these temporary shelters have been the major reasons for the failure. The issues that were not looked into by this policy are (i) realistic time frame for construction of semi-permanent shelter (ii) the duration for which such shelters need to be designed (iii) local climatic conditions and people's preferences.

[38] All shelters are made of either fiberboard or partly with GI sheets on the sidewalls.

[39] Principle 10 of Red Cross and Red Crescent and NGOs Code for Disaster Relief.

up to 2-3 years during which time the displaced need to be housed in transitional accommodation[40].

52. Alternative shelters in India by other organisations: The organisations argue that they were not given any choice in this by the government as the latter insisted on the same specifications for all shelters and wanted the shelters to be made within a deadline of 4-5 days in mid-January. While this is partly true, the evaluators do not concur with this view that there was no other choice. The evaluators have visited at least two local organisations (one in Cuddalore, and one in Pondicherry) which have constructed some of the best shelters the evaluators have seen using local materials (thatch and mud plaster) which conform to all specifications (fire-resistant) laid down by the government as well as are far cooler and spacious and can last for longer duration. Interestingly, these shelters were visited by district authorities and were approved by the latter.

53. Additional cost of making the shelters liveable: On an average, each shelter cost about Rs. 8,000-11,000 in different areas. The evaluators think that given that the organisations will now need to spend more money on these shelters to make them inhabitable[41] for at least an additional year or two, it would have been more cost-effective to make shelters using better quality materials, even if per unit cost was higher.

Conclusions:

- In the face of pressure to build shelters quickly, INGOs in India (including CARE and WV) and UN agencies showed no creativity in developing/using alternative shelter designs and materials, nor took a collective stand on advocating for appropriate designs[42]. Competition among the INGOs to 'secure projects' for themselves came in the way of taking a joint stand and collaborative position on government design and specifications of temporary shelter. This was a missed opportunity for all to work collaboratively to influence government policy.
- Community participation in temporary shelter programmes was not even given a thought. The past experiences show that community involvement is also therapeutic for them and ensures dignity instead of making them mere beneficiaries.

Sri Lanka:

54. CARE completed first 100 shelters in mid-January: Since shelter came out through CARE's assessment in Hambantota as the most important priority, CARE decided to build 400 shelters the first week of January after discussions with GA, DS, Urban Development Authority and NGOs to decide on location and design. By the time CARE completed construction of first lot of 100 shelters, the government said that it did not need any more temporary shelter; instead they would distribute tents. CARE did not like the idea of tents and so stopped building any more temporary shelter.

[40] Only in Andaman, the government and INGOs/NGOs appear to have taken this on board from the beginning and built better shelters.
[41] Some of the shelters are beyond repair, and will have to be rebuilt.
[42] Though the Government Order (GO 10 dated 6 Jan 2005, Government of Tamilnadu, India) clearly stated that use of locally available materials and giving priority to local preferences will be important in shelter construction, these provisions were neglected to meet the suggested completion date which proved to be unrealistic for most of the shelter programmes in the state.

54.1 Subsequently, in the confusion over tents and t-shelters, CARE stopped doing transitional shelters and instead concentrated on cash for work and livelihoods-related work. Only at a later stage, when CARE identified some particularly vulnerable families who were yet not provided with t-shelter, CARE started building shelters in April/May. CARE's TS using both timber and hollow blocks for walls and GI sheets for ceiling (high) with two spacious rooms is considered very satisfactory by beneficiaries.

55. Excellent quality shelter by Oxfam: Oxfam-built TS in Ampara using hollow blocks for walls and thatch for roofs, with two rooms and space for kitchen is a self-contained family unit, and is one of the best TS evaluators have seen in the country. The shelter design was discussed with the community and women were consulted on such areas as the placement of the kitchen. The shelter is made of local materials like timber and thatch. In some villages, shelters are still under construction (Thirukkovil village, Ampara district). In Matara, Oxfam took the decision to get into transition shelters very late; when Oxfam finally decided to build t-shelters and went to GA, all allocations were made, except 102 shelters which still awaited offer. Oxfam is now doing these shelters.

56. WV shelters are of poor quality: Shelter construction in Ampara was delayed[43] as WV depended on contractors[44] who were too busy to start work. The design for temporary shelter was chosen by CO, and opinion of field staff was not taken into account. There is only one design for the whole of the country. The field staff recommended to Colombo office that local materials would be better for the shelters. The beneficiaries have complained that the TS built by WV are not only extremely hot, but also small[45]. In Pottuvill, shelters were under construction in mid-June and people were still living in tents in the intense heat on sandy beach. WV did not construct toilets for the temporary shelters and plans to do so when it constructs permanent houses. Beneficiaries say that because they have nowhere else to go and because they are still receiving NFRIs, they are living in these shelters.

56.1 In most districts, CARE, Oxfam and CRS built shelters on land leased from host families or third party individuals. In all such cases, an agreement is dawn up with the owner of the land to make sure that the affected family is allowed to stay in the shelter for one to two years. However, WV staff have not done this – field staff were unaware of this procedure.

Conclusions:

- Quality of shelter in SL provided by Oxfam and CARE are good[46] and can house families for about two years or so. However, the shelter constructed by WV in most districts[47] visited are of poor quality.
- Both Oxfam and CARE which demonstrated their technical competence in building t-shelters did relatively smaller numbers and both decided to get into

[43] Most were completed in mid-late May, by which time WV started constructing permanent houses. The evaluators think that as organizations move into permanent house construction (or development phase), there is a danger that the needs of people in transition shelters (some in SL are still living in temporary shelters/tents) may be neglected.

[44] Hired outside contractors – even when the villages had experienced labourers, carpenters and masons. No local mason or labourer employed.

[45] The layout does not take into account local culture: in Sri Lanka, during menstruation, women sleep in separate room. So with the WV design, the women have to sleep outside when she is menstruating.

[46] Costs about $650-750 per shelter, including all infrastructure overheads.

[47] Only in Mullaitivu area where the LTTE had strict control over quality and specifications, the shelters were of good quality.

it quite late[48] by which time most t-shelters were allocated to other organisations.

Summary of Section 2: Strategic Issues and Recommendations on shelter

Strategic Issues:
WV and CARE in India:
Given that in all major disasters in the country, shelter will continue to be a critical requirement, how do the organisations build technical competence and credibility in this area?

Oxfam and CARE in Sri Lanka:
With the experience and lessons the two organisations have drawn from their successful t-shelter work in SL, how do they disseminate this learning and ensure that in future emergencies, they would be more pro-active and prepared to scale up their work in proportion to the need and the resources that were available?

Recommendations:

- *WV and CARE in India*: Given the appallingly poor shelter built in India, WV and CARE need to take corrective actions immediately[49] and take responsibility for their failure to be sensitive to the needs and views of the affected community while building the shelters.

- *World Vision SL*:
  1. Upgrade all the poor shelters made in Sri Lanka.
  2. Ensure that in future WV shelter engineers take into account three mandatory factors while designing t- shelters: (a) locally appropriate materials, (b) beneficiary consultation on design, and (c) SPHERE standards.
  3. Enter into a formal agreement with host families or landowners wherever t-shelters are built on third-party land.

Section Three: Issues in Permanent Housing

57. Early stage: Work on permanent housing in both countries is at a preparatory stage, and construction has not yet begun except for a small number of houses in some districts in SL[50]. Most agencies are still trying to get clarity on complicated issues regarding land, CRZ/buffer zone, beneficiary selection etc. Hence the evaluation was not able to assess work on housing in any detail.

58. Government policies on CRZ/buffer zone: The government packages and guidelines have been formulated in both the countries. The evaluation could not find much engagement of the three organisations with housing issues thrown up by the permanent shelter policies in context of CRZ, relocation and in-situ

[48] CARE because of the confusion over tents/temporary shelters, and Oxfam was initially reluctant to get into shelters as it felt it had no competence in the area.
[49] It was reported by CARE and WV officials in India at the end of the field visits of the evaluation team that they are now undertaking repairs and upgrading of shelters.
[50] In India, the only housing work the evaluators are aware of is in Andaman and Nicobar islands where WV provided tools and materials to 2500 affected families to rebuild their houses on their own.

housing. World Vision in SL has finalised a standardised design taking into account the Government guidelines and has begun working through contractors.

59. Participatory housing: Participatory housing being a specialised area of work, it requires institutional processes, knowledge and delivery mechanisms in place along with understanding and knowledge of overall housing issues with social perspective. CARE in India has identified partners suitable for such processes – a University known for participatory methodologies in housing has been commissioned as technical advisor. In SL, the evaluators have seen different approaches to community consultation and involvement in housing being undertaken[51] by CARE and WV.

60. Urgency in house construction: In most districts in SL, government leased in land for temporary shelters for a period of 6 months to two years. In Jaffna, the GA pointed out that the government has signed a contract for upto two years with host families on whose land t-shelters have been built. All permanent houses have to be completed and people given possession of these houses before this time. However, some INGOs are now procrastinating and indicating that they would build the houses over 3-5 years which the government says is unacceptable.

Conclusion:

- Well thought-out strategies need to be evolved to ensure community-oriented approach towards housing reconstruction rather than contractor-driven approach.

Section Four: Water/Sanitation

India:

61. Overall Watsan response: The government and international NGOs including CARE (along with Oxfam, UNICEF and to a smaller extent, other INGOs), in partnership with local organisations, mounted a rapid, and apparently effective effort to repair water lines, drill shallow bore wells and install hand pumps and storage tanks. The government organized water tankering to virtually all temporary communities. New latrines, washing and bathing facilities were also constructed or repaired. There was some duplication of watsan services in the early stages, and Sphere standards were not universally adhered to[52], but in general the hardware response in this sector appears adequate.

62. Low lying terrain post-tsunami: Before the tsunami, many villages had government supplied piped water. Although latrine usage was not widespread in the area, because of high standards of hygiene and the natural systems on the coast, health indicators were quite good. Unfortunately, most of the post-tsunami temporary shelter villages are on previously undeveloped and low-lying land, which had no pre-existing water systems or sanitation infrastructure.

[51] It is understood that Oxfam has decided not to build houses in Sri Lanka as it has no competence in this area.

[52] Many water tanks installed by several agencies had their taps leaking, creating muddy conditions around the tanks and forcing residents to walk through mud and put their water vessels in mud when collecting water. Not all hand pumps had aprons and sanitary seals. Very few tanks had aprons and none had soak pits.

63. Non-functioning soakpits: CARE has constructed soak pits for water points for drainage in the temporary shelter camps in many villages in all the districts. None of the soak pits were working even in camps where families have moved in only a week or so ago, thus raising questions about the appropriateness of the techniques used (water table in some areas being as high as 3-4 feet). While maintenance of these is certainly an issue, the technology/design itself needs to be reviewed as it has been a failure[53]. It seems apparent that when the monsoon begins and the water table rises, drainage and sanitation around water points will be a significant challenge and could pose a significant public health threat.

64. Lack of maintenance of watsan infrastructure: As is often the case in emergencies, problems now appear to be arising in sustaining watsan interventions. This includes maintenance of infrastructure as well as supplies of adequate volumes of potable water in some temporary communities. One problem noted was in relation to water supply hardware provided by an NGO that is no longer working at that site. At several World Vision villages in Nagapattinam, hand pumps had been installed by CARE partners. World Vision has been given lead responsibility for management of the shelters in these villages[54]. The evaluators noticed some broken hand pumps and broken tank taps. Residents reported that many pumps had been non-functional for some time and that they had no spare parts or tools to undertake repairs.

65. WV's Watsan intervention: WV's main intervention has been in providing water tankering through the government water authorities; interventions in sanitation/drainage area is non-existent except in Andaman Islands. WV has installed water filtration plants in many of the temporary shelters that they are operating. The filtration equipment installed by WV is supposed to provide 700 litres of water per hour; however, in all the villages visited by the evaluators in Tamil Nadu, these plants have not yet become operational. In most shelters, the government did not provide water on regular basis rendering the filtration tanks un-useable.

66. Hygiene practices in the area: Before the tsunami, many, if not most, coastal communities practiced open-air defecation. Bushes and trees that had provided privacy for defecation areas, especially for women, were torn away by the tsunami. In most instances, the communal toilets constructed in the temporary shelters were either not used or used by women only. The reason cited by communities was that most people or children were not cleaning them and hence toilets become filthy for others to use.

67. Toilets attached to each shelter: In the villages visited where individual latrines had been constructed attached to each shelter, these were used only for bathing or as store rooms, not as latrines as residents did not feel it hygienic to use a latrine so nearby to their cooking & sleeping areas. However, toilets which were adjacent (not attached) were used in some cases. The shelters being too close to each other and being too small was cited as the reason why toilets attached to them were not used, although some families indicated that a similar attached toilet in a house would be used as the latter was more spacious and gave better privacy.

[53] This also raises the question of what is being monitored: just the completion of the structure itself or the benefits to the community? The communities in all the villages, except one in Andaman, visited by the evaluators certainly have not benefited from these structures in terms of hygiene.

[54] WV commented that they had not been given responsibility for public health infrastructure sites, although the evaluators were informed by the district officials that 'lead responsibility' for managing a shelter site meant that a single (sometimes two) agencies would take responsibility for coordination of essential work in the shelters

68. Solid waste disposal: Organized solid waste disposal systems were in operation in only one of the villages visited[55]. In all other villages visited, both on the mainland and on South Andaman Island, the land surrounding the communities was heavily littered with both organic and inorganic refuse. In most communities, the same bush-land used for waste disposal was also the defecation land where many people defecated instead of using latrines. Given the low-lying geography of all villages, there is high risk that all of this garbage will wash into the villages in the monsoon.

Conclusions:

- Both CARE and WV have, like most other humanitarian organisations, been concerned with measuring the number of structures/facilities created, rather than monitoring what difference these have made to the lives of the affected community in temporary shelters.
- Lack of rigorous monitoring of *effects* of the work undertaken on the people could have disastrous consequences for all, raising questions about accountability of the organisations: in the crowded and unsanitary conditions that prevail in all temporary shelters, any diarrhoeal disease outbreak could spread and become quite serious very quickly.
- Maintenance and upkeep of watsan infrastructure need to be addressed in virtually all sites. Although the initial response produced good results, the evaluators saw very little evidence that any effort or resources have been expended in *maintaining* critical public health infrastructure.
- Expecting communities or government to take responsibility for maintenance and upkeep of public sanitation and drainage infrastructure while people are still living in the transition shelters is unrealistic and usually does not work unless the organisations putting the structures in place take responsibility in terms of paying for the services.

Recommendations:

All:

- While community ownership & maintenance of waste disposal & sanitation maintenance is a good longer-term goal, consideration should be given by CARE and WV to provision of incentives for community sweepers and cleaners, particularly during the rainy periods. Agencies should also look at providing waster collection services like rubbish bins, rubbish pits at least until the government can take over.
- Ongoing monitoring of data related to water & sanitation will be important. Chronic diarrhoea not only threatens the lives of children and the elderly, but also can have significant effects on adults' ability to work & maintain their livelihoods.
- Train community youths in repair and maintenance of hand pumps and provide repair kits to each trained youth.
- *CARE*: Undertake repairs to all the soak pits on an urgent basis.

Sri Lanka:

[55] This was in a village overseen by NGO Sevai with support from CARE. This village had well marked and maintained solid waste depositories that were not overflowing. Residents told the evaluators that the receptacles were emptied daily by people employed by the *Panchayat*.

69. Oxfam's watsan interventions: Oxfam has taken lead responsibility for water supply through construction of water tanks, distribution systems including tap stands and bowsers in many of the communities visited in SL. In the t-shelters, Oxfam is assisting communities with construction of pit latrines. In Oxfam camps in Killinochchi, families were assigned one latrine for every two families who were then provided with a lock and were responsible for cleaning. This was done at the request of the families and seems to work very well.

70. WV's sanitation intervention: In 100-house village in Hambantota where CARE had built t-shelter, WV provided drainage system as well as put compost bins for disposal of domestic litter. Compost bins are totally inappropriate for (a) not enough organic wastes are there (the problem is with solid waste disposal); (b) the community has no use for composts when they are living in t-shelter; and (c) the problem is not the household organic waste but non-biodegradable items such as plastic. The drainage system seen was not being maintained and therefore water logging is a problem.

71. Solid waste disposal: Organised solid waste disposal is a problem in many of the camps visited. In one t-shelter in Matara, the surrounding areas were clean: the community collects the garbage and deposits it in one area where it is collected by the council. Oxfam pays the council for the extra transport and manpower costs.

Conclusion:

- Maintenance of drainage systems and solid waste disposal are the major problems in most camps, although drainage problem is SL are not as bad as in India due to the terrain on which shelters have been built.

Recommendation:

All:

- Pay people to maintain public health infrastructure: make use of CFW programme towards this purpose.

Section Five: Public Health and Hygiene Promotion/ Education:

India:

72. Hygiene education and behaviour change: WV has undertaken hygiene education[56], working through women and children (nursery, CFS). Discussion with community revealed that people have this knowledge and there was nothing new to them in the messages[57]. However, the evaluators saw no evidence that having this knowledge changed the behaviour.

73. Lack of community involvement: Community members have not been included in public health preparations. When questioned about issues related to waste disposal, infrastructure maintenance, all residents said that they had not been consulted or informed about how/when/why decisions or plans were made

[56] WV Chennai office commented that they did not have a public health programme due to lack of health staff, recruitment for which will be undertaken in July/August. What the evaluators were shown was a simple hygiene promotion education undertaken in temporary shelters.

[57] Women spoken to said they still like coming to these sessions/lectures/meetings as they can meet each other.

for their communities. The lack of community involvement in public health measures can only result in poorer public health outcomes.

74. Managing commons requires more than awareness and education: Experiences all over the world have shown that changing the health and sanitation behaviours of people is not easy, and that simple awareness building and education is ineffective in building lasting changes. Various other factors like management of common infrastructure like drainage, shared toilets, availability of water etc., appear to play a greater role in determining whether or not hygiene practices were adopted, especially public hygiene. Most watsan interventions are aimed at creating infrastructure, with little understanding of the fact that in the absence of a functioning mechanism for managing community drainage, solid waste management and sanitation infrastructure, tragedy of the commons syndrome prevails, and education is of little value.

75. HIV/AIDS: Another public health concern is that Tamil Nadu has India's highest reported HIV/AIDS rate[58]. CARE expressed awareness of HIV/AIDS risks. They were in the process of assessing HIV/AIDS prevention programming opportunities in Tamil Nadu prior to the tsunami, and are reportedly pursuing that interest now.

Conclusions:

- Both World Vision and CARE are under-prepared to deal with the many temporary communities that are at high risk of flooding and resultant public health risks during the monsoon.
- Some important public health issues, such as HIV/AIDS that may have threatened communities pre-tsunami are not being adequately addressed post-tsunami.
- Simple passive messaging, such as posters, lectures and cultural shows have been seen to be of limited use in motivating use of latrines, proper garbage disposal, and other changes in personal hygiene behaviours.

Recommendations:

- *World Vision* could improve its public health programming effectiveness by including more community input and participation in programme design and implementation[59].

Sri Lanka:

76. Inappropriate methods: In Mandani camp of Ampara district, Oxfam has been doing public health promotion in the camps and a session with two animators and ten children was observed. The session appeared to be quite didactic with little participation of the children[60]. Whilst undoubtedly there was a need for information in the first few weeks in the camps, it is debatable whether five

[58] Disaggregated data specific to coastal areas has not been seen by the evaluators, so specific risks among tsunami-affected communities cannot be assessed.

[59] Most residents questioned in World Vision villages felt that sanitation, upkeep and maintenance were not their responsibility. Several of them told evaluators "this is a World Vision village, not our home".

[60] Coloured flash cards were used but only as a tool for the promoter to talk rather than as a means for discussion. Some of the cards had been downloaded from an Indian website and showed pigs around the home (in a Muslim area). The children had been receiving the same messages for five months. One of the messages was on wearing shoes to the latrine although the health hazard here was unknown.

months after the tsunami, there is need for constant repetition of the same basic messages to a small handful of children.

77. Hygiene education adapted to community's awareness level: In Matara, Oxfam staff felt that there was not a big need for the more traditional health promotion, as majority of people knew about things like hand washing. Hence the field team took a decision not to concentrate on hygiene promotion based on the morbidity data (no outbreaks of disease) and the government clean-up campaigns. In the transitional shelters where houses are close together it was decided to concentrate on environmental hygiene and vector control.

78. WV's hygiene proportion: In the transitional housing complex known as "a hundred houses" in Hambantota district, World Vision is just starting a health awareness campaign even though some of the people will be moving to permanent houses in the next two months. WV is also carrying out health and hygiene education, but these appear to have little effect. The method that was to be employed was to train the camp leaders using lectures, after which they were expected to mobilise people to clean up the environment[61].

79. In Killinochchi district, a camp was visited where Oxfam had done the water and another NGO had put up latrines and bathing shelters. There was a large stagnant pool behind the bathing shelters and a great deal of litter around the camp. In contrast, another camp was visited where Oxfam had a hygiene promotion programme; here the environment is very clean due to the approach taken by the promoters to assist people to cope with the more congested living space and the shared sanitary facilities.

Conclusions:

- The Oxfam awareness campaign in Matara and Jaffna appear to be sensitive to the present situation of the tsunami affected people[62] as it takes into account their education level, past standard of living and past hygienic practices, while the same can not be said of its programme in Ampara.
- Hygiene promotion programmes should take into account high levels of literacy and the pre-tsunami standard of living as well as the close living conditions of transitional shelter.

Recommendations:

- World Vision and Oxfam ought to coordinate activities in the same area. Child to child activities for hygiene promotion could be incorporated into both programmes whilst giving time for entertainment to children in the WV CFCs.
- The World Vision awareness campaign in transitional housing camps in Hambantota should not continue in the present form. Lessons could be learnt from Oxfam Matara programme.

Section Six: Cash for Work (CFW)

CFW in India:

80. CFW by WV and CARE: Some work in agricultural land rehabilitation, boat repairs have been carried out by WV. It is reported that in the early stages,

[61] When interviewed, two families said that the community had cleaned and used the garbage bins provided but that they were never emptied. Nobody used the compost bins as they smelt and were difficult to empty.

[62] An emphasis on the health risks in a confined shared living space

people were less interested in CFW as relief kept pouring in. However as supply of relief started to dry up, interest in CFW increased. WV has undertaken sizeable CFW in many districts in debris removal work, boat repairs, maintenance of public health infrastructure, etc., generating a total of 13,000 person days of employment so far. In CARE, the scope and scale of CFW work undertaken was limited and was restricted to small scale micro-projects which employed about 20-50 people in each site. There still remains need and scope for larger scale work, as large majority of affected people are yet to establish their livelihoods. Carefully targeted and well-designed cash for work remains the need for many poor and vulnerable people.

CFW in SL:

81. CARE's CFW meets critical need: CARE identified need for CFW as a method to provide short-term livelihoods as well as to meet a critical need of the affected area by clearing up the debris. In many districts work started in early January which, the evaluators gather, was one of the earliest CFW/livelihoods interventions by any Agency. In Ampara staff decided that clearing of debris was the most important need as immediate needs of relief and basic NFRI were taken care of by many organisations. CARE's CFW employed over 1700 people a day for about 10 weeks starting from 21 January. This was a most appropriate response as it not only gave cash to the affected families, but also helped clear the area of the debris.

81.1 Subsequently, several CFW work for rehabilitation of agricultural land, road repairs and construction in areas affected by tsunami was launched. CARE tried to ensure that all CFW workers are Tsunami victims. If not enough Tsunami victims, then marginalized people were brought in. Community has final say on who works. In Jaffna, CARE carried out CFW upto the month of May. Most of the work was for clearing of the debris, clearing of coasts, etc – over 20,000 person days of employment provided – work carried out through Fisheries Cooperative Societies.

81.2 In Ampara district, CARE is currently doing cash for work programme repairing roads. Each village supplies the labour for a selected stretch of road. An earlier report[63] on CFW pointed out the consequences of CFW on agriculture sector as labourers that would have traditionally worked in the fields are now engaged in the CFW. A group of men working at the CFW site said that their pre-tsunami occupations had been fishing, tailoring, farming or employed in the transport industry. They were not returning to their previous occupations immediately as there were several NGO-initiated cash for work projects in the area.

82. Oxfam's CFW: Oxfam has gone into CFW in a substantial way in creating community and private assets like tank rehabilitation, road construction and repair, canal deepening etc. These activities have put cash in the hands of people affected by the tsunami, directly or indirectly. However, wherever wages have been fixed at a level significantly higher than market wage, these have attracted a significant number of people from areas and communities not affected by the disaster. In one area in Hambantota, farm labour during the harvest time now is in short supply as labourers are better off working on cash-for-work projects. Oxfam argues that the higher wages are justified as the affected communities need cash to help them tide over the losses in livelihoods they have suffered. Laudable as these objectives are, the evaluators consider that higher-than-market-wages defeat the very purpose the projects are designed for: in one area,

[63] Post Tsunami Community Recovery and Livelihoods Development Program (PTCRLDP): Rapid District Context and Analysis, February 2005

the evaluators saw that of the 1500 people employed, only 600 came from affected (directly or indirectly) communities, and the rest from inland, thus raising the question about targeting. There is also an equity issue in relation to the CFW work the evaluators have seen in Oxfam's Hambantota programme. It is a requirement that only one member from each family can be employed at one time: this is easy to enforce/monitor in case of people living in the camps and t-shelters who are the worst affected; however, there are many families from the inland areas who are not affected but can (and do) send 3-4 members from the family.

82.1 In Killinochchi, Oxfam is doing beach cleaning as cash for work project. The request came from the fishing community who need to have a clean beach in order to carry out shore fishing. Oxfam pays LKR 400 a day which is a price agreed with all NGOs and is below the normal daily rate. In the same district, CARE is doing road construction. Projects are decided by communities who also select participants. In this area, CFW work appears to attract the intended beneficiaries.

83. WV's interventions in CFW: WV has not yet carried out CFW in SL, and plans to start work next month. Since most other organisations are now either scaling down or stopping their CFW work, and in most of the affected areas, recovery of long-tem livelihood has not yet been initiated, *properly targeted* and well-designed CFW interventions will be needed in the coming months. WV's CFW may fulfil a critical gap.

Conclusions:

- Experiences the world over in cash-for-work programmes show that self-targeting needs to be built into the design of CFW projects, and one of the ways that is usually done is to fix the wages at a level slightly lower than the market rate. By not doing this, many organisations in Sri Lanka who have fixed the wages at substantially higher levels, have not only distorted the labour market but also provided disproportionately higher benefits to groups/communities who were not meant to be the primary target of these programmes.
- Higher wages have also caused many labourer in alternative occupations to opt for CFW as their livelihood, thus distorting the local labour market.
- Although many organisations are winding down their CFW, need for carefully targeted CFW still remains in some areas.

Recommendations:

Multi-Agency Initiative:

- Carry out a quick research into the negative effects of higher-than-market-wages for CFW and lobby with all agencies still carrying out CFW to ensure that time-tested good practices in planning and implementation of CFW are followed.
- As livelihoods recovery in any substantial sense for majority of the poorest community will take many more months, contingency plans for short-term employment programmes (through CFW) need to be provided for.

Section Seven: Livelihoods

India:

84. Government compensation for fishermen: Given that over 90 to 95% of the directly affected families were fishermen and the remainder were dependent on fishing in one way or the other, prioritising re-establishment of livelihoods in the fishing sector was the most logical step. The fisheries sector is very complicated due to various stakeholders of different sizes of boats, ecological considerations, etc. The NGO responses do not seem to have taken into account the complexities of the fisheries sector and the socio-cultural issues of the community[64].

84.1 Government assistance for fishermen is extensive and covers all types of boat owners. The important feature of the Government policy seems to be partial support in the form of subsidy for new replacements and sufficient compensation for the repairs particularly for the small boat owners. The government packages though initially focussed on fisher folks have later on included other occupations such as farmers, petty businessmen and shopkeepers, prawn farmers, fish seedling farm owners, salt farm owners, etc. There is no policy for casual labourers/ wage labourers. Though there is a package for mobile/ temporary shop owners, there is no assistance offered to fish vendors, who were usually women from the affected fishing community.

85. Asset-based compensation/rehabilitation: WV's intervention in livelihoods sector has been based on asset-based rehabilitation: size of the asset lost determined how much support an affected family got from WV. This has actually meant that economically better-off sections like boat owners, traders in tourist areas were prioritised over labourers, slum dwellers surviving on petty trades in the informal sector.

86. Equity issues in WV programme: The evaluation team noted a huge disparity in the compensation packages that WV has provided to different categories of people. The women[65] for example receive a maximum of Rs 10,000 for their provision shops, while the fishermen (men) receive a boat worth Rs. 75,000 and nets at approximately Rs 21,500 each. The fishermen have other benefits, which include engines for the boats and the iceboxes. Similarly, 54 traders (who were running souvenir shops in a tourist areas) at Velanganni each received assistance from WV of Rs. 50,000. This amount was used to repair and restock the shops. These traders had initially received Rs. 10,000 from the government as compensation.

86.1 In Kadambadi of Nagapattinam district, which is a settlement of *harijans*[66] who were engaged as daily labourers and in other petty trades like vegetable vending etc., they received transition shelters from WV. But no attention has been paid to their livelihoods, thus raising questions about how WV undertakes targeting of its beneficiaries.

87. CARE's interventions in livelihoods: In CARE, livelihoods assessments /discussions with community started mid-January as seen from regular updates. However, CARE was late in getting into livelihoods implementation in most

[64] A note on the complicated structure of fishing community is attached as Annexe 2.
[65] WV is providing training to women and young school drop-out girls in tailoring, embroidery and soon to extend to bookbinding. Other women have been assisted to revive their petty business e.g., selling saris, dry fish vending, petty shops, etc. These traders received Rs. 5,000 -10,000 to help them procure the merchandise for one week's trading.
[66] Or *Dalits*, who form the lowest strata in the caste hierarchy in India.

districts as it made a strategic decision not to rush into fisheries-related livelihood support, particularly distribution of fishing boats and net gear. In Andaman islands where dependence on fishing was much lower, CARE has been undertaking extensive assessment and beneficiary selection for various vocational training like plumbing, mason training, etc., which it plans to start as there will be a great demand for these professions when the reconstruction work starts. Another critical area which CARE has been looking into is the reclamation of agricultural land affected by Tsunami.

Sri Lanka:

88. Cautious approach by the organisations: In SL, all the three organisations have been cautious in getting into investments in fishing-related activities, which was appropriate. In several districts, the evaluators saw hundred of new boats lying everywhere, either distributed or waiting for distribution by other INGOs, but fishermen were complaining that they were not able to go to the sea as the debris lying near the shore damages their nets and in some areas (Jaffna), the landing areas/jetties have been destroyed. In other words, until clearing of the debris and reconstruction of jetties are done, distribution of boats and nets can be of little help in re-establishing the fishing industry.

89. CARE's work on livelihoods of petty traders: CARE has undertaken livelihoods assessment and interventions for particularly vulnerable people and provided kits for fish vendors, carpenters and masons in the area. In Kirindi CARE is working with petty traders' community through traders' association and supported 44 traders who lost their sheds and merchandise: CARE gave LKR 5,000 each to buy merchandise, and now CARE is planning to build permanent stalls for them. They were squatters with no title to land.

89.1 In Jaffna, CARE has organised repair of motors through two workshops which have been contracted to undertake repairs as well as train a few fishing cooperative members. In addition, it has introduced concrete block casting machines which will provide employment to about 5-6 (initially) unemployed youth and produce construction material locally at cheaper prices. A fisheries cooperative will be running the block-making unit as a for-profit initiative. The evaluation team found these very appropriate and innovative.

90. Oxfam's livelihoods interventions: Oxfam is supporting livelihoods for coir industry which was totally destroyed during the tsunami. Grants being given to individual women who were involved in extracting coir fibres. A small industry unit in the town which employed 6 people as well as provided the fibre throughout the year for yarn spinning as been rehabilitated with an investment of LKR 150,000. Being an important industry in the area on which hundreds of people depend for a supplementary income, rehabilitation of this industry was the right thing to do.

91. WV's livelihoods interventions: WVL is currently undertaking economic recovery assessments in districts to identify the vulnerable. Planned interventions include boat repairs, provision of nets to fishermen, supply of tools and equipments to affected trades people. Extensive rehabilitation of damaged paddy fields and irrigation canals is also being thought of.

Conclusions:

- Although majority of the affected communities in both countries survived on fishing, rehabilitation of fishing industry is a highly complex task, and therefore, careful assessment of various issues like ownership of boats/net/fishing gear, condition of jetties/landing area, carrying capacity of

the sea (i.e., making sure that number of boats are sustainable) etc., need to be carried out.

- Provision of private assets for livelihoods needs to take into account equity issues so as not to negatively affect the social dynamics in communities affected by conflict, especially in Sri Lanka. The evaluators consider that reconstruction-plus or beyond-tsunami approach adopted by many agencies could have disastrous consequences if applied to creation of private assets[67] for tsunami-affected only.

***Recommendations**:*

All:

- Strategy for diversification of livelihoods opportunities like the initiatives by CARE (as mentioned in para 87, 89 and 89.1) needs to be thought through.
- All rehabilitation programmes should attempt to regenerate the local economy. Thus all housing and other reconstruction work should attempt to generate as much local work as possible. They should use local resources to the extent possible.

WV:

- Reassess the support being provided towards distribution of boats and nets in Tamil Nadu.
- Develop livelihoods programming strategy incorporating equity issues in both countries and orient field staff on building equity and conflict analysis in programme design.

CARE/Oxfam:

- Some of the innovative work like Oxfam's support to coir making and CARE's block casting enterprise have potential to be replicated and need scaling up. CARE in particular which has global expertise on micro-finance could take a lead on this.

Multi-Agency Initiative:

- Undertake advocacy with donors and governments in both countries and facilitate mobilisation of resources[68] for carrying out dredging and repair of jetties/ landing areas in affected areas.

Section Eight: Psycho-social support

93. Overview: Being an area requiring complex expertise, getting it right in PSS is always difficult. Rightly, many agencies are reluctant to get into PSS. Among the three agencies, only CARE in India[69] appears to have developed systematic

[67] Reconstruction-plus/beyond-tsunami approach is better applied to public asset creation or development of infrastructure like healthcare system, schools, etc. as benefits from these will be equitably distributed. The evaluators also conclude that this approach can be effective when organisations who will get into long-term development work in the affected areas start planning their programme on the basis of poverty and vulnerability as the starting point, and not necessarily tsunami-affected (direct or indirect) as the reference point.

[68] It is understood that such work will require huge amount of resources which any single agency may not be able to come up with, and hence a collective approach will be needed.

[69] In Sri Lanka, CARE has entered into partnership with an umbrella body coordinating all psycho-social work in the Jaffna district – there are 18 organisations which are part of this initiative that

interventions in this area, although WV has also done some work in both India and SL[70]. CARE's assessment in India concluded that there was an urgent need to work on psycho-social care for the victims, and therefore it got into systematic psycho-social support right from the first week. The work is widely acknowledged as high-quality and appropriate response by the local authorities and most interlocutors the evaluators spoke to.

94. CARE's Approach: The CARE-funded project appears to be based upon research-based practices, and implemented by professionally trained and disaster-experienced supervisors of its partner organisation[71]. The CARE-associated field staff interviewed by the evaluators had received didactic and practical training, and knew how to locate a professional supervisor who could provide guidance should they encounter a client or issue their training did not prepare them for. The field staff also knew exactly how to do a client referral for evaluation of need for assistance by a professional psychologist or licensed psychiatrist[72].

95. WV's work on PSS in India and SL: WV works on PSS at two levels: (a) with the children through the CFSs and pre-nurseries it runs in most of the camps visited, and (b) psycho-social support to surviving adult/ affected families. WV's work with children is highly visible and appeared to be of good quality. However, the WV psycho-social staff interviewed appeared unclear as to their scope of practice, and reported only having received a single training provided by World Vision international staff not based in India. WV recruited PSS staff in May-June, with a qualified National Coordinator as head of the PSS team. The field staff were supervised by the local tsunami project manager and could not identify professional psychological or psychiatric resources for the clients or themselves. Neither the field staff nor their supervisors knew of any plans for ongoing training or project monitoring by psychological or trauma specialists.

96. Increasing physical violence and alcohol abuse post-tsunami: During the evaluators' village visits in both countries, a number of residents, particularly women, discussed depression, fear, and other psychological effects. Many others discussed violence to themselves and their children, and said that they felt that there was considerably more abuse by their husbands than pre-tsunami. They attributed the violence mainly to increased use of alcohol, and also to their husband's idleness (most had been fishermen, but now have no boats or nets) and depression related to their lack of ability to support their families. The second major cause of distress among adults appeared to relate to the crowded and uncomfortable housing conditions in the temporary villages.

Conclusions:

- The CARE funded project in India appears to be utilizing very solid research-based methodologies. The programme includes adequate field-based mentors and monitors, ongoing in-service training, field staff assistance & advisement, as well as primary, secondary, and tertiary referral resources.

Recommendations:

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includes professional mental health and psychiatric experts. In communities, CARE staff are trained to identify people who need support and then they are referred to various experts for follow up.

[70] Oxfam has not intervened in this area.

[71] National Institute of Mental Health and Neuro- Surgery, Bangalore, India.

[72] It is understood that CARE's strategic partner in PSS has also been involved in extending its support in Sri Lanka through staff training etc. This is an area which CARE could develop into a regionally deployable response tool to be used by various agencies involved in the multi-agency initiative.

CARE & WV:

- Psycho-social programming for adults should be very closely tied to viable livelihoods and housing programmes. Counselling is appropriate, but group sessions and linking therapy to other community interventions should be emphasized.
- CARE may also prioritise psycho-social work in Andaman & Nicobar Islands where many people have not only lost their families, but also had to relocate to new areas as well.
- Both CARE and World Vision should consider including alcoholism prevention and counselling components into their psycho-social programming. This was a significant need expressed by the residents of nearly every village visited during this evaluation.
- World Vision should consider adding a professional resource person to provide back-up to field staff facing psycho-pathologies or difficult clients. They should also add a referral component, so that the field staff have somewhere to send clients who require the services of a psychologist or psychiatrist.

Section Nine: Coordination and Collaboration

India:

97. Good coordination among government, NGOs and UN system: All stakeholders have dubbed coordination as good, and certainly better than many such disasters in this part of the world. In fact the efficiency of response is attributed to the excellent coordination that occurred amongst the different stakeholders including key UN agencies (namely, UNDP and UNICEF), NGOs, INGOs and the government.

98. Government leads the coordination: The government, both at central and state levels were proactive in ensuring that activities and resources were coordinated. For example, government allocated 15 senior staff with the right experience in different sectors such as water, agriculture, fisheries, and health to each district. This team was making on-the-spot decisions in the early days. They also ensured that each temporary shelter had a similar structure.

98.1 However, most of the coordination in Chennai or in the districts are primarily a platform for information exchange and buyer-seller negotiations, with government dictating the products they need and INGOs/NGOs pitching in their supply bids. While these meetings were important, the evaluators did not gain an impression that there was any coordination among the NGOs themselves on strategic or programmatic issues. It is therefore more of how the government coordinated the NGOs than how the NGOs/INGOs coordinated with each other. The speed and decisive nature of the government response may have overwhelmed the INGOs who failed to coordinate among themselves and advocate effectively on appropriate temporary shelter[73].

99. Sectoral coordination: Coordination of water & sanitation activities has been better than in some other sectors, particularly in Nagapattinam district where sectoral coordination meetings began early. This needs to be maintained,

[73] Some level of advocacy was done at the central government level by CARE and other organisations which marginally improved the temporary shelter specifications. However that did not change the fact that the shelters built by all INGOs were sub-standard and below SPHERE standards.

particularly as the monsoon approaches as it will be a useful way to identify unmet needs, avoid duplication with other agencies, and provide opportunities for the dissemination of good practices. The various Coordination meetings should be used to identify gaps and resources, and to coordinate responses.

100. Coordination among NGOs: Save for some early initiatives by Action Aid, Oxfam and CARE, there was no major initiative among NGOs to coordinate among themselves. CARE had initiated some discussion with WV in Chennai to coordinate and avoid duplication[74]. At the district level, the coordination meetings called by the District Collectors provided platform for the NGOs to meet and discuss their interventions. District Collectors provided list of villages and numbers of affected families to the NGOs. Sometimes the numbers were not accurate but the presence of some data ensured coordinated response. District Collectors in all districts call for weekly coordination meetings of NGOs. In Nagapattinam district, an NGO coordination and resource centre was initiated by local NGOs in the early days after the disaster; INGOs later joined this initiative.

101. Government often able to take faster decisions than NGOs: The coordination meetings were generally led by government officials who were able to articulate the needs, identify areas of intervention that needed urgent attentions, (e.g., need to raise the floor of temporary huts in order to avoid flooding was generally identified and acted upon by district authorities within hours of heavy rains in some areas). NGOs/INGOs were often slow in responding. Some INGOs/NGOs took more time than the government to take decisions as the former got caught in their bureaucracy. It was ironic for the evaluators to note that in all the districts the authorities were taking fast decisions often bypassing routine government rules[75]. The government authorities met by the evaluators told the team how they have been empowered to take all decisions, often in violation of the government's own orders[76] if that was in the interest of the local people. WV was the only INGO which appears to have field staff in all districts fully empowered to take spot decisions, while in case of others, including CARE, the institutional bureaucracy often delayed decisions.

Conclusions:

- Given the speed of government's response and the leadership provided by it, INGOs/NGOs have found themselves steps behind the government, and that has often meant that NGOs/INGOs have often done what the government told them to do. This has been exacerbated by the fact that coordination among the NGOs is lacking.
- This raises a question as to how humanitarian organisations work with a strong state as opposed to a dysfunctional or weak state, given that most of the humanitarian organisations' experiences so far have been acquired working in the latter categories of states.
- There has been a collective failure of coordination and advocacy on part of the INGOs who built temporary shelters in Tamil Nadu, and cut-throat competition among INGOs being the order of the day, a strong government used the former to do its bidding, often pitting one organisation against another in the bidding game.

[74] The Tidal Tragedy, January 06, 2005

[75] The government suspended regular (complex) audit procedures for 23 days following tsunami to hasten procurement and expenditure on immediate relief measures.

[76] A classic example was in relation to government's order that people within the coastal reserve zone need to be moved: Kanyakumari district authorities have been encouraging people and INGOs to repair their own houses in these zones. The district officers were very clear that as land is in short supply, they have to resettle people within the CRZ, no matter what the government in the capital says.

Sri Lanka:

102. Chaos and confusion in the early stages: Overall the response of the international humanitarian community has been along the lines usually seen in most disasters: utter chaos and confusion in the early days, followed by some discipline and coordination when the government, with the help of UN, started determining the needs and steering the overall response. Coordination among INGOs themselves has been poor so far, despite some concerted efforts by one or two organisations.

103. Government-led coordination: After the initial chaos when the government took some control of the situation, it organised and coordinated the response by setting up coordinating bodies: first the Centre for National Operations and then the Task Force for Rebuilding the Nation (TAFREN). All agencies undertaking significant emergency response were required to coordinate with the government in the beneficiary selection process. In the LTTE areas, a task force was formed comprising Tamil Rehabilitation Organisation, LTTE representatives and local and INGOs. The TRO led the process by providing all beneficiary lists to organisations and insisted upon being consulted and giving approval for all projects undertaken in the areas controlled by LTTE.

104. Coordination by Oxfam, WV and CARE: Various stakeholders namely government authorities, UN organisations, LTTE-related bodies and Consortium of Humanitarian Agencies commented that most often INGOs are represented in the coordination meetings by junior functionaries (or different functionaries every time, without any continuity) who have little leadership/decision making capacity. In terms of how individual agencies are perceived by these stakeholders about the role played by these organisations in coordination, the following picture emerged:

a. Oxfam was seen as good in terms of coordination with GA/DS in districts; however, TAFREN and CHA consider Oxfam at Colombo level to be less committed to coordination[77];
b. WV is seen poor in coordinating at district[78] level by both GA and UNHCR (which leads on t-shelters); however, at Colombo level, WV is rated very highly by all interlocutors;
c. CARE was perceived as particularly good in coordinating with other organisations and with the government in the districts and to some extent in Colombo[79].

Conclusions:

- The amount of management capacity and leadership needed to be active members in coordination activities and undertake collaborative assessments and implementation was underestimated[80].

[77] It was also commented by several interlocutors that Oxfam changed its team leaders too often and that created problems in coordination and continuity.
[78] In a number of districts, WVL staff did not engage effectively with coordination mechanisms established by the UN and INGOs. (*Source: Sri Lanka Tsunami response programme, World Vision, Quarter 1B Report, May 26, 2005).*
[79] TAFREN in Colombo was critical of CARE in terms of coordination; however, one of the problems with Colombo-based government agencies is that there are too many departments/authorities, with little coordination among themselves! CARE does not relate directly with TAFREN, but with another Agency called Urban Development Authority which comes under the TAFREN.
[80] Joint After-Action Review of our Humanitarian Response to the Tsunami Crisis: Report of Workshop Proceedings, April 7-8, 2005, Bangkok.

- Frequent changes in team leaders and point persons who liaise with government and other coordination mechanisms cause problems in continuity.
- INGOs coordinated better when strong government mechanism existed to direct the overall response.

Recommendations:

All:

- Ensure senior managers in CO and districts take responsibility for and participate in all coordination forums, and not delegate these tasks to junior functionaries.

Multi-Agency Initiative:

- Initiate a debate and thinking on how INGOs should behave differently/coordinate in situations where government is strong, and what leadership qualities are needed for effective coordination and collaborative work.

Chapter 3: Cross-cutting Issues

(This chapter examines issues around monitoring, learning, targeting and vulnerability and draws an overall conclusion on the performance of the three organisations evaluated based on internationally accepted standards and code of conduct for humanitarian operations).

3.1 Monitoring, on-going review and learning:

105. Focus on outputs: Monitoring/reporting formats used by all the agencies concentrate mostly on physical measure of NFRI distributed, watsan structures completed, etc., and reference to people is only in terms of number reached. A predominantly supply-/output-oriented monitoring framework used by all agencies have meant that outcomes on the lives and livelihoods of people were not tracked, for example[81]:

a. drainage and sanitation structures completed, but not functioning or used at all by communities;
b. thousands employed in CFW, but a disproportionately large share of benefits going to people who were not the main target, and labour market getting distorted;
c. generous supply of NFRIs, water filters which are of questionable utility for the recipients;
d. inappropriate top-down methods in hygiene education not adapted to the changing circumstances having little effect on behaviour; so on.

106. Use of log frames: The logframe prepared by Oxfam initially was developed by the core Assessment Team, with inputs from the HQ. However, staff in the field have not been using or referring to this – staff told the evaluation team that most of the indicators were 'academic', unrealistic and do not add any value to implementation on the ground. The tool is quite comprehensive but many of the indicators are vague, not measurable or are actually activities[82]. WV in India has logframes for each project site and the activities are tracked on a monthly basis. World Vision SL on the other hand, did not have a logframe but pulled together

[81] From observations made in earlier section.
[82] It is to be noted that this logframe was like a concept note giving a broad outline of the sectors in which Oxfam would work in order to help approach donors.

three outputs and two outcomes. The outputs are all quantitative and do not feed into the outcomes. Sector Logframes are now being designed using a list of activities from the field. Indicators will be done by the programme team in Colombo. CARE is now producing logframes which will incorporate quality aspects in their monitoring.

107. Qualitative reviews and learning: All the three organisations have put in place a system of AARs which pulled together lessons from the first 90 days of operations. In addition, a multi-agency AAR was undertaken as well. While these were good initiatives, evaluators noted that as these were one-off events, these do not automatically lead to any qualitative changes on the ground. However, only in case of CARE, the evaluators noted a systematic and on-going process embedded in its operations as part of learning. In addition to the AAR, CARE carried out the following:

- a desk review of lessons learned from previous emergencies (India);
- gender audit to draw learning on how tsunami response addressed gender issues;
- qualitative survey/exit interviews of staff (India) who were involved in tsunami response;
- two monitoring missions-cum-peer review to India and Sri Lanka using draft quality and accountability framework.

3.2 Gender, Social Exclusion, Vulnerability and conflict:

108. Gender: Gender mainstreaming in relief response is always a challenge as relief industry unfortunately has a male-dominated culture in the critical stages of operations namely, assessment, project design and relief administration done through community participation mechanisms (which in turn are male-dominated in most societies). The three agencies however have tried their best to ensure that their response was gender-sensitive right from the start. Some of the examples of good practices in this regard were:

a. both Oxfam and CARE ensured that NFRI included sanitary napkins and women's undergarments;
b. WV ensured that women (widows) were co-proprietors of boats distributed to groups of five previous boat-workers (India);
c. Oxfam consulted women on t-shelter design and took their opinion on board;
d. CARE and Oxfam provided covered area for bathing spaces as well as for toilets for women in camps.

108.1 However, none of the agencies took into account the skewed gender balance caused by the tsunami. All anecdotal evidence points to the fact that more women than men died in the disaster. This has led to the presence of male-headed families where there may be small children and no female members. There are also the concerns of forced marriages and under-age marriages. Gender has been seen as a women-only issue.

109. Disability: All agencies have not sufficiently taken this on board. In Ampara, Oxfam had not considered the possibility of adapting facilities in the transitional shelters to accommodate any disabled. None of the agencies had considered it. Oxfam technical staff had recommended all future latrines to be adapted if necessary. TAFREN has requested all NGOs renovating public buildings to consider need of the disabled. World Vision has discussed this but has not done

any community consultation yet. Although eight disabled children had been identified in an area visited[83], no facilities were provided for these families.

110. Conflict: Those groups that were highly vulnerable to begin with due to conflict in SL may slip deeper and deeper into poverty as focus is directed towards tsunami-affected communities. In much of the North and East of SL, land issues arising out of the conflict have not been resolved. Issues include: relocation, resettlement and return of conflict-affected IDPs, lack or loss of documentation, occupation of land by IDPs who can not return to their own land, land designated as high security zone, existence of landmines etc. Coastal community in general and the fishing community in particular in the North and East have faced many displacements during the war and even lost their houses. Programming needs to take into account the victims of conflict and their vulnerability, and all the three agencies are alert to these issues. However, the programme strategy at this stage talks about almost an exclusive focus on tsunami victims for the first 12 months. In Ampara district despite the fact that there are IDPs from the conflict, these are not being considered as a target group by Oxfam now (Oxfam will include conflict-affected in their long-term development programme). The evaluators saw only a few instances where CARE and WV have targeted the conflict-affected in their tsunami response programme: CARE's agricultural rehabilitation work with farmers cooperatives in Hambantota, and WV's support for pre-nursery in Jaffna district for example.

3.3 Red Cross Code of Conduct, Accountability and Transparency:

111. This evaluation was only able to assess a few aspects of the Code of Conduct for RCRC and NGOs in Disaster relief:

c. *Humanitarian imperative and needs-based response, regardless of race, creed, religion or nationality (principle 1, 2 & 3 of the Code):* All the three organisations evaluated followed these codes very strictly in their operations. It is understood that there have been rumours in some areas about perceived religious bias of one of the organisations; however, based on what the evaluators have seen, it is concluded that such allegations are politically motivated by various versed interests in the areas where the organisation works.

d. *Participation of the local community and utilisation of local capacity (principle 6 & 7 of the Code)*: The performance on this front has been mixed. While all the three organisations have involved communities and beneficiaries in administration of relief (preparation of lists, packing and distribution), active involvement of communities/beneficiaries in design and management of projects has been limited and generally passive: only Oxfam and CARE have initiated, through village committees and PRAs, etc., active participation, decision making and assumption of responsibilities by the communities on various aspects of programme in some areas. In terms of coordination, the organisations have worked closely with government authorities and, it is expected that better coordination in the later phase will enable taking on board the issue of local capacity in programme design and implementation.

e. *Openness and transparency to affected population (principle 9 of the code of conduct)*: The government in India is already making available all progress reports and financial reports related to tsunami response on their websites, including all future plans and minutes of key meetings where

[83] Thampattai village in Ampara district where WV is working.

decisions are made. It is understood that GOSL is soon launching a similar initiative. NGOs, especially INGOs will need to demonstrate their preparedness to be transparent, particularly with regards to the large volume of funds they have raised for the tsunami. Already the government in Sri Lanka and the various political components that constitute it have been raising questions about some of the INGOs who they perceive as spending lot of money on expatriate staff's salary.

f. *Openness and transparency to donors (principle 9 of the code of conduct)*: In terms of people ***from whom*** resources were obtained (private individual donors in the Agencies' home countries), greater openness and honesty about the special nature of this disaster in terms of limited conventional relief needs in comparison with the overwhelming scale of the event itself would have been in order at an early stage. Traditionally, INGOs' competence have been in provision of food, water, basic healthcare, etc., in the relief stage and that's what has saved lives. In this unique situation, the need and role for such conventional relief assistance was very limited (and progressively declined from the third or fourth week onwards). However, the need for recovery (shelter and livelihoods) and reconstruction for *rebuilding lives* is immense. It was becoming very clear to most of the international agencies during the first 2-3 weeks that the former have little in-house competence in the areas where need for funds is the greatest (recovery and reconstruction). Having taken the money on the basis of the messages the organisations put out in the early stages that they were rebuilding lives, it is now incumbent upon organisations to ensure that they acquire /buy in the competence quickly and fulfil the role which their donors expect them to do. Oxfam's decision in this regard not to undertake houses does raise a question about the openness and transparency it has had in its communication with its domestic private donors.

3.4 Overall Performance of the Agencies in Tsunami Response:

3.4.1 Conventional criteria for evaluation of humanitarian response:

112. Relevance/Appropriateness: Overall the response by the three agencies throughout the relief and recovery stage has been highly relevant in both the countries. Only a few relatively minor activities which were not properly thought through were found to be inappropriate, for example: cooked food distribution in several districts in India and compost bins in SL by WV, distribution of domestic water filter by Oxfam in SL, etc.

113. Efficiency: With fairly quick decision, WV in particular mobilised a robust response in the immediate relief and shelter-construction phase. The scale and timeliness of operations were generally appropriate. Both Oxfam and CARE also mobilised sizeable and quick response especially in the areas of Watsan and short-term livelihoods. However, the following questions remain with regard to timeliness, cost, efficiency and scale of response by CARE and Oxfam:

CARE: Except for permanent housing which are in the pipeline, CARE appears to have gone into a mode of 'gap filling' from the start: thus often taking a passive and reactive role for itself in the operations, letting

other organisations often with less experience and competence to set the pace of the operations[84].

Oxfam: With a large investment of expatriate staff time in early stages and substantial procurement air-lifted from the UK, question has been raised[85] as to the cost-efficiency of Oxfam operations. More importantly, the evaluation team considers Oxfam's intervention in shelter and housing, the two most important components of this response, to be of extremely limited nature, and hence the scale of Oxfam's response for recovery and reconstruction is not commensurate with resources and expertise the organisation commands.

114. Effectiveness: CARE and Oxfam have been highly focused in ensuring good targeting and quality of their response. CARE's early interventions in debris clearing through CFW in Sri Lanka was particularly appreciated by communities and various other interlocutors, and the evaluators consider this to be a highly effective response at a fairly early stage. Likewise, psycho-social work by CARE in India has been an effective response to the trauma and shock faced by the affected families. WV's interventions in the area of NFRI distribution, drainage and public health and t-shelters have been of poor quality; targeting has also been an issue in its livelihoods interventions particularly in India.

115. Connectedness: All the three agencies have initiated dialogue and activities with local community and local authorities to ensure that in the long run, there is a clear plan for hand over of responsibilities to the communities/local authorities. While this is appropriate, the evaluation team was concerned that in some cases, agencies were making unrealistic assumption that responsibility for sanitation and drainage etc., for example could be taken over by communities/local authorities immediately. A second issue relates to inter-connected problems of poverty and conflict. At this stage, agencies are still pre-occupied with dealing with the effects of tsunami, although all acknowledge that especially in Sri Lanka, the needs of the conflict-affected who are often in worse situation in terms of their humanitarian needs will need to be addressed concurrently.

116. Coherence and Coordination: The failure of humanitarian organisations in India to ensure and /or deliver shelters of reasonable quality reflects a lack of consistency with regard to commitment to humanitarian imperative (i.e., principle 1 of Code of Conduct for the International Red Cross and Red Crescent Movement & NGOs in Disaster Response) and protection rights of the affected community. The evaluators consider this to be a collective failure; however, the evaluators failed to understand how two of the largest humanitarian organisations, WV and CARE, let themselves into this. This evaluation would like to echo a message from the past from a renowned authority[86] on development and humanitarian response:

"…..we recognise that the poor, weak and starving have a basic human right to be protected from incompetence (of humanitarian organisations)".

3.4.2 Quality and Impact:

[84] Despite this, the evaluators also noted that in both countries CARE's cautious approach gave it space to ensure quality and a partnership approach (except for t-shelters in India). All of these have positioned CARE well for the reconstruction phase.

[85] Director of TAFREN, in a meeting with Evaluation team members.

[86] Robert Chambers: An Independent Review and Evaluation of the Africa Drought Relief Operations 1984-86 of the League of Red Cross and Red Crescent Societies, IDS Report No 1, Institute of Development Studies, 1986.

117. Peoples' participation and quality assurance: All the three organisations have emphasised on participation by and partnership with beneficiary communities to varying degrees. In some cases, such participation has been geared towards efficiency in project implementation, and in a few cases the participation went beyond *efficiency* needs to empowerment and ownership by the communities. Some of the good examples in this regard seen by the evaluation team were:

(a) WV's community consultation in livelihoods work in India – formation of fishermen's groups, identification of beneficiaries for boat distribution through community consultation, etc.

(b) Oxfam and CARE's consultation with communities in SL on t-shelter design and making sure that the shelters take into account peoples' preferences – success of the t-shelters can be mainly attributed to this factor.

(c) Training of village committees by Oxfam and CARE in SL on PRA, planning processes etc., which have empowered the camp/village committees to systematically identify, plan and execute relief and recovery work based on community needs and assessments. These committees (like Oxfam-initiated ones in Ampara) have the potential to develop and grow into representative community structures in future.

118. Wherever community consultation and participation were bypassed for the sake of speed and efficiency, the quality of response suffered; for example, poor shelter and watsan interventions in India.

119. Impact: Lack of baseline data and clearly defined outcome-related objectives in humanitarian operations is a well known problem in every major disaster response. Agencies usually take an output/supply-driven approach, and the tsunami response was no exception. The evaluation noted the difficulties in establishing a baseline data for the tsunami response: as one quarter to a third of the affected families lived in dispersed locations with families and friends for several weeks after the disaster, their identification and targeting was difficult.

119.1 Acknowledging this to be a problem that will always remain in any emergency operation, the evaluators would argue that there is need to create alternative methodologies for tracking impact. One approach could be to use quick-and-dirty result based management (RBM) framework, with results defined in terms of *beneficiary perspectives of their needs and outcome sought*. Periodic surveys to assess lives-and-livelihoods outcome that have either made a difference or are needed to make a difference could provide a tracking mechanism for both monitoring and impact assessments. For example:

(a) A survey like the above would have shown that PHP in many communities or watsan infrastructures in some areas were not having any impact on the knowledge, attitudes and practices of the affected community.

(b) Oxfam in Matara used a result-oriented planning in the PHP programme as they decided in the early stage that instead of conventional health promotion, environmental hygiene and vector control would have greater impact, and so it did.

(c) CARE's CFW in SL in early weeks was a response driven by peoples' perspective of their needs, and hence the impact was significant in getting some of the communities to get back to a sense of near-normalcy in their lives and environment.

119.2 RBM frameworks instead of logframes which are currently popular among the Agencies evaluated would enable the response to be driven by peoples' own understanding of their needs, rather than by the *Agencies' perception* of what people need. It is to be noted that in the above two examples (119.1 b & c), the response and activities were determined by the results people were seeking, and that's what made these interventions create the impact they did.

119.3 The evaluators would argue that traditional indicators of impact are hard to formulate, besides being costly (time-consuming). This evaluation shows that wherever agencies have *listened* to the communities' perspectives of their needs and allowed communities to shape the response (Oxfam village committees in Ampara for example), there have been good impact. Conversely, wherever agency response has been shaped without any reference to community's perception of what they needed (water filters in Matara), the intervention has been a failure.

The lesson for the agencies is simple:

There is need to develop guidelines, strategies and capacity to ensure that response is guided by the affected community's perception of their need, rather than by Agency's perception of what communities need.

Chapter 4: Summary of Recommendations

A consolidated list of all recommendations made and strategic issues highlighted in the report is presented below. The recommendations in *italics* are those which the reviewers consider strategic and urgent in terms of their overall impact on the tsunami response:

4.1 Strategic Issues:

CARE:
1. CARE lays strong emphasis on participatory and developmental approach relying on local capacity which are its core strengths. How does the organisation strike a balance between these unique strengths and the need to fast-track its scaling up and response on the ground in the immediate aftermath of a disaster?

2. CARE in India: Given that in all major disasters in the country, shelter will continue to be a critical requirement, how does the organisation build technical competence and credibility in this area?

3. CARE in Sri Lanka**:** With the experience and lessons drawn from their successful t-shelter work in SL, how does it disseminate this learning and ensure that in future emergencies, the organisation is more pro-active and prepared to scale up the work in proportion to the need and the resources that are available?

World Vision:
1. How does the organisation develop staff skills and capacity in quality assessment, coordination and leadership abilities, as well as in incorporating developmental approach in relief and recovery response, without compromising on its exceptional ability to mobilise and launch a fast response?

2. WV in India: Given that in all major disasters in the country, shelter will continue to be a critical requirement, how does the organisation build technical competence and credibility in this area?

Oxfam:

1. Oxfam's unique strength lies in its internationally-acclaimed technical expertise in the areas of Watsan and PHP. How does the organisation bring to bear local knowledge, expertise and capacity that exists in its COs on its management of emergency response in a way that does not undermine capacity of its COs and local staff?

2. Oxfam in Sri Lanka**:** With the experience and lessons drawn from its successful t-shelter work in SL, how does it disseminate this learning and ensure that in future emergencies, the organisation is more pro-active and prepared to scale up the work in proportion to the need and the resources that are available?

4.2 Recommendations:

1. All organisations (CARE & WV) in India:

AI1: *While community ownership & maintenance of waste disposal & sanitation maintenance is a good longer-term goal, consideration should be given by CARE and WV to provision of incentives for community sweepers and cleaners, particularly during the rainy periods.*

AI2: *Ongoing monitoring of data related to watsan will be important.*

AI3: *Train community youths in repair and maintenance of hand pumps and provide repair kits to each trained youth.*

AI4: *Pay people to maintain public health infrastructure: make use of CFW programme towards this purpose.*

AI5: Ensure senior managers in CO and districts take responsibility for and participate in all coordination forums, and not delegate these tasks to junior functionaries.

AI6: Psycho-social programming for adults should be very closely tied to viable livelihoods and housing programmes. Counselling is appropriate, but group sessions and linking therapy to other community interventions should be emphasized.

AI7: *Both CARE and World Vision should consider including alcoholism prevention and counselling components into their psycho-social programming*.

AI8: In all major disasters, deploy HR staff in the field offices in the early stages to enable local recruitment.

2. All (Oxfam, WV, CARE) organisations in SL:

ASL1: Examine and assess procurement and logistics system in Sri Lanka.

ASL2: *Pay people to maintain public health infrastructure: make use of CFW programme towards this purpose.*

ASL3: Ensure senior managers in CO and districts take responsibility for and participate in all coordination forums, and not delegate these tasks to junior functionaries.

ASL4: In all major disasters, deploy HR staff in the field offices to enable local recruitment.

3. World Vision:

WV1: Needs to clarify right in the beginning respective roles of all its stakeholders: SOs, CO, the response team, regional office and specialised structure like ATRT; also *clarify ATRT's role in the recovery/ reconstruction phase.*

WV2: *Given the poor shelter built in India, WV needs to take corrective actions immediately* and take responsibility for the failure to be sensitive to the needs and views of the affected community while building the shelters.

WV3: *Upgrade all the poor shelters made in Sri Lanka.*

WV4: Ensure that in future WV shelter engineers take into account three mandatory factors while designing t-shelters: (a) locally appropriate materials, (b) beneficiary consultation on design, and (c) SPHERE standards.

WV4: *Enter into an agreement with host families or land owners wherever t-shelters are built on third-party land.*

WV5: *Include more community input and participation in programme design and implementation of public health programme.*

WV6: *The World Vision awareness campaign in transitional housing camps in Hambantota should not continue in the present form.*

WV7: World Vision should consider adding a professional resource person and a referral component to provide back-up to field staff facing psycho-pathologies or difficult clients.

WV8: Develop livelihoods programming strategy incorporating equity issues in both countries and orient field staff on building equity and conflict analysis in programme design.

4. CARE:

C1: Need to ensure that the in-country disaster preparedness capacity and/or plans are reinforced with a strong component of international and regional expertise so that the COs are able to scale up response quickly by deploying optimum level of staff in proportion to the needs on the ground and expectations of various stakeholders.

C2: *Given the poor shelter built in India, CARE needs to take corrective actions immediately* and take responsibility for the failure to be sensitive to the needs and views of the affected community while building the shelters.

C3: *Undertake repairs to all the soak pits in India on an urgent basis.*

5. Oxfam SL:

OX1: *Oxfam ought to coordinate activities with World Vision in the same area. Child to child activities for hygiene promotion could be incorporated into both programmes whilst giving time for entertainment to children in the WV CFCs.*

6. Multi-Agency Initiatives:

MA1: In countries like India and Sri Lanka where all the three agencies have strong presence for number of years, a systematic joint assessment after two weeks, rather than an immediate assessment, could have provided opportunity for inter-agency coordination. Such an assessment carried out by a sizeable team of international and local staff of the three agencies would have enabled the agencies to coordinate response depending on their respective distinctive competence as well as provided a unique opportunity to influence the government and UN humanitarian system in the countries.

MA2: Draw lessons from the roster of CARE India and explore developing this into a regional deployment tool for each of the Agencies.

MA3: Both WV and CARE have substantial capacity in the two countries to handle procurement, warehousing and logistics. Develop these into a common pool for faster and coordinated response in future disasters.

MA4: In countries and situations where there exist functioning markets, explore introduction of cash voucher system instead of NFRI supplies, except for the first round (basic survival pack) of distribution. This needs careful research and study.

MA5: *Carry out a quick research into the negative effects of higher-than-market-wages for CFW and lobby with all agencies still carrying out CFW to ensure that time-tested good practices in planning and implementation of CFW are followed.*

MA6: *As livelihoods recovery in any substantial sense for majority of the poorest community will take many more months, contingency plans for short term employment programmes (through CFW) need to be provided for.*

MA7: Initiate a debate and thinking on how INGOs should work differently/ coordinate in situations where government is strong, and what leadership qualities are needed for effective coordination and collaborative work.

MA8: Undertake research and study to develop guidelines, strategies and capacity-building interventions which ensure that response is guided by the affected community's perception of their need, rather than by Agency's perception of what communities need.

Annexe 1:

TOR FOR MULTI-AGENCY EVALUATION OF NGO RESPONSE TO THE ASIA TSUNAMI.

MARCH 2005

BACKGROUND

The earthquake and subsequent Tsunami that struck South East Asia on the morning of 26th December 2004 effected 12 countries resulting in 220,000 people being confirmed dead and an additional 60,000 people still missing, in addition millions of people have been displaced and hundreds of thousands more have lost their livelihoods. In a region already suffering high rates of poverty, the tsunami's impact could serve to push another two million people into poverty. Despite prediction of a massive second wave of death due to disease, this has not occurred, due mostly to the rapid response to the crisis.

The disaster has resulted in one of the largest relief and rehabilitation operations ever undertaken by the global humanitarian organizations and the presence of relatively large numbers of organizations with their own funding has already placed a question mark over the quality and accountability of some interventions.

The size of the resources that have been generated require us to ensure that we can demonstrate accountability to our beneficiaries, partners and donors, while also assessing the impact of our actions and creating learnings that can be shared and duplicated.

In December 2004, the Interagency Working Group composed of CARE International, WVI, Oxfam GB, Catholic Relief Services, Save the Children US, IRC and Mercy Corps, received a two year grant from the Gates foundation to strengthen humanitarian response through emergency capacity building, including enhancing agency accountability to industry standards and improved practice in impact measurement of humanitarian action. It was decided to undertake a series of joint learning events that would aim to examine issues of accountability, capacity and co-ordination and lead to the development of indicators for impact. The first event will be an interagency lessons learned which will assist in finalizing the objectives of this evaluation. The evaluation will be jointly run by CARE, WVI and Oxfam GB and will cover the four most affected countries, Indonesia, India, Sri Lanka and Thailand.

The evaluation framework is based on the concepts of independence and transparency. An external independent team leader, and representatives from each organisation who were not directly involved in the response, will carry out the evaluation. The findings of the evaluation will be shared externally and will be accessible to our donors, partners and the humanitarian community.

This evaluation seeks to link with and support wherever feasible the on-going work of interagency learning and accountability networks, notably HAP-I, ALNAP, Sphere and People in Aid and the joint review activities that they are currently undertaking.

PURPOSE

The purpose of this evaluation is to assess and document:

i. The impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the three agencies, highlighting key lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in future;

ii. To what extent programmatic decisions and approaches by the three agencies to date have contributed to recovery and reconstruction and, referring to relevant lessons learned in this and similar contexts, recommend how agencies might adjust their programmes to improve the efficiency and quality of their programmes during the next phase of operations.

iii. Coherence and coordination between agencies, identifying examples of both good practice and missed opportunities.

SPECIFIC ISSUES FOR CONSIDERATION.

a) **IMPACT:** There remains a lack of industry standards and definition regarding impact, and frequently responses are undertaken without appropriate baseline line information or monitoring systems in place. Since this evaluation will examine evidence of changes (positive and negative) attributable to the aid intervention, it will also make suggestions regarding indicators for measuring impact and provide examples of promising practice in the monitoring of impact.
b) **QUALITY ASSURANCE:** The evaluation will examine the extent to which beneficiaries were supported and encouraged to participate in all elements of the project cycle and the level of compliance by the agencies to relevant codes and standards.
c) **APPROPRIATENESS:** The evaluation will examine whether the intervention and the resources provided were relevant to the need context and culture, with particular emphasis on the reconstruction of housing and the restoration of livelihoods.
d) **CO-ORDINATION:** The evaluation will examine the level to which agencies co-ordinated and communicated with each other, and whether there were resulting duplication or gaps in the response.
e) **CAPACITY:** The evaluation will examine the capacity of the agencies to respond to the emergency in terms of human resources and the level to which agencies engaged with local partners and sort to build capacity in the communities.

METHODOLOGY.

a) **Methodology** will be based on a combination of a desk review of relevant literature from the three agencies, field observation, and key informant interviews and/or focus group discussions with the selected agency staff in the field, HQs and the regional as well as key external stakeholders (host government officials, UN, NGOs, donor representatives, members of the affected population and host communities). The Evaluation Teams will take all reasonable steps to ensure that the security and dignity of affected populations is not compromised and that disruption to on-going operations is minimized.

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

c) **Communication of Results** – the report will be supplemented whenever possible by presentation of preliminary findings at the end of the field visit to each country to both provide immediate feedback to operations managers and give the Evaluation Team an opportunity to validate findings.

d) **Use of Results** – given its pilot status, the results of this joint evaluation are not only intended to increase quality of programming and coherence between agencies, but also the process will also be documented so as to guide similar joint activities in future. Stakeholders targeted by specific recommendations will be expected outline plans of action wherever appropriate.

REPORTING

The evaluation teams will produce a draft report for the two countries within the time lines set by the management committee. The team will then produce an executive summary of no more than 5 pages that covers the main findings of the evaluation. The main text should consist of no more than 30 pages, covering methodologies, findings and recommendations, with annexes that detail country specific issues and recommendations. This reports will be circulated to the three agencies for comment before finalization and publication.

MANAGEMENT

Due to the geographical size of the response there will be two teams, each covering 2 countries working on the response. The two evaluation teams will consist of four people each. The two Team leaders will be an independent consultants selected by the interagency steering committee by means of standard tendering procedures. The Team Leaders will report to the Steering Committee for the evaluation consisting of one representative from each of the three agencies. Each agency will two nominate evaluators each from inside of their organisation who was not directly involved in the response and possesses the requisite evaluation skills.

TEAM COMPOSITION

Team composition should as far as possible be of optimal diversity, e.g. gender balanced, geographical balance and with an appropriate mix of technical skills.

The evaluation will be run by two teams, each conducting evaluations in two countries. Each team will consist of:-

- A team leader, who will be an external consultant.
- A staff member from each of the three agencies
- A National consultant for each country

For more details please see attached TOR for team members.

TIMELINE

Drafting and circulating TOR to stakeholders	-	Feb 2005
Consultant selection	-	March 2005
Interagency Lessons learned	-	April 2005
Pre- evaluation workshop	-	April 2005
Fieldwork	-	April/May 2005 (6 weeks per team to run co-currently)
Draft report circulated to agency interviewees	-	Early June
Post-evaluation review	-	June 2005
Report finalised	-	Early July 2005

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