# Final Evaluation
# of
# CARE Australia
# Supported Tsunami Response
# in Trincomalee and Batticaloa Districts
# of Sri Lanka

## Final Report for

## CARE Australia
## CARE Sri Lanka
## May 2007

### Evaluation Team:

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# Acknowledgement

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Quality of an evaluation like this depends a great deal on how the evaluators' programmes are organised and how open and honest the interlocutors are, and on all of these counts CARE exceeded our expectations. Chris Necker and Sally Austin in Colombo did an excellent job in ensuring that we were on track and in arranging briefing and making sure that we met with the right people and had the right, and generous supply of, reading materials.

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To all of them we owe our gratitude and a caveat that despite their best efforts, errors and omissions in this report are all mine.


Abhijit Bhattacharjee
*On behalf of the Evaluation Team*                                    *04 May 2007*

# Abbreviations & Acronyms

| | |
|---|---|
| **AUSAID:** | **Australian Aid** |
| **CAB E:** | **Capacity Building of the East** |
| **CBO:** | **Community Based Organisation** |
| **CD:** | **Country Director** |
| **CFW:** | **Cash for Work** |
| **CI:** | **CARE International** |
| **CO:** | **Country Office (CARE Sri Lanka)** |
| **DEC:** | **Disasters Emergency Committee** |
| **DMU:** | **Disasters Management Unit** |
| **DS:** | **Divisional Secretary (a part of the district administration at a divisional level)** |
| **FCS:** | **Fisheries Cooperative Society** |
| **FRP:** | **Fibre Reinforced Plastic** |
| **GN:** | **Grama Niladhari (a part of the divisional administration as the village level)** |
| **HAD:** | **Humanitarian Assistance Director** |
| **HQ:** | **Headquarter of CARE Sri Lanka (Colombo)** |
| **IDP:** | **Internally Displaced Person** |
| **LIFT:** | **Local Initiatives for Tomorrow** |
| **LTTE:** | **Liberations Tigers of Tamil Eelam** |
| **NFI:** | **Non Food Item** |
| **PDS:** | **Planning and Development Secretariat** |
| **PGBV:** | **Prevention of Gender Based Violence** |
| **PRIDE:** | **Promote Rights Dignity Economy** |
| **PTRDP:** | **Post Tsunami Recovery and Development Programme** |
| **RADA:** | **Reconstruction and Development Agency** |
| **Rs:** | **Sri Lankan Rupees (US $1= Rs. 110)** |
| **RSS:** | **Resettlement Support Services** |
| **SED:** | **Small Enterprise Development** |
| **T2R:** | **Transition to Recovery** |
| **TAFREN:** | **Task Force for Rebuilding the Nation** |
| **TDY:** | **Temporary Duty Assignment** |
| **TEC:** | **Tsunami Evaluation Coalition** |
| **ToR:** | **Terms of Reference** |
| **TS:** | **Transition Shelter** |
| **Watsan:** | **Water and sanitation** |

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# Executive Summary

This evaluation focused on CARE's Tsunami response in two of the eight districts of Sri Lanka namely, Trincomalee and Batticaloa, where CARE launched its operations. The operations were funded by several CARE International (CI) members in these two districts including CARE Australia which commissioned this evaluation. The evaluation covered the period January 2005 – January 2006 in Trincomalee and Batticaloa where CARE Australia's Tsunami funds were spent.

The evaluation was carried out by an external consultant with the support of seven CARE Sri Lanka staff.

## *Key Lessons and Recommendations:*

Overall, CARE's early response in distribution of non-food relief items (NFRI), water supply and cash-for-work were timely and appropriate, and delivered critical humanitarian assistance to over 100,000 people in eight Tsunami-affected districts where CARE launched emergency response. With regards to the two districts under evaluation, major findings and recommendations are summarised below:

## 1. Rapid Deployment and Scaling Up:

In countries with strong presence, while the early response is led by the existing staff, selective international recruitments can help strengthen the response, but TDYs and short-term staff thus deployed need to be guided by experienced managers who need to ensure that the systems and processes they put in place are consistent with the organisation's requirements and needs of speedy response. Moreover, in 'presence' countries, it is the 'replacement' stage where adequate and appropriate (quality) deployment becomes a challenge and hence need careful planning and capacity. Recruitments must not compromise on quality and competence

> *Recommendations:*
>
> R1    *In a pressure to recruit large number of staff during emergencies, quality of recruitment and orientation of staff should not be compromised as doing so may cause more damage to the operations than help (pp15).*
>
> R2    *TDYs and short-term staff during emergency deployments need to be guided by managers who need to ensure that the systems and processes they put in place are consistent with the organisation's requirements and needs of speedy response (pp15).*

## 2. Distinctive Competence and Leadership:

As a premier humanitarian organisation, CARE needs to play a more proactive role in coordination of total response in the country. CARE has certain distinctive competence which other organisations may not have, for example, in the case of Tsunami response in Sri Lanka, CARE's approach to TS and permanent housing stands out. It needs to build on these and design appropriate strategies to be able to influence the strategies of other humanitarian actors. This would require strong leadership and ability to work in partnership with others (CI Programming Principle 2) as well as a serious commitment to seeking sustainable results to bring about lasting and fundamental improvements in the lives of the poor and marginalised (CI Programming Principle 6).

*Recommendations:*

*R5*      *CARE needs to document its experience of TS construction so as to capture the methods and processes it followed which can be used in future operations (pp17).*

*R6*      *In major emergencies, appoint a senior manager as a point person for coordination with other agencies, to attend key coordination meetings throughout the peak of the operations, and for advocacy on relevant issues, in all major emergencies (pp19).*

*R9*      *While addressing equity issues adequately in the Tsunami response may have been difficult for any organisation, CARE ought to have taken proactive steps to ensure that the livelihoods of the vulnerable who ran the danger of being left out were given greater attention by all humanitarian agencies (pp25).*

## 3. Management Culture – Competencies, Collaboration and Learning:

Within the organisation, there is weak collaborative culture which often leads to different departments working to their own objectives with little sense of 'corporate' purpose. CARE's recruitment and staff development particularly at the senior and middle level need to emphasise more on competencies like ability to work with others, collaborative style, self-managed learning, communication skills etc., which are built on emotional intelligence factors rather than conventional knowledge and skills factors. The weak collaborative culture also perpetuates a weak learning culture within the organisation. The HQ needs to proactively facilitate greater inter-district/area exchange of staff, ideas and information and promote a learning culture at the grassroots (field staff) level.

*Recommendations:*

*R12*      *CARE's recruitment and staff development particularly at the senior and middle level need to emphasise more on competencies like ability to work with others, collaborative style, self-managed learning, listening and communication skills etc., which are built on emotional intelligence factors rather than technical knowledge, experience and skills factors which are highly valued in conventional hierarchical management (pp36).*

*R14*      *HQ needs to proactively facilitate greater inter-district/area exchange of staff, ideas and information and promote a learning culture at the grassroots field staff level (pp36).*

## 4. Accountability to Beneficiaries:

Tsunami has brought into sharp focus the almost near-lack of accountability of humanitarian action to beneficiaries. Pressure has been mounting on agencies to demonstrate their transparency and accountability through processes of accreditation and certification. HAP has already launched its Standards of Accountability with six key benchmarks which are focused on humanitarian quality management system with a beneficiary focus. Organisations can not ignore this any more as in the absence of concrete action, there is a danger that governments could impose systems that the agencies find counter-productive and not significantly enhance their accountability to beneficiaries. CARE needs to demonstrate a sense of urgency in developing an appropriate accountability framework and putting it into action.

*Recommendations:*

*R10*      *As a first step towards demonstrating greater transparency and accountability to*

*beneficiaries, CARE needs to share and disseminate in appropriate way findings from its internal audit reports and evaluations like the current one to the beneficiaries and wider coordination for a (pp32).*

*R11     HAD needs to ensure that systems are in place for regular collection of information on the performance of various key technical/livelihoods interventions and a reporting mechanism on follow up actions exists (pp32).*

# Section 1:

## Introduction, Objectives and Methodology

### *1.1 Introduction:*

1. Following the Tsunami of December 2004, CARE Sri Lanka, with the support of CARE International members launched a substantial response in Sri Lanka. CARE Australia received funds from Australian Gov (AUSAID), public and corporate donors for Tsunami response programme in India, Indonesia, Sri Lanka, and, Thailand at the beginning of 2005. CARE Sri Lanka thereafter submitted project proposals and budgets which were appraised and approved by CARE Australia resulting in providing support for the following projects:

- Rehabilitation of Infrastructure and Livelihoods for Tsunami Victims in Trincomalee District; 15 January 2005 – 31 January 2006.   (LK225 & LK226)

- Rehabilitation of Infrastructure and livelihoods for Tsunami victims in Batticaloa District; 1 February 2005 – 31 January 2006.  (LK228)

2. This evaluation is an end-of-the-grant evaluation of these projects to draw lessons learned that could enhance CARE's humanitarian response in the future.

### *1.2 Purpose and Scope of the Evaluation:*

**Evaluation purpose:**

3. The evaluation will provide the management in CARE Sri Lanka and CARE Australia an independent assessment of the results - intended and unintended - of the post-Tsunami operation.

4. The evaluation should provide further recommendations to inform strategic choices for future humanitarian response to facilitate operational improvements.

**Scope:**

5. The evaluation covered CARE's operations in two of the eight districts namely, Trincomalee and Batticaloa, where CARE launched its Tsunami response. CARE Australia funds were used in these two districts in the first one year of the operations (January 2005 – January 2006) and this is the period which was the main focus of the evaluation.

### *1.3 Objectives of the Evaluation:*

6. As outlined in the Terms of Reference (ToR - Annex 1), the overall objective of the evaluation is to assess the degree to which these projects met their objectives, and develop key lessons to enhance the impact of future programming by CARE in Sri Lanka. The evaluation's objectives were aimed at the three following levels:

- Organisational level – management and programme support systems; compliance with standards; staff and partner capacity; coordination and implementation progress;
- Beneficiaries' level – effect and impact on communities, CBO capacities, disaster risk reduction;

- Technical level - quality and appropriateness of various interventions, especially in the areas of livelihoods, shelter and reconstruction.

### *1.4 Methods Employed:*

7. The evaluation has used CARE International Programming Principles[1] as the main framework for evaluation. In addition, CARE Internal Project Standards and relevant SPHERE standards were also drawn upon. The report makes references to the Sphere common standards through out the discussions on quality.

8. The evaluation was carried out by an external consultant working with a team of 7 CARE Sri Lanka staff during the period 13 March – 30 March 2007. The external consultant made sure that those staff amongst the evaluation team who were directly involved in implementation of the Tsunami response in individual districts were not involved in interviews with staff in the same district.

9. The methods employed by the evaluators in gathering and assessing information were the following:

- Detailed briefing, meetings and discussion with staff at the CARE Sri Lanka Headquarters (HQ) and district offices (13 interviews in HQ and 33 interviews in the 2 districts).
- Desk research: Study of project proposals, progress reports, monitoring mission reports, proposals, assessment reports and all relevant documents made available in hard copies as well as electronically[2].
- Meetings with key external stakeholders (23 interviews) in Sri Lanka.
- Interviews with individual beneficiaries (about a dozen) in Trincomalee district visited by the evaluators; similar beneficiary interviews could not be held in Batticaloa due to the ongoing conflict and worsening of security situation.
- Triangulation of information gathered from the field visits by comparing the findings with interviews with relevant CARE staff in Colombo, Trincomalee and Battticaloa, comparison of statements made by interviewees with reports and published information.
- Preliminary findings were presented to both the district teams during debriefings at the end of field visits, and a presentation of combined findings from the two districts were made to senior staff from Colombo and other districts present in Senior Management Meeting in Polonarwa.

A list of people interviewed by the Evaluators is annexed as Annex 2, and the list of key documents studied is in Annex 3.

### *1.5 Constraints:*

10. The security situation in Batticaloa did not permit the evaluators to visit any of the communities CARE worked in the relief and recovery stage of the response in 2005. This meant that impressions about Batticaloa are purely based on what the evaluators read and what they were told during the interviews with staff and external stakeholders like government officials, former CARE staff and other NGO officials. This made assessment of livelihoods response in general, and the issues of targeting, vulnerability and beneficiary selection in particular in Batticaloa almost impossible and hence, although the evaluation comments on these aspects with regard to Trincomalee, it is unable to do so regarding Batticaloa. The evaluators think that this imbalance in any way does not undermine the

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[1] CI Programming Principles, June 2003
[2] A list of key documents reviewed by the evaluators is attached as Annexe 2.

findings of the evaluation as it was not meant to be a comparative study on the operations in the two districts.

## *1.6 The Report:*

11. The report is presented in six sections, with the first two sections describing the objectives, methodology, overall humanitarian context and CARE's activities in the two districts. Section 3 summarises findings from the field visits and desk research carried out by the evaluators. Section 4 analyses and examines the findings using the CARE International Programming Principles which have been used as the key evaluation criteria during the evaluation. In section 5 and 6, key management and strategic issues arsing from the evaluation are discussed. In sections 3, 4 and 5, central issues arising from the findings and discussions have been summarised at the end of each sub-section in bullet points as *Conclusions*, and wherever appropriate, corresponding *Recommendations* have also been made. Both *Conclusions* and *Recommendations* have been typed in Arial 9 font and shaded in order to distinguish these from the main text.

# Section 2:

## An Overview of CARE's Response in Sri Lanka
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12. The earthquake and Tsunami of December 26th, 2004 affected three-quarters of the coastline of Sri Lanka, causing immense loss of human life, displacement, destruction of property and livelihoods. The massive scale of the disaster triggered an immediate and generous response world wide to address the human suffering in Sri Lanka and to attempt a swift normalisation and recovery from the effects of the Tsunami. Sri Lanka was the second worst-hit country, next to Indonesia. The number of dead and missing stood at 35,322 across the 14 districts of the country which were hit by the Tsunami. In Batticaloa, about 16,000 houses were completely damaged and another 5600 partially damaged, and in Trincomalee the numbers stood at 8,300 and 12,000[3] respectively. Trincomalee and Batticaloa also saw a large number of IDPs due to the Tsunami – 107,000 and 56,000 respectively. Across the country, the total population displaced stood at 496,282[4].

13. The most notable factor regarding the Tsunami response in both Batticaloa and Trincomalee (the districts visited by the evaluators) was that there was a combined natural disaster and complex political emergency in the country. Both the districts had experienced intermittent violent conflict, with at times relatively quiet phases over the past two decades. Apart from the protracted ethnic conflict, the districts also witnessed sporadic communal tensions between Tamils and the Muslims.

14. CARE immediately launched rapid emergency response in several districts through its existing offices and locally-based staff. CARE was active in Trincomalee district for several years before the Tsunami through its work with IDPs (conflict-affected) under the PRIDE[5] project. The Tsunami affected many of the communities and Community Based Organisations (CBOs) with which CARE was working under this project. CARE responded immediately through the provision of non-food items to 4,800 families in this district. Similarly in Batticaloa where CARE has been active for many years, helping IDPs, returnees and conflict-affected families, CARE launched immediate response within hours of the Tsunami.

15. On the day of the Tsunami, CARE mobilised its staff from development programmes and deployed them to the worst-affected areas in the north, east and Hambantota in the south. CARE staff participated directly in relief distributions, evacuation of the injured and recovery of the dead, and providing immediate relief. In the first six weeks of the Tsunami, nationwide, CARE provided humanitarian assistance to more than 100,000 directly affected people in eight districts, including: food rations to more than 15,000 families; clothing, utensils and other non-food items to more than 25,000 families; construction of temporary shelters for 100 families and 82 latrines for IDPs in transitional camps; and delivery of more than 800,000 litres of water[6] throughout the eight districts.

16. In the first phase of NFRI distribution, CARE distributed to 7,300 families; each packet contained 16 items which included women's and men's' wear, children's clothing, mats, mosquito nets, bottled water, sanitary towels, kitchen utensils etc. NFRIs and dry ration provided by CARE was of good quality and distributed timely in Vaharai through the existing CBOs of LIFT.

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[3] Figures quoted in CARE proposals.
[4] Government of Sri Lanka, 9 March 2005
[5] Promote Rights, Dignity & Economy for the War-affected Families
[6] Strategic Framework….*Ibid*

17. While within Sri Lanka, CARE mobilised its staff for rapid response, outside of the country the CARE International members succeeded in mobilising a record amount of funds from their domestic public for the Tsunami victims. CARE's response in Sri Lanka was funded by several CI members as well as USAID, DEC, and private Foundations.

18. CARE's response ranged from rescue and immediate relief operations through short-term livelihoods, recovery, long term livelihoods and reconstruction programme.

## 2.1 Strategic Framework:

19. Within a short period of time after the Tsunami, a consensus across governmental and non-governmental agencies on the priority areas for intervention emerged around shelter and housing reconstruction, water and sanitation, livelihoods and economic security, as well as health and education for the affected and largely displaced population. In February 2005, CARE produced a strategic framework[7] for a five year programme that aimed at not just helping communities get back to where they were before the Tsunami, but to achieve higher and more sustainable levels of human development and livelihoods security.

20. The strategy envisaged two phases of the response:

   (a) Phase-1, in the first year which will focus on immediate relief, transitions shelters and recapitalisation and re-establishment of livelihoods, and laying the foundation for longer term development;
   (b) Phase-2, from second year onwards, will have less emphasis on provision of infrastructure and hardware, and will focus on capacity building, improving local governance, secure and sustainable livelihoods and ensuring equity between those communities directly affected and those indirectly affected.

### 2.2 CARE AUSTRALIA Support:

21. CARE Australia responded rapidly to the Tsunami and was one of the leading members which committed a substantial support to CARE's response in Trincomalee and Batticaloa districts. A summary of the support provided by CARE Australia is provided below:

**Table 1: CARE Australia-funded work in the first one year after Tsunami**

| Project No. & Duration | Activities Undertaken | % of Total costs covered by C Aus. |
|---|---|---|
| BOL 09791/43: Trincomalee 15/01/05-31/07/2005 | -Watsan for 597 families, 20 toilets and 10 common wells and 7 water tanks for access to water | 43.5 |
| | -265 transition shelter | 24.5 |
| | -Cash/in-kind assistance for income generating activities like agriculture, sewing, coconut business, coir and brick making etc for 221 households | |
| | -70 families provided fishing gear (nets, boats, canoes and engines) | |
| | -School furniture and stationary for children, 5 schools repaired | Total actual project spending $ 246,605 |
| | -Road construction (1240 feet) | |
| | -Provision of furniture to office of DS | |

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[7] Post-Tsunami Community recovery and Livelihoods Development Program: Strategic Framework, CARE Sri Lanka, 22 February 2005.

| | | |
|---|---|---|
| LKA 057/LK226/LK225: Trincomalee 15/01/05-31/01/06 | -291 TS built<br>-46 toilets<br>-Water trucking for 133 families<br>-4 tube wells and 12 hand pumps, 4 water tanks installed<br>-3 wells renovated<br>-42FRP boats for 84 families, 25 canoes for 50 families<br>-Cash grants for agricultural /livestock activities for 49 families, 25 sewing machines<br>-1500 families provided with school stationary for children<br>-Repair of 5 schools, road repairs<br>-Installation of solar panels for street lights in TS.<br>- Cement brick making units for 250 HHs. | -38<br>-35<br><br><br><br><br><br><br><br>Total actual project spend $334,275 |
| LKA057/LK228: Batticaloa 01/02/05-21/01/06 | -674 TS built<br>-22 beneficiaries (15 women-headed households) given cash grant to start small enterprises<br>-Carpentry training for 35 local Tsunami-affected youths<br>-Fishing gears for 120 families[8]<br>- 1 cement block making machine distributed to youths | 53<br><br><br><br>Total actual project spend $664,839 |

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[8] Boats were distributed in April 2006, and nets etc., were distributed in November and December 2005 (Source: CARE Sri Lanka, Final Project Report, Rehabilitation of Infrastructure and livelihoods for Tsunami victims in the Batticaloa district, LK228)

# Section 3:

## Findings of the Evaluation

### *3.1 Early Deployment:*

### 3.1.1 Immediate Response:

22. Immediately after the disaster, CARE deployed its staff from long term development programmes (LIFT, T2R, PRIDE, CAB E) and later brought in several staff with emergency programme experience from various countries in the region[9]. However, the deployment in most districts was relatively small, if one took into account the size and complexity of the disaster. CARE's deployment being small in the early weeks, its scale of operations was limited[10] by the capacity of its relatively small staff team.

23. In the first 2-3 weeks, district offices were given full authority for taking decisions within certain limits by the Country Director (CD). But after that the systems changed and all approvals for funds allocations/ purchases had to be referred to Colombo.

24. In the early stages, CARE set up a Disaster Management Unit in Colombo and delegated significant authority to the field offices. In order to strengthen the management at the field level, senior managers were deployed in the Tsunami-hit areas, and given greater authority to plan and manage the programme. The managers in the districts were authorized to spend up to $10,000 without seeking any approval from the CO. A point person in Colombo was appointed for 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. District managers at this stage felt that they had full authority and support of their CO in taking all necessary decisions.

### 3.1.2 Relief Phase (week 2-6):

25. Early response by CARE was quick, but after 3-4 weeks as new people (mostly TDY) from various parts of the world began to be deployed and new staff recruited in the HQ, things began to get slow. Procedures and decision-making became cumbersome as the newly arriving people who had little knowledge of the systems that existed before started to put in place new systems and procedures. Several staff who worked in the early response commented to the evaluators that some of the newly arriving staff deployed in the HQ behaved as if CARE had no system or presence in the country before the Tsunami struck. One senior Director of CARE Sri Lanka commented that instead of making things faster, CARE's emergency procedures put in place following the Tsunami made things go slow, and introduced more control and cumbersome procedures at the cost of speedy response. Accountability does not have to mean inefficient and cumbersome procedure.

26. During this phase (approximately about week 3-6), district offices found it difficult to keep track of decision-making processes in the HQ as too many new people were coming in and systems appeared to be in a state of turmoil. As, in the perception and knowledge of the district office managers, there were no formal mechanisms in place, for decisions they would call up their 'personal friends' in Colombo and seek advice on who and how to approach for

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[9] Not all staff deployed in the country had previous emergency management experience.
[11] 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).*

an approval or for procurement, etc. "It was all very unprofessional and felt like we were running our private businesses, and seeking favours from anyone who would listen", echoed one senior manager who was involved in the Tsunami operations.

27. Local NGOs and interlocutors in the country pointed out that most international agencies failed in the early phase to take into account the fact that a country like Sri Lanka has fairly robust institutions, local citizens' and various interest groups which mobilised a massive response – this fact was not respected or acknowledged by 'western' aid agencies or media which overwhelmed the local response. This did evoke some debates and nationalistic sentiments within the country which still continue to inform public discourse on the Tsunami response in Sri Lanka.

### 3.1.3 Transition Phase (Week 6 onwards):

28. For the first 6 weeks in Batticaloa and Trincomalee, the 'development' staff were mainly leading the response. By the middle of February, most of these staff loaned from 'development' programme had to revert to their original posts[11]. By this time, CARE was able to recruit and deploy several international staff from various neighbouring countries and from CI members. More local recruitments were also made to replace the first deployments (from development programmes). A separate management structure for Tsunami, Post Tsunami Relief and Development Programme (PTRDP), was created. In Batticaloa[12], the district office split, as PTRDP was housed in a separated building from the rest of the development projects. New managers and staff were recruited, most times without adequate orientation and induction. This phase also witnessed serious tensions between the 'Tsunami' and 'Development' operations of CARE, bringing into sharp focus very different cultures within the two operations. CARE was seen to behave as two different organisations with very different approaches. As new people, sometimes with poor understanding and orientation into CARE's way of community mobilisation, came in, CARE's developmental approach to building its response on local capacity was undermined. In Batticaloa, the evaluators heard of instances when managers asked staff not to interact with LIFT or CBOs as such interactions, it was feared, would slow down the response. At this stage, coordination within CARE (with various development programmes) and with the government and UN also declined[13].

29. With hindsight, one may feel tempted to ask the question whether creation of a separate structure was necessary at all or the culture-split between 'development' and Tsunami programme that ensued was a natural corollary to separating the two types of programme. This evaluation concludes that the creation of a separate structure like PTRDP was absolutely vital as the scale of Tsunami operation and the funding was unprecedented. The response could not have been run as an adjunct to normal operations of CARE which may be able to cope at best with small disasters like regular floods, but not THE Tsunami. However, the cultural issues mentioned above which are not unusual in major operations like this could have been managed better.

30. As has been experienced in major sudden-onset humanitarian operations in countries where a humanitarian agency has had a long presence, early deployment generally 'works' as existing country staff gear themselves up for response after a major tragedy like the

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[11] It may be questioned whether management could have ensured that the 'development staff' stayed on in the emergency response, thereby providing continuity to the response. This certainly was an option for CARE if the donors for specific development programmes from which staff were deputed to emergency response programme were prepared to allow this.

[12] Trincomalee office was small before the Tsunami and was managed from Anuradhapura. It did not face the kind of transition problems as Batticaloa went through.

[13] This did not happen in Trincomalee which was almost a new office.

Tsunami. Immediately after the Tsunami, CARE deployed staff from its development programmes in districts/area offices. In Batticaloa for example, CARE was already working through its LIFT programme, and the local staff and CBOs were involved in doing needs assessment for the entire division (Vaharai), recovery and response. The CBOs were involved in beneficiary selection and relief distributions.

31. After about six weeks, the staff deployed from the development programmes had to go back to their original regular jobs, and this is the time when more new recruitments and international deployments were also made.

32. This is a usual story in most humanitarian agencies: although most of the energies go into gearing up for the very early days of the response, the major problem in recruitment and deployment begins when these 'early deployeds' return to their normal duties and the time comes to replace them. Furthermore, in a country like Sri Lanka with fairly strong civil society and tradition of citizens' action, immediate response primarily is led by the local actors. In this context, the cautious approach[14] CARE took in its early deployment in the first 2-3 weeks was appropriate unlike many other agencies which rushed in with large contingents of staff and volunteers from various parts of the world, largely to add to the confusion and chaos that reigned in the first several weeks after the Tsunami. CARE deployed a handful of newly arriving international staff during this period to strengthen its management capacity.

33. As CARE's core strength lies in community mobilisation and using a developmental approach in its humanitarian operations, it needed to have played a leading role in coordination and dialogue on issues of quality of operations with other humanitarian agencies. This would have required a senior person with influencing and advocacy skills to be able to provide leadership internally as well as externally. Early deployment did not pay enough attention to this as the focus was on scaling up of the direct response by CARE.

***Conclusions:***

- Since CARE already had a significant presence and knowledge about the area, and had long-term development programmes, it was able to rapidly deploy sizeable number of staff for the Tsunami operations. This combined with small and selective international deployment in the first two weeks helped CARE to provide a fairly rapid response.

- Decision-making authority was decentralised in the first 2-3 weeks which changed subsequently with the recruitment/deployment of new staff in Colombo.

- For most humanitarian operations in countries where an agency has good presence, it is the 'replacement' stage where adequate and appropriate deployment becomes a challenge. CARE struggled to manage the quality of deployment during this stage as there was pressure to fill the positions in a short time.

***Lessons/Recommendations for the Future:***

R1    In a pressure to recruit more staff during emergencies, quality of recruitment and orientation of staff can not be compromised as doing so causes more damage to the operations than help.

R2    TDYs and short-term staff during emergency deployments need to be guided by managers who need to ensure that the systems and processes they put in place are consistent with the organisation's requirements and needs of speedy response.

R3     In major emergencies, appoint a senior manager as a point person for   coordination with other agencies and for advocacy on relevant issues.

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[14] By not bringing in large number of international staff in the early stages.

### 3.2 Transition Shelter (TS) and Water & Sanitation (Watsan):

### 3.2.1 Transition Shelter:

34. CARE's TS using both cement blocks and GI sheets for walls and GI sheets for ceiling (high) with two spacious rooms is considered very satisfactory by beneficiaries. Nearly two years after these were built, many families were still living in those. In Trincomalee, the average cost of each TS was $828.28[15]. Each TS had about 258 sq ft, which is far higher than the SPHERE standards of 188 sq ft. Equally importantly, the shelter planning in both Trincomalee and Batticaloa incorporated water and habitat management through careful planning of wells, hand pumps, bathing space and toilets.

35. During the construction of TS, beneficiaries were consulted on the design, and most of the work was done by the beneficiaries with direct supervision by CARE staff. In Periyakkulum, bricks made by some beneficiaries were used for the construction, thus integrating livelihoods recovery to shelter and reconstruction process. CARE made several attempts to link livelihoods with shelter strategy: training, development and support to masons, carpenters, brick kiln workers and concrete block makers from affected communities.

36. However, CARE's TS were generally late, and sometimes very late. In most divisions of Trincomalee district, CARE's TS construction commenced in April and early May of 2005, except in Kinniya (individual land) where the work commenced early June. The first batch of TS was completed in early July in Trincomalee, and most (146 out of 291) in early September[16].

37. In Vaharai, CARE completed 674 TS by June/July in three sites. But in Paddipalai DS, CARE started making 150 TS in July-August 2005; of these 20 were completed in November, and 40 were nearing completion in January 2006[17]. By end of April 2006, only 49 of these 150 shelters were completed (Monthly Report, April 2006). While security barriers in transportation of goods imposed by parties to the conflict played a part in this delay, other agencies certainly managed to complete these several months before CARE did.

### 3.2.2 Water, Sanitation and Solid Waste Management in TS:

38. During the construction of the TS, CARE ensured that watsan and public hygiene issues were adequately addressed through provision of sufficient water points, construction and repair of wells, hand pumps, bathing spaces, toilets, and through public hygiene education. In villages visited by the evaluators in Trincomalee, the facilities provided by CARE were evident. However, the state of repairs and maintenance of these were poor. CARE staff stated that in the past one year, due to security situation in the area, staff have not been able to monitor these properly. CARE had undertaken substantial hygiene education and promotion campaigns with the community when they moved into the TS in Trincomalee. However, it was very difficult to change their behaviour: the bathing spaces for men and women were separated and covered, but people did not follow these; the same for toilets which were separated for men and women when built and handed over to the community.

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[15] CARE Sri Lanka, Project Final Report LK226
[16] Status for Construction of Transitional Activity, March 30, 2006, CARE Trincomalee.
[17] Source: Monthly report, PTRDT, Batticaloa, 1 Dec-1 Jan'06).

39. This is usually the case in all camp situations: it takes much more than public hygiene lectures to change behaviour of communities. In Batticaloa, watsan team coordinated their public hygiene education programme with the psychosocial team who made regular home visits, and this integrated approach made it a success. CARE integrated psycho-social work in its watsan response through community consultation and constant follow up in the transition phase. It took several months of sustained dialogue in community forums, home visits and hygiene education targeting women, children and men before majority of the people started using toilets. Since CARE did not have in-house capacity to deal with technical issues related to public hygiene, it networked with the Public Health Inspectors (PHIs) and Oxfam for technical input. Close monitoring and field presence was another reason for the success of the initiative in Batticaloa.

40. In Vaharai, disposal of garbage and solid wastes was initially handled by Oxfam and then handed over to the Pradeshiya Sabha which was unable to provide the services. Then CARE took charge of this with community involvement in collaboration with Pradeshiya Sabah. With a small support and awareness to the community, garbage disposal was effectively undertaken in the shelter sites. The community collected the garbage and deposited these in bins provided by CARE, where these were collected by the Pradeshiya Saba twice a week. CARE paid the Pradeshiya Saba for the fuel costs.

41. Overall, CARE did well in the watsan sector in providing for the initial infrastructure. However, watsan programmes involve changing practices and peoples' behaviour, and hence needs close monitoring and follow up which were generally weak in Trincomalee.

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***Conclusions:***

- CARE's TS were of high quality and standard, although CARE was generally late in providing these.

- The TS and toilet construction were highly cost-effective at a unit cost of $825 and $90 respectively.

- Better monitoring and quality control systems for the watsan interventions would have made the response more effective.

***Lessons for the future:***

R4        Public health promotion in camp situations require follow up involving home visits, meetings, demonstration and education often lasting months of sustained efforts.

R5        CARE needs to document its experience of TS construction so as to capture the  methods and processes it followed which can be used in future operations.

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### *3.3 External Coordination:*

42. Almost all interviewees stated that coordination was weak at the start of the response. However, in the chaos and overcrowding that followed with arrival of one hundred and fifty INGOs[18], along with local NGOs, citizens' groups, businesses and other players, needs assessment was mainly supply-oriented (depending on what an individual agency could provide) and did not take into account what needs other agencies were meeting. This resulted in many agencies supplying the same provisions (particularly NFIs) to the same communities many items over. CARE coordinated well with others to ensure that there was no duplication.

43. 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

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[18] A directory prepared by Humanitarian information Centre (HIC) in January listed 152 INGOs operating at the time.

for National Operations and then the Task Force on Relief and 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. The Liberation Tigers of Tamil Eelam (LTTE) had set up its own coordination mechanism in the LTTE-controlled areas, managed by the Planning and Development Secretariat (PDS) which included the Tamil Rehabilitation Organisation (TRO). The latter led the process by providing beneficiary lists to organisations and insisted upon being consulted and giving approval for all projects undertaken in the areas controlled by the LTTE.

44. Coordination structures were unclear and kept changing mandates constantly. The Taskforce on Relief was responsible for coordinating relief operations and TAFREN was responsible for coordinating reconstruction efforts. TAP (Transitional Accommodation Progress) was responsible for transition shelters. Since late 2005, with the change in government, TAFREN was replaced by Reconstruction and Development Agency (RADA).

45. In both the districts, the government and UN officials met by the evaluators noted that CARE was good in coordination, and generally planned its activities keeping the relevant officials/departments informed. Government officials in Trincomalee interviewed by the evaluators stated that CARE was good in coordinating with them during the relief operations as well as in coordinating in the fisheries sector.

46. CARE coordinated with other organisations like Oxfam and local government authorities (Pradeshiya Sabah, Water Board and Public Health Inspectors) to ensure quality of water. However, with regards to permanent housing, there appears to be a slackening of coordination, and officials complained that CARE has not been keeping them informed of its plans and progress.

47. Throughout the peak of the operations in 2005, CARE's participation in coordination meetings was at a junior level, except in Batticaloa for the first six weeks (up to mid-February 2005) when the Humanitarian Assistance Coordinator attended most of the coordination meetings. Usually those sent to meetings were not decision-makers or could not make commitments right away. In Batticaloa, the evaluators met with at least two staff who recalled that 2 days after they were recruited, they were asked to attend coordination meeting, without any briefing given by anyone – interestingly, the individuals had no prior experience in humanitarian/NGO work. In Eachchilampattu division Transitional Shelter coordination forum, no one from CARE attended the first meeting and the 2nd meeting was attended by a junior staff who was not a decision-maker nor had any idea what parameters CARE was working within. Due to this CARE was not allocated any TS in Eachchilampattu division. This was also partly the reason why CARE ended up doing CFW in one area, TS in another and permanent housing in an entirely different area as it had failed to establish a dialogue or credible 'presence' in the government-coordinated decision-making fora.

48. This was generally the pattern: 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. As noted in an internal monitoring visit report, this contributed to CARE missing out on opportunities and being slow in starting the recovery phase of the implementation[19].

49. By and large, CARE's 'coordination' with government, UN or INGOs was at the level of providing information at the district level. The evaluators have seen or heard very little evidence of CARE providing leadership to the humanitarian community in the districts on key issues during the relief and recovery stage[20]. At best, CARE's coordination was at a

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[19] Care Sri Lanka Monitoring Visit Report, Post Tsunami Program, March 14 – March 22, 2005.
[20] Except for a brief period in Batticaloa in the later part of 2005, facilitated by the appointment of a new HAD.

practical level – like networking with Oxfam on watsan issues in different areas. Overall there is a shyness among the staff to 'look outwards', and managers agree that most staff are more 'doers' than networkers. The result is often that CARE does not gain the rightful recognition or leadership role that it ought to have in specific areas of its distinctive competence like TS, community participation, etc. However, at the HQ level, CARE played a key leadership role in the shelter meetings in Colombo where it led the advocacy forum for housing for some time and was able to raise issues with TAFREN, RADA etc

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***Conclusions:***

- At the level of sharing information about its work, CARE generally coordinated well with other agencies and government in the districts, although it did not play a proactive leadership role except in Colombo where CARE led the advocacy forum on housing.

- People attending coordination meetings had to be senior enough in the decision-making structure to be able to have meaningful dialogue and negotiations with authorities on what was feasible for CARE to do.

***Lessons/Recommendations for the future:***

R6     In major emergencies, appoint a senior manager as a point person for coordination with other agencies, to attend key coordination meetings[21] throughout the peak of the operations, and for advocacy on relevant issues, in all major emergencies.

## 3.4 Cash-for-work (CFW)

50. Early livelihoods interventions like cash-for-work have been seen as more appropriate than food aid and these interventions were used extensively by aid agencies in Sri Lanka to increase entitlements of affected communities to food from the local market. CARE's early interventions in debris clearing through CFW was particularly appreciated by communities and various other interlocutors as highly effective response at a fairly early stage. CFW in Kinniya started in February 2005 (many other agencies started in January), and through it, an access road was created which helped in transportation of construction materials during the latter phase. Land clearing for permanent houses was also done through CFW.

51. Generally CARE planned its CFW well and identified projects which created community assets like roads, removal of debris, etc. However, because of the intense competition among agencies to 'attract' labourers and because of a misguided policy agreed with the government coordinating bodies in different districts, every agency including CARE ended up paying more than market wages for CFW[22]. 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 fixed the wages at substantially higher levels, not only distorted the labour market but also provided disproportionately higher benefits to groups/communities that were not meant to be the primary target of these programmes. Higher wages also caused many labourers in alternative occupations (like farm labourers) to opt for CFW as their livelihood, thus distorting the local labour market while the work was going on.

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[21] Coordination meetings usually vary in their level of direct influence on decision-making or shaping the overall strategy. There are some thematic coordination meetings which are of routine or information sharing nature. This recommendation relates to the strategic coordination only.

[22] Which was partly due to a decision taken by government authorities fixing a wage rate for CFWs.

[26]Tsunami Evaluation Coalition, *Links between Relief, Rehabilitation and Development in the Tsunami Response*, July 2006.

52. Despite this weakness in the design of the CFW programme, one of the most successful aspects of the response was the use of cash transfers, allowing communities and individuals a greater degree of choice than with distribution of materials. CARE also used cash grant extensively to help affected people re-acquire their productive assets to re-establish their livelihoods. CFW has also contributed to recovering productive assets: it has been used to pay farmers to reclaim land damaged by Tsunami. The TEC[23] report argues that cash paid through CFW has supported both food markets and investment in the recipients' chosen livelihoods strategies.

53. CARE's cash for work which assisted with short term livelihoods support to families and local economy affected by Tsunami, conflict and other natural disasters is an excellent example of how equity issues and dimensions of conflict and vulnerability have been dealt with in programming. Arguably, cash-for-work programmes have been the most significant contribution to psychosocial well-being. The World Bank has found that providing survivors with income-earning opportunities tied to physical work often seems to help as much as grief counseling. Experience after the Gujarat earthquake suggests that livelihood inputs can also make a significant contribution to psychological recovery, especially for women.

54. There are concerns however that CFW may have undermined local traditions of voluntarism and self-help, like '*shramadana*' which have been very strong in Sri Lanka.

***Conclusion:***

- CARE could have done better advocacy on good practices in CFW for example, that paying higher-than-market-wages distorts the very purpose of CFW.

## 3.5 Livelihoods:

## 3.5.1 Non-Fishing Livelihoods:

55. CARE's livelihoods response focused on the restoration and improvement of the livelihoods and asset-base of poor households in the affected areas[24]. A variety of livelihoods interventions were made by CARE to support families whose livelihoods were destroyed by Tsunami. In Trincomalee, 274 families were assisted with Small Enterprise Development (SED) support in the form of sewing machines, clay brick making, cycle repair centres, goat rearing, poultry, bakery etc[25]. In Batticaloa, in addition to these, furniture for beneficiaries in TS were provided through the carpentry production workshops in Vaharai, an excellent example of attempt to link livelihoods with shelter response.

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**Box 1: Livelihoods and Vulnerability**

*Karadipooval in Trincomalee district is an indirectly affected village as most people lost their livelihoods (fishing) or had their farming land damaged due to sea water intrusion. CARE set up a women's Society after the Tsunami which now has about 56 members from various communities. CARE facilitated a visit to a neighbouring village where PRIDE programme has been running, and this inspired the women to start the society. Members are encouraged to make regular savings and, like in other group saving schemes, can get loan for 2 per cent interest per month, which has to be repaid in 3 months.*

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[24] Strategic Framework ….*Ibid*
[25] Highlights – Post Tsunami Recovery and Development Programme, CARE International Trincomalee.

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*CARE's support to livelihoods activities in the phase 2 (since January 2006) in this village is made through the women's society. The society selects the beneficiaries and identifies the activities the members will undertake. The criteria for selection include aspects like regular participation in meetings, ability to save, etc.*

*In this village activities like poultry rearing (layer birds), goat rearing, paddy cultivation, sewing machines etc., were undertaken through CARE's support. Visits to several beneficiary families by the evaluators showed the following pattern:*

> *\* Poultry rearing which fetches about Rs. 600-700 per week (net profit) was being undertaken by the very active members of the society (President) or their close friends who were relatively well off;*

> *\* A few families who obtained support for paddy cultivation (Rs 15,000 each) were visited and from all accounts, they belonged to the upper quartile of the population in terms of access to resources;*

> *\* Met one woman whose husband is a heart patient and unable to work; she received no support through the Society or CARE. Met another woman-headed household whose husband works as a migrant daily labour in the south of the country. The woman is left to fend for herself and her children. She got support through the society for goat rearing (3 goats), but complains that 3 goats do not fetch any income and wonders why she was not given support for poultry farming.*

*CARE field staff suggested that since one of the key objectives was to build the capacity of the CBO, CARE leaves the beneficiary selection process in the hands of the society members.*

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56. CARE's livelihoods packages were sometimes based on the availability of funds, and ignored the criteria of viability. A woman in Karadipooval in Trincomalee was given Rs. 10,000 by CARE to re-establish her brick making unit when she actually needed Rs. 50,000. When the evaluators met her, she had not yet started the work, but hoped to mobilise the additional resources from family and friends and start the enterprise soon. In Periyakkulum, 19 farmers were given Rs. 20,000 each to start onion cultivation; however, since onion cultivation costs more, they were unable to grow the crops. In several villages the evaluators heard of stories of many more shops being provided in the village than there was scope for, rendering them non-viable.

57. There were many instances where the criteria for beneficiary selection (in Trincomalee; in Battticaloa no beneficiary could be interviewed or villages visited) were not clear to the evaluators, and staff often argued that after the Tsunami, all the people were vulnerable and hence beneficiary selection was not a problem. Inadequate monitoring of the support provided was also noticed in some instances:

- In Kinniya, a farmer who has about 1500 coconut trees was given Rs. 10,000, and he used the grant for fencing the coconut farm which was not affected by the Tsunami;
- A block making unit was given by CARE to a group of three persons in Kinniya, but the enterprising among them has made himself the owner and the other two are working with him as labourers;
- In Karadipoovl (see Box 1), several better-off families received substantial assistance while some of the poorer families were not adequately supported;
- In Periyakkulum village, CARE gave cash grants to people to start livelihoods, but then there was no follow up

58. In the two adjoining districts of Batticaloa and Trincomalee, the packages offered for livelihoods assistance varied depending on the CARE staff who were involved in drawing up the respective proposals. During the evaluation, district staff were surprised at the difference

when they exchanged information on livelihoods packages used. The following table illustrates the difference, most of which can not be explained by difference in the context (i.e, cost differences between the district or the effect of Tsunami on the livelihoods which were very similar). This simply indicates that a more unified country office approach was needed with flexibility to be district specific as and when required[26].

**Table 2: Livelihoods Packages in Different Districts:**

| *Trincomalee* | *Batticaloa* |
|---|---|
| Small shop -Rs 10,000 to 15,000 | Small shop -Rs 25,000 |
| Home gardening -Rs.10, 000 | Home gardening -Rs.1250 worth seeds |
| Paddy cultivation–Rs.15,000 for 1 Acre | Paddy cultivation–Rs.20,000 for 2 Acres. |
| Clay brick making –Rs.10, 000 | |
| Onion Cultivation - Rs.20, 000 | |

## 3.5.2 Support for revival of fishing:

59. The biggest livelihoods response made by humanitarian agencies was in reviving the fishing industry. In Sri Lanka, up to 3 per cent of the labour force or about 200,000 people lost their jobs, including 100,000 in fisheries due to Tsunami. Like most other agencies, CARE got involved in distribution of boats, canoes, nets, motors and other fishing gear in both the districts.

60. In Trincomalee, CARE provided fishing equipments to 5 villages to the tune of about Rs. 20 million in phase 1 and about Rs. 16 million in phase 2. Trincomalee has been traditionally under-supplied with fishing equipments unlike most of the country. CARE distributed beach seine units, fibre reinforced plastic (FRP) mechanised boats and canoe packages[27]. In Vaharai, 120 fishermen families were selected for distribution of boats, motors and fishing gear. In Trincomalee, beneficiary selection was done through the fisheries cooperative societies.

61. It was a familiar story in many parts of Sri Lanka that agencies distributed many more boats than they ever existed, without any coordination with regulatory agencies[28], thereby doing more damage in the long run to an important source of livelihoods for the fisher folks in the country. CARE was conscious of this fact and it tried to coordinate with the fisheries department which is the institution that regulates fishing. In Trincomalee, 40% of the grant given by CARE to fishermen through the Fisheries Cooperative Societies (FCS) is recoverable. The individual beneficiaries were expected to repay these to the FCSs. CARE has provided training to the FCSs in group formation, revolving fund management, leadership and planning. In addition, in Trincomalee, CARE facilitated the formation and registration of Divisional Fishermen's Co-operative Societies' Union, and made efforts to bring all the eligible fishermen in the division under the discounted 'Free Insurance & Fishermen Pension Scheme'.

62. In Trincomalee, the eligibility criteria for CARE's fisheries assistance, theoretically, included the conflict-affected as well, although the evaluators have not come across any such beneficiary. The selection of beneficiaries was left to a committee involving officials from the Fisheries department, cooperative department, CBO representatives, representative of implementing partner, representative of DS/GN and CARE acting as

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[26] Richard Hamilton, *CARE Sri Lanka PQL Livelihoods*, 24th September – 13th October 2005
[27] S. Sriskantharajah, *Post Tsunami Recovery and Development Project*, CARE International Trincomalee, Livelihoods Development Programme - Fisheries
[28] There were also many instances when the fisheries department failed to provide the right information. CARE therefore had to cross-check all the information it received from department.

observer. The final selection was made through a community meeting. Following the community meeting, the approved list of beneficiaries was posted in public places and community members given a week to raise any objections[29].

63. In Sumedagama, CARE provided 7 fishing boats and gears to 14 families (1 gear per 2 families, including boat, motor, nets, each kit worth Rs. 365,000) in May 2006. The fishing boats in Chinabay were handed to beneficiaries in May and engines in December 2006, i.e., two years after the Tsunami. The quality of the equipments provided were rated very good in comparison with many other agencies. The 14 beneficiaries in Sumedagama were expected to repay LKR 3334 monthly to the society – a total recovery of Rs.120000 for each kit was expected (33%). The recovery fund was to be used by the society to fund other families' livelihood/fishing needs. However, so far there has been no recovery as even before the fishing gears were distributed, the army imposed a fishing ban in the area, denying the fishermen access to the sea.

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**Box 2: Beneficiary Selection for Fisheries Assistance:**

*In Kinniya, only directly affected areas were targeted. Therefore, of the 11 FCS, only 5 received CARE assistance. CARE's selection criteria were based on the Tsunami Shelter list drawn up by the DS. CARE was not directly involved in the selection process or in setting the selection criteria. CARE's non-involvement in the verification process of the selection criteria led to exclusion of inland lagoon fishermen who are generally the poorer among the fishermen.*

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64. Follow-up with the beneficiaries to find out progress or support in exploring alternative livelihood options when fishing ban was imposed was not done. In Periyakkulum, 6 boats and 6 canoes were distributed, but due to the conflict, all the families fled to India after selling off their boats and fishing gear. During the interviews with the evaluators, many villagers complained that the FCSs and Women's Rural Development Society (WRDS) generally selected their own friends and relatives as beneficiaries for any programme. CARE presence at the initial assessment and implementation phases was strong, but subsequent follow-up and monitoring was weak. This was partly due the fact that for nearly eight months of 2006, there was little access to this village due to security situation, and partly due to the fact that staff attention had then moved on from livelihoods to permanent housing.

65. CARE's livelihoods interventions in fisheries as well as in agricultural support were severely delayed on many occasions[30]. Nowhere else was the effect of this more pronounced than in the fisheries sector. Mention has been made in section 5 of the Vaharai boats and fishing gear saga which meant that till today no fishermen have been able to go out to the sea using CARE-supplied equipments to resume their livelihoods. The same happened in China Bay in Trincomalee. It is another matter that due to security restrictions, now they can not go for deep-sea fishing anyway, although they are still allowed to do coastal fishing (within 5 kilometres) for which they need different type of boats and fishing gear.

### 3.5.3 Approach to Livelihoods and Understanding of Vulnerability:

66. Although CARE did not carry out any systematic needs assessment in the immediate relief stage following the Tsunami, its presence in different districts and local knowledge gave it a good base to launch a rapid response. Needs assessments in the recovery phase

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[29] Fisheries Livelihoods Assistance Project, Trincomalee.
[30] CARE Sri Lanka, *Macro Situation Analysis of Trincomalee District*, October-November 2005. There were also instances where procurement and bureaucratic delays within CARE caused delays in repair of roads, and by the time CARE was ready to procure supplies, rains had started and the work had to the abandoned until after the rains were over.

was carried out systematically. CARE developed participatory mechanisms using community groups/youth/cooperatives etc., to identify vulnerable beneficiaries for their livelihoods programme. In some cases, they were even able to identify and target female-headed households who had no prior experience in running a trade, and gave cash grants to start appropriate trade. While the processes put in place were appropriate, the evaluation concludes that the non-involvement of CARE staff in monitoring and cross-verifying the selections made by CBOs led on many occasions to situations where the not-so-vulnerable self-selected themselves for relatively greater share of the support than the genuinely vulnerable.

67. The evaluators noted that CARE has developed a good understanding of vulnerability and livelihood strategies of the poor in the districts, especially in Batticaloa where it has an ongoing LIFT programme. The approach used in Tsunami response does not reflect this. The term 'livelihoods' has very different connotations in development and humanitarian programming. While many agencies these days do well to take a holistic approach to livelihoods in development programmes (eg., sustainable livelihoods framework), in the supply-driven humanitarian response, livelihoods largely refers to distribution of assets such as tools, sewing machines, boats, nets, seeds, agricultural implements, etc[31]. Such physical asset-based response is usually not based on analyses of the actual livelihoods strategies of the intended recipients, but instead reflect the media-driven perceptions of poor farmers and fisher folk[32]. CARE's livelihoods approach in the Tsunami response also suffered from this weakness.

68. Asset-based response in emergencies also gives a different twist to the notion of vulnerability. CARE staff in both the districts argued that all the affected people were equally vulnerable after the Tsunami and hence selection of beneficiaries for livelihoods assistance was not a major issue. In other words, vulnerability was equated with damage suffered – the bigger the damage the greater the vulnerability. As can be seen from examples given in Box 1, a larger proportion of support therefore went to better-off sections, while a *relatively smaller* support went to the resource-poor families.

69. Vulnerability is referred to by some as "defencelessness, insecurity and exposure to risks, shocks and stress …..and difficulty in coping with them[33]". Vulnerability is both hazards and risks and is an expression of the *potential* harm arising when a person, community, institution or system is exposed to a hazard. Whether the potential threat/harm is realised is partially due to the effectiveness of coping strategies that are *influenced by power, identity, connections and resources*. Critical in the understanding of vulnerability is to note that the four elements or power, identity, connections and resources mediate one's exposure to threat (i.e., vulnerability). Immediately after a disaster when the entire support system is unable to cope, all families may be equally vulnerable in terms of their basic survival needs of food, water, medicines, etc. However, that does not mean that once the 'saving lives' phase is over, and slowly the support system begins to recover from the shock, all individuals have the same level of power, identity, connections and resources.

70. Livelihoods response based on replacement of assets has implication for equity issues. As pointed out in the DEC evaluation of 2005[34], there has been an issue of proportionality between fishermen who received large amounts to replace assets like boats (costing anywhere from £380 to £2,500) compared with farmers and petty labourers who received

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[31] Tsunami Evaluation Coalition, *Links between Relief, Rehabilitation and Development in the Tsunami Response*, July 2006.
[32] TEC, *Links between Relief*.., July 2006
[33] Adam Paine and Sue Lautze, *The Sustainable livelihoods Framework,* AERU, 2002.
[34] Disaster Emergency Committee, *Independent Evaluation of the DEC Response to the Indian Ocean Tsunami Disaster*, 2005.

minor support (£40 to £65). At the bottom of the scale, women received even smaller amounts for cottage industries such as sewing or processing agricultural products. "There is an overall tendency for aid to increase rather than reduce inequalities. By targeting such groups, agencies will reinforce previously existing power and wealth structures…."(DEC Evaluation, 2005). This evaluation however argues that while equity issues in any humanitarian or development interventions are important, in the Tsunami response, it was more critical to ensure that (a) livelihood resources were rehabilitated in the affected areas to revive the economy, and (b) greater attention was paid to the specific needs of the most vulnerable. To this extent, while assets replacement was an appropriate strategy, the livelihoods of those most in need who may not have owned assets needed special attention.

### 3.5.4 Effectiveness of Various Livelihoods Interventions:

71. CARE's support to small enterprises like mobile vending, village groceries shops, snack-making, clay brick making, cement block making, poultry (layers), farming/ home gardening have helped many families to re-establish their livelihoods. The evaluators met several entrepreneurs/farmers who have now been earning a decent income with the support provided by CARE. Poultry farmers met in Karadipooval earn about Rs. 700 in net profit every week; some shop owners make about Rs. 800-1000 a week; a snack maker who sells his products in Trincomalee makes over Rs. 15,000 a month; lagoon fishermen claim they have revived their business to nearly the pre-Tsunami level;  and so on.

72. These are significant impacts at the level of beneficiaries. However, greater attention to viability of different support provided and systematic monitoring could have made far greater impact. As there was no well thought-out livelihood response strategy, some of the support provided were inappropriate in the context of reviving livelihoods, for example:

   (a) too many shops in the same village/community meant that most of them became unviable in several villages;
   (b) goat rearing – CARE distributed 3 goats to each family; 3 goats do not generate any income and are mostly used for family consumption[35];
   (c) CARE provided cement block making machines with the idea that the bricks made by the beneficiaries would be purchased for construction work, but later it refused to buy from these sources and instead procured from commercial sources.

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***Conclusions:***

- CARE's support to small enterprises and lagoon fishing enabled large number of families to recover their livelihoods.

- The quality of boats and fishing gear supplied to fishermen were considered good, albeit generally late which, combined with security restrictions in the districts, meant that many have not been able to use these.

- CARE did not have a clear livelihoods strategy, and the response was highly supply-oriented, with little post-distribution follow up and monitoring or consideration of alternative livelihood options for fishermen unable to resume fishing.

- Livelihoods response based on asset-replacement did not take adequately into account equity issues in the Tsunami response[36].

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[35] Livestock studies have shown that in good pasture areas, a family of four needs 30-35 goats to survive if goat rearing is the main occupation. It was reported that the Batticaloa team realised the limitations of goat rearing as a livelihood interventions, and hence did not undertake this.

[36] This was not a *CARE only* problem, and applies to the Tsunami response of the entire humanitarian sector marked by surfeit of funds which most agencies were not sure how to spend.

*Lessons/Recommendations for the future:*

R7      Staff need to develop better understanding of vulnerability in beneficiary selection for post-emergency livelihoods response.

R8      Livelihoods response needs continuous monitoring, follow up and support after distribution of assets to ensure that beneficiary is enabled to run the enterprise properly.

R9      While addressing equity issues adequately in the Tsunami response may have been difficult for any organisation, CARE ought to have taken proactive steps to ensure that   the livelihoods of the vulnerable who ran the danger of being left out were given greater attention by all humanitarian agencies.

# Section 4:

## CI Programming Principles and Programme Standards

*(In this chapter, the operations have been assessed against the six CI Programming Principles[37] and wherever relevant, references have also been made to CI Project Standards and SPHERE common standards)*

### *4.1 CI Programming Principles*

### 4.1.1 Promote Empowerment (CI Principle 1):

73. On-going relationship and engagement with the community is essential to gaining a good understanding of who the vulnerable groups were and who may slip through the aid system. CARE worked closely with community groups and the local authorities which ensured that its programme design was informed by the perspectives of the primary stakeholders. As described in sections 3.2, in several villages, CARE involved the beneficiaries in the choice of design and implementation of TS. In livelihoods interventions (section 3.5), CBOs were involved in the design and implementation of the activities.

74. In both the districts, CARE demonstrated good examples of consultation and beneficiary participation in various stages of the response. CARE's TS as well as permanent housing in several villages were highly participatory. In Trincomalee, CARE relied a great deal on the CBOs and their ability to act as interface between CARE and the community, while in Batticaloa CARE was more directly involved with the community, without any intermediary. CARE set up village/camp committees which were trained in undertaking PRAs (Participatory Rapid Appraisal) and deciding on/managing specific activities like selection of beneficiaries for livelihoods support, overseeing of water and sanitation programme etc. In the early stages of TS construction, communities actively participated in assessment, design, implementation, although in latter stages in most areas, poor monitoring by CARE was noticeable during the evaluation. In permanent housing, CARE's approach to owner-built houses involves active participation of beneficiaries in all stages of the planning and construction. Beneficiaries were given training in monitoring of quality and overseeing the work of masons and labourers. Beneficiaries also carry out physical work alongside the masons and other labourers depending upon their skills. All of these showed CARE systematically using *Sphere Common Standard 1* (Participation) in the design and implementation of the programme to a large extent. Participation and dialogue was also integrated into CARE's psycho-social programme[38].

75. The most significant interventions made by CARE towards empowering local communities were in the following areas:
- Support to Women's Development Societies in Trincomalee and enabling them to undertake thrift and credit activities in the local community.
- Cement block making machines: CARE bought these machines with the idea that these will be a main source of livelihood for the beneficiaries as the bricks

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[37] CI Programming Principles are 1) Promote Empowerment, 2) Work in partnership with others, 3) Ensure Accountability and Promote Responsibility, 4) Oppose Discrimination, 5) Oppose Violence, and 6) Seek Sustainable Results.

[38] The evaluators were unsure of the definition of psycho-social programme. In the Tsunami response, many organisations used this phrase to describe all kinds of measures which, basically, to experienced humanitarian workers, were good practices in community consultation, participation etc. CARE certainly used several good practices in its programming (watsan for example); however, the evaluation was inconclusive as to whether these constituted psycho-social programming.

manufactured by these will be used for transition shelter and house construction. Selected youths were given training and provided all necessary support to establish enterprises to run these units.

- The training and orientation given to local masons and beneficiaries in monitoring quality of construction work for owner-built permanent houses, and the community processes initiated through this have instilled a sense of ownership among the beneficiaries of the reconstruction programme.

76. Overall CARE did well on the beneficiary consultation and participation process. CARE's psychosocial response integrated participatory processes and systematic community consultation at every stage of its response. However, there were also some not-so-good examples: CARE put up information centres in all the villages, with buildings, small furniture and newspapers etc. In most places, the communities stopped using these after the novelty wore off. The communities were not consulted and the idea was not understood.

### 4.1.2 Work in Partnership with Others (CI Programming Principle 2):

77. CARE's approach is to build on local capacities. It is a recognised strength of CARE that it seeks to work in partnership with community groups and local governments. CARE provided support to several government departments at the level of DS which were responsible for directly overseeing the Tsunami response at the grassroots level. CARE's support included provision of furniture, computers and other office supplies. In Trincomalee, CARE Australia funds were used to provide school uniforms, school bags and lunch boxes to over 1000 children.

78. In Trincomalee, CARE supported a few local organisations like Kinniya Vision and SEDOT in their Tsunami response. However, in the pressure to spend money which most agencies were under following the Tsunami, on several occasions, CARE, like many other INGOs, may have paid inadequate attention to the possibilities of forging partnership with local organisations. The relationship with the few NGOs met in Trincomalee bordered on a limited sub-contractorial one, rather than one of partnership. Mention has been made of CARE's district management in Batticaloa deciding not to work with CBOs or LIFT partners which is another example of missed opportunity to work in partnership.

79. As noted in the DEC Tsunami Evaluation (DEC Evaluation, 2005), there were criticisms by local NGOs and government of how the INGO community created a world around itself with insufficient interaction with local organisations. Use of English as a language in all INGO/UN coordination meetings without any consideration for the participants from local organisations was one example. Staff poaching from local NGOs and creating a salary structure which local NGOs could not afford was cited as a major issue how INGOs cannibalised on local NGOs. The TEC report on *Impact of the Tsunami Response on Local and National Capacities* noted: "the failure to engage appropriately with local capacities compromised the effectiveness and efficiency of the response in the long term. ………….. The period of saving lives was practically over by the time the international agencies arrived. So there was little justification for the focus on delivery rather than capacity strengthening. And the fact that saving lives depended almost entirely on local communities is a strong argument in favour of long term vulnerability reduction through capacity strengthening".

80. Although this evaluation does not suggest that CARE was particularly at fault, needless to say, there is a collective responsibility here to ensure that good practices are promoted and greater emphasis is laid on strengthening and building future responses on local capacities.

### 4.1.3 Ensure Accountability and Promote Responsibility (CI Programming Principle 3):

81. As will be discussed in Section 5, following the Tsunami, CARE strengthened its management systems, particularly with regard to programme support functions like finance and accounts, procurement, grants management and overall programme management. With the creation of DMU, the professional capacity of the organisation to respond to and manage disaster response was also enhanced. Periodic internal and external audits of accounts have also been carried out. The programme reports seen by the evaluators are concise and reflect the progress and constraints on the ground, although as was noted in the CARE USA Audit[39], the reports did not generally mention about major problems encountered during implementation or how the problems were proposed to be overcome.

82. During the relief, livelihoods and TS construction stage throughout most part of 2005, CARE had regular communication with community groups and often made information about its plans publicly available through village notice boards and CBO meetings. However, accountability to beneficiaries did not go beyond this. Mechanisms for receiving and handling complaints from beneficiaries did not exist, and beneficiaries' ability to approach CARE with grievances depended upon personal relationship an individual had with concerned staff of CARE. A greater accountability to beneficiaries would have ensured that CARE showed greater concern for the livelihoods of the 120 Vaharai fishermen families whose livelihoods CARE intended to support, but did not, because CARE was prepared to wait for nine long months to sort out VAT payments amounting to about $ 6,000, when it did not think twice before investing over $300,000 in procuring eight hydra-form machines for making cement blocks which are not considered appropriate in Sri Lankan context.

83. As has been widely commented upon and acknowledged by the humanitarian community, Tsunami revealed that the main weakness of humanitarian action is its general lack of accountability to beneficiaries. The TEC Report[40] calls for international relief system to establish an accreditation and certification system to distinguish agencies that work to a professional standard, and the pressure on international humanitarian agencies is growing to adopt and publicly demonstrate their accountability to communities they claim to serve. The NGO Impact Initiative led by American NGOs and working as part of the initiative of Office of the Special Envoy for Tsunami Recovery (or *Bill Clinton Initiative*) recommends that agencies undertake an audit of their accountability to affected population.

84. The importance of accountability to beneficiaries can not be over-emphasised. As this evaluation reveals, CARE's programme was effective when it took the perspectives and needs of the beneficiaries on board in planning and implementation (TS, owner-built houses, for example) and generally ended up in failure when it ignored the communities' expressed interests, choices and the need to be accountable to the communities (information centres set up by CARE in many villages, supply of fishing equipments in Vaharai, etc)

### 4.1.4 Oppose Discrimination (CI Programming Principle 4):

85. Sri Lanka presents a complex situation in terms of how Tsunami affected the country's economy and various sections of the population. Parts of the country were affected by conflict resulting from systematic discrimination through decades of lop-sided development policies. Several assessment reports from the North and East of the country highlighted the disparity between the North and East and the South. The Tsunami hit all the conflict-affected areas in a way that further destroyed the lives and livelihoods of many communities. CARE

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[39] CARE USA Internal Audit, June 2006
[40] John Cosgrave, *Synthesis Report: Expanded Summary*, January 2007

quite rightly emphasised the need to address the poverty and vulnerability issues arising from twenty years of conflict as an integral part of Tsunami response.

86. CARE was able to reach some of the remotest areas which generally have, in the conventional aid delivery system, less chance of being reached. CARE was the first agency to reach relief in Vaharai in LTTE-controlled areas – one of the most-deprived areas in the country, with difficult access.

87. All these may not have endeared organisations like CARE to the dominant political forces in the country. Following the Tsunami and worsening of the conflict situation, the political and religious forces have taken every opportunity to use the humanitarian community as a punch bag and have accused them of all sorts of complicity in the continuing conflict in the country. The fact that INGOs like CARE have focused more on predominantly Tamil areas which also happen to be conflict-affected have been used by some of the nationalist elements to launch occasional vituperative campaigns against international agencies. Although CARE may have been at the receiving end of such vilifications from time to time, its strict adherence to the principles of neutrality and impartiality have helped it defend itself from such attacks which may only increase in future, given the current breakdown of political processes in the country.

88. Apart from the dimension of ethnicity, CARE has ensured that its programme addressed gender issues in the community. When the Tsunami struck, CARE had an ongoing project on Prevention of Gender Based Violence (PGBV) in Batticaloa and Trincomalee. It worked closely with displaced communities in the welfare centers and the transitional shelter sites where it conducted awareness raising sessions for camp managers, armed personnel and government officials on violence against women and about their responsibility in ensuring their prevention.

89. Gender has been particularly important in some of the watsan programme and livelihoods activities of CARE where it ensured that in the TS camps, bathing areas and toilets for women were covered by fences, and the toilets were not far from their shelters. In livelihoods work, woman-headed households were given particular priority in selection of beneficiaries. In Vaharai, 115 female-headed households were given temporary shelters by CARE, and 45 of these were also given livelihoods assistance. Overall, the evaluation concluded that CARE substantially complied with Sphere Common Standards 2 and 4 in its assessments and targeting of beneficiaries in the recovery stage of the response.

### 4.1.5 Oppose Violence (CI Programming Principle 5):

90. The Post Tsunami Recovery and Development Strategy (Strategic Framework, February 2005) envisaged concentrating bulk of the resources in the directly affected areas along the coast, and some investments in adjoining areas with indirectly affected communities to ensure greater equity and minimise the chances of CARE interventions creating an imbalance between communities already affected by decades of conflict, poverty and vulnerability. The strategy stressed that while addressing the plight of the conflict-affected, many of who lived in the Tsunami-hit areas, was a complex and sensitive issue, CARE will make every effort to use the Tsunami funding as a catalyst to addressing the needs of all IDPs[41] in the Tsunami-affected districts. CARE's engagement with conflict-affected groups in Batticaloa was extensive as large section of the Tsunami-affected was also the conflict-affected.

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[41] The number of conflict-displaced persons prior to Tsunami was estimated at 350,000 (Strategic Framework).

91. CARE has been sensitive to this issue and attempted to make sure that while targeting the Tsunami-affected families, the families who were conflict-affected and lived in the Tsunami-hit areas were also included in the targeting. CARE tried to address the livelihoods of conflict affected; but in terms of shelter and watsan, the focus was on Tsunami affected only as most donors were reluctant to allow CARE to use the funds for conflict-affected unless they were directly affected by Tsunami as well. CARE Australia has been flexible on this and since 2006, it along with few other donors have given CARE Sri Lanka greater flexibility in using the Tsunami funding to address the needs of the conflict affected as well while concentrating on the Tsunami-hit areas.

92. However, a more systematic analysis of the relationship between conflict and recovery/reconstruction issues was not done. The result is that, with deterioration in the conflict situation since April 2006, now (at the time of the evaluation) CARE does not have any access to Vaharai, for example. Had CARE carried out such an exercise, its programme approach could have been to work through local partners in Vaharai: some local agencies like EHED have access to the area now, apart from World Vision amongst the INGOs that has been allowed to continue its operations in the area. Although it is debatable whether CARE could have relied totally on local NGOs some of who may not have strong commitment to fundamental principles of humanitarian action like neutrality and impartiality, working in partnership could have enabled CARE to consider various contingency planning measures while dealing with conflict situations.

### 4.1.6  Seek Sustainable Results (CI Programming principle 6):

93. CARE's approach to permanent housing in particular has been built on active participation and ownership by the beneficiaries from the early stage of the planning and implementation which have meant that owners are building their own homes. Many of the agencies have built houses for beneficiaries they have never met, and in many instances, houses have been built, but beneficiaries have refused to move in. In the case of CARE built houses, hopefully that would not happen.

94. CARE's emergency response also laid emphasis on working with CBOs and building their capacity (except for a brief period in the early stages in Batticaloa). The integrated approach to watsan in Batticaloa that has changed peoples' behaviour is another example of CARE's attempt to deliver sustainable results.

95. There is an increasing realisation within CARE that risk reduction needs to be part of the overall programme work, and it was reported that CARE is currently in the process of developing a disaster preparedness plan for all the districts and for the country as a whole. In the Tsunami response, CARE's work on watsan and related areas were aimed at reducing the risk of unhygienic and unsanitary condition in camp situations. It needs to be recognised that in any community-based disaster preparedness plan, effective partnership with the local authorities and citizens' groups hold the key. Without these elements being at the heart of any disaster preparedness or risk reduction plan, any plan remains hollow and ends up as a meaningless paper exercise. Since CARE already has established links with number of CBOs through its LIFT programme, these could be mobilised for community level disaster preparedness[42].

### *4.2 Programme Quality Standards*

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[42] CARE may find it useful to study the community-based disaster preparedness undertaken in Vietnam by the Vietnam Red Cross. Similar work has also been done in Cuba.

## 4.2.1 CI Project Standards and SPHERE Standards:

96. The CI Project standards[43] were used in the design of all the projects seen during the evaluation, although since the projects were related to a sudden-onset emergency programme, not all the 13 different standards could be followed to the same rigour. Establishing a baseline before the beginning of project implementation (CI Project Standard 10) for example would have been unrealistic, time consuming and costly. However, a fair amount of data-gathering was done for initial assessments especially in the recovery phase to inform the project design in conformity with *SPHERE Common Standard 2*.

97. In section 3.5.3, mention has been about of CARE's approach to determining vulnerability and targeting. CARE's targeting ensured impartiality and non-discrimination *(Sphere Common Standard 4),* and the targeting criteria were clearly defined. Targeting and identifying the vulnerable in the recovery and reconstruction phase is always a complex task. While its approach of working through CBOs and local authorities to identify the potential beneficiaries enabled CARE to respond fairly rapidly, as is universally acknowledged, official plans and beneficiary lists are usually biased against the less vocal, less visible and politically weaker sections of the population. This may have caused some of CARE's livelihoods support benefiting the better off more than the poorer sections. Likewise, the female-headed households without adequate documents to prove their housing status pre-Tsunami and others similarly vulnerable always run the danger of being excluded in the process.

*98. Sphere Common Standard 5 (Monitoring)* requires that the effectiveness of programme in responding to problems is identified and changes in the broader context are continually monitored with a view to improving the programme. Regular monitoring and follow up of TS and livelihoods support was weak[44] as staff had to continually move from one area to another since CARE's work on TS, livelihoods and permanent housing were mostly in different areas. Security and access constraints during the past one year have also contributed to making regular monitoring difficult.

*Conclusions:*

- Within the limitations of a rapid-onset emergency, CARE attempted to systematically comply with its Programming Principles and Programme Standards in the Tsunami response, except in the dimension of accountability to beneficiaries (CI Programming Principles 3), on which, like most other humanitarian agencies, CARE's response showed inadequate commitment.

- Inadequate monitoring of livelihoods activities and several major watsan interventions were noted during the evaluation.

*Recommendations:*

R10    As a first step towards demonstrating greater transparency and accountability to beneficiaries, CARE needs to share and disseminate in appropriate way findings from its internal audit reports and evaluations like the current one to the beneficiaries and wide coordination fora.

R11    CARE management needs to ensure that systems are in place for regular collection of information on the performance of various key technical/livelihoods interventions and a reporting mechanism on follow up actions exists.

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[43] CI Project Standards Measurement Instrument, 2003
[44] This was also observed in the CARE USA Audit.

# Section 5:

## Management of the Response[45]

### *5.1 Changes in Structure:*

99. The Country Office (CO) took the following major decisions to restructure the management following the Tsunami:

   a) create two Assistant Country Directors' position, one focusing on programme and the other on programme support;
   b) create a programme and quality learning team charged with strengthening the monitoring, evaluation and learning aspects of CARE operations in the country;
   c) create a HMU section specially charged with overall responsibility for humanitarian programme.

100. In the districts, CARE created the position of Humanitarian Assistance Directors to provide leadership to the Tsunami response on the ground. Subsequently, these positions were combined in the role of Area Directors with overall managerial responsibility for a district/area. Before the Tsunami, the structure at the district/area level was around functional team leaders and/or Directors of functional teams (like Project Director, LIFT Team Leader etc) who had a direct reporting line to the HQ through the Department Heads/Directors based in the HQ. The management structure CARE now has put in place in the districts, with a unifying command, strengthens the leadership at the grassroots level and also is better adapted for cross-sectoral linkages and coordination which are critical in any emergency response.

### *5.2 HR Issues in Early Deployment:*

101. Colombo decentralised recruitment for certain level of staff, and delegated authority to the Area offices during the Tsunami. There were problems with documentation, and sometimes the recruitments (job titles) did not conform to approved budgets/funding codes. Salaries were decided arbitrarily and this caused major anomalies in the system. It soon came to a situation where CARE realised that Tsunami staff were paid higher than the 'Development' staff. TDYs were another problem as many of them came with salaries which were arbitrarily decided, and did not match the approved budget or funding codes.

102. In Batticaloa, about 60 people were recruited in two days in end of March 2005, and they were given no job descriptions and were later told what job they will be doing. Most people had no induction, although some had about 1 or 2 days of orientation before being sent out to the field.

103. There were about some 150 different job titles and job descriptions in the organisation after the Tsunami. Lack of quality control in recruitment and proper orientation in the CARE approach meant that there were two parallel cultures operating within the organisation, almost portraying two different images of the organisation – Tsunami CARE and Development CARE. The Strategic Framework identified the need for quality control in recruitment and induction/training of staff as CARE had to rapidly expand its staff capacity by over 100 per cent in a matter of weeks. Prior to Tsunami, CARE had about 220 full time staff in Sri Lanka which grew to about 500 at the peak of the operations in 2005. The HR

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[45] SPHERE Common Standard 8 (Supervision, Management and Support of Personnel)

department in Colombo was a small team for whom it was difficult to cope with the massive demands of the rapid scaling up.

## *5.3 Procurement:*

104. For the first two weeks after the Tsunami, procurement went well in terms of rapid response. There was a waiver for obtaining three quotations. District offices were able to procure whatever they could find locally. However, CARE could not procure bulk of its supplies during this period as fund sources were not yet formally approved and funding codes were not clear. When the fund approval processes were completed and the offices had a good idea of where the funds were coming from, the waiver period was over. In the TS and Watsan phase, procurement got delayed as sometimes the field staff did not provide full technical specifications to procurement department.

105. According to the Procurement staff, the usual procurement procedure follows the following timeline after requests are received from the districts:

> Quotations:                                          4 days
> Analysis and approval of best quotes:       3 days
> Purchase Order:                                     2 days

106. Sometimes, it was speeded up in the early phase of the Tsunami response, and it took about 4-5 days to complete all the processes (instead of usual 8-9 days). Procurement department in Colombo had 1 Administrator and 2 Assistants who were overwhelmed by the Tsunami demands. There was no tracking system which made it difficult to charge individual donors budgets for costs shared between different donors.

107. In Batticaloa, new staff were recruited in February 2005 and assigned to take charge of local procurement and coordination with Colombo procurement. But the persons were not given any training or orientation in CARE procedures. They had their first formal exposure to CARE systems in October 2005 when a staff from Colombo procurement visited Batticaloa and gave an orientation to the 2 staff.

108. A repeated complaint heard in the districts and from the Tsunami-related staff in the HQ was about the slow process of procurement within the organisation. Serious delays in TS, livelihoods and distribution of boats and fishing gear are partly attributed to a cumbersome procurement procedure. Regular interactions between district and programme support in Colombo appears lacking which block communication and cause frustration. For Batticaloa programme, orders for 40 boats and engines and 40 x 10 nets were placed in September '05. The nets arrived and were distributed in November 2005, the boats arrived in February '06, and the motors in November '06. The delay in the delivery of motors was caused by the fact that when the engines arrived in about March 2006 in Colombo, the government asked CARE to pay VAT which CARE's procedure did not allow it to pay. The result was that the consignment lay with the customs for nearly nine months while negotiations were going on with the authorities. Finally, after nine months CARE paid the VAT and the engines were then released by the customs. Unfortunately, during all these nine months, while the 120 fishermen families were waiting to re-start their livelihoods activities, the boats lay in the backyard of CARE office in Vaharai, and the motors in the customs warehouse. The VAT amount, it was learnt, was in the range of $6,000 for these 40 motors.

109. A clear disconnect between CARE's programme strategies and its internal systems of procurement was evident in the following examples as well:

- CARE provided block making machines to dozens of youth groups in Tsunami areas to provide a source of livelihoods. The idea was that he blocks made by thee units

will be utilised for construction of TS and permanent houses. However, when the house construction began, CARE decided to procure its supplies from commercial sources, even though  there were several units which were in a position to supply good quality blocks;

- In Nanduthoo, CARE started construction of 20 owner-built houses (i.e., direct implementation by CARE with full participation of beneficiaries) in October 2005; once the foundation for these houses were completed by November, the HQ stopped the work as CARE wanted to invite tenders for the rest of the work. Tenders were invited and a contractor appointed in March 2006 to carry out the work. The work is unsatisfactory and still not completed although it was supposed to have been done by July 2006.

110. This is not to suggest that the procurement systems were inadequate. The evaluators believe that an organisation like CARE with decades of experience in large operations has developed time-tested procedures. However, as in many other large organisations, the challenge lies in the fact that systems only function efficiently if there are effective communication and collaboration between different users of the system – in this case, the field staff and their managers on the one hand, and the procurement staff in the district and the HQ on the other. Greater cross-functional linkage and understanding of each other's approach will facilitate a more 'corporate' approach.

## 5.4 Organisational[46] Culture and Learning System:

111. CARE staff (both national and expatriate) who were involved in the early stages of the Tsunami response felt that the knowledge and capacity that existed within CARE in the country were often ignored, and new methods and techniques were brought in which were wholly inappropriate and caused substantial wastage. The following major examples were cited to substantiate this:

  (a) Most of the TDYs who came in during the early stage introduced new systems and did not take into account the fact that CARE's operations in Sri Lanka are nearly five decades old, with fairly well developed systems and procedures in some areas.
  (b) District staff developed two designs for permanent houses using local materials, and in consultation with beneficiaries; however, HQ was initially reluctant to go with these and this delayed CARE starting the construction. Finally, CARE accepted these designs.
  (c) For permanent housing, the concept and design of owner-built houses were suggested by staff, and in one or two places work began using this approach. Subsequently, this was put a halt to by HQ who brought in contractors and a consultant at huge cost. Finally when these failed, CARE went back to the owner built concept which is what is being predominantly used across the country.
  (d) A number (8) of hugely expensive (about $40,000 each) block making machines were bought for production of cement blocks for construction of houses. The technology is non-traditional and in some areas not appropriate (as it needs a special kind of clay soil to make the blocks). Although in Ampara, this machine has been used to construct 30 houses[47], this new technology is not considered suitable and cost-effective. CARE could have shown more understating of the processes involved in introducing entirely new technology in a country.

112. Mention has been made in section 3 of the Tsunami and Development culture that prevailed in better part of the first year after Tsunami. From the interviews, the evaluators gained an impression that within the organisation, there is a preference for highly vertical conventional line management relationships which inform all communication and inter-departmental exchange. This is not just a product of the structure or individuals within those

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[46] In this report, unless otherwise stated, all references to organisation or organisational culture relate to CARE Sri Lanka alone.

[47] In Batticaloa, the machines were tried but beneficiaries did not like the blocks. In other districts, the machines are still lying packed in their original boxes).

structures, but more importantly, it arises from a deep-seated mindset where people feel comfortable within their own 'territories'. Collaboration and working together with others, internally and externally, with people who are not in a vertical relationship therefore becomes difficult when people are steeped in this 'silo mindset'. CARE's shyness in networking or providing leadership in coordination may be partly explained by this. It should be noted however that in recent period, significant changes have been already happening within the organisation: in Colombo, CARE has played a significant role in leading on coordination on housing and shelter issues.

113. This also blocks organisational learning and knowledge-sharing. Learning, as opposed to knowledge generation, requires collaboration, dialogue and exchange across the organisation. Since the establishment of a separate department for programme quality and learning, CARE has made systematic documentation of its experiences. The RSS played a key role in cross-district learning through periodic learning workshops. However, more needs to be done in this area. That Batticaloa and Trincomalee districts which had similar context and issues made no attempt to exchange information or learn from each other's good practices in promoting hygiene education or in planning fisheries response or in deciding that distribution of 3 goats per family was a hopeless livelihoods intervention point to this lack of learning culture. That the HQ did not facilitate a learning process between the two districts shows that CARE has some way to go in developing a learning culture.

114. Staff described to the evaluators that sometimes they found it difficult to cope with the volumes of paper that circulate, ostensibly to encourage learning. It is understood that CARE has developed good polices and practice manuals on several major areas. However, papers and manuals only provide information, and at best, knowledge, but they do not change peoples' behaviour or how they do things in a certain way. CARE had undertaken an After-Action Review and a Multi-Agency Evaluation of its Tsunami response in early 2005. During the field visits to the districts, the evaluators tried to check awareness of this and found no staff who had ever heard of these exercises, let alone knew of the lessons that came out of these processes.

*Conclusions:*

- CARE has strengthened its management and HR capacity following the Tsunami to be able to respond to major humanitarian crises in future.

- Within the organisation, there is a lack of collaborative culture which often leads to different departments working to their own objectives with little sense of 'corporate' purpose.

- Staff involved in humanitarian response were unaware of how the procurement systems functioned and conversely, the procurement staff were unaware of the urgency and importance of rapid supply in many cases, indicating a lack of effective internal communication and coordination.

- There is a weak learning culture within the organisation in Sri Lanka, and inter-office exchange and collaboration are weak.

*Recommendations:*

R12:    CARE's recruitment and staff development particularly at the senior and middle level need to emphasise more on competencies like ability to work with others, collaborative style, self-managed learning, communication skills etc., which are built on emotional intelligence factors rather than conventional knowledge, experience and skills factors which were highly valued in conventional hierarchical management.

R13:    Ensure that relevant staff involved in humanitarian response are well trained in procurement procedures, and at the same time, ensure that the *administration* of procurement procedures is geared to needs of rapid response in emergencies.

R14:    HQ needs to proactively encourage and facilitate greater inter-district/area exchange of staff, ideas and information and promote a learning culture at the grassroots (field staff) level.

# Section 6:

## Key Lessons from the Tsunami Response:
## Strategic Issues for CARE Sri Lanka

### Rapid Deployment and Scaling Up:

In countries with strong presence, while the early response is led by the existing staff, selective international recruitments can help strengthen the response, but TDYs and short-term staff thus deployed need to be guided by experienced managers who need to ensure that the systems and processes they put in place are consistent with the organisation's requirements and needs of speedy response. Moreover, in 'presence' countries, it is the 'replacement' stage where adequate and appropriate (quality) deployment becomes a challenge and hence need careful planning and capacity. Recruitments must not compromise on quality and competence

### Distinctive Competence and Leadership:

As a premier humanitarian organisation, CARE needs to play a more proactive role in coordination of total response in the country. CARE has certain distinctive competence which other organisations may not have, for example, in the case of Tsunami response in Sri Lanka, CARE's approach to TS and permanent housing stands out. It needs to build on these and design appropriate strategies to be able to influence the strategies of other humanitarian actors. This would require strong leadership and ability to work in partnership with others (CI Programming Principle 2) as well as a serious commitment to seeking sustainable results to bring about lasting and fundamental improvements in the lives of the poor and marginalised (CI Programming Principle 6).

### Management Culture – Competencies, Collaboration and Learning:

Within the organisation, there is weak collaborative culture which often leads to different departments working to their own objectives with little sense of 'corporate' purpose. CARE's recruitment and staff development particularly at the senior and middle level need to emphasise more on competencies like ability to work with others, collaborative style, self-managed learning, communication skills etc., which are built on emotional intelligence factors rather than conventional knowledge and skills factors. The weak collaborative culture also perpetuates a weak learning culture within the organisation. The HQ needs to proactively facilitate greater inter-district/area exchange of staff, ideas and information and promote a learning culture at the grassroots (field staff) level.

### Accountability to Beneficiaries:

Tsunami has brought into sharp focus the almost near-lack of accountability of humanitarian action to beneficiaries. Pressure has been mounting on agencies to demonstrate their transparency and accountability through processes of accreditation and certification[48]. HAP has already launched its Standards of Accountability with six key benchmarks which are focused on humanitarian quality management system with a beneficiary focus. Organisations can not ignore this any more as in the absence of concrete action, there is a danger that governments could impose systems that the agencies find counter-productive and not significantly enhancing their accountability to beneficiaries. CARE needs to demonstrate a sense of urgency in developing an appropriate accountability framework and putting it into action.

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[48] TEC Report. This was also raised in the Joint Evaluation of Emergency Assistance to Rwanda way back in 1996.

**ANNEX 1.**

# Terms of Reference
# Final Evaluation of CARE Australia supported initiatives for Tsunami victims in Trincomalee and Batticaloa

## Introduction

CARE Australia received funds from Australian public and corporate donors for Tsunami response programme in India, Indonesia, Sri Lanka, and, Thailand at the beginning of 2005. CARE Sri Lanka thereafter submitted project proposals and budgets which were appraised and approved by CARE Australia resulting in providing support for the following projects.

- Rehabilitation of Infrastructure and Livelihoods for Tsunami Victims in Trincomalee District; 15 January 2005 – 31 January 2006.  (LK225 & LK226)

- Rehabilitation of Infrastructure and livelihoods for Tsunami victims in Batticaloa District; 1 February 2005 – 31 January 2006.  (LK228)

CARE in Australia and Sri Lanka are interested in conducting an end of grant evaluation of these projects to draw lessons learned that could enhance the implementation of their new projects.  This evaluation should utilize CARE International programming principles, project standards and PSMI tool (attached) in evaluating these projects.

In particular the following should be incorporated into this evaluation:

## Objectives

The overall objective of the evaluation is to assess the degree to which these projects met their objectives and develop key lessons to enhance the impact of future programming by CARE in Sri Lanka.

The evaluation is expected to achieve different objectives at the three following levels:

**a) Organizational level:**

a.1. Assess the management and program support systems for these two projects highlighting key lessons learnt that could enhance the efficiency and effectiveness of CARE Sri Lanka's current programme and future emergency response.

a.2. Assess the pace and progress of implementation against the agreed work plan, budget and proposal with specific attention to significant outputs and how they might be better implemented in the current climate of civil unrest.

a.3. Assess the 'compliance' of the programme against key quality frameworks, namely: CARE International Program Principles and Project Standards and SPHERE Standards. Recommendations for how CARE Sri Lanka might adjust its operation to improve programme quality and impact over the next two years.

a.4. Assess staff and partner capacity and to implement these projects recommendations for further support for staff (part of the process should be to build staff understanding on programming principles and SPHERE Standards in Batticaloa and Trincomalee).

a.5. Assess coordination practices at both field and national level and make recommendations for way forward.

b) **Project participants:**
**With particular attention to cultural, ethnic and religious diversity, gender and the rights of the most vulnerable:**
b.1. Assess the impact of these projects on the local community in relation to meeting their different needs throughout the past 12 months, with particular emphasis on gender (a gender analysis framework is recommended).
b.2. Assess the impact of these projects on the CBO capacities to manage temporary shelter, livelihood/microfinance, water and sanitation, food and non food related aid jointly with local community.
b.3. Assess the impact of these projects on the ability of local communities to respond to future disasters
b.4. Assess any unanticipated impact both positive and negative on project target groups and the broader community, especially from a "do no harm" perspective.
b.5. Should we ask a question here about the ongoing conflict, how this evolved and how the project/s did or did not take this into account or evolved over time? Or was that more related to after the projects finished?

c) **Technical level**
c.1. Assess the quality of financial and non financial services for restoring livelihood activities towards increasing family income, including the following indicators:

- ♦ % of families that have increased income from fish catch
- ♦ % of families that have increased income from agricultural activities
- ♦ % of women headed households engaged in productive IGAs
- ♦ Number of active farming and fishing community organizations.

c.2. Assess the quality of resettlement efforts including house design, shelter and house construction, basic infrastructure, water and sanitation, and education support activities, including the following indicators:
- ♦ Number of temporary shelters built on time, to standard, and occupied by communities
- ♦ Number of families using sanitation facilities
- ♦ Number of families engaged in practicing hygienic habits
- ♦ Water is safe for drinking and is available in sufficient quantity and quality (1 water point for 25 families)
- ♦ Maximum distance from household to nearest water point is less than 500m
- ♦ School enrolment figures
- ♦ # of schools repaired to standard, on time, and utilized
- ♦ Number of community support groups established
- ♦ Number of children engaged in play activities
- ♦ Number of places of worship repaired and utilized
- ♦ Number of Government institutions repaired and functioning
- ♦ Percentage increase of population using places of worship and key service providers.

## Evaluation Team and methodology

CAREs in Sri Lanka and Australia promote using a participatory evaluation methodology while inviting external participation. The participation of stakeholders at all levels is expected to reflect actual results and impact and adoption of lessons learned and recommendation especially at the grass-root level. In addition it is believed that such a methodology would

reflect problem areas or positive issues that were not originally included in the evaluation plan or project design.  Field visits will be minimal due to security considerations.

The evaluation team will include a consultant, the CARE Sri Lanka monitoring and evaluation officer and key staff from each district.  The consultant will serve as a team leader.

The team leader will coordinate and be responsible for the timely preparation, planning, and implementation of the evaluation, including the final report.

> ➢ The evaluation team will be responsible for designing and implementing the evaluation plan including evaluation budget, evaluation area selection, evaluation key questions, methodology of obtaining related information (meetings, focus groups --) and consultation with key stakeholders including community members and government officials at project sites, method of analyses, method of documentation and reporting.

> ➢ The selection of key questions will be based on project proposals and log frames as well as CARE International program principles, project standards, and PSMI tool.  In fact the questions and sub questions included in the PSMI could be used to inform and focus the investigation.

**Supporting Principles**

A.  The evaluation will include, whenever possible, significant participation and high level of influence of parties external to CARE, particularly project and program participants (both women and men) in planning for, implementation, analysis, and utilisation of evaluations, and will ensure a gender-balanced evaluation team.  Project and program participants must be provided the opportunity to define their own measures of success and failure, including indicators.

B.  Evaluation results and learning will be made accessible (for example through translation) to host governments, CARE partners, peer organisations, and most importantly the communities whom we serve (recognising that different formats may be required for different audiences).

C.  Evaluation activities are conducted openly and in a transparent manner.  Staff members and external evaluators engaged by CARE will maintain the highest possible professional, ethical and personal standards.  In particular, they will ensure the honesty and integrity of the evaluation process, and respect the security and dignity of the stakeholders with whom they interact.  Evaluations will not be shared with other stakeholders without the knowledge and approval of project and program beneficiaries.

D.  CARE is committed to a continuous process of improving the capacity of staff to plan for, supervise and participate in evaluations, as well as the sharing of evaluation finding and recommendations throughout the organisation and with other stakeholders as appropriate.

**Evaluation reporting**

All the data collected will be analysed by the evaluation team and a draft report will be prepared and shared with CARE Australia and CARE International, Sri Lanka.  The report should be no longer than less then 20 pages plus annexes.  The executive summary should be no more than three pages and include the overall assessment of the project, the lessons learned and recommendations for future programming.

The consultant will oversee preparation of the final report based on feedback received from CARE International, Sri Lanka and CARE Australia.

**Timing**

One month is estimated as the duration of the evaluation to start at the earliest possible date.

**Security Considerations**

The amount of time visiting each district will be dependant on the current security environment at the time of the evaluation. It is possible that due to security, the evaluation will be conducted in Colombo by talking with staff, partners and through a review of the program's reports. Additionally many of beneficiaries are now displaced from the original community.

**Attachments (to be distributed once the consultant is selected)**
- CARE International program principles, project standards, and PSMI tool.
- Multi-agency evaluation of Tsunami response in India and Sri Lanka
- Project proposals and budgets,
- Terms and Conditions for Australian Public Funding (T&C)
- Individual project implementation agreement (IPIA)
- Project progress reports
- CARE Australia gender and evaluation policies
- SPHERE Standards for shelter, health services, water, sanitation, hygiene education, minimum standards common to all sectors, and the humanitarian charter.

## Annex 2:

**List of People Interviewed:**

**External - Trincomalee:**

1.  Mr. Selvanayagam, Kuchchvely DS
2.  Mrs. Jalatheepan, Town & Gravets DS
3.  V.N Chandravati, Administrative Officer, SEDOT
4.  S. Sumitra, Project Coordinator, SEDOT
5.  Sudarshini, Programme Officer, SEDOT
6.  S. Varadarajan, President, SEDOT
7.  K. Arul Varadharaja, OCHA
8.  A. Mariyampillai, Assistant Commissioner for Cooperative Development
9.  Mr. Thilala, Mr. Pereira & Mr. Jayantha, Fisheries department
10. Abdul Kather Mohamed Muzeer, Assistant Director Planning
11. C. Krishnendran, Assistant Divisional Secretary
12. S.Nadarajah, Additional Government Agent – Tsunami, Katchery
13. Ms.Jalaltheepan, Divisional Secretary, T & G Trincomalee
14. Mr.Selvanayakam, Divisional Secretary, Kuchaveli

**Beneficiaries - Trincomalee:**

15. TS Location Periyakulum, President, beneficiaries
16. VLFCS – Chinabay, Sumethagama, Kinniya, Kuchaveli  - President, Secretary, Membners
17. WRDS – Karadipooval, Presidnet, Secretary, members
18. Mr. Ansar , President, TS Kinniya
19. Mr.Badurdeen – Block making machine beneficiary

**External – Batticaloa:**

20. T. Thavendran, ARCHINOVA
21. M. Uthayakumar, Municipal Commissioner (former DS Vaharai)
22. Thoraiarajah Jeyakumar, Programme Officer – Batticaloa North, OXFAM
16. Mr.T.George, Area Director for the Fisheries Department.
17. Mr.J.A.S.S.Rajkumar, Fisheries Inspector, Fisheries Department
18. Mr.I.Devaraja, Fisheries Inspector, Fisheries Department
19. Mr.Jeyakumar, Programme Coordinator, Oxfam GB
20. Mr.Arulpiragasam, Office In Charge, Water Board.
21. Ms.K.Rajani , Case Manager, Working Women Development Forum
22. Ms.P.Priyadharshini, Case Manager, Women Development Forum
23. Ms.K.Sathanayagi, Case Manager, Working Peoples Welfare Association.

**CARE Batticaloa:**

24. Ravi Kumar, Social Mobiliser (then Livelihoods Coordinator – September '05)
25. Luke Romeo De Lima, Acting Programme Support Coordinator
26. Jegatheeswary, Project Officer – Livelihoods/Environment
27. Vasuki Jeyasanker, Project Director – Prevention of Gender Based Violence
28. Sadasivam Madhusoodan, Administrative Officer
29. L.R Delima, Acting Programme Support Coordinator
30. J. Bernard Piragash, Former Team Leader, LIFT (now left CARE)

31. Mr.F.Dilushan, Former Project officer for Livelihood, PTRDP
32. Ms.A.Kavitha, Former Project officer for PGBV
33. Ms.R.Rukshmila, Project Officer
34. Mr.M.Murugaverl, Former TL , PTRDP (Jan '05 to April '05)
35. Ms.J Gunasingam, Former Environment Coordinator
36. Ms.P.Subajini, Former General Project officer
37. Mr.M.Vickneswaran, Watsan Project officer
38. Ms.P.Jeyashakthi, Former Psychosocial Coordinator
39. Ms.V.Shamila, Former Project Assistant
40. Mr.M.Santhiralingam, Former Project Assistant
41. Ms.R.Kanchana, Former Project Assistant
42. Mr.S.Ravikumar, Former Livelihood coordinator
43. Mr.K.Kugathasan, Project officer for livelihood
44. Mr.A.Chandrakumar, Project officer for livelihood.
45. Mr.P.B.Sathiydas, Project officer for Shelter.
46. Ms.K.Rahini, Project Officer
47. Mr.Y.Jeyapalan, Custodian (Worked as a volunteer in the emergency)

**CARE Trincomalee:**

48. S. Umachandran, Coordinator Infrastructure Development
49. Ratnayake Gunatunge, Coordinator Programme Support
50. Walter Deni, Team Leader
51. Richard Hamilton, Area Director
52. S.Sathieshkumar, PO - PSSP
53. Rajaratnam, Project Director
54. U.W Nandasri, Administrative Officer
55. R.Ramanathasan, Project Officer
56. M. Sanjeevkumar, Coordinator, SED

**CARE Colombo:**
57. Efren E Mariano, Shelter Coordinator, Sri Lanka
58. Hiranthi Vithanage, Director Human Resources
59. Darshana Siriwardena, Assistant Financial Controller
60. Nick Osborne, Country Director
61. Udeshi Amarasinghe, Information & Documentation Coordinator
62. Sally Austin, Assistant Country Director, Programme
63. Brehima Diop, Assistant Country Director, Programme Support
64. Chris Necker, Humanitarian Assistance Coordinator
65. Nikki Burns, Conflict Resolution & Peace Building Adviser
66. Ashika Gunasena Serasundara- Director Program Quality and Learning 2.
67. Gregory Charls Chapmen - Project Director, Local Initiatives For Tomorrow  (LIFT)
68. Sena Cooray - Former Procurement and Logistics Manager.
69. Dayananda Silva - Deputy Humanitarian Assistance Director.

**Annex 3**

**List of Key Documents Studied:**

1.  Adam Paine and Sue Lautze, *The Sustainable livelihoods Framework*, AERU, 2002.
2.  CARE International Project Standards Measurement Instrument (PSMI), 6 June 2003.
3.  CARE International: *A Unifying Framework: The Evolution of CARE's Development Approach*, July 2004
4.  CARE Sri Lanka, Final Project Report, Rehabilitation of Infrastructure and livelihoods for Tsunami victims in the Trincomalee district, BOL 09791/43
5.  CARE Sri Lanka, Final Project Report, Rehabilitation of Infrastructure and livelihoods for Tsunami victims in the Batticaloa district, LK228
6.  CARE Sri Lanka, *Post-Tsunami Community recovery and Livelihoods Development Program: Strategic Framework*, 22 February 2005.
7.  CARE Sri Lanka, Post-Tsunami Recovery & Development Programme Psychosocial Response Strategy, February 2005
8.  CARE Sri Lanka, *Macro Situation Analysis of Trincomalee District*, October-November 2005
9.  Disaster Emergency Committee, *Independent Evaluation of the DEC Response to the Indian Ocean Tsunami Disaster*, 2005
10. J. Baker, *Care Sri Lanka Monitoring Visit Report*, Post Tsunami Program, March 14 – March 22, 2005.
11. Jane Iredale, *Batticaloa Assessment Report,* CARE Sri Lanka, 2005.
12. Programme Proposal: *Rehabilitation of infrastructure and livelihoods for Tsunami victims in Batticaloa District, Sri Lanka*
13. Programme Proposal: *Rehabilitation of infrastructure and livelihoods for Tsunami victims in Trincomalee District, Sri Lanka*
14. Tony Vaux, *Conflict Assessment Report, Sri Lanka*, November 2006
15. Tsunami Evaluation Coalition, *Links between Relief, Rehabilitation and Development in the Tsunami Response*, July 2006.

**ANNEX 4**



**Map of Sri Lanka showing the Tsunami-affected districts**

**CARE provided direct assistance in 7 districts as marked and worked in partnership in Galle District.**

Note: The Northern, Eastern and Southern Coasts of Sri Lanka, from Jaffna to Galle, were severely impacted by the Tsunami. The Western Coast received minor damage.