

MULTI-AGENCY EVALUATION OF TSUNAMI RESPONSE: THAILAND AND INDONESIA



Prepared for: CARE International
World Vision International

Prepared by:

Ayman Mashni
Sheila Reed, Team Leader
Virza Sasmitawidjaja
Danai Sundhagul
Tim Wright

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TABLE OF CONTENTS

Acknowledgements.....	iv
Executive Summary	viii
Background	viii
The Purpose of the Evaluation, Team Composition and Methodology	viii
Main Findings.....	viii
Effectiveness	ix
Management	ix
Human Resources Support	ix
Sectoral Standards	x
Relevance and Appropriateness.....	xi
Impact	xi
Coverage	xi
Sustainability/Connectedness	xii
Coordination and Collaboration.....	xii
Recommendations	xii
1 Evaluation Background	1
1.1 Evaluation Purpose and Motivating Factors	1
1.2 Users of the Evaluation	1
1.3 The Evaluation Team	1
1.4 Data Collection Plan	2
1.5 Constraints Experienced	2
1.6 Multi-Method Approach	3
1.7 Structure of the Report.....	3
2 The Indian Ocean Earthquakes and Tsunamis	4
3 Tsunami Response in Thailand	6
3.1 The Context.....	6
3.2 The Tsunami Disaster	7
3.3 Effectiveness	8
3.4 Relevance and Appropriateness	15
3.5 Impact.....	18
3.6 Coverage	19
3.7 Sustainability/Connectedness.....	23
3.8 Coordination and Collaboration.....	23
4 Tsunami Response in Indonesia	26
4.1 The Context.....	26
4.2 The Tsunami Disaster	27
4.3 Government Response	29
4.4 Effectiveness	30
4.5 Relevance and Appropriateness	47
4.6 Impact.....	50
4.7 Coverage	51

4.8 Sustainability/Connectedness.....	52
4.9 Coordination and Collaboration.....	54
Lessons, Good Practices and Opportunities Lost	57
Effectiveness	57
Management.....	57
Sectoral Standards	59
Relevance and Appropriateness.....	60
Impact	61
Coverage	61
Sustainability/Connectedness	61
Coordination and Collaboration.....	61

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Tsunami-affected areas
in Thailand →
and Indonesia ↓



Acronyms

AAH	Action Against Hunger, Action Contra La Faim (ACF)
AIDS	Acquired Immune Deficiency Syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
Bakornas PBP	Badan Korodinasi Nasional Penanganan Bencana (National Coordination Board on Disaster Mitigation, of Indonesia)
BRR	Badan Rehabilitae dan Rekonstruksi (Bureau for Rehabilitation and Reconstruction, Aceh)
CEG	CARE International Emergency Group
CRS	Catholic Relief Services
DFID	UK Department for International Development
DMH	Department of Mental Health in Thailand
ECHO	European Commission Humanitarian Aid Office
FAO	UN Food and Agriculture Organization
GAM	Gerakan Aceh Merdeka (Free Aceh Movement)
GDP	Gross Domestic Product
GoI	Government of Indonesia
GRRT	World Vision’s Global Rapid Response Team
HAP	Humanitarian Accountability Project
HIV	Human Immunodeficiency Virus
HLSA	Household Livelihoods and Sustainability Analysis
IASC	UN Interagency Standing Committee
IRC-CARDI	International Rescue Committee – CARDI Indonesia
IDP	Internally Displaced Person
IOM	International organization for Migration
IMC	International Medical Corps
LNGO	Local NGO
MERLIN	Medical Emergency Relief International
MOPH	Ministry of Public Health
MSF	Medicines Sans Frontieres
NAD	Nanggroe Aceh Darussalam (Aceh)
NFI	Non-Food Items
NGO	Non-government Organization
NO	National office
OCHA	UN Office of Coordination for Humanitarian Affairs
OECD DAC	Organization for Economic and Cultural Development Cooperation Directorate
OFDA	USAID/DCHA’s Office of Foreign Disaster Assistance
OXFAM - GB	Oxford Committee for Famine Relief - Great Britain
PKPA	Pusat Kajian Dan Perlindungan Anak (Center for Child Protection)
Posko	Regional command post in Indonesia
RTF	Raks Thai Foundation
Satkorlak	Satuan Koordinasis Pelaksana (implementation coordination unit, Indonesia)
SGBV	Sexual and Gender Based Violence

SWS	CARE's Safe Water Systems
TLC	Temporary living centers
TNI	Tentara Nasional Indonesia (Indonesian military)
U5C	Children under the age of five
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNDAC	UN Disaster Assessment and Coordination Team
UNFPA	UN Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	UN World Health Organization
WORA	Women of reproductive age
WVFT	World Vision Foundation of Thailand
WVI	World Vision International
WVI ATRT	Asia Tsunami Response Team
WVI ITRT	Indonesia Tsunami Response Team
WVI TTRT	Thailand Tsunami Response Team
WFP	UN World Food Programme

Multi-Agency Evaluation of Tsunami Response: Thailand and Indonesia

Undertaken for CARE International and World Vision International
by Ayman Mashni, Sheila Reed, Virza Sasmitawidjaja (Indonesia), Danai Sundagul (Thailand)
and Tim Wright, May to July 2005

(The views expressed in this report represent those of the authors.)

Executive Summary

Background

The Indian Ocean tsunami disaster on December 26 was nearly unprecedented in terms of the scope of its impact. Hundreds of thousands died and millions of lives were adversely affected for many years to come. In Thailand, 5,395 died and 400 fishing villages were affected; 120,000 people lost jobs in the tourism sector. Aceh, Indonesia suffered the loss of 126,915 people and 655,000 were made homeless. A second major earthquake occurred on March 28, causing damage and casualties on Simeuleu and Nias Islands in Indonesia.

The Purpose of the Evaluation, Team Composition and Methodology

The purpose of this evaluation is to:

- Highlight key lessons learned and make recommendations for improving emergency preparedness and response to humanitarian disasters in the future
- Examine how agencies might adjust their programs to improve the efficiency, quality and impact in the next phases of operations
- Assess and document coherence and coordination between agencies, identifying examples of both good practice and missed opportunities.

Three people formed the core team, an independent consultant who was team leader, and one representative each selected by CARE and World Vision. An independent national consultant joined the team in both Thailand and Indonesia. Data collection methods included a document review and structured key informant and focus group interviews. There were time and logistical constraints to pursuing all issues in-depth and accessing a greater number of affected people and assistance organizations.

Main Findings

The greatest global lesson undoubtedly centers on the lack of warning systems and effective national and local level preparedness measures. Assistance organizations, such as CARE, Raks Thai Foundation (RTF) and World Vision, did not have country specific plans for all major potential disasters. CARE, RTF and World Vision established response operations in both countries with extremely generous funding from sources world-wide. As a result of their efforts along with governments and local civil society organizations, many lives were saved, few secondary casualties occurred and epidemics were avoided.

Despite the successes, the manner in which international assistance was carried out has put humanitarian values such as participation, sustainability and coordination in question. Large numbers of organizations willing to help caused competition for sectors and beneficiaries. Much

of the competition stemmed from pressures to program money quickly for emergency and recovery assistance. CARE, RTF and WV will have to do some soul searching as to how they can collaborate under such pressures with each other and with affected people. They should revisit the standards and determine united strategies for addressing them earlier in emergencies.

While the impact in Thailand was less severe than in Indonesia, common issues relating to organizational effectiveness of CARE's and World Vision's operations were identified in both countries.

Effectiveness

Management

Administration. CARE, RTF and WV national offices in Thailand and Indonesia face challenges for effective country team development. Raks Thai Foundation is expanding operations into the south with new funding, but has refused some funding due to oversupply of agencies providing support. World Vision's national offices in Bangkok and Jakarta initially established response operations. Later the WV Asia Tsunami Response Team established relief operations in Phuket (Thailand Tsunami Relief Team, TTRT) and the Indonesia Tsunami Relief Team (ITRT) in Aceh. Transfer of some areas of operation has caused tensions particularly in Thailand, where human resource constraints seriously limit ability to execute plans. NGOs in Aceh face uncertainties over recovery strategies and their effectiveness is still challenged by government.

Timeliness. In Thailand, response of the government, private sector and civil society was very strong. RTF and WV effectively sought gaps in assistance and areas where vulnerable people needed support. Both quickly seconded staff and sent assessment teams. In the competitive and uncoordinated environment, both carved out niches. Due to delays in government actions, planning for recovery programs was delayed. In Indonesia, CARE and WV are commended for rapid mobilization of staff and emergency response staff and early distributions in the exceptional chaos. Constraints to timeliness included difficult access, insufficient information, security concerns, movement of IDPs, and staff who were inexperienced in emergencies. Some IDPs in rural areas waited many days for assistance which was often found by traveling long distances to urban areas.

Efficiency. In both Thailand and Indonesia, the preponderance of weakly coordinated organizations and donations, meant that overlap and duplication initially took place. As smaller organizations left, efficiency of service improved. Efficiency has to some degree been overridden by need to spend. Procurement inefficiencies plague both organizations in both countries.

Human Resources Support

WV's TTRT in Phuket was operating at 54% capacity in May due to inability to meet human resource requirements. WVFT and TTRT will need to coordinate and negotiate to address the numerous hiring constraints. Raks Thai will also take on new staff for its expected expansion. To improve effectiveness, staff and volunteers of both organizations need training in humanitarian basics and better orientation to mandates.

CARE and WV's human resource capacity in Indonesia was strained by secondment of staff from regular programs, scarcity of Acehese staff, and rapid turnover of short term and management staff. Trends threatening effectiveness are biases in salary structure and in

perceptions of competency, language and cultural barriers, inadequate orientation and training and weak humanitarian spirit.

The CEG and GRRT response teams made significant contributions but in early stages, the teams and other staff made some unrealistic commitments and did not fully utilize national capacity.

Sectoral Standards

Staff attitudes in Aceh were less than positive toward international standards, evidenced by weak embodiment of participatory and consultative approaches, hesitancy to take responsibility for overall quality, and lack of inspiration to achieve standards. Particularly in participatory and behavioral aspects, organizations fell short.

Water and Sanitation. In Thailand, standards were generally met or partially met in WV managed or co-managed settlements. Exceptions in some settlements were inconsistent water supplies, weaknesses in construction of latrines, privacy issues and excessive solid waste. Drainage was poor in some settlements. In Indonesia, the watsan sector required improvement in numerous areas. These included coordination and leadership, consultation with IDPs, access to water, solid waste removal, drainage and hygiene promotion. There were differences in quality between TLCs, tented camps, and spontaneous settlements.

Shelter. In Thailand, temporary shelters were appropriately sited close to original villages, except more remote islands. Community cohesiveness was weaker when several villages were housed together. Shelter designs and space per person varied, some being too small. Asbestos was used on most shelters. Few consultations had taken place with affected people regarding shelter and there was dissatisfaction with permanent shelters built by the government.

In Indonesia, CARE and WV took different approaches to temporary shelter. On the basis of past forced relocation to barracks (now called TLCs), CARE did not build TLCs while WV did as a means to ensure quality. Both positively supported rights and influenced government policy. A significant number of IDPs move between former villages and temporary settlements. Many critical issues need to be resolved to ensure sustainability of permanent shelter.

Food aid and food security. In Thailand, not all settlements served by WV received food aid, variety was limited, and IDPs used potential recovery funds at times to pay for food or supplement diets, possibly impacting long term food security. In Indonesia, recipients of food aid want choice and variety. Most had not been consulted regarding their satisfaction with the food package. There were many variations in food aid arrangements among settlements. Cooking fuel was not always provided or sufficient and canned fish, a high protein food was often traded. Alternatives to food aid are being explored to offer freedom of choice and stimulate local markets. CARE will sponsor a pilot using a mixed cash and voucher approach.

Health and nutrition. The Thai Ministry of Public Health effectively monitors health of IDPs and village health committees were established. Children are adequately nourished. Coordination and coverage in the health sectors were commendable in both countries. A March UNICEF assessment in Aceh indicated worrying levels of malnutrition. CARE and WV's efforts should be amplified in growth monitoring, distribution of micronutrient supplements, food and nutrition monitoring, supplementary feeding, improvements in watsan and parasite control

Mental health issues. In both countries, there is high incidence of mental health problems ranging from anxiety to severe depression. In Thailand, the Department of Mental Health has mobilized teams and opened centers in southern Thailand and large numbers have sought

assistance. Some CARE, RTF, and WV activities are supportive of healing and should be expanded. Temporary settlements which retain community structures in Thailand and the culture of Islam in Aceh are supporting. CARE, RTF and WV staff who have suffered or witnessed tragedy also require support. The interventions in both countries are inadequate for the scope of the problem and it may carry serious long term implications for recovery.

Relevance and Appropriateness

Community members in both countries stated that livelihood recovery was their highest priority. In Thailand, RTF and WV had effective livelihood approaches and were expanding activities. Programs to support livelihoods covered a very small proportion of the needs in Indonesia and CARE and WV had very limited activities. Numerous organizations will undertake livelihoods programs using different approaches in the same communities so coordination and joint development of goals with communities is critical.

Raks Thai's Occupational Revolving Fund was initiated at an early stage and has helped restart income generating activities. The program aims at self sufficiency and encourages community discussion and consensus building. Some issues are weak baseline data, difficulty for some community members to repay loans, targeting and capacity development needs for staff and communities.

Security and peacebuilding. Briefings by CARE and WV security officers in Aceh cover practical responses to threats. Generally staff have a low level of awareness of security issues. Joint training would help to open discussion. Peacebuilding should be integrated into programs particularly in Aceh.

Impact

Impact on well being of the affected people is difficult to attribute by organization. WV, RTF and CARE conducted few if any baseline studies early in the emergency with which to measure impact. This trend is changing with many studies being completed and planned. There was marginal impact in empowerment of people. They were unsure of their rights and rarely consulted. Leadership and staff were insufficient to carry out participatory activities. Few qualitative indicators and process oriented goals were used. Monitoring activities and downward accountability loops were seriously lacking.

Coverage

CARE, RTF and WV are commended for their attention to rights of minorities, IDPs and vulnerable people. RTF and WV in Thailand work with migrant workers, who suffer various forms of discrimination. Gaps in assistance in Thailand include people who did not register, those lacking information on assistance, and youth, women and children in various categories. In Indonesia, humanitarian assets were distributed unevenly and with unequal depth. Advocacy efforts are important to cover SBGV and other gender related issues, with government for unpaid benefits, and with WFP for stimulating local markets.

Land rights issues are serious concerns in both countries as they impose barriers to construction of permanent shelters. Some Thai IDPs face total loss of their lands to tourism investors. The large number of IDPs in Indonesia have made identification of relocation areas and marking of plots very difficult. In both countries official documentation is essential to protect IDPs.

Sustainability/Connectedness

Prospects for sustainability should improve with development of new planning instruments for recovery programs, baseline studies and development of human resources. Areas that require more attention include meeting needs in host communities, empowerment for disaster risk reduction, promotion of behavior changes through participatory activities and greater inclusion of women in decision making. In Aceh, capacity development for local NGOs is glaringly missing. Collaboration and sharing of resources with local NGOs will help in preparedness and continuity. Government capacity needs support for disaster preparedness and for strengthening local governance.

Coordination and Collaboration

Both countries lacked leadership for coordination among government, UN and NGOs. CARE, RTF and WV played some roles in promoting leadership. In Thailand, coordination among international organizations was weak in the early emergency response, it has improved mainly through national networks. In Indonesia, there continue to be numerous meetings and the government has taken the lead on recovery. Most effective coordination happens in both countries at the sub-provincial or sub-district levels. In Thailand, at provincial level, the number and types of initiatives are still unknown.

CARE, RTF and WV, among other NGOs view each other with wariness when it comes to collaboration. Non-collaboration tends to be rewarded by opportunities for program expansion. Strong leadership and authority is required at international and national levels to promote collaboration. Potential areas for collaboration are numerous: training, M&E, data collection, mapping for coverage and depth, pilot projects, studies, and disaster preparedness.

Recommendations

The following are key recommendations to improve the efficiency, quality and impact in the next phases of operations and to prepare for and prevent future disasters. They are detailed in the body of the report. The main report also contains a summary of lessons, good practices and opportunities lost.

Multi-Agency, Thailand and Indonesia

1. Ensure that funds are efficiently used. Funds should be expended based on plans coordinated at national, provincial, district and community levels. As a matter of principle, all areas for collaboration should be explored and addressed. If funds cannot be effectively programmed, they should be returned to donors who can program them elsewhere.
2. Develop national organizational disaster preparedness plans which include strategies for attaining access to remote populations. Include in the plan means for finding needed human resources to address major disasters.
3. Collaborate on emergency response support mechanisms such as “centers of expertise” to support cadres of technical specialists for disaster preparedness training, initial response, and as a resource for on-going implementation and monitoring.
4. Expand the collaboration potential for regularized multi-agency training in areas relevant cross-agency, such as humanitarian standards, security, rapid assessment, disaster

preparedness, monitoring and evaluation including community-led efforts, participatory techniques, and collection of baseline data.

5. Urgently improve water and sanitation in temporary settlements in target areas and advocate for improvements by other organizations. Promote leadership for watsan to ensure coverage and monitor standards. Take immediate action to improve drainage and solid waste removal. Implement hygiene promotion programs through community based committees.
6. Given the high potential for mental health disorders and the current alarming incidences of post-disaster mental health problems, consider immediate additional means of support for prevention and treatment.
7. Devote adequate human and material resources as soon as possible to support livelihoods recovery. Include training for various occupations and for IDPs who wish to change occupations. Place greater emphasis on occupations aspired to by women. Develop participatory processes with communities and coordinate to ensure that programs are complimentary and that all affected people participate.
8. Improve impact by simultaneously addressing empowerment and behavior changes with other assistance provided. Develop process oriented benchmarks, agreed upon by the communities. Monitor the changes through use of participatory methods and community based monitoring.
9. The Inter-Agency Working Group as a common resource should look into putting monitoring expertise on the ground in the early stages of an emergency to assist with establishing and implementing appropriate M&E systems, and developing agreed-upon indicators. This role would also emphasize capacity building.
10. Devote additional resources to advocacy. Support governments to uphold land rights, promote better coverage of needs (identifying excluded people) and to fulfill their obligations regarding mandated post-disaster payments. Strengthen advocacy networks through developing community level civil society organizations. Intensify advocacy for non-discrimination, inclusion of women on committees, coverage of SGBV issues and attention to women and children who have suffered disproportionately.
11. Collaborate on strategies to empower communities for disaster preparedness and risk reduction.
12. As soon as possible, prevent erosion of assets in host families and communities by identifying their needs and expanding assistance programs to include them.
13. Explore with local NGOs possibilities for capacity sharing and long term relationships for, among others, disaster risk reduction, acting as pre-positioned partners in emergency response and for local and sustained program inputs.
14. Promote support and mentoring for government-led coordination. Advocate with the UN for leadership in emergency coordination, to capacitate OCHA with enough staff cover the entire disaster area.

Multi-Agency Thailand

15. Intensify collaboration to enhance advocacy for land rights and for migrant and minority populations.

16. Agree on and support a final output useful to all stakeholders including communities for identification of organizations and where they are working and in what sectors, in order to promote coverage and identification of people who may be excluded.

Multi-Agency Indonesia

17. Support capacity development for government at all levels for disaster risk reduction and disaster management, among other management priorities.
18. Investigate possibilities for collaboration on procurement and capacity development for local marketing systems.
19. Strengthen human resources policies to overcome barriers to human resource constraints and optimal performance.
20. Promote equity of temporary living conditions and coverage of needs between TLCs, tented and spontaneous settlements. As soon as possible, improve quality of shelters and water and sanitation in tented camps and spontaneous settlements to increase IDPs' satisfaction.
21. Promote a strong foundation for permanent shelter programs. Support BRR by providing resources and through consultation and take responsibility for coordination in geographic areas for shelter construction. Ensure that all community members are involved in consensus building for decisions regarding their permanent settlement arrangements.
22. Intensify monitoring of food aid, including data collection on food usage, food preferences and rations received. Advocate with WFP to promote a strategy for reducing dependency on food distributions developed with the communities, and include alternatives for free food, livelihood development and market based approaches.
23. Expand support for growth monitoring, micronutrient supplementation, supplementary and therapeutic feeding, and parasite control and ensure that Village Health Committees are established.

Raks Thai Foundation - Thailand

24. Develop RTF staff and community capacity to monitor the issues involved in implementing the revolving fund, including coordination for livelihood development, training needs, gender equity, fund management, impact on poverty, use of socio-economic data, and alternative options for economic development.

World Vision Thailand

25. Seek urgent support to facilitate, mediate and negotiate impasses between TTRT and WVFT to come to a consensus on ways to proceed with regard to filling human resources needs. Possible solutions are to decentralize decision making for hiring, increase staff salaries and benefits and negotiate with the government for an increased international personnel quota.

World Vision Indonesia

26. World Vision should join CARE in its pilot effort with market based food assistance so that lessons and insights can benefit both organizations and in order to offer IDPs choices and stimulate local economies.

1 Evaluation Background

1.1 Evaluation Purpose and Motivating Factors

This evaluation of CARE's and World Vision's responses to the tsunami disaster was carried out with core funding from the two organizations. The evaluation covers the six month period following the tsunami disaster on December 26, 2004 and focuses on CARE and World Vision operations in Thailand and Indonesia. The evaluation was conducted in tandem with a similar CARE/WVI exercise undertaken by another team in Sri Lanka and India. Oxfam Great Britain also participated in Sri Lanka.

The purpose of this evaluation is to assess and document:

- The impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the agencies, highlighting key lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in the future
- To what extent programmatic decisions and approaches by the three agencies to date have contributed to recovery and reconstruction, referring to relevant lessons learned in this and similar contexts, recommend (and offer options) as to how agencies might adjust their programs to improve the efficiency and quality of their programs during the next phase of operations.
- Coherence and coordination between agencies, identifying examples of both good practice and missed opportunities

There were a number of motivating factors: They include:

- To verify and build upon the lessons learned exercises and after action reviews already conducted by CARE, CRS, Oxfam, and World Vision as part of an Interagency Working Group (IWG) "Emergency Capacity Building Project" involving 7 NGOs (in addition to the four mentioned above: IRC, Mercy Corps, and Save the Children US).
- To link with and support wherever feasible the on-going work of interagency learning and accountability networks, notably HAP-I, ALNAP, Sphere and People in Aid.
- To contribute to ALNAP's "Map of Current and Planned Evaluations of Tsunami Response" and evaluation database.

1.2 Users of the Evaluation

Anticipated users of the evaluation include:

- CARE and World Vision staff
- IWG partner organization staff
- Staff of international organizations that are members of ALNAP
- Government and donor organizations

1.3 The Evaluation Team

The evaluation team members were strategically selected in order to merge independent perspectives with organizational perspectives and reduce bias. Three people formed the core

evaluation team. Ayman Mashni is the Monitoring and Evaluation Manager for CARE West Bank Gaza and a specialist in program development. Sheila Reed, the team leader and independent consultant, is a humanitarian program analyst and disaster risk reduction specialist with 20 years of experience. Tim Wright is a nutrition and food security specialist with 19 years of management experience and a former staff member of World Vision Canada. In Thailand, Danai Sundhagul, an independent consultant, joined the team. He is a senior researcher and facilitator on topics of social behavior, reproductive health and HIV/AIDs. Virza Sasmitawidjaja joined the team in Banda Aceh and is an independent environmental management specialist with extensive experience in working with donors and NGOs in Indonesia.

1.4 Data Collection Plan

The fieldwork for the evaluation took place over a five week period, approximately two weeks in Thailand and three in Indonesia. An additional week was devoted to bringing the results together in Thailand and conducting phone interviews. The team interviewed 80 staff members of CARE, RTF, World Vision and government agencies as well as other local and international NGOs. Over 60 interviews were conducted with IDPs and members of host communities.

1.5 Constraints Experienced

The team experienced several constraints to data collection and analysis.

- The objectives in the TOR were broad and methodology briefly detailed. In an effort to more accurately target the data collection process, the team developed relevant questions under DAC criteria headings. Time constraints ultimately limited the depth of the team's response to all of the questions.
- Time and logistical constraints also limited the coverage of potential interviewees, particularly at headquarters level and of staff who had left their posts in the disaster affected countries. Some of these staff however were reviewers of the draft report.
- In Indonesia, organization staff seemed unprepared for the evaluation, despite numerous earlier email exchanges, resulting in an uncomfortable situation for all. It was unclear to the team whether the evaluation itself was unwelcome or the need for resources was unmanageable. Ultimately, staff made all-out efforts to assist, yet the underlying tensions surfaced occasionally throughout our stay. Had the team been able to anticipate this situation, other administrative arrangements might have been made to reduce stress on staff, resources and the team.
- In Indonesia, a national consultant had not been hired as in Thailand. The task of hiring a national consultant was not assigned to the team as per the ToR and previous discussions with the evaluation managers. While both CARE and WV staff in Banda Aceh tried their best to assist, the team spent valuable data collection time in Aceh trying to identify a consultant.
- In Aceh, the situation was understandably complex but finding information such as where the organizations had previously worked and were now working was surprisingly difficult. The team was thus not always able to attribute impact as is discussed in detail in the report.
- The team had planned to visit Simeuleu Island, a target area for CARE and other IWG organizations. However, the trip had to be cancelled due to heavy rains. Two team

members were delayed for a day in Meulaboh due to the weather restrictions on helicopters and small aircraft.

1.6 Multi-Method Approach

The evaluation team in each country employed a diversified methodology, including both participatory and gender aware approaches. Data collection and analysis methods included a document review, inception report, individual and focus group interviews, meetings and briefings and direct observation. All major findings were triangulated, using three or more sources. Please see the annexes for a complete description of the methodology and the bias reduction methods, the inception report, and persons and documents consulted. Also please see the annexes for the description of community sampling and a summary of community interviews.

1.7 Structure of the Report

The reports on Thailand and Indonesia are presented separately and common trends between them identified in a later section as lessons learned, good practices, and opportunities lost. The recommendations are summarized in the executive summary and detailed in the report. Priority issues are addressed for each country under the most relevant criteria headings. The findings are presented as a summary analysis of data from interviews along with document review. The evaluation team has pledged confidentiality to all interviewees and does not identify them directly unless explicit permission was given.

2 The Indian Ocean Earthquakes and Tsunamis

Tsunami is a Japanese word meaning “harbor wave”. Tsunamis are sometimes mistakenly called tidal waves (even to this day by the media and some practitioners in tsunami-affected areas) but they are unrelated to the tides. Instead they originate from undersea or coastal seismic activity, landslides, and volcanic eruptions. As experienced in the Indian Ocean disasters, they may ultimately break over land with great destructive power, often affecting distant shores.

On December 26, 2004, an earthquake, measuring 9.0 on the Richter scale¹ occurred 150 miles off the coast of Sumatra at the boundary between tectonic plates in the Andaman-Sumatran subduction zone. The ocean floor was thrust up 20 m and displaced billions of tons of seawater. Thirty minutes after the shaking stopped, the tsunami hit Sumatra followed by the coast of Thailand. The city of Banda Aceh took the brunt of the damage in Indonesia while in Phang Nga province in Thailand, the majority of deaths occurred. The wave reached 30 m in Indonesia and 20 m in Thailand. The westbound series of waves were traveling at 880 km per hour toward Sri Lanka.

It was estimated that the cost of reconstruction will be \$5 billion in Indonesia and \$1-1.5 billion in Thailand. A second earthquake occurred along the same fault on March 28, of 8.7 magnitude and caused a smaller tsunami (4 m) which affected fewer areas but caused significant damage on Simileu and Nias Islands in Indonesia.

December 26, 2004 - Tsunami Impact

(Source: UNDP)

- * 2nd largest earthquake ever recorded
- * 6 million affected in 12 countries
 - * 298,000 dead or missing
 - * 500,000 injured
- * 1.7 million Internally Displaced Persons (IDPs)
 - * 5,000 miles of coastline affected
 - * 2 million lost jobs
- * 410,000 housing units destroyed or damaged
- * 4 million more people likely to fall into poverty due to the tsunami

Unfortunately, no system existed that could have warned the people in the Indian Ocean although such a system is in place in the Pacific Ocean. (An ocean-wide international warning

¹ The [Pacific Tsunami Warning Center](#) (PTWC) estimated the magnitude as 8.5 on the Richter scale shortly after the earthquake. On the “[moment magnitude](#)” scale, which is more accurate for quakes of this size, the earthquake's magnitude was first reported as 8.1 by the [U.S. Geological Survey](#). After further analysis, this was increased to 8.5, 8.9, and 9.0 (USGS, 2004). In [February 2005](#), some scientists revised the estimate of magnitude to 9.3. Although the PTWC Center has accepted this, the USGS has so far not changed its estimate of 9.0. The most definitive estimate so far has put the magnitude at 9.15 (Source: Wikipedia, The Free Encyclopedia)

system should be installed by 2006.) Also lacking were plans for evacuation and training for citizens to help them recognize and escape the danger.

Thailand is in the process of developing a comprehensive early warning system including a National Disaster Warning Centre (NDWC) which opened on May 30. Sixty two warning towers in tsunami affected areas should be functional by the end of 2005. The Government of Indonesia will integrate its planned national tsunami early warning system (TEWS) with regional and global networks. The GoI wants to expand five existing seismic centers in North Sumatra, Jakarta/West Java, Bali, South Sulawesi and Jayapura/North Papua to ten, and reduce detection time of source earthquakes from the current 10 minutes to about 3-5 minutes.

There is no scientific answer to the question of when another large earthquake and tsunami will again occur. It is assumed is that the stress is now greatest under the Batu and Mentawai Islands south of the previous epicenters but the timing of another potential disaster is unknown.

Table 1: Relative developmental status of the countries studied

<i>Country</i>	<i>Population 2005 Estimates</i>	<i>GDP % below poverty</i>	<i>Infant mortality; HIV rate in population</i>	<i>Literacy</i>	<i>Income</i>
Indonesia	241,973,879	\$3,500 27%	35.6/1,000 0.1% (2003)	87.9%	Petrol, natural gas, textiles; Agriculture: 45%; Industry: 16%; Services: 36%
Thailand	65,444,371	\$8,100 10%	20.48/1000 1.5% (2003)	92.6%	Tourism, textiles, agriculture, tobacco; Ag: 49%; Industry: 14%; Services: 37%

3 Tsunami Response in Thailand



★ Areas visited by the evaluation team

3.1 The Context

A unified Thai kingdom was established in the mid-14th century. Known as Siam until 1939, Thailand is the only Southeast Asian country never to have been dominated by a European power. A bloodless revolution in 1932 led to a constitutional monarchy. Thailand is composed of 76 provinces and is 95 % Buddhist and 4% Muslim. Thailand is currently facing armed violence in its three Muslim-majority southernmost provinces, the site of long-simmering resentments due to economic and political marginalization.

Thailand has 3,219 km of coastline, making it vulnerable to tropical storms and tsunamis. Other hazards include subsidence in the Bangkok area resulting from the depletion of the water table; and periodic droughts. Environmental threats include air pollution, water pollution, deforestation; and soil erosion. In 2003, it was estimated that over a half million people were living with HIV/AIDS and

in 2004, 86,923 had died. In 2004, Southern Thailand was reported to be the only region where the HIV prevalence rate has doubled among pregnant women

3.2 The Tsunami Disaster

Most interviewees describe being taken by surprise by the tsunami on December 26, 2004. Most villages did not have evacuation routes and some villagers ran the wrong way to escape the waves. Some on Phi Phi Island and in Krabi received a warning from people in Phuket, where the tsunami struck first. Many, including tourists, stayed at the seashore to watch the waves come in. Villagers reported seeking safety on hillsides and in forests for days after the tsunami hit.

The tsunami affected more than 400 fishing villages along the Andaman coast and most inhabitants lost their fishing equipment. About 120,000 people lost jobs in the tourism sector. The disaster severely damaged several marine and coastal national parks and destroyed coral reefs and agricultural land. These environmental impacts will have serious consequences for the tourism and fishing industries, as well as on grazing and farmland.

Figures on the dead and missing vary with the source. As of April 19, 2005 the Thai Ministry of Interior, Department of Disaster Prevention and Mitigation estimated 5,395 dead (1,961 Thai, 1,953 foreigners and 1,481 unidentified) and 2,845 missing.

Thailand Tsunami Disaster –Related Events²		
Date Year	Contextual events and political concerns	Humanitarian actions and issues
Dec. 26, 2004	At 7:58 AM, an earthquake registering 9.0 off the coast of Sumatra is announced by the Department of Meteorology in Bangkok. At 10 AM, the tsunami strikes Phuket Island and about 15 minutes later, the tsunami strikes Phang Nga	The Prime Minister sends Navy ships to rescue citizens and tourists; the Ministry of Public Health calls to action more than 100 rescue teams and sets up Rescue Center in Phuket
	At 18:30, the Prime Minister arrives in Phuket; Ministry of Foreign Affairs sets up a coordination center in Bangkok for embassies and relatives of tourists; A Crisis Administrative Center is set up by the Ministry of the Interior	The number of dead are announced as 279 and 3,325 injured; National and international NGOs located in Phuket and southern Thailand rescue people; survivors move into temples and public areas
Dec. 27	The Prime Minister announces that the son of the princess is among the casualties; the Government sets up criteria for monetary compensation to victims; Emergency bank accounts are set up to receive donations	The Army prepares body bags for 1,000; the Ministry of Industry prepares to drop cooked and canned food by plane; 600 are rescued from small islands; the death toll rises to 866; the private sector mobilizes with aid.
Dec. 28	Princess Maha Chakri (Pra Thep) urges donations of relief goods and blood types for foreigners, Complaints emerge that government is helping the large hotels while NGOs and villagers are rescuing people from the communities; the first Air Force C-130 from Bangkok arrives with donations and leaves with injured.	Hundreds of bodies are found by the rescue teams, the death toll rises to 1,616, hospitals and wats overflow with bodies; relatives amass to identify them; Raks Thai's staff deploys a team to conduct an assessment and bring some relief goods to the affected areas; The UNDAC team arrives in Bangkok uninvited
Dec. 29	Government accepts external aid for pathologist to identify bodies; Krabi government lacks equipment to search for bodies on Phi Phi Island; The government is	Death toll rises to 1,827 with Phang-Nga by far the worst affected; the private sector donates a freezer container to preserve bodies; Over 80 organizations have

² Compiled from a paper prepared by Danai Sundhagul, Raks Thai and World Vision reports, Multi-agency Joint After action Review, Bangkok, April; proceedings, UNDAC Mission Report; Dec. 28 to Jan,12, 2005.

	briefed about UNDAC's role which it did not understand: the government says its does not want support for its internal coordination.	arrived or expanded in Thailand; the UNDAC team deploys to Phuket to conduct a UN assessment and facilitate information sharing
Dec. 30	NGOs protest that some people on Phi Phi Island died due to late rescue; International NGOs gear up to assist; Government will not accept bi-lateral aid.	Hundreds of volunteers from government and NGOs prepare bodies; MoPH sets up surveillance system; death toll rises to 2,394; World Vision undertakes an assessment and distributes 3,580 survival packs and other goods in the first week through the Thai military.
Dec. 31	The government releases donated money for affected people, 2,000- Baht each and 10,000 for each death.	Death toll rises to 4,360; Phang Nga toll doubles overnight
Jan. 1, 2005	100 people from Phi Phi protest they did not receive relief money.	Thai Red Cross donates two sand vehicles to help in the rescue: the death toll rises to 4,598
Jan. 8	The "Moken" or New Thai people return to Surin Islands.	Raks Thai assists the IDPs at the temple in Kuraburi, Ranong Province and returnees to Surin
Jan 12	UNDAC team departs, recommends a neutral coordination body for international agencies	WV coordinated with local GO in repatriation (voluntary) of 600 Burmese migrants; RTF opens Phang Nga, Ranong and Krabie offices
Jan. 18	Government will not appeal for assistance but welcomes goodwill gestures; More than 5,000 survivors seek psychiatric help	World Vision starts building 475 temporary shelters; WV and UNFPA conduct a survey for working together, especially on reproductive health and HIV AIDS
Feb.	The Prime Minister's Thai Raks Thai party wins a landslide victory but not in the south due to opposition there and failure to reach all tsunami affected people.	Meeting of NGOs/ international aid organizations in Phuket, Andaman Forum
Mar. 28	A second related seismic event near Sumatra causes people in 6 provinces to flee.	Warnings sent by government and others prevent casualties.
April	Phuket runs evacuation drill.	April 6-7: Raks Thai - lessons learned workshop with field staff
May	Summary report of casualties and losses: 5,374 dead, 8,457 injured, 3,132 missing, 6,812 houses damaged or lost, 1,222 small ships and 3,426 big ships damaged; National Mental Health Center opens in Phuket.	WHO Conference on Health Aspects of the Tsunami Disaster in Asia and Phuket; OCHA National Lessons Learned Workshop; 2,000 bodies are still unidentified in the freezer, many thought to be Burmese migrants.

3.3 Effectiveness

This criterion is used to assess the measure or merit of an activity, i.e., the extent to which an intervention has attained or is expected to attain, its relevant objectives efficiently and in a sustainable way" (DAC, 2001) This criteria measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criteria of effectiveness is timeliness. Issues of resources and preparedness should also be addressed under effectiveness.

This section discusses:

- Management
 - Administration
 - Timeliness of operations
 - Efficiency
 - Human Resources Support
- Sectoral Standards
 - Water and Sanitation
 - Shelter
 - Food aid
 - Health and nutrition

- Mental Health Issues

3.3.1 Management

Administration

Raks Thai Foundation is an independent organization and a member of CARE International. CARE started its work in Thailand over 20 years ago to provide assistance for Cambodian refugees. Contributing to RTF's effectiveness has been its ability to retain its autonomy and to prioritize goals relative to the needs of the people and in view of its own capacity and position among other agencies. In southern Thailand, Raks Thai Bangkok oversees three offices in Phang Nga, Ranong and Krabie, which opened in January and are managed by a Field Coordinator.

The World Vision Foundation for Thailand (WVFT) has operated in Thailand since 1972 and had 13 special projects and two Area Development Programs in the tsunami affected area. The WVFT initiated relief operations and coordinated with relevant ministries in Bangkok. In February, World Vision's Asia Tsunami Response Team (ATRT, part of the Asia Pacific Regional Office, located in the Singapore) established relief operations in Phuket, the Thailand Tsunami Response Team (TTRT). The transfer of some areas of operation from the WVFT to the TTRT created tensions. These tensions have been detrimental to communications, and responsibility for some functions is still not resolved. Tensions were most evident to the team in terms of decisions that must be made by the WVFT related to procurement and human resources described below.

Timeliness

The response of civil society to the tsunami disaster was very strong and many NGOs immediately sent volunteers to the affected area. As described in the above chronology, government/military response was swift but rather unbalanced with regard to coverage. Many large organizations such as OXFAM-GB decided not to directly implement programs, electing to work through local NGOs for recovery. The task for WV and Raks Thai in the immediate aftermath of the disaster was clearly to supplement government, NGO and private sector assistance where gaps existed and vulnerable people needed attention. In this regard, both performed effectively.

World Vision had provided emergency and recovery assistance for recent floods in the south. However, neither organization had adequate emergency response capacity to address a disaster of this magnitude. Both organizations quickly seconded staff from development programs.

There were already many NGOs working in the area in an uncoordinated manner, and thus, Raks Thai proceeded cautiously. RTF sent an assessment team on December 27th and determined that it could best assist the Burmese migrants and New Thai people. A report was produced in late January. RTF distributed pharmaceuticals and medical disposables and helped the Moken return to Surin in January and assisted them with temporary shelter.

Because World Vision had a provincial office in the south, it was able to begin distributing food and NFI within a week. An assessment was undertaken in the first week and by mid-January, WV identified four areas where it would work, Ranong, Phang Nga, Phuket, and Krabi. It would cover Burmese voluntary repatriation program support, medical health and referrals, trauma counseling, food and shelter assistance, and day care for 600 orphans.

In February, government plans for recovery and reconstruction of affected areas had still not been released, probably due to the elections in early February. Some affected people were not willing to accept direct assistance from WV or other NGOs for fear of losing government assistance. WV's cash-for-work program to encourage construction of temporary shelters only drew a handful of people. WV conducted an economic survey to learn more about the 130,000 affected persons and focused on relief assistance to over 600 families living in temporary shelters. Until the three month point, WV's targeting had been broad and general, but program focus now rests with relief, infrastructure recovery and livelihood development. RTF has focused on occupational revolving funds (see below) and has an effective relationship with the monastery in Kuraburi where it assists IDPs in tents and temporary shelter with food and medicine

Once the funding picture became clear early in the year, both organizations rushed to establish programs in order to expend funds and carry out program objectives in competition with other organizations. If commitments were not quickly made, it often happened that communities' needs were filled by others. In the opinion of many interviewed, resources for the response probably now exceeds the ability of organizations to program them which may indicate a danger that there will be increasing competition and less collaboration.

Efficiency

Efficiency, in the sense of costs/benefits, should be analyzed in relation to a similar emergency, if indeed one exists. This evaluation did not look into program expenditures in detail. The overall weak coordination (described in a later section) and preponderance of organizations indicate that the operations were not particularly efficient and that overlap and duplication indeed took place. It seems that even at the very local level until recently, few coordinated plans seemed to have been developed which may result in eventual long term harm, such failure of affected people to attain self sufficiency or possible misuse of funds. Further, humanitarian standards in efficient use of funds, which are currently not adequate to support global needs, are in danger of being compromised.

Scale versus need and the capacity to deliver: At the three month point, WV had expended over \$1.5 million. WV is now tasked with programming \$35 million over the next three to five years. WV is facing a problem scaling up human resources in order to meet international standards and budget its funds effectively. RTF's budget has been significantly increased by tsunami related funding to \$14 million over 5 years but it has declined some funding due to oversupply of agencies providing support. This practice is commended.

Procurement: Staff of both organizations mentioned that existing procedures slow the flow of funds to programs and most seek more decentralization of decision making. RTF set up revolving funds earlier than most organizations. The turn around time in reviewing documents in Bangkok was 3-4 days. However, collecting missing information from the communities might require an additional 5 days. In the first month of tsunami response, RTF used rapid cash advance methods, however, these were no longer seen as a need in present stages. For WV, some villages compared its slowness to the government, although staff justify that several layers of checks and balances are needed for accountability. Both organizations might consider whether decentralization of funding decisions will contribute to efficiency. Concerns regarding accountability might be addressed through training and monitoring.

Human Resources Support

The team found staff members of both organizations to be exceptionally committed to humanitarian goals. The team identified several important issues in the support for staff.

At the time of our visit (May 22 – 31) World Vision's TTRT in southern Thailand was operating at 54% capacity which has extenuated staff at all levels, hampered the capacity to more effectively program its funds, and compromised effective coordination and participation of affected communities. Further, it has prevented staff from adequately identifying and supporting marginalized people.

Some constraints to hiring included quotas on international staff, lower salaries than other agencies offer for working in the tsunami risk area, two levels of bureaucracy in WV in Thailand for hiring decisions, and lack of skilled people who want to live in the area. As of May 31, there was only one senior position listed for recruitment – the Economic Recovery Manager - on the WVI job site. Two out of the quota of ten expatriate staff have been assigned for missionary positions in other agencies. Even though WV funding has grown substantially, WVFT has demonstrated a reluctance to second an adequate number of experienced staff to support implementation and to train and mentor new staff.

In both organizations, the team noted that volunteers lack adequate training and orientation. Volunteers (daily paid staff who do not have benefits) comprise nearly half of the workpower for Raks Thai and a significant number for WV. Staff and volunteers often begin work without sufficient orientation to the organizational mandates and procedures as well as international standards for assistance. Staff are often from varied backgrounds and do not have experience in participatory methods. Even permanent WVFT staff that are part of the TTRT are not well oriented to standards, such as Sphere and HAP-1. Nevertheless, it is commendable that both organizations try to operate in a participatory manner.

Raks Thai is not experiencing an extreme degree of staff shortages in the three target provinces. However, there are plans to add additional staff members and volunteers to manage the planned increase in revolving fund coverage. Finding experienced mid-level managers from other areas who want to work in the south can be difficult due to disaster risk and political issues. Staff members and volunteers have expressed various capacity development needs and several workshops are in the planning stages, following the arrival of the Field Coordinator in early May.

Recommendations: Thailand Management

World Vision

(Rec. 26) If WV is to fulfill its program goals and meet international standards, management teams in Bangkok and in Phuket will have to collaborate on finding solutions to the staffing problems. Some obvious solutions are to decentralize decision making for hiring, and to increase staff salaries and benefits. Whether these solutions are possible depends on the willingness of WV management to cooperate and coordinate. WV should seek assistance to facilitate, mediate and negotiate impasses and tensions among relief and development staff to come to understandings and consensus on ways to proceed. If there are insurmountable barriers to hiring

Thai staff, WV should recruit internationally and should negotiate with the government for an increased quota as operations have more than doubled since the number was established.

Multi-Agency

(Rec. 1) To promote principles of efficiency and effectiveness, RTF and WV should ensure that funds are efficiently used and that efforts are made to coordinate and collaborate rather than compete. Funds should be expended based on plans coordinated at national, provincial and community levels. If funds cannot be effectively programmed, they should be returned to donors who can program them elsewhere.

It is clear that WV and RTF will not be able to deliver high quality programs without well-trained and highly-motivated staff and volunteers. Current staff should participate in training and be monitored for application of that learning and can then train others on-the-job.

(Rec. 4) Expand dialog and the potential for regularized multi-agency shared training on humanitarian standards and other areas which are relevant cross-agency.

Facilitate a lessons learned exercise at a later stage for interchange between emergency and development specialists – what each discipline can do to improve effectiveness.

3.3.2 Sectoral Standards

The team assessed the degree to which Sphere sectoral standards were met in three temporary settlements managed or co-managed by World Vision. Most standards were met or partially met in the settlements.

Water and Sanitation: Most water and sanitation standards were partially met. Some exceptions included inconsistent water supplies in some settlements which have contributed to skin ailments. Bathing areas were often not private enough and sometimes had to be shared due to lack of water. Hand washing facilities were sometimes not available near latrines. Often, latrines were not gender-segregated, although women interviewed said integration was traditionally practiced.

Excessive amounts of garbage were observed in and around some settlements, attracting flies and animals. WV has advocated with the government which has a record of uneven garbage pick-up. Containers for garbage around some settlements were inadequate. Drainage/standing water was a major issue in some settlements and work was being done in some to improve drainage. Vector control is implemented by the government and the team observed several fumigation activities. There have been some cases of dengue fever so increased vigilance in vector control is critical.

Shelter: Temporary shelter settlements were constructed in close proximity to the village where IDPs originated or in host communities near their original village/island. IDPs were generally able to use the transportation infrastructure maintaining the same level of accessibility to markets, schools, hospitals and other services, villages and cities. The location of the settlements helped maintain community cohesiveness and societal relationships. In larger settlements, it was found that people from the same village settled together in one part of the settlement.

Temporary shelter construction and design varied among settlements. In one section of one settlement, each family was allocated a room with its own toilet and water taps and more than 4

sq meters per person. In other settlements and sections of settlements, the space allocated was 2.5 sq meters per person. Temporary shelters were distributed based on numbers of families without due consideration for the size of the families. In one setting the shelters had inadequate space between them and inadequate space for cooking. The design of the temporary shelters also varied with the agency responsible. In almost all settlements, asbestos, a potentially hazardous material, was the major construction material used. In the design for both temporary and permanent shelter, the team found that few consultations had taken place and in some permanent shelters, people were dissatisfied with the shelter. A few families were still living in tents in sub-standard conditions.

Food aid: Food aid allocations varied by settlement with some not receiving food aid. In two settlements not receiving food aid, the team felt some food aid particularly for families with vulnerable members was necessary. IDPs were using funds meant for livelihood recovery to purchase food which will have a long term negative effect. In a settlement receiving food aid, food is allocated in the same amounts per family regardless of the number of family members. Large families are expected to find the additional needed food by sharing with others. Families are expected to pay for special baby formulas and foods. The elderly were expected to get any additional needed food from family members. It was unclear whether livelihoods had been rejuvenated enough to cover these costs. (WV is in the process of conducting a survey to determine food aid needs.)

Health and Nutrition: The MOPH has closely monitored settlements either setting up services or making regular visits and keeping detailed records on each household member, including birth control practice. Condoms are available. Immunizations, including for measles, have been kept up-to-date. When comparing pre and post tsunami weight for age in under fives, the conclusion is that in general children have adequate diets and that disease has not seriously affected growth over the past few months. Supplementary feeding of pre-schoolers in day care is likely contributing to these positive results. Public health nurses report that only a few women tested low for hemoglobin at their first check-up during pregnancy.

Village health committees are active in promotion of behavior change communication, such as protecting food from flies to reduce diarrhea. However, due to a poor water supply for washing, there have been considerable skin problems. These problems have been reduced now to some extent. The greater health concern, especially in one settlement, has been the mental health of adults.

3.3.3 Mental Health Issues

Based on data from previous natural disasters, between 50% and 90% of the tsunami-affected population are likely to experience symptoms such as post-traumatic stress disorder and depression and many of the symptoms can persist for years. In the month following the tsunami, the Ministry of Public Health reported a vast array of psychological disorders ranging from anxiety and paranoia to severe depression. Since then, several suicides have been reported

Interviewees, especially fisherman and their families, confirmed that many among them experience psychological problems. Fear affects the men and women who often fish together reducing their ability to fish. Some no longer fish at night and some are not anxious to resume

fishing. Elderly people feel fear and may wake their families to check the waves. Women reportedly suffer greater mental health effects than men; perhaps related to the high number who lost husbands and/or children. A MOPH survey reports eating and sleep disorders among children. More than a thousand children lost a parent and hundreds were orphaned. Children interviewed expressed even more fear of a tsunami than adults. As well, there is considerable despair among youth who have lost opportunities for further formal education

The level of distress may be linked to degree of support from family and friends when people from diverse villages have been placed together. In one IDP settlement, where people came together from various villages and are separated from family and former neighbors, there is a high incidence of distress. In contrast, a neighboring settlement that better reflects pre-tsunami community composition has noticeably less emotional upset and need for counseling.

The Department of Mental Health (DMH) has established six mobile teams, one for each southern province that was affected by the tsunami. They visit IDP settlements and deliver psychological education to teachers, parents/caregivers, public health staff, and health volunteers. On May 26, a Mental Health Center was opened in Phang Nga province, and by June 1, 2000 people were receiving regular treatment. However, the DMH recognizes that the combined interventions are inadequate and the long term effects could be as devastating as the tsunami itself. A number of activities undertaken by WV and RTF are supportive of healing particularly occupational training, youth programs, school support and creating child friendly spaces.

Lessons Learned in Disaster Related Mental Health Response and Psychosocial Support

In May, 2005, the WHO Conference in Phuket on “mental health and psychosocial support after the tsunami” identified these lessons learned:

1. Post-disaster care needs to cover a range of problems, ranging from non-pathological mental and social distress to severe mental disorder
2. The best way for a country to prepare for a mental health response after disaster is to build community-based health and mental health services before disasters.
3. Post-disaster intervention should occur at different levels of the care system, ranging from family care to informal care by a range of community members to care by health and mental health professionals.
4. Post-disaster interventions should be based on a deep understanding of local culture and should be delivered by locally available, appropriately trained and supervised human resources.
5. The mental health and psychosocial support that is needed in the acute phase of a disaster is very different from what is needed in the post-emergency phase. Part of disaster coordination is ensuring that the right interventions are implemented at each phases of disaster.

Recommendations: Thailand Sectoral Standards and Mental Health

World Vision

(Rec. 5) Continue and expand efforts to improve drainage in temporary settlements.

Continue to advocate for regular garbage pick-up and intensify education programs on solid waste disposal, perhaps in coordination with village health committees.

Multi-Agency

(Rec. 6) Given the severity of the mental health problems, WV and RTF should consider additional means of support.

- Explore opportunities to support households where the main income earner has been lost and/or for youth who have not qualified for other benefits
- Sponsor youth for secondary or university education
- Collaborate with government to complement its efforts, for example, by hiring local and/or international mental health consultants
- Collaborate with DMH, UNICEF and others to develop community-level program recommendations
- Advocate for retaining pre-tsunami community composition in permanent housing developments, as long-term, supportive relationships are critical to psychological recovery.

3.4 Relevance and Appropriateness

These criteria are concerned with assessing the extent to which the objectives of an intervention are consistent with country needs, global priorities and partners' and donors policies" (DAC, 2001) Did the operations meet needs and respect priorities of the citizens and were they appropriate in the context of the disaster?

3.4.1 Support for Livelihoods and Economic Development

Community members interviewed generally stated that livelihood recovery was their highest priority. The team found support for livelihoods was increasing and feels strongly that this trend should be encouraged and that livelihood development should not/not be put on hold until people move to permanent shelters. WV has successfully developed programs in spontaneous returnee areas and in organized temporary shelters to support fishing populations with boat repair, nets and parts for traps. Women have been instructed in batik skills in one settlement and have access to a market. Both RTF and WV support fish farming enterprises.

The team encountered what could not be accurately referred to as a coordinated effort but rather a “fortuitous complement” of inputs in some villages, where national and international organizations contributed various inputs to get fisherman back to work. Still, it is estimated that only a third are actually fishing full time. The team noted that people with different occupations such as small business owners and their employees, and carpenters did not receive any or enough assistance to restore their livelihoods. The team also encourages greater focus on the occupations aspired to by women.

A number of organizations are active in livelihood development. Raks Thai initiated the Occupational Revolving Fund as part of its Strategy 3 to empower community networks to conduct social reconstruction. World Vision also sponsors financial assistance for communities using a different strategy - providing subsidies and developing micro-enterprise projects to organize communities into savings groups. The Department of Fisheries has distributed funds to those with registered boats (about 20%). OXFAM – GB provided support through Save Andaman, an influential union of national NGOs, and targeted places such as Trang province where there were fewer casualties but nearly complete destruction of fishing assets. Among

others, CODI, a quasi government organization and PDA, a large national NGO are also implementing funds.

The potential for harm due to overlap and duplication as well as the mixed messages that organizations may give communities with different approaches necessitates close coordination and information sharing. A specific concern is that the “grant” approach of one organization may negate the “loan” approach, which focuses on self-sufficiency. Further, the differing approaches may contribute to intra or inter-community conflict.

3.4.2 Raks Thai’s Occupational Revolving Fund

The team analyzed strengths and weaknesses of the Raks Thai Occupational Revolving Fund, which emphasizes community self-reliance and will undergo significant expansion. RTF plans to increase coverage to 75 communities in 2005 and to 120 next year. RTF is placing a considerable amount of effort into developing collaborative relationships with communities and local NGOs, such as Save Andaman, around the revolving funds. The loans generally range from 20,000 – 50,000 Baht per family.

Loan recipients interviewed were very appreciative of RTF’s support for the funds. They have been able at a relatively early stage to re-start income generating activities, reducing their dependence on humanitarian aid. The strong features of the approach are:

- A committee to manage the fund is elected by the disaster affected people.
- The community decides on the terms of the fund, e.g. whether interest will be charged (although monitoring of the variations may be more difficult and impact harder to assess.)
- The fund is tailored by each community, for example villagers have decided to split fund management due to different religious beliefs concerning loans, large villages may have more than one fund, etc.
- As of March, about 21 % of the loans were taken by women.
- The fund development process is linked to promotion of community discussion forums

The team proposes that Raks Thai consider the following findings as it develops the program.

Pre-project assessments. RTF placed priority into getting cash into communities as fast as possible in order to restart livelihood activities. Consultation took place with village members prior to establishment of the funds. Through this dialog, it was determined that committees independent of government influence should be set up in some villages. The team found, however that more in-depth assessments on socio-economic behavior may have deterred some of the problems described below.

Loan repayment capacity. An issue for some interviewees was whether they would be able to repay the loans. RTF designed the project such that there was a rather low level on maximum lending and that a burden would not be placed on poorer households. The community determined the flexible terms and grace periods. However, the loans may be inadequate for recovery, possibly reducing peoples’ standards of living in the long term. A related issue is the budget management capacity of loan recipients. For some families, some of the loan was used for daily expenses and also to repay other loans. For those who live below the poverty line, the temptation

to spend the money to pay for food and other necessities instead of making long term investments in a boat or shop may be overwhelming.

Targeting of loan recipients and determination of loan amounts. Some interviewees felt that loans were more readily given to those who were likely to repay them, rather than on the basis of need. Thus those who were more financially stable might be more likely to receive the loans or larger loans than others who were on shaky financial grounds and/or without livelihoods. Post-tsunami, more are likely to fall into the latter category. Villagers pointed out that those who had various sources of income, such as working on plantations in addition to fishing, enjoyed greater financial stability. Those who fished solely for income had no other options to earn money and some found it hard to get the amount of loan they needed to repair the boats and invest in nets and traps.

Capacity development - training staff and recipient communities. Given the high probability that communities will benefit from more than one fund or cash injection, capacity development for money management is important for RTF staff, community fund managers and loan recipients. The team found that funds are being merged or shifted to other areas of interest such as building schools. In some communities, elections of committees are less than fair and do not have representation of women.

General guidelines of occupational revolving fund. The team found wide variations in the terms of the fund between communities. For example, the grace period for repayments in one community was 3 months while it was 24 months in another. RTF may wish to establish core guidelines to offer to communities. For example, the length of the loan may vary between 2-3 years and options for repayment may vary between 3-6 months. This will maintain a certain amount of flexibility but will help ensure equity between communities.

Monitoring of outcome and impact. The discussion above emphasizes the importance of routine monitoring to steer the process and to prevent overlap, inequity and tensions. Weak assessments and inadequate early monitoring are likely to mean that some program adjustments will have to be made in villages where funds are already in place. RTF is currently promoting stronger feedback mechanisms such as lessons learned exercises with communities and staff.

Recommendations: Thailand Livelihoods

Raks Thai

(Rec. 23) RTF has recently hired a consultant to collect family level socio-economic data. RTF should ensure that questions typically asked in a household livelihood security assessment (HLSA) are included to improve targeting and to provide baseline information as to how family funds are budgeted. The results of the survey should be shared with other organizations. This information can be used to offer communities other options for economic development

Ensure RTF staff and community capacity to monitor the issues and manage the expanding number of funds. Conduct an assessment to determine whether targeted people are interested in and will attend training in planning, marketing and organization of payments.

Multi-Agency:

(Rec. 7) Expand focus on livelihood recovery as soon as possible rather than wait until people move to permanent shelters to address this IDP priority.

- Expand focus on livelihood development to include people with different occupations such as small business owners and carpenters and place greater focus on the occupations aspired to by women.
- Develop joint and participatory processes to develop livelihood goals and objectives with communities and use joint targeting to determine which families will benefit and how.
- Coordinate to ensure that livelihood programs are complementary and that all affected villages are covered by some form of economic development support.

3.5 Impact

This criterion assesses the totality of positive and negative, primary and secondary effects produced by a development intervention, directly or indirectly, intended or unintended” (DAC, 2001) Outcome is related to impact in that it focuses on changes in behaviors, relationships, actions and activities of people and groups with whom a program works directly.

Impact in the first few months following the disaster will be difficult to attribute by organization. Numerous actors likely contributed to each person’s well being in each location. There were few if any baseline studies conducted or even any in-depth assessments and detailed program plans upon which to measure impact. Goods and services were generally pumped into the society to prevent suffering and death. The fact that secondary deaths and outbreaks of disease were largely avoided is a laudable impact.

The team found marginal impact in terms of the empowerment of people. People were generally unsure of their rights and had often not been consulted in regard to basic service preferences and satisfaction with services. In the push to establish programs and develop basic services, the progress toward achieving standards such as empowering people and promoting equitable participation was not as developed as it should be five months after the disaster. While it is recognized that both WV and RTF place high value on promoting self-sufficiency, the leadership, number of staff and training required to achieve these outcomes were not adequate.

One problem noted in the measurement and achievement of impact is the manner in which impact is planned. For example, World Vision’s (Draft) One year plan Monitoring and Evaluation Framework is heavily dependent on quantitative indicators. The outcomes and outputs include few process oriented goals, which are indicative of a participatory approach and accountability to affected people, or benchmarks for behavior changes when these changes clearly underpin the successful achievement of “the numbers”.

Both organizations are seeking the most effective ways for expanding their recovery programs. At this juncture, both are undertaking baseline data collection, detailed assessments and surveys. For example, WV has participated in a “Do No Harm’ analysis and is supporting university students to collect socio-economic data in settlements. Raks Thai will conduct a baseline review of emergency program participants to determine needs and gaps as well as a mapping of who is doing what. The challenge posed to the organizations is how they might have collected

information at an earlier stage in order to more accurately target and find gaps in assistance, and how they will share future analyses with others.

Recommendations: Thailand Impact

Multi-Agency

(Rec. 8) Simultaneously address empowerment and behavior changes with other assistance provided. The programming of material assistance and services will become the vehicle for community capacity-building.

- Develop process oriented benchmarks, agreed upon by the communities. Monitor the changes through use of participatory methods of qualitative data collection. Ensure that adequate human resources are available to guide programs and obtain feedback from community members, and if not available, scale back programs.
- Promote or increase alternative forms of monitoring and evaluation such as self-evaluation by communities in coordination with staff members. RTF is promoting self-evaluation of the revolving funds but has found that the staff and communities need to ask the right questions and carefully document the details in order to assess long term impact.

(Rec. 10) Increase support and empowerment of community institutions, which are democratic and representative, for a demand-driven approach to addressing individual and group needs. Ensure that existing governance structures promote rights of vulnerable people including women, children and minorities and target those most in need. Leaders who will manage program services should have a record of practicing non-discrimination, or the organizations should find alternative means of implementing programs and/or enact rights awareness programs prior to starting projects. This includes developing joint human rights goals with the bodies of governance and the communities.

3.6 Coverage

This criterion assesses how well the organizations reached major population groups facing life-threatening suffering wherever they are, providing them with assistance and protection proportionate to their need and devoid of extraneous political agendas” (Minear 1994 in DAC, 1999) Coverage issues consider geographical differences in coverage (by area, region, IDP settlement, non-settlement, etc.) and social differences in coverage (by ethnic group, gender, household status, age group, vulnerable group, disabled, orphans, returnees, etc.)

3.6.1 Protection of Rights and Advocacy

Raks Thai and World Vision are commended for their attention to the rights of minorities and other vulnerable groups. In their assessments in the immediate emergency phase, both organizations described the needs of migrants and Sea Nomads or Thai Mais in some areas. Both organizations coordinate through a local network advocating for migrants and both fund some projects for them.

On the first of January, WV established a voluntary repatriation program to Myanmar and set up a temporary shelter site at Ranong to repatriate 600 Burmese migrants in cooperation with the Thai Provincial Government. WV also provided direct relief to migrants serving at least 540 migrants in the first week of disaster and was reportedly the only organization to assist them. World Vision is now implementing a UNFPA program for migrant families in Phang Nga and Ranong.

Raks Thai provided assistance to the Moken, a group of Sea Nomads, in the first two months, helping families return to Surin Island. RTF has contracted the Center of AIDS Rights (CAR) to conduct a 3 month assessment on the status of rights in the affected area. CAR will collaborate with the Lawyers Council a rights-based organization of volunteer lawyers and the Human Rights Committee. CAR will also propose an action plan where CAR will engage in rights protection and advocacy with Raks Thai and other NGOs in the affected areas.

3.6.2 Excluded people and underserved areas of need

Both the UN Guiding Principles on Humanitarian Assistance and Guiding Principles on Internal Displacement prohibit discrimination of any kind. The responsibility to guarantee everyone access to humanitarian assistance falls directly on the government. According to Forum Asia: *“this obligation has been largely ignored throughout the emergency relief period, and discrimination against select groups of the affected population continues to this day.”* Some major issues in protection are gaps in government assistance, protection of vulnerable groups and shelter issues related to land rights. :

- 1. Gaps in government assistance:** The team found that affected people were generally not aware of their rights regarding assistance, although many recognized the prime responsibility of government in this regard. Some felt that government assistance had been inequitably distributed and was slow to respond to their needs. Numerous IDPs reported that compensation owed by government had not been paid in full.

The team identified the following gaps in assistance:

- Some people had not registered with the government, a step that would have identified them as tsunami-affected persons. Following the tsunami, the government requested that people register at the sub-district, district or provincial offices. However, many tsunami-affected people sought refuge with relatives and friends outside of their communities. Some had no information about registration. Those who were not registered were not eligible for assistance that was provided by or channeled through government.
- Some people living in temporary shelters were unable to access the information from settlement officers and others in charge that they required to apply for needed assistance. Some were told that there were no openings for assistance. Some had difficulty helping sick family members due to lack of information. Those who left the shelters daily to work had difficulty accessing information.
- Youth (in Thailand, ages 18 to 24) were often excluded from assistance or did not receive all they needed, imposing burdens on their families and/or having to find their own resources. According to government criteria, assistance for education is provided for orphans under 18. An older tsunami-affected student interviewed had to pay for his own education with great difficulty.
- Similarly, children below 5 years old who typically go to pre-school are not eligible for government assistance for school fees and uniforms. Some tsunami-affected parents had difficulty affording uniforms and shoes for their younger children to wear to school.

- Women are marginalized in humanitarian assistance and committees and decision making bodies often do not include them. A gender analysis would be useful to develop a strategy to include women in processes where men typically dominate.

Both World Vision and Raks Thai are responding to gaps in assistance. WV volunteers report finding individuals who have not received services, usually because they had little damage or were not registered for assistance. When these persons have been found, they were encouraged to mobilize others in similar state and present a request to WV. A major constraint to effectively finding those who have fallen through the gaps is insufficient human resources as mentioned above.

Raks Thai has identified 1,000 people needing tsunami-related assistance in the northeast, the poorest area of the country where RTF has several programs. These people are relatives of workers who were killed or injured while working in tsunami affected areas, for example, in tourist industries.

2. Protection of Vulnerable Groups

Land Rights Issues. Lands rights issues should be a focus of attention by both organizations in order to advocate for villagers and effectively support permanent housing. (Please see expanded discussion of “Permanent Shelter and Land Rights Issues” in the annexes). Approximately 3,200 permanent houses are needed for tsunami victims and less than half have been built. Numerous interviewees described conflicts over land use between IDPs and the government. These conflicts impose barriers on the construction of permanent shelter and compromise the futures of those who have moved into permanent shelter where land issues are unresolved.

Migrant populations. In 2004, the Royal Thai Government and the State Peace and Development Council (SPDC, Myanmar's military government) signed an MOU concerning Burmese migrant workers in Thailand. Article XVIII states that *"Workers of both Parties [Myanmar and Thailand] are entitled to wage and other benefits due for local workers based on the principles of non-discrimination and equality of sex, race, and religion."*

Pre-tsunami there were approximately 128,000 registered migrants in southern Thailand, only about 3% of them Laotian or Cambodian and the remainder Myanmarese/Burmese. Many others are unregistered and uncounted. These low-paid migrants are vital to the commercial fishing and construction sectors. In recent years, the government has been accused of violating the rights of migrants with regard to labor rights and their access to basic services. The government did however, open a transition center in Ranong for two weeks after the tsunami to assist those who wished to repatriate, including those who were unregistered.

In January 2005, Raks Thai provided funds to support a rapid assessment by the Action Network for Migrants (ANM). Both Raks Thai and World Vision are members of ANM and their staff members participated in the assessment. The assessment found that many migrants lost their identification and work permits and could be vulnerable to arrest and deportation. Reportedly, in the week after the tsunami, police deported some migrants without valid ID. Many returned

independently to Myanmar or fled to hiding places in Thailand. Some registered migrants received 2,000 baht following the tsunami but none since.

Official reports on deaths of migrants are far below the estimated numbers ranging from 300 - 3,000. In Phuket, an estimated 2,000 bodies remain unidentified in a freezer. The UN country team conducted its own assessment mission in January and reported that migrants had generally not provided DNA samples to identify their dead relatives due to their return to Myanmar or fear of authorities in Thailand and inability to pay for funeral expenses. Most migrants were not aware of government compensations for dead relatives. Migrant settlements were extensively damaged in Phang Nga and on Phi Phi Island. An assessment by UNFPA and the Ministry of Public Health mentioned that “{migrant} communities lack adequate health care and information, contributing to a high incidence of childhood diseases, tuberculosis and HIV/AIDS.”

Coordination of assistance to migrants is poor, compounded by the fact that many are now difficult to find and access. Some NGOs are assisting migrants to obtain documentation. However, they require a great deal more attention to protect their rights.

Chao Lay: Sea Nomads. One group of the Chao Lay, or nomadic people, formerly known as the Moklen (2,500) are relatively settled and have obtained Thai citizenship and now prefer to be called Thai Mais or “New Thai”. Others are the Urak Lawoi (4,000) who are being acculturated, and the Moken (400 in Thailand, 2-3,000 in Myanmar) who are semi-nomadic. They are often all referred to as Thai Mais, although some lack citizenship and identification papers. Some did not register and did not receive assistance. Some of these people are in temporary shelters near the temple Samukeedham in Kuraburi and are assisted by RTF for relief assistance and the Thai Red Cross for permanent shelter. Some Moken live on the Surin Islands which are situated 60 km from the coast of Phang Nga province.

The Thai Mais will likely have access to adequate assistance from NGOs but this should be monitored. From interviews, the team noted that mothers need nutrition education and nutritional support for infants and young children. Latrine construction and hygiene education is needed in villages not receiving shelter assistance.

Recommendations: Thailand Coverage, Protection of Rights and Advocacy

Multi-Agency

(Rec. 10) WV and RTF should put more resources into advocating with and supporting government to uphold human rights, promote better coverage of needs (identifying excluded people) and to fulfill its obligations regarding mandated payments. Other advocacy efforts should include:

- Lands rights issues should be a focus of attention by both organizations in order to advocate for villagers and effectively support sustainable permanent housing.
- Enhance attention to women and children who have suffered disproportionately and may be more vulnerable to violation of their rights due to the changes in societal structures.

- Intensify collaboration to enhance assistance to migrant populations and focus on advocacy for their rights.
- Monitor progress towards recovery for New Thai people, using assistance interventions to improve child nutrition and hygiene practices.

3.7 Sustainability/Connectedness

This criterion assesses the extent to which short-term emergency interventions have been carried out in a context that takes longer-term and interconnected problems into account. Connectedness is the need to assure that activities of a short-term emergency nature are carried out in a context which takes longer-term and inter-connected problems into account” (Minear 1994 in DAC 1999) Sustainability must be considered at different levels (organization, program, project) and dimensions (social/ institutional, economic, environmental).

Prospects for sustainability of inputs are good, given the careful thought that is being put into recovery programs by RTF and WV, the abundance of funds, new baseline studies, and development of more detailed planning instruments. The two organizations have participated in lessons learned forums to document their experiences. The constraints to sustainability have been covered in other sections and include insufficient numbers of well trained staff, weak coordination and collaboration, and tendencies to “apply” programs or spread them too thin, possibly to the detriment of long term impact and outcomes.

Some areas requiring attention for long term and interconnected problems have already been identified by RTF and WV. These include need for expansion of programs to assist host communities and the empowerment of communities for disaster preparedness and risk reduction. The team found IDPs who had returned to settlements in order to be eligible for assistance, when they would rather stay with host families. Warnings for the March 28 earthquake effectively prevented casualties. RTF itself mobilized to warn villagers. The degree of disaster preparedness and planning is thought to be weak. RTF describes one empowered village which identifies its own needs and gaps following a disaster and finds organizations to help

Recommendations: Thailand Sustainability

Multi-Agency

(Rec. 10) Engage in a process to develop and strengthen community level civil society organizations, such as women’s groups and community development committees to act as long term development agents. These organizations can advocate for the rights of their constituents, coordinate and monitor assistance and promote disaster preparedness. RTF’s committees to manage revolving funds could be further developed.

(Rec. 11) Empower communities for disaster preparedness and risk reduction in communities.

(Rec. 12) Identify needs in host communities and adjacent communities and develop or expand programs to assist them.

3.8 Coordination and Collaboration

Coordination is the systematic use of strategic planning, gathering data and managing information, mobilizing resources and ensuring accountability, orchestrating a functional division of labor, negotiating and maintaining a serviceable framework with host political authorities and providing leadership” Minear et al. (1992) in Reindorp and Wiles (2001) Collaboration is the sharing of resources to achieve a mutual goal.

3.8.1 Leadership for coordination; Areas of potential collaboration

At the national level, coordination was extremely weak between international organizations during the first six weeks after the tsunami and has improved only marginally since then. UN leadership for coordination was virtually absent in comparison to disasters of smaller proportions. One reason cited was that the government did not ask for international assistance, nevertheless it appeared in numerous forms and structures early on after the disaster. The UNDAC team appeared in Bangkok and needed to explain to the government the purpose of its mission.

Rapid assessments were initially conducted by nearly all agencies separately and results not widely shared. Assessment objectives, methodology and timing varied widely. Initial assessments were often conducted after delivery of humanitarian assistance had begun and in a superficial manner.

At the provincial level and within government and national NGO networks, the degree of coordination was much greater. In almost all cases, international organizations coordinated separately with the provincial governments to start their programs. The national government clearly supports the re-establishment of the tourism industry as its priority, leaving rehabilitation and reconstruction to the UN and NGOs and provincial governments.

Currently there are several sectoral coordination groups for southern Thailand. UNICEF and UNFPA have gathered organizations around child protection and population issues respectively. The fisheries sector is coordinating fishing rehabilitation issues. NGOs interviewed felt that coordination meetings are normally focused on sectors rather than the overall picture and issues. Competition among rehabilitation agencies is a major issue that should be addressed by all agencies. There is no leadership which will motivate NGOs to sit and negotiate regarding their coverage and the scope of their programs in relation to needs in the tsunami-affected areas.

As in Indonesia, the proliferation of resources prompted organizations to pursue their own program expansions under pressure to use funds specifically targeted for tsunami-related programs. Contributing to this layer of competition is the normally competitive situation that exists in Thailand. NGOs are highly motivated to belong to networks - many belong to more than one - yet they routinely compete with each other. The NGOs back off when it comes to leadership, none want the role or want others to have it. "Thai Together" was an attempt at an NGO coalition started by a businessman from Bangkok but it suffered from lack of funding and lost traction due to not having enough large players.

A critical need is coordination at the provincial and community level in order to prevent duplication and promote efficacy of aid. WV set up a coordination group for each settlement where it worked and took leadership in some settlements to avoid duplication. However, there is a huge proliferation of small organizations and private sector initiatives. The government is undertaking a mapping exercise in Phang Nga to determine where organizations are working. It is thought that the Krabi government is thus far the first to assign areas for organizational focus for recovery efforts, which it has done very recently.

To date, RTF and WV have elected to split up geographically. WV is perceived by others as having few collaborative relationships while RTF is significantly more involved with other members of civil society. Staff from both organizations express a hesitancy on the issue of collaboration. World Vision has significant funds to program and RTF does not want to be swallowed up. WV and RTF also program resources differently. Both WV and RTF express recognition of the potential gains from improved coordination but may have to compromise with each other and with their targeted communities to achieve programmatic collaboration.

Recommendations: Thailand Coordination and Collaboration

Multi-Agency

(Rec. 4) Conduct joint training and capacity development for government, communities, and other NGOs in topics such as disaster preparedness and disaster risk reduction, rapid assessment, monitoring and evaluation including community-led efforts, participatory techniques, and collection of baseline socio-economic data.

Conduct joint baseline data collection such as household surveys to enhance understanding of group and individual characteristics, such as use of income. This activity would include determining which questions are appropriate and useful for program development, in other words, the refinement of survey tools for optimum utilization.

(Rec. 16) Agree on and support a final output useful to all stakeholders including communities (database, information center, etc.) for identification of organizations and where they are working and in what sectors, in order to promote coverage and identification of people who may be excluded. (The team identified potentially duplicative research efforts by WV, RTF, the temple in Kuraburi, the US Peace Corps Crisis Corps in collaboration with the government in Kuraburi, and/or the NGO Coordination Center under the Office of Social Development and Human Security in Phuket.)

4 Tsunami Response in Indonesia



★ Areas visited by the evaluation team

4.1 The Context

The Dutch began to colonize Indonesia in the early 17th century; the islands were occupied by Japan from 1942 to 1945. Indonesia declared its independence in 1945 but four years of intermittent negotiations were required before the Netherlands agreed to relinquish its power. Indonesia is divided into 33 provinces, subdivided in districts, which are in turn split up in sub-districts and municipalities. With the implementation of decentralization in January 2001, the 357 districts became the key administrative units responsible for providing most government services. The Indonesian government bears the dubious distinction of being ranked the fourth most corrupt in the world.

Indonesia is the world's largest archipelagic state and has 54,716 km of coastline. Indonesia is vulnerable to floods, severe droughts, tsunamis, earthquakes, volcanic eruptions and forest fires. Environmental issues include deforestation, water pollution and air pollution. At the end of 2002,

90-130,000 were estimated to be living with HIV/AIDs and it is perceived by the government to be a serious threat to human development.

The Kingdom of Aceh (full name: Nanggroe Aceh Darussalam or NAD), established in 500 AD, avoided colonization by the Dutch and was annexed to Indonesia after its creation. Aceh is currently classified as a “special province”. The population was estimated to be 4.1 million pre-tsunami. Aceh is a diverse region occupied by several ethnic and language groups. The major ethnic group and language is Acehnese. Aceh has substantial natural resources, particularly oil. Despite this wealth, 30% of the population lives below the poverty line, higher than the national average. Relative to most of Indonesia, it is a religiously conservative area. In 2003, a form of sharia, or Islamic law, was formally introduced in Aceh.

An armed struggle in Aceh between the government and the GAM separatists (Free Aceh Movement) has flared into violence periodically since the nation’s independence. The GAM emerged again in the final years of President Soeharto who was ousted in 1998 and was met with force by the Indonesian army, the TNI. It is estimated that 300, 000 people have been displaced since that time. Since the collapse of peace negotiations in 2003, Aceh was placed under martial law and access to the province has been restricted. The TNI force numbers 40,000 soldiers in Aceh. In May of 2005, peace negotiations again failed to settle the conflict.

4.2 The Tsunami Disaster

Most tsunami survivors describe feeling the massive earthquake and then running to higher ground. The water swept inland as far as 4 km in some areas and scoured the hillsides. For many the safety of the hillsides was unreachable in the 30 - 45 minutes that transpired between the earthquake and the tsunami landfall. Most inhabitants were unprepared for such a disaster and lacked evacuation plans and routes. Some wasted time securing personal belongings. People describe being swept away in the water struggling to swim or holding on to trees, and many felt their survival was simply fateful. Many deaths in Banda Aceh and larger towns such as Meulaboh and Calang occurred from impact of debris from demolished houses and other objects.

The impact of the disaster was not fully realized by people in Jakarta for nearly 24 hours. World Vision National Office (NO) staff heard about the devastation first on the BBC or CNN rather than through local media. Many NGOs first sent their response teams to Sri Lanka believing that the impact on Indonesia was less critical. As the government began to issue reports, the severity was comprehended. According to Bakornas PBP, the country's National Disaster Relief Coordination Agency, 126,915 people died and 37,063 are missing. In addition, the UN estimated that 655,000 people were homeless and sheltering in scattered settlements.

Aceh, Indonesia Tsunami Disaster – Related Events³		
Date Year	Contextual events and political concerns	Humanitarian actions and issues
Dec. 26,	At 7:58 AM, Indonesian authorities announce that a 6.6 magnitude earthquake has occurred while the USGS	As death estimates come in from other affected countries, Indonesia reports 150 dead and 200 escaped

³ Compiled from interviews, OCHA Field Situation Reports; CARE and World Vision reports, Multi-agency Joint After Action Review, Bangkok, April, 2005 proceedings; War and Army Timeline.

2004	says it is 8.1; 30 minutes later, the tsunami strikes Sumatra; 4 hours later, Jakarta confirms a five meter high tsunami; 5 hours later, the quake is said to be 8.9 in magnitude.	prisoners; Twelve hours after the tsunami, 5,000 deaths are estimated.
Dec. 27	The Department of Social Affairs said 4,712 people were killed and 50,000 displaced: Indonesia Red Cross volunteers are dispatched to Aceh	World Vision sends a team to Aceh but they are delayed in Medan; UN OCHA prepares to open an office in Medan
Dec. 28	BAKORNAS PBP sets up radio communications from Jakarta; The government gives free access for foreign aid workers and journalists to enter Aceh; government air capacity is inadequate to reach stranded people	WV team reports that there is little left of Banda Aceh; the UN Information Center is publishing daily updates; Indonesian NGOs establish a crisis center
Dec. 29	1,000 Indonesian police are dispatched to Aceh; Emergency centers (POSKO) are set up in several locations; The Dept. of Foreign Affairs activates a special working group;	WHO warns that there could be many deaths due to disease; The death toll reaches 79,940; International donors mobilize resources; Flash appeal is drafted by OCHA; The UNDAC team arrives in Banda Aceh
Dec. 30	Visas for aid workers are granted for 2 weeks and can be extended another 2 weeks; Bakornas reports 34 cities in western Aceh are destroyed	The WV NO sets up an EOC; CARE starts Safe Water Systems program; Forum LSM Aceh (Aceh NGO Forum) is the only local NGO office functioning
Dec. 31	Telcom is repairing 80,000 phone lines; most government assistance is in Banda Aceh due to lack of capacity	The death count is 113,306;
Jan. 4, 2005	The main airport in Aceh which was handling aid deliveries was closed after a cargo plane hit a cow.	The UN has received a record donations of \$1.5 billion; The first distributions of food and NFI are carried out by WV, CARE and Mercy Corps
Jan.5	US Secretary of State Colin Powell visits Aceh; the Department of Health starts measles settlement aign.	The death toll reaches 125,000 and Indonesia says it has given up trying to count.
Jan. 6	Indonesian soldiers say their relief work is being hampered by attacks from GAM guerillas; the government plans to build 24 relief settlement s	International Aid Conference is held in Jakarta, world leaders promise to work together
Jan.8	Gunfire in Banda Aceh raises concern about the safety of hundreds of foreign aid workers; Singaporean aircraft carriers station near Meulaboh; other foreign military planes and boats arrive each day	WHO is playing a strong health coordination role in Aceh; WHO and Sphere standards are distributed by CD-ROM; 60 sanitary stations are set up in relief settlements in Banda Aceh;
Jan. 10	The Ministry of Foreign Affairs said that GAM has agreed not to disrupt the flow of aid; GAM calls on the government to join their ceasefire; A 6.2 magnitude aftershock hits Aceh; The GoI establishes a Joint Disaster Management Center with UN.	Intensity of rainfall increases risk of diarrhea in Aceh; The death toll decreases to 104,055; with 10,088 missing and 655,144 IDPs; Joint rapid assessments are carried out by multi-agencies; WFP is feeding 300,000; UNHCR is providing shelter for 100,000
Jan 13	The military orders troop escorts for aid workers in Aceh because of alleged rebel activity; Foreign troops assisting are told to leave by end-March	WHO and UNICEF issue a joint statement on appropriate infant and young child feeding and cautioned against unnecessary use of milk products
Jan. 14	30 international organizations are on the ground and more are arriving every day; Needs are for interpreters and psychosocial assistance; The TNI has prepared 2 relocation sites near Meulaboh;	Risk of malaria and dengue fever rises; Watsan group headed by UNICEF tries to identify unserved areas; OCHA sends additional staff to Meulaboh to cover coordination needs
Jan. 18	US military helps repair more than a dozen Indonesian C-130s for use in tsunami relief; the count of IDPs is 451,037; The GoI sets out its plans for relocation of IDPs, 35% in barracks and 65% in host families	The Ministry of Health sends 300 midwives to Banda Aceh; the measles settlement aign covers 77,842 children (58.7%) in Aceh; WHO joint assessment reports watsan is insufficient and water supply could be better coordinated
Jan, 25	The GoI requests improved coordination in LamNoh; all sectoral working groups are asked to provide a report to the GoI in Banda Aceh	ILO team arrives to implement cash for work with the Public Works office; WV commits to provide 22 health clinics
Feb. 1-5	Rehabilitation of the phone system in Banda Aceh (BA) is completed: 50% of electricity supply in BA is restored	The first IOM model durable component temporary shelter arrives in Banda Aceh; Joint UN and government

	and 20% in Meulaboh; BAKORNAS will reassess IDP figures as people are constantly moving	surveys are planned and establishment of a nutrition surveillance system; WFP distributes biscuits and noodles to address micronutrient deficiencies;
Mar. 28-30	A second related seismic event occurs south of the first and cause serious damage on Simeulue and Nias islands; 9 aftershocks are reported; 300-500 died on Nias	An interagency advance mission assesses damage in Nias; CARE joins team to assess damage on Simeulue; Meulaboh also affected and Singkil district
April	BAKORNAS issues final report, 128,515 dead in Aceh, IDPs=513,278; the March earthquake killed 905; the GoI gives a 14 day extension to foreign aid workers; The development of the GoI Blueprint for reconstruction is progressing for management of \$5 billion	Widespread mental health issues are reported in Aceh; Ministry of Health provides training on detection of disorders; Some TLCs not up to standard; Following nutrition assessment, UNICEF and WFP introduce supplementary feeding in affected communities.
May	GAM/TNI peace negotiations fail	Bill Clinton visits Aceh – settlements in Jantho receive new tents the week before

4.3 Government Response

The disaster forced the government and the TNI to suspend its offensive against GAM and open Aceh to emergency aid workers, volunteers, foreign troops on humanitarian missions and even journalists. But the government restricted movement by aid workers and imposing a deadline of March 26 for their departure from Aceh. It began reviewing foreign aid operations and allowed aid workers up to 60 days to justify their presence. The March deadline was ultimately rescinded.

The relief efforts were coordinated by the Deputy Governor of NAD and a special chairperson was assigned to coordinate recovery of government functions. The emergency response mechanisms are coordinated through the Command Post (Posko). In April, the government established the Bureau for Rehabilitation and Reconstruction for NAD and Nias (BRR) to head the recovery efforts.

Level of Government		Name of head	
<i>English</i>	<i>Indonesian</i>	<i>English</i>	<i>Indonesian</i>
Central	Pusat	President	Presiden
Provincial	Provinsi	Governor	Gubernur
Municipal/District	Kabupaten/Kota	Major	Bupati/Walikota
Subdistrict	Kecamatan		Camat
Village	Desa/Kelurahan	Chief	Kepala Desa/Lurah

Structure of National Disaster Management			
Level	Name of agency		Head
Central	Badan Koordinasi Nasional Penanganan Bencana (Bakornas PDP)	National coordination board on disaster mitigation	Ministry of Peoples' Welfare
Central	Pos Komando (POSKO) Nasional	National command post	Secretary to the vice president
Local	POSKO Daerah	Regional command post	Bupati
Local	Satuan Koordinasi Pelaksana (Satkorlak)	Implementation coordination unit	Bupati
Local	POSKO	Command post	Camat

4.4 Effectiveness

This section discusses:

- Management
 - Administration
 - Timeliness of operations
 - Efficiency
 - Human Resources Support
- Sectoral Standards
 - Water and Sanitation
 - Shelter
 - Food aid and food security
 - Health and nutrition
- Mental Health Issues

4.4.1 Management

Administration

Neither CARE nor WV had relief or development operations in Aceh Province prior to the tsunami. Both have headquarters in Jakarta which is a four hour plane ride away from Banda Aceh and the Jakarta staff must perform administrative responsibilities at a distance. The challenges facing both are how to provide continuity, encourage communications, and develop effective country teams.

World Vision began work in Indonesia in 1960. It has recently grown rapidly, doubling in size since 1998. WV Indonesia is the largest international NGO registered with the Department of Social Affairs. In 2001, WV channeled \$16.44 million through 130 projects across 16 provinces.

The World Vision Indonesia Tsunami Response Team (ITRT) is managed by its core office in Banda Aceh, which is the main coordination point for all humanitarian assistance in Aceh province. The ITRT has field offices in LamNoh, Meulaboh and SingKil along the West Coast. A logistical office exists in Medan and the support services office is established within the WV Indonesia office in Jakarta. The Head of Programmes with the senior management team and the sector managers operate out of the Banda Aceh office. As of May 5, WV ITRT had 294 staff, including 28 expatriates and 25 from the NO.

The Asia Tsunami Response Team (ATRT) within the Asia Pacific Regional Office (APRO). is managed from Singapore, but has no legal status in Indonesia – only WV Indonesia is considered a legal entity. The ITRT reports to the ATRT Director in close and frequent consultation with the National Director, and his representative in the support services office in Jakarta. The WV National Office (NO) houses seven ATRT staff and one floor of the 4 story building is devoted to ATRT and the Aceh operations. Although fewer problems were identified than in Thailand, administrative arrangements regarding the NO/ATRT/ITRT have created tensions in regard to human resources.

CARE Indonesia has seconded key staff from its existing program to work exclusively on Aceh operations for the first six months. CARE International secretariat deployed two CEG staff to Aceh, the third (the HR Coordinator) remained in Jakarta, to provide much needed technical assistance at the acute emergency phase. Following the initial assessments in January CARE increased its human resource capacity, to date there are 400 local and international staff members. Expansion is planned to 800 staff within the next 6 to 12 months.

During the first weeks and continuing today, CARE and WV focused much of their efforts on providing food aid, NFI, water and sanitation, temporary shelter, and health services, among others, for IDPs. However, they were also engaged in defining their strategy and medium to long-term goals, as well as competing for territory, both sectoral and geographic. Due to the political and security situations, uncertainties persisted for months regarding how many and which NGOs would continue operations in Aceh,

Large NGOs, like CARE and WV, had greater financial resources than they had capacity to program. In the competitive environment, and in expectation of eventual ability to access the required human resources, both organizations made large program commitments to donors and the government. Although some of the commitments are recognized as unrealistic, given expected human resources capacity, there is great reluctance to downsize plans.

Timeliness

Numerous reports and evaluations on the Aceh response have commended the extraordinary mobilization of resources and collective effort of all actors to prevent secondary loss of life and outbreaks of disease. For their part in this effort, CARE and WV are congratulated.

It is necessary to picture the immediate post-tsunami context in order to appreciate what had to be accomplished to set up relief operations. Nearly complete chaos reigned – roads were obstructed and debris and bodies were everywhere. There was no means of public communication and electricity and other services were not functioning. Government officials were overwhelmed; a great deal of the government infrastructure was destroyed and many staff had become casualties. International and national assistance organizations as well as foreign militaries competed for surviving houses, cars, desks, chairs and interpreters.

From the onset, organizations faced significant challenges in their attempt to ensure timely assistance. Problems included the following.

- Access to affected populations was extremely difficult particularly in more remote areas
- Information was insufficient regarding the locations and numbers of IDPs
- Safety was a concern due to conflict in the area
- Movements of IDPs between former villages and areas of refuge were continuous
- Newly arrived aid staff often had little experience in Sumatra.

Staff of both organizations worked around the clock in order to address the needs in a timely manner. CARE and WV quickly mobilized in-country staff to initiate emergency response, shifting them from on-going relief and development programs, as well as re-hiring previously employed relief staff. Within days, both NGOs mobilized their emergency response teams. CARE International has a CARE Emergency Response Group (CEG) which aims to improve

coherence and coordination within CARE's membership. WVI has a Global Rapid Response Team (GRRT), which was operational for weeks and months until other staff could be hired and trained to replace them. (See further discussion of CEG and the GRRT in the human resources section.) Within a week, WV had distributed tents and CARE had initiated Safe Water Systems. Both distributed food in the first week in January

Access to remote places and areas of chronic poverty. The pressures to respond to the overwhelming numbers of IDPs in the Banda Aceh area, prompted many organizations to focus there and on other urban settings where IDPs congregated in public places. Several NGOs such as CRS set up operations in Meulaboh in the first week where fewer organizations were working. CARE began work in Simeulue, an impoverished island, later in the emergency. After the March 28 earthquake, WV set up operations on Nias Island, under the management of the ITRT.

Most IDPs in villages had to walk for days to reach help and this help was often in urban areas. Villagers living in more remote areas often waited for many days for assistance. For example, villagers living in lower Leupung district survived on coconuts and scavenged foods for days before trekking for 10 hours across the mountains, many without shoes, to the nearest place where assistance was available. When survivors were evacuated from Pulo Aceh, an island an hour boat ride from Banda Aceh, several days after the tsunami they found themselves in extremely crowded and extenuating conditions in IDP settlements. Despite the assistance of military aircraft and resources in search and rescue, many people suffered due to days without basics.

Efficiency

This evaluation did not look into program expenditures in detail or conduct a costs/benefits analysis. Funds were plentiful so NGOs did not need to aim for ultimate efficiency by sharing resources – they would likely not be judged on how well they saved money but rather on how quickly they spent it. If inefficiency is a criticism, it is one which cannot be pinned on any one NGO but rather on the global and donor forces that drove them and of course their own capitulation to these forces. The scale of need in Aceh is so great that it is likely all funds raised will be required for some aspect of recovery. The issue is how CARE and WV will program their funds and whether they will have the capacity to plan and achieve optimum impact.

The preponderance of international organizations, estimated at its peak to be around 400, working in Aceh in only a semi-coordinated manner would indicate that the operations were not particularly efficient and that overlap and duplication indeed took place. The limited attempts of all organizations to divide responsibilities geographically (except for management in the health sector) meant that extra resources were spent on logistics and staff time as, for example, one NGO installed latrines, another the water systems and yet another distributed food in the same settlement. This pattern was repeated over a large geographic area. Another area of inefficiency had to be in time spent by CARE and WV staff among others in using different systems to accomplish the same end, in terms of procurement, administration and logistics.

Recommendations: Indonesia Management

Multi-Agency

(Rec. 1) Each organization should ensure that funds are efficiently used and that efforts are made to coordinate and collaborate rather than compete. If funds cannot be programmed, they should be returned to donors who can program them elsewhere.

(Rec. 2) Develop national organizational disaster preparedness plans which include strategies to reach people in remote areas so they do not have to leave their areas of origin and congregate in settlements where their community-based coping mechanisms may erode. This effort should be backed by vulnerability assessment mapping and creating strategies with government on search and rescue resources. The plan should include the means to secure the needed human resources for a major disaster and may include deployment of desk officers with a background in the country, and forming partnerships with local NGOs and civil society groups to act as pre-positioned partners in emergency response.

(Rec. 17) Investigate possibilities for collaboration by CARE and World Vision on procurement and capacity development for local marketing systems.

Human Resources Support

Adequate human resource capacity is the key to successful recovery of the affected people of Aceh Province and Nias Island.⁴

Pre-tsunami, both CARE and WV had relatively large operations in other Indonesian provinces but neither had excess capacity. The tsunami response immediately strained each NGO, thereby contributing to past and current weaknesses. Human resource capacity, especially for implementing procurement, monitoring, assessment and program design, was inadequate for the following reasons:

- few existing staff were Acehnese or had knowledge of Aceh
- experienced national staff, especially Acehnese, were scarce
- short term staff were often not experienced in Indonesia or Aceh
- senior technical and management staff changed frequently and new leaders tended to change strategic course.

These conditions posed barriers to executing high quality programs in a timely manner. Strategies for human resource development were sub-optimal and have affected continuity in programming. The team felt that the resultant stress contributes to frustration expressed by staff and in some cases, disillusionment and conflict.

The Head of CARE's Operations (Assistant Country Director – Emergency) stayed in his position for six months, lending stability to the operation. The WV ITRT Operations Director changed five times in as many months. Various other management level staff came and went in each organization. With each turnover, an orientation period was required. Longer term staff felt that work could not be turned over completely to short term staff. Now to some extent, the engagement of short-term staff is less frequent and more expatriates are being hired on six-month or one-year contracts.

⁴ Tim Wright, Evaluation Team Member

In order to bridge the gap between programs and human resources, CARE and WV either need to hire more and competent staff or modify operational plans. As one senior manager cautions: “*The reputation of NGOs is at risk.*” implying that there may be serious consequences to shortages in technical, program, administration, and management capacity. Some effects already seen include:

- CARE and WV among other NGOs struggle to meet Sphere and HAP-1 standards which may be partially related to shortage of human resources.
- Implementation of livelihood recovery programs is just beginning in both CARE and WV while other NGOs like OXFAM and Mercy Corps have been engaged in activities for months. (Although it is noted that CARE took over food aid programs for Mercy Corps.)
- CARE staff have been frustrated with inadequate systems and staff for human resource management and procurement.
- WV has not been able to fulfill its school construction commitment in a timely manner due to insufficient human resources, and the government has given some school projects to other NGOs.
- WV suffers from inadequate communication between sectors, and between sectors and zones.
- Neither NGO has adequate staff orientation to its systems, standards and core values, nor for non-Indonesian staff to the cultural sensitivities of the Acehnese.

Staffing balances and trade offs

Staff members of all organizations are sensitive to inequities, imbalances and ironies in human resource policies. While accepting that complete fairness is difficult to achieve, the team noted several trends that threaten humanitarian effectiveness and make teamwork difficult or impossible. These are as follows.

Biases in salary structure. There is a three tiered system of payments for Indonesians. While Indonesians hired outside the country are offered international level salaries and benefits, those hired within Indonesia receive remuneration on a national pay scale. Acehnese hired locally receive lower salaries and/or benefits than national staff. This system provokes constant disharmony and contributes to other problems described below.

Perceptions of competency. Tensions among non-Acehnese Indonesians, Acehnese, and expatriate staff (including between those who are experienced in Indonesia and those who are not) relate to undercurrents of prejudice, judgment or disrespect by others.

- Senior positions tend to be held by expatriates who are experienced in international fora but have limited local knowledge
- Indonesians feel that the potential of well-qualified Indonesians has been under utilized, particularly for senior positions
- International or non-Acehnese staff may show disrespect for local customs including wearing inappropriate attire
- Staff engagement in decision making lacks a common view – expatriates at the center are perceived to have greater input than staff in remote locations, who often see decisions as being top-down and based on inadequate information.

Competition with the UN for staff. Neither CARE nor WV can compete with high UN salaries in order to select from the pool of well-qualified Indonesians. The UN preferentially hires well-qualified Acehnese, who are in great demand. Ironically, in WV and CARE, Acehnese tend to occupy less-skilled positions and are on the lower rungs of the salary tiers; thus, they may be tempted to seek employment with UN organizations.

Limitations on the pool of expatriate staff. Neither CARE nor WV had an adequate human resource strategy for a large-scale emergency. Both had to compete in the international market for a limited number of specialists. CARE tends to contract technical expertise for specific projects, so there are fewer permanent specialists who could be seconded from other CARE programs. Similarly, WVI has few transferable specialists. Some of the hiring issues include the following.

- Coming to Aceh may not be a good career move. Job descriptions may appear to potential candidates to constitute a step down from their current positions, though in reality the responsibilities are more demanding.
- Both CARE and WV are opening the doors to accompanied staff. However, spousal hire is an issue -WV has only just begun hiring spouses, and only to positions in which there is no reporting relationship, and CARE prefers that the spouse of an employee work for another agency.
- CARE and WV face the choice between hiring less experienced technical and management staff or delaying expansion. WV has hired some relatively inexperienced generalists who will oversee many staff and/or large budgets, indicating its choice to move forward with limited human resources capacity. CARE has chosen to not hire more field operations staff until its management capacity is developed, hopefully within one year.

Barriers to optimal performance: The team noted a number of barriers to staff performance, and some creative solutions suggested by interviewees.

- **Language and cultural barriers.** Most international staff lack local language skills thus cannot engage directly with communities and government. Local staff may have tentative English skills so are limited in terms of internal communication. MERLIN recommends that incoming international staff be well read in local culture and learn the basics of Bahasa and Acehnese, which will facilitate relationship building. A relatively small investment in personal preparedness may have an exponential impact on effectiveness.
- **Confusion over roles and responsibilities.** New staff must be well-oriented to their roles and responsibilities, and might collaborate with already established staff in developing their own job descriptions in order to help gain consensus on responsibilities. Agreed upon roles should be clearly communicated within the organization and to IDPs, government, and other agencies.
- **Recruitment processes should not be short changed.** Staff should be fully involved in the hiring and orientation procedures. New staff might be engaged in developing their own job descriptions with already established staff to help gain consensus on responsibilities. Agreed upon roles should be clearly communicated to IDPs, government, and other assistance organizations.

- **Inadequate orientation and training.** A mentoring system would be helpful especially for junior staff and those new to the NGO. Mentors might be resource persons outside of Indonesia. CRS brought in staff inexperienced in emergencies but with strong management and technical skills, and provided on the job training with positive results
- **Weak humanitarian spirit.** Some staff describe their work experience as something they do for payment only. It is devoid of a feeling of contributing to humanitarian objectives. This may be due to need for more orientation and training and also to the business-like competitiveness people experience in Aceh. An internal communication strategy could help to improve personal and organizational spirit and reinforce humanitarian values.

Early Commitments and Use of National Capacity

CARE's CEG, CARE Canada staff and WVI's GRRT were among the first on the scene in Banda Aceh. Both NGOs, as well as government and other assistance organizations, recognize the positive contributions of these initial responders. Two major issues were raised by staff in terms of early decisions that affected follow-on activities.

1. Unrealistic commitments were made which reflected poor or uninformed judgment that resulted in tensions still felt among communities and with government. For example, WV failed to meet its commitment to start building 18 schools by June, while CARE failed to move on promises to build health centers (Poskesmos).
2. National capacity for emergency response was not fully utilized. CARE had five experienced national staff that CEG did not engage. Fifteen of the 18 members of the Asia Rapid Response Team of WVI are Indonesian, but none of them were mobilized by GRRT for this Indonesian emergency. The bias against national staff is still reflected in current staffing.

Recommendations: Indonesia Human Resources

Multi-Agency

(Rec. 18) Strengthen Human Resources policies to overcome barriers to human resource constraints and optimal performance. Possible actions may include:

- Conduct a "Gender and Gap" analysis to identify and address inequities
- Revisit salary and benefit policies and make them more equitable while explaining discrepancies carefully to staff.
- Sponsor discussion forums for reducing inter-cultural tensions openly and with contributions by all staff.
- Develop standards for intra-organizational communications, between headquarters and field offices and between field office and field staff and with protocols that engender respect and inclusion in decision making.
- Negotiate with the UN in multi-agency forums regarding their staffing practices and humanitarian ethics.
- Create facilitative policies for hiring international staff, including interagency collaboration for hiring spouses.
- Provide adequate orientation and briefing and training in humanitarian principles and standards for all staff. Make cultural preparedness part of deployment requirements.
- Motivate staff with the original vision and mission of humanitarian organizations and making the IDPs and other affected people the center of the work. Program more staff time so that it is spent with affected people, rather than in offices.

(Rec. 3) Both CARE and World Vision recognize that better preparedness for large emergencies would have enabled them to perform more effectively. A “Center of Expertise” could facilitate development of a cadre of specialists available world-wide. Some roles for such a center would be planning for emergency response (for human and material resources) and developing training materials for use before and during emergencies. In addition, the center would support immediate response, establishing structures and systems; and ensuring on-going monitoring.

4.4.2 Sectoral Standards

The team assessed the quality of water and sanitation (watsan), shelter, food aid and food security, and health and nutrition in planned and spontaneous settlements, in Banda Aceh, Aceh Besar and Aceh Barat, using Sphere indicators. (Note: Complete reports on Water and Sanitation, Shelter, Food Aid and Food Security, and Health and Nutrition can be found in the annexes. The following sections summarize the findings.) In general, CARE and WV were able to meet or partially attain technical standards in assistance. Given the difficult situation in the early days these achievements are commendable. Work is currently being undertaken by both organizations to improve conditions.

The team, however, was concerned regarding attitudes toward international standards of assistance. Years of humanitarian aid at the international level, as well as recent activities in Aceh, have not demonstrated a cohesive effort to achievement of minimum standards. Interviews with staff indicated the following.

- Weak embodiment of IDPs’ rights to minimum standards, to full information about assistance, and to participate in decisions regarding assistance
- Weak downward accountability and lack of feedback loops with IDPs
- Lack of urgency to attain consistent levels of quality for all IDPs, particularly if other organizations had done their jobs poorly
- Tendency to compare IDP conditions in Aceh to other areas of the world where conditions are worse and there is greater need. Comparing ones achievements with worse situations is not conducive to excellence and achievement of human rights.
- Little sense that achievement of humanitarian standards should be a driving force in their work.

In Aceh where resources were plentiful, an opportunity was at hand to meet standards yet particularly in the participatory and behavior change aspects, organizations fell short. Most areas where IDPs reside are less than two hours drive away from Banda Aceh, allowing relatively easy access and daily opportunities to visit and monitor processes. Many interviewees mentioned that behavior changes require time and that they will take place slowly. Despite this reality, the team felt that progress might have been more advanced than it is given resources and access. It was also noted that alternative approaches such as radio messages and poster campaigns for hygiene promotion were underutilized. However, behavior changes must be accompanied by the needed watsan facilities.

Water and Sanitation

Earlier reports from a WHO joint assessment in January found the watsan arrangements not up to standards and subsequent studies have mentioned similar findings. This team confirms that the

shortfalls are serious and, therefore, sought to understand the contributing factors since it is the sector most critically linked to all other sectors and to the health and well-being of IDPs.

Coordination. Weekly watsan meetings in Banda Aceh and Meulaboh facilitate sharing of programmatic and technical information, yet a Mercy Corps survey in May of watsan operations in Meulaboh indicated inadequate coverage on the entire spectrum of watsan concerns. IDPs indicated that NGOs do not generally claim leadership in terms of maintaining watsan facilities in their sites. The team found no evidence that CARE and WV were advocating to other organizations regarding sub-standard arrangements, although ongoing community capacity building initiatives should encourage communities to advocate for themselves.

Consultation with IDPs. Many IDPs and managers of the Poskos indicated that they had not been consulted in the siting of watsan facilities (toilets, water sources, solid waste disposal, laundry areas and showering facilities) nor had vulnerable groups been regularly consulted by NGOs to learn about their degree of satisfaction and problems.

Access to water. In settlements where CARE and WV were identified as the providers of water, the 15 liter standard was met. In settlements where CARE and WV do not provide water but other services such as food or NFI, it was often found that water quantity was insufficient. Water distribution points were sometimes more than 500 meters away. The elderly particularly suffered if water points were distant as they normally rose twice in the night to wash before praying. Water pressure was generally adequate to fill containers. In a number of cases, water taps were broken, the generator was not functioning and water tanks were uncovered or leaking.

Water quality. At all sites visited, potable water appeared to be of good quality. There were very few cases of waterborne illnesses. Some communities complained that the water from shallow wells is too salty for washing either clothes or themselves. It is suspected that drinking water is used in these cases causing possible shortages for consumption. In areas where they operate in Aceh, CARE has established a Safe Water Systems program; water is chlorinated at the household level to ensure protection. WV is developing ground water sources, especially for TLCs, in order to provide a sustainable supply of potable water.

Sanitation. A great difference was noted in sanitation standards among TLCs, tented settlements and spontaneous settlements. Communal bathing facilities were often adequate in TLCs, but less adequate in tented settlements and worse in spontaneous settlements. In TLCs, toilets usually served less than 20 people each, while in tented sites, the number of toilets was often inadequate. Latrine design was generally considered to be good in the TLCs although there were none suitable for people with disabilities. In spontaneous settlements; however, the toilets were not adequately constructed, were usually too far from water sources, and were insufficient in number. In almost all of the sites visited, toilets were not segregated by gender or their labeling not observed. Some CARE-serviced sites were exceptions. Regardless of latrine design, number and proximity to shelter, people generally resorted to defecation in open areas if there was inadequate water for sanitation and personal hygiene.

Hygiene promotion. The team found little evidence that assessments had been conducted in tented and TLC sites to identify knowledge, practices and attitudes regarding hygiene and

sanitation. Individual households generally confirmed that they did not receive any training, participate in campaigns or receive information about hygiene practices that would reduce the incidence of disease. In some cases the toilets were maintained by order of the Posko, while in others, poor toilet cleaning practices were obvious. No one person or group was generally identified by the community as responsible for hygiene or water and sanitation facilities.

As part of an ECHO funded project, WV will undertake a comprehensive hygiene promotion and environmental sanitation program, including the establishment of watsan committees which will also serve as shelter committees. The program will supply services where none are now functioning, and will clean wells and boreholes. Staff will require training and mentoring in participatory approaches and watsan skills, as skill levels are currently poor.

Solid Waste. Household waste is disposed of by burning in an area near the settlement or behind the latrines, which could pose health problems. Almost all households had access to a refuse container and/or are no more than 100 meters from a communal refuse pit, however, garbage was typically piled up around disposal areas and around the settlements. In Meulaboh, UNDP, WV and others were just starting a solid waste program to address these problems.

Vector Control. The majority of IDPs interviewed did not have very basic information about vector control. Not all people had mosquito nets, and those who had them were not informed of the best way to use the nets. It was not apparent that special attention is paid to protection of high-risk groups. Fumigation against mosquitoes or flies was not always practiced, although IDPs said the government sprayed in some sites.

Drainage. The majority of the settlements visited did not have adequate drainage around shelters and bathing areas, causing people to have to walk through mud to reach facilities. Stagnant water was close to living spaces and under some TLCs, providing breeding places for mosquitoes. WV is ensuring that the TLCs constructed under their supervision have improved drainage. CARE assisted to repair drainage in one TLC, but the problem persisted.

Temporary and Permanent Shelter Choices

In January, international NGOs faced a difficult decision regarding whether to support government shelter policy. The GoI decided to construct barracks, newly named as temporary living centers or TLCs, to house IDPs. In the 1980's, the GoI/TNI had constructed barracks in order to relocate communities from areas where there has been resistance to the central government.

Given the history of barracks, there were suspicions that they might be used by the TNI to control the activities of the general population, many of whom are sympathizers of the GAM, or in the least, resent "outside" control of the Acehnese. Additionally, the GAM might use the settlements for recruitment. The Acehnese have at times had their freedom of movement unnecessarily restricted and been victims of serious human rights violations. Human Rights Watch and Human Rights First expressed concern that the new settlements could be misused unless human rights safeguards were put into place. According to the UN Guiding Principles on Internal Displacement, IDPs should be relocated only with full and informed consent.

With regard to temporary shelter, CARE and WV chose different strategies. The team supports the decisions of both organizations for the reasons they were made at the time. Both positions likely supported the rights of the IDPs and positively influenced government actions.

CARE maintains that the TLCs do not pass the test of a “voluntary and participatory” shelter and did not participate in their construction. CARE’s “Do No Harm” analysis advised a separation from national efforts on TLCs. CARE, however, provides various services to IDPs in some TLCs. Further, CARE points to what it considers inefficiency with TLC construction and prefers to focus its resources on constructing permanent shelters rather than diverting time and resources to temporary shelters, which are somewhat duplicative.

In contrast, WV elected to support construction of TLCs in order to influence location, construction, and associated community processes. WV negotiated for managing the construction of TLCs that were on or near IDPs’ former lands. Some additional facilities that were not included in the GoI design are or will be included such as water supply systems, water drainage, rainwater harvesting, and cooking and washing areas. The WV supported TLCs generally provided better site planning and superior living conditions to those constructed by GoI contractors. One favorable influence on GoI construction has been an increase in the size of each unit to 4m x 5m, thereby increasing size by two thirds and meeting Sphere standards for space for a family of five. On the other hand, many GoI-constructed TLCs have inadequate outdoor cooking facilities increasing risk of fire if cooking is done inside. .

Movement of IDPs

Secondary sources and management interviews imply that some villages were coerced into moving to TLCs or organized temporary tented settlements. The team was unable to find IDPs who would admit that this had been the case. Some people had themselves asked to move away from the Banda Aceh area where settlements were extremely crowded and their chiefs had made arrangements for other locations (such as the re-location of people from the island of Pulo Aceh to the areas near Jantho, the capital of Aceh Besar, a considerable distance from their homelands).

The team identified people who moved during the day or for several days to their customary lands where in many cases they had constructed houses made of salvaged materials or used a tent. Some returned to the TLCs or tented settlements periodically to collect food and others slept in the settlements due to fear of further tsunamis. There appears to be a category of people who did not register and stay off and on with various families in order to receive assistance.

Permanent housing dilemmas

As the 6 month anniversary, on June 26, of the tsunami disaster flashed all over international media, a great deal of scrutiny was placed on the slow progress in permanent shelter construction. The team and many interviewees felt that the conservative pace is well warranted given the number of critical issues that must be sorted out to ensure a smooth process.

The national Bureau of Rehabilitation and Reconstruction NAD-Nias (BRR) which set itself up a few months ago, immediately dispensed with the zoning decree forbidding return to coastal

areas. IDPs wishing to return to their original lands would be allowed to do so. The BRR is working on these issues:

- The BRR would like organizations to take leadership for geographic areas and coordinate the services in those areas.
- The BRR is collecting proposals which indicate the level of funding available for reconstruction
- In the aftermath of the tsunami which resulted in much coastal land being lost to the sea and loss of landmarks and land certificates, communities need consensus regarding redistribution of communal lands and determining who owns which land.
- The process of community consensus building will have to be developed in a new form, rather than using the current administrative channels, which would take years to resolve the multitudinous disputes.

A “Green Reconstruction” conference was held in Banda Aceh June 21-23. The government has issued “The Blue Print for Aceh Reconstruction and Rehabilitation” which will serve as the basis for post tsunami programs and projects. However, bottom-up planning was encouraged and better consultation with customary leaders.

Since permanent shelter construction will be a slow and painful process, organizations need to ensure that IDPs have temporary shelter that they are satisfied with. CARE predicts that three years from now some people from their target communities will still be living in tents. The team found the standard of living to be higher, and closer to Sphere standards for shelter and water and sanitation in TLCs. Interviewees living in TLCs generally expressed satisfaction with the accommodations. Those in tented settlements generally expressed dissatisfaction.

It is clear that assistance agencies are offering IDPs housing choices. In tented sites near Jantho, IDPs from the island of Pulo Aceh had been offered three options by CRS and the British Red Cross: to stay in the tents until their permanent houses had been built in Pulo Aceh (theirs would be constructed first), to move to TLCs on Pulo Aceh while their permanent house was being built, or to be relocated elsewhere. The IDP villages present had chosen different options. WV is also offering four housing designs in areas where it is working. However enticing the options, the team found that often the decisions are made by the chief without consensus of the community.

As part of its plan for permanent housing, WV is initiating some “Village TLCs” for IDPs living at significant distances from their villages, to provide shelter during the transition period. The goal is to allow people to return when they wish to re-establish livelihoods, address land issues, and consult in regard to building permanent shelters. Once permanent houses are built, the TLCs will become community centers, schools, and training centers. Community Development Committees, which receive capacity-building and technical support for shelter construction, are empowered to demand services and initiate further collaboration between their communities and outside agencies.

Recommendations: Indonesia Water and Sanitation, Shelter

Multi-Agency

(Rec. 5) Take responsibility for advocating for and providing resources for improvement as soon as possible for watsan and shelter standards and beneficiary satisfaction particularly in tented settlements and spontaneous settlements. Promote leadership for watsan to ensure adequate coverage of all sites, to monitor standards, and to bring problems to the attention of coordinating groups.

- Conduct a watsan assessment of facilities in settlements and coordinate improvements – ensure that qualitative data is collected on behavior and opinions regarding watsan conditions
- Take immediate action to improve drainage and solid waste removal.
- Support community formation of committees to manage watsan facilities and provide feedback to service providers; connect these activities to planning for permanent shelters (ensure coverage for all settlements)
- Integrate watsan training and information into civil society groups, committees and activities targeting women, children and the elderly

(Rec. 19) Ensure equity of conditions and coverage of needs between TLCs, tented and spontaneous settlements. As soon as possible, improve quality of shelters and watsan in tented camps and spontaneous settlements to increase IDP satisfaction.

(Rec. 20) Promote a strong foundation for permanent shelter programs.

- Support BRR by providing resources and through consultation and take responsibility for coordination in geographic areas for shelter construction.
- Advocate for official recognition of land rights.
- Ensure that all community members are involved in consensus building for decisions regarding their permanent settlement arrangements.

Food aid and food security

Household and livelihood assets were swept away by the tsunami, leaving families unable to access food. WFP partnered with NGOs in a food aid program aiming to cover IDPs, host families, and those who lost their livelihoods. WV and CARE were among the first partners. WFP's role was to secure commodities from national and international markets and resolve coordination issues. The first distribution took place at the beginning of the second week of the emergency. Food distribution has greatly contributed to IDPs well being and prevented negative impacts of food shortages such as theft or depletion of host family food supplies. The issues of market impact and food security are discussed below.

Food ration issues

The planned ration was culturally appropriate and contained adequate calories. The composition included rice, noodles, canned fish, vegetable oil and fortified biscuits which met or exceeded 2,100 Kcals per person per day. IDPs found the composition of the ration acceptable, but many felt that after receiving the ration for months, they lacked variety. Women mentioned that they had to use their meager funds to purchase milk, salt, sugar, chili peppers and other vegetables and fresh fish when available to supplement their family's diets. In a few cases, households did not receive the full ration and did not know the exact quantity or types of food in the ration. Missing items were generally the canned fish which has the highest value.

Some issues in food aid included lack of consultation with IDPs regarding the appropriateness of the ration, failure to provide IDPs with information regarding food aid allocations and delivery each month so they could prepare to supplement their diets, and reduction in the nutritional value of the ration, due to non-delivery of some items. The ration did not include salt and sugar, which many IDPs requested. IDPs had difficulty securing cooking fuel with available funds if it was not distributed. Canned fish was bartered for fuel in some areas, potentially reducing the protein in the diet. In some sites, large families received the same ration as small families. Whether or not this inequity was addressed depended on the sense of justice and cohesiveness of the families and community.

Management, participation and distribution issues

NGOs generally used local governance structures, represented by the government employee who manages the *Posko*, to facilitate the identification of beneficiaries and oversee monthly distributions at the IDP settlements. Distribution information includes names and size of each household, in some cases disaggregated by gender and age. Community members or the food distribution committee are responsible for distribution. Distributions are held as close as possible to recipients' homes to ensure easy access and safety. Food is distributed to the heads of households which are sometimes women, and a form is signed when receiving food.

Consultation with the general community was not strong. Decisions regarding food aid are relegated to governance and administrative bodies and probably made in isolation from the community. IDPs were generally not informed about the food aid program, its goals and constraints. The majority of people interviewed, especially women, felt that distribution was fair, although there were some suspicions of corruption. In general, there was suspicion of the *Posko* management, and a sense of powerlessness associated with making requests. Women were generally not included in food committees.

Among other issues, the team found many variations in food aid arrangements among settlements. In some sites, families were asked to pay for food, as much as 45,000 rupiah. IDPs who stayed for longer periods in the mountains or decided to go back to their original villages were not registered and did not receive food aid. It is unknown whether NGOs attempted to identify and register these people. Rice was plentiful on the local markets and WFP claimed that it purchased as much food as possible from local markets but studies by Oxfam and ACF questioned the amount of rice that is purchased from local versus international market. People with special needs, particularly those who cannot prepare food or feed themselves did not receive needed attention.

Food security

IDPs and hosts are likely to require assistance with meeting food requirements until livelihoods are restored. The manner in which this assistance is provided is a topic of discussion among assistance organizations. Critical issues in each emergency are how to prevent dependency and harm to local markets. Questions relevant to efficiency and sustainability are how to reduce the high cost of food aid, strengthen local markets and increase involvement in local participatory and national support systems, such as the Bulog, the government's system of logistics.

A number of international NGOs such as Oxfam, Save the Children, CRS, Mercy Corps and Goal are undertaking cash-based interventions to support livelihood recovery. The Overseas Development Institute is sponsoring a review of lessons learned from cash and voucher based activities in several countries, including Indonesia. Use of cash in other countries has helped to increase people's access to various markets and commodities and supports their dignity and freedom of choice.

CARE has undertaken with WFP a study to determine the feasibility for market based food assistance. Based on recommendations from the study, CARE will conduct a pilot project in at least one area to replace food distribution with a mix of voucher and cash programs. CARE is commended for supporting this important initiative. Other NGOs such as CRS and WV are interested in conducting similar pilots and should be encouraged to collaborate so that lessons and insights can benefit all organizations.

Health and nutrition

A UNICEF-led assessment of 13 tsunami-affected districts in Aceh aimed primarily to determine the magnitude of malnutrition among pre-school children (U5C) and women of reproductive age (WORA), both IDPs and non-IDPs. The study which concluded in March, found chronic wasting (11.4%) and stunting (38.1%) in U5C. Wasting was most critical in Aceh Utara and Simeulue Island (15%). Anemia among U5C was 48%, more prevalent on the west coast and in IDP households (59%). Among WORA, anemia was slightly higher in IDP households (33%) than in host (30%) and non-IDP households (29%). Diarrhea and anemia were positively associated with wasting.

While it appeared that humanitarian assistance prevented major epidemics and likely kept malnutrition from becoming worse, from a child rights and humanitarian standards point of view, much more needs to be done in the short and long-term. Critical areas of need were identified as follows.

Growth monitoring is integral to provision of food aid, but was neglected in the early emergency phase. Among the NGOs, there were only a few who initiated early monitoring despite the government's lack of capacity to do it. As part of its Registration, Anthropometry, Sprinkles, and Health Education (RASH) program, CARE has been conducting growth monitoring and weekly diarrhea surveys for several months. CARE is collaborating with WHO and UNICEF to build capacity of the health clinics for sustainable growth monitoring. WV has collaborated with the MoH and medical NGOs, and recently initiated community-based growth monitoring, health education, and medical referral.

Control of diarrhea. Control of diarrhea, which had an incidence of 31% in the UNICEF-led study, is one of the most critical factors to reducing malnutrition; milk powder was associated with doubling cases of diarrhea, but toilets with septic systems, safe water supplies, Vitamin A capsules, and micronutrient sprinkles contributed significantly to reduction in incidence of diarrhea. The diarrhea monitoring program of CARE is commendable, and given the vulnerability and impact on young children, there is need for a coordinated effort among NGOs to scale-up diarrhea and growth monitoring. In addition, the levels of diarrhea emphasize the inadequacy of watsan interventions to-date and the need to place higher priority on this.

Micronutrients. Anemia levels among pre-school children was 48%, and among household types, was worst in IDP households (59%). Among IDP WORA, 33% were anemic. There is a critical need to address this “hidden hunger”. Micronutrient supplementation can address both anemia and diarrhea. CARE is collaborating with Helen Keller International in a sprinkles program. WVI, led by WV Canada, has many years of experience in micronutrient supplementation for women and children, but a program has not been initiated yet in Aceh. This supplementation is relatively simple to manage and NGOs should ensure that all women of child-bearing age and children benefit from it.

Food and nutrition monitoring. The quantity of high protein food (fish) was found to be relatively low in IDP diets and this, to some extent, may account for the high level of anemia. As mentioned above, canned fish is often traded for cooking fuel and other items and fresh fish is expensive. At the time of the survey, fish was consumed by approximately 80% in IDP households, 45% in IDP-host households, and 20% in non-IDP households. This indicates a need to monitor food distributions and to seek out groups which have been overlooked or dropped from distribution.

Sumatran health NGO, PKPA which provides daily supplementary foods for U5C in IDP settlements in various locations, found that children usually became undernourished because of poor feeding practices and lack of nutrition education for parents. Baseline studies on food habits should form the basis for health and nutrition programs, which might include communications on behavior change. Many local NGOs are very experienced and could take leadership roles.

Referral and therapeutic feeding. Protocols have been agreed upon through the Ministry of Public Health for therapeutic feeding, but they have been implemented on a limited basis. WHO has large quantities of high energy, high protein supplements, however, there is a shortage of community-level programs to identify and refer wasted children. Local NGOs working in the communities are needed to manage therapeutic feeding on a daily basis but they may require support and capacity development to allow them to collaborate institutionally. Despite the imminent needs, the Nutrition Sub-Group of the Health Working Group has purportedly suffered from lack of commitment and weak interest in collaborative interventions.

Improvements in watsan. As recommended in the UNICEF study, nutrition programs must be integrated with water and sanitation interventions. As described above, the watsan sector requires significant improvement to guarantee clean and adequate drinking water, enough accessible washing points and water, and changes in hygiene behavior. The provision of unsafe water, compounded by unsafe infant feeding practice, likely contributed to the high rates of diarrhea associated with distribution of milk powder for children. CARE implements SWS which may contribute to a reduction of water born diseases. WV is developing water systems that can be expected to deliver potable water to TLCs, and the additional water supply should enhance sanitation.

Parasite control. Public health agencies identified a high incidence of intestinal worms in the general population, related to inadequate water supplies and poor hygiene practices. WHO and MSF staff said that inadequate boiling of water, due to need to conserve fuel and/or lack of

knowledge, is another cause. De-worming has not been a priority – only a few organizations have conducted campaigns. UNICEF, CARE and WV are all intending to conduct campaigns. Given the levels of malnutrition, it is hard to understand why this simple intervention, which has a major impact on nutritional status of children, was not initiated much earlier.

4.4.3 Mental Health Issues

All IDPs and most of the population of Aceh have experienced trauma and loss of loved ones. The team gathered through interviews a picture of the suffering endured by survivors and some of the stories were particularly moving. Parents told of clinging to their children until they were washed away in a swirl of water; family members found each other believing for days that they had died; families never found their members after searching for weeks; elderly ladies clung to trees for hours; and mothers stayed in the hills and did not have enough food to give their children. The memories are painful and the visible destruction is a constant reminder of how December 26th changed their lives.

The present situation for most IDPs is not uplifting either; humanitarian agencies have contributed to the relief from the physical trauma, but new stresses are experienced. Generally and in keeping with their culture and non-egalitarian forms of leadership, IDPs are passive recipients of aid. They have had little input into and receive little information concerning assistance strategies. Being dependent on others is a psychological stress for people who are by nature very independent.

Though all are appreciative of humanitarian assistance, many IDPs are uncomfortable with the conditions that they live in: The lack of privacy makes intimacy difficult or impossible. There is fear of another tsunami due to the frequent earthquakes; fear of loss of livelihoods and fear of personal violence at the hands of the TNI and/or the GAM. Children are among the most fearful and mothers experience pain in their children's fear. Elderly often feel sad.

In Aceh, staff from NorthWest Medical Center noted that Post Traumatic Stress Disorder (PTSD) and moderate depression is common among IDPs, and expressed concern about the anniversary of the tsunami and the months immediately following. Given the limited progress in restoring lives a year after their tragedy, many IDPs may experience severe depression that requires medical treatment. Several interviewees commented that the culture of Islam is an excellent antidote to fear and grieving and that communities are extremely supportive of their members. In this regard, outsiders may be unable to prescribe or implement treatments without conducting surveys to determine whether IDPs need and want psychosocial support from outsiders. WV is in the process of doing this. CARE supported a psychosocial program “Neighbors in Need” and takes a community based approach to support counseling.

WV contributes to the physical protection and mental health of women and children through special programs. These include support for “tsunami widows”, to children, through Child-Friendly Spaces which are appreciated by mothers, and training on disaster preparedness. In many communities, there is no organization that offers counseling to IDPs, although various NGOs have provided one-time sessions on coping strategies. One NGO has provided training to medical personnel, who must treat depressed patients while they suffer trauma themselves. Such

initiatives should be evaluated for their value to the communities and if requested, should be replicated in other villages.

Acehnese staff members engaged in humanitarian assistance have experienced loss of home, land and/or family, and other staff may suffer depression resulting from their engagement in this tragedy. CARE has offered staff opportunities for counseling and debriefing. There are strong cultural barriers between Acehnese and other cultures so alternative approaches such as coaching and mentoring by peers may be more helpful.

Recommendations: Indonesia Food Aid and Food Security, Health and Nutrition

Multi-Agency

(Rec. 26) World Vision should join CARE in its pilot effort with market based food assistance to benefit from lessons. Other NGOs such as CRS and WV are interested in conducting similar pilots and should be encouraged to collaborate so that lessons and insights can benefit all organizations. All organizations should advocate with WFP to promote a strategy for reducing dependency on food distributions developed with the communities, and include alternatives for free food, livelihood development and market based approaches.

(Rec. 21) Intensify monitoring and qualitative data collection on food usage, food preferences and rations received.

- Include local NGOs in food distribution and market based assistance to help establish linkages with civil society and build local and international intercultural capacity.
- Advocate for inclusion of women on food committees
- Ensure that supplementary and fortified foods included in the ration guarantee needed micronutrients for people receiving food distributions. Support a follow-on study or comprehensive nutrition surveillance system in Aceh to compare current status with the UNICEF baseline study.

(Rec. 22) Enhance support for growth monitoring, micronutrient supplementation, food consumption monitoring, supplementary feeding, improvements in watsan and parasite control and establish Village Health Committees.

(Rec. 6) Consider immediate additional means of support for prevention and treatment of mental health problems.

1. Support national and community interventions and support mechanisms.
2. Conduct or support assessments and evaluations to determine the most effective approaches.
3. Place higher priority on making sure that all IDPs are engaged in creative and constructive activities, such as training, livelihood recovery, home construction, community planning, etc.

4.5 Relevance and Appropriateness

4.5.1 Needs and priorities

A multi-agency study was led by IOM and conducted in March, 2005, “Needs and Aspirations of Disaster-affected and Local Communities in NAD” involving over 2,000 respondents among IDPs in settlements and living with hosts. Among the key findings in the NAD study:

- Many interviewees found distribution to be unequal

- Most aid had been in the form of food (90%), medical services (47%) NFI (39%) and watsan (35%)
- Only 4% had received assistance to re-activate livelihoods and more than half said this made them heavily dependent on external help.
- A stable source of income was the top priority.

A second IOM study was published in July “Settlement and Livelihood Needs and Aspirations Assessment of Disaster-Affected and Host Communities in Nias and Simeulue.” The percentage of people receiving certain types of assistance included food (95%), medical services (44.4%), NFI (44%) and watsan (20.3%). Again only a small percentage (6.8%) had received livelihood support.

4.5.2 Support for livelihoods and economic development

Community members interviewed stated that livelihood recovery was their highest priority and lack of money their greatest woe. This reinforces IOM’s findings. The team concluded that the most effective means of supporting recovery, social and emotional, aside from involving IDPs in decision making, is to support livelihood recovery and livelihood development. Although the various initiatives involving cash for work (CFW) - mostly environmental clean-up and road repairs - have been extremely useful for the communities, they have not made a large contribution to personal recovery. The work it is not seen as “real work”, and provides no security for the future, as most projects lasted a month or less.

The livelihoods sector, though late in emerging, is coordinating on a regular basis, under the leadership of the UNDP and FAO, and vetting program plans and strategies. Some organizations such as Oxfam and Mercy Corps have been at the forefront of livelihood recovery, and received recognition from both BRR and FAO. A number of NGOs, including WV, support fishing recovery through boat construction and providing fishing gear. This support is commendable, as it is usually in collaboration with LINGO Panglima Laot (Commanders of the Sea), which provides leadership in the fishing industry. Progress, however, is slow due to timber source issues and shortages of skilled boat builders, many of whom died in the tsunami.

Farming is one of the primary livelihoods in the tsunami-affected areas and its restoration presents another challenge. Much farmland was lost to the sea so former owners will require new land or new occupations. Other land became salinized, so drainage canals must be reconstructed to flush out salts in order to enable farmers to grow rice and other crops.

Some IDPs expressed a desire to change livelihoods. Many fisherman would like to change to another livelihood due to a combination of losing assets, difficulties in accessing coastal areas and/or trauma. Others indicated that they have been offered opportunities to become fishermen but that have no skills at that, as they were small traders. Widows require special attention for skill training. Livelihood programs must extend beyond the typical fishing and farming, to avoid marginalization of those with special needs.

CARE conducted a livelihoods survey in early March for the purpose of developing and livelihood recovery strategy. An assessment took place shortly afterwards. Despite this relatively early and commendable initiative, CARE has made relatively little progress in the livelihood

area. Reasons include diversion of staff to other work (CARE took over one of Mercy Corps' food aid programs) and lack of human resources. Neither CARE nor WV has hired a livelihood manager for greater Aceh, but both have accessed outside expertise to assess livelihood needs and their potential contributions to IDP recovery. CARE recruited an Indonesian livelihoods program manager for Simeulue Island and livelihood activities are now underway. Unfortunately, procurement delays led to a delay in implementation, which was originally scheduled for April. According to the IOM study, the most desired form of livelihood support was provision of capital (89%), followed by provision of livelihood materials (58%), vocational training (29%), agricultural land (10%) and infrastructure (3%).

4.5.3 Security and peacebuilding

The team attended security briefings offered by both CARE and WV. Each organization maintains a security officer, as do most in Aceh. Both briefings were thorough and personalized, involving question/answer opportunities. Maps are shown of hostile zones and descriptions given of kidnappings and robberies on the road. Practical responses to security threats and natural disasters are described. (In June, a Hong Kong Red Cross staff was shot in an armed incident on the road in Leupung.)

In general, there is a low level of involvement by NGOs in the security sector and a weak awareness of threats among international staff. The GAM/TNI conflict is in fact quite active and there are approximately 12-15 engagements between TNI and the GAM weekly. Many believe the GAM/TNI conflict is not destined to be resolved as it is too profitable for both sides. The loss of land from the tsunami is another potential conflict driver for communities.

The CARE security officer chairs a security forum attended by NGOs which is undertaking an incident mapping exercise. Since it is difficult to get people to divulge security incidents, a joint security survey would be very helpful to obtain confidential testimonies from staff and IDPs. Joint training would be useful to open forums to broader audiences and more topics.

The disaster recovery period offers an opportunity for NGOs to conduct targeted peacebuilding exercises or to integrate peacebuilding with other programs. WV is starting a program and has brought in experts to conduct baseline surveys and guide the process. Ultimately dialog with parties in conflict should be undertaken if peacebuilding efforts are to succeed.

Recommendations: Indonesia Livelihoods, Security

Multi-Agency

(Rec. 7) Devote adequate human and material resources to support livelihoods recovery. Hire livelihoods managers and conduct a new assessment or update former assessments to ascertain the affected populations' priorities and as a basis for strategy creation. Include training for various occupations and for IDPs who wish to change occupations.

(Rec. 4) Conduct joint activities to raise security and contextual awareness, such as a joint security surveys and training.

4.6 Impact

Impact, in terms of positive and negative effects of assistance, has been a cross-cutting issue in various discussions in this report. To summarize very generally, the actions of CARE and WV contributing to impact in the response included:

- Rapid deployment of seconded staff from national offices
- Rapid deployment of emergency response teams
- Timely start-up of distribution programs
- Rapid securing and transferring of funds to relief operations
- Improvements in provision of basic services
- Sector coordination mechanisms
- CFW and FFW

Aspects weakening impact include:

- Weak or non-existent disaster preparedness plans
- Inconsistent or weak participation and consultation
- Poor follow-on monitoring in most sectors
- Underutilization of local staff and local organizations with experience in the country (see Human Resources Support section above)
- Human resource capacities that do not match programming goals
- Weak response to indicators of malnutrition (See Health and Nutrition section above)
- Slow start-up on livelihoods support
- Reticence to take leadership in geographical areas or settlements

To fight against the pressures to measure program impact largely in terms of funds expended and numbers of objects distributed and built, strong baseline studies are needed. There is a heartening trend in both CARE's and WV's support for in-depth studies and baseline data collection, which will contribute to measuring future impact. Both CARE and WV conducted "Do No Harm" analyses earlier in the year. CARE has undertaken an HLSA and will disseminate the results. WV plans studies on peacebuilding, host families and communities, and SGBV, among others.

Monitoring and evaluation. The team noted a shocking dearth of monitoring plans, mechanisms, and reports. CARE International conducted an external monitoring mission to Aceh in late February 2005. However, internal monitoring in a systematic fashion which produces immediate management action was largely absent. M&E seemed to have been disciplines that were missed in the chaos, or not manifested in operations, or expected to be imposed from the outside, rather than a day to day undertaking. As a case in point, there were few staff members that the evaluation team could connect to in terms of its mission.

CARE mentions lack of support for a monitoring and evaluation unit that early management had planned. If monitoring is indeed something one can only dream of in emergencies, due to pressures on staff, collaborative support for M&E that covers multiple operations may be the only solution. A collaborative approach not only has the advantage of pooling resources, but also has the potential to promote more systematic collaboration and incorporate a peer review check-and-balance. Possibilities include continuous real time evaluation that demands management

attention to key issues, multi-agency monitoring teams hired specifically for the purpose or learning offices established to collect lessons as the emergency unfolds.

Recommendations: Indonesia Impact

Multi-Agency

(Rec. 8) Conduct joint monitoring, with communities, on distribution of goods and services in early emergencies to avoid waste of resources, confusion and dependency. Feedback results to all assistance actors.

(Rec. 9) The Inter-Agency Working Group as a common resource should look into putting monitoring expertise on the ground in the early stages of an emergency to assist with establishing and implementing appropriate M&E systems, and developing agreed upon indicators. This role would also emphasize capacity building.

4.7 Coverage

CARE and World Vision are commended for their attention to the rights of IDPs and host families and other affected people. Significant focus has been placed on identifying needs of women, children, single heads of households, elderly, orphans, affected staff members, etc. The protective society of the Acehnese has also supported its members well. As reported in a number of studies and as found in this study, coverage of needs of affected people was uneven in terms of services in the sectors, between geographic areas, and in addressing human rights protection.

“If I were to sum it up - the biggest problem is that humanitarian assets were not distributed evenly enough. There was uneven coverage and depth.” (Head of international NGO)

The following areas are mentioned as those requiring greater attention to ensure greater coverage and address rights now and in the future.

Identification of excluded people and advocacy for unpaid allowances. Historically, many Acehnese did not register with the GoI. The team found IDPs who had been excluded from assistance generally because they had not registered. Some had petitioned the government to be able to register, but were not allowed to. The reasons are not clear, but some may have tried to register outside their home village and others may be suspected family members of the GAM. In some cases, the Posko management has gone to district officials and obtained registration cards for IDPs. The government has made commitments to pay allowances to IDPs and those who lost family members and jobs, however, people interviewed have received only one monthly payment in a promised series of five.

Advocating for land rights. Assurances of legal ownership of land are critical. IDPs are concerned about potential disputes if they relocate or if they return to land for which they have no certificate. Delays in resolution of land rights issues will pose constraints to effective implementation of shelter programs. In Aceh Barat, WV works with CARDI to survey land and help villagers whose land was demolished to obtain new land. The process is very complex for urban areas.

Advocating for self-sufficiency. The shift from relief to recovery should highlight the process to reduce relief assistance and increase family and community earnings. CARE and WV should

advocate with WFP to support growth and food usage monitoring that is critical with food aid and to reduce free food handouts in favor of other mechanisms that will stimulate the economy and offer choices to IDPs.

Ensuring coverage of SGBV and other gender-related issues. Many gender-based issues are only minimally addressed. The demographic changes and displacement put many at risk of SGBV, HIV/AIDS, monetary and societal impoverishment due to loss of caregivers and wage earners, etc.

Recommendations: Indonesia Coverage

Multi-Agency

(Rec. 10) Devote additional resources to advocacy. This includes supporting government to uphold land rights, promote better coverage of needs (identifying excluded people) and to fulfill their obligations regarding mandated post-disaster payments. Strengthen advocacy networks through developing community level civil society organizations. Intensify advocacy for inclusion of women on committees, and coverage of SBGV issues and attention to women and children.

4.8 Sustainability/Connectedness

4.8.1 Capacity development for local NGOs (LNGOs)

Most Indonesian and Achenese NGOs were established in Aceh when it was defined as a military operation zone in the 1980's and few international NGOs had a presence. Thus most have worked with the communities for many years. There are an estimated 250 local NGOs, the number of staff usually between 5 and 20. About 120 identified themselves in the tsunami response. Some coalitions include: Coalition on Human Rights (Koalisi LSM untuk Hak Asasi Manusia), Coalition on Civil Violence (Komisi untuk Orang Hilang dan Kekerasan or Kontras Aceh), Forum on the Environment (WALHI, Wahana Lingkungan Hidup Indonesia, also known as Indonesian Friends of the Earth), Alliance for Indigenous People (Aliansi Masyarakat Adat Nusantara, AMAN), and Aceh NGO Forum (Forum LSM Aceh).

Although many prominent people work for Achenese NGOs, organizational capacity was not well developed and many allied themselves with national and international organizations. The disaster destroyed many NGO offices and staff were lost which has further lowered capacity. International NGOs have noted that local NGOs did not have emergency experience, and thus staff were often seconded from local NGOs, causing further loss or the "second tsunami", but generally they returned later. What was glaringly missing was capacity development for those NGOs which seconded staff in terms of their own administration and programs.

The initial efforts of local NGOs were to assist those unfairly treated or marginalized due to military operations. Many evolved to work in economic and development activities such as human rights, democracy, child protection, education, gender, humanitarian assistance and environmental management. Due to their limited capacity, most LNGOs focus on a few villages. One LNGO alliance functions to coordinate geographical location depending on the needs of the communities and the capacity of the LNGOs. It is clear that local NGOs have filled gaps left by larger organizations.

Very little close collaboration between local and international NGOs is noted six months after the tsunami with the exception of short term activities on a sub-contracting basis. Interviewees from local NGOs feel that they have been ignored and demeaned by the “large egos” of international NGOs even when they are working in close contact in the same communities. Local NGOs feel that international NGOs could effectively use them as the bridge for communication with communities in order to shorten the lengthy participatory process in the reconstruction and rehabilitation of Aceh. Yet they are wary of becoming part of huge bureaucracies that will limit their efficiency.

4.8.2 Developing government capacity

While the focus of this evaluation is on CARE’s and WVs performance, complementary capacity is needed from communities, government, and local NGOs, as discussed above. Losses from the tsunami disaster crippled government agencies. Similarly, communities lost leaders and governance changed as people moved into settlements. Interviewees from many organizations and communities were concerned about development of government capacity, particularly in terms of strengthening disaster risk reduction systems and the capacity of the Poskos and other local leaders.

Disaster risk reduction: The national disaster management branch, Bakornas PDP, through destruction of assets lost its province-wide capacity to play a leadership role in tsunami response. Although it has an official disaster response plan, the government on all levels was not prepared for such a large disaster, even though it has significant experience with natural disasters. There was a decree in 2001 that each province must have a Satkorlak, or disaster management implementation unit, but they do not operate as a system and/or take a systematic approach, so the plans are not effective.

The government transferred high ranking officers to Aceh to manage a task force in the Satkorlak. One job of the Banda Aceh office is to support the BRR in its mission. Another is to collect information such as the numbers of IDPs, which poses major problems for planning. IDPs are supposed to register but the Camat, head of the sub-districts often reports higher numbers than shown in registration figures. For example, on Simeulue Island, the population is only supposed to be 70,000 but they report 81,000 IDPs. One explanation is that the people are remotely located and not all people are being reached. Another concern is that the numbers have been inflated so that more goods required are received than required, and that surplus benefits of administrators and authorities.

Bakornas PBP and the Satkorlak are planning to take a systemic approach. UNDP has been requested to conduct training for management staff on the disaster risk reduction system. There will be a slow process of behavior change as Achenese staff learn about and assume their duties in this system. A rapid and imposed change will not be effective. On a community level, IDPs want to have plans for evacuation and reliable warning systems as well as homes that resist disaster. Some work to organize communities for disaster preparedness has been undertaken by WV and others but a much more concerted effort is required. A great asset to the system would be local NGOs who could be trained in disaster preparedness and pass on training to communities.

Local governance. The influence and activities of the Camat who manages the Poskos has been mentioned frequently in this report. They are on the front line for relief and development. Their capacities should be assessed and built so that they are effective and promote participation. The same is true for other government staff.

4.8.2 Host family and host communities

Currently there are more than 300,000 IDPs living with host families, about 58% of the IDP population. This is an increase of 50,000 from the last count. The “Roundtable Discussion of Humanitarian Assistance to Tsunami Affected IDPs in Host Communities” hosted by OCHA on July 7, indicated that host families are not receiving government financial assistance and only receive one person food ration per family. Some CFW is occurring in host communities.

Host families in Aceh have reported that they experience stress from sharing space and resources. Some host families and communities themselves have lost livelihood assets. IDPs have often gone to live with hosts after being unhappy in TLC or tented settlements but IDPs may return to settlements to collect food aid and other relief assistance. The current increase of hosted IDPs may be due to deterioration of tents and in anticipation of the rainy season. Where host communities are not assisted, poorer members may suffer lower standards of living than the IDPs. NGOs should conduct needs assessments in host communities to identify those who require support.

Recommendations: Indonesia Sustainability

Multi-Agency

(Rec, 12) Prevent erosion of assets in host families and communities by expanding assistance programs to include them

(Rec. 13) Explore with local NGOs possibilities for capacity sharing and long term relationships for disaster risk reduction

(Rec. 17) Support capacity development for government at all levels for disaster risk reduction and disaster management. Assess needs for development of capacities of Bupatis, Camats, Kepala Desas and Posko managers and other front line government representatives.

4.9 Coordination and Collaboration

4.9.1 Leadership for coordination

A great deal of soul searching and analysis has taken place in the area of coordination. NGOs offer that coordination attempts were sometimes overwhelming; there were reportedly 72 meetings a week. Yet there was never any lead organization with the authority and willingness to take requests and assign areas. It is yet to be seen if the BRR will wield enough authority. Some NGO staff felt that the world has put forth theoretical models for coordination but the theories did not work in Aceh for several reasons. The effects of the disaster were spread over a wide geographical area, communications were poor and the government was overwhelmed. Organizations were under serious pressures to spend large amounts of money. The sheer size of the disaster made coordination in the classic sense impossible in the early stages.

Coordination, however it may be defined, often did not happen in a forum but rather operationally. People went out to identify survivors and caught rides with military planes. Agreements were made to share resources informally. On the other hand, organizations went out and set up their own sites and moved between sites; some did not show up for management meetings. The large experienced organizations generally did not overlap, while smaller organizations contributed to confusion.

A valuable asset in early coordination was World Vision's initiative to start administration coordination meetings. The topics of discussion were salary scales, houses, price fixing, and labor laws. This meeting was important to establish common positions as for example some organizations were distorting local markets by paying \$500/day for interpreters.

The UN receives mixed marks for its support to coordination. The UN coordinated largely with the military which provided substantial resources. WHO was already working in Aceh and helped support the health sector which was very well coordinated. Many felt that the UN and OCHA needed to muster more clout and to deploy many more staff given the size of the response. With the departure of UNHCR, valuable coordination experience was lost to the operations. The government for its part was able to perform some functions despite the damage it suffered. After the initial welcoming of international actors, the government actively tried to prevent corruption.

IDPs: "The Commons" of Aceh Province – A Challenge to Humanitarians

The Tragedy of the Commons is a metaphor that illustrates the conflict between individual interests and the common good. In Aceh, there is a parallel. The IDPs are "the commons" and protecting their rights constitutes what should be the major goal for assistance organizations. Yet competition has served to put individual interests of organizations first. At stake are core humanitarian values such as participation, sustainability and coordination. In other words, what happened to humanitarianism in Aceh?

In Aceh, the government still has limited capacity to oversee all operations. There are no managers of IDP settlements; however, it is difficult to find out who is responsible for the well being of the IDPs. For example, NGO "A" may deliver potable water to a particular settlement, and NGO "B" may provide food aid to the same settlement, but neither "A" nor "B" seems to consider themselves responsible for advocating for IDP rights, or upholding Sphere and other standards in other sectors. When two or more agencies serve the same sector, neither seems to take ownership. IDPs mention that NGOs "drop off" goods and services and quickly depart. Ironically NGOs share the costs of serving IDPs but they hesitate to share responsibility with IDPs and with each other.

Who should take responsibility for ensuring that all needs are being met? Who demands that there is a participatory approach? Who should make certain that a system of accountability to affected people is established? Does the tendency to be sector focused along with weak leadership for coordination allow NGOs to duck accountability?

The harsh challenge posed to humanitarians by the tsunami disaster response is one which must be seized as an example for future disasters. The organizations suffered from human resources weaknesses, inadequate staff and inexperienced and inappropriate staff. In the high stress and under-staffed environment, even the more experienced professionals were tested on their ability to be patient and to maintain the humanitarian course. This and other evaluations will offer profuse advice. It may be remarkably simple. Instead of focusing on doing no harm, the emphasis might be on "doing more good" and placing the IDPs and other affected people at the forefront. A strong accountability loop to affected people established early in the emergency can maximize impact and ultimately simplify recovery. (*Humanitarian Action: Improving monitoring to enhance accountability and learning*, ALNAP Annual Review 2003, page 14)

4.9.2 Coordination at the sub-district level

Some positive examples of coordination are found at the sub-district level. In LamNoh, weekly coordination meetings are held under the leadership of the local government. Each organization provides an activity report to the government, which in turn asks them to make commitments in addressing program gaps. Organizations generally cooperate well, covering tasks that others do not have the capacity for. For example, WV asked MSF and IMC for health support, and others asked WV to provide permanent housing and water support. A local NGO, the Panglima Laot (Commanders of the Sea), an association of local commanders, provides coordination leadership in the fishing industry, and involves all NGOs engaged in this areas of livelihood development.

4.9.3 Collaboration

Many CARE, WV and other NGO staff lament the lack of collaboration among organizations. However, some believe that substantive collaboration is not realistic.

“We are in competition”. (Senior manager of an international NGO)

Effective collaboration is limited by the following:

- Models produced at international levels are not workable in reality; the notion of collaboration cannot override the drive to compete when it is strong as in Aceh
- A win-win situation has to be demonstrated before people will collaborate
- Strong leadership is needed at national and local offices to demand collaboration. BRR is trying to promote collaboration but it is too tentative – more authority is required
- Organizations have been rewarded by donors and their senior management for not collaborating – they have expanded their territories and programs, they can take over when others leave a territory
- Senior managers are tasked with expansion to spend money and do not share information with others as much as they should
- Collaboration requires time which staff members do not have.

In spite of these constraints, WV and CARE and other NGO interviewees, as well as the team, believe there are many areas where collaboration is possible.

- Joint assessments and studies
- Joint training in security, standards and participatory techniques
- Pooling funds to support capacity development for government
- Joint monitoring and assessment
- Joint procurement
- Disaster preparedness and risk reduction projects
- Advocacy with government and others
- Pilot projects to test alternative means of assistance
- Peer reviews
- Donor- inspired development of consortiums as often done in Asia.

Recommendations: Indonesia Coordination and Collaboration.

Multi-Agency

(Rec. 14) Promote support and mentoring to urge government-led coordination. Advocate with the UN for leadership in emergency response coordination, to capacitate OCHA with enough staff cover the entire disaster area

Lessons, Good Practices and Opportunities Lost

This section ties together the Thailand and Indonesia reports with lessons, good practices and opportunities lost or that may be lost.

Effectiveness

Management

Administration

Lessons:

If not addressed in a timely manner and properly managed, tensions between emergency relief and development goals, practices and human and material resources within an organization can limit effectiveness and cohesiveness among staff.

Good Practices:

WV's ATRT as a mechanism for guiding emergency offices through bureaucratic processes and reducing their administrative burden.

Opportunities lost or that could be lost:

To gain greater understanding of how to connect relief and development operations effectively in emergencies

Timeliness

Lessons:

- Disaster preparedness planning at the organizational, national, community and international level is critical to identify areas of vulnerability to a variety of disasters and where especially vulnerable people will require extra support.
- Basic training in emergency response and management is important for permanent development staff.
- In disasters where physical resources are destroyed, setting up administration to support operations needs to be timely and efficient.
- Staff with local knowledge are critical to address cultural and language barriers.
- Influxes of international actors can overwhelm government especially when it has suffered damage and is unfamiliar with what each organization does.

Good Practices:

- In-country readiness of emergency teams for deployment
- Flexibility of management to second staff – staff willingness to deploy
- RTF's and WV's use of resources to identify and fill gaps in Thailand, supporting civil society
- WV's established presence in southern Thailand
- Drawing lessons on overcoming constraints to timely response as soon as possible to factor into emergency preparedness and recovery programs
- Collaboration with military resources

Opportunities lost or that could be lost:

Factoring lessons into emergency preparedness and recovery programs

Efficiency

Lessons:

- When emergency response resources are plentiful, tendencies to dump services and inputs or provide more than can be effectively used should be curbed through coordination and careful assessment of needs, including communities in the process.
- There is a tendency to provide goods and services to the masses, thereby marginalizing the few with special needs or not part of a critical mass, so these groups must be sought out.
- Weak, slow or unnecessarily bureaucratic procurement practices create barriers to effective end use of services and drain staff energies for program implementation.

Good Practices:

RTF's refusal of funds based on oversupply of organizations providing assistance.

Opportunities lost or that could be lost:

Collaboration on procurement mechanisms for earlier efficiency.

Human Resources Support

Lessons:

- Program impact will be limited by human resource limitations which must be anticipated and policies on accepting funding created in advance.
- Staff may lack motivation if they have had weak orientation to mandates, humanitarian goals and duties.
- Examples set by management staff as well as their attitudes are reflected in staff performance at all levels.
- Long term and local staff will suffer demoralization and reduced effectiveness if they experience instability in their working conditions, frequent changes in leadership and strategies and inequitable payments and benefits.

Good Practices:

- Longevity of CARE Operations Director in Aceh
- CRS brought in talented staff without emergency experience and provided on-the job training
- MERLIN - staff orientation to culture and language as prerequisites for deployment.

Opportunities lost or could be lost:

- Intercultural team building for long term effectiveness
- Staff embodiment of humanitarian values and ethics.
- Loss of projects and programs
- Delays and slowness in livelihood recovery programs reduced opportunities for earlier self-sufficiency

Sectoral Standards

Water and Sanitation

Lessons:

- The water and sanitation sector is intrinsically linked to other sectors and weaknesses in the watsan sector will be evident, particularly in health and nutrition outcomes.
- Ensuring access to water of appropriate types and qualities for a variety of purposes should be a priority for all assistance organizations regardless of their sectoral focus.
- Site planning for adequate drainage is critical for the effective daily functioning of people in temporary settlements.

Good Practices:

- Sharing of watsan technical expertise through coordination meetings in Aceh
- Advocating with government for improvements in solid waste collection in Thailand
- CARE's Safe Water Systems
- WV's Community Development Committees and plans for hygiene promotion
- PKPA's radio messages on hygiene

Opportunities lost:

- To influence sustainable community hygiene practices and understanding of sanitation/vector/disease relationships
- To strengthen community and family mechanisms for maintaining watsan facilities
- To use resources to achieve higher standards as examples for other emergencies

Shelter

Lessons:

Tendency of IDPs to move may indicate shelter and land rights issues and these need to be assessed adequately in advance and continuously in the emergency phase

Good Practices:

- CARE's position on potential rights violations in TLCs
- WV's influence to improve standards in TLC construction
- IOM's multi-agency study on needs and aspirations
- WV's "Village TLCs"

Opportunities lost or may be lost:

Influence inclusive and participatory decision making in communities rather than deference to decisions made by local government or traditional leaders

Food aid and food security

Lessons:

- Free food distribution is self-driving or self-perpetuating as a form of social support unless interventions are made to reduce dependency, offer choices and stimulate local markets.
- When IDPs and other recipients lack information about food aid, its purposes and constraints and strategies, they are less able to prepare to supplement their diets and plan use of foods to fill family needs.

Good Practices:

CARE's pilot market based food assistance project using cash and vouchers

Opportunities lost or may be lost:

- Earlier self-sufficiency and economic development
- Influence inclusive and participatory decision making in communities rather than deference to decisions made by local government or traditional leaders

Health and nutrition

Lessons:

Supplementary and fortified foods included in the ration should guarantee needed micronutrients for people receiving food distributions.

Good Practices:

- Coordination and coverage in the health sectors in both countries
- Collaboration with the GoI in re-establishing health capacity and services in communities.

Opportunities lost or may be lost:

- Earlier improvements in overall nutrition status of U5C and WORA
- Connection with watsan issues and earlier resolution of watsan problems

Mental health issues

Lessons: (See WHO lessons in Thailand report)

Good Practices:

- Thailand's mobile mental health teams
- CARE's Neighbors in Need
- WV's child friendly spaces

Opportunities lost:

Greater resolution of earlier mental health issues and prevention of long term issues.

Relevance and Appropriateness

Lessons:

Livelihood development should not be put on hold while solutions are found to permanent shelter. Delays in livelihood development frustrates IDPs and contributes to mental health problems.

Good Practices:

- Cash for work to provide income and stimulate markets
- IOM's study on needs and aspirations
- Aceh security forum and critical incident discussion

Opportunities lost:

Earlier self sufficiency and satisfaction of IDPs with their recovery progress

Impact

Good Practices:

- Do No Harm analyses
- CARE's HLSA

Opportunities lost:

Measurement of process-related outcomes

Coverage

Lessons:

- Gaps in assistance have to be monitored throughout the emergency and recovery periods for the evolution of issues that create gaps.
- Resolving land rights issues require significant time for a successful resolution which will constrain construction of permanent shelter and cause more dependency on relief assistance. Land rights initiatives should be promoted in all disaster prone areas.

Good Practices:

- WV and RTF support for migrant workers in Thailand

Opportunities lost:

- Earlier compensation for areas of need and geographic areas that received less or low standard assistance

Sustainability/Connectedness

Opportunities lost or may be lost:

For earlier capacity development and long term relationship development with local NGOs

Coordination and Collaboration

Lessons:

- Various types and characteristics of coordination may emerge other than meetings and contribute to efficiency and effectiveness.
- Leadership for coordination with some authority thrown in is critical to achieving success in all criteria areas.

Good Practices:

- Government coordination at sub-government levels
- Local NGO coordination of sectors and initiatives

- Community coordination for assistance programs it benefits from

Opportunities lost:

Many for collaboration

MULTI-AGENCY EVALUATION OF TSUNAMI RESPONSE: THAILAND AND INDONESIA

ANNEXES



Prepared for: CARE International
World Vision International

Final Report - Annexes
August 2005

Table of contents

Annex A: Terms of Reference	2
Annex B: Methodology and Bias Reduction	5
Annex C: Inception Report	8
Annex D: Multi-agency evaluation of NGO response to the Asia tsunami.....	13
Annex E: Community Questionnaire.....	16
Annex F – Community Interviews Summary	18
Annex G: Permanent Shelter and Land Rights Issues - Thailand.....	22
Annex H: Sectoral Standards Indonesia	23
Annex I: Persons Consulted.....	32
Annex J: Documents Consulted.....	35

Annex A: Terms of Reference

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

MARCH 2005

BACKGROUND

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

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

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

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

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

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

PURPOSE

The purpose of this evaluation is to assess and document:

- i. The impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the three agencies, highlighting key lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in future;
- ii. To what extent programmatic decisions and approaches by the three agencies to date have contributed to recovery and reconstruction and, referring to relevant lessons learned in this and similar contexts, recommend how agencies might adjust their programmes to improve the efficiency and quality of their programmes during

the next phase of operations.

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

SPECIFIC ISSUES FOR CONSIDERATION.

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

METHODOLOGY.

- a) **Methodology** will be based on a combination of a desk review of relevant literature from the three agencies, field observation, and key informant interviews and/or focus group discussions with the selected agency staff in the field, HQs and the regional as well as key external stakeholders (host government officials, UN, NGOs, donor representatives, members of the affected population and host communities). The Evaluation Teams will take all reasonable steps to ensure that the security and dignity of affected populations is not compromised and that disruption to on-going operations is minimized.
- b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their permission.
- c) **Communication of Results** – the report will be supplemented whenever possible by presentation of preliminary findings at the end of the field visit to each country to both provide immediate feedback to operations managers and give the Evaluation Team an opportunity to validate findings.
- d) **Use of Results** – given its pilot status, the results of this joint evaluation are not only intended to increase quality of programming and coherence between agencies, but also the process will also be documented so as to guide similar joint activities in future. Stakeholders targeted by specific recommendations will be expected outline plans of action wherever appropriate.

REPORTING

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

MANAGEMENT

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

TEAM COMPOSITION

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

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

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

For more details please see attached TOR for team members.

TIMELINE

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

CONTACTS

Eleanor Monbiot

Director for Humanitarian Learning,
World Vision International
Tel: +254 733 527607

Eleanor_monbiot@wvi.org

Jock Baker,

CARE International

jbaker@care.org

Ivan Scott

Oxfam GB,

IScott@oxfam.org.uk

Annex B: Methodology and Bias Reduction

Multi-Method Approach

The evaluation team in each country employed a diversified methodology, including both participatory and gender aware approaches. Data collection and analysis methods included a document review, inception report, individual and focus group interviews, meetings and briefings and direct observation. All major findings were triangulated, using three or more sources.

Document Review. Documents were reviewed as they became available. The team was provided with relatively few project, program and monitoring documents by the field offices in Aceh and assumes that is because few existed or that others were internal and not available to the team. (See Annex J for a list of documents consulted.)

Inception report. An inception report was submitted on May 21, following preliminary briefings in Thailand. The team developed the TOR using OECD/DAC criteria Relevance/Appropriateness, Effectiveness, Impact, Coverage, Sustainability/Connectedness, and Coordination/Coherence and creating appropriate questions under these criteria. Cross cutting themes are participation of and accountability to the affected population, gender issues, capacity development, human resources, adherence to standards in humanitarian assistance, advocacy and protection of human rights. (The TOR and inception report are in the annexes.)

Individual and Focus Group Interviews. More than 80 staff of government, CARE, World Vision and other assistance organizations were interviewed using the questions developed in the inception report. A “Community Questionnaire” was created to guide focus group discussions with IDPs and host communities including questions related to satisfaction with the assistance received, participation, impact and sustainability. The results were tallied and synthesized. (The community questionnaire and list of persons consulted are in the annexes.)

Meetings and Briefings: Team members tried to participate in discussion forums where possible. These included OCHA’s lessons learned workshop in Thailand, World Vision’s zonal managers meeting in Nias, Indonesia, UN-coordinated livelihoods and water and sanitation meetings in Meulaboh, the “Green Reconstruction” conference in Banda Aceh, and a briefing on the proposed “Market Based Food Assistance, a Pilot for Banda Aceh”, to be undertaken by CARE. In addition, the team participated in interactive briefings with both organizations in each country prior to departing.

Sampling Technique. Sampling was purposive. In addition to the organized temporary settlements, the team sought out communities where hosted IDPs and spontaneous returnees were living. The elderly, women and children were interviewed in various locations in both countries. In Thailand, the team traveled in one vehicle over a large geographic area with two interpreters. Once at a location, team members took on different tasks such as assessing degree of compliance to Sphere standards, interviewing management or conducting focus group or individual interviews. In Indonesia, the team split up as often as possible to visit communities

and assistance organizations based on the availability of vehicles and interpreters. This allowed a wide variety of locations to be sampled.

More than 60 community interviews took place. The community sampling included people and groups with the following characteristics.

- Minority groups such as the Sea Nomads (New Thais) and Muslims in Thailand
- IDPs living in temporary shelters constructed by government or assistance organizations (called TLCs or barracks in Indonesia, generally barrack-like structures in Thailand)
- IDPs living in tented settlements
- Spontaneous returnees from temporary settlements to their home villages or site of their original houses
- Hosted IDPs in families and communities
- IDPs in settlements protected by Buddhist wats or Islamic mosques
- IDPs who did not receive assistance
- People in host communities who did not receive assistance
- People in host communities who received assistance
- IDPs living in temporary settlements close to or on their original village sites
- IDPs living a significant distance from their original villages (e.g.: residents from islands living on the mainland)
- IDPs living on main roads or in urban areas, near services
- IDPs living in rural or forested areas, more removed from services

Other Methods. Direct observation was used to judge differences in standards of living among IDPs living in various circumstances and to assess compliance with Sphere standards. Numerous photos were taken.

Triangulation and Bias Reduction Methods

All findings are triangulated (using three or more sources). The evaluators tried to mitigate the following biases in their research design:

Organization Bias: The team was dependent on CARE and World Vision logistics and interpreters. The presence of marked vehicles and staff wearing agency t-shirts may have influenced feedback from community members. Organization staff members were inclined to take or direct the team to certain sites. To address this potential bias, sites were decided upon as randomly as possible, vehicles were parked as far away as possible from the interviewees and evaluators introduced themselves as independents.

Memory Bias: Although only six months have passed, organization staff had often changed numerous times. Community members looking toward the future were less inclined to revisit difficult issues concerning their temporary living conditions. The team sought to speak to staff who had been present since the beginning of the response, and phoned some of those who had departed. Secondary sources were used to supplement interviews.

Proximity and Road Bias. Many settlements and communities are located on the main roads. In Thailand, the team visited several islands by way of ferrys but long voyages to remote islands

were not attempted. In Aceh Besar, road travel to many of the settlements can be accomplished in under an hour. However, the team traveled by air to LamNoh, Meulaboh and Nias Island, less visited areas and less densely populated by assistance organizations. In Aceh, security risks precluded travel off of the main roads once outside of Banda Aceh. Interpreters and drivers were quite wary of driving into more remote areas.

Incorporation of Gender and Vulnerable Group Perspectives

The team found that community members were interested in and willing to discuss the issues raised in the evaluation. Women's perspectives were sought out in relation to whether their opinions had been considered and in regard to their satisfaction with shelter, food aid and water and sanitation. Children's perspectives were sought on the resources they had for education, their satisfaction with food and their use of water and sanitation services. The elderly were sampled frequently to discuss special problems they encountered in regard to services and their recovery. Men's opinions were sought particularly on their livelihood recovery. All were included in general discussions and discussions about psychosocial issues and awareness of their rights.

The team sought among organization staff to gain insights from all levels and among national and international staff and to obtain a balanced gender perspective.

Annex C: Inception Report

Inception Report

MULTI-AGENCY EVALUATION OF NGO RESPONSE TO THE ASIA TSUNAMI CARE, Oxfam and World Vision International

May 21, 2005

Evaluation Team: Ayman Mashni, Sheila Reed, Danai Sundhagul, Tim Wright

Introduction

This inception report sets out an evaluation strategy which was developed following a review of documents and preliminary interviews with CARE staff in Bangkok on May 20 prior to the team's travel to the Phuket area on May 23. It is considered a starting point that will evolve as the team completes the data collection process in Thailand and initiates the process in Indonesia.

The purpose of this evaluation is to assess and document:

1. The impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the three agencies, highlighting key lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in the future
2. To what extent programmatic decisions and approaches by the three agencies to date have contributed to recovery and reconstruction, referring to relevant lessons learned in this and similar contexts, recommend (and offer options) as to how agencies might adjust their programmes to improve the efficiency and quality of their programmes during the next phase of operations.
3. Coherence and coordination between agencies, identifying examples of both good practice and missed opportunities

Scope of the evaluation and the TOR:

Based on the document review and insights provided by CARE staff in Bangkok, the team has developed questions relevant to the goals of the TOR (see Annex). The questions are grouped under the OECD/DAC criteria Relevance/Appropriateness, Effectiveness, Impact, Coverage, Sustainability/Connectedness, and Coordination/Coherence. This grouping will allow the readers to relate the questions to overarching concepts in humanitarian assistance and will make the report easier to read. Cross cutting themes are participation of and accountability to the affected population, gender equality, capacity development, human resources, adherence to standards in humanitarian assistance, advocacy and protection of human rights.

This evaluation seeks to link with and support wherever feasible the on-going work of interagency learning and accountability networks, notably HAP-I, ALNAP, Sphere and People in Aid and the joint review activities that they are currently undertaking. As such the evaluation will answer some questions relevant to these activities. The team has identified relevant activities as:

HAP – 1: The Humanitarian Accountability Partnership is promoting 7 principles of accountability. The team has incorporated questions which reflect these principles.

1. Respect and promote the rights of legitimate humanitarian claimants
2. State the standards that apply in their humanitarian assistance work
3. Inform beneficiaries about these standards, and their right to be heard
4. Meaningfully involve beneficiaries in project planning, implementation, evaluation and reporting

5. Demonstrate compliance with the standards that apply in their humanitarian assistance work through monitoring and reporting
6. Enable beneficiaries and staff to make complaints and to seek redress in safety
7. Implement these principles when working through partner agencies

ALNAP – This evaluation is currently listed in ALNAP’s “Map of Current and Planned Evaluations of Tsunami Response” under joint evaluations. The dates should be changed to reflect the real dates. The evaluation will thus contribute to ALNAP’s analysis and database. The team has considered the standards set out in the ALNAP Pro Forma in the development of this inception report.

Sphere Project - Sphere has developed a handbook of standards for 4 sectors (Water/Sanitation and Hygiene Promotion; Food Security; Nutrition and Food Aid; Settlement and non-Food Items and Health Services). The cornerstone of the book is the Humanitarian Charter, which describes the rights of people affected by disasters. The evaluation will examine the degree of adherence to applicable standards, particularly the “Minimum Standards Common to All Sectors”.

People in Aid: The Revised People in Aid Code comprises seven principles: health, safety and security; learning, training and development; recruitment and selection; consultation and communication; support, management and leadership; staff policies and practices; and human resources strategy. Each of the seven principles is qualified by a number of indicators. The evaluation will address human resources as a critical cross cutting issue, some issues have already been identified in the AAR.

Scope of the Evaluation: The team understands that this evaluation will cover the last 4 1/2 months of operations undertaken by members of the International Working Group (IWG), CARE, OXFAM - GB and World Vision International, starting from the onset of the tsunami disaster on December 26, 2004. The team understand that the evaluation will focus mainly on CARE and WVI operations in Thailand and Indonesia. The evaluation, however, is to include other members of IWG (OXFAM - GB, CRS, Mercy Corps, IRC and Save the Children, US) in interviews. (See section on issue review below.)

The team understands that the evaluation will build upon and add to the lessons learned exercises and after action reviews already conducted by CARE, Oxfam and World Vision. The team currently has only the draft report of “Joint After-Action Review (AAR) of the Tsunami Crisis” (CARE, CRS, OXFAM GB, and World Vision International) and will request the other documents. These are:

- Monthly, beginning January; Oxfam Indonesia monthly review of emergency response
- CRS Strategic Planning Process
- March 2005; WV India, Indonesia, Thailand and Sri Lanka lessons learned workshops
- April 2005; WVI Regional lessons learned workshop
- April 3-4; CARE Indonesia lessons learned workshop
- April 5-6; WV Regional lessons learned session
- April 6-7; Raks Thai Thailand lessons learned workshop with field staff

Another lessons learned exercise will be conducted by OCHA in Bangkok from May 30- 31 while the team is in the Phuket area. The team will interview OCHA following the exercise and incorporate findings into the analysis.

Issues Requiring Review

The team requests that CARE and WVI evaluation managers review and clarify the following issues regarding the TOR and previously explained objectives of the evaluation:

Participation of organizations active in the Gates Foundation IWG: The conceptualization and organization of the lesson learned activities and this evaluation pre-dates the start of the Gates-funded “InterAgency Working Group (IWG) on Emergency Capacity” project. IWG members are CARE, Catholic Relief Services (CRS), the International Rescue Committee (IRC), Mercy Corps, OXFAM-GB, Save the Children US (SC-US), and World Vision International (WVI).

In order to understand more fully how this evaluation can contribute to achieving the goals of improving IWG capacity, input on the project would be appreciated including project documents. The team would also appreciate more direction from the evaluation managers regarding the degree and nature of the participation of the organizations who are marginally involved in this evaluation.

Further clarification of the relationship between the lessons already accumulated and the value added of this evaluation: The team is concerned that in view of lessons learned exercises already undertaken, that staff should understand and be confident that their efforts to support the team will result in a value added exercise. For its part, the team will ensure that stakeholders feel that they are part of the evaluation process and that their concerns regarding key issues and their opinions are reflected in evaluation findings. This includes communities which have been subjected to numerous interviews in the last 4 1/2 months. The team proposes two methods to avoid duplication of inputs and interviews.

1. Interviewing staff who were not involved in the lessons learned exercises, based on participants' lists from the workshops and selection of interviewees from various levels of management
2. Interviewing community members based on vulnerability groups and trying to access information regarding previous studies and selection criteria.

The team requests that evaluation management communicate their reflections regularly, and if appropriate, highlight expressed needs of staff to avoid the evaluation being seen as an imposed or extraneous exercise.

Further clarification of the relationship between the two evaluations, India/Sri Lanka and this evaluation: In order to plan how the results and recommendations will be presented, the team wishes to be certain that the two efforts are stand alone, as described in earlier contacts with the evaluation managers. If the recommendations will be combined it will influence the way they are presented.

Draft and final reports: The team would appreciate clarification on the procedure relating to the draft report and the final report stipulated in the TOR. Should there be a period of time to allow WVI, Oxfam and CARE staff to submit comments for inclusion in the final report? The field work in Aceh will be completed around June 22 and a draft as per the TOR is to be completed one week after that which would be June 29. Will there be enough time for comments to be delivered and incorporated in order to produce a final report by July 4, the termination of the international contracts?

Data Collection: Constraints, Advantages and Methods

The time allocated for data collection and analysis includes 15 days in Thailand and approximately 25 days in Indonesia. The international team met on May 20 with the national team member and staff from CARE Raks Thai to initiate data collection. The report should be completed by July 4, 2005. The tentative schedule is as follows:

Date	Location/Activities
May 20 – 22	Bangkok, Team Formation, Preliminary interviews with CARE staff, Drafting of inception report and questionnaires
Monday, May 23	Travel to Phuket
May 24 – May 30	Phuket area, staff and community interviews in Koh Lanta, Krabi and Phang Nga ;
May 31	Travel to Bangkok
June 1 – June 3	Bangkok, interviews with staff of partner organizations and government, debriefing for Country Teams
Saturday, June 4	Travel to Jakarta
June 5 – June 7	Jakarta, interviews with staff of partner organizations and government, complete Thailand report
Wednesday, June 8	Travel to Aceh
June 9 – June 21	Aceh area, interviews with organizations and communities
Wednesday, June 22	Return to Jakarta
June 23 – 25	Debriefing of CARE and WVI staff; Tim Wright returns to Bangkok; Mashni,

	Reed and national consultant complete interviews in Jakarta
Sunday, June 26	Mashni and Reed return to Bangkok
June 29	Complete draft report and return home
July 4	Complete final report

The team has identified some key issues in Thailand, among others:

1. Human rights protection issues – rights to land by indigenous groups and other groups, rights of legal and illegal migrant workers, rights to trace lost relatives, issues particular to IDPs.
2. Gender issues: relationship of gender to poverty and possible discrimination in assistance
3. Appropriateness of aid tools given the cultural backgrounds of the beneficiaries (splitting programs among religious groups.)
4. Connectedness issues in providing recovery assistance, interagency coordination of coverage of needs, for example, fishing boats and motors, housing provision and repair and land ownership issues,
5. Coordination of activities to assist people in a relevant way when an excess of certain resources exists; application of do no harm principles
6. Lack of government oversight and coordination of NGO activities and apparent focus on recovery of the tourism industry; the role of NGOs in leadership.
7. Equity of coverage of needs and identification of gaps in coverage; some groups not receiving food or other assistance for bureaucratic reasons.

Methods for data collection include document reviews, focus and key informant interviews, direct observation, and telephone interviews where needed. Interviews will be based on management and community interview guides which can also be e-mailed to those not present for personal interviews. Interviewees will include:

- Members of communities receiving response and recovery assistance as well as other affected people
- National and international actors providing coordination services and emergency and recovery assistance.
- Donors
- Staff of IWG organizations

As per the TOR, the team members will:

- provide an orientation briefing to stakeholders to ensure a common understanding and expectations regarding the scope and objectives of the evaluation
- collate, analyze and synthesize data and other information collected during the course of the evaluation
- prepare a daily written summary of interviews and “Main Points” in conjunction to assist with ongoing analysis and synthesis of information relevant to objectives
- debrief the three agencies Country Team (and key partners, if appropriate) on the preliminary findings, conclusions and recommendations at the end of the field mission
- comply with international standards and take reasonable steps for ensuring that the security and dignity of the affected population is not compromised and that disruption to on-going programs is minimized.

Analysis and Reporting

Due to the unique situations in the two countries, a separate analysis will be provided for each in addition to the combined analysis. All findings will be triangulated. Several analytical tools will be employed to consolidate data analysis. These include:

- A chronology of events during response and recovery
- An outcome ranking of progress in meeting Sphere and other standards
- An ex-post logframe or results framework
- Case examples or in-depth discussion of some key issues identified

Reporting Format

A suggested reporting format is as follows:

Acknowledgements

Maps of Tsunami Affected Areas

Acronyms

Executive Summary

- Background
- Evaluation TOR and the Team Composition
- Information Collection Methods and Constraints
- Main Findings
- Recommendations

Evaluation Background

- Evaluation Purpose and Motivating Factors
- Users of the Evaluation
- The Evaluation Teams, Thailand and Indonesia
- Workplan and TOR
- Constraints Experienced
- Data Collection Methodology
- Triangulation and Bias Reduction Methods
- Incorporation of Gender and Vulnerable Group Perspectives

The Contexts in the Tsunami Affected Countries, Thailand and Indonesia

Evaluation Findings (With Discussion of Key Issues)

- Relevance and Appropriateness
- Effectiveness
- Impact
- Efficiency
- Coordination/Coherence
- Sustainability/Connectedness

Recommendations/Options for Action

ANNEXES

- A. Terms of Reference
- B. Thailand Report
- C. Indonesia Report
- D. Survey Instruments
 - Community Questionnaire
 - Management Questionnaire
- E. Persons Consulted
- F. Documents Consulted

Annex D: Multi-agency evaluation of NGO response to the Asia tsunami

Evaluation Questions

The purpose of this evaluation is to assess and document:

1. The impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the three agencies, highlighting key lessons learned and recommendations for improving emergency preparedness and response to humanitarian disasters in the future
2. To what extent programmatic decisions and approaches by the three agencies to date have contributed to recovery and reconstruction and, referring to relevant lessons learned in this and similar contexts, recommend and offer options as to how agencies might adjust their programmes to improve the efficiency and quality of their programmes during the next phase of operations
3. Coherence and coordination between agencies, identifying examples of both good practice and missed opportunities

Relevance/Appropriateness: “The extent to which the objectives of an intervention are consistent with country needs, global priorities and partners’ and donors policies” (DAC, 2001) This criteria is concerned with assessing whether the operations met needs and respected priorities of the citizens and were appropriate in the context of the disaster.

- Were needs assessments based on sound methodology for rapid emergency assessment and did they provide adequate guidance to direct program activities?
- Were needs assessments updated and repeated as the situation changed and modifications made to program design?
- Were issues and definitions of vulnerability discussed and factored into program design?
- Were decisions to provide certain commodities or services contingent on what was available, e.g. donations, rather than need?
- Were beneficiaries selected in recognition of the heterogeneity among them?
- Was assessment and distribution data disaggregated?
- Were the activities carried out appropriate to achieving the objectives of the relief operation when seen as a whole?
- Were the programs well timed to appropriately meet needs? Were they terminated or extended as appropriate?
- Did the program identify issues and seek to advocate for and protect human rights? Were human and material resources needed to address human rights issues included in program design?
- To what degree were the people receiving benefits from the program satisfied in terms of timing, delivery, adequacy and appropriateness of benefits? For emergency relief? For recovery and planning for recovery?
- Was the target population chosen the most appropriate given the strengths of the organization, their needs and the use of resources to address the priority problems?
- To what degree did affected people participate in the planning and implementation of the program?
- Were the recovery programs and their components appropriate for the context and the culture, particularly programs to repair and replace housing and programs to restore livelihoods or provide new livelihoods?
- To what extent were environmental considerations included in planning and implementation of interventions? What is being done to mitigate against environmental degradation?

Effectiveness: “A measure of the merit or worth of an activity, i.e., the extent to which an intervention has attained or is expected to attain, its relevant objectives efficiently and in a sustainable way” (DAC, 2001) This criteria measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criteria of effectiveness is timeliness. Issues of resources and preparedness should also be addressed under effectiveness.

- To what extent were the planned objectives achieved?
- What were the major issues influencing the achievement or non-achievement of the objectives?
- Were adequate human and material resources available to carry out program objectives? Were resources shared where possible? Was duplication of resources avoided?
- How effective were the preparedness and planning measures for responding to disasters?
- How effectively were the decision-making processes as the operations evolved?
- Was the provision of goods and services timely?
- Were they of good quality?
- Were services accessible?
- How were services/assistance used by targeted people? What was the effect of the program(s) or their absence on people who were not targeted?
- How was feedback from communities incorporated into the program implementation?
- How effective were components of management systems such as information management, use of the media, and monitoring mechanisms?
- To what degree did the operations comply with internationally recognised standards in the areas of the IFRC Code of Conduct, Sphere Standards, HAP-1 and People in Aid?

Impact: “The totality of positive and negative, primary and secondary effects produced by a development intervention, directly or indirectly, intended or unintended” (DAC, 2001) Outcome is related to impact in that it focuses on changes in behaviors, relationships, actions and activities of people and groups with whom a program works directly.

- Were goals and objectives for achieving impact realistically developed?
- Were goals and objectives based on impact assessments such as do no harm checklists, peace and conflict assessments, where appropriate, and vulnerability analyses?
- Was individual organizational impact considered as part of the collective impact of the operation?
- Was achievement of impact based on collection of baseline data before and after the disaster? Was baseline data regularly collected?
- Was the situation (political, institutional and socioeconomic trends) adequately monitored to detect needed changes in impact objectives?
- Did monitoring activities include outcome monitoring to determine changes in the short, medium and long terms regarding impacts and benefits to the targeted people?
- Did monitoring activities include identifying benchmarks in process-related goals?
- Did communities receiving assistance participate in monitoring and evaluation planning and implementation?
- What short and long term differences have the activities made to people who received goods and services? Specifically, what difference is there in attitudes and capacity for self-sufficiency?
- What impact have the interventions had on the context and underlying causes of the disaster and the issues in national, regional and district level disaster preparedness, response and recovery?
- To what extent have beneficiary communities become aware of their rights and become more empowered?
- To what extent has the environment been affected by interventions? What environmental protection measures were/should have been included?

Coverage: “The need to reach major population groups facing life-threatening suffering wherever they are, providing them with assistance and protection proportionate to their need and devoid of extraneous political agendas” (Minear 1994 in DAC, 1999) Coverage issues consider geographical differences in coverage (by area, region, IDP camp, non-camp, etc.) and social differences in coverage (by ethnic group, gender, household status, age group, vulnerable group, disabled, orphans, returnees, etc.)

- Did the intervention(s) reach the groups in most need/the intended groups?

- Was coverage an issue discussed in coordination forums, community groups?
- What measures were in place to ensure that vulnerable people, remotely located people and those in special circumstances (for example, migrant workers, female heads of households) were covered?
- Were gaps in coverage and duplication of services identified and addressed? Did communities assist in identifying gaps and duplications?
- What were the results of the differences in coverage, such as morbidity outcomes or differences in the degree of recovery from disaster?

Sustainability/Connectedness: “Connectedness is the need to assure that activities of a short-term emergency nature are carried out in a context which takes longer-term and inter-connected problems into account” (Minear 1994 in DAC 1999) Sustainability must be considered at different levels (organization, program, project) and dimensions (social/ institutional, economic, environmental).

- What steps were taken in program design and implementation to improve connectedness? Were there imbalances in relief versus recovery resources which may have affected the impact of either?
- Was adequate funding and human resources dedicated to the recovery effort?
- Did affected people participate in developing priorities for relief and recovery?
- What measures were taken to ensure that programs were culturally accepted and that they were relevant to local capacities and power structures
- Is needed capacity development for continuation of program inputs being undertaken? Are communities and governments prepared to continue to pursue long term recovery and development goals?
- Are transitional issues as programs move from relief and recovery to development such as funding, inclusion of affected people in design of programs among others being considered early on in the programs?
- Are the IWG organizations factoring lessons learned into their ongoing capacity development programs? What concrete steps are being taken or recommended?
- What steps are being taken to build capacity for disaster risk management?

Coordination: “Co-ordination is the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. Such instruments include strategic planning, gathering data and managing information, mobilizing resources and ensuring accountability, orchestrating a functional division of labor, negotiating and maintaining a serviceable framework with host political authorities and providing leadership” Minear et al. (1992) in Reindorp and Wiles (2001)

- How did the IWG co-ordinate its activities with other agencies and the local authorities and communities?
- How did the affected people perceive the coordination of the IWG organizations with each other and with other organizations? Were they seen to be working toward the same goals?
- Were the affected communities engaged in coordination activities?
- What actions are being taken to address areas of inconsistency and disjunctures between the policies and programs of the different actors? Who is or should be exercising leadership in this regard?
- Were IWG organizations regarded as constructive and reliable partners by other organizations and organizations responsible for coordination?
- What effects did the level of co-ordination have on the agency’s program and those of other agencies? How were effectiveness and impact affected?
- Are systems and structures for collaboration and shared learning in place? What has happened to date?
- What has been the attitude, relations and effectiveness with government and other NGOs? What is the perspective of field staff toward those of other agencies?

Annex E: Community Questionnaire

(Modify for individual interviews, focus groups or community interviews)

Introduction Suggestion: We are conducting an evaluation on behalf of CARE/Raks Thai and World Vision International. We are interested in your experience during the tsunami disaster last year until the present and want to know whether you received the help you needed on time and in the way that you needed it. Your comments are very important to help CARE/Raks Thai and World Vision to improve ways to help people in disasters.

1. (Background) Please describe your situation. What is the name of your community? What is the population? If key informant interview, how many people are in your family (genders, ages)? How many people live in your house? (Include description of the area where the interview is taking place, such as a city center, a remote village, etc. and the distance from the nearest CARE/Raks Thai and WVI offices.) What do you do for a living?
2. (History of disaster experience) Please describe what happened to you or your community when the tsunami hit? (Did you receive a warning? Where were you when the tsunami struck? How did you protect yourself and your family from harm? How many people died or were injured in this community?)
3. (Timeliness of response) After the tsunami struck, who was the first person or organization that made contact with you? What was the purpose of the contact? Did you receive something? If so, what?
 - a. Who was the second person?
 - b. Who was the third person?
4. (Assessment) Did anyone ask you what you needed? Who was the first, second, third, etc. to ask you about needs and opinions when you arrived? Were you asked questions? If so, what questions? (Get exact times, e.g. 24 hours afterwards, 48 hours afterwards, etc.) How many hours or days after the tsunami?
5. (Priorities) What were your most important needs? Were you able to meet some of your own needs?
6. (Distribution, coverage) How did you receive needed items, through large distributions, brought to your house, brought by a relative, etc.?
7. (Description of assistance) Did CARE/Raks Thai or World Vision come to help you? If so, when?
8. (Appropriateness of assistance) Was the help that you received useful? Did it help to meet your most important needs? What did you find the most helpful? The least helpful?
9. (Targeting, equity, coverage of vulnerable groups) In your opinion, has the support been fairly distributed in the community? Who has received the most benefit? Have the 'most affected' received greater support? Who should have received more? Did women, children, elderly, ill, and other groups in your community receive the assistance they needed?

10. (Equity, do no harm) Has there been any conflict within the community related to fair and equitable distribution of assistance? Do you consider that your community has received appropriate assistance in comparison to other communities affected by the tsunami? Do you consider that the tsunami and subsequent events has increased or decreased conflict within the household, community, and with outsiders? In what manner? What needs to be done to reduce potential conflict?
11. (Beneficiary participation, coordination) Who decided what assistance was given, and to whom? As beneficiaries, what has been your role in determining what assistance is received? Has the support addressed your most critical needs, ie. your priorities, initially? To-date? Has there been duplication in support provided to community members and/or gaps?
12. (Recovery assistance) It is now 5 months after the tsunami. What problems do you have that are related to what you suffered during the tsunami? What is still needed to return your household to the state that it was pre-tsunami? What is needed to return your village/community to the state that it was pre-tsunami? How will you access the support that is still needed? Has the community made any requests of aid agencies, and what? Have they responded adequately?
13. (Recovery, self-sufficiency) What is your expectation for the future? What can be done to restore your family well-being? Communal relations? Whose responsibility is it to help restore your lives? What have community members done to provide mutual support, and to organize for rebuilding lives? What would be the most important contribution that aid agencies could now make?
14. (Standards) Has anyone told you that there are standards for humanitarian assistance? Tell me those that you know. What could you do if these standards are not met?
15. What recommendations do you have for CARE/Raks Thai or World Vision to help you if there is another disaster here? What should have been done differently? What would you like agencies to learn from this experience, so that they do not repeat the same mistakes? What have they done well? Any other comments or questions?

Special questions for homogeneous groups:

Woman/children: Has there been a change from before the tsunami in the support for children and woman' rights and protection of women? Do women and children feel more afraid?

Youth: Do you think there are more problems with violence or conflict now than before the tsunami?

Ethnic: Do people in your group have more or less trouble accessing services than prior to the tsunami?

Special sectoral questions:

What differences are there in access to health care before and after the tsunami?

What mental health services are there, HIV/AIDS services?

What is the condition of the drinking water supply and sanitation?

Has local capacity improved to provide health services?

To what degree have houses been repaired and rebuilt?

Are you better prepared to face the next disaster?

Annex F – Community Interviews Summary

Location	Description (evaluator initial)	Services	Comments
Thailand			
1. Koh Lanta Island (KL) Krabie (May 25)	(A and D) Village of Hualab, women's focus group	WV and Red Cross assisted shelter, one mental health visit	Lacking cooking space, food aid stopped in Feb.; rare consultation, asbestos
2. (KL) Hualab	(A) Single mother, tsunami widow	Navy built perm houses	Not consulted on permanent house design
3. (KL) Sang Ka Ou, 220 Sea Nomads	(S) New Thai returnees to former village near the sea, women FG in town	Camp for two months, helped by gov and private sector, will move to gov perm shelters, WV water storage and boat repair	Needs for hygiene and nutrition education, children underweight, not consulted perm house, need wire for fish traps, gov assistance not very equitable.
4. (KL) Sang Ka Ou, 220 Sea Nomads	(T) men's FG, different location where nets being assembled	Save Andaman and WV livelihood, Taiwan group	Inequities in gov compensation, need radio warnings to ease fears, need to monitor assistance
5. Krabie, Ban Khao Thong 6. May 25, 80 families	(S) 2 women recipients of RTF revolving fund (RF) Muslim	Fled for 2 weeks but village did not get damaged, boats damaged, nets lost	Inequitable gov assistance, worried about repayment, no post RF consultations, need more fishing gear
7. Krabie, Ban Khao Thong	(A) Community leader, manager of revolving fund	RTF – first responder, many agencies for recovery	No RTF needs assessment for RF, women need better livelihoods
8. Krabie, Ban Khao Thong	(D and T) Father, son fishermen	RTF RF, others also giving loans	No knowledge of how RF committee selected
9. Phi Phi Island, Krabie, 4,000 people	(A and S) Male islander visiting RTF, shop owner, business destroyed	Save Andaman, RTF, UNICEF camp for Phi Phi islanders in Krabieo	Focus on tourist deaths, gov. comp inequitable, not enough for small businesses, land rights, forming coop
10. Kao Island, Phang Nga District, May 26	(S) 5 villages, husband/wife in only village not receiving RTF assistance	Swedes, RTF and gov on other villages	Not asked about their needs, but felt assistance fair, need DM info and how to evacuate in an orderly manner
11. Kao Island, Phang Nga	(A) mixed gender focus group, Village #3	RTF fishing repair, RF	Head of RF had limited knowledge of RTF, mixed info on RF, confusion on terms
12. Bang Muang Camp, Phang Nga	(S) Woman on water and sanitation	WV and three other agencies manage the camp	Poor privacy, excessive solid waste, insufficient water for bathing, gender shared latrines
13. Wat Samakkeedhamma, Kuraburi, Phang Nga Province 27 May	(T and D) IDP Sea Nomad couple from Pra Thong, 100 families	Princess, Thai Red Cross, RTF food and medicines and temp shelter	Will settle on mainland, have to pay for transport to fish, in tent five months
14. Wat Samakkeedhamma, Kuraburi, Phang Nga	(S) Elderly woman from Pra Thong Island, in tent with daughter	Princess, RTF	Has chosen not to return to the island, perm house in Kuraburi, is sad, very good medical services
15. Hadsaikhao, Kapur, Ranong,	(S) Perm houses, Muslim, ,woman	WV temp shelters, Gov perm shelters, someone	No women's groups, crab fishing is better, they dislike the house,

	informant	gave pork	no consultation
16. Hadsaikhao, Kapur, Ranong	(T and D) Perm Houses, female shopkeeper development	WV - temp shelters, Thai Air force – perm shelters, options to buy land or shelter	Weak village leadership, inequities, no help for other occupations, only fishing from WV
17. Suk Smran Village, Ranong	(A) Host village adjacent to perm settlement	Gov and Muslim foundations helped the IDPs	Assistance was good, IDPs need help with livelihoods; host community also need help
18. Pra Thong Island, May 27th	(A) People from Pra Thong Island, staying at Tung Dab village	Four zones, all with different donors and specifications	Range in size of shelters and watsan, some with own bathrooms inside
19. Pra Thong Island, Phang Nga	(D) Village #1, the island is a 50 min. boat ride away, male IDP	ADRA, Swiss	Unequal gov assist, biggest problems – water on island salinated, no land rights
20. Tung Dab village	(D) Host village, Head of village	Head of RTF RF	Arrangements for RF differ in same village, water and garbage problems caused by IDPs
21. Chimi town, Kapur, Ranong province, May 28	(D) Women's focus group, 200 families in village	Gov assistance, RTF	Women cannot vote on RF committee, RF issues, some money given to the school, unclear about terms
22. Ban Nai Rai, Phang Nga, 29 May 05	(S) Elderly female IDP	WV managed temporary shelter	Satisfied with assistance, could use more food, her son has to supplement
23. Ban Nai Rai, Phang Nga, 29 May 05	(D) Youth IDP	WV managed temporary shelter, perm houses vary in design with donor.	Hygiene problems in the camp, and inequity - some not registered, very hard for him to find a livelihood and education

Location	Description (evaluator initial)	Services	Comments
Indonesia			
June 11, 2005 1. West coast, Mata Te south Leupung	(S) Elderly woman, returnee to original village plus spontaneous focus group	Survived in village cut off for three days, walked to Ratine to find assistance, stayed two months, gov assist.	Chief made all decisions without consultation, Habitat perm houses, not enough wells or latrines, open defecation, sad and uncertain of future
2. Pulot Village	(A) Woman HoH, returnee	CARE food	CARE assessment only asked for numbers, no light at night,
3. Leupung TLC	(S) Woman IDP, from Dayata Mamplam unregistered, 5 children	WV constructed TLC, CARE food	Water shortages, insufficient bathing areas, she roves between camps to collect assistance
4. Leupung TLC	(A) Male HOH	Oxfam water, CARE food, people go to BA for medical care (30 minute drive)	Not receiving canned fish, broken generator so no well water
5. East Coast - Alue Naga TLC	(T) Women's focus group	Gove. TLC, Oxfam and UNICEF for water	Serious water shortages for bathing and laundry
6. Indra Patra TLC	(T) Women's focus	CARE health, USAID CFW	Pay for food, water shortages, no consultation, no women on food committee, toilets smell, no livelihoods
7. Dusun Cot Riwat	(T) Head of Posko	WV food, OXFAM and	Water shortages, toilets not used

	– tented camp		PLAN water	
8.	Lamnga TLC	(T) Family in one unit	Islamic Relief water, CARE health	No complaints, Posko elected
June 12	9. East Coast Ruyung TLC	(S) Women’s focus, 300 families	WV TLC, CARE, UNICEF Plan,	Only rice distributed, paid for, , filthy latrines, well water salty and dirty, no hygiene committee, no consultation
10.	Ruyung TLC	(A) Family	Chief distributes food	Water problems
11.	Lamnga TLC	(S) Two women, elderly and young	Free clinic across the street	Latrines 3 m. from houses, water problems, no more food distr. Traditional livelihoods finding shrimp.
12.	Lamnga TLC	(A) Women’s focus group	CARE, WFP, IOM, KFHE, gov assisted subsidized rice	Chief distributed CARE food, no follow-up
13.	Deah Glumpang Banda Aceh	(T) IDP couple, spontaneous returnees living in tent	WV food, OXFAM watsan	Inadequate toilets, need for livelihood and house. TLC’s receive more than tents
14.	Riting Lapeung Tented Camp	(T) Family	OXFAM and WV water	Poor hygiene in toilets, lack livelihood, former shop owner
15.	Lamkruet	(T) Couple, spontaneous returnees in tent, also have room in TLC	CARE food	Food distr. fair by CARE rather than Posko, need disaster education and cleaning rice fields
June 14	16. Lam No, Babah Dua	(T) Women’s FG, living in a shack	Private citizens helped for first 20 days, WFP, IRC, OXFAM livelihoods	Need mattresses, salty well water, no hygiene committees, no consultation, leader makes all decisions
17.	Ujong Muloh, Lam No	(T) Women’s FG in tent	WV, OXFAM tools	4 toilets for 500 people, no help for fishing, cockroaches
18.	Lambaroh, Lam No	(T) Elderly couple and young couple in shack	TLC not built yet by Oxfam, WFP food	9 toilets for 76 families,
19.	Badah Dua TLC and tented camp	(A) Woman IDP	WV is building TLCs, Red Cross, OXFAM food,	Not consulted on TLC design, enough food, need livelihoods
20.	Ujung Muloh	(A) Village chief, teacher	Oxfam, WVI, MSF, Red Cross	Teachers and students not consulted by WV on their needs
June 16	21. Meulaboh Samatiga sub-district	(S) 5,000 people in tents and TLCs; Family stays in TLCs at night, shack on land in day	Community helped, Japanese on 5 th day, Caritas - wells, Oxfam, WV food, Gov TLCs	Drainage issues in the camp, livelihood farming destroyed, gov. allowances not paid as announced, water was sufficient
22.	Suak Timah			
23.	Arongan Labuloh sub-district, Desa Keup village	(S) Woman returnee, 10 in small shop, house uninhabitable	WV food	Need livelihood assistance, food aid is late, not quite adequate, ration sharing with large families works
24.	Blangluah, sub-district inland from Arongan Lambuloh	(S) Posko manager; Homeless families 48, no solution for housing	Peace Winds, Japan, UNICEF and Oxfam, OBOR	Need capital for business, children suffer in tents with colds and malaria
25.	Suvasmaseh, TLC, in Samatiga	(S) 600 people 8 miles from home, Women’s focus group	Gov. TLC, WV food	No privacy, no intimacy, children afraid, WV never monitored food, they want variety, Chief making housing decisions, no consultation, women want livelihoods
26.	Meulaboh,	(A) Women’s Focus	WV food, ICRC, local	Want variety in food, no food aid

Samatiga	Group	NGOs	monitoring, late distributions, salty well water causing rashes, WV measuring land for houses
27. Samatiga Sub district: Ujung Tonjong Village	(A) Focus group of 5 women	CRS food distributed to leaders, Spanish Red Cross water	Suspect tankered water comes from the river, no water monitoring, no gov assistance, need livelihoods, no women on food committee
28. Tanjung Harapun Tented camp	(A) Family	WV food	Insufficient water for showering, drinking and cooking, need utensils
29. Desa Ujong Tanjung, Meurebo, Meulaboh	(V) IDP Mixed gender focus group	Singaporeans, Japanese, French, USA, Gov. TLC, CRS food, Oxfam, Spanish Red Cross	CFW unevenly distributed, latrines dirty and full, livelihood proposals prepared by village, no response, kerosene distribution uneven, no info on housing
30. Desa Ujong Tanjung, Meurebo, Meulaboh	(V) IDP Informant, 119 families from Pandang Serehit	WFP food, CWS water and education, WV CFW	Need livelihood assistance, no info on permanent shelters, inadequate water for bathing
31. Ujong Tanjung Villagers	(V) Host Community member	No assistance	Find no problems with IDPs, wish they had livelihoods
32. June 19, Jantho , Desa Terebo Camp	(S) 400 people from Pulo Aceh, tented, Husband/wife	CARE food, PKPA supplementary feeding	No consultation on livelihoods, new tents for Clintons visit, some latrines full, near tents
33. Desa Terebo Camp	(S) Posko manager	IRD latrines, UNDP tents	Sardines bartered for fuel, host community also needs food aid
34. Sinabo in Selimum district	(S) 500 families from Pulo Aceh; Family in tent	CARE food, British and Acehnese RC for shelter	Want privacy and income, chose permanent house on PA, crowded conditions, bathe in river
35. Pramuka, Desa Teureubeh, Jantho Kota	(V) Male focus group, tented camp, people from Pulo Aceh Island	UNICEF, Social Department, CARE food and Tupperware, cholera immunizations	Some IDPs choose to stay in Jantho but no info on housing yet
36. Desa Sinebuah, Kecamatan Seulimeum	(V) Tented camp near dammed river; Key informants	Perm housing - British Red Cross, JRS., Aceh Relief, Concern, and Indonesian Red Cross	Water supplies inadequate for bathing, IDPs not sure of duration of food aid, want to clean land in PA, need fishing gear
37. Tent camp in Banda Aceh	(A) Woman HoH	CARE food and water	Adequate water, latrines far from tents, no info on permanent housing
38. Desa Rema, Banda Aceh	(A) 11 families on Mosque grounds	CARE food, Mercy Corps drainage	No assistance for fuel
39. Lambaro Skep	(A) Community interview	Gov. TLC, CARE	Poor drainage, poor siting, CARE attempted to fix drainage

Annex G: Permanent Shelter and Land Rights Issues - Thailand

Permanent Shelter and Land Rights Issues - Thailand

Approximately 3,200 permanent houses are needed for tsunami victims and less than half have been built. Numerous interviewees described conflicts over land use between IDPs and the government. These conflicts impose barriers on the construction of permanent shelter and compromise the futures of those who have moved into permanent shelter where land issues are unresolved. The following discussion illustrates the issues and confirms the need to advocate for permanent solutions. *“All survivors of disasters should be assured of the right to voluntarily return without discrimination to the land on which they originally lived...Any unjustifiable restriction on return amounts to forced eviction, which is illegal under international law”*. (Scott Leckie, “The Great Land Theft” Forced Migration Review, Special Issue, July 2005, pg 16.)

The tourism boom of the past 20 years, which is expected to resume in the near future, has raised the stakes on use of coastal land. Tourism investors have been applying pressure for years to evict fishing villages from the land they occupy. The tsunami has paved the way for the big land grab since most IDPs do not have a land title. The villagers, however, are not squatters in the normal sense. Before 1930, all land was owned by the King and much is still considered public land. People can apply for legal land title after 10 years of continuous use – some fisher families have occupied the land for more than 100 years. However, few apply and few succeed.

The tenure situation is further complicated in that control of the coast is divided among government departments and ministries, all with their own goals, rules and procedures. There are lands under the Mines Department, Coastal Department, the Ministry of Environment, etc. And because both local and national politicians are partners in various schemes to commercialize Thailand's coastline, the government's role in managing these fragile coastal environments has been deeply compromised by conflicts of interest.

The Asian Coalition for Housing Rights reports that about 70% of IDPs want to go back to their coastal communities. However, the government and investors are offering them free homes and land titles, often a considerable distance from the sea. The Sea Nomads or Thai Mais interviewed have lamented that such a move would create a huge disruption in their lifestyles. Fishermen would have to buy transportation or take public transportation to the coast, which may not be available when needed.

Another anticipated stumbling block is that the government will initiate a whole new set of coastal planning regulations. Local NGOs fear that even people with land titles will face legal problems. At the very least, most of the affected communities along the coast will face serious constraints to reconstruction. Some of the solutions that have been employed include:

Land sharing with the government: Ban Tung Wah village originally occupied 26 rai (4.16 hectares) of seaside land. Under a land sharing agreement, the people will have 16 rai (2.56 hectares, or 62% of the land) of the land to rebuild their village, and Phang Nga Province will take 10 rai (1.6 hectares, or 38% of the land). The negotiation involved the National Land Department, the local administrative authority and the provincial governor.

Return to original land: Some villagers are returning to their areas of origin and rebuilding homes in defiance of the government. They have received support from individuals and agencies that are able to focus the national and international spotlight on perceived injustices. However, the strategy may pose problems in future years if public interest wanes.

Formation of a land union: With the help of the NGO network Save Andaman and in collaboration with the national Human Rights Commission, many from Phi Phi Island will be able to re-establish livelihoods there. Though the island is owned by 34 people and others lease from them, the small business people are forming a union. This group will sign a 15-year contract for land, and then will sub-divide it. Save Andaman will also help them reconstruct their businesses.

Annex H: Sectoral Standards Indonesia

Water and Sanitation

The team looked into water and sanitation (watsan) in planned and spontaneous settlements, in Banda Aceh, Aceh Besar and Aceh Barat, using Sphere indicators. Earlier reports from a WHO joint assessment in January found the watsan arrangements not up to standards and subsequent studies have mentioned similar findings. This team confirms that the shortfalls are serious and, therefore, sought to understand the contributing factors since it is the sector most critically linked to all other sectors and to the health and well-being of IDPs.

Coordination. Team members attended a weekly watsan coordination meeting in Meulaboh, chaired by UNICEF. The topics were largely programmatic and technical and did not address issues of IDP participation. Mercy Corps had conducted a small survey on its own to determine who was working in the settlements in Aceh Barat on watsan issues. The survey indicated inadequate coverage on the entire spectrum of watsan concerns.

IDPs indicated that NGOs do not generally claim leadership in terms of maintaining watsan facilities in their sites. It is suggested that CARE and WV promote leadership for watsan to ensure adequate coverage of all sites, to monitor standards, and to bring problems to the attention of coordinating groups.

Consultation with IDPs. Many IDPs and managers of the Poskos indicated that they had not been consulted in the siting of watsan facilities (toilets, water sources, solid waste disposal, laundry areas and showering facilities). Oxfam GB consulted with IDPs in the Meulaboh area in the early stages of the emergency regarding latrine design. Women said they wanted roofs on the latrines and Oxfam complied where it built latrines. The team found no evidence that organizations had regularly consulted with IDPs and vulnerable groups among them to learn about their degree of satisfaction and problems.

As part of an ECHO funded project, WV will undertake a comprehensive hygiene promotion and environmental sanitation program, including the establishment of watsan committees which will also serve as shelter committees. The program will supply services where none are now functioning, and will clean wells and boreholes. Staff will require training and mentoring in participatory approaches and watsan skills, as skill levels are currently poor.

Access to water. Water is generally supplied in two ways. Drinking water is provided through tanker trucks to water reservoirs. The second source is from shallow wells that were either newly drilled or rehabilitated. This water tended to be cloudy and salinated and was normally used for latrines, laundry and personal hygiene. In settlements where CARE and WV were identified as the providers of water, the 15 liter standard was met. In settlements where CARE and WV do not provide water but other services such as food or NFI, it was often found that water quantity was insufficient. The team found no evidence that CARE and WV were advocating to other organizations, although community capacity building initiatives should encourage communities to advocate for themselves.

Water distribution points were sometimes more than 500 meters away. In at least three sites, women had to walk 1000 meters, or 7 to 10 minutes to reach the clean water source. The elderly particularly suffered if water points were distant as they normally rose twice in the night to wash before praying. Water pressure was generally adequate to fill containers. Sundays were identified by the majority of settlements to be most problematic with regard to availability of water. In a number of cases, water taps were broken, the generator was not functioning and water tanks were uncovered or leaking.

Water quality. At all sites visited, potable water appeared to be of good quality. There were very few cases of waterborne illnesses. At times, IDPs reported that the water smelled of dead fish and they were unable to drink it. In most sites, water from shallow wells serves needs for washing, laundry and toilets. However, some communities complained that the water is too salty for washing either clothes or themselves. It is suspected that drinking water is used in these cases causing possible shortages for consumption.

Water is treated at the source using a chlorination facility, however it was reported that tankers were not always cleaned. Truck drivers were said to sometimes obtain water from rivers or springs to avoid the waiting time (up to 5 hrs) at the filling point. Chlorine tablets are an alternative method of treatment due to the simplicity of usage and adequacy for the situation, but staff especially truck drivers would require training in their usage and importance for health. In areas where they operate in Aceh, CARE has established a Safe Water Systems program; water is chlorinated at the household level to ensure protection. WV is developing ground water sources, especially for TLCs, in order to provide a sustainable supply of potable water.

Sanitation. Families reported having adequate soap. In some sites, women did not receive sanitary pads, although women did use them where they were distributed. CARE distributed hygiene kits monthly, but included sanitary pads in only one distribution. A great difference was noted in sanitation standards among TLCs, tented settlements and spontaneous settlements.

1. Communal bathing facilities were often adequate in TLCs, but less adequate in tented settlements and worse in spontaneous settlements. In TLCs the number of bathing and laundry facilities was sufficient in number, but the size is considered small by local standards. In tented settlements, the number was frequently insufficient, and the size was also considered small. (In a tented settlement near Banda Aceh served by CARE, bathing facilities were sufficient and segregated by gender.) In spontaneous settlements, the facilities did not serve the entire population and were often not suitably constructed.
2. In TLCs, toilets usually served less than 20 people each, while in tented sites, the number of toilets was often inadequate. For example, in a tented settlement in LamNoh, there were 4 latrines for over 150 IDPs, and in another location, there were 4 serving 500 IDPs. The number of toilets in tented settlements and spontaneous settlements was not adequate reinforcing habits of using the ocean/river or open fields.
3. Latrine design was generally considered to be good in the TLCs although there were none suitable for people with disabilities. Latrines are easy to clean, however, pipes and taps in or near latrines were not always functional. In spontaneous settlements; however, the toilets were not adequately constructed, were usually too far from water sources, and were

insufficient in number. They did not always provide privacy and women and children were afraid to use them in the night.

In almost all of the sites visited, toilets were not segregated by gender or their labeling not observed. Some CARE-serviced sites were exceptions. In many cases, latrines were very close, less than 3 meters from dwellings (possibly due to land shortages) and IDPs at these sites complained that they could be smelled from the living quarters and there was a lack of privacy. Latrines were often situated too close to wells. In some cases, due to insufficient toilets, families had to walk over 10 minutes to reach them. Regardless of latrine design, number and proximity to shelter, people generally resorted to defecation in open areas if there was inadequate water for sanitation and personal hygiene.

Hygiene promotion. The team found little evidence that assessments had been conducted in tented and TLC sites to identify knowledge, practices and attitudes regarding hygiene and sanitation. Individual households generally confirmed that they did not receive any training, participate in campaigns or receive information about hygiene practices that would reduce the incidence of disease. There were exceptions to this, some latrines and bathing areas had posted instructions for cleaning. Hygiene promotion messages did not address misconceptions such as the taste of chlorinated water, which some may feel means it is bad. A national health NGO, PKPA, broadcast good hygiene messages by radio to a limited audience and had seen some impact in regard to behavior changes. The team found no evidence of establishment of village health committees.

In accordance with Islamic practices, frequent washing is promoted. One could deduce that these practices contribute to low incidences of disease. Most IDPs claimed that they washed their hands after using the toilets and before eating, however, the absence of water sources near the latrines mentioned above, might discourage this practice. Indeed, some children said they learned about good hygiene at school but some failed to practice it in the settlements. The reasons for this were that there were no hand washing areas near the latrines or a satisfactory quality of water for cleaning after using the latrine.

In some cases the toilets were kept clean and maintained by order of the Posko, while in others, poor toilet cleaning practices were obvious. People were generally informed that they have the responsibility for maintaining the toilets, however, no one person or group was identified by the community as responsible for hygiene or water and sanitation facilities.

Solid Waste. Household waste is disposed of by burning in an area near the settlement or behind the latrines, which could pose health problems. Almost all households had access to a refuse container and/or are no more than 100 meters from a communal refuse pit. Indonesians admit they have excessive littering habits and show little concern about the environmental consequences. Garbage was piled up around disposal areas and around the settlements. In Meulaboh, UNDP, WV and others were just starting a solid waste program to address these problems.

Vector Control. The majority of IDPs interviewed did not have very basic information about vector control. Nevertheless, they were interested to learn more about preventing the spread of

disease. Some sites were located close to standing bodies of water. Not all people had mosquito nets, and those who had them were not informed of the best way to use the nets. People avoid exposure to mosquitoes during peak biting times. It was not apparent that special attention is paid to protection of high-risk groups such as pregnant and lactating women, babies, infants, elderly and those who have malaria.

Fumigation against mosquitoes or flies was not always practiced, although IDPs said the government sprayed in some sites. Some IDPs had access to traditional medicines from available local fruits and leaves that prevent diarrhea and others to prevent mosquito bites. Nevertheless, people with malaria receive treatment from mobile or local clinics. Food is not properly protected at all times from contamination by vectors such as flies, insects and rodents. In tented settlements, people do not have adequate space to air bedding. In TLCs, the porch railings offered a place to air clothes and bedding.

Drainage. The majority of the settlements visited did not have adequate drainage around shelters and bathing areas, causing people to have to walk through mud to reach facilities. Stagnant water was close to living spaces and under some TLCs, providing breeding places for mosquitoes. WV is ensuring that the TLCs constructed under their supervision have improved drainage. CARE assisted to repair drainage in one TLC, but the problem persisted.

Temporary and Permanent Shelter Choices

In January, international NGOs faced a difficult decision regarding whether to support government shelter policy. The GoI decided to construct barracks, newly named as temporary living centers or TLCs, to house IDPs. In the 1980's, the GoI/TNI had constructed barracks in order to relocate communities from areas where there has been resistance to the central government.

Given the history of barracks, there were suspicions that they might be used by the TNI to control the activities of the general population, many of whom are sympathizers of the GAM, or in the least, resent "outside" control of the Acehnese. Additionally, the GAM might use the settlements for recruitment. The Acehnese have at times had their freedom of movement unnecessarily restricted and been victims of serious human rights violations. Human Rights Watch and Human Rights First expressed concern that the new settlements could be misused unless human rights safeguards were put into place. According to the UN Guiding Principles on Internal Displacement, IDPs should be relocated only with full and informed consent.

With regard to temporary shelter, CARE and WV chose different strategies. The team supports the decisions of both organizations for the reasons they were made at the time. Both positions likely supported the rights of the IDPs and positively influenced government actions.

CARE maintains that the TLCs do not pass the test of a "voluntary and participatory" shelter and did not participate in their construction. CARE's "Do No Harm" analysis advised a separation from national efforts on TLCs. CARE, however, provides various services to IDPs in some TLCs. Further, CARE points to what it considers inefficiency with TLC construction and prefers to focus its resources on constructing permanent shelters rather than diverting time and resources to temporary shelters, which are somewhat duplicative.

In contrast, WV elected to support construction of TLCs in order to influence location, construction, and associated community processes. WV negotiated for managing the construction of TLCs that were on or near IDPs' former lands. In addition to managing construction, with variable success in maintaining quality, some additional facilities that were not included in the GoI design are or will be included such as water supply systems, water drainage, rainwater harvesting, and cooking and washing areas. The WV supported TLCs generally provided better site planning and superior living conditions to those constructed by GoI contractors. One favorable influence on GoI construction has been an increase in the size of each unit to 4m x 5m, thereby increasing size by two thirds and meeting SPHERE standards for space for a family of five. On the other hand, many GoI-constructed TLCs have inadequate outdoor cooking facilities increasing risk of fire if cooking is done inside. .

Movement of IDPs

Secondary sources and management interviews imply that some villages were coerced into moving to TLCs or organized temporary tented settlements. The team was unable to find IDPs who would admit that this had been the case. Some people had themselves asked to move away from the Banda Aceh area where settlements were extremely crowded and their chiefs had made arrangements for other locations (such as the re-location of people from the island of Pulo Aceh to the areas near Jantho, the capital of Aceh Besar, a considerable distance from their homelands).

The team identified people who moved during the day or for several days to their customary lands where in many cases they had constructed houses made of salvaged materials or used a tent. Some returned to the TLCs or tented settlements periodically to collect food and others slept in the settlements due to fear of further tsunamis. There appears to be a category of people who did not register and stay off and on with various families in order to receive assistance.

IDPs gave the following reasons for spontaneous movements:

- Lack of personal privacy in the TLCs or tented settlements
- Disliked feeling of being watched by others in authority or not from their villages (possible political implications)
- Lack of choice over living and service options in temporary settlements
- Desire to be in their homelands and near customary fishing and farming areas
- Need to re-start livelihoods
- Need to protect customary lands from interlopers
- Need to find new land if land was lost
- Uncertainties regarding more permanent housing.

Permanent housing dilemmas

As the 6 month anniversary, on June 26, of the tsunami disaster flashed all over international media, a great deal of scrutiny was placed on the slow progress in permanent shelter construction. The team and many interviewees felt that the conservative pace is well warranted given the number of critical issues that must be sorted out to ensure a smooth process.

The national Bureau of Rehabilitation and Reconstruction NAD-Nias (BRR) which set itself up a few months ago, immediately dispensed with the zoning decree forbidding return to coastal areas. IDPs wishing to return to their original lands would be allowed to do so. The BRR is working on these issues:

- The BRR would like organizations to take leadership for geographic areas and coordinate the services in those areas.
- The BRR is collecting proposals which indicate the level of funding available for reconstruction
- In the aftermath of the tsunami which resulted in much coastal land being lost to the sea and loss of landmarks and land certificates, communities need consensus regarding redistribution of communal lands and determining who owns which land.
- The process of community consensus building will have to be developed in a new form, rather than using the current administrative channels, which would take years to resolve the multitudinous disputes.

A “Green Reconstruction” conference was held in Banda Aceh June 21-23. The government has issued “The Blue Print for Aceh Reconstruction and Rehabilitation” which will serve as the basis for post tsunami programs and projects. However, bottom-up planning was encouraged and better consultation with customary leaders. Issues that organizations need to consider include the following:

- Building material, especially timber, should be obtained from legal and sustainable sources (CARE has developed a timber policy)
- Coordination for site planning
- Issues for relocation and willingness of IDPs to move
- Water and sanitation systems and systems for drainage
- Standardization of prices as the international organizations are jeopardizing local markets
- Shelter designs should be both earthquake proof and windproof.

Since permanent shelter construction will be a slow and painful process, organizations need to ensure that IDPs have temporary shelter that they are satisfied with. CARE predicts that three years from now some people from their target communities will still be living in tents. If this will be the case, NGOs need to improve standards particularly in tented settlements and spontaneous settlements. The team found the standard of living to be higher, and closer to SPHERE standards for shelter and water and sanitation in TLCs. Interviewees living in TLCs generally expressed satisfaction with the accommodations. Those in tented settlements generally expressed dissatisfaction.

It is clear that assistance agencies are offering IDPs housing choices. In tented sites near Jantho, IDPs from the island of Pulo Aceh had been offered three options by CRS and the British Red Cross: to stay in the tents until their permanent houses had been built in Pulo Aceh (theirs would be constructed first), to move to TLCs on Pulo Aceh while their permanent house was being built, or to be relocated elsewhere. The IDP villages present had chosen different options. WV is also offering four housing designs in areas where it is working. However enticing the options, the team found that often the decisions are made by the chief without consensus of the community.

As part of its plan for permanent housing, WV is initiating some “Village TLCs” for IDPs living at significant distances from their villages, to provide shelter during the transition period. The goal is to allow people to return when they wish to re-establish livelihoods, address land issues, and consult in regard to building permanent shelters. Once permanent houses are built, the TLCs will become community centers, schools, and training centers. Community Development Committees, which receive capacity-building and technical support for shelter construction, are empowered to demand services and initiate further collaboration between their communities and outside agencies.

Food aid and food security

Household and livelihood assets were swept away by the tsunami, leaving families unable to access food. WFP partnered with NGOs in a food aid program aiming to cover IDPs, host families, and those who lost their livelihoods. WV and CARE were among the first partners. WFP’s role was to secure commodities from national and international markets and resolve coordination issues. The first distribution took place at the beginning of the second week of the emergency. Food distribution has greatly contributed to IDPs well being and prevented negative impacts of food shortages such as theft or depletion of host family food supplies. The issues of market impact and food security are discussed below.

Food ration issues

The planned ration was culturally appropriate and contained adequate calories. The composition included rice, noodles, canned fish, vegetable oil and fortified biscuits which met or exceeded 2,100 Kcals per person per day. IDPs found the composition of the ration acceptable, but many felt that after receiving the ration for months, they lacked variety. Women mentioned that they had to use their meager funds to purchase milk, salt, sugar, chili peppers and other vegetables and fresh fish when available to supplement their family’s diets.

Some issues regarding composition of the rations are discussed below.

- IDPs interviewed had not been consulted in the past five months regarding the appropriateness of the ration, their utilization of foods, or their family food needs.
- WFP experienced problems in the pipeline causing shortage of certain foods. IDPs lacked information regarding what they would receive each month and did not know why some items were not received. They were not able to prepare to supplement their diets.
- The nutritional value of the ration was compromised by the removal of biscuits in April and May, and in March the ration did not include noodles. The nutritional value of the current daily ration was calculated to be about 1900 kcals, and is missing salt and sugar, which many IDPs requested.
- IDPs had difficulty securing cooking fuel with available funds; fuel was not always distributed. Canned sardines were bartered for fuel in some areas. As this was the preferred item by merchants, if they were not received, people suffered from fuel shortages.
- In some sites, large families received the same ration as small families. Whether or not this inequity was addressed depended on the sense of justice and cohesiveness of the families and community.
- IDPs received unfamiliar foods from some organizations and were not informed as to how to prepare them. Examples include macaroni and cheese, cocoa, and lentils.

Management, participation and distribution issues

NGOs generally used local governance structures, represented by the government employee who manages the *Posko*, to facilitate the identification of beneficiaries and oversee monthly distributions at the IDP settlements. NGOs prepare monthly distribution plans for WFP based on information provided by the Posko. Information includes names and size of each household, in some cases disaggregated by gender and age. Community members or the food distribution committee are responsible for distribution. (World Vision staff supervised food distribution in the Meulaboh sites.) Distributions are held as close as possible to recipients' homes to ensure easy access and safety. Food is distributed to the heads of households which are sometimes women, and a form is signed when receiving food.

The majority of people interviewed, especially women, felt that distribution was fair, although there were some suspicions of corruption. In a few cases, households did not receive the full ration and did not know the exact quantity or types of food in the ration. Missing items were generally the canned fish which has the highest value. The majority of households had received cooking utensils and a cook stove.

Consultation with the general community was not strong. The team found that decisions regarding food aid are relegated to governance and administrative bodies and probably made in isolation from the community. IDPs were generally not informed about the food aid program, its goals and constraints. Most did not know how long they would continue to receive food or for some, whether they would receive it in the next month. Participation in distribution was generally in off-loading commodities. In some cases a food distribution committee was formed by the manager of the Posko, under his authority, based on a request from the NGO. In general, there was suspicion of the Posko management, and a sense of powerlessness associated with making requests. Women were generally not included in food committees

Other issues included:

- The team found many variations in food aid arrangements among settlements. In some sites, families were asked to pay for food, as much as 45,000 rupiah.
- IDPs who stayed for longer periods in the mountains or decided to go back to their original villages were not registered and did not receive food aid. It is unknown whether NGOs attempted to identify and register these people.
- Rice was plentiful on the local markets. WFP claimed that it purchased as much food as possible from local markets but studies by Oxfam and ACF questioned the amount of rice that is purchased from local versus international market.
- Recipients of food aid were not well informed about food safety and nutrition.
- People with special needs, particularly those who cannot prepare food or feed themselves did not receive needed attention.

Food security

IDPs and hosts are likely to require assistance with meeting food requirements until livelihoods are restored. The manner in which this assistance is provided is a topic of discussion among assistance organizations. Critical issues in each emergency are how to prevent dependency and harm to local markets. Questions relevant to efficiency and sustainability are how to reduce the

high cost of food aid, strengthen local markets and increase involvement in local participatory and national support systems, such as the Bulog, the government's system of logistics.

A number of international NGOs such as Oxfam, Save the Children, CRS, Mercy Corps and Goal are undertaking cash-based interventions to support livelihood recovery. The Overseas Development Institute is sponsoring a review of lessons learned from cash and voucher based activities in several countries, including Indonesia. Use of cash in other countries has helped to increase people's access to various markets and commodities and supports their dignity and freedom of choice.

CARE has undertaken with WFP a study to determine the feasibility for market based food assistance. Based on recommendations from the study, CARE will conduct a pilot project in at least one area to replace food distribution with a mix of voucher and cash programs. CARE is commended for supporting this important initiative. Other NGOs such as CRS and WV are interested in conducting similar pilots and should be encouraged to collaborate so that lessons and insights can benefit all organizations.

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Annex I: Persons Consulted

Thailand

CARE and Raks Thai Foundation

1. Prasong Lertpayub, Director of Human Resources and Training
2. Promboon Panitchpakdi, Country Representative
3. Ampol Pau Peuk, Livelihoods Manager, Krabie
4. Anchalee Phonkling, Field Coordinator, Krabie, Phang Nga, and Ranong
5. Prasarn Satanastit, Field Coordinator South
6. Lise Tonelli, Deputy Regional Director, CARE Emergency Program Asia Region, Asia Regional Management Unit
7. Juraiporn Wongtragoonchai, Assistant Controller

World Vision

8. Tagoon Kutthamas, Site Manager, Phang Nga
9. Maria Cecil Laguardia, Communications Manager, TTRT
10. Edlin Lumanog, Program Officer, TTRT
11. Rein Paulsen, Operations Director, Asia Tsunami Response Teams (ATRT), Singapore
12. Richard Rumsey, Relief Programme Director, Thailand Tsunami Response Team (TTRT)
13. Uthid Siriapong, Operations Manager, TTRT
14. Pamela Sitkko, Communications Officer, TTRT
15. Ekkachai Suwankosai, Site Manager, Krabie
16. Tanonchai Suwankosai, Site Manager, Kuraburi
17. Chitra Thumborisuth, World Vision Foundation of Thailand, Deputy Executive Director

Other Organizations

18. Carrie Broe, NGO Coordinator, US Peace Corps, Crisis Corps
19. Chaluamsak, Programme Officer, Oxfam GB, Regional Office
20. Susan Hahn, Deputy Regional Director, CRS
21. Kitti Intarakul, Social Development Officer, Office of Social Development and Human Security, Royal Thai Government, Phuket Province
22. Saundra Schimmelfennig, NGO Coordinator, US Peace Corps, Crisis Corps
23. Punnee Sittikarn, Chief of Social Development and Human Security Office, Royal Thai Government, Phuket Province
24. Ian Small, Oxfam GB, Regional Humanitarian Coordinator
25. Marcus Werne, Asia Regional Office, UN OCHA

Indonesia:

CARE

26. Alex Carle, Emergency Preparedness Officer, Aceh
27. Therese Foster, Program Coordinator, Aceh
28. Laurence Frank, Program Support and Operations, (formerly Human Resources)
29. Steve Gilbert, CARE Canada, Asia Regional Manager Overseas Operations
30. Steven Gwynne Vaughan, Assistant Country Director Emergency, Aceh
31. Johan Kieft, Program Development and Implementation Manager for Aceh
32. Dani McCavoy, Simeulue Program Coordinator
33. Dennis O'Brien, Country Director
34. Imelda Pangantihon, Program Support Coordinator, Aceh
35. Chris Searles, Consultant, Planning Alliance
36. Ronald Sianipar, Commodity Manager
37. Aneirin (Nye) Smith, Consultant, Planning Alliance
38. Healthier Van Sice, Assistant Program Coordinator, Aceh
39. Endang Widyastuti, Programme Officer

World Vision

40. Sri Agustiningih, Administration Coordinator, ITRT
41. Jacues Birugurugu, Commodity Manager, ITRT
42. Amy Cavender, Program Officer, WVI London
43. Patricio Cuevas, Program Manager, Protection Unit
44. Isabelle Gomes, Operations Director, WVI Geneva
45. Amos Doornbos, Program Manager, ITRT
46. Vonnette Fernandez, Human Resources Manager, ITRT
47. Wynn Flaten, Senior Operations Manager, World Vision Indonesia
48. Grace Hukon, Child Protection Officer, World Vision Indonesia
49. Graham Jackson, Manager, Water and Sanitation, ITRT
50. Rod Jackson, Program Director, ITRT
51. Korblaah Mantanawi, Watsan Advisor, Meulaboh
52. Clemensia Mwati, Operations Director, ITRT
53. Gideon Pramono, Aceh Besar Zone Manager, ITRT
54. Kristin Sullens, Administration Officer, ITRT
55. James Tumbuan, Director, World Vision Indonesia

Other Organizations

56. Taufiq Alimi, Executive Director, LEI (LNGO, based in Bogor)
57. Sri Astuti, Livelihoods Officer, Mercy Corps, Meulaboh
58. Debbie Ball, MERLIN, Operations Coordinator
59. Ingrid Brita, Northwest Medical Corps
60. Christophe Charbon, Programme Officer, FAO
61. Matthew Cousins, Programme Officer, Oxfam-GB
62. Yenti Efriyant, Public Health Engineer, Oxfam GB, Meulaboh
63. Jamal Gawi, Consultant, CIDA

64. Gungun Gunawan, Livelihoods Officer, Mercy Corps, Meulaboh
65. Henrique Fernandez, Watsan Engineer, OIKOS
66. Anto Hamid, Public Health Engineer, Oxfam GB, Meulaboh
67. Nick Jeffries, Watsan Engineer, Mercy Corps
68. Patrick Johns, Director for Emergency Operations and Security, CRS
69. Irwansyah, Director, YPK (LNGO, based in Mellaboh)
70. Loren Lockwood, Shelter Coordinator, CRS Meulaboh
71. Maman, Coordinator, KKSP (LNGO, based in Medan)
72. Sulaiman Zuhdi Manik, Coordinator, Pusat Kajian Dan Perlindungan Anak (PKPA, LNGO based in Medan)
73. Bruce Mac Innis, Director Aceh Response, IRC-CARDI
74. John Meyer, Food and Livelihood Security Specialist, TANGO
75. Kuntoro Mangkusubroto, Director, Bureau of Rehabilitation and Reconstruction NAD-Nias, (BRR) Government of Indonesia
76. Agus Mulyono, Mother Child Health, WHO
77. Geoffrey Poynter, Deputy Director Programmes, Save the Children Alliance, Aceh
78. Jude Rand, International Relief and Development Consultant
79. Leonard Simanjuntak, Deputy Director, TI – NGO coalition for Aceh
80. Joyce Smith, Northwest Medical Corps

Annex J: Documents Consulted

Thailand

Raks Thai Foundation

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Indonesia

CARE

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Follow-up to the Tsunami Multi-Agency Evaluation: CARE Indonesia

Date Submitted: Dec 1, 2005

Submitted by: Christophe Legrand, ACD-Program

Recommendation	Action Taken or Planned	Timeframe	Remarks
<p>1. Ensure that funds are efficiently used. Funds should be expended based on plans coordinated at national, provincial, district and community levels. As a matter of principle, all areas for collaboration should be explored and addressed. If funds cannot be effectively programmed, they should be returned to donors who can program them elsewhere.</p>	<p>CARE programs developed for the Tsunami are subject to concepts notes agreed and approved by BRR.</p> <p>Community facilitators are everyday in the field as community active participation is a key approach to our recovery strategy . to ensure this CARE recruited a Humanitarian Accountability and RBA officer.</p> <p>Financial monitoring is done monthly and expenses reviewed against costed workplans for CARE to take appropriate actions.</p>	<p>On going at all time</p>	
<p>2. Develop national organizational disaster preparedness plans which include strategies for attaining access to remote populations. Include in the plan means for finding needed human resources to address major disasters.</p>	<p>DRM is one of the three components of our recovery program.</p> <p>ADPC and CARE signed a MoU for the development of this component.</p> <p>DRM officer is a position existing in CII for a long time and CARE is attending sectoral DRM meetings in JKT.</p>	<p>Recovery program started on 01/07/05</p> <p>MoU signed in September</p> <p>JKT coordination on going for a long time</p>	
<p>3. Collaborate on emergency response support mechanisms such as “centers of</p>	<p>CARE organised two three days training on DRM from the management pointof view and from the</p>	<p>Mid -August</p>	

Recommendation	Action Taken or Planned	Timeframe	Remarks
expertise” to support cadres of technical specialists for disaster preparedness training, initial response, and as a resource for on-going implementation and monitoring.	field/community point of view developed by ADPC and invited all other agencies working in Aceh to attend. Many UN, GoI agencies and INGOs responded positively. A DRM forum is now in place by email and meetings.		
4. Expand the collaboration potential for regularized multi-agency training in areas relevant cross-agency, such as humanitarian standards, security, rapid assessment, disaster preparedness, monitoring and evaluation including community-led efforts, participatory techniques, and collection of baseline data.	<p>The HAP officer links with OXFAM and will soon start to network more once fully oriented to CARE program.</p> <p>CARE has been leading security forum and security network since the beginning of the operation. Less on the forefront has security office left and was replaces only after a gap of 2 months.</p> <p>DRM training organized by CARE for multi-agency.</p> <p>Various health survey developed with CDC and shared with other agencies</p> <p>HLS survey developed and shared with agencies requiring it</p>	<p>ongoing</p> <p>on going forum and networking</p> <p>Mid august</p> <p>Various survey at various time</p> <p>June- September 05</p>	
5. Urgently improve water and sanitation in temporary settlements in target areas and advocate for improvements by other organizations. Promote leadership for	<p>Watsan program since the first days of the emergency</p> <p>Current strategy is to integrate watsan within health and within our recovery program and have</p>	<p>Ongoing</p> <p>Transition on going</p>	

Recommendation	Action Taken or Planned	Timeframe	Remarks
watsan to ensure coverage and monitor standards. Take immediate action to improve drainage and solid waste removal. Implement hygiene promotion programs through community based committees.	a water supply and environmental advisor supporting these program with technical advises, research, etc. Program development includes projects on watsan within the health and recovery programs.	On going	
6. Given the high potential for mental health disorders and the current alarming incidences of post-disaster mental health problems, consider immediate additional means of support for prevention and treatment.	CARE started in September a Psychosocial support project for a duration of 3 years	September05 until 2008	
7. Devote adequate human and material resources as soon as possible to support livelihoods recovery. Include training for various occupations and for IDPs who wish to change occupations. Place greater emphasis on occupations aspired to by women. Develop participatory processes with communities and coordinate to ensure that programs are complimentary and that all affected people participate.	Livelihood advisor and team recruited for the recovery program. Strategy in place. Activities started since June in Simeulue and July in other targeted areas. Pressure from GoI on housing have diverted focus on construction these last few months. Support from donor would be appreciated to pressure GoI to respect NGOs holistic approach and build back better concepts.		
8. Improve impact by simultaneously	In plan with all resources/capacities being	On going	

Recommendation	Action Taken or Planned	Timeframe	Remarks
addressing empowerment and behavior changes with other assistance provided. Develop process oriented benchmarks, agreed upon by the communities. Monitor the changes through use of participatory methods and community based monitoring.	developed for the recovery program and health program mentioned in previous recommendations.		
9. The Inter-Agency Working Group as a common resource should look into putting monitoring expertise on the ground in the early stages of an emergency to assist with establishing and implementing appropriate M&E systems, and developing agreed-upon indicators. This role would also emphasize capacity building.	Can't really act on this. But agree with it. Emphasis should be on common assessment to avoid burn out of beneficiaries and better design rather than critical evaluation mentioning what has not been done.		Nothing new here. This is a lesson unlearnt that we find in every evaluation of every emergency response.
10. Devote additional resources to advocacy. Support governments to uphold land rights, promote better coverage of needs (identifying excluded people) and to fulfill their obligations regarding mandated post-disaster payments. Strengthen advocacy networks through developing community level civil society organizations. Intensify advocacy for nondiscrimination, inclusion of women on	HAP officer will also look at advocacy issue as a tool to increase impact of our work. Networking with other agencies and civil society is not dissociable from advocacy and therefore will be part of this strategy.		

Recommendation	Action Taken or Planned	Timeframe	Remarks
committees, coverage of SGBV issues and attention to women and children who have suffered disproportionately.			
11. Collaborate on strategies to empower communities for disaster preparedness and risk reduction.	See previous answers on DRM		
12. As soon as possible, prevent erosion of assets in host families and communities by identifying their needs and expanding assistance programs to include them.	On going as part of our livelihood recovery and development component	On going and until end of program	
13. Explore with local NGOs possibilities for capacity sharing and long term relationships for, among others, disaster risk reduction, acting as pre-positioned partners in emergency response and for local and sustained program inputs.	CARE has been developing work with local NGOs and civil society for many months. Partnership advisor in place for many months Current consultancy ongoing on how to mainstream partnership approach within the program staff.	On going	
14. Promote support and mentoring for government-led coordination. Advocate with the UN for leadership in emergency coordination, to capacitate OCHA with	As part of our partnership approach building capacity of local government and other traditional structure (Mukim) launched with national NGO PUGAR.	October 2005	

Recommendation	Action Taken or Planned	Timeframe	Remarks
enough staff cover the entire disaster area.			
17. Support capacity development for government at all levels for disaster risk reduction and disaster management, among other management priorities.	See previous answers on DRM.		
18. Investigate possibilities for collaboration on procurement and capacity development for local marketing systems.	Various discussions on going but without clear decisions . Agencies are currently procuring through their own capacity.		
19. Strengthen human resources policies to overcome barriers to human resource constraints and optimal performance.	HR section being developed and policies developed around package, uniformisation of salaries across programs. CARE has been able to recruit more than 800 staff since the beginning of the Tsunami and currently has a team of 650 nationals and 33 expatriates for the Tsunami.	On going	
20. Promote equity of temporary living conditions and coverage of needs between TLCs, tented and spontaneous settlements. As soon as possible, improve quality of shelters and water and sanitation in tented camps and spontaneous settlements to increase IDPs' satisfaction.	CARE is working in upgrades of barracks and work also in watsan in some tent camps. CARE joined in September the temporary shelter in partnership with UNORC and IFRC.	On going	

Recommendation	Action Taken or Planned	Timeframe	Remarks
<p>21. Promote a strong foundation for permanent shelter programs. Support BRR by providing resources and through consultation and take responsibility for coordination in geographic areas for shelter construction. Ensure that all community members are involved in consensus building for decisions regarding their permanent settlement arrangements.</p>	<p>See answer to 20.</p>		
<p>22. Intensify monitoring of food aid, including data collection on food usage, food preferences and rations received. Advocate with WFP to promote a strategy for reducing dependency on food distributions developed with the communities, and include alternatives for free food, livelihood development and market based approaches.</p>	<p>CARE is leading new approach to food distribution by developing since October a Market Based Food assistance program, in which distribution of cash allotment of 50 000 Rps complete food ration received through vouchers to be exchanged with some selected vendors.</p> <p>Several agencies are now joining CARE in this process and express interest for join proposal for 2006 (SCF, potentially CRS). WV is working on this type of programming and is in connection with CARE.</p> <p>WFP is supportive of the idea of this distribution but was not in a position to support it financially as initially discussed.</p>	<p>Reasearch in May/June</p> <p>Pilot started in October 2005</p> <p>Extended project following results of evaluation planned for February 2006.</p>	

Recommendation	Action Taken or Planned	Timeframe	Remarks
	Research of donors is on going.		
23. Expand support for growth monitoring, micronutrient supplementation, supplementary and therapeutic feeding, and parasite control and ensure that Village Health Committees are established.	CARE developed database to collect all these information and combined data collected from health, livelihood and other programs.	On going and conitnuous	
(Recommendation actually targeted at WVI, but CARE is implicated...) 26. World Vision should join CARE in its pilot effort with market based food assistance so that lessons and insights can benefit both organizations and in order to offer IDPs choices and stimulate local economies.	See 22. WV seems to want to go its own way for now (more perceived reluctance it seems to join initiative and prefer to develop own pilot and project). WV joined into this kind of programming and this is positive in terms of advocacy with WFP		