

Evaluation findings

The few international and truly multi-sectoral assessments conducted in the aftermath of the tsunami include those issued by OCHA, the IFRC and the international financial institutions (IFIs). In contrast to the Red Cross assessment reports by the Field Assessment and Coordination Team (FACT) and the Recovery Assessment Team (RAT) intended for an internal audience, UN reports sought to influence and inform the larger international community. In addition to these, bilateral donors (such as the US Office for Foreign Disaster Assistance [OFDA] and the UK Department for International Development [DFID]) carried out and publicly shared their own assessments, while many individual humanitarian organisations undertook geographically limited cross-sectoral assessments strictly for their own planning and programming.

Table 2.1: Criteria for needs assessment

Descriptive	Timing and timeliness
	Coverage
	Validity
	Coordination
	Continuity
Effectiveness	Analysis/added value
	Dissemination
	Links with funding appeals
	Influence on decisions

The general assessment process in the wake of the 2004 tsunami is described below using an adaptation of the Humanitarian Policy Group criteria for effective needs assessment (Darcy and Hofmann, 2003). As shown in Table 2.1, the first five criteria are mainly descriptive: timing/timeliness, coverage, validity, coordination and continuity. The remaining criteria address the effectiveness of the

assessments in terms of: level of analysis and added value, dissemination, relation with funding appeals (such as the initial Flash Appeal) and influence on decisions (whether to intervene and the scale and nature of the interventions).

2.1 Timing and timeliness

The mass media and informal situational analysis were the earliest sources of needs assessment. While humanitarian assessments were conducted late, recovery and reconstruction assessments were initiated very early by financial institutions and some NGOs.

Humanitarian assessments are defined here as those addressing issues such as search and rescue, first aid and immediate health, shelter, food and water needs required to save lives. Recovery assessment, as used in this evaluation, deals more directly with the restoration of dignity, the rebuilding of structures and the revival of former livelihoods. Livelihood can and often is addressed in the humanitarian assessment, but the focus is more on the most urgent time-sensitive needs. The management of risk is ongoing, with implications in both phases. As humanitarian and recovery assessments clearly respond to different time imperatives, they will be treated separately in this section.

The timing of an assessment refers to when it is conducted: early, less early or later in the response process that characterises the aftermath of a sudden-onset disaster. Timeliness, however, is a judgement (by the evaluators based on interviews) that the timing was or was not appropriate. Both are addressed in this section.

2.1.1 Humanitarian needs assessments

Not surprisingly, the earliest emergency needs assessment available to decision makers and the public came from the mass media. The first CNN international video coverage in the region (26 December, 7.00 EST) only showed Sri Lanka 12 hours after the tsunami first ravaged the coasts of Indonesia, making the magnitude of the damage painfully visible to the entire world. In the hours that followed, video coverage came on screens worldwide portraying devastation in India and Thailand (26 December, 16.00 and 22.00 EST, respectively). Although repeatedly referred to as 'likely the area hardest hit', Indonesia was not shown in public images internationally until 27 December at 19.00 EST, or two full days after the tsunami struck the Indonesian coasts.¹⁰ International information on needs in the Maldives was comparatively late and overshadowed by the more dramatic situation in other countries.

Among the early formal assessments were the UNDAC team report (UNDAC, 2005) on Banda Aceh (Indonesia, 31 December 2004) and the UN Synthesised District Reports (UN, 2005) in Sri Lanka (3 January 2005). While in Indonesia, security considerations and logistics were major issues affecting the wide deployment of assessors, in Sri Lanka, the dispatch of UN assessment teams to the field did not take place before the third day after impact due to time-consuming consultation and clearance processes with the authorities. The laudable intent of the government in Sri Lanka to retain control of the international response, linked with an overestimation of its own capacity and

¹⁰ The first assessment of need made by the local mass media in Indonesia was broadcast at 17.50 on 28 December 2005 (or 5.50 EST) by Metro TV and RAPI (Amateur radio).

experience in disaster management, was been a factor of delay in both assessment of need and the coordination of the response.

Situation reports (accounts of needs and operations) were hastily posted by many agencies on international websites to benefit the wider humanitarian community. In the first week alone (before January 2005), at least 65 situational reports by three types of agencies (51 reports by UN agencies, nine by donors and five by national governments) covering at least six affected countries were posted on ReliefWeb.

Timing of the situational analysis by governments of the affected countries differed significantly. In Indonesia, the Government Disaster Relief Institution (Bakornas) produced 43 official situational reports portraying damage, needs and response activities between 26 December and the end of February 2005. The Government of India produced 13 official situation reports in the first week alone. The assessment by the Indian authorities is widely credited as timely and effective. In Sri Lanka, the Disaster Management Committee and later the Centre for National Operations (CNO) reportedly issued daily situation reports (the evaluators were not able to access these on the website due to discontinued links).¹¹ In the Republic of Maldives international agencies tended to be considerably slower in assessing need than were national relief efforts. For example, at days 10–12 post-tsunami, an assessment by the UN Population Fund (UNFPA) and the International Centre for Migration and Health (ICMH) was one of the first key island missions evaluating the primary healthcare and reproductive health situation at a time when many targeted programmes were underway elsewhere in the region (Carballo, 2005).

The timeliness of humanitarian assessment was an issue only for the assessors (UN agencies among others) aiming to influence the decisions of other actors, some of whom may not or cannot await this information before making important decisions. Individual agencies conducting assessment for their own internal programming and planning ensured that it was rapid and timely by holding decisions until after receiving the assessment results. For instance, in Indonesia, Médecins Sans Frontières (MSF)¹² was among the first organisations to rent private helicopters,¹³ and reportedly visited 30 villages, 10 of which received some material assistance and four were selected for direct field presence. Some other agencies such as Médecins du Monde (MDM) adopted a distinct approach by first selecting locations in Aceh and then assessing needs in great depth.

The humanitarian assessments intending to influence decisions widely were largely too late to do so. This conclusion concerned both the UN assessments and the Red

International humanitarian decisions did not await the results of formal needs assessment carried out by international bodies.

11 No situational analysis by the Government of Sri Lanka was found on the OCHA/HIC or ReliefWeb sites. Three reports declaring the emergency and making a general appeal to the international community were the only reports sourced there from this government. The government did, however, put into place an elaborate census of tsunami-affected households with preliminary statistics appearing as early as February 2005.

12 The MSF needs assessments were cited by one donor as being some of the most useful. Never having been intended for the international community, only one is posted on the website and it does not appear to follow a systematic approach.

13 Logistic flexibility and less restrictive administrative and security constraints permitted MSF and MDM to mobilise air support long before the UN could do so.

Cross Movement's FACT team (Sri Lanka). To complicate matters, humanitarian assessments were not only too late but they also tended to become rapidly obsolete in view of the perpetually evolving situation. Rather than triggering new decisions, many assessments served to justify actions already underway.¹⁴ More detail on the impact on decision making can be found below in Section 2.9.

2.1.2 Recovery assessment

Timeliness was less an issue with recovery assessments. In past disasters, recovery-needs assessment (for rehabilitation and reconstruction) has been traditionally undertaken later in the response process. Delays of one month or more before the start of the studies by financial institutions or other bodies are not uncommon. In the tsunami-affected countries, this process was started remarkably early (one week after the impact, in the case of Indonesia). Within six weeks, economic valuation of damage and recovery 'needs'¹⁵ in Indonesia, Sri Lanka and the Maldives were completed by an alliance of major financial institutions and, in most instances, the local government and interested United Nations and NGO entities.

The Preliminary Damage and Loss Assessment was published in Indonesia (by Bappenas – the National Development Planning Board and the World Bank) on 19 January 2005. In Sri Lanka, on 2 February 2005, the Preliminary Damage and Needs Assessment, by the Asian Development Bank, Japan Bank for International Cooperation and World Bank was published. The Impact and Recovery: Joint Needs Assessment (Government of Maldives, Asian Development Bank and World Bank) was issued on 8 February 2005 for the Maldives. In Thailand, the local government did not request this assistance.¹⁶

Once properly assessed and valued, the estimates of damage and loss do not tend to change significantly over time. This permitted the luxury of serious analysis and compilation of data – a time-consuming process. Today, these recovery assessments by financial institutions are still serving as a universal reference for planning long-term investment.

Many individual agencies also completed their own recovery assessments within the first six weeks. The Recovery Assessment Team (RAT) reports of the Red Cross Movement (7 February in Sri Lanka and Indonesia) merit particular mention as,

14 Examples include UNICEF's nutrition assessment confirming high levels of acute malnutrition that justified WFP's supplementary feeding already underway and IOM/Indonesia's IDP preference study confirming that 17 per cent of IDPs preferred not to return to their previous homes, justifying the Government of Indonesia movement to 'force' homeless families far from their original homes/villages. Similarly, the Helen Keller Foundation nutritional survey was available long after the distribution of vitamin A was already being implemented.

15 It is interesting to note the difference in titles and scope of the three assessments by financial institutions. While the Indonesia assessment was intentionally limited to 'damage and loss', the Sri Lanka and Maldives assessments both use the term 'need' in their titles. It remains to be understood whether the documents were intended to be different in scope, and whether any difference has implications for the general humanitarian needs-assessment process.

16 A report was, however, developed as a collaborative project between the World Bank and the Asian Disaster Preparedness Centre (ADPC): 'The Economic Impact of the 26 December 2004 Earthquake and Indian Ocean Tsunami, 2005'.

despite their intended 'internal' scope, they are directed to a very broad audience of Red Cross actors and their donors. The Recovery Assessment Team (RAT) reports covered only those programmatic areas of interest to the Red Cross Movement and appear to have been widely used for fundraising and internal planning.

It has been asked whether the recovery assessments in the early stages of an acute emergency were not too early. The interviews with the affected individuals or families and the local authorities convinced the evaluators that it is never too soon to initiate recovery assessments. As it takes longer to arrange operational livelihood support, assessments need to be planned from the beginning of the crisis.¹⁷

2.2 Coverage

Coverage will be discussed here in geographical and sectoral terms, ending with a brief summary of thematic coverage through general gaps and duplication, and the coverage of local capacity and resilience in needs assessment.

2.2.1 Geographical coverage

The most comprehensive international assessment covering all affected¹⁸ geographical areas within a country and a wide range of sectors was not a humanitarian assessment of need but rather the economic assessment of damage and loss carried out by financial institutions (as mentioned in Section 2.1.2 above). Noticeable systematic attempts to gain broader coverage included the UN Synthesised report in Sri Lanka, and updates, and the WFP Emergency Needs Assessment (in both Sri Lanka and Indonesia).

The level of government and international presence prior to the disaster, and the geographical impact on lives and infrastructure, resulted in fundamental differences between needs assessments in Indonesia and in Sri Lanka. While many actors in Sri Lanka conducted district-level assessments that were later compiled into one report, the major differences (in format and quality) among the multitude of district-level assessments rendered this compilation a challenge. No such compilation of needs assessment offering the 'big picture', took place in Indonesia.

Geographical coverage varied widely between assessments with no two covering the same number of sub-national units. In Indonesia, for example, the Bappenas/World Bank assessment covered all 22 of the supposedly affected districts. Other key assessments there covered 12 (IOM), 8 (WFP), 5 (on water/sanitation by Planète Urgence) and 4 (interagency offshore health assessment) districts. In Sri Lanka, the joint ADB, JBIC/JICA and World Bank Preliminary Damage and Needs Assessment

No single humanitarian needs assessment by international actors was geographically comprehensive, in line with the scale and impact of the disaster.

¹⁷ As early as January 2005, when emergency and relief activities were still being carried out, Japan allocated a budget for the missions to conduct needs assessment and project formulation on rehabilitation, reconstruction and disaster-risk reduction.

¹⁸ On the whole there was (and may still be) no consensus on the definition or number of 'affected' administrative units and people. This number – the basis for very early and repeatedly updated calculations of human need – has huge implications for relief and recovery operations and yet was never given sufficient importance in the post-tsunami needs-assessment literature.

covered the 14 reportedly affected districts¹⁹ while the UN Synthesis compiled reports of only 9 districts. Other Sri Lankan reports covered 8 (WFP) and 3 (UNHCR) affected districts. The controversial issue of a definition of 'affected' adjusted by each government or humanitarian organisation is discussed in greater detail below, in Section 2.3 on Validity.

It is generally agreed that needs assessments overlooked pockets of geographic need, sometimes due to logistics²⁰ and at other times due to workload or political priorities.²¹ For example, the west coast of Sumatra had no comprehensive assessment for up to two weeks post-tsunami. At the same time, many groups of people were repeatedly assessed by successive groups, which generated complaints and distrust from the communities seeing little tangible impact of those visits or surveys. This issue of coordination is discussed in greater detail in the corresponding TEC report in this series (see TEC Capacities Report, 2006).

2.2.2 Sectoral coverage

In addition to the multi-sectoral efforts of the UN assessments (UNDAC, OCHA), other assessments as detailed below attempted to gain a wide cross-sectoral perspective without achieving true comprehensiveness, and did not cover all sectors and/or all affected areas. From the review of all available assessments (not only those few that are truly cross-sectoral), the evaluators noted that the sectors most fully addressed include health (especially nutrition), food security, environment and the specialised technical assessments of fisheries. Those most lacking attention seem to have been water/sanitation and broader livelihoods. The sectoral findings are summarised below in Section 3 and discussed in greater detail in Annexes 6 (health), 7 (water and sanitation), 8 (food and livelihood security) and 9 (shelter). Sectoral conclusions are included below in Section 5.5.4 on lead agencies.

The Interagency Offshore Health Assessment on the west coast of Aceh falls into a category of its own. Nominally presented as a health initiative, its scope was multi-sectoral, including most aspects of humanitarian need. This assessment is discussed in Annex 5.

The estimate of potentially affected individuals or households ('the' denominator) was used in many agency-adapted formulas for calculating preliminary estimates of need. Those basic figures were either overestimated or, occasionally, underestimated. Needs regularly overestimated by early assessments include numbers of people needing food and water, and the need for homes, schools,²²

Sectoral coverage by cross-sectoral assessments was uneven: livelihood recovery and water/sanitation were less fully covered than were health and shelter.

19 The inclusion of 14 districts was reportedly due to the desire of the Sri Lanka government to spread potential recovery money as widely as possible.

20 In the Maldives, assessment was complicated by the large number of sparsely populated islands spread over large distances.

21 'In the immediate aftermath of the tsunami, the government has requested the UN to limit its activities to Banda Aceh and environs. This changed in early 2005' (OCHA official).

22 While UNICEF reports on the numbers of schools destroyed and teachers killed were accurate, in Indonesia the figures may have been misleading by failing to stress that, for instance, in Calang or Banda Aceh, the corresponding proportion of children (or more) might have been killed and therefore would not need schooling. In Sri Lanka, the proportion of damaged schools clearly exceeded the proportion of children's lives lost. The same applies to health facilities in places with high mortality rates.

clinics and boats, as well as the need for cholera campaigns and for psychosocial support services. Underestimations tended to result from focusing more on the homeless in settlements, somewhat overlooking those internally displaced persons (IDPs) staying with relatives or friends. Gender issues and differentiation were also given insufficient attention in needs assessment, except in some specialised reports issued by UNFPA and Oxfam, among others. Needs of the 'affected' people who did not lose their homes were also very irregularly taken into account. The over- or under-estimation of the number of affected persons raises the issue of the definition of who is eligible and a potential beneficiary. This issue is discussed below in Section 2.3 on Validity.

There were several reports of the same needs being assessed by several actors in one location, leading to the delivery of similar supplies and services to the same community. In a number of cases, supplies delivered to a village by one actor had already been supplied by another actor who managed to assess and respond earlier. Examples here include the need for boats, houses and schools. Although this issue may be linked to assessment, it is more one of overall coordination (see TEC Coordination Report [2006]).

The local coping capacity – put into use long before international help arrived – was largely ignored in needs assessments.

Local coping capacity in response to the tsunami has been grossly underestimated, if not disregarded, by many international assessments. The evaluators did not identify one assessment that gave due credit to the local community resilience – see TEC Capacities Report, 2006.

In the first week and beyond, surviving victims of the tsunami did not sit passively back to await international humanitarian assistance. They found ways to meet their own needs: consuming fruits and foods found inland, seeking refuge, clothing and other assistance in the public buildings or with host families and friends. Government authorities, military and private enterprises were also the first to provide immediate food rations and other assistance to affected individuals. In the most affected country, Indonesia, the earliest international assessors consistently reported some kind of relief already being systematically distributed by the Armed Forces or by numerous national civil-society organisations including the national Red Cross Society.

As well stated by the Save the Children Alliance (SC), 'in the early days, planes to Aceh were overwhelmingly full of volunteers from all over Indonesia, not international organisations and/or expatriates'. In Sri Lanka, where only a narrow strip of the coastal area had been affected, most needs were addressed by neighbours and authorities. The Red Cross FACT team reported that 'the support and solidarity reaction all over the country was tremendous, and covered all areas of possible emergency assistance'. In Thailand and India, the authorities made clear that local resources were sufficient to handle the situation. This fact could not be disputed, and external assessments became irrelevant.²³

²³ Occasionally, political or other factors may influence the statements by authorities justifying the need for external assessment.

2.3 Validity (methodology and standards)

Few needs assessments followed a standardised methodology or based analysis on recognised frameworks.

This section addresses the use of standard methodologies and formats, and discusses the lack of generally accepted definitions reinforcing the validity of the needs assessments.

In brief, formal systematic and comprehensive humanitarian needs assessment was missing from the response to the tsunami.²⁴ Many needs were over- or under-assessed while others were addressed but over- or under-estimated.

Although OCHA (HIC) made simplified templates available for use in data collection, they were not often known, accepted or used. Little reference in documents or during interviews was made to the UN's evolving Needs Analysis Framework (NAF), and few other initiatives existed to standardise information about need. Complaints were voiced on many levels about the general lack of common forms meeting assessment needs, as well as of guidance readily available (both inside and between agencies) to assist in initial data collection. Those agencies aware of various frameworks and standards were often unable to apply them in the rush to assess and respond.

For instance, in Sri Lanka, assessment teams from a large number of agencies were dispatched under UN coordination. Prior consultation on the use of standardised reporting forms was apparently unsuccessful, as a DFID format, the most elaborate one, was used only by the DFID team. HIC formats were usually not the norm. In Sri Lanka, the HIC website lists 31 forms for assessment produced by different agencies. These range from simplistic to the point of being useless (on psychosocial issues) to highly technical (on sanitation). Dozens of other assessments may have used good methodology but did not include sufficient information for this to be clear to readers of the few assessment reports available to the evaluators.²⁵

Most relief personnel were ill equipped with information-management capacity to conduct more solid assessments. This suggests a gap between the conceptual effort made by experts in headquarters to develop detailed manuals for needs assessment, and the reality in the field. This situation, rather common in sudden-impact disasters, raises the question of the cost-effectiveness of developing detailed procedures and manuals for in-depth assessment when 'there is no user-friendly guidance or training on rapid initial assessment', and 'People on the ground had not, in general, received this orientation'.

Assessments based on solid frameworks and rigorous methodology did nonetheless occur sometimes. Those that stand out in terms of methodological

²⁴ According to the UN Humanitarian Coordinator, this was due in Indonesia to a simple lack of effective Civil–Military Coordination Officers who could have liaised with the TNI (Indonesian military) and the foreign militaries to obtain access to their assets for assessment purposes.

²⁵ Some reports did not even mention dates that could help link the assessment effort to updates and later decision making.

rigour include, for Indonesia, the World Bank Damage and Loss Assessment, the World Food Programme Emergency Needs Assessment, the UNICEF Nutrition Assessment and the IOM Settlement and Livelihood Needs and Aspirations Assessment. For Sri Lanka, the most methodologically sound assessments included the WFP Emergency Needs Assessment and the UNICEF/UNHCR Rapid Assessment: Concerns and Preferences of Tsunami Affected IDPs. The Government of Sri Lanka published on 1 February 2005 the impressive Preliminary Statistics of the Census of Population and Buildings of the Census Blocks Affected by the Tsunami, followed shortly by census information on populations and livelihoods affected. The in-depth technical assessments of damage and need in particular sectors, such as fisheries/aquaculture (for example, by FAO), environment (for example, by the UN Environment Programme) and water/ sanitation (for example, by Planète Urgence) were typically done by specialists using sound methodology.

2.3.1 Lack of common definitions

Due to a lack of common definitions and criteria, the numbers of affected people remain imprecise to date. Reasonably accurate figures did not surface until late, and even now are of questionable quality.

Targeting relief and recovery interventions using socioeconomic prioritisation was a huge challenge due to the difficulty of defining and describing the various sub-groups of persons in need of assistance.²⁶ Contributing to the confusion over assessed numbers was the inter-changeable use of terms such as 'displaced', 'affected' and 'homeless' (see above in Section 1.3.1 on terminology). Overall, there seems to have been an over-emphasis in many needs assessments on IDP figures as the operative denominator for programming, hence excluding other groups also severely affected.

Even the numbers of affected districts was problematic. The number of districts deemed 'affected' in Indonesia varies between 14 and 22 in individual assessments while the corresponding value in Sri Lanka fluctuates between 10 and 14, depending on sources. One factor of confusion lies in the challenge to target the needs of districts untouched by the tsunami but flooded with IDPs, while another lies in the level of damage and casualties meriting the title 'affected'.

In Sri Lanka, the preliminary assessment by WFP (7–28 January) estimated that the initial caseload of an estimated 845,000 would decrease to 650,000 in March, 400,000 in April and finally 180,000 in September. At the time of the evaluator's visit to Sri Lanka (October), over 900,000 persons had received WFP food from the government. The definition of 'beneficiaries' differed greatly between the government and the donor agency.

In Indonesia in January 2005, WFP documented a laudable triangulation of three methods to estimate the number of affected people. Although all three methods came up with roughly 700,000 people needing food, allowance was made for one million people to feed for six months in terms of budgeting in the WFP appeal.

26 Some of the assessments that succeeded in teasing out a few of these nuances include: IOM's IDP Settlement and Livelihood Needs and Aspirations Assessment, and the WFP Emergency Needs Assessments. The IOM report assessed needs of IDPs in camps, IDPs with host families, host families, displaced community leaders, and women and returnees separately, thus permitting the identification of different needs per target group.

UN officials in September 2005 claimed that while programmes ongoing in April 2005 were at their new maximum (feeding over 550,000), attempts were still being made to 'reach those 1 million hungry people'.

2.4 Coordination: connectedness and consistency

With a few notable exceptions, needs assessments were single-agency initiatives not striving for coordination.

In the first week after the tsunami, few formal humanitarian needs assessments were coordinated to serve the broader humanitarian effort. The only early coordinated assessment identified for Indonesia was the UNDAC assessment of Metropolitan Banda Aceh, Quick Assessment Report (31 December 2004), conducted by representatives of five UN Agencies and three NGOs.²⁷ In Sri Lanka, only the Assessment of Needs of the Tsunami Disaster: Synthesised District Reports by the United Nations (3 January 2005) compiled a multitude of reports²⁸ in the first week, portraying assessment efforts of 17 agencies.²⁹

In Indonesia, other interagency³⁰ collaborative assessment efforts included the offshore assessment, the World Food Programme's Post Tsunami Emergency Needs Assessment³¹ and the Planète Urgence water/sanitation assessment.³² In Sri Lanka, initial rapid assessment was a collective responsibility of several UN agencies, donors and one NGO (Oxfam).

Many single-agency assessments were conducted with the at least token collaboration of the national and local governments, whose contributions are not detailed above. Governments were the main sources for official numbers of people in need, and their contributions to needs assessment were vital. Government authorities interviewed from all levels often expressed feelings of estrangement and exclusion from consultation and interaction in the process of needs assessment by the international community.

Coordination increased in needs assessment for recovery and reconstruction. The World and Asian Development Banks, in collaboration with national governments and an army of researchers and contributing agents representing many NGOs and

27 UNDAC Banda Aceh, with JRS, MCI, World Vision, IOM, UNICEF, WFP, WHO and OCHA.

28 For one of the worst-hit districts alone, Ampara, as an example, a minimum of seven assessments were conducted within the first week by various agencies (3 led by the UN, 2 by government, 1 by a donor and 1 by an NGO). Only two of these were coordinated among three or more partners, including the national government authorities. To date, 34 separate assessments have been conducted in that district, half by UN agencies, 6 independently by the Government of Sri Lanka, 4 by NGOs and 4 by donors. Two of the 34 assessments focused exclusively on Ampara while the others focused on between 3 and 11 districts. At least 17 assessments addressed needs in one of the least-affected of the 13 affected districts, Gampaha.

29 UN Sri Lanka, with DFID, USAID, Germany, Switzerland, Italy, European Commission, France, Sweden, Oxfam, FAO, ILO, UNDP, UNHCR, UNICEF, WFP, and WHO.

30 Here, the authors considered only assessments made by at least two agencies of different types (UN, donor or NGO, and not including local governments).

31 WFP/Indonesia, with participation of CARE, Catholic Relief Services (CRS), Helen Keller International, the Mercy Corps, Save the Children Alliance and World Vision.

32 Planète Urgence, with participation of France, PDAM, Oxfam and Islamic Relief.

Compared to the economic/recovery sector, the relief community faced a huge challenge in providing a connected, consistent and comparable picture of humanitarian need to guide the international response.

Most of the assessments were one-time exercises without ongoing monitoring or follow-up of the evolution of needs

UN bodies alike,³³ led large-scale damage and loss assessments in Sri Lanka, Indonesia, and the Maldives (February 2005). In Sri Lanka, a steering committee of donors and civil society played an additional role in moulding a follow-up assessment into one consistent approach. Although, the Sri Lanka assessment was initiated in the first three months covered by this evaluation, the report was not released until July, pending anticipated co-sponsorship from the government.³⁴

The damage and loss assessments were based on a quantified economic-valuation approach developed by the Economic Commission for Latin America and the Caribbean (ECLAC).³⁵ Responsibility for compiling sectoral data was shared between the banks and the corresponding lead agencies. Field visits and review by a team of local professionals contributed to validate the magnitude of the losses and improve the consistency of the data.

Given that a comprehensive humanitarian needs assessment from a consortium of all actors was unavailable, ensuring that the pieces are properly assembled into a complete picture became all the more important.³⁶ Credit should be given for valuable initiatives and efforts such as the mobilisation of the HIC and the rapid activation of the UNJLC. The geographical shortcomings were particularly visible in Indonesia where logistics were most difficult.

Many single-agency assessments that were shared are based on informal or unrepresentative methodology, or sub-sets of affected areas not permitting a comparison. Assessing needs and analysing or identifying gaps was routinely neglected relative to coordination. Too few UN staff had sufficient perspective, uncluttered by the hustle and bustle of daily information needs and relief activities of hundreds of agencies, to analyse and identify geographic and sectoral gaps in a meaningful way, let alone to lobby forces to fill them. This offers a sharp contrast to the methodological approach adopted by the international banking institutions in their own assessment of long-term recovery needs, although this was admittedly very different from the short-term humanitarian coordination assigned to OCHA.

2.5 Continuity

For the authors of the HPG report, 'continuity' means provision of relevant information throughout the course of the crisis (Darcy and Hofmann, 2003). In general, very little follow-up assessment, including ongoing monitoring or inventory of the flow of supplies and human resources took place in the aftermath of the tsunami.³⁷ There was no mention found of the Standardised Monitoring and

33 Reportedly, this group in Indonesia consisted of at least 200 individuals representing 22 contributing international agencies.

34 This endorsement never materialised although government officials were involved from the first day. It again serves as a contrast with Indonesia where the government (Ministry of Plan, Bappenas) was insisting on quick assessment and prompt release of the results.

35 WHO/PAHO (Pan American Health Organisation) contributed to the health economic valuation methodology of ECLAC.

36 Having all the pieces is part of coverage. Assembling them, as in a puzzle, is discussed in Section 2.6 on analysis and added value.

37 FAO/Sri Lanka followed up on numbers of boats and circulated the tables as early as February 2005.

Assessment of Relief and Transitions (SMART) initiative³⁸ that, since 2002, has made great strides in applying simplified concepts (the isolation of two variables, crude death rate and malnutrition) to monitor the evolving needs of populations served by humanitarian intervention, as well as the impact of the humanitarian response as a whole.

During the first weeks after the tsunami, an encouraging cross-sectoral achievement in continuity was the periodic, albeit modest, updating of consolidated reports on situation and needs by the UN in Sri Lanka.³⁹ This information was compiled by United Nations Volunteers sent by the UN Resident Coordinator to the various districts. These technical documents are noteworthy for their informality and lack of public-relations content. Another valuable and multi-sectoral spot check, entitled 'District Stocktaking Exercise' was compiled at the request of the UN Country Team on 3 March 2005, and compared the state of response to needs. However, this was not a continuing update.

In Indonesia, where logistic constraints and competitive pressure was much higher, continuity was ensured in a few specific domains such as logistics (the UNJLC provided regular updates) and other specialised topics. Not only was information rarely reviewed on an ongoing basis but an effective mechanism to follow up on the recommendations was a challenge that was not met under the chaotic circumstances.

The most valuable efforts to monitor need (for shelter by HIC, for boats by FAO) occurred very late (in June and July 2005) and are described below in Annexes 5–9 on sectoral coverage.

2.6 Analysis and added value

The lack of overall analysis of most cross-sectoral humanitarian assessments limited their added value in the international arena. Their relevance was often restricted to field operations in a given place and time.

Donors and implementing NGOs alike were clamouring for more information on needs. The sheer volume of assessment data circulated, however, was such that few found the time to salvage what may be relevant to aid their decision-making processes. As a consequence, many humanitarian actors felt the need rapidly to identify a full-time agent to archive, compile and analyse the dozens of situation reports, trying to grasp the 'big picture' and to identify the agency's niche or comparative advantage in relief and recovery efforts.

The lack of perceived added value was particularly true for humanitarian 'life-saving' interventions, as compared to recovery programmes. The contrast between the two types of assessment is not only due to the distinction between the nature of the needs (human versus economics). It also reflects the lack of compilation, time-consuming analysis and prioritisation of emergency needs in the first few weeks. The difference between the respective approaches adopted in the humanitarian sector (OCHA) and the recovery sector (financial institutions) is illustrative. The World Bank invested heavily in the mobilisation and recruitment

38 SMART Workshop Summary, 9 August 2002, and other updates (<http://www.smartindicators.org/>), and as described in *Humanitarian Exchange* 32 of December 2005.

39 'Mapping district-wise information: consolidated report', 12 January 2005, for example.

of a team of local professionals reviewing, compiling and matching data from various sources – an investment that OCHA did not or perhaps could not catalyse to any significant scale with its existing human resources, budget and perhaps current authority over other partners. Admittedly, the need assessments were taking place under extremely difficult conditions of time, logistics and security.⁴⁰

Cross-sectoral humanitarian assessment did not provide the comprehensive or timely analysis required by the international community during the initial response. One step in this direction was the Synthesised District Reports as at 3rd January 2005 prepared by the UN in Sri Lanka. Although not a joint effort in collection, or a real analysis, this document did provide a compilation of the various assessments carried out by 17 bilateral or international agencies in nine districts.⁴¹

The contribution of OCHA, HIC and UNJLC, among others, was to provide raw material and data (information). Generally appreciated at operational levels was, for instance, the database of who was doing what and where (W3 database), despite the large number of small actors who did not collaborate and register. This information, however, was rarely packaged into timely pieces of useful knowledge to facilitate decision making.

2.7 Dissemination

Assessments from national authorities, the UN and selected NGOs were pro-actively disseminated. Others, most notoriously those from the Red Cross movement, were strictly for internal use.

Dissemination of information may take several forms, from the open sharing of the original data and field reports, to the publication of heavily edited situation reports or the mere mention of general findings during one of the many coordination meetings organised daily in each country.

At least 15 agencies were regularly posting situation reports on the worldwide web. Named 'sitreps', 'fact sheets', 'bulletins', 'briefing notes' or 'updates', only a few of these reports had a regional focus (as from DFID, WFP, IFRC for example) while most of them exclusively or additionally emitted country-specific reports, often one for each country separately. The majority of the reporting agencies were United Nations bodies (the UN Disaster Management Team, OCHA, UNDP, WHO, UNICEF, UNJLC, UNHCR, FAO and WFP, for example), others included Oxfam, IOM, IFRC and MAC and two donor agencies (the United States Agency for International Development [USAID], and DFID).

The profusion of situation reports created massive duplication, when not confusion, as most agencies hurried to compile a dozen mostly secondary sources into a daily update for their constituency. Few of the situation reports contributed new original data (knowledge). Developing the same baseline information for all situation reports, if not a common format/template for reporting, would certainly facilitate the work of both editors and readers.

40 In terms of security, UN agencies were at a disadvantage. Field coordinators of some bilateral agencies (for instance SDC) and most NGOs had considerably more latitude to balance security and humanitarian imperatives while, in the UN, decisions (phase of security) were strictly managed from New York.

41 Most striking in this document is that, among the 17 sources, only one was non-governmental: Oxfam. It confirms the findings of the evaluators that, by and large, Red Cross and NGO assessment data or reports were not made available for analysis and compilation for general use.

Decisions to intervene were not based on formal assessment. This important finding raises the issue of how much can and should be reasonably invested in immediate comprehensive data collection and analysis if the key players do not use it in their decision making process.

The activities submitted in the UN Flash Appeal tended to reflect more the operational needs of the participating agencies than those of the beneficiaries, as assessed.

If the first original UNDAC reports (31 December in Banda Aceh and Sri Lanka, 30 December in the Maldives) have been widely available as independent pieces, subsequent UNDAC data have been accessible only within OCHA Situation Reports. Original versions of further field staff reports, generally the most informative, were not circulated. Access to FACT and RAT assessments reports was strictly limited to the Red Cross movement. Those reports were not formally available even at the time of this evaluation. This weakness of information-sharing was identical for many NGOs.

For the first time, OCHA – a facility designed for and with proven experience only in complex emergencies – activated its Humanitarian Information Centre (HIC) for a natural disaster. HIC acted as, among other functions, the depository of assessment information spontaneously submitted by agencies. The role of the HIC will be discussed below within the overall conclusions.

The contribution of the national authorities of the affected countries has not been fully acknowledged. They broadly disseminated official statistics regarding the affected populations and selectively shared the findings of their own assessments.⁴⁰ The local websites were largely consulted and their data were selectively used by humanitarian actors who usually had more efficient access to the international community.

2.8 Relation with appeals for funding

Whether the appeals for funding from the various actors resulted from the findings of comprehensive assessment depends on their timing. Those launched by the Red Cross movement (IFRC), the Disaster Emergency Committee (DEC) grouping of 13 major UK charities and other major international non-governmental organisations (INGOs) within 48 hours of the impact could not avail themselves of any result from a formal humanitarian needs assessment. This does not imply that these appeals were not reflecting genuine needs of the affected populations. The evaluators consider it appropriate to anticipate needs once the magnitude of the disaster is known, provided that this is a professional projection without undue influence from what an agency wishes to do.

The regional Flash Appeal was launched on 6 January 2005 (well before any overall assessment of needs was compiled in Indonesia, and a few days after the first published compilation in Sri Lanka). Only in the case of Sri Lanka, however, was the lack of needs assessment to guide the appeal process acknowledged.⁴³ If the initial appeal could not avail itself of the results of formal assessment, the revised consolidated appeal in mid-2005 was largely based on the numerous assessments carried out in the first six months.

The time gap between the Red Cross initial appeal and the UN Flash Appeal resulted more from the cumbersome process of reconciling the priorities and concerns of

⁴² Most of the valuable Indonesian data were not immediately available in English.

⁴³ According to a footnote in the Sri Lanka chapter on the Flash Appeal, 'this document has been prepared in advance of the detailed and formal publication of the results from the district and sectoral needs assessment'.

large UN organisations and of their many programmes, than from the need to collect additional evidence and data. In fact, a senior UN official confirmed that ‘with the pressure of the Flash Appeal, there was no time to dig for more data’.⁴⁴

In light of the minimal impact of detailed assessment on the preparation of the Flash Appeal, there is potentially a real benefit in issuing such an appeal within a few days after the onset of an emergency, as done by other humanitarian actors. Following sudden-onset disasters, the UN Flash Appeal should be truly limited to the initial response (life-saving activities carried out mostly by actors already on-site, and initial assessment planning for livelihood recovery). Further funding should be contingent on the presentation of a well-executed, comprehensive, formal needs assessment (including a component for monitoring), and better-researched projects.

2.9 Influence on decisions

The slow-moving humanitarian needs assessment did not drive the initial humanitarian response. The availability of an enormous amount of funds in search of activities was the driving force for the earliest decisions.

The technically best and most timely assessment is an exercise in futility if it does not ultimately benefit the affected households through more efficient or effective assistance. Whether decision making to this end has been influenced by needs assessment could only be appraised through interviews with key decision makers at field and headquarters levels.

On the recovery front, the effectiveness of economic assessment is measured over years, rather than the three-month period covered by this evaluation. In the short term, Bappenas/World Bank considers the Multi Donor Trust Fund to be a direct result of their Damage and Loss Report, as was the Government of Indonesia’s Master Plan. The impact on key humanitarian decisions –whether to intervene, the scale of the intervention and the resource allocation – is reviewed below.

2.9.1 Decision on whether to intervene

The effectiveness of any formal multi-sectoral assessment on decisions to intervene is difficult to ascertain. From the many interviews carried out for this evaluation, it is clear that the driving force for decision making at headquarters level in donor or humanitarian institutions has been predominantly the massive media coverage and political or institutional factors. Few if any agencies (donor or humanitarian) could afford to wait for a preliminary assessment before committing to visible action. Immediate response was a matter of survival for humanitarian organisations in an environment of ‘competitive compassion’, to use the expression of a senior humanitarian official.

For instance, in Sri Lanka, organisations with a strong pre-tsunami field presence such as CARE, World Vision and others, elected not to conduct a formal assessment in the early phase in some heavily affected regions, in favour of

⁴⁴ The initial Flash Appeals accounted for the proposed projects of 40, 16 and 7 agencies in Indonesia, Sri Lanka and the Maldives, respectively. The Flash Appeal represented significantly more INGOs in Indonesia than in Sri Lanka (even more INGOs than UN agencies contributing projects, compared to no contribution from an NGO in the Maldives). However, several interlocutors reported that contributions to entirely separate INGO projects were often reported by donors or OCHA as a result of the Flash Appeal.

Deciding to intervene and express solidarity prior to an assessment is one thing. Deciding on the scale (budgetary envelope) and, more importantly, on the nature of intervention without the benefit of evidence is another matter.

launching response activities immediately.⁴⁵ In fairness, the magnitude of the suffering and physical devastation were justification enough for an immediate and generous commitment of humanitarian assistance. Waiting for the full picture was not a politically realistic option in the first weeks. As the director of a bilateral aid organisation said, 'we had enough information to make the appropriate decisions'.

2.9.2 Decision on the scale of intervention⁴⁶

International assessment should play a key role in guiding external response in the initial humanitarian phase. The effectiveness of early assessment in guiding the scale and nature of the response of the larger community remains a controversial subject: from the rather simplistic view of an OCHA official that 'the abundance of funding is proof enough of the international impact of the rapid assessment carried out by UNDAC' to the pragmatic view by many donors such as the European Commission Humanitarian Office (ECHO), DFID or USAID and NGOs that UN assessments had 'a negligible influence' on their early decisions.

At the bilateral level, major funding decisions were taken long before the UN was in position to provide a complete picture of the actual number, location and situation of affected people. UN situation reports (and those of other main actors) have, however, served as general endorsement or confirmation of the magnitude of the disaster. This official vetting was regarded as useful by donor countries' disaster managers faced with decisions made at a more senior level.

A few actors attempted to apply the Good Humanitarian Donorship principles or the Sphere guidelines of 'allocating humanitarian funding in proportion to needs and on the basis of needs assessments'. This commendable decision came with a penalty, as those agencies have been the object of criticism. For instance, ACF in Sri Lanka reportedly conditioned its fundraising and response on the completion of a more systematic survey in the East Coast, a region where many relief actors were already present. This approach was not well received by their traditional donors eager to commit funds.

Similarly, Canada awaited needs assessment before making significant follow-on decisions. Sharply criticised by the public and the national press for the 'embarrassingly and grudgingly' slow scale-up of their funding pledges (\$1 million, \$3 million, and \$40 million in the three days following the tsunami, and finally \$425 million total announced on 10 January 2005),⁴⁷ key decision makers held firm and publicly justified the funding rhythm as directly linked to the completion of adequate assessment of needs. The TEC evaluators greatly appreciate the courage of the few who have tried to prioritise reason over emotion and effectiveness over public relations.

45 Concerning the Emergency Response Units (ERUs), the author of the Fact report concluded that their 'deployment together with FACT does not make sense because needs have to be established first'.

46 See the TEC Funding Response Report (2006) for more detail on this subject.

47 Other early pertinent funding decisions of the Canadian government included a matching process whereby all private contributions were met with an equal match from the government, and the programmed use of the financial contributions in the region over a period of five years instead of restricting it to the relief period immediately following the tsunami.

Past the few days when life-saving is seen as justification for immediate non-evidence-based response, the nature of interventions should be guided by the results of ongoing assessment to fine-tune the offer to the real demand. This requires authoritative prioritisation among conflicting priorities, which was rarely (if ever) present in the tsunami response.

Deciding to intervene and express solidarity prior to an assessment is one thing. Deciding on the scale (budgetary envelope) and, more importantly, on the nature of intervention without the benefit of evidence is another matter.

2.9.3 Decision on the nature of the intervention

Allocation of resources is a difficult process in the absence of solid impartial evidence. Did the cross-sectoral needs assessments assist decision makers in prioritising among the competing requirements of sectors or special groups promoted by specialised NGOs or UN agencies?

Observations in Indonesia and Sri Lanka suggest that this function of arbitration has been lacking from both the government (which was practically marginalised) and the UN. Lack of technical sectoral expertise and authority of OCHA over other humanitarian actors led this office to aggregate the sectoral requirements without proactively assigning priorities to promote areas with greater need and to discourage highly visible and popular, but largely ineffective or counterproductive, interventions. Were OCHA to try and assume this prioritisation role, it might have been criticised by UN agencies and NGOs and would probably have found little support from donors within the very politicised and competitive environment. Nevertheless, past the life-saving emergency, relief effort must be coordinated by an overall national and/or international entity. The free-for-all attitude in those two countries brought only chaos.

In the Maldives, Thailand and India, the limited need for external humanitarian support (as opposed to funding for recovery) and the existence of a strong leadership from the national authorities effectively provided guidance (authorisation) for external interventions. In India, while some of the international assistance offered was initially declined, immediate assessment efforts in affected regions were lead by the government in collaboration with NGOs.

Donors received insufficient guidance on what to do first and also, more importantly, on what not to do. Discouraging some interventions is not without risk. For instance, the OCHA assessment that search and rescue teams were not required after the March earthquake in Nias (Indonesia) was not well received by some donors. Nevertheless, a clear statement of the absence of a need has been mentioned by donors as the most valuable contribution of assessment. The clear statement on 29 December from the Sri Lankan government that medical teams were not needed was praised by DFID, but did not stop many ad hoc medical teams from flooding the country and adding to the chaos.

With few exceptions, major bilateral donors relied primarily on the advice of 'their person in the field' for further allocation of resources. In other words, the most significant value-added of UNDAC and other assessment teams was achieved through personal contacts and sharing of information at field level with representatives of donor agencies, rather than by the issue of sanitised situation reports by headquarters.⁴⁸

Probably the more critical shortcoming of assessment as an influence on decision making has been the lack of continuity in the overall assessments. Needs identified

⁴⁸ The use of field information by OCHA HQs was felt by the UNDAC team in Sri Lanka to 'represent inadequately the information provided'. A similar concern related to the gap between the technical advice of professional staff and policy statements made by HQ was reported in WHO.

at the time of the assessment were, mostly, rapidly met by donors and NGOs eager to find a suitable use for the large funding made available to them. Lack of time, resources or perhaps priority to maintain an ongoing regulating/monitoring mechanism to match needs with pledges resulted in excessive response in favourite areas, and areas likely to consume funds most expediently – construction of structures, donation of medicines, equipment and boats among others.

Regarding the individual assessments made by agencies, the TEC evaluators have only anecdotal information on the extent to which they actually influenced internal planning and decision making. This information suggests that individual assessments were used in decision making.

CARE India, for example, following a rapid assessment in Tamil Nadu, determined that food distribution was being adequately carried out by other groups. It then took a step back to survey which sectors were being ignored, and decided to concentrate its efforts in psychosocial health (CARE India, 2005). MSF, based on its ongoing assessment, opted to terminate its cooperation with the mental hospital in Banda Aceh (describing it as ‘overcrowded with interested partners’ – MSF official in Indonesia) and finally transferred its activities from over-attended tsunami villages to the war-torn centre of Aceh.