EVALUATION REPORT

Prepared for CAFOD and CRS
May 2020

ROOTED IMPACT

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Acronyms

BBS	Building Back Safer
BNPB	Badan Penanggulangan Bencana Daerah (Disaster Management Agency)
CAFOD	Catholic Agency for Overseas Development
CHS	Core Humanitarian Standards on Quality and Accountability
CI	Caritas Internationalis
CL-DRM	Community Led Disaster Risk Management
CRS	Catholic Relief Services
CTP	Cash Transfer Programme
DAC	Development Assistance Committee
DEC	Disasters Emergency Committee
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
IASC	Inter-Agency Standing Committee
ICT	Information Communication Technology
KII	Key Informant Interview
MDMC	Muhammadiyah Disaster Management Centre
MEAL	Monitoring, Evaluation, Accountability and Learning
MOSA	Ministry of Social Affairs
MPCA	Multi-Purpose Cash Assistance
NGO	Non-Governmental Organisation
NFI	Non-Food Item
ODM	Onsite Distribution Monitoring
PDM	Post-Distribution Monitoring
PEER	Preparing to Excel in Emergency Response
PKPU-HI	PKPU-Human Initiative
PSEA	Protection Against Sexual Exploitation and Abuse
RTE	Real Time Evaluation
UN	United Nations
WASH	Water, Sanitation, and Hygiene

Acknowledgments

The evaluators of Rooted Impact extend a sincere thanks to all participants of this evaluation.

The design of the Evaluation was guided by CAFOD and CRS with input from MDMC, PKPU-HI, and Yayasan Pusaka Indonesia and Caritas network partners – KARINA and Caritas Switzerland and their local partners.

The subsequent report is based on the valuable input provided by CAFOD, CRS and local partner staff and leadership as well as peer stakeholders and representatives from the Indonesian government.

Thank you to everyone who supported the process and participated in surveys, interviews and focus group discussions conducted over the course of the evaluation.

Executive Summary

Background

In the aftermath of the earthquake, tsunami, and liquefaction disaster that struck Central Sulawesi, Indonesia on 28 September 2018, CAFOD mobilized a strong network of partners across the Caritas network, including Catholic Relief Services (CRS), Caritas Switzerland, and Caritas Indonesia, also known as KARINA, to respond to the needs of disaster affected populations.

Supported by emergency funding appeals from the Disasters Emergencies Committee (DEC) CAFOD's Appeal and other donations, the CAFOD Central Sulawesi Earthquake and Tsunami Response was a cooperative effort to meet the relief and recovery needs of disaster affected populations utilizing the complementary strengths brought by the greater Caritas network.

The CAFOD appeal funded partnerships with KARINA and Caritas Switzerland commenced in October 2018 and are currently ongoing until 2021.

CAFOD's DEC programme, led by CRS, focused on a market-based approach (cash transfer) to build transitional shelter and sanitation, protection and disaster risk reduction. The DEC response was initiated in October 2018 and will come to an end in May 2020, implemented over two phases.

About the Evaluation

The DEC provided financial support for CAFOD to commission an external evaluation of its overall Indonesia Tsunami Response in Central Sulawesi. The evaluation commenced in March 2020 and was completed in May 2020.

The aim of this evaluation was to reflect on a combination of partnership approaches, programme delivery mechanisms and quality of services, and accountability and protection, derived from its joint disaster response in the target programme areas.

This report presents emerging evaluative findings and actionable recommendations to support accountability of CAFOD and its partners and improve future emergency responses taken in the wake of disasters in Indonesia and globally.

Despite the challenges imposed by the current global pandemic of COVID-19, the evaluation was completed in a timely manner, adapting its methodology to meet the constraints of the operating environment and prioritize the well-being of staff and local communities.

The evaluation engaged with staff of CAFOD, CRS, MDMC, PKPU-HI, Yayasan Pusaka Indonesia, Caritas Switzerland, KARINA, peer humanitarian agencies, and district government in consultations. COVID-19 prohibited international travel and convening groups for consultation, which resulted in the evaluation team being unable to engage with community level stakeholders and beneficiaries at this time.

The frameworks supported by CAFOD and its partners prioritized international humanitarian norms including the Inter-Agency Standing Committee (IASC) Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (PSEA), the Core Humanitarian Standards on Quality and Accountability (CHS), Sphere standards, and the global commitments to localization.

Findings

The key findings of this evaluation centred on three thematic areas: partnership, programme quality, and accountability and protection.

The findings of the Programme funded by the CAFOD Appeal are focused in the partnership section of the report. The findings of the DEC programme are included across all sections of the report.

Across Phase 1 and Phase 2 of the DEC programme, 1,441 directly benefited from safe and dignified access to shelter, latrine facilities, protection activities and disaster preparedness, in alignment with key humanitarian standards and emphasizing approaches that support localisation of disaster response in Indonesia.

An additional 3,877 individuals benefited indirectly from community preparedness activities.

Partnership

The following findings reflect the main characteristics of the partnerships under the DEC programme and the projects funded by the CAFOD appeal.

- International partners worked through a localized approach and prioritized building local capacities.
- Pre-existing relationships contributed to success of partnerships.
- Partners' existing capacity enabled fast and quality implementation.
- Partner coordination mechanisms supported information exchange.
- Partners' local network and trust enabled time efficient implementation.

- Synergies between DEC programme and Emergency Appeal partnerships happened on an ad hoc basis.

Programme Quality

The following findings reflect the main programmatic and operational highlights as evaluated according to the CHS and DAC criteria.

- Assessments and design successfully identified and planned for relevant needs, coverage, capacities, and context of disaster affected communities.
- Cash-based approach to shelter and latrines was well-received by communities and considered good practice by the shelter sub-cluster.
- Selection criteria of target groups was informed by the voices of affected communities.
- CRS' national partners had limited involvement in design of the programme.
- Limited assessment was conducted on the needs of an indigenous community.
- Shelter and WASH interventions were timely; slight delay experienced for DRR.
- CL-DRM was effective in filling the gaps of community DRR, household level preparedness is needed.
- Sustainability was promoted by a few NGOs adopting *'Rumah Tumbuh'* shelters with cash-based approach and communities budgeting funds for DRR action plans.
- This was the first time CRS employed a cash approach for latrines across its global programming, it was highlighted as good practice and well received among communities.
- Strong investments were made in building local capacities to prepare for future disasters.

Accountability and Protection

The following findings reflect the levels of accountability and protection that were ensured and integrated into the DEC programme.

- Accountability and protection were prioritized by DEC programme partners.
- Feedback and complaint mechanisms were a key strength of the programme.
- Feedback and complaint mechanisms were dependent on partner capacity and varied.
- Protection mainstreaming was a successful intervention and a common thread across DEC and CI appeal partners, bringing greater cohesion to CAFOD's overall response.
- DEC partners had processes in place to identify and involve at-risk groups across the programme cycle.

Recommendations

Partnership

- Establish strategic agreements with national partners pre-disaster and continue capacity building interventions, especially on cash-based approaches
- Develop preparedness accompaniment package for partners (specifically Caritas network) in disaster risk reduction and emergency response as well as organizational readiness.
- Develop key performance indicators for systematically measuring and improving partner quantitative and qualitative gains in protection, safeguarding, inclusion, and PSEA.
- Communicate clear data collection guidelines with national partners.

- Work with partners to evaluate staffing needs to manage multiple funding streams.

Programme Quality

- Provide capacity development on and involve local partners in the design and planning at a very early stage.
- Ensure households use cash as intended by providing financial management support.
- Develop good practice guidelines for the cash-based approach to benefit future programme design as well as training of current and future partners pre-disaster.
- Integrate CL-DRM into emergency response shelter and latrine interventions and collaborate with local networks to test approaches and document good practices - especially where projects are short
- Develop a capacity building assessment and assistance package for cash-based assistance and CL-DRM.
- Establish one common MEAL system to share across a disaster response.
- Appoint a key focal point for oversight of MEAL for national partners.
- Increase the number of MEAL staff with division of their roles/data collection according to technical areas (e.g. shelter, sanitation, DRR).
- Evaluate programme progress with community and village government on a quarterly basis to build local ownership and sustainability.
- Appoint a focal point within CRS to work with government (MoSA) and other humanitarian actors operating in Indonesia on wider adoption of alternative shelter approaches.

Accountability and Protection

- Engage with communities early in a response on the best channels for feedback and complaints. Hold inclusive consultations to identify a diverse set of options that meet the needs and preferences of different groups.

- Build capacities across programme staff of CRS and partners to have a common understanding and monitoring framework for the identified feedback/complaint system. Establish consistent information sharing and learnings between partners.

- Ensure that all staff of all partners receive that same quality of training on protection mainstreaming and PSEA. Support partners with training and mentoring on how to apply protection, safeguarding, and inclusion as cross-cutting issues during all phases of the programme cycle (including preparedness).

- Consider additional assessments to have a deeper understanding of the characteristics of all potential at-risk groups, their capacities, support networks and ways to engage and include them across the programme cycle and incorporate at the design phase.

The main findings report that while programming should continue to be driven by the context and voices of disaster affected communities, it is also imperative for DEC partners to invest in MEAL as a driver of quality programming. This calls for specific financial and human resource allocations to ensure prioritization of a learning agenda. While adaptations have been made during the current DEC programme, more can be done to document well the good practices and learning that are being brought forward in ongoing recovery programming and preparedness planning for the potential of future disasters in Central Sulawesi.

Conclusion

Overall, the CAFOD/CRS response was strategically and programmatically appropriate and effective to provide critical relief and recovery in the aftermath of the earthquake and tsunami in Central Sulawesi. The response demonstrated a strong partnership model rooted in the principles of localization, successful delivery of cash-based assistance for shelter and latrines that supported the local market, and significantly prioritized accountability towards and protection of disaster affected communities and at-risk groups in Central Sulawesi.

1. Introduction

1.1 Context

In September 2018, a series of strong earthquakes struck Central Sulawesi province, including a 7.7 magnitude earthquake with its epicentre close to provincial capital, Palu. The earthquakes, tsunami and resulting liquefaction and landslides caused significant environmental damage and a complex level of disaster that required continuing humanitarian relief and recovery in health, shelter, water, sanitation, and hygiene (WASH), protection, food security, livelihoods, and education.

Cumulative estimates of the devastation caused by events include at least 2,110 individuals confirmed dead, 1,373 missing, 4,400 severely injured, and over 211,000 internally displaced.[1] Localized areas were decimated when the tsunami wiped away coastal zones and soil liquefaction caused whole neighbourhoods to sink into the earth and the ground to shift with mudslides. Besides the permanent displacement caused by the tsunami and liquefaction devastation, the earthquake caused widespread structural damage, displacing families temporarily from damaged and unsafe shelters. The Indonesian Disaster Management Agency (BNPB) estimates 68,000 houses were damaged.

Figure 1. Central Sulawesi Disaster Affected Area

1.2 CAFOD Response

In the aftermath of the disaster, the Catholic Agency for Overseas Development (CAFOD) received emergency funding from the Disasters Emergency Committee (DEC), CAFOD's own Emergency Appeal and other donors to launch an emergency response. CAFOD did not have in-country presence in Indonesia and at the time, nor did it have active projects/partnerships in the country, the organisation therefore mobilized existing relationships in the Caritas family to develop and implement a relief and recovery response in Central Sulawesi.

CAFOD organised a response model that aligned with international commitments to enable local and national actors to take a greater leadership role in humanitarian action.[2] The model also

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[1] UNOCHA. 2019. Central Sulawesi Situation Report.
[2] Agenda for Humanity (2016), Grand Bargain (2016), and Charter for Change (2015)

adhered to locally mandated[3] emergency relief protocols implemented by the National Disaster Management Agency (BNPB), with support from the Ministry of Social Affairs and Indonesian military, requiring that international organisations have local representation and implement through Indonesian partners. CAFOD partnered with the both national and international Caritas members with strong partnership networks among local emergency response and disaster preparedness actors and extensive knowledge of the context and cultural characteristics in Indonesia.

Disasters Emergency Committee Programme

CAFOD's DEC programme was implemented over two phases from October 2018 – March 2020 in seven communities of Sigi district. In following the DEC's funding cycle, Phase 1 focused on meeting the immediate needs of disaster affected communities in shelter and WASH during the initial six months post-disaster. Phase 2 transitioned CAFOD's partner programming into early recovery and supporting communities to rebuild their lives through transitional shelter assistance with integrated permanent latrines and support for resilience building strategies through integrating community-led disaster risk management, as well as safeguarding and protection for a safer and more accountable response.

Table 1. DEC Implementing Partners

Partner	Key Roles/Activities
Catholic Relief Services	Technical Lead, Capacity Building in Monitoring, Evaluation, Accountability, and Learning and Core Humanitarian Standards, Financial Management, Donor Reporting
MDMC	Phase 1 - Transitional Shelter, Latrines, Cash Transfer
PKPU – Human Initiative (HI)	Transitional Shelter, Latrines, Cash Transfer
Yayasan Pusaka Indonesia	Community Led Disaster Risk Management

CAFOD Emergency Appeal Programme

CAFOD's support to its sister agencies within the CI network through its own Appeal funds focused on pool funding contributions and technical support in financial management and protection mainstreaming for KARINA and Caritas Switzerland.

Table 2. CAFOD Emergency Appeal Partners

Partner	Sub-Partners	Supporting Role
KARINA	Caritas Manado	Project Management, Financial Management

| Caritas Switzerland | Yayasan IBU, Yayasan Pusaka Indonesia | Technical Advisory, Capacity Building |

1.3   Purpose and Scope

With funding from DEC, this independent evaluation was commissioned to reveal key findings, learnings and recommendations from the Central Sulawesi Earthquake and Tsunami Response.

The purpose of the evaluation was to assess the programme of CAFOD, CRS and national partners PKPU-HI, MDMC, and Yayasan Pusaka Indonesia, and contribute to better understanding the planning, delivery, partnership, accountability, and learning undertaken/experienced during the disaster response and disaster risk reduction programming.

The scope included a thorough review and assessment of the overall performance of CRS' response with reference to its respective strategy, objectives, and processes. Quantitative and qualitative indicators for interventions in cash-based approaches to shelter and latrines, disaster risk reduction, and protection were a key focus.

The evaluation also gathered and analysed key information on CAFOD's funding support and capacity building activities with KARINA and Caritas Switzerland under CAFOD's Appeal to provide a deeper lens into CAFOD's partnership model and value added during this disaster response. A separate evaluation and report on the quality and effectiveness of the CI appeal programmes will be conducted and generated by Caritas partners and submitted directly to Caritas Internationalis headquarters in Rome, Italy.

2. Methodology

2.1   Evaluation Timeline and Challenges

In early March, initial discussions were held between CAFOD, CRS, and Rooted Impact evaluators, followed by a detailed desk review of documentation presented by CAFOD and CRS, and preliminary key informant interviews to test draft data collection tools.

At that time the global COVID-19 pandemic was rapidly progressing with many uncertainties. The evaluators met with CAFOD and CRS to discuss risks, duty of care, and alternative approaches to the evaluation. An adapted approach prioritizing virtual consultations was presented to the DEC for consideration, which would mitigate health risks to beneficiary communities, staff, evaluators, and other stakeholders, while adhering to the DEC's original evaluation deadline. All parties agreed to these new terms and an inception report (see Annex E) was developed by the evaluators, inclusive of data collection tools and participatory approaches for engaging with key stakeholders via virtual platforms.

Given the necessary restrictions, a collective decision was made to postpone the field visit and community engagement portion of the evaluation until later in 2020. This report acknowledges that it is critical to include the voices and feedback of disaster affected communities through face-to-face participatory engagement in the evaluation process. All key parties have agreed that if it becomes feasible within a reasonable timeframe (expiring December 31, 2020) to conduct an evaluative visit to the CAFOD/DEC programme's target communities in Central Sulawesi, a short report will be included as an attachment to the main report, addressing additional or adjusting existing findings and recommendations based on these key consultations.

CAFOD, CRS, and evaluation team have been closely monitoring the situation regarding the COVID-19 pandemic and as of early May 2020 the spread of the virus has worsened resulting in worldwide restrictions on travel and social interaction, and uncertainty for the coming months.

2.2   Evaluation Approach

A mixed methods approach was applied for this evaluation focusing on collecting and analysing both qualitative and quantitative data. Primary and secondary data sources were utilized, including online surveys, key informant interviews, and participatory focus group discussions, as well as a key document review.

As highlighted above, due to risks associated with the COVID-19 pandemic, all data collection methods were delivered remotely. Data collection tools were prepared for virtual consultations and remote feedback. Using the virtual platforms of Zoom, Skype, and WhatsApp, evaluators adapted the use of technology according to the access and usability needs of interviewees and group participants.

Separate tools were developed based on different stakeholder profiles and their proximity to the response, including key informant interview (KII) questionnaires and focus group discussion (FGD) tools for CAFOD staff, CRS Regional/Country Office Staff, DEC Programme Staff (including CRS and national partners), KARINA, Caritas Switzerland, shelter and latrine beneficiaries, and Disaster Risk Reduction (DRR) programme beneficiaries (for a full list, see data collection tools in Annex A). Online surveys were prepared to maximize participation of partner staff given that most staff had moved to work remotely.

The evaluation team engaged CRS to gain a better understanding of accessibility considerations in preparation for engagement with different stakeholders, including language abilities and connectivity. Having fluent language capabilities in Bahasa Indonesian within the evaluation team, the evaluators facilitated interviews and group discussions and translated visuals, tools, and surveys based on language preference in English and/or Bahasa. Information dissemination and facilitation styles were prepared for different audio/visual learning abilities.

The findings and recommendations outlined in this report were derived from the following methods of data collection.

Table 3. Overview of Data Collection Methods

Method	Audience	Sample Size	Details
Key Informant Interviews	● CAFOD staff (current and former) ● CRS staff ● KARINA staff ● Caritas Switzerland ● District government ● Peer organisations	30	1 – 1.5 hour remote interview focused on: details and perspectives of project planning, implementation, and accountability; technical quality; organisational readiness; coordination; and learning
Focus Group Discussions	● DEC local partner staff ● CRS staff	16	2 hour remote group discussion focused: on perspectives on project management and implementation of shelter, latrine, cash; and DRR activities
Online Surveys	● DEC local partner staff ● KARINA ● Caritas Switzerland	15	10 qualitative and quantitative questions focused on: partnership coherence; and capacity support
Document Review	N/A		Review of key project proposals and reports focused on: MEAL reports; technical materials; RTEs

A virtual reflection workshop was convened towards the end of the evaluation period to further clarify findings and solicit feedback on joint recommendations across the DEC and CI partnerships. The workshop included 12 participants, including representatives from CAFOD, CRS, and Caritas Switzerland (see Annex D for reflection workshop attendance list).

2.3   Criteria and Key Questions

This evaluation was guided by the recently adapted[4] Development Assistance Committee (DAC) evaluation criteria, Core Humanitarian Standards (CHS), and Sphere Standards[5] emphasizing the importance of partnership, accountability, and localization among these standards.

The overarching questions guiding the evaluation process were developed and tested based on information gathered in the desk review and preliminary consultations in order to reflect the core concerns and interests of stakeholders of CAFOD's response.

Table 4. DEC Evaluation Framework Overarching Questions

> 1. What was the quality of the design and planning of the response to be relevant to the context and needs and preferences of disaster affected populations?

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[4] Development Assistance Committee. *Global Consultation on Adapting the Evaluation Criteria*. 10 December 2019. http://www.oecd.org/dac/evaluation/eval-criteria-global-consultation.htm
[5] The Sphere community sets standards for humanitarian action and promotes quality and accountability. https://spherestandards.org/

2. To what extent did the project assess risks, vulnerabilities, and capacities of the target population and provide assistance corresponding to assessed vulnerabilities, needs, and capacities?

3. To what extent did the project achieve its intended results?

4. Which interventions were perceived as the most valuable by the beneficiaries and why?

5. How could the approach and strategy have been improved to achieve expected results?

6. Were the resources and inputs converted to outputs in a timely and cost-effective manner?

7. Was management, coordination, and monitoring efficient and appropriate?

8. To what extent did local partners have the capacity and/or was their capacity strengthened?

9. To what extent, and how, were negative effects to the environment, systematically anticipated, identified, and mitigated?

10. How effective were the global and local partnership models in supporting emergency response and early recovery?

11. To what extent was the engagement strategy (communication, participation, and feedback loops of disaster affected groups as well) planned, implemented and effective in the context?

12. To what extent was the complaints mechanism relevant and appropriate to the context?

13. To what extent were coordination and cooperation strategies effective and creating synergies and opportunities for resource sharing in the delivery of assistance?

14. To what extent did the MEAL system support reflection and learning during implementation?

15. How likely can approaches be scaled up, replicated or institutionalized in other responses?

16. To what extent were staff expertise and competencies adequate to implement the programme?

17. To what extent, and how, were local capacities of partners strengthened by the programme?

18. To what extent were strategies and approaches cost-effective?

19. What was CAFOD's role and added value?

20. What difference has the programme made to beneficiaries?

21. What evidence is there of likely long-term impacts (positive of negative) of the programme?

22. To what extent did the programme address the protection of at-risk groups?

23. Were there any planned results of the response that were difficult to achieve or unmet?

2.4 Challenges/Constraints

As mentioned in previous sections, the situation of COVID-19 created a myriad of constraints on the evaluation process. While some of these issues have been mentioned in previous sections, there are additional challenges that are important to highlight.

- **Scheduling of interviews**. The understandable prioritization of humanitarian agencies on COVID-19 response, led to challenges in scheduling of remote interviews.

- **Availability of analysed quantitative information.** The evaluators found a lack of detailed analysis of quantitative data. For example, for the Shelter, WASH, and DRR baselines and endlines, there were only raw analyses of the data available to review, which made the sampling technique, context and response rate of the surveys unclear to evaluators. Additionally, the final report of the DEC programme was not fully finalized by the drafting of this report and the team had to rely on a draft version of the report. These factors affected the evaluator's ability fully confirm quantitative outcomes, but all evidence reviewed points to reaching beyond quantitative targets set by the DEC programme.

- **Unable to conduct data collection with communities.** The evaluation team convened remote stakeholders, but triangulation with communities was unable to be carried out due to travel restrictions and social distancing limitations related to COVID-19.

3. Findings

CAFOD and its Caritas network partners commissioned this evaluation to reflect and learn on the most significant achievements and improvements emerging from the Central Sulawesi Earthquake and Tsunami Response.

Overall, findings reflected:

- Relationship driven partnerships that are aligned with commitments to localization

- Quality and effective programme interventions in shelter, latrines, and disaster risk reduction (DRR), aligned with global standards and supporting local needs and capacities

- Strong commitments to protection and accountability integrated across the response

Findings were identified and analysed according to the OECD/DAC criteria and CHS (see reflection workshop documents in Annex D) and informed the development of recommendations directly to strengthen the connection between what happened, what was intended, and what needs to be improved and how to achieve it based on end users.
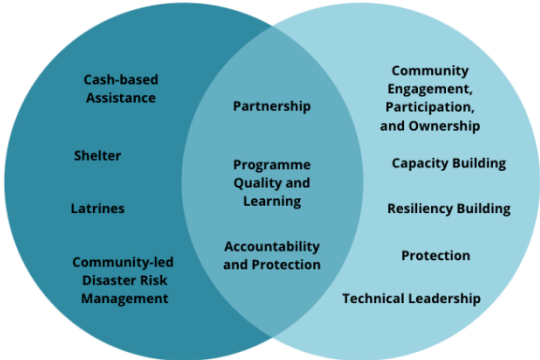
3.1 Partnership

CAFOD's organisational model is built from an intrinsic commitment to partnership. In Central Sulawesi, CAFOD's engagement was a combination of strategic and project partnerships, with a pledge beyond funding and an emphasis on localization. Due to the nature of disaster response programming in Indonesia, effective national partnerships were critical to success.

The following key highlights provide an overview of findings related to partnership.

Key Highlights

- International partners worked through a localized approach and prioritized building local capacities.

- Pre-existing relationships contributed to the success of partnerships.

- Partners' existing capacity enabled fast and quality implementation of the project.

- Partner coordination mechanisms supported information and data exchange.

- Partners' local network and community trust enabled time efficient implementation.

- Coherence and/or synergies between the DEC programme and CAFOD's Appeal partnerships was not proactively planned or coordinated, rather happened on an ad hoc basis.

Overall, there was a shared perspective among respondents that CAFOD's approach to partnering in Central Sulawesi was relational, reinforcing its global principle of accompaniment.[6]

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[6] From CAFOD's International Partnership Manual – *Accompaniment*: being a critical friend, companion or escort to our partners on a journey to a shared destination, supplementing or complementing something that already exists, mutually influencing/enriching, etc.). As a function, accompaniment is distinct from, but complements, grant or programme management, and can be more or less structured according to the needs in hand.

CAFOD's partnership model was driven by its partners and their own self-assessments about their capacities and needs.

This resulted in characteristic differences between partnerships in the Central Sulawesi Earthquake and Tsunami Response. The structure and dynamics of each partnership were relatively unique and influenced by additional factors such as whether it was DEC or CAFOD appeal funding and also whether there was a pre-existing relationship. For example, CAFOD supported Caritas Switzerland with funding and protection specific technical assistance based on prior collaboration in other disasters.

While CAFOD added value to its partners through access to bilateral aid, many respondents reported that CAFOD intentionally shifted its interactions away from the traditional donor-recipient dynamic to engage in a more meaningful way with its partners by providing knowledge, technical support, and coaching. For example, respondents highlighted CAFOD technical support in financial management and protection mainstreaming, specifically through mentoring visits by CAFOD finance staff[7] and a protection mainstreaming workshop. These were reportedly further enhanced by field visits to conduct protection assessments provided by a member of CAFOD's Protection staff.[8]

3.1.1   DEC Partnership

CAFOD and CRS

Respondents indicate a high level of consensus that the DEC funded partnership was a positive model in terms of its relationships, communication, coordination, and cooperation between CAFOD and CRS and CRS and its national partners, specifically PKPU-HI, MDMC and Yayasan Pusaka Indonesia.

In the Central Sulawesi response, CAFOD adhered to its localized partnership model with the exception of engaging CRS to lead the DEC programme since its funding required a certain level of capacity and systems to deliver and report according to the requirements of the donor.

In certain contexts, reports indicate that national Caritas partners struggled to meet the requirements of the DEC and as intermediary partner, it is CAFOD's responsibility to evaluate the right fit for a partner to lead a DEC-funded programme. CAFOD assessed the feasibility and capacity of the national Caritas, KARINA, to manage such rigorous funding and reporting terms and larger scale allocations and decided that CRS would be a better fit to meet higher levels of scrutiny and accountability from the DEC in such a short timeframe.

It was evident that there was a positive working relationship between CRS and CAFOD. The emphasis on cultivating relationships between CRS and CAFOD staff was often cited by respondents to be the critical glue to create an enabling environment for open communication and collaboration. These important characteristics supported effectiveness of an "accompaniment" partnership model throughout the DEC response. While the partner-led model

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[7] Field visited by CAFOD Staff – Giovanni Busciglio, January 2020
[8] Field visited by CAFOD Staff - Mirela Turcanu. January 2020

of CAFOD created space for CRS to have complete autonomy, CAFOD was still involved through the programme, engaging in needs assessment, programme design, feedback for reporting and recommendations.

The DEC was a new donor for CRS in Indonesia, resulting in a learning curve for staff and partners in understanding nuances and strict adherence to policies and requirements. In areas where CRS faced challenges in understanding donor requirements, staff reported that CAFOD provided valuable guidance and support to ensure clarity and that reports met donor standards. However, several interviews highlighted earlier guidance on DEC requirements and reporting should be applied in future partnerships to mitigate potential financial challenges. For example, respondents reported that it is critical to know DEC guidelines related to any underspend in advance.

National Partners – PKPU-HI, MDMC, Yayasan Pusaka Indonesia

External constraints driven by Indonesian government restrictions shifted the way international humanitarian organisations needed to respond in Central Sulawesi. Despite these limitations, CRS has a strong mandate in support of the localisation agenda and implementing through local partners. CRS was well prepared to implement through pre-existing partners – national disaster response organisations PKPU-HI, MDMC, and Yayasan Pusaka Indonesia – to deliver assistance to disaster affected communities in Central Sulawesi. For example, partner MDMC had access to the disaster affected area within the first 12 hours following the tsunami and earthquake.

Reports indicate that there was a high value of responding through pre-existing partners as PKPU and MDMC had already received various levels of capacity building from CRS before the occurrence of the disaster in Central Sulawesi. For example, both organisations had received training in CHS, Sphere Standards, Protection Against Sexual Exploitation and Abuse (PSEA), Monitoring, Evaluation, Accountability and Learning (MEAL) and other areas where capacity strengthening was identified as a need.[9] CRS continued capacity support throughout the implementation period, particularly in implementation standards. Additionally, due to the scale of emergency and restrictions on international staff, CRS had small number of programme staff in the beginning of the response and were reliant on national partners while recruiting national staff for their own roles.

The relationship with national partner Yayasan Pusaka Indonesia operated as a standalone partner for the disaster risk reduction (DRR) component, separate from the rest of the emergency relief activities. There was consensus among respondents that Yayasan Pusaka Indonesia exhibited strong technical capacities, knowledge, and experience in DRR, but faced challenges in balancing CRS' community-led disaster risk management (CL-DRM) model with the DRR models of its other partners, namely Caritas Netherlands, also known as CORDAID.

While DEC partners were not local to Central Sulawesi, data indicates that Yayasan Pusaka Indonesia achieved significant gains in a localized approach. For example, the majority of Pusaka staff were hired from local communities and staff reported satisfaction with their involvement in the programme.

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[9] Supported by CRS Preparing to Excel in Emergency Response Project (PEER) in Indonesia

The DEC programme invested in the capacities of local partners on an ongoing basis. CRS trained their partners in code of conduct, whistle-blowing mechanisms, fraud allegation principles, and protection mainstreaming to meet key standards. Dedicated CRS staff accompanied national partners during the implementation of shelter, cash-transfer, latrine, and DRR activities to build technical capacity. This "learning by doing" resulted in PKPU-HI having the capacity to manage future funding and is currently co-managing the cash disbursement process in a Caritas Germany funded project. Both PKPU-HI and MDMC also have their own separate training centres and were addressing their own staff capacity building on an ongoing basis. CRS reported plans to support PKPU-HI in managing and providing training to other local actors as part of its localization commitment.

Partners reported systems and structures in place to effectively share information and learning with CRS. For example, project and MEAL staff from CRS and its partners reportedly held weekly, monthly, and quarterly meetings and reflection events and engaged regularly via WhatsApp. CRS and Yayasan Pusaka Indonesia closely coordinated on a weekly basis and informally over important issues. CRS and Yayasan Pusaka Indonesia created a social media group to discuss and agreed on response to issues, complaints and process of programme implementation. This group also facilitated staff and programme people to keep updated to the progress of project and solution to the problems.

These strong relationships and systems between CRS and MDMC and PKPU-HI were widely seen by respondents as critical to support rapid mobilization of joint needs and market assessments, as well as distributions in the initial days following the earthquake and tsunami. CRS also had past collaborations with Yayasan Pusaka in other areas of Indonesia.

The majority of findings revealed that local partners did not have substantial involvement in design of the DEC programme and mostly provided information related to gaps and local context in the field. In Phase 1, CRS had a more extensive role in leading interventions. At this stage, local partners focused mainly on community engagement, but still needed technical advisory from CRS due to various technical issues raised by communities during consultations. As the programme progressed, PKPU-HI and MDMC learned while observing CRS' methods in implementation and coordination with external stakeholders and in Phase 2 partnership dynamics became more equitable. While cohesion between CRS and national partners was seen as strong, respondents also reported a lack of interaction between the national partners, which was attributed to the different geographic target areas for their activities and different implementation timelines.

High quality, timely MEAL reporting by local partners was reportedly constrained by the demands of meeting a large number of new donors and requirements on limited partner staff. There was consensus that this affected financial reporting in particular. For example, one staff member could be responsible for the reporting of 10 different donor programmes in the Central Sulawesi disaster. It also took CRS some time to convince local partner organisations of the importance to regularly coordinate in the cluster system.

Reports indicated that staff turnover and the short-term volunteer model of MDMC required repetition in capacity building efforts by CRS. For example, CRS had to continually build the capacities of new staff in financial management to meet project management needs. The majority of interviewees mentioned high staff turnover among partners negatively influenced data

collection and there were even cases when this data needed to be recollected, because of the missing gender disaggregated information. However, CRS addressed this issue with partners and partners agreed to assign one staff who would coordinate on these issues with CRS.

DEC Programme Coherence

It is clear from the majority of respondents that the pre-established relationships and ongoing capacity building investments between CRS and its Indonesian partners provided a strong foundation for building and reinforcing humanitarian strategies and practices that promoted meaningful and active participation and upheld humanitarian standards.

DEC partners shared common technical strategies, led by CRS. National partners "learned by doing." However, respondents revealed that CRS did not consistently share the analyses and learning from data with national partners. Once data had been collected and analysed it was incorporated into reports for the DEC and the learning was not consistently fed back to partners.

Government asked CRS to be a shelter subcluster lead in Sigi district under the Protection and Displacement cluster led by MoSA. CRS leadership supported strong coordination with government and peer humanitarian organisations and prevented overlapping in shelter and WASH. Through the cluster, CRS shared learning and good practices, including its approach to CTP and transitional shelters, which other humanitarian actors replicated.

Reportedly, it took CRS some time to convince national partner staff of the importance to regularly coordinate in the clusters during the initial phase of the DEC programme. As mentioned previously, CRS was the facilitating partner for the CI Emergency Appeal implemented by KARINA (Caritas Indonesia), including regular coordination meetings with Caritas members. CRS has also worked for years with Caritas Indonesia in building its capacities.

Various respondents reported that CRS was often left out of the coordination (and Whatsapp) group organized by DEC members[10] involved in the Central Sulawesi response. The DEC conducted a joint evaluation of its Phase 1 programmes in January 2019; however, it is unclear how the process and outcomes affected Phase 2 of the CAFOD/CRS response.

3.1.2 CAFOD Appeal Partnerships

Funding raised from CAFOD's Appeal went to support Caritas Indonesia, KARINA (relief) and Caritas Switzerland (recovery). There were significant variations in the way these partnerships were structured, and the types of support provided by CAFOD to each partner. As with the DEC programme, the manner in which CAFOD accompanied each partner was driven by KARINA and Caritas Switzerland.

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[10] DEC Members are: Action Against Hunger, ActionAid UK, Age International, British Red Cross, CAFOD, CARE International UK, Christian Aid, Concern Worldwide UK, Islamic Relief Worldwide, Oxfam GB, Plan International UK, Save the Children UK, Tearfund and World Vision UK.

CAFOD's support to KARINA focused mainly on providing funding from CAFOD's own Appeal. Capacity building in financial health checks[11] and management and protection mainstreaming was also provided by CAFOD global staff and established a foundation for the possibility of expanded collaboration in the future between CAFOD and KARINA staff. CRS acted as the facilitating partner for KARINA's response providing project management and technical training, coaching, and mentoring throughout the programme period. KARINA staff report being able to maintain a high level of cohesion with the DEC programme as a result of its close interaction with CRS.

CAFOD contributed Appeal funding to Caritas Switzerland for its response in Central Sulawesi. Reports indicate a strong, pre-existing relationship between CAFOD and Caritas Switzerland, which was rooted in previous partnerships,[12] supported the current collaboration on protection mainstreaming. Based on the success of their historic collaboration, Caritas Switzerland reported approaching CAFOD for support after self-identifying needs for improvements in its protection programming and systemizing complaints-handling in Central Sulawesi. CAFOD was engaged to provide knowledge transfer, technical support, and coaching in protection and accountability mechanisms.

3.2 Programme Quality

As a key focus on the evaluation, programme quality was analysed, guided by the DAC criteria and CHS. The evaluation team conducted extensive interviews of programme staff, but triangulation was unable to be carried out with communities to further validate findings.

The following key highlights provide an overview of findings related to programme quality.

Key Highlights

- Assessments and design successfully identified and planned for relevant needs, coverage, capacities, and context of disaster affected communities.

- Cash-based approach for shelter and WASH was well-received by communities and considered good practice by the shelter sub-cluster.

- Selection criteria of target groups was informed by the voices of affected communities.

- DEC national partners had limited involvement in the design of the programme.

- Limited assessment was conducted on the needs of an indigenous community.

- Shelter and WASH intervention were timely; slight delay experienced for DRR.

- CL-DRM was effective in filling the gaps of community DRR, more household level preparedness still needed.

- There was a balanced division of roles between CRS and local partners. Greater financial management should be given to partners in the future.

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[11] MANGO Assessment 2019.
[12] Partnerships in responding to disasters in Nepal and Philippines.

- Sustainability was promoted by a few NGOs adopting '*Rumah Tumbuh*' (growing home) cash-based shelter approach and communities budgeting funds for DRR action plans.
- First time CRS employed a cash approach for latrines across its global programming, which respondents highlighted as good practice and well received among communities.
- Strong investments in building local capacities to prepare for future disasters.

3.2.1 Programme Relevance[13]

Data indicates that the design and delivery of the DEC programme was relevant and appropriate to meet the needs of disaster affected communities in Central Sulawesi.

Situational Assessment

Prior to designing and developing the proposal, a number of assessments were conducted, including on needs, technical in shelter/WASH, market, and gender/protection, to evaluate the needs, context, and targeting of local communities and to align the DEC intervention with government priorities and the efforts of peer humanitarian agencies.[14] As a good practice, assessments were conducted jointly and collaboratively with DEC partners.

Results of these assessments guided the design of sector interventions, selection of project locations, community engagement strategies, and understanding of community capacities to participate in the programme. For example, CRS assessed financial capacity of the post office and assessed levels of debt in the target areas. A market assessment surveyed the capacity of local markets, whether materials and builders were available, and how much cash was needed to build a shelter in a given community. While seen as valuable activities overall, respondents reported some shortcomings with the assessment process. For example, interviewees highlighted a focus on new materials for shelter constructing, which overlooked local access to salvaged materials. This reportedly resulted in initial overbudgeting and later savings from the abundance of salvage materials and fewer new-build shelters than projected.

Government guidance on cash assistance was delayed, which influenced the cash transfer component. Communities were engaged during assessments on the viability of a cash approach to shelter. Initially men in communities were reportedly sceptical on this method, but respondents noted that women were positive about managing the cash funds.

Programme Design

Selection and designs of the DEC programme interventions were informed by the assessments and CRS' longstanding experience in CTP for shelter/WASH and its global approach of Community-Led Disaster Risk Management (CL-DRM).[15] As noted in the above section, CRS' partners did not have substantial involvement in the design and proposal development process

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[13] CHS 1, DAC Appropriateness and Relevance
[14] Consultation with local government and humanitarian actors to avoid duplication and overlap with other organisations
[15] Implemented outside the Indonesian context

and mostly provided information related to gaps and the local context in the field during the assessment process.

Data indicates that this led to initial challenges during the introduction of the cash-based shelter intervention. In the beginning, MDMC was resistant to the cash method because of its unfamiliarity with the approach and perceived risks. Respondents noted the need to invest time and resources to build partners buy-in and commitment to this approach and reassurance that the sole risk would not be theirs to bear if there were challenges.

DEC programme staff report triangulating sources of information and working with government and local builders to develop designs which were acceptable to the community. Two transitional shelter designs were selected to balance immediate shelter needs with longer-term housing needs. Both designs considered local building standards and the cultural context in Central Sulawesi. Accessibility considerations for people with functioning needs, such as elderly and people with disabilities, were not highlighted in the two designs of shelters. However, in practice very few houses applied accessibility considerations due to the preference and capacities of families.[16] Any accessibility improvements were done utilizing the CTP mechanism or were self-funded by families.

Reports indicated that a considerable amount of time was required for Yayasan Pusaka to practically adapt the CL-DRM approach and deliverables to the programme timeframe. Pusaka was used to implementing the government-led community-based disaster risk reduction approach, which differs from CL-DRM. The CL-DRM process involved a long-term community capacity building approach, which created a delay in the implementation time of activities.

Programme Targeting

National partners' involvement was seen as crucial in collecting data on potential target groups. National partners faced challenges during the assessment phase, reporting multiple visits to the same household to accommodate new data requests from CRS.[17] Partners report recommending to CRS that prior to data collection, requirements should be more clearly determined and communicated to them to support efficiency in data collection, collation, and analysis.

Data indicates that DEC partners also engaged with local government to supply data on damage of households and demographics, including data on vulnerable groups such as female-headed households, people with disabilities, pregnant and lactating women, elderly, and children. Selection criteria considered vulnerability factors that were consulted with representatives of targeted communities. DEC partners worked with community leaders to address complaints regarding result of beneficiary selection through relevant feedback mechanisms.

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[16] Number was estimated based on key informant interviews with CRS Indonesia
[17] FGDs with CRS local partners, online surveys.

3.2.2 Programme Effectiveness[18]

From qualitative data collection, the programme reported to have performed well against its quantitative targets. During Phase 1, Shelter and WASH achieved the majority of planned targets, while respondents stated that Phase 2 achieved more than its targets. However, the final quantitative data for this evaluation is still in the process of being cleaned[19] and the evaluation was unable to report all final figures.

The limited timeframe of Phase 1 (six months) was seen as a contributor to minor challenges across shelter, cash assistance, and latrine activities. Data indicates that the six-month time period to implement disaster risk reduction (DRR) was insufficient for activities that focused on empowerment, preparedness, and utilization of CL-DRM participatory approaches.

Phase 2 was planned across a twelve-month implementation period (April 2019– March 2020) to complete the shelters, latrines and DRR programming.

Data indicates that strong community engagement and participation were seen as integral to the effectiveness of all sector interventions. Ongoing consultations and participatory strategies were reportedly essential to ensure inclusion of at-risk groups across the DEC programme cycle. Interviewees noted that the programme ensured that distribution timing and location was suitable and easy to access for at-risk groups.

Figures 3 and 4. Performance rates against quantitative
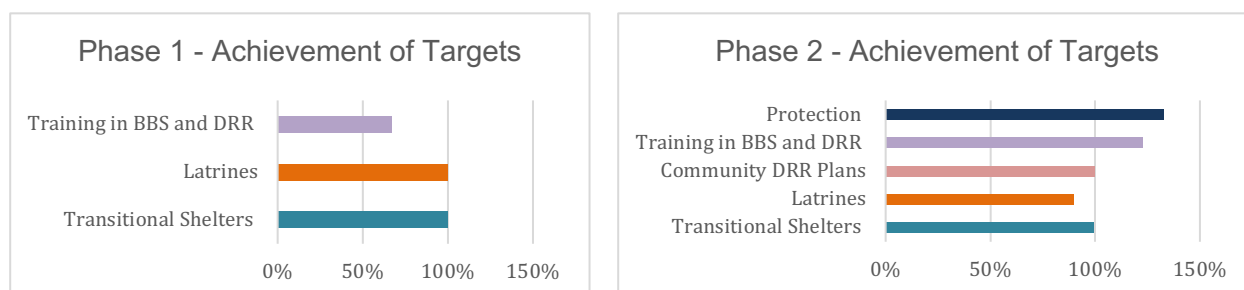
**Shelter, WASH, and Cash Transfer Programming**

CRS had past experience implementing conditional cash assistance for shelter and sanitation programmes in the Philippines, Nepal, Haiti, and Lombok and Padang, Indonesia. Lessons learned were considered during the design of DEC programme and adjustments were made to ensure the approach was contextually appropriate for Central Sulawesi. National partner PKPU-HI was able to draw on their own past experience in multi-purpose cash assistance (MPCA) in

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[18] CHS 2; DAC Effectiveness, Efficiency
[19] Due to delay of the finalization of the DEC programme's final report

other regions of Indonesia to implement the cash-based shelter and latrine approach in Central Sulawesi.

Figure 5. Satisfaction of Shelter/Latrine Activities

- Satisfied - Very Satisfied - Unsatisfied - Neither

13%   5%   6%

76%
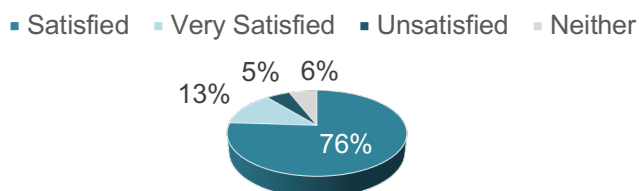
In general, the shelter, latrine, and cash-based assistance have exceeded targets by providing transitional shelters and latrines to households through cash assistance. However, DEC partners experienced challenges to ensure that all households completed construction within the implementation timeframe. These challenges originated from the time it took to verify whether target beneficiaries had already received cash from other organizations, since some agencies did not adequately report[20] their cash recipients in the villages of Salua and Omu.

A market assessment conducted by CRS informed an appropriate approach to meet shelter needs in the affected communities. By providing cash directly to communities to purchase items in the local market for construction, the DEC programme supported the market to recover quicker and provided a quicker response for families.

DEC partners had initial challenges determining the amount of cash assistance, based on staff using data from government-led damage assessments[21], which were often found to be inaccurate. It took a lot of technical staff's time to verify the level of damage of each individual household and hold consultations with key stakeholders before disbursement of cash assistance.

Overall, the DEC programme's participatory cash-based approach to shelter and WASH fostered agency and dignity across disaster affected communities by enabling each family's voice and choice, actively involving community members in the process of construction, and strengthening social cohesion through collaboration between households. Transitional shelters were reported to bring positive changes in psychological and economic resilience of affected communities.

Respondents[22] reported high satisfaction rates, 76% satisfied and 13% very satisfied, and that the approach contributed to a strong sense of ownership among target groups. Beneficiaries were able to choose from culturally and environmentally appropriate designs based on their preferences and availability of materials and creativity in managing the funds and designing their shelters.[23] For example, a number of families opened small *warung (store)* for daily needs inside of their shelter, which contributed to households' daily incomes. The programme ensured that designs and building practices met Sphere standards.

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[20] Needed to be reported to the shelter subcluster group
[21] Cash amounts (IDR 7, 12 or 15 million)
[22] ODM, PDM, and Endline reports
[23] Market-based and salvage materials

Both men and women were actively involved in the CTP approach to shelter and WASH and women had notable involvement in the design and layout of shelters and latrines. Set asides were made for women-headed households and women were involved in decision making on shelters. Shelter construction was delivered individually or through community working groups. Individual or group approach was decided by the beneficiaries, based on resources, capacity, and support system. The programme encouraged peer-to-peer learning and building social cohesion within communities.

Data indicates that a large number of beneficiaries self-invested additional funds to upgrade their temporary shelters into semi-permanent shelters. For example, interviewees noted reports of target households investing an average contribute of IDR 4.1 million[24] to enhance the shelter building, with many beneficiaries referring to the transitional shelters as "temporary shelter for eternity" (*Rumah Sementara Selamanya*) and growing home (*Rumah Tumbuh*).

DEC partners' significant investment of time and resources in community involvement has not only built ownership, but also the capacities of the disaster affected communities to successfully receive, handle, and manage cash assistance. DEC programme communities are better prepared to receive government cash assistance in the case of future disasters.

There is room for improvement in regard to the timing and timeframe of the CTP intervention, given that there is substantial sensitization that was involved with both partners and communities.

As previously mentioned, national partners that were inexperienced with cash in emergencies needed both training in cash assistance and greater reassurance related to the potential risks of cash programming. Data demonstrates that within the shelter/cash component activities, a small number of homes were not completed and that this was specifically linked to a minority community. Findings revealed that this group had limited financial management capacity and this gap was not effectively identified early in the assessment phase by DEC partners.[25] While this is a minor underachievement compared to overall construction achieved by the DEC programme, it reflected gaps in approaches to inclusion for this specific minority group.[26]

The programme actively mitigated the misuse of CTP funds by sensitizing communities on the appropriate use of funds as well as emphasizing transparency and use of complaint mechanisms. Respondents reported that in the case of complaints of misuse of funds, DEC partners supported a community driven process to make decisions on solutions and then re-emphasized the intended use of cash transfer funds to the community involved.

Before the earthquake, very few households had latrines and the support from the DEC programme increased accessibility of adequate sanitation systems built from local materials and knowledge of WASH. This was the first time CRS employed a cash approach for latrines across its global programming, which respondents highlighted as good practice and well received among communities. A recent evaluation conducted by Arkom of Caritas Germany[27] funded activities

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[24] DEC Phase 2 Final report
[25] Suku Daa, number of incomplete households less than 5 houses (KII a member of CRS Indonesia)
[26] In accordance to SPHERE standards.
[27] Kusworo, Yuli. Caritas. *T-Shelter Evaluation*. March 2020.

found high quality maintenance of constructed latrines by the communities resulting from training and technical assistance provided by CRS, MDMC, and PKPU-HI.

The DEC programme is good practice that household-led latrine construction can be done with training and on-site technical assistance to ensure proper construction and wastewater treatment.

The success of the CTP approach for shelter and WASH was reinforced by the fact that government approached CRS to lead a shelter subcluster and share its cash assistance methodology through the cluster. Other humanitarian agencies, both international and national, integrated good practices from the cash approach to their programmes with other donors. Respondents report that both PKPU-HI and MDMC continued to use cash-based shelter approaches with other donors.

DEC partners continued to remain invested in building local capacities even after shelter and WASH cash transfers were completed in December 2019. Partners continued to monitor construction in target communities and provide technical support where needed until February 2020.

Community-Led Disaster Risk Management

CL-DRM activities experienced delays of up to 6 weeks on a 6-month programme and locations of villages compounded delays. Nonetheless, evidence indicates that outputs have been achieved and progress has been effective in preparing target communities with disaster risk reduction infrastructures (DRR forum, DRR team and DRR action plan) in alignment with the National Government Policy on Disaster Resilient Villages.

However, CL-DRM is a long process and requires more time after the early recovery phase. A limited timeframe and budget allocation for CL-DRM resulted in inadequate time being invested in preparedness at the household level. Activities on ensuring safety and resilience of households were limited and data indicates that there continue to be needs to prepare families by making individual plans and conducting drills.[28]

Reports demonstrate that DRR has not yet been integrated into community budgets, nor has there been commitments or policies implemented at community level.[29] Advocacy is still needed to ensure DRR targets are met at the village level and respondents voiced that communities have requested continued assistance by CRS and its partners. Results of the endline also indicated a continued need for support in disseminating information about early warning and evacuation.

3.2.3 Programme Learning

Adaptations to the Approach

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[28] KII with CRS Indonesia staffs, online surveys with CRS local partners
[29] Online survey with CRS local partners

Overall, the evaluation found that larger programmatic changes were not made during the response. However, findings demonstrate that CRS applied several learnings from earlier interventions in Phase 1 to inform adaptation for Phase 2 of the shelter component.

In Phase 1, an individual, household approach to construction was implemented by programme partners. In Phase 2, the shelter and latrines component was adapted to take a community working group (*pokja*) approach to construction. Qualitative gains were identified when the group approach successfully encouraged greater social cohesion that enabled better monitoring of progress by the community themselves. Community working groups were also reported to be a good opportunity for communities to prepare for future stimulus funds from the government for permanent housing, which require working groups. Further exploration into this approach is needed.

Additionally, based on feedback from beneficiaries and recommendations from technical staff, DEC partners applied a technical monitoring checklist for individual households to record what materials would need to be purchased and what salvaged material could be used and later used this list to verify if households had utilized recommended construction materials.

Quarterly reflection events, which included internal and external stakeholders, were essential to the learning process for all DEC stakeholders.

MEAL Practices and System

Data indicates that DEC programme's MEAL activities experienced various constraints, including staffing challenges and unsystematised practices, which influenced timely and consistent data collection, data quality, analysis, and reporting. Adjustments were made later in the programme (Phase 2) after learning/reflection exercises and events identified areas for improvement.

In Phase 1 and into Phase 2, reports demonstrate that there were limited human resources across the DEC programme committed to MEAL compared to the high number of activities requiring MEAL support. Additionally, there was an inadequate budget allocated to support MEAL specific staffing, systems, and activities.

At the beginning of the programme, CRS' MEAL Officer was not present at the local level in Palu, instead supporting monitoring from the Jakarta office and balancing several programmes at the same time. CRS was also late in hiring local level MEAL staff. These factors resulted in a delay in the setup of a MEAL system, in a lack of technical support, and data quality issues from inception. For example, without timely presence of MEAL staff, there were gaps in knowledge and support on the ground in quality data collection and analyses for baselines. Respondents reported that there needed to be more DEC partner MEAL staff across the programme and those staff needed to be more involved on the ground.

MDMC and PKPU-HI were responsible for data collection on the local level, but reportedly often worked through volunteers who lacked relevant capacity and/or were turning over frequently. This resulted in inconsistencies and gaps in collecting and sharing quantitative and qualitative data during programme implementation. For example, respondents reported that information collected often had to be rechecked with programme participants or recollected for disaggregation, which led to overall delays.

Phase 2 strengthened inconsistencies in quantitative data collection, including improved disaggregated data[30] during beneficiary registration. CRS' MEAL Officer provided technical guidance and support to partner staff and ensured data collected was analysed and communicated to shelter and WASH programme staff for integration and improvements in targeting.

CRS and its partners reported adjustments to activities during implementation to improve MEAL outcomes, including assigning permanent Staff Coordinators to oversee data collection, data quality and rolling out a new Information Communications Technology (ICT) system, COMMCARE, for data collection at the field level, giving real time access to key stakeholders. Evidence was unclear to the extent that COMMCARE has improvement qualitative data collection as programme documentation and interviews mainly cited quantitative data collection.

In Phase 1 and Phase 2, MEAL staff conducted regular on-site and post-distribution monitoring of programme activities to assess progress and the need for changes in the programme plan. However, there were staff shortages within CRS to regularly to analyse and sensitize the data collected. Weekly and monthly programme meetings were held, however, the possibility of a comprehensive discussion of MEAL data in those forums was limited.

DEC partners engaged in quarterly reflection events, which provided the opportunity to present and discuss programme data, however, there needed to be a more regular forum that was MEAL specific to better inform decision-making and programme adaptation.

3.2.4 Programme Impact and Sustainability

Local capacity building was seen as an impactful strategy of the DEC programme approach and a crucial component of sustainability. Data indicates that staff applied a mix of formal and informal methods, mainly by conducting several trainings for the relevant target group and also providing guidance at an individual level during field visits.

Many achievements were identified as good practices for future disaster responses, including:

- Knowledge transfer and capacity development of local actors. For example, local builders were trained on Building Back Safer (BBS) - how to build safe shelters and latrines. Next to the formal trainings, technical staff provided informal, on-site capacity building to household beneficiaries and labourers regarding the BBS approach. Similarly, in the DRR projects, established DRR governance at village level and equipped local government and community representatives on DRR knowledge and management.

- Building social capital. The emphasis on community engagement focused not only on building capacities and knowledge transfer between DEC partners and local community actors, but also the interaction between members of the community during the relief and recovery period.

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[30] Gender, age, diversity

- National partners carrying on transferred capacities in their other programmes. For example, MDMC and PKPU-HI used community engagement strategies learned by CRS in separate programmes in Central Sulawesi.

- Sharing good practices in cash transfer for shelter. CRS regularly shared its cash transfer experiences with a number of local and international agencies, who have been able to benefit from its learning. For example, through cluster coordination, individual consultation, and training, CRS provided technical assistance to other local organisations to establish collaboration with PT Pos Indonesia.

- CRS is working with PKPU's Humanitarian Institute to develop key frameworks and trainings for good practices in emergency response, early recovery and disaster risk reduction for practitioners in Indonesia.

- CRS collaborated with other humanitarian organizations to contribute to a provincial government-led initiative called *Ibu Pelopor Rekonstruksi* aimed at providing additional capacity building in the area of safe construction to women as agents of reconstruction.

3.3   Accountability and Protection

In line with funding and implementing partner programme priorities and organisational philosophies, evaluation of accountability and protection activities were explored in alignment with CHS 3, 4, and 5. However, it must be noted that accountability to beneficiaries is imperative through their engagement in the evaluation process, which was restricted at the time of this report due to COVID-19.

The following key highlights provide overview of findings related to accountability and protection.

Key Highlights

- Accountability and protection were prioritized by DEC programme partners.
- Feedback and complaint mechanisms were a strength of CRS' approach.
- Feedback and complaint mechanisms were dependent on partner capacity and varied (not systematic across the programme).
- Protection mainstreaming was a successful intervention and a common thread across DEC and CAFOD appeal partners, bringing greater cohesion to CAFOD's response.
- DEC partners had processes in place to identify and involve at-risk groups across the programme cycle.

3.3.1   Accountability

CRS and its partners reported a clear commitment to accountability. This was primarily implemented through a comprehensive feedback and complaint system.

Feedback and Complaint Mechanisms

At the time of this evaluation, the programme recorded receiving 1098 pieces of feedback from beneficiary communities across shelter, sanitation, and DRR activities.

Significant emphasis was placed on the importance of ensuring effective feedback and complaint mechanisms at the community level during the DEC programme. Available data demonstrates that formal mechanisms were set up to receive input directly from beneficiaries about their experience with the programme, activities, and staff. Respondents reported that CRS invested in training enumerators on the importance of feedback. Though these mechanisms were established in Phase 1, respondents reported that the feedback mechanism could have been established earlier in the emergency period to better tailor assistance to the needs of target communities.

The rollout of both static and consultative accountability mechanisms was dependent on the level of capacity of a specific partner to establish various feedback systems simultaneously during the emergency period. For example, CRS in the DEC programme and Caritas Switzerland in the CAFOD Appeal funded programme were able to establish different types of mechanisms, experiment with their effectiveness in that community, and adapt programming according to community inputs. The DRR programme established and monitored separate feedback and complaint mechanisms than other partners managing the shelter and latrine activities.

Types of Feedback/Complaint Mechanisms Established by DEC Programme
- Hotline
- Whatsapp
- Suggestion boxes
- Face-to-face community meetings
- Interviews during ODM and PDM, Baseline and Endline

In the initial part of the DEC programme, a hotline was established with a dedicated phone number to allow CRS and its partners to address concerns/complaints swiftly; however, data shows that it was under-utilized by the community and continued to be the least engaged mechanism since people needed to buy credit to speak by phone.

Respondents revealed that regular face-to-face meetings were preferable to the community and more effective in soliciting feedback. The local culture could opt to share gratitude instead of taking initiative to give feedback. Partners reportedly had to take more active and direct role in engaging in dialogue to set the foundation for more relational trust.

Various sources reported that openness in communication and exchanging information between the DEC partners and disaster affected communities supported programme staff to adapt feedback mechanisms to meet community preferences as well as adapt programme strategies to better match ongoing needs. For example, it was reported that one of the communities preferred to pool the cash grants received to buy land because they did not feel safe building on their previous properties due to the extent of damage. They approached CRS to reallocate their cash in this way and CRS agreed, while still providing training on building and providing additional materials for this community to use on their newly purchased land.

Key programme reports and interviews highlighted that CRS identified the need for feedback not only on programme quality, but also reporting and handling sensitive cases, including preventing

and handling of cases of sexual exploitation and abuse. Though the majority of information received through the feedback/complaint mechanisms in the DEC programme were reported to be non-sensitive in nature, there was one sensitive case highlighted by respondents, involving a beneficiary complaint against a particular staff's conduct. Upon receipt of the complaint, it was immediately reviewed and addressed by CRS and its partners in consultation with the community and beneficiary. In Phase 2, CRS appointed a PSEA focal point, specific to protection.

Feedback loops were established to channel information back to communities by way of publicly visible large banners at the village level. Partners needed to be more aware of gendered access to information as reports cited women having less access, which highlighted that the channels for sharing information were not diversified enough to reach everyone in the community.

3.3.2   Protection

Protection Mainstreaming

Existing and newly hired staff across the DEC partnership were well equipped with crucial contextual knowledge about intersectional needs, including age, gender, disability, and religion, and strategies to increase inclusion and ensure reasonable accommodation.

During Phase 1, CRS ensured all partner staff were introduced to key protection principles. As part of the Phase 2 response, CRS/CAFOD focused on more systematic capacity building on PSEA and Safeguarding, with support from CAFOD.

DEC programme carried out due diligence and capacity building to ensure adherence to the Inter-Agency Standing Committee (IASC) Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (PSEA) and Safeguarding principles. Staff, volunteers and partners were expected to adhere to CRS' Code of Conduct and Protection Policy and Safeguarding – which includes a clause on PSEA. Likewise, protection, safeguarding, code of conduct and ethical policies were factored into partner organisational capacity strengthening and part of the CRS/Partnership Agreement.

CRS and its partners targeted assistance to at-risk groups from the onset of the response, identifying key areas of need and capacities through general and specialized assessments, including an in-depth gender assessment in the early days of the disaster. The document was shared as a good example of gender analysis in an emergency context and promoted in the region.

Learning from Phase 1 led CRS to recruit a Protection Officer to ensure that at-risk groups and PSEA were given appropriate attention across the implementation of activities. Protection mainstreaming trainings were conducted in five target villages to ensure target households were aware of issues that may arise and to disseminate information on how to provide feedback though CRS and local partner channels. To address the specific needs of boys and girls, specific child-friendly sessions were organized applying child-friendly techniques and forms of expression through drawing and interaction to disseminate knowledge to children on key protection principles.

CAFOD provided protection mainstreaming support to the DEC programme by building the capacity of CRS staff and national partner staff through delivery of a protection workshop, peer-to-peer learning exchange, and field-based protection assessments. These activities were reportedly well received by CRS and national staff.

Targeting of At-Risk Groups

In alignment with the Core Humanitarian Standard practice, the DEC programme assed and was responsive to the differing needs of girls, boys, women, men, the elderly, and other at-risk groups, including gender, age, disability, and pregnant and lactating mothers.

Detailed household assessments were carried out to identify which groups would require additional assistance. For example, disaggregated household member data was collected during beneficiary registration in Phase 2 with a total of 40 households were identified as vulnerable, based on information on people with reported disabilities. As noted previously, DEC partners provided additional technical support to ensure construction was completed for vulnerable households. The CL-DRM component identified at-risk groups through household surveys and engaged them in risk mapping, dissemination activities and action planning

Figure 6. Target Communities' Perception of Safety, before DEC programme and after DEC programme
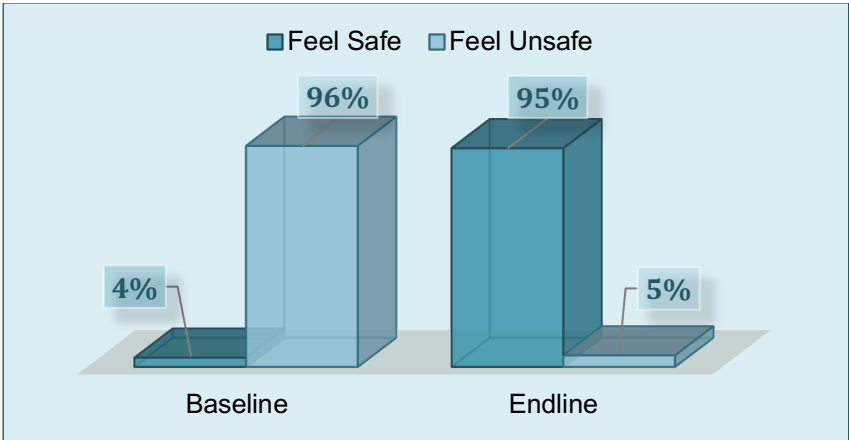
4 Recommendations

The recommendations presented here provide a framework for strengthening the planning and implementation of future disaster recovery efforts, and offer prioritized, practical steps to that build upon CRS and partners current strengths, while addressing short and long-term areas needing development or change. These recommendations highlight potential actions to strengthen the implementing programme staff and programme capacity in order to achieve strategic goals. This section is framed to enable end user to take immediate action on the recommendations based on major thematic findings outlined in above sections.

To facilitate future implementation of recommendations, each table includes the key area within which the recommendation falls and further details on each recommendation.

4.1 Partnership

Partnership will continue to be critical element of any disaster response programming. The following table provides an overview of recommendations related to partnerships.

Rec No.	Key Area	Partner	Details
4.1.1	**Partner Agreements**	CAFOD and CRS	Establish strategic collaboration agreements with national partners pre-disaster, including multiple scenarios and standard protocols for once a disaster occurs. Train partners on appeal/donor requirements and policies (e.g. DEC).
4.1.2	**Partner Capacity Building**	CAFOD	Develop a preparedness accompaniment package for partners (specifically Caritas network) in disaster risk reduction and emergency response as well as organizational readiness (i.e. financial management, protection mainstreaming) to demonstrate possible synergies with CAFOD. Based on self-assessment process of each partner, support them to develop a preparedness action plan.
4.1.3	**Partner MEAL**	CAFOD and CRS	Develop key performance indicators for systematically measuring and improving partner quantitative and qualitative gains in protection, safeguarding, inclusion, and PSEA.
			Communicate clear data collection guidelines with national partners, including data collection tools, requirements, and end uses of data collection.
4.1.4	**Partner Staffing**	DEC Partners and CI Partners	Work with partners to evaluate staffing needs to manage multiple funding streams, including technical and funding requirements. Hire permanent staff for dealing with disasters and disaggregate responsibilities among them to cover specific projects.

4.2 Programme Quality

Programme quality is a fundamental element of a successful emergency response. The following table provides an overview of recommendations related to programme quality.

Rec No.	Key Area	Partner	Details

4.2.1	**Programme Design**	CAFOD and CRS	Provide capacity development on technical skills on donor relations and proposal development in pre-disaster phases. Involve local partners and disaster affected communities in the design and planning at a very early stage.
4.2.2	**Technical Approach – Cash Transfer**	CRS	Strengthen process for handling cash assistance violations at the community level based on good practices from peer organizations and/or past disasters.
			Develop good practice guidelines for the cash-based approach to benefit future programme design as well as training of current and future partners pre-disaster.
4.2.3	**Technical Approach – DRR**	CRS	Integrate CL-DRM into emergency response shelter/WASH interventions and collaborate with local networks to test approaches and document good practices. Examine synchronicities and differences between CL-DRM and other DRR models (e.g. CORDAID) implemented by national partners to learn for future responses.
4.2.4	**Local Capacity Building**	CRS	Develop a capacity building assessment and assistance package for cash-based assistance and CL-DRM. Collaborate with PKPU-HI and MDMC to integrate modules into their training centres to cascade capacity building among other Indonesian national disaster response partners.
4.2.5	**MEAL**	CRS	Establish one common MEAL system to share across a disaster response. Define clear division of roles, data collection quality and timeliness, frequency of monitoring activities and analyses, regular discussions and debriefs on data,[31] etc. Ensure accessibility of data at multiple levels, continuous interaction between MEAL team and programme/sector staff, and regular opportunities to reflect on and share learning within and between partners for decision-making and adaptation.
		CRS	Appoint a key focal point (new or existing staff) for oversight of MEAL for national partners. This role should have an emphasis on gender, protection, safeguarding, and PSEA.
		DEC partners	Increase the number of MEAL staff with division of their roles/data collection according to technical areas (e.g. shelter, sanitation, DRR).

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[31] e.g. PDM data

Rec No.	Key Area	Partner	Details
		CRS	Evaluate programme progress with community and village government on a quarterly basis to build local ownership and sustainability.
4.2.6	**Learning and Sustainability**	CRS	Appoint a focal point within CRS to work with government (MoSA) and other humanitarian actors operating in Indonesia on wider adoption of alternative shelter approaches. Cultivate a community of practice/network to convene in pre-disaster periods for exploratory learning and supporting regional governments in establishing cash based guidance pre-disaster (to mitigate future delays).

4.3 Protection and Accountability

Protection and accountability are cornerstones of CRS and partners organisational philosophies and successful implementation approaches. The following table provides an overview of recommendations related to protection and accountability.

Rec No.	Key Area	Partner	Details
4.3.1	**Feedback and Complaints**	DEC Partners	Engage with communities early in a response on the best channels for feedback and complaints. Hold inclusive consultations to identify a diverse set of options that meet the needs and preferences of different groups (e.g. gender, age, different types of disabilities). Once they are established, ensure that they are functional and communicate the process for addressing feedback and sharing information back to communities. Evaluate the progress and shortcomings of programmes together with community and village government and to create mutual commitment for the benefit of sustainability and exit strategy. Explore and utilize informal feedback mechanisms with communities.
		DEC Partners	Build capacities across programme staff of CRS and partners to have a common understanding and monitoring framework for the identified feedback/complaint system. Establish consistent information sharing (including escalation) and learnings between partners.

| 4.3.2 | **Protection** | DEC Partners | Ensure that all staff (not only programme staff) and partner staff receive that same quality of training on protection mainstreaming and PSEA. Support partners with training and mentoring on how to apply protection, safeguarding, and inclusion as cross-cutting issues during all phases of the programme cycle (including preparedness). |
| | | DEC Partners | In addition to assessments on Gender and Protection, consider additional assessments to have a deeper understanding of the characteristics of all potential at-risk groups, their capacities, support networks and ways to engage and include them across the programme cycle and incorporate at the design phase. For example, how to use the Washington Group Questions[32] to understand the functioning needs of people with disabilities and plan for accessibility adjustments across interventions. Similarly, assessments of indigenous/cultural minority groups. |

5 Conclusion

Overall, the CAFOD/CRS response was strategically and programmatically appropriate and effective to provide critical relief and recovery in the aftermath of the earthquake and tsunami in Central Sulawesi. The response demonstrated a strong partnership model rooted in the principles of localization, successful delivery of cash-based assistance for shelter and latrines that supported the local market, and significantly prioritized accountability towards and protection of disaster affected communities and at-risk groups in Central Sulawesi.

The main findings report that while programming should continue to be driven by the context and voices of disaster affected communities, it is also imperative for DEC partners to invest in MEAL as a driver of quality programming. This calls for specific financial and human resource allocations to ensure prioritization of a learning agenda. While adaptations have been made during the current DEC programme, more can be done to document well the good practices and learning that are being brought forward in ongoing recovery programming and preparedness planning for the potential of future disasters in Central Sulawesi.

6 Annexes

#	**Annex Name**	**Contents**

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[32] http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/

A	**Data Collection Tools**	- Online Survey tools - KII tools - FGD tools
B	**Qualitative Evidence**	- Excel document of coded findings - Summary of Evidence List - CRS FGD package (presentation, group notes, chat transcript) - Compiled list of KII interviewees and FGD participants
C	**Quantitative Evidence**	- Quantitative reflection table
D	**Reflection Workshop**	- Powerpoint presentation - Group Notes - Chat transcript - Attendance List - Document with findings by CHS/DAC
E	**Inception Report**	- Inception report document