

CAER Cluster Evaluation  
Pakistan Earthquake

July 2006

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Shoaib Tayyab, AusAID's manager in Pakistan, is appreciated for organising in-country logistics and, along with Sara Nisar, providing language translation.

The willingness of UN and Government of Pakistan representatives to provide the evaluation team with overall perspectives is appreciated.

The resilience and determination of households affected by unprecedented destruction is inspirational.

## EXECUTIVE SUMMARY

This document reports the process and findings of a cluster evaluation of four non-government organisations (NGO) that were supported by the Australian Agency for International Development (AusAID) in response to the 2005 Pakistan earthquake emergency under AusAID's Cooperation Agreements for Emergency Response (CAER) Program.

In 2003, HES signed Cooperation Agreements for Emergency Response with five Australian NGOs for a period of three years. The goal of these agreements was to enhance capacity to respond rapidly to humanitarian emergencies in Australia's region.

This report is a result of a review recommendation to accrue program performance information by evaluating a sample of partner NGO emergency interventions under the CAER. The stated objectives of the evaluation were to: i) evaluate a sample of disaster response activities funded under the CAERs; ii) conduct a 'once-off' audit of the emergency needs assessment, planning, risk management, monitoring and reporting systems of signatory NGOs.

A 'cluster evaluation' approach was selected by AusAID for efficiency and methodology reasons. The evaluation framework used for this CAER cluster evaluation was based on a framework developed by AusAID's Community Programs Section (CPS) for a cluster evaluation of NGOs operating under the AusAID NGO Cooperation Program (ANCP) in Cambodia during June 2005.

This CAER cluster evaluation was conducted in Australia and Pakistan. The methods employed were qualitative: i) document reviews; ii) key informant interviews; iii) focus group discussions. The NGOs were assessed against three performance dimensions: organisational capacity, planned response and implementation performance. Each of these performance dimensions was further elaborated by a range of indicators.

Figure 7 in Section 3.1 summarises the evaluation findings.

### **Organisational Capacity**

None of the four ANGO CAER partners involved in this evaluation were directly operational in the Pakistan emergency response. Rather, all CAER funds were delivered through implementing partners affiliated with the ANGOs.

Two of the four agencies (CARE and Oxfam) predominantly engaged through local NGOs (LNGO) and community groups (i.e. devolved operations). The other two agencies (World Vision and the Red Cross/Red Crescent Movement) predominantly worked through their own international affiliates (i.e. direct operations).

The evaluation team formed a view that the success of partnerships in emergency response is a function of the quality of prior engagement. It is also plausible that the start-up of an emergency operation may be more efficient when partners have previously established modes of operation.

All four agencies reported significant efforts to build the capacity of their local staff and partners. Training in Sphere standards and Humanitarian Accountability Partnership (HAP) were frequently cited examples.

All agencies had representation in Pakistan prior to the earthquake, which facilitated their responsiveness to some extent. However, this representation varied between Care Pakistan (CP) which had been operational for around four months, to the Pakistan Red Crescent Society (PRCS) which was established in 1947 at the birth of the nation. Of note is the fact that, prior to the earthquake, none of the four agencies had a significant presence specifically in the affected area. Nevertheless, all four agencies demonstrated remarkable surge capacity by drawing heavily on international networks and institutional response mechanisms, including the deployment of rapid response teams.

It emerged that there is a fundamental tension facing humanitarian aid agencies between the need for pre-positioning/responsiveness; and the need to be context driven/culturally appropriate.

The deployment of organisational management systems seem to have met with variable success.

In general, intra-agency communication is reported to have been reasonably effective. Interagency communication across the broader humanitarian program appears to have been slightly more problematic. The UN implemented the previously untried 'cluster coordination system'.

### **Planned Response**

Agencies depended on the Pakistan military for basic needs information: areas affected; beneficiary numbers; access and logistical issues; etc.

Three of the four agencies (CARE, Oxfam and World Vision) participated in multi-agency assessment teams that visited the affected area within twenty-four hours.

Beyond the rapid collection of basic humanitarian needs information, detailed needs analysis that succinctly segmented the broader beneficiary population seems to have been difficult to conduct.

The evaluation team found variability in the quality of CAER design documents, especially in the areas of: segmentation and prioritisation of beneficiaries; definition of M&E arrangements; risk identification and risk management strategies; attention to cross-cutting issues; articulation of transition strategies and mechanisms to foster connectedness; use of internal project design appraisal processes.

### **Implementation Performance**

All agencies reported that the emergency response was implemented according to plan. In several cases, more than the planned number of beneficiaries was served.

In cases where underachievement had occurred, it is significant that agencies had captured this information, and were able to attribute causal factors.

No formal evaluations of the emergency response had been conducted by any of the agencies, hence there was no 'empirical' evidence that the desired outcomes had been realised.

It was difficult for the evaluation team to independently verify the effectiveness of the emergency response operations. Only limited engagement with staff from the four INGOs, partners and beneficiaries was possible in the two weeks in-country. Nevertheless, the feedback from beneficiaries confirmed the perspective of agency staff at all levels that the emergency response had been timely, appropriate and of reasonable quality.

All four INGOs were committed to remaining engaged in the affected areas and were proactively grappling with the practical challenges of articulating a transition strategy.

Although seemingly straightforward, the mechanics of implementing a successful transition from relief through recovery to development remain an area for further research.

In terms of operational costs, there was widespread acknowledgement that the Pakistan earthquake response was relatively expensive, owing to the remote and inhospitable area affected, and consequently the large overhead on logistics operations.

Overall, agencies reported that emergency operations were well managed. However, the practical challenges of the context put pressure on some management systems.

Financial management systems and compliance were not a focus of this evaluation. Nevertheless, agencies reported that all CAER funds were expended as planned.

The evaluation team observed variability in the M&E systems that agencies employed. This variability may stem from the absence of an overall 'information

architecture'. Agencies generally delegated the details of project M&E arrangements to implementation teams/partners. Highly detailed information was captured and reported concerning the deliverables of the emergency interventions. There was also considerable effort made to verify that the quality of the deliverables (commodities and services) were appropriate and aligned with international standards such as Sphere. However, there was less information available concerning the perceptions of beneficiaries about the value of the relief.

## SUMMARY OF RECOMMENDATIONS

1. AusAID should revise the cluster evaluation framework to reflect the recognition that ‘efficiency’ has both *time* and *cost* dimensions, and that resolving the tension between these dimensions is a matter of management judgement. ....2
2. AusAID should consider requiring ANGOs to furnish a draft transition strategy within four weeks of grant release as a way to enhance the quality of CAER design without compromising grant release efficiency. ....2
3. AusAID should consider internal arrangements between HES and Desk to make opportunities for a second tranche of funding to ANGOs more explicit, and contingent on good quality designs and implementation. ....2
4. ANGOs should examine the conceptual basis for their M&E arrangements in emergency response to ensure coherence and usability of the data. ....2
5. AusAID should engage with CAER partners in the development of an M&E system for emergencies to ensure consistency and coherence. ....2
6. ANGOs may benefit from reviewing AusAID’s Quality Frame for M&E. ....2
7. AusAID should facilitate verbal After Action Reviews with CAER partners immediately following the acute phase of emergency responses. ....2
8. ANGOs experimenting with ways to capture tacit learning during emergency response should share the experience of processes employed with AusAID and CAER partners. ....2
9. AusAID may consider working with CAER partners to prioritise disaster-prone areas and to support proactive strengthening of local partners in disaster preparedness and management. ....2
10. AusAID should facilitate a review and discussion of transition strategies employed by CAER partners to identify guiding principles and good practices. ....2
11. AusAID may consider allocating some of internal research funding to explore key emergency issues, such as transition strategies. ....2

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## LIST OF ACRONYMS

ACC	Area Coordinating Committee
ACFID	Australian Council for International Development
AFAP	Australian Foundation for the Peoples of Asia and the Pacific
AJK	Azaad Jammu and Kashmir
ANCP	AusAID NGO Cooperation Program
ANGO	Australian NGO
ARC	Australian Red Cross
ATV	All-terrain Vehicle
AUD	Australian Dollar
AusAID	Australian Agency for International Development
CA	CARE Australia
CAER	Cooperation Agreements for Emergency Response
CF	Swiss Francs
CP	CARE Pakistan
CPS	Community Programs Section
CPS	Community Programs Section
DMC	Disaster Management Committee
FAO	Food and Agriculture Organisation
GoP	Government of Pakistan
HAPI	Humanitarian Accountability Partnership International
HES	Humanitarian Emergencies Section
HR	Human Resources
HSP	Humanitarian Support Personnel
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross/Red Crescent Societies
INGO	International NGO
LNGO	Local NGO
M&E	Monitoring and Evaluation
NFI	Non-food Items
NGO	Non-government Organisation
NWFP	North West Frontier Province
OA	Oxfam Australia
OGB	Oxfam Great Britain
OI	Oxfam International
PAK	Pakistan-administered Kashmir
PRCS	Pakistan Red Crescent Society
QAF	Quality Assurance Framework
RC/RC	Red Cross/Red Crescent movement
SDF	Sungi Development Foundation
SRSP	?
STEEP	Social Technical Economic Ecological Political
UN	United Nations
UNHAS	UN Humanitarian Air Services
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
USD	United States Dollar

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WFP	World Food Program
WV	World Vision
WVA	World Vision Australia
WVI	World Vision International

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# 1. INTRODUCTION

## 1.1. Document Purpose

This document reports the process and findings of a cluster evaluation of four non-government organisations (NGO) that were supported by the Australian Agency for International Development (AusAID) in response to the 2005 Pakistan earthquake emergency under AusAID's Cooperation Agreements for Emergency Response (CAER) Program.

Findings for each of the four sampled NGOs are presented in stand-alone appendices of this report (Appendices A – D). A synthesis of the overall findings and the implications for AusAID's Humanitarian Emergencies Section (HES) are presented in Section 3 and Section 4 of this report.

## 1.2. Background

In 2003, HES signed Cooperation Agreements for Emergency Response (CAER) with five Australian NGOs<sup>1</sup> for a period of three years. The goal of these agreements was to enhance capacity to respond rapidly to humanitarian emergencies in Australia's region.

AusAID staff conducted a review of the effectiveness of the CAER in 2005. This review examined a sample of activity reports and relevant correspondence, and the perspectives of AusAID and partner NGO staff.

The review report noted that there was "*need for more robust activity and program performance data*". The review also recommended that the existing agreements be extended for approximately one year, during which time an evaluation of a sample of CAER activities be undertaken. This recommendation was consistent with Clause 8.7(a) of the CAERs which obliged AusAID to "*undertake an independent, external evaluation...during the first six months of the third year of the Agreement or at other times if requested by either party and agreed by both*".

This report is a result of the review recommendation to accrue program performance information by evaluating a sample of partner NGO emergency interventions under the CAER.

## 1.3. Context

An earthquake struck northern Pakistan at around 0830 hours (local time) on 8 October, 2005. The magnitude of the earthquake was 7.6 on the Richter scale, with more than ten after-shocks ranging between 5.2 and 6.3.

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<sup>1</sup> Australia Red Cross (ARC), CARE Australia (CA), Oxfam Australia (OA), World Vision Australia (WVA), Australian Foundation for the Peoples of Asia and the Pacific (AFAP)

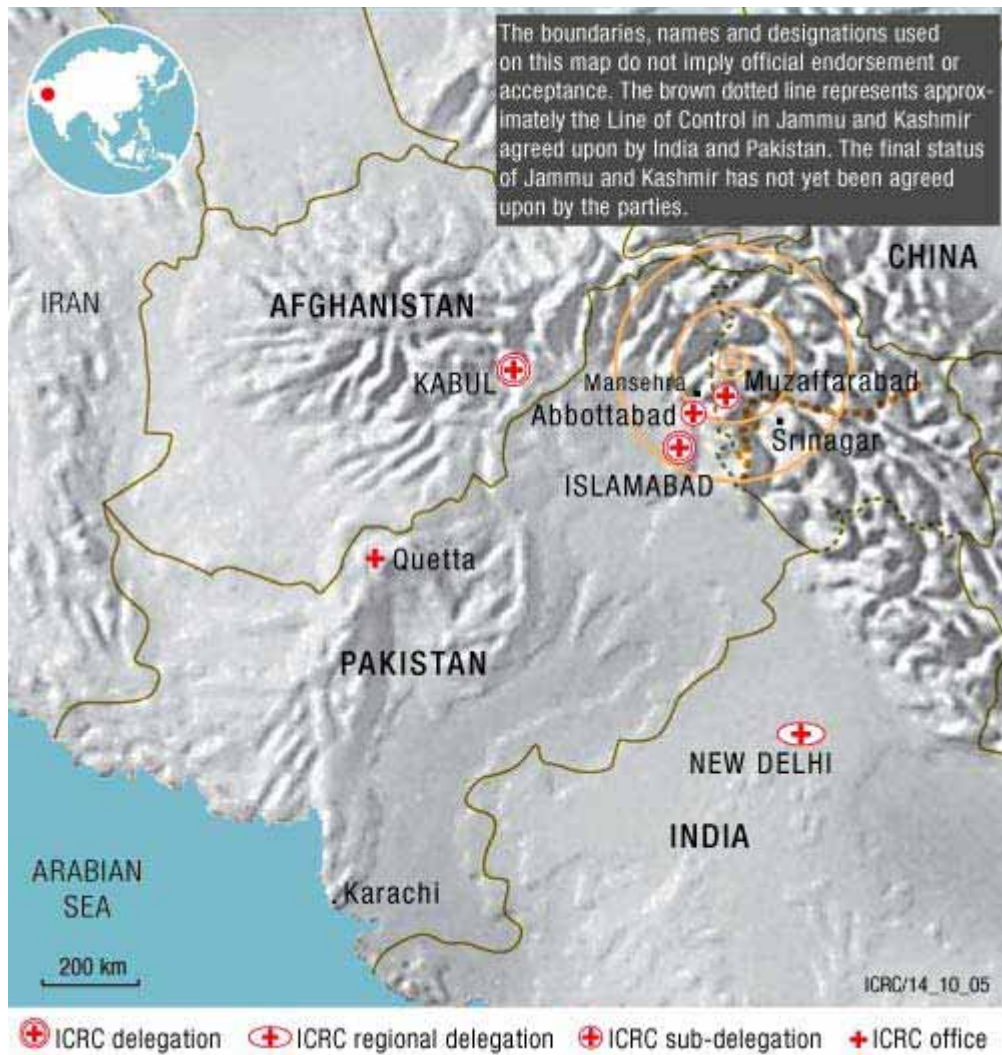


Figure 1: Affected area of Pakistan (Source: ICRC)

The affected area took the form of a 30,000 km<sup>2</sup> band running North West – South East; a mountainous area almost half the size of Tasmania (see Figure 2). Two provinces of northern Pakistan were the worst affected: Northwest Frontier Province (NWFP) and Azaad Jammu and Kashmir (AJK) in Pakistan-administered Kashmir (PAK).

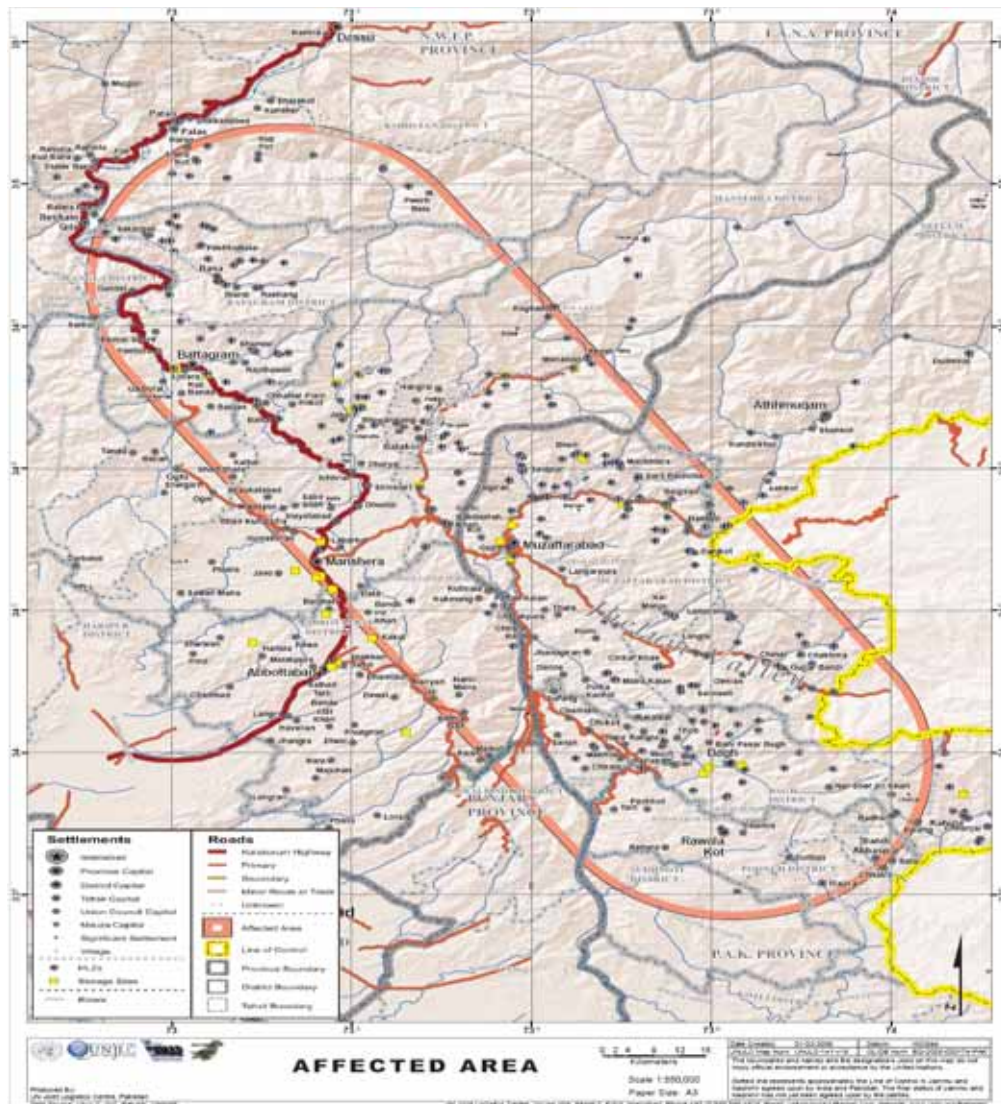


Figure 2: Affected area of NWFP and AJK (Source: UNJLC)

An estimated 73,000 people were killed and over 128,000 were injured. Some 3.5 million were rendered homeless; 2.3 million food insecure; 1.7 million without access to safe drinking water and adequate sanitation. Around 70% of health facilities were destroyed. In AJK and NWFP, 53% and 24% of schools respectively were destroyed.



**Figure 3: Temporary school buildings in Balacot where 150 students died when the school collapsed; 50 students remain permanently disabled. The grassy area in the foreground is a mass grave. The school previously catered for 750 students. The hill in the background previously accommodated a community of around 7,000 people; only 3,500 survived.**

#### 1.4. Evaluation Scope

The stated objectives of the evaluation were to:

- evaluate a sample of disaster response activities funded under the CAERs;
- conduct a 'once-off' audit of the emergency needs assessment, planning, risk management, monitoring and reporting systems of signatory NGOs.

The intended use of the evaluation was to:

- meet AusAID's accountability requirements to the Australian Government;
- initiate improvements to the funding model (if required);
- inform AusAID about program management systems used by signatory NGOs as a foundation for enhancing AusAID's HES monitoring and evaluation (M&E) System.

The evaluation was led by an AusAID Task Manager, Frank Thompson, from HES. AusAID's Asia Program Quality & Development Advisor, Graham Rady, provided oversight during the planning of the evaluation. The Australian Council for International Development (ACFID) nominated an NGO representative, Denise Nichols, with a background in NGO emergency management, but with no formal links with any of the sampled NGOs. AusAID appointed two independent consultants: Kaye Bysouth led the desk review; Paul Crawford led the in-country fieldwork and write-up<sup>2</sup>. Throughout the in-country phase (July 15 - 31, 2006), AusAID's Program Manager in Islamabad, Mr Shoab Tayyab, accompanied the team to manage logistics and to act as an interpreter as required. Ms Sara Nisar from Islamabad translated women's group sessions.

<sup>2</sup> The NGO representative participated in both the desk review and the field work to ensure that NGO perspectives were appropriately accommodated.

## 2. METHODOLOGY

### 2.1. Evaluation Approach & Purposive Sampling

A 'cluster evaluation' approach was selected by AusAID for efficiency and methodology reasons.

Evaluating the work of CAER partners in response to a single emergency was found to be significantly more cost-effective than evaluating unrelated emergency responses in disparate locations. Further, the evaluation of CAER partners operating within a common context was thought to enable more rigorous and meaningful comparative analysis and learning.

The requirement for a majority of the CAER partners to be involved meant that a purposive sampling method was used, and only major emergencies were considered. The fact that several evaluations of the tsunami response had already been conducted at the time this evaluation was planned effectively narrowed the sample to the Pakistan earthquake response.

Four of the five CAER partners were involved in the Pakistan earthquake response, and were agreeable to participating in the evaluation:

- Australian Red Cross (ARC)
- CARE Australia (CA)
- Oxfam Australia (OA)
- World Vision Australia (WVA)

### 2.2. Evaluation Framework

The evaluation framework used for this CAER cluster evaluation was based on a framework developed by AusAID's Community Programs Section (CPS) for a cluster evaluation of NGOs operating under the AusAID NGO Cooperation Program (ANCP) in Cambodia during June 2005.

The ANCP cluster evaluation framework extended AusAID's NGO Quality Assurance Framework (QAF) by incorporating ACFID's NGO Effectiveness Framework and a generic context analysis framework, STEEP<sup>3</sup>. An AusAID peer review of the ANCP cluster evaluation acknowledged the merit of taking a broader perspective on activity performance<sup>4</sup>, and recommended that the three frameworks be integrated into a new single evaluation framework.

The new integrated NGO evaluation framework developed by CPS following the peer review was modified for this evaluation to accommodate the peculiarities of emergency interventions. The resulting CAER cluster evaluation framework is attached in Appendix E.

### 2.3. Methods of Inquiry

This CAER cluster evaluation was conducted in Australia and Pakistan. The methods employed were qualitative:

- Document reviews
- Key informant interviews
- Focus group discussions

Information gleaned using these three methods was triangulated and supplemented at three levels:

<sup>3</sup> STEEP: Social, Technical, Economic, Ecological, Political

<sup>4</sup> As stated in the ANCP cluster evaluation report: "The evaluation methodology that was developed acknowledges the complexity of issues surrounding performance measurement of international aid activities. These issues include lack of agreement on absolute measures of performance, and the difficulty of attributing change to individual activities in complex environments. With cluster evaluations these evaluation complexities are compounded by the difficulty of accommodating diverse agency structures, contexts, objectives and stages of implementation. To accommodate the complexity, the evaluation team adopted a 'systems perspective' on NGO performance—acknowledging the influence of a multitude of factors through three dimensions of performance".



- **Australia:** a desk review of all relevant documents furnished by the sampled Australian NGOs (ANGO); interviews with key ANGO stakeholders<sup>5</sup>.
- **Islamabad:** key informant interviews with implementing partner program management staff; interviews with other relevant stakeholders such as United Nations (UN) and Government of Pakistan (GoP) officials.
- **NWFP and AJK:** a mix of key informant interviews and focus group discussions with operational partner staff and with beneficiaries in the field.

The emphasis of questioning at each of the above three levels was context-driven. Interviews with partners and beneficiaries focussed on operational matters relating to activity management and impact; whereas interviews with in-country NGO management and ANGO staff focussed more on tactical and strategic matters such as systems, procedures and strategy. In each interview the evaluation team members took extensive individual notes that were consolidated at the end of each day.



Figure 4: Men's focus group

Interviews followed a semi-structured conversational format that was informed by a question guide based on the evaluation framework (see Appendix F). A schedule of interviews conducted during the field work is provided in Appendix G. The specific sites visited by the evaluation team are represented in Figure 5.



Figure 5: Locations visited by the evaluation team (Source: ICRC)

#### 2.4. Feedback and Analysis

At the conclusion of the two-week in-country stage of the evaluation, observations and preliminary findings were fed back to NGO leadership in a session convened at the Australian High Commission in Islamabad. At this session the evaluation team raised issues for clarification and discussion, and NGO staff provided points of correction and additional insights.

The evaluation team then carried out content analysis of interview transcripts in order to identify common themes and exceptions in both the intra-agency and inter-agency

<sup>5</sup> The desk review team consolidated the salient issues from the document reviews and in-Australia interviews, highlighting issues for further investigation by the field team.

responses. The data collated from this process was submitted for review by each of the sampled ANGOs to ensure fairness and accuracy of reporting before inclusion in the final version of this report.

## 2.5. Limitations Encountered

In general, the evaluation proceeded smoothly. Nevertheless, several methodological and practical factors were encountered that may have affected the integrity of the findings:

- The amount of time allocated to each of four NGO operations within the two weeks in-country was relatively limited. This placed a practical limit on the depth to which the evaluation team could investigate issues.
- The sites visited by the evaluation team (and hence the beneficiaries interviewed) were at the discretion of the host NGO. Hence, the findings compiled in this report must be taken as indicative rather than representative.
- The comparability of agency-specific findings across the evaluation cluster was limited by variability in the sectors of intervention, geographic and cultural variability, and the various agency structures and approaches employed.
- Landslides affected access to some areas that had been planned for field visits. In the case of the ARC supported activities this meant that no beneficiary perspectives were obtained by the evaluation team.



**Figure 6: Landslide-affected road**

### 3. FINDINGS

#### 3.1. Overall Assessment

The evaluation team found all four NGO responses to the Pakistan earthquake emergency to be satisfactory or above overall.

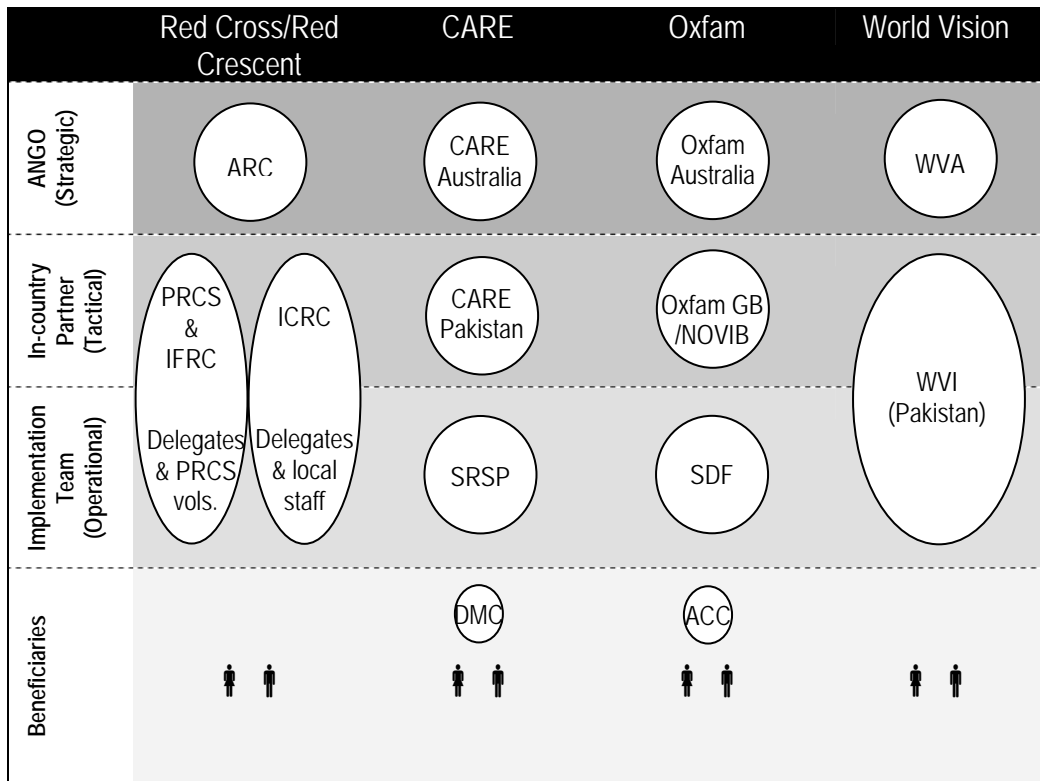
As identified in the evaluation framework (Appendix E), the NGOs were assessed against three performance dimensions: organisational capacity, planned response and implementation performance. Each of these performance dimensions was further elaborated by a range of indicators. The evaluation team reached consensus on the rating for each indicator and overall performance using a subjective five point categorical scale— Highly satisfactory (HS), Satisfactory (S), Unsatisfactory (U), Highly unsatisfactory (HU). AusAID reiterates that findings are specific to the activities reviewed and not indicative of overall agency performance.

Agency		Australian Red Cross		CARE Australia		Oxfam Australia		World Vision Australia	
Indicator									
Organisational Capacity	1. ANGO capacity to deliver emergency response/activity	HS	HS	S	S	HS	HS	HS	S
	2. Quality of existing relationships with national affiliate, local partners and beneficiaries	S		S		HS		U	
Planned Response	3. Quality of analysis and initial response strategy	S	S	HS	HS	HS	S	S	HS
	4. Standard of funding proposal/design	U		HS		U		HS	
Implementation Performance	5. Efficiency of emergency response	HS	HS	HS	S	HS	HS	S	HS
	6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries	S		S		S		HS	
	7. Effectiveness of emergency response	S		S		HS		HS	
	8. Connectedness/sustainability	HS		S		HS		S	

Figure 7: Agency ratings

#### 3.2. Organisational Capacity

None of the four ANGO CAER partners involved in this evaluation were directly operational in the Pakistan emergency response. Rather, all CAER funds were delivered through implementing partners affiliated with the ANGOs. While this situation may raise questions about the capacity of the ANGOs, or the efficacy of these evaluation findings for informing future CAER procurement decisions, it nonetheless reflects the reality of federated international NGO (INGO) structures. Figure 8 depicts the various organisational structures employed by the four INGOs.



**Figure 8: A representation of the diversity of organisational structures within the four INGOs**

The 'y' axis in Figure 8 describes the structural arrangements that underpinned the emergency response partnerships within each of the four NGOs (presented along the 'x' axis). Elliptical shapes represent the scope of responsibility of discrete entities within the partnerships<sup>6</sup>. At the top of the matrix, ANGOs act in a strategic capacity as sources of funding. In Pakistan, the ANGO's implementing partner takes tactical responsibility for administering the emergency program, and in some cases, operational responsibility in the field; in other cases, the implementing partner is also responsible for field operations. In two of the four cases, beneficiaries are explicitly mobilised through community-based organisations: the Disaster Management Committees (DMC) and Area Coordinating Committees (ACC).

Two broad approaches were observed among the four NGOs:

- **Direct operations:** in-country partners of the ANGO engaged directly with beneficiaries in implementing the emergency response operations.
- **Devolved operations:** in-country partners of the ANGO devolved operational responsibilities to local partners.

Two of the four agencies (CARE and Oxfam) predominantly engaged through local NGOs (LNGO) and community groups (i.e. devolved operations). The other two agencies (World Vision and the Red Cross/Red Crescent Movement) predominantly worked through their own international affiliates (i.e. direct operations).

Both approaches have relative strengths and weaknesses. On the one hand, direct operations may improve the efficiency of response and preserve the integrity of internal systems, procedures and values. On the other hand, where devolved operations are implemented through established local partners, the transition to sustainable development may be more viable.

<sup>6</sup> The evaluation team acknowledges the oversimplification implied in Figure 8 (for example, World Vision also partnered with local organisations in approximately 10% of its emergency response program). Nevertheless, the diagram serves to illustrate the diversity of structural arrangements.

Both the agencies that predominately worked through local partners verified their capacity to respond. Oxfam/NOVIB worked closely with SDF to review their internal capacity and systems, and advised them of the likely risk of being overwhelmed by INGOs seeking operational partners. CARE implemented established capacity assessment tools.

In the case of the Red Cross/Red Crescent (RC/RC) movement, direct operations are fundamental to the *modus operandi* as a way to ensure adherence to institutional values and the Red Cross Code of Conduct. In the case of World Vision in Pakistan, this decision was more tactical, and reflected the need to ensure compliance with internal management systems and procedures.

Oxfam and CARE both implemented through partners as a fundamental feature of their overall strategy for engagement in Pakistan. As such, their performance is intimately intertwined with the capacity of their operational partners. Both CARE and Oxfam worked through multiple partners during the emergency response, however, the evaluation team only interacted with the Sungi Development Foundation (SDF; Oxfam's partner) and SRSP (CARE's partner) during field visits.

The evaluation team formed a view that the success of partnerships in emergency response is a function of the quality of prior engagement. It is also plausible that the start-up of an emergency operation may be more efficient when partners have previously established modes of operation.

CARE had no prior relationship with SRSP before their partnership to distribute relief to earthquake-affected communities; whereas Oxfam/NOVIB had worked with SDF for many years prior to the earthquake. Both SDF and Oxfam reported that the partnership was successful and mutually beneficial<sup>7</sup>. In contrast, CARE indicated that although no significant operational problems had occurred, a future partnership with SRSP was unlikely, owing to divergent philosophical outlooks and approaches that had become apparent during the emergency response.

All four agencies reported significant efforts to build the capacity of their local staff and partners. Training in Sphere standards and Humanitarian Accountability Partnership (HAP) were frequently cited examples. This appears to have been valued by local staff and partners. However, both Oxfam and CARE noted that there was a fundamental tension between the desire to invest in capacity building during an emergency operation, and the need to respond efficiently in accord with the humanitarian imperative. Once again, the value of pre-established relationships and investment in preparedness is self evident.

In the case of the IFRC, although building the capacity of the national society is central to the agency's mandate, in Pakistan, this seems to have been viewed more from a long term perspective. The initial emergency response relied heavily on international delegates. The recovery and long term development plan involves mirrored organisational structures between IFRC and PRCS with international delegates systematically withdrawing in concert with growing national capacity.

All agencies had representation in Pakistan prior to the earthquake, which facilitated their responsiveness to some extent. However, this representation varied between Care Pakistan (CP) which had been operational for around four months, to the Pakistan Red Crescent Society (PRCS) which was established in 1947 at the birth of the nation.

Of note is the fact that, prior to the earthquake, none of the four agencies had a significant presence specifically in the affected area. Nevertheless, all four agencies demonstrated remarkable surge capacity by drawing heavily on international networks and institutional response mechanisms, including the deployment of rapid response teams. These ranged between permanently engaged specialists that are on-call for rapid deployment (e.g. Oxfam's Humanitarian Support Personnel), through

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<sup>7</sup> The quality of the working relationship between Oxfam and SDF was evident in the nature of support provided by Oxfam to SDF, which included supplementing the payroll to mitigate the poaching of staff by higher paying agencies, and mentoring the organisation's leaders with regard to developing partnerships with other international agencies.

to registers of professionals that can be released by their employers and mobilised at short notice (e.g. CARE Australia's humanitarian register).

Despite these rapid response mechanisms, all four agencies noted that the timing of the Pakistan earthquake posed significant challenges to their international recruitment mechanisms, owing to the number of concurrent emergencies in the world. This issue seems to have affected agencies more in the phase immediately following the emergency response start-up. In other words, while rapid response teams mobilised promptly and with strong capacity, some agencies reportedly struggled to mobilise follow-up teams. Nevertheless, the limited exposure of the evaluation team to both expatriate and national staff within the four agencies suggested a high calibre of professional aid worker.

Two of the agencies (World Vision and IFRC) demonstrated significant 'pre-positioning' systems and networks that facilitated rapid deployment of relief commodities. However, it emerged that there is a fundamental tension facing humanitarian aid agencies between the need for pre-positioning/responsiveness; and the need to be context driven/culturally appropriate. This tension was highlighted by IFRC management staff who reported that some centrally procured relief commodities were culturally inappropriate in remote and conservative communities (see Appendix A). WV also encountered confusion about whether particular items were designed to be fuel-efficient stoves or heaters, and whether these items were appropriate.

The deployment of organisational management systems seem to have met with variable success. Oxfam noted that current work being done to streamline emergency response systems was relatively unsuccessful in Pakistan, and in fact highlighted shortcomings in regular systems. World Vision reported that their internal commodity management system was not operational, and that supply chain management in general was problematic. In contrast, CP and ICRC both reported that pre-established systems were successfully rolled out by rapid response teams.

In general, intra-agency communication is reported to have been reasonably effective. In the case of the PRCS-ICRC-IFRC, previous disagreements were set aside in the interests of forging a unified and efficient response. WV implemented an internal staff briefing system to mitigate the impact of misinformation and rumours.

Interagency communication across the broader humanitarian program appears to have been slightly more problematic. The UN implemented the previously untried 'cluster coordination system'. This has generally been lauded as a success owing to the improved communication within the UN family, and between the GoP/military and the UN. Most NGO staff interviewed also acknowledged the apparent benefits of the cluster system, but noted that it was of less significance to operational agencies at the field level since it was considered to be not significantly different from the 'sector-based' coordination system implemented in previous emergencies. Further, the perennial challenge of aligning central coordination at the federal level with field-level coordination within districts was apparent. One interviewee noted that, the cluster coordination mechanism facilitated good communication in Islamabad, and also in the field, but the problem remained how to facilitate improved communication between the field and Islamabad.

The evaluation team noted a strong commitment to international humanitarian standards among the four agencies evaluated. There appears to have been a strong inculcation of staff and partners concerning standards and codes of conduct such as Sphere, People in Aid and the Red Cross Code of Conduct. A frequently reported success factor in Pakistan was the openness and willingness of the military to engage with humanitarian actors; and in particular to accept training in humanitarian standards.

All agencies voiced a strong commitment to the humanitarian imperative. All four could demonstrate their commitment to reaching otherwise inaccessible areas and targeting felt needs. Ironically, World Vision noted that this commitment to the humanitarian imperative may have left some beneficiary communities underserved in the more accessible areas. In other words, agencies may have assumed that aid

coverage was better in more accessible areas than it actual was in practice. This issue warrants further investigation, and may point to a shortcoming in overall coordination and the efficacy of needs assessment methods.

### 3.3. Planned Response

As noted in Section 3.2, none of the four agencies involved in this cluster evaluation had established a significant presence in the affected area prior to the earthquake. This lack of first-hand knowledge of the affected area may have compounded challenges intrinsically associated with conducting needs assessments in remote, inaccessible and conservative areas. As a result, agencies depended on the Pakistan military for basic needs information: areas affected; beneficiary numbers; access and logistical issues; etc. It seems that the geographic areas targeted by the agencies were largely negotiated through the UN cluster coordination system. Agencies 'staked their claim' on areas where there appeared to be an unmet need.

Three of the four agencies (CARE, Oxfam and World Vision) participated in multi-agency assessment teams that visited the affected area within twenty-four hours. Beyond this, the two agencies that were directly operational (RC/RC and WV) relied on the capacity of internal assessment teams. The two agencies that worked through local partners relied on the reach and capacity of their local partner to conduct rapid needs assessments.



Figure 9: Challenging access in affected area

As discussed in Section 3.2, the capacity and responsiveness of the INGOs that devolved operations to local partners was dependent on the experience, capacity and culture of the partner organisation. Both the partner organisations interviewed by the evaluation team demonstrated impressive reach and experience in the target area. While the historical focus of both local NGOs was on development activities, they both responded to the demands of the emergency program. Both local NGOs had previously established extensive networks of volunteers and village-based organisations through which assessments and community mobilisation could be implemented. This appears to have been an important enabling factor in engendering the trust of local communities.

SRSP, in implementing CARE's relief distribution mobilised Disaster Management Committees (DMC) in target villages<sup>8</sup>. SDF, Oxfam's partner, worked through well established Area Coordinating Committees (ACC)<sup>9</sup>. In the case of SDF, it was also reported that approximately one thousand Village Activists (VAs) were mobilised in the affected area to gather rapid needs data and feed this back to Oxfam through SDF. Evidently, these VAs with extensive local knowledge identified villages that were not marked on official maps and were otherwise missed by military assessment teams.

<sup>8</sup> N.B. While SRSP's network of DMCs was reported to be extensive, the DMC interviewed by the evaluation team had only been formed in January 2006—well after the initial earthquake response.

<sup>9</sup> Of note is work by SDF in establishing and mentoring ACCs. These were initially to involve both men and women, but at some point, the women asserted their desire to separate into men's/women's groups in order to discuss their ideas more freely.

The evaluation team noted a difference in approach to emergency response by the two LNGOs which was interpreted as a feature of their respective organisational cultures. In the SRSP-supported village visited by the evaluation team, more than half of the population prioritised by the DMC as needing relief had not benefited from any distributions owing to a shortfall in CARE's planned response. Although the DMC had advised SRSP of the shortfall, SRSP seemed resigned to the fact that the shortfall could not be met. One village elder reported that their only option was "to rely on Allah". In contrast to this seemingly 'contractual approach' to CARE's aid delivery, SDF reported that they had adopted what they called a "carpet approach" to aid in which they proactively ensured that all needs within defined target areas were met. This meant that they effectively operated as a broker between beneficiary communities and the humanitarian aid community.

Beyond the rapid collection of basic humanitarian needs information, detailed needs analysis that succinctly segmented the broader beneficiary population seems to have been difficult to conduct. As noted by one senior INGO manager, "we were sharing our ignorance". Several interviewees argued that the need was so great and self evident that detailed needs analysis and beneficiary segmentation/prioritisation was less important than perhaps in other emergencies such as civil unrest. In the case of the Pakistan earthquake, "the needs were pervasive, and were dominated by shelter and health". Of the four agencies involved in the evaluation, Oxfam appeared to be the most proactive in terms of deliberately seeking out potentially vulnerable segments of the community, such as Hindu households. Oxfam also demonstrated commitment to operationalising gender sensitive approaches. This included the facilitation of women's forums which were evidently appreciated by the communities in which they were conducted such that Oxfam was later requested to repeat the exercise.

For non-operational ANGOs, information to inform planning was largely dependent on information coming from the field through established institutional channels. Only those ANGOs that deployed their own staff as part of multilateral rapid response teams were able to get direct information. This situation may have contributed to the variability in the quality of CAER design documents found by the desk review team. While it is significant that all ANGO proposals met AusAID's requirements, when considered against industry good practice, several weaknesses were noted, including:

- segmentation and prioritisation of beneficiaries;
- definition of M&E arrangements;
- risk identification and risk management strategies;
- attention to cross-cutting issues;
- articulation of transition strategies and mechanisms to foster connectedness;
- use of internal project design appraisal processes.

It is a truism that good quality design contributes to good quality implementation, and so there is merit in AusAID re-examining the design requirements for the CAER. However, it is also important to balance this with the pragmatic reality that a core value proposition of the CAER is the fast approval and release of funds.

### 3.4. Implementation Performance

All agencies reported that the emergency response was implemented according to plan. In several cases, more than the planned number of beneficiaries was served. In cases where underachievement had occurred, it is significant that agencies had captured this information, and were able to attribute causal factors. For example, Oxfam underachieved on their targets for livelihoods assistance but was able to attribute causal factors<sup>10</sup>.

<sup>10</sup> The key reason for this was identified as being Food and Agriculture Organisation's (FAO) supply chain delays.



No formal evaluations of the emergency response had been conducted by any of the agencies, hence there was no ‘empirical’ evidence that the desired outcomes had been realised. Also, as noted by the desk review team, the fact that M&E planning was relatively weak during the design phase is likely to contribute to the difficulty of assembling evidence of performance after the fact.

It was difficult for the evaluation team to independently verify the effectiveness of the emergency response operations. Only limited engagement with staff from the four INGOs, partners and beneficiaries was possible in the two weeks in-country. This meant that it was not possible to gather representative information. Further, while the evaluation team endeavoured to interview groups of both men and women when visiting field sites, the role of women in that cultural context seems to have precluded their involvement in some aspects of decision-making and engagement in the emergency response. Consequently, factual information was predominantly gleaned from males who were typically influential individuals within target communities.

Nevertheless, the feedback from beneficiaries confirmed the perspective of agency staff at all levels that the emergency response had been timely, appropriate and of reasonable quality. However, there were individual situations noted by the evaluation team where there had been a shortfall in the provision of relief commodities, and in one case, what appeared to be a breakdown in the prioritisation of beneficiaries resulting in disabled persons being overlooked entirely in the beneficiary registration processes. There were also a minority of instances in which concerns about the quality of commodities—saucepans, tents etc.



**Figure 10: Deteriorating temporary shelter after 9 months occupation**

NGO field staff and beneficiaries both reported evidence that the emergency response was a success. Some stated evidence included:

- “People are now restarting their lives”
- “People’s houses have been rebuilt”
- “Community infrastructure has been repaired; such as dispensaries, water supplies, and schools”
- “People’s general knowledge of their rights has improved”
- “People in remote areas have had positive encounters with foreigners”
- “Some areas now have better access to clean water than even before the earthquake”
- “The spread of corrugated iron roofing seen from high vantage points has rapidly increased”
- “Women in villages have become more confident to express concerns and needs”
- “Agency staff, as a proxy for the beneficiary population, are able to communicate their needs more confidently”
- “People are mentally more satisfied”
- “People managed to get through the winter”
- “There was no major outbreak of disease”
- “IDPs have returned home from camps”
- “Sphere standards were generally met”
- “There were no major security problems”
- “The humanitarian community coordinated themselves well”

- “The military was very responsive and cooperative”
- “Relief supplies reached the ‘unreachable’”
- “Village committees have been formed in places where no such thing existed before”

Three of the four NGOs involved in the evaluation had included some form of livelihoods support intervention within their emergency operation. The exception, World Vision, explicitly implemented a pure emergency response. As noted in the WVA proposal, “*The use of the funds for relief supplies over a six month period is assured*”.

All four INGOs<sup>11</sup> were committed to remaining engaged in the affected areas and were proactively grappling with the practical challenges of articulating a transition strategy. At the time of the evaluation, WV was arguably the least developed in this regard, owing to the fact that strategic planning was suspended pending the arrival of a newly appointed National Office Director to lead the recovery and transition program.

Although seemingly straightforward, the mechanics of implementing a successful transition from relief through recovery to development remain an area for further research. By definition, an emergency response is ‘broad and thin’, while a development intervention is ‘narrow and deep’. In other words, the objective of the emergency response operations was to service the maximum number of beneficiaries in the shortest period of time in order to mitigate further humanitarian impact. The challenge facing agencies in transitioning away from this approach seems to stem from the difficulty of developing a defensible rationale for how/why the agency will withdraw from some areas while focussing more intensively in other areas.

In terms of operational costs, there was widespread acknowledgement that the Pakistan earthquake response was relatively expensive, owing to the remote and inhospitable area affected, and consequently the large overhead on logistics operations. A frequently cited example of a single high-cost item was the heavy reliance on helicopter operations which, depending on the aircraft type, cost between USD2,000 and USD8,000 per hour. The ICRC alone operated up to nine helicopters during the height of the emergency response. Other helicopter operations were managed by the Pakistan military, the World Food Program (WFP), Merlin and the Aga Khan Foundation.



Figure 11: Helicopter operations in Pakistan (Source: UNHAS)

Agencies reported using a diverse range of initiatives to tackle the challenges of transporting relief in the affected area, including helicopters, trucks, local jeeps, mules and human carriers. The IFRC imported a fleet of all-terrain vehicles (ATV) for use in operations above the snowline; however these proved to be of little value.

The perennial challenge of balancing efficiency and effectiveness in emergency response was evident in Pakistan. The operational complexities encountered by agencies ensured that numerous obstacles to efficient implementation were encountered. As noted by a senior IFRC manager, the concept of efficiency in

<sup>11</sup> N.B. Although all four of the INGOs plan to remain engaged in the affected area, none of the affiliated ANGOs have plans to remain engaged in the region beyond the end of their emergency assistance support. This matter was explicitly raised by the Secretary General of the PRCS, who stated that the “ARC is conspicuously absent from the reconstruction phase”.

emergency operations has both *time* and *cost* dimensions. The use of helicopters to support relief distribution was a case in point. While the cost-efficiency was low compared to alternatives such as mules or jeeps, the time-efficiency was high. This nexus of issues is ultimately a matter of management judgement. There was universal agreement among interviewees that, given the onset of winter and other humanitarian considerations, time was prioritised over cost.

The same issue is evident in debate concerning the role of expatriate humanitarian personnel *vis-à-vis* locally engaged personnel. Senior officials within the PRCS and also within the GoP voiced concern about the cost of expatriate personnel. However, counter arguments presented to the evaluation team centred on the need for agencies to respond quickly during the early stages of an emergency with staff already steeped in organisational systems and procedures, and with relevant prior experience. However, as noted by the IFRC Head of Delegation, identifying the time to scale-down and withdraw expatriate personnel is a matter of judgement.

Overall, interviewees reported that emergency operations were well managed. However, the practical challenges noted in preceding sections of this report put pressure on some management systems. Two of the agencies (Oxfam and World Vision) indicated that systems had been stretched or found to be inadequate during the emergency phase. Oxfam reported that streamlined financial and logistics systems for emergency response were piloted during the earthquake response, but found to be inadequate. This issue is the subject of ongoing review and development within OI. Similarly, WV reported that in-country administrative systems were unable to cope with the scale of the response. A particular example cited was the human resources (HR) systems to support the recruitment and orientation of local staff.

The CARE confederation, by contrast, acknowledged the nascent status of the CP country program, and took deliberate steps to ensure that the scope of the operation did not exceed the capacity of management and systems.

In the case of the IFRC, an explicit mandate of the intervention was to strengthen PRCS systems and personnel. In practice this meant that IFRC effectively took operational control during the emergency, but installed an organisational structure that mirrors the PRCS structure. IFRC delegates are systematically handing over direct control to PRCS staff as capacity develops. In contrast, ICRC was directly operational, and as such relied on the 'in-house' capacity of delegates.

Financial management systems and compliance were not a focus of this evaluation. Nevertheless, agencies reported that all CAER funds were expended as planned. The CAER funding represented a small percentage of the overall budgets for the agencies, and was used to match other sources of funding. In the case of both ARC and OA, the CAER budgets were limited to only two line items.

The evaluation team observed variability in the M&E systems that agencies employed. While World Vision demonstrated the most organised and pre-established systems in this regard<sup>12</sup>, none of the agencies articulated an overall 'information architecture'<sup>13</sup> to ensure accountability, enable responsive decision-making and promote organisational learning. This was despite an apparently strong commitment to learning and improving aid effectiveness.

In the absence of an overall 'information architecture', agencies delegated the details of project M&E arrangements to implementation teams/partners. The risk with this approach is that emergency response teams tend to be overworked, and hence M&E tends to take a low priority. Also, implementation team members tend to be technical specialists (e.g. health, water & sanitation etc.) and may lack the skill and experience required to establish an appropriate M&E information system.

<sup>12</sup> For example, a structured reporting system was established from the outset beginning with a 48 hour Situation Report and tapering to 90 day operational plans.

<sup>13</sup> As noted by Henri Poincaré, the French philosopher (1902), "*Science is built up with facts, as a house is with stones. But a collection of facts is no more a science than a heap of stones is a house*". The same may be said for the relationship between data and knowledge. Unless an information architecture is defined to give purpose and coherence to M&E processes, the data collected ('stones') is vulnerable to remaining unutilised ('a heap') rather than being assembled into a meaning structure ('a house').

Highly detailed information was captured and reported concerning the deliverables of the emergency interventions. There was also considerable effort made to verify that the quality of the deliverables (commodities and services) were appropriate and aligned with international standards such as Sphere. However, there was less information available concerning the perceptions of beneficiaries about the value of the relief. Some work had recently been done to establish beneficiary complaint and feedback mechanisms, however, there appears to have been little done to ensure these mechanisms were in place during the emergency response. Finally, only limited work was done to verify the medium-term outcomes of the relief.

A further element of the M&E arrangements that was generally lacking was an explicit focus on the prevalence and impact of risks—both immediate operational risks, and broad geopolitical risks likely to influence longer-term success. When incorporated into routine M&E arrangements, risk monitoring can be used to accrue a valuable 'library' of lessons learned<sup>14</sup>.

Nevertheless, while structured M&E arrangements were variable, informal/unstructured information systems seemed to be effective. Agencies were able to gather information through their partners, staff and peers. The UN's cluster coordination system at district level seems to have been particularly constructive for facilitating inter-agency dialogue.

Several interviewees reported that the Pakistan earthquake response had benefited from institutional learning that took place in other recent emergencies. For example, reference was frequently made to lessons learned about shelter solutions from the tsunami response and Bam earthquake response. This implies that structured and/or tacit learning is taking place within agencies and is being implemented to improve effectiveness. Similarly, World Vision's experience with children in crises led them to set up Child Friendly Spaces that were highly valued. The need for these spaces may not necessarily have been detected through participatory needs analysis. An area for further research may be the ability of participatory approaches to identify psychosocial needs.

All four of the agencies had convened forums to reflect on, and document, key lessons learned during the initial earthquake response.

## 4. IMPLICATIONS FOR AUSAID AND ANGOS

This cluster evaluation has identified a range of generic issues that demand further dialogue within the humanitarian aid community; and also examples of good practice that should be highlighted for the benefit of institutional learning.

Good practices particularly noted by the evaluation team include:

- Oxfam-NOVIB's development of effective long-term relationships with local partners.
- World Vision's institutionalised mechanisms to capture learning for continuous improvement.
- CARE's detailed context analysis and emergency-response strategy formulation.
- The ICRC/IFRC's professionalism and responsiveness.

Oxfam-NOVIB's long-term commitment to engaging with and strengthening local organisations appears to have been a key factor in enabling responsiveness and comprehensiveness, even in remote and inaccessible areas. In the case of SDF, this relationship extended beyond 'capacity building' to subsidising the organisation's payroll to retain staff in the highly competitive emergency response period.

World Vision's institutional systems and processes for emergency response are indicative of the agency's commitment to professionalism and continuous

<sup>14</sup> According to Gharajedaghi "*Learning results from being surprised: detecting a mismatch between what was expected to happen and what actually did happen. If one understands why the mismatch occurred (diagnosis) and is able to do things in a way that avoids a mismatch in the future (prescription), one has learned.*"

improvement. Examples include the Global Rapid Response Team (GRRT) of professional emergency staff, the pre-positioning network for relief commodities, the vulnerability assessment mapping (VAM) unit, and processes such as the real-time learning events.

CARE demonstrated diligence in conducting comprehensive context analysis, which in turn informed the formulation of their emergency strategy. This strategy attempted to balance the immediate and pressing emergency needs without compromising the long-term sustainability of community interventions. CARE also diligently contained the scope of the emergency operation at a level commensurate with the capacity of the young country office.

The Red Cross/Red Crescent Movement's surge capacity and responsiveness was apparent in the Pakistan earthquake response. The Movement is unparalleled as an operational agency in terms of its global reach and ability to rapidly mobilise human, financial and technical resources. Particularly evident to the evaluation team was the level of coordination and professionalism of delegates.

All four agencies demonstrated a strong commitment to collaboration and coordination. Also, there was evidence of a strong commitment to internationally agreed standards, with significant resources invested in the training of staff and partners in compliance with these standards.

This evaluation has also identified several areas for further investigation and action by both AusAID and the ANGOs. The most salient issues are discussed below with recommendations offered by the evaluation team to guide the way forward.

### **Efficiency has both time and cost dimensions**

It became clear to the evaluation team that in the context of emergency operations, the concept of 'efficiency' has both *time* and *cost* dimensions. As found in Pakistan, a tension may arise between these dimensions when the need for agencies to be accountable for donor funds competes with the broader demands of the humanitarian imperative. A consequence of this tension is that for evaluation purposes, the concept of efficiency should be further elaborated to appreciate the inherent tension faced by agencies, and to investigate their internal decision-making processes to resolve this tension.

#### Recommendation

1. AusAID should revise the cluster evaluation framework to reflect the recognition that 'efficiency' has both *time* and *cost* dimensions, and that resolving the tension between these dimensions is a matter of management judgement.

### **Quick release of emergency funds is in conflict with rigorous design**

The AUD500,000 released to CAER partners represented a small financial contribution to the Pakistan earthquake emergency. The ICRC alone originally committed a total budget of CF97 million for the whole emergency response<sup>15</sup>. The proportion of overall operating budget for the partner INGOs ranged from 0.5% for ICRC to around 6% for CARE.

There is a plausible argument that in a major humanitarian operation such as the Pakistan earthquake, the value of CAER funding is diluted<sup>16</sup>. This may be particularly the case for large INGOs that attract significant funding; and even (as is the case with the RC/RC) where AusAID provides additional funding to agencies through other channels. However, what was made clear to the evaluation team was the value of the speed of CAER grant approval and release. All four agencies reported that the

<sup>15</sup> This budget was revised downward in April 2006 to CF57 million.

<sup>16</sup> CAER funding may not always be released for major international emergencies, such as was witnessed in Pakistan. Emergencies within Australia's immediate region would almost certainly attract less international support. In this situation, the significance of the CAER funding may be even higher.

CAER funding was amongst the first cash received, and as such, significantly contributed to improving the efficiency of the *initial* response. One former UNOCHA official reported that “*back then AUD500,000 was an enormous amount*”. CARE’s Program Director indicated that the CAER funding “*gave us enormous immediate potential*”.

One contributor to the efficiency of CAER grant release is AusAID’s minimalist requirement for documentation. While this is reportedly a valuable feature of the CAER, it is also in conflict with the truism that rigorous design processes contribute to effective implementation. Hence, there is likely to be merit in AusAID and the ANGOs discussing ways in which the efficiency of CAER grant release can be preserved, while also enabling more comprehensive design processes. One option could be for ANGOs to follow-up the currently required concept note with a more detailed response strategy within four weeks of grant release. This would provide an opportunity for all stakeholders to clarify their initial concepts without compromising the efficiency of funding. Some stakeholders considered that the issue of the same funding being available to all CAER agencies may have been a disincentive for agencies providing quality plans, that may be an area for further research.

#### Recommendation

2. AusAID should consider requiring ANGOs to furnish a draft transition strategy within four weeks of grant release as a way to enhance the quality of CAER design without compromising grant release efficiency.
3. AusAID should consider internal arrangements between HES and Desk to make opportunities for a second tranche of funding to ANGOs more explicit, and contingent on good quality designs and implementation.

### Scope to improve the quality of M&E arrangements

It was evident to the evaluation team that there was broad commitment among all four NGOs to ensuring accountability and promoting learning. M&E was generally considered a key mechanism to enable these ideals, however, the quality and comprehensiveness of the M&E arrangements *per se* seemed to be variable. To some extent, this is a feature of the chaotic environment that comprises an emergency. However, there also seemed to be an opportunity for agencies to explicate an overall ‘information architecture’—a framework to give meaning and coherence to the data captured in the field. Without such clarity, there is a risk that *ad hoc* data is not utilised appropriately.

AusAID’s HES’ is currently undertaking work on developing a coherent M&E system for emergencies. Hence, there may be merit in working collaboratively with the ANGOs to establish a coherent framework for M&E in emergencies. Further, recent work led by AusAID’s Asia Program Quality Advisor (Graham Rady) in defining the basis for good quality M&E arrangements may be of value to CAER partners

#### Recommendation

4. ANGOs should examine the conceptual basis for their M&E arrangements in emergency response to ensure coherence and usability of the data.
5. AusAID should engage with CAER partners in the development of an M&E system for emergencies to ensure consistency and coherence.
6. ANGOs may benefit from reviewing AusAID’s Quality Frame for M&E.

One of the pragmatic challenges faced by agencies with regard to implementing formal M&E arrangements in emergency operations is the dynamic nature of the operating environment, and the fact that this is in conflict with structured/formal reporting mechanisms that generally require a stable organisational environment. Several agencies have addressed this issue by experimenting with verbal feedback and reflection processes. This is an area that warrants further research.

#### Recommendation

7. AusAID should facilitate verbal After Action Reviews with CAER partners immediately following the acute phase of emergency responses.
8. ANGOs experimenting with ways to capture tacit learning during emergency response should share the experience of processes employed with AusAID and CAER partners.

### **Tension between emergency response operations and capacity building agenda**

A dilemma raised by several INGO staff centred on the tension between the fact that capacity building of local staff and partners is central to 'good practice', and yet the nature of emergency response is such that this proves difficult to implement in practice with reasonable quality. Oxfam's experience with SDF suggests that long-term engagement with partners prior to an emergency offers the opportunity to establish norms and procedures that increase emergency response effectiveness.

While recognising the inherent difficulty of predicting disaster zones, there is likely to be value in HES working with CAER partners to prioritise disaster-prone areas, and working with local partners to build disaster preparedness and management capacity.

#### Recommendation

9. AusAID may consider working with CAER partners to prioritise disaster-prone areas and to support proactive strengthening of local partners in disaster preparedness and management.

### **How to implement transition effectively**

Arguably the major challenge facing humanitarian aid agencies is how operationalise the transition from emergency response to development assistance. The pragmatic reality, as seen in Pakistan, is that people living in 'post disaster' situations often remain vulnerable, despite the 'official' end of the emergency phase.

Agencies have applied different approaches and rationales to defining their transition strategies. There is likely to be merit in reviewing these approaches and facilitating dialogue between the stakeholders concerning their relative strengths and weaknesses.

#### Recommendation

10. AusAID should facilitate a review and discussion of transition strategies employed by CAER partners to identify guiding principles and good practices.

11. AusAID may consider allocating some of internal research funding to explore key emergency issues, such as transition strategies.



## APPENDIX A: ARC REPORT

<b>ANGO</b>	Australian Red Cross (ARC)
<b>Operational Partner(s)</b>	International Committee of the Red Cross (ICRC) International Federation of Red Cross Societies (IFRC)
<b>PNGO</b>	Pakistan Red Crescent Society
<b>Program Title</b>	South Asia Earthquake
<b>CAER Budget</b>	AUD500,000
<b>Beneficiary Target</b>	30,000 planned
<b>Major Development Objective</b>	<p>To continue search and rescue operations and to provide relief supplies and support to the victims of the earthquake.</p> <ul style="list-style-type: none"> <li>To meet the immediate shelter and supplementary food needs of 30,000 vulnerable families (some 120,000 beneficiaries) in affected areas in Pakistan-administered Kashmir, NWFP, and Islamabad.</li> <li>To meet the basic health care and first aid and emergency transport needs of 30,000 vulnerable families in Pakistan-administered Kashmir, NWFP and Islamabad.</li> </ul>

## A. Organisational Capacity

### 1. ANGO capacity to deliver emergency response/activity

Australian Red Cross (ARC) is committed “To improve[ing] the lives of vulnerable people by mobilising the power of humanity.” ARC is a member of the International Red Cross Movement, comprising 185 member National Red Cross & Red Crescent Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC). The IFRC has the lead coordinating and response role in responding to natural disasters which overwhelm the capacity of the local National Society to respond. Under the Geneva Conventions, the International Committee of the Red Cross (ICRC) is mandated to have the lead role in conflict areas and war zones.

The Pakistan Red Crescent Society (PRCS) has been operational since the establishment of the Islamic Republic of Pakistan in 1947, and currently operates 128 branches in 77 districts of Pakistan. Although bilateral relationships between National Societies are common, no such relationship existed prior to the 2005 earthquake between the ARC and the PRCS as ARC’s international program geographic focus for 2003-5 was primarily on the Pacific, South East and East Asia. The relationship was limited to previous provision of Australian delegates on secondment to ICRC or IFRC. Consequently, the ARC assistance to the earthquake response was delivered through multilateral channels administered in Geneva rather than as direct bilateral assistance, which is the preferred option for ARC in most emergencies.

A central value proposition of the Red Cross/Red Crescent Movement to a bilateral donor such as AusAID is the extensive reach of the organisation; comprising multilateral relationships between 185 member societies. This international reach is amplified by National Society branch structures that can penetrate local communities. This structure holds the potential for both disaster preparedness and responsiveness through the deployment of volunteers and delegates.

Given the foregoing, it is perhaps ironic that at the time of the earthquake the PRCS is widely acknowledged to have had limited capacity for disaster response. Although PRCS records previously showed approximately 3 million volunteers, this figure was considered inflated<sup>17</sup>. Further, the PRCS branch presence in the affected areas was weak. Only 7 volunteers were active in the Mansehra branch, having fortuitously received training in community-based disaster preparedness two months prior to the earthquake.

Further, prior to the earthquake both the ICRC and IFRC had only small delegations in Pakistan, and consequently lacked detailed knowledge or networks in the affected area. The ICRC had appointed a representative to Muzaffarabad two days before the earthquake, tasked with initiating groundwork for an orthopaedic centre.

Despite these limitations, the surge capacity of the Red Cross/Red Crescent Movement is self evident in the rapid scale-up of the response to the Pakistan earthquake. A case in point is the

<sup>17</sup> According to senior PRCS and IFRC program staff, the culture of ‘volunteerism’ in Pakistan is not particularly strong. The high number of registered volunteers was a feature of the fact that anyone completing a first aid course was automatically registered as a PRCS volunteer. There was also some automatic registration of licensed drivers.

ICRC Logistics Manager who was on leave in Vienna on the day of the earthquake (Sunday, October 8, 0853 hours), and then on a flight to Islamabad the following day. A Red Cross base in Peshawar in support of Afghan operations responded promptly with a rapid assessment team by 1400 hours on the same day as the earthquake.

The Federation has Regional Disaster Response Teams (RDRTs) available for mobilisation. In Pakistan 8 RDRTs were mobilised involving 65 personnel in one-month rotations. The first of the RDRTs arrived within 4 days of the earthquake.

The IFRC has a core group of experienced Red Cross/Red Crescent disaster managers (320 as at the end of 2004) a selection of whom can be deployed within 48 hours as the Field Assessment Coordination Team (FACT). The FACT members have expertise in relief logistics, health, nutrition, public health and epidemiology, watsan, and finance and have undertaken specific training to perform the field assessment role. A FACT launched an appeal for Pakistan on 16 October, 2005.

In an emergency, national societies from around the world respond to ICRC and Federation requests to provide technical personnel (or 'delegates') with relevant relief skills to be deployed as required. By the end of November 2005 there were over 150 expatriate 'delegates' in Pakistan to assist with emergency relief. A total of 9 Australian delegates were engaged as per the CAER proposal

Although the CAER project was not specifically assessed, an AusAID-commissioned audit in November 2005 found a number of deficiencies with financial and project management, risk assessment and monitoring which ARC has been addressing.

In general, although the ARC was not directly operational, the prompt assistance made possible with the CAER appears to have been highly regarded in that it was made available ahead of the Red Cross/Red Crescent appeal.

## **2. Quality of existing relationships with national affiliate, local partners and beneficiaries**

The PRCS was the key local partner in the Red Cross/Red Crescent response to the Pakistan earthquake. As noted above, there was no pre-established bilateral relationship between ARC and PRCS.

All national societies within the Movement are signatories to the same agreements. This global alignment of values and procedures may offer efficiencies in emergency response over more opportunistic partnerships with local NGOs. However, there are also acknowledged tensions within the global bureaucracy that present challenges.

In Pakistan, the ICRC reports that historically, it has had a turbulent relationship with the PRCS. The IFRC appears to have had a more workable relationship with the PRCS through time. In the immediate aftermath of the earthquake the PRCS was reportedly resistant to the idea of a strong role for the ICRC and IFRC. However, once the magnitude of the disaster became clear the PRCS accepted the significant involvement of the international community.

The ICRC and IFRC presented a united front to influence PRCS support immediately following the earthquake. Operational areas and responsibilities were divided, with the ICRC coordinating operations in Azad Jammu Kashmir (AJK) and the IFRC taking responsibility for North West Frontier Province (NWFP). Logistics operations were shared between IFRC who managed customs clearance and offloading, and ICRC who managed internal transport and handling. The ICRC managed tracing operations in both AJK and NWFP.

An explicit focus of the IFRC is to build the capacity of the national society. In Pakistan, the organisational structure of the PRCS emergency response was mirrored by the IFRC organisational structure. International delegates partnered with national counterparts to build technical/managerial capacity and to inculcate Movement values and procedures. The evaluation team was advised that the IFRC aims to systematically withdraw delegates in step with growing PRCS capacity.

Although less explicit about the capacity building agenda, the ICRC has also worked with the PRCS to the extent possible. It is also seeking to reduce the expatriate presence by recruiting and building the capacity of locally engaged ICRC staff. Senior PRCS program staff acknowledged that the earthquake has stimulated significant capacity gains within the National Society.

A general view expressed by several interviewees was that coordination within the Movement for the Pakistan earthquake has been excellent, and has served to strengthen relationships. A possible exception to this involved several national societies that operated in Pakistan independent of the PRCS and the multilateral coordination mechanisms which ARC adhered to.

The international affiliate system of the Movement furnishes unparalleled reach and capacity as well as facilitating adherence to requirements of the Red Cross Code at all levels of response. However, there may be opportunity costs in not responding through existing in-country CBOs where those CBOs have a higher capacity to respond than the national society.

## B. Planned Response

### 3. Quality of analysis and initial response strategy

Immediately following the earthquake, several assessment exercises were conducted. Examples of standardised “Emergency Assessment Checklists” used by RDRTs were viewed by the evaluation team<sup>18</sup>. These checklists covered a thorough range of issues, but the extent to which they were completed was variable. This is understandable in the context of an emergency, however, it remains unclear how the information was ultimately consolidated and used to inform the response strategy.

Several interviewees indicated that needs analysis immediately following the earthquake was relatively straightforward and uncomplicated. That is, in contrast to complex humanitarian disasters such as civil strife, the needs in the aftermath of the earthquake were self-evident and were predominantly related to shelter. A senior PRCS program manager reported that even food supply was less of an immediate problem than may otherwise have been anticipated owing to the fact that the earthquake occurred during the month of Ramadan when households tend to store surplus food. Hence, the main focus of needs analysis was the determination of beneficiary numbers and locations; a role that was successfully filled by the military.

An explicit aim of the ICRC was to provide sufficient support to households in their home locations to foster a disincentive for people to move into established internally displaced persons (IDP) camps. The particular focus of this approach was on households in high altitude areas, and places otherwise inaccessible by road. The IFRC supplied the evaluation team with the following beneficiary criteria:

- Affected by the earthquake
- Need
- No relief/health care has been provided
- Single headed family
- Elderly

The evaluation team was unable to verify beneficiary perspectives concerning the relevance of the relief provided owing to landslides that obstructed access to ICRC target areas. Nevertheless, the multidisciplinary approach adopted was broadly consistent with NGO operations in other areas where beneficiary opinions were found to be positive. Third party opinions, such as UN staff, were also broadly supportive of the Red Cross/Red Crescent implementation standard.

IFRC program management reported some cases where inappropriate relief commodities were distributed. Specifically, in a few remote communities, hygiene packs that included shaving kits, toothpaste, sanitary napkins and women’s underwear were not understood or were considered culturally offensive. Toothpaste was being eaten by children or applied to wounds; sanitary napkins were worn by men as earmuffs to guard against the cold; shaving kits and underwear were not used for cultural reasons. While this issue suggests a possible weakness in procurement and distribution planning, the fact that the issues were promptly identified and addressed by program management also suggests that beneficiary feedback mechanisms were in place and functional.

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<sup>18</sup> The desk assessment team was unable to source some key assessment documentation through ARC which led to reservations about the integrity of information flow between Geneva headquarters and donor national societies such as ARC. The particular documentation concerned was subsequently supplied to the evaluation team by field staff.

#### 4. Standard of funding proposal/design

The IFRC Emergency Appeal document of 25th October 2005 is effectively a Plan of Action. This plan was jointly prepared by the IFRC, the ICRC and the PRCS. The Plan of Action includes a specific objective to strengthen the National Society incorporating activities to build the society's community-based health and disaster preparedness capacities in the affected areas, and to develop entry points to enhance branch development, volunteer development and disaster response capacity at both institutional (national and branches) and community levels.

In terms of the specific ARC design, AusAID's CAER Agreement<sup>19</sup> does not require a highly detailed proposal. Even so, the ARC design document was found by the desk assessment team to be weak in key areas.

The ARC proposal defined beneficiary targets but no reference was made to location, clan, gender or other defining socio-economic characteristic. The proposal/design was consistent with ARC's International Operations focus which includes "disaster management, encompassing response, preparedness and mitigation". The proposal did not specifically mention standards, presumably since it is understood that Red Cross Standards apply.

The ARC proposal did not specify monitoring arrangements or indicators. Discussions with ARC staff indicate that monitoring and reporting is done around a logical framework matrix; a function led by the ICRC or the Federation secretariat. Insofar as ARC was not operational in Pakistan they did not complete this themselves.

Key risks were identified in the ARC proposal, but no mitigation strategies were developed. The proposal gave scant attention to cross-cutting issues; reference was simply made to ICRC's extended presence in Pakistan, links with GoP and the PRCS. The proposal did not undergo a formal appraisal.

The budget involved two line items: \$300,000 for helicopter costs and \$200,000 for the deployment of senior delegates (9 personnel).

### C. Implementation Performance

#### 5. Efficiency of emergency response

Red Cross/Red Crescent stakeholders interviewed by the evaluation team consistently expressed the view that overall, the emergency operation was successful. Key indicators of success were the speed of response; the level of coordination between PRCS, IFRC and ICRC; the number of beneficiaries served (in otherwise inaccessible locations); the rapid recruitment and scale-up (ICRC alone had 180 expatriates by November 2005); and the apparent acceptance of the international presence by both the military and by conservative communities.

In general the operational efficiency of the emergency response appears to have been acceptable. A deadline for the conclusion of non-food-item (NFI) distribution was set for 31 December 2005 ahead of the snow season, but the distribution program was actually concluded ahead of schedule by December 25. Health programs transitioned from a first aid focus to basic health care by February 2006. The sheer magnitude of the logistics operation alone necessitated strong management capacity: over 400 trucks, 9 helicopters, 250 logistics staff and thousands of square metres of warehousing.

As noted above, the evaluation team was unable to speak directly with any Red Cross/Red Crescent beneficiaries, and so the suitability or quality of the relief was not verified.

The cost-effectiveness of the operation was topical. The specific focus of the ARC support was helicopter operations and Australian delegates—both of which may be viewed as expensive.

Helicopter operations cost between USD2,000 and USD8,000 per hour depending on the aircraft type. But as stated by the ICRC Logistics Manager, "expensive" is a relative term". This view was supported by IFRC program management who demonstrated that while all-terrain vehicles (ATV) could transport 54 corrugated iron roofing sheets (CGI) in 2 days to benefit 5 families, a MI26 helicopter could transport 200 CGI sheets in a single sling load to benefit 20 families. In good weather, 6 sling loads per day were possible. These figures present a compelling case for

<sup>19</sup> As well as the CAER funding, the Australian Government provided \$2.5m direct to the ICRC and pledged a further \$3m to the IFRC through ARC. The total Red Cross contribution to the emergency response to the Pakistan earthquake was approximately 170m CHF.

the use of 'expensive' methods given the concerns at the time about the onset of winter. In the words of the ICRC Head of Sub-delegation in Muzaffarabad, "the operation would not have been possible without helicopters—no way". Helicopters were used initially to medivac critical patients and then for the transport of food and essential household items; and later for CGI sheeting. There was also some transportation of staff.

A senior PRCS official and a GoP official both expressed concern about the cost-benefit of the large contingent of expatriates compared with what could have been achieved with national staff. While this issue warrants careful scrutiny, the alternative position presented to the evaluation team argues that the recruitment of international staff with knowledge of organisational systems, procedures and culture, and with known technical capacity, is more efficient in the early stages of an emergency. This may be particularly significant in circumstances such as those faced by many international NGOs in Pakistan that did not have strong networks in the affected area prior to the earthquake. ICRC medical delegates also expressed the view that the presence of international staff provided intangible but compelling psychological support to national staff and communities—"a form of solidarity".

Both the helicopter operations and the reliance on expatriate emergency personnel highlight the fact that the concept of 'efficiency' has both *cost* and *time* dimensions. In an emergency such as was faced in Pakistan, the judgement was made that timeliness was at least as important as cost-effectiveness. Given this position, the key issue seems to have been the decision about precisely when emergency operations were no longer defensible. The ARC Final Report notes that the helicopter funded under the CAER Agreement supported the relief operation for 6 months

## **6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries**

A Final Report submitted by ARC to AusAID was not particularly informative, seemingly reflecting the fact that in such operations ARC relies on standard appeal reports from ICRC/IFRC Geneva being also sent to AusAID. Nevertheless, the ARC Final Report was accepted by AusAID.

ARC provided the desk review team with a copy of the Monitoring Section of the ARC International Operations Department Manual. While this was found to be comprehensive it did not appear to be strictly relevant because (a) it did not relate to monitoring in emergency situations and (b) ARC did not have a specific monitoring role in this response as it wasn't operational, so this was conducted by the Federation or ICRC.

In terms of field-based reporting in the immediate aftermath of an emergency, the IFRC's FACT missions are required to produce reports at 24 hours and 72 hours and then weekly, tapering to monthly for the first 3 months and then on a quarterly basis thereafter.

Up to 250 PRCS Volunteers were trained in the Mansehra branch in monitoring, assessments and reporting. Reporting by field staff was reported to be based on a weekly schedule. The PRCS Secretary General indicated that there was a strong flow of information from the field to the Islamabad headquarters.

Beyond the apparently standardised reporting schedule, the M&E particulars of each project were developed by the respective implementation teams. For example, the ICRC's ECOSEC project has developed their own M&E plan to assess the progress and outcomes of a planned livestock distribution intervention. This plan culminates in a post-distribution evaluation to determine the fate of the livestock and the overall impact. Each project/sector has a coordinator that is responsible for the overall quality of implementation and the management of operational issues.

The evaluation team was introduced to a full-time IFRC delegate (New Zealand) based in Islamabad to coordinate overall information and reporting. The primary means of communicating IFRC/PRCS performance has been through 'Operations Updates'; 25 of which had been published on the IFRC website at the time of the evaluation. The focus of these Operations Updates had been on inputs and services, but the information officer informed us of plans to begin investigating and reporting evidence of impact.

Beyond formal reporting mechanisms, the IFRC Head of Delegation discussed an increasing acknowledgement within the Movement of the value of informal information about performance, including the perceptions of key stakeholders. This thinking recognises that conversational methods are more effective for sharing tacit knowledge and are more efficient than maintaining comprehensive documentation processes during emergency operations. Nevertheless, the issue

highlights the long-recognised tension between information for learning and information for accountability—the latter tending to rely more on structured/formal information processes.

Other non-documentary information processes included coordination meetings. These happened at all levels of the organisation, including daily meetings between the PRCS, IFRC and ICRC during the initial emergency phase. There was general acknowledgment that this had been a high priority during the emergency, but had become less effective in the recovery phase. The IFRC and ICRC also participated in the UN Cluster system of coordination; although both the IFRC and ICRC Heads of Delegation expressed some frustration with this coordination mechanism.

In terms of formal mechanisms to evaluate overall performance and to capture lessons learned, several initiatives were reported:

- The IFRC Head of Delegation reported that DFID had engaged ‘real-time evaluators’ on a three-monthly basis to assess program performance.
- ICRC conducted post-distribution monitoring of NFI distribution and identified a 80 – 90% satisfaction rate among beneficiaries.
- The IFRC convened an internal partnership meeting in January 2006 to identify key lessons learned and to share thinking about the transition to recovery.
- The PRCS, IFRC and ICRC participated in a “Lesson Learning Workshop” convened by the GoP in March 2006.
- Several senior managers interviewed within the PRCS, IFRC and ICRC indicated that lessons learned from the Boxing Day Tsunami response had been applied in the earthquake response.
- At the time of the evaluation ICRC was planning to conduct an evaluation of the emergency phase.

## 7. Effectiveness of emergency response

The Red Cross/Red Crescent Movement has not yet conducted any formal evaluation of the emergency response, and so there is no ‘empirical’ data about the extent to which the objectives were achieved. However, as noted above, the pervasive internal view appears to be that the operation was a success. According to the ICRC Head of Delegation, management of what became a large multi-sectoral operation was “difficult but successful at all levels”. The IFRC had defined a beneficiary target of 81,000 families but had served more than 121,000 in less than six months of implementation. The ICRC, who defined the emergency as fundamentally a ‘medical emergency’, performed close to 900 operations in field hospitals.

One apparent success factor was reportedly the strong coordination; both internally within and between PRCS/IFRC/ICRC and externally across the humanitarian program. UNOCHA led a ‘cluster approach’ to coordination which the Red Cross/Red Crescent supported at national and district levels. The Federation chaired the health coordination meeting for four weeks on a rotational basis at district level.

Two important enabling factors were mentioned by interviewees as contributing to the overall effectiveness of the operation: *mild winter* and *supportive government*. Firstly, the fact that winter conditions were milder than normal almost certainly mitigated a second-wave humanitarian disaster. Secondly, the open and constructive approach of the GoP to intervention by the international community created an enabling environment for NGO operations. In particular, the active engagement of the military ensured that relief operations were not perceived as threatening. As noted by the ICRC Logistics Manager, the fact that security and general freedom of movement were assured by the GoP/military meant that the operation could be implemented effectively, compared to other emergencies where militias or government intervention have inhibited operations.

Two major constraints to effectiveness consistently mentioned by interviewees were the *culture* and the *physical environment*.

The nuances of a conservative religious and tribal culture posed some challenges. The example of culturally inappropriate distribution of sanitary napkins and women’s underwear discussed above is an example of cultural complexity. In this case, only men attended distributions, which meant that women were unable to benefit from any public health training that may otherwise have

accompanied the distribution; and yet it was also culturally offensive to explain to men the use of women's health items (on women's behalf). Neither the ICRC nor the IFRC had any significant prior experience in the affected area<sup>20</sup> and so a cautious approach to engagement was adopted. All delegates received training including expected public behaviour. ICRC delegates were required to comply with very strict rules about behaviour, presentation and movement. This conservative stance appears to have been rewarded with general acceptance by the communities, military and GoP.

The major constraint to operational effectiveness reported by interviewees was the physical environment. Gradient, intermittent landslides, snowfall, poor road infrastructure/access, and elevation all interacted to complicate logistics operations and drive up costs. In several cases, interviewees reported that beneficiaries were identified in villages not previously marked on maps.

## 8. Connectedness/sustainability

It was the view of some interviewees that while the emergency response was implemented effectively, an emerging challenge concerns the effectiveness of the reconstruction program and the transition to sustainable development. This issue poses a persistent challenge to the humanitarian aid community beyond the Pakistan earthquake response.

Some concerns were expressed to the evaluation team by ICRC medical delegates that some areas remain highly vulnerable despite the 'official' end of the emergency phase. There are concerns that a harsh winter and continuing access problems posed by monsoon-related landslides could render a second-wave emergency in some communities. At the time of the evaluation, the ICRC was considering the re-introduction of helicopter operations to support medical services for communities cut off by landslides.

Nevertheless, plans appear to be in place and significant progress is being made to transition away from emergency operations and to foster more sustainable results. The IFRC Head of Delegation acknowledged that "knowing when to exit is critical".

Key exit strategies reported to the evaluation team to facilitate the transition to development include:

- The handover of remaining tracing caseload (221 of the original 400 missing persons) from the ICRC to the PRCS in NWFP
- Significant reduction in expatriate staff presence, and commensurate increase in the number of national staff appointed to management positions
- A shift in focus among remaining expatriate staff from 'substitution' to 'support' for national staff (IFRC delegates work directly with local counterparts)
- Implementation of key livelihood enhancing interventions such as livestock distribution, seeds and tools distribution, irrigation canal rehabilitation
- The transfer of financial management from the IFRC to the PRCS
- An explicit plan by the ICRC to work through the GoP Ministry of Health (MoH) to ensure sustainability of all interventions

An IFRC recovery assessment team (RAT) was deployed in November 2005 to assess immediate and longer term recovery capacities, develop a recovery plan and revise the appeal. The Federation International Recovery Program is being planned to extend over a 3 – 5 year period.

The ICRC has developed a Plan of Action for Pakistan in 2006 which involves assistance to 6,000 farming families in irrigating their land, as well as provision of seeds, fertilizer and tools to 35,000 farming families. The ICRC also intends to continue to support the Basic Health Units (BHU) for 3 years, and has recently resumed development of an orthopaedic centre—a project that was suspended following the earthquake.

During the desk assessment a concern was raised about the timeliness of the closure of the ICRC field hospital, which evidently coincided with the closure of at least 2 other international hospitals. However, this decision was defended to the field evaluation team by the ICRC on the

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<sup>20</sup> Prior to earthquake access to some parts of the affected area (particularly along the 'line of control') had been virtually blocked by the GoP.



grounds that demand for the service had fallen and that MoH facilities were able to absorb the caseload.

The PRCS is committed to consolidating the internal capacity gains made in the wake of the earthquake. A decentralisation plan is being implemented involving the establishment of 2 new branches per year, with priority being given to disaster-prone areas. The Secretary General of the PRCS expressed concern that ARC's support was "conspicuously absent" from the Plan of Action for the recovery program. ARC support to a recovery program would be dependent upon availability of adequate public appeal funds, which in this case, were fully utilised for the response effort.

## Summary

Performance Dimension A Organisational capacity	Rating	Performance Dimension B Planned response	Rating	Performance Dimension C Implementation performance	Rating
Indicators		Indicators		Indicators	
1. ANGO capacity to deliver emergency response/activity.	HS	3. Quality of analysis and initial response strategy.	S	5. Efficiency of emergency response.	HS
2. Quality of existing relationships with national affiliate, local partners and beneficiaries.	S	4. Standard of funding proposal/design.	U	6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries.	S
				7. Effectiveness of emergency response.	S
				8. Connectedness/sustainability.	HS
Ratings of Attribute	HS		S		HS

Overall Project Quality Rating: HS

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory.

### Justification for Rating:

Summary of Strengths	Summary of Weaknesses
The Red Cross Movement demonstrated exceptional capacity in response to the Pakistan earthquake.	<p>A number of the deficiencies highlighted by the recent AusAID commissioned Audit of ARC were evident in the Desk Review.</p> <p>Both the CAER proposal and the Final Report were of poor quality.</p> <p>ARC files did not contain documented information required by the Desk Review Team to conduct the QAF assessment. Further, it appears that ARC was not able to gain access to information requested by the Desk Review Team from either the Federation Secretariat or ICRC. This knowledge management issue was also evident within the field evaluation.</p> <p>The PRCS had limited capacity for disaster response at the time of the earthquake. Further, the PRCS branch presence in the affected areas was weak.</p>

## APPENDIX B: CARE AUSTRALIA REPORT

ANGO	CARE Australia
Operational Partner(s)	CARE International
PNGO	SRSP
Program Title	CARE Emergency Response to Asia Earthquake
CAER Budget	\$500,000
Beneficiary Target	Planned: 1,160 households; Actual: 2,000 households
Major Development Objective	To prevent further loss of life and mitigate the suffering of those households (HH) most affected by the earthquake through the provision of essential relief supplies and technical inputs.

## A. Organisational Capacity

### 1. ANGO capacity to deliver emergency response/activity

CARE Australia's (CA) mission is "to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility." CA and other CARE partners work as wholly independent members within an international confederation. The CARE International (CI) Statutes and Code of Conduct specify that aid and relief are given: "regardless of race, creed or nationality of the recipients and without adverse distinction of any kind". CA has developed "International Accountability & Standards Benchmarks for Humanitarian Responses" to form the basic yardstick for measuring performance during an emergency.

CARE Pakistan (CP) commenced operations in June 2005. At the time of the earthquake, CP was developing a strategy that involved maintaining a small country office, and identifying key local organisations with whom to work in Punjab. The earthquake provided a major impetus to redirect the target area focus and to escalate the status of the country office.

CA's management procedures and practices accord with AusAID quality standards. However, CA personnel acknowledge that further work needs to be done to improve management systems for emergency response situations. A CARE International emergency management systems manual is currently being updated. CA personnel also commented on the difficulties faced by Country Offices in emergency situations where they do not have systems available to cope with the scale of the emergency. This situation was encountered in Pakistan owing to the nascent nature of the CP office.

Nevertheless, a reported strength of the CARE international partnership is the ability to quickly mobilise expertise. During the emergency period, over 80 expatriate specialists were rotated through CP to assist with the establishment of systems for finance, logistics, distribution management, record keeping etc. Many of these expatriate staff members were drawn from CARE operations in the region such as Bangladesh and Afghanistan. Zarmina Nasir was deployed from CA as a Program Coordinator for three weeks early in the emergency response in recognition of her knowledge, experience and language fluency.

In terms of the general institutional capacity to respond to emergencies, CI has set up an Emergency Response Working Group (which includes Australian representation) to assist country offices to manage in an emergency situation. The CARE International Emergency Group (currently eight staff) can be mobilised within 48 hours to assist with setting management systems, communications etc. In addition CI/CA has registers of emergency response professionals who can be called upon at short notice. CA has signed agreements with selected employers to facilitate mobilisation with 48 hours notice to respond to an emergency.

CP management staff reported that all locally engaged staff and partners benefited from training covering the CARE Code, core values as well as relevant systems and procedures. Selected CP staff and partners also benefited from Humanitarian Accountability Partnerships (HAP) training, which evidently laid a foundation for subsequent systems development. For example, HAP later assisted CP with the development of a beneficiary complaint mechanism to be implemented within recovery phase interventions. There was also a demonstrated knowledge and commitment to Sphere standards, although CP management staff noted that these were "aspirational" rather than practical in the context. For example, shelter spacing standards on steep gradients were found to be impractical. CP's partner, SRSP, also demonstrated

knowledge of Sphere standards and described how they have been applied in the field to the extent possible.

CP demonstrated a clear commitment to the humanitarian imperative. In spite of the nascent nature of the country program, a commitment was made early on to service beneficiary communities in difficult circumstances: above the snow line; in fragmented communities (rather than camps); in otherwise inaccessible areas that were not supported by other international agencies. The CP Program Director stated that “we didn’t necessarily have the capacity to work in the most remote or difficult areas, but we certainly had the determination”.

## **2. Quality of existing relationships with national affiliate, local partners and beneficiaries**

As noted above, at the time of the earthquake, CP had been operational in Pakistan for around 4 months. Hence, there was limited established program, networks or relationships. Nevertheless, the fact that CARE’s strategy for Pakistan was to identify local organisations for long-term development partnerships seems to have positioned the agency for an effective partnership approach to emergency response.

Both the CAER proposal and conversations with CP management staff confirmed that a “two-pronged approach” was selected in which CP implemented the emergency response through local partners, while at the same time providing training to build their capacity. The Final Report notes that as a result of this training, “both CARE and partners followed one coherent mechanism”.

The CI Emergency Response Protocol defines the roles and responsibilities of CI members in an emergency. The Protocol outlines the immediate actions required by the country office as the primary driver of a CARE partnership response. This focus on country office ‘ownership’ was apparent in documentation which indicated that both CI and CA were concerned about overwhelming a small country office such as CP. Humanitarian accountability benchmarks were used as the basis for developing the CI Emergency Response Strategy (ERS). It seems that CP had substantial input into this strategy.

In terms of supporting systems, CI has developed a thorough range of protocols and systems for field operations. SRSP reported that CARE’s commodity management and distribution systems were “very organised” and that the training provided to implement these systems was constructive. None of SRSP’s other international partner agencies provided any formal training on system compliance.

In general, SRSP reported a high degree of satisfaction with the partnership with CP. However, CP reported that they were unlikely to seek partnership with SRSP again. While they stressed that no major problems had been encountered in terms of the implementation of the emergency response, they had progressively become aware of subtle differences in philosophical outlook. At the heart of CP’s concerns was a perceived difference in SRSP’s approach to beneficiary engagement and the concept of participation. It is unclear to the evaluation team why CP, given the explicit focus on strengthening civil society organisations, was opting out of the partnership with SRSP rather than remaining engaged to influence positive changes.

## **B. Planned Response**

### **3. Quality of analysis and initial response strategy**

Prior to the earthquake CP had conducted a detailed ‘Country Probe’. While this research seems to have involved general context analysis to inform CP’s development program, it was nevertheless useful in the immediate aftermath of the emergency.

CP was part of the initial multi-agency assessment teams that visited affected areas within 24 hours<sup>21</sup>. The CP management team reported that their main source of information early in the emergency response was coordination meetings. A Vulnerability Analysis was conducted in the Alai Valley and a baseline study completed, but reports from these exercises were not made available to the desk review or evaluation teams.

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<sup>21</sup> Reports from these assessments tended to focus on the physical affects of the earthquake and the immediate physical needs of victims.

CARE's emergency strategy involved the distribution of non-food items (NFI)<sup>22</sup> through local NGO partners in parallel with capacity building of these partners in warehouse management, finance management, community mobilisation etc. The decision to work through local partners was taken on the grounds that it was both the most efficient way for a start-up operation such as CP to mobilise for a significant emergency response; and was consistent with CP's original country office strategy. Up to the time of the emergency, CARE's strategy was to support Pakistan civil society organisations rather than work as a major operational organisation. CI did not want to overwhelm either the national office or the local activity partners. They did not want to have a negative impact on the long term development strategy or key relationships.

The Pakistan Emergency Response Strategy included a detailed assessment of local activity partners' capacity. This was based on CP's implementation of the CI Organisational Capacity Assessment Tools. CP had engaged in dialogue with a range of NGOs as part of its start-up process but had not established a working relationship with RSPN, Sungi and EPS until the earthquake. SRSP (part of the RSPN) was the only CARE partner that the evaluation team met during field work. SRSP was selected on the grounds that it had extensive penetration in the affected areas (24 districts of Mansehra) and had worked with over 800 community groups over the past 7 years.

#### **4. Standard of funding proposal/design**

AusAID's CAER Agreement does not require a highly detailed proposal. Overall, CA provided \$2 million in response to the Pakistan earthquake emergency. The CAER funds therefore represented 25% of the CA response. By the end of January 2006 CP had received USD6 million worth of funding. Hence, the CAER contribution was around 6% of the total CP emergency operation. Although this represents a relatively small proportion of the operation, CP management reported that CAER funds were the first committed, and hence "gave us tremendous potential".

The CAER proposal identified beneficiaries by numbers of households and gender. The proposal specifically identified the intention "to ensure that quality and accountability standards" were integrated into the relief operations, specifically via Sphere training for SRSP field staff. However, SRSP staff reported that they had been introduced to the Sphere standards through training provided by Red-R rather than through CP.

The budget breakdown involved 74% for relief supplies (including freight), 8% for personnel (including travel), 1% for training and 6% for in-country activity support (communications, vehicle costs, field office costs).

The CAER proposal clearly specified both quantitative and qualitative indicators, identified critical risks and strategies for dealing with these risks. The document was internally appraised using a CARE project design checklist as a reference tool. Discussions with CA staff in Canberra indicate that the application of lessons learned from previous emergency responses was informal rather than formal (i.e. the application of lessons learned relied on the personal experience of staff involved).

The CAER proposal notes that "the activity...is a first step in a longer term program strategy which CARE is developing to try and promote a rapid transition from the emergency relief phase through to transition, rehabilitation and more sustainable recovery in the disaster affected communities."

The desk review team was of the view that CARE's proposal was the best of the four NGOs evaluated.

### **C. Implementation Performance**

#### **5. Efficiency of emergency response**

With AusAID's CAER funding, CP assisted 2,000 households; substantially more than the originally planned 1,160 households. CARE distributed more shelter than planned (tents, CGI and plastic sheets); but less hygiene kits than planned. Distribution of warm clothing as well as water carrying and purification materials was on target. CARE US managed procurement; much

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<sup>22</sup> Tents, corrugated iron sheeting, watering cans, water purification systems.

of which was done locally or in neighbouring countries. The CAER Project Final Report notes that there was a “sharp rise in prices of relief goods. Similarly, transportation costs soared”.

SRSP reported that the distribution process went smoothly. This was verified by beneficiaries in the field. However, in the village visited by the evaluation team, only 100 out of 216 households that the Village Committee had prioritised for relief had benefited. While the community reported that they had raised this issue with SRSP, it was unclear if SRSP had in turn communicated these needs to CARE, or verified the extent of the needs. Some of the 116 households included physically disabled members.

Beneficiaries indicated that the quality of relief items was adequate. Although, understandably, those still living in tents reported that they were beginning to deteriorate after around 9 months of use. This was a concern given the onset of the monsoon season at the time of the field visits; and the delays in the release of GoP compensation. Both CARE and SRSP staff reported difficulties in achieving Sphere standards, particularly where the steep topography was a factor. CARE’s final report to AusAID notes that tents only met 75% of the Sphere standard on space per person.

In terms of staff deployment, both CARE and SRSP appear to have mobilised quickly. SRSP was operational within 4 days of the earthquake in the village visited by the evaluation team. As noted above, the CI partnership was able to rapidly deploy international staff to Pakistan. An After Action Review Report notes that CARE’s mobilization of the ‘A’ team was well done but the team did not stay long enough to consolidate the program. Evidently the follow-up team did not have the same capacity; an issue which may have been compounded by the nascent nature of CP.

## **6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries**

CARE’s main source of information during the initial stages of the emergency response was from UN led cluster coordination meetings. This information was used to inform decision-making along with other primary data collected by the agency.

In terms of internal information management, CARE has pre-established M&E processes<sup>23</sup>. For all projects, the Country Office is responsible for ongoing monitoring. For longer term Australian funded projects, projects, CA conducts in country monitoring as well, CA uses a monitoring template which includes the ‘Project Standards Measurement Instrument’ which is a tool designed to assess the degree of compliance with the CA/CI programming principles and project standards. As mentioned earlier, CI has developed International Accountability and Standards Benchmarks; however, the Desk Review Team did not sight any baseline or monitoring reports based on this tool; nor any monitoring tools specifically devoted to emergency responses. For short term emergency program activities, the primary focus of monitoring in the CARE Confederation is at the country office level where monthly progress reports and project monitoring visits are the key forms of monitoring.

Project M&E was largely devolved to the implementing partner organisations. CP provided initial orientation and training on reporting and record keeping procedures. SRSP reported that this training was valuable, even though they have their own established M&E processes and a discrete M&E section. SRSP’s M&E section adopted a three-step process to M&E for the relief distribution project: i) situation analysis; ii) distribution process monitoring; iii) post-distribution utilisation monitoring.

The SRSP-CARE partnership relied heavily on Village Committees to mobilise and register communities for distributions and to capture issues for feedback from beneficiaries. CARE later worked with HAP to develop a beneficiary feedback mechanism; although this was not formally in place during the emergency phase.

Lessons learned during CARE’s emergency response were reviewed and documented in a 2 day After Action Workshop in January 2006 that was attended by 25 CARE staff and 10 partner representatives. In addition, CARE is currently documenting the overall earthquake response. However there has been no formal review of individual partnerships, despite the centrality of local partnerships to the CP strategy.

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<sup>23</sup> CI has a Quality and Accountability Adviser based in Atlanta, USA. This position has undertaken real time evaluations of most type II and type III humanitarian responses since 2003; and also several ‘After Action Reviews’.

The desk review team found the CAER Final Report prepared by CA to be of a high standard. Key lessons reported include: i) CARE should be better equipped in terms of transportation and logistical expertise; ii) field team should have more needs assessment expertise; iii) cultural training for staff members to deal with “traditional environments” is warranted.

## **7. Effectiveness of emergency response**

Interviews with one beneficiary community (men and women’s groups) confirmed the view of both CARE and SRSP that the relief distribution was appreciated and largely seen as timely and appropriate.

SRSP field staff reported that they were seeing evidence that “people are now able to restart their lives”. The fact that people were sleeping on beds and some had better quality housing was interpreted as evidence of effective aid delivery. Evidently, in some areas the standard of services is now higher than prior to the earthquake owing to the work of the humanitarian aid community (e.g. installation of water systems). SRSP staff members who have been operating in the target areas for many years also reported that they had observed a significant change in the “psychology of the people”. Specifically there was greater exposure to the international community, and general knowledge of basic rights had increased.

However, in the village visited by the evaluation team, more than half of the households prioritised for assistance by the Village Committee had not received the major relief items. Amongst these were up to 19 disabled people that did not have adequate shelter. Women reported that the relief distribution process took considerable amounts of the men’s time, although this did not seem to be perceived as a problem. Of more significance was the fact that men who normally worked as labourers in major towns and cities had remained at home out of concern for the welfare of their families. Evidently this was beginning to place a financial burden on these households, who normally depend on remittances. According to SRSP staff, this was also beginning to foster dependency on GoP assistance and on the international community. Nevertheless, the fact that these issues were known by SRSP/CARE suggests that informal monitoring of broader geopolitical factors was taking place, and there was an intrinsic interest in the effectiveness of aid delivered by SRSP-CARE.

Discussions with SRSP field management identified that some communities had also experienced problems post-distribution; particularly with the reconstruction of shelter. A suggestion was made that there may have been value in the SRSP-CARE partnership providing training for communities in improved shelter construction methods to ensure that shelter items were put to the best use.

CA is of the view that coordination between agencies in Australia in respect of a specific emergency response while important, is not critical to successful field operations; rather, the key issue is coordination on the ground. CP staff attended cluster meetings at central and local levels for shelter, health, education, protection and watsan. However, the amount of time spent actively participating in coordination meetings became a drain on the agency’s human resources. Also, some clusters were found to be better coordinated and more informative than others.

CA believes that information exchange is useful and the work of the Humanitarian Reference Group in ACFID (of which CA is currently Chair) is worthwhile. CI is a member of the Interagency Working Group on Emergency Capacity, an international consultative membership of seven humanitarian agencies.

## **8. Connectedness/sustainability**

Apart from meeting operational targets, CARE appears to have given attention to the quality of the response. The CAER Final Report notes that “CARE’s community driven relief distribution process has raised awareness of the communities towards the notions of community ownership, increasing their self-reliance towards self-development. In future programs, CARE intends to build on these notions of community ownership to ensure sustainability of its future programs in the reconstruction phase.”

As noted above, CP has a long-term commitment to supporting the development of civil society in Pakistan. Following the earthquake, the focus has shifted from Punjab to NWFP. The evaluation team was informed that CP would continue to work in the earthquake affected areas and to transition away from emergency response to the original focus on civil society strengthening.



CA documents indicate completion of the emergency response in December 2006. Discussions with CA personnel indicate that this timeline was influenced by: (i) need; (ii) funds available (donor expectations, public accountability); (iii) local capacity to deliver; (iv) CA's longer term program interests/commitments in Pakistan; and (v) given the above, 'what can we do immediately to respond'? CI has an Earthquake Reconstruction Strategy Plan running through to December 2007.

With the end of the emergency program there will be an inevitable narrowing of geographic target areas commensurate with funding and country office capacity. However, it was unclear to the evaluation team precisely what factors would inform this 'narrowing' process.

## Summary

Performance Dimension A Organisational capacity	Rating	Performance Dimension B Planned response	Rating	Performance Dimension C Implementation performance	Rating
Indicators  1. ANGO capacity to deliver emergency response/activity.  2. Quality of existing relationships with national affiliate, local partners and beneficiaries.	S  S	Indicators  3. Quality of analysis and initial response strategy.  4. Standard of funding proposal / design.	HS  HS	Indicators  5. Efficiency of emergency response.  6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries.  7. Effectiveness of emergency response.  8. Connectedness / sustainability.	HS  S  S  S
Ratings of Attribute	S		HS		S

Overall Project Quality Rating: S

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory.

Justification for Rating:

Summary of Strengths	Summary of Weaknesses
<i>CA has clearly given great attention to the quality of it's emergency response effort which is demonstrated by the quality of the CAER proposal, the Emergency Response Strategy and dialogue with CA staff in Canberra.</i>	<i>CA is open about the need for improvement in coordination and documentation mechanisms. Despite this, the information provided to the Desk Review Team was more than adequate.</i>

## APPENDIX C: OXFAM AUSTRALIA REPORT

ANGO	Oxfam Australia
Operational Partner(s)	Oxfam Great Britain
PNGO	SUNGI
Program Title	South Asia Earthquake Response Phase I
CAER Budget	\$500,000
Beneficiary Target	Planned: 30,000 families      Actual 31,700 families
Major Development Objective	To reduce the incidence of morbidity and mortality from exposure and public health related sickness and disease of 30,000 families (men women and children) affected by the earthquake in NWFP and AJK.

## A. Organisational Capacity

### 1. ANGO capacity to deliver emergency response/activity

Oxfam Australia (OA) is committed to “a fair world in which people control their own lives, their basic rights are achieved and the environment is sustained. We aim to increase the number of people who have a sustainable livelihood, access to social services, an effective voice in decisions, safety from conflict and disaster, and equal rights and status”. OA is part of the Oxfam International Confederation of 11 affiliate organisations. Within the Oxfam International Confederation emergency response is guided by agreements under the Oxfam International Consortium. This means that although one affiliate may be the 'Lead Agency' in an emergency, all response activities are known as an Oxfam International (OI) response.

Oxfam Great Britain (OGB), the lead Oxfam agency in the South Asia Earthquake Response, has been working in Pakistan since 1973. The program has involved humanitarian activities (38 emergency response projects since 1973, including earthquake responses), livelihood support, female education and projects aimed at decreasing domestic violence against women. OGB opened a country office in Pakistan in 1989.

In terms of documented emergency response procedures, the desk review team was provided with a copy of the OA Emergency Response Manual, which is based upon the OGB Emergency Response Manual. This document addresses rapid appraisal, use of the Integrated Assessment Tool, proposal preparation, human resource management, financial control, logistics, security, program management, monitoring and evaluation (M&E) and reporting and codes of conduct. The desk review team was also provided with a copy of the OXFAM Humanitarian Dossier which describes the roles and responsibilities agencies (lead and supporting) in emergency response operations.

Oxfam International (OI) and all affiliates subscribe to a rights-based approach to emergencies that acknowledges the universal applicability of human rights law and international humanitarian law. This includes commitment “to reduce beneficiary vulnerability to future disasters, to help men, women and children to again become active agents in their own lives and help create sustainable livelihoods.” OI and all affiliates are signatories to the Red Cross Code of Conduct, NGOs in Disaster Relief and the Sphere Project.

OGB has some 60 Humanitarian Support Personnel (HSPs) on call or at work in emergencies at any one time. Beyond the HSPs, Oxfam operations around the world contributed specialists. Oxfam Australia, in particular has its own Humanitarian Register and is currently establishing an Oxfam International Humanitarian Register. On the day that the evaluation team visited Oxfam's Balacot field office, international staff from Zimbabwe, Kenya, Nepal, Uganda and the Philippines were present. OA were able to deploy four personnel (from staff and the register) as part of the international effort. OA also sent Richard Young, the Emergencies Manager, on an early monitoring visit for one month because he had experience in the region<sup>24</sup> and is a member of the OI Humanitarian Consortium which guides the overall OI response.

The evaluation team observed evidence of a commitment to the humanitarian imperative, both within OI and an implementing partner, Sungi Development Foundation (SDF). SDF's village activists walked into remote villages closed off by the earthquake and within 4 days had identified critical needs in villages not marked on maps, and hence missed by military needs assessments.

<sup>24</sup> Regional Humanitarian Coordinator for OGB based in Bangladesh

Over 300 evacuations of critically injured persons were facilitated by SDF staff and volunteers. OI's advocacy work was explicitly aimed at ensuring the medium term and long term wellbeing of households beyond the closure of IDP camps.

SDF management reported that they had respect for OGB's 52 years experience in humanitarian action, and in fact had expected more direction from OGB on operational matters. However, they came to realise that even OGB had limited experience and capacity in winter-time emergencies. Further, the physical and cultural context posed significant challenges for international agencies.

## 2. Quality of existing relationships with national affiliate, local partners and beneficiaries

Working through local NGOs is Oxfam's declared approach to development operations in Pakistan. This approach carried through to the emergency operation in which OI worked through 3 local partners: Sungi Development Foundation (SDF), Sawat Youth Front (SYF) and Shangla Development Society (SDS)

SDF was the only partner organisation to participate in this evaluation. Oxfam NOVIB had partnered with SDF for five years prior to the earthquake<sup>25</sup>. NOVIB/OGB had previously invested in SDF's humanitarian response capacity<sup>26</sup>.

The OI emergency operation engaged in water and sanitation, public health promotion, livelihood support and shelter and non-food items (NFI). CAER funding supported OI's emergency shelter and NFI activity, which was operationalised by implementing partners<sup>27</sup>. That is, while logistics and procurement of shelter/NFIs were carried out by OGB, all assessments and distributions were handled by partner organisations. It was evident from documentation provided to the desk review team and from the field review that OI's local activity partners participated in the development of the Emergency Response Strategy.

The relationship between OI and SDF is considered by both parties to have been effective and facilitated a timely response to the earthquake. SDF had been working in the affected area for more than 15 years and had an extensive network<sup>28</sup> of Village Activists and community structures (including Village Disaster Management Committees) through which assessments and mobilisation were readily carried out. Given the remoteness of the area and the conservative culture, it seems that familiarity and credibility with the beneficiary population was a key success factor.

As a prominent local NGO, SDF became a sought-after partner with INGOs wishing to quickly mobilise in the affected area. While SDF partnered with several of these agencies, they acknowledged that strategic advice from Oxfam NOVIB and OGB concerning the need to exercise caution with developing too many linkages proved prudent. Oxfam GB Pakistan's management was of the view that the long-running partnership with SDF ensured that OGB's influence in SDF was not diluted, even at the height of the emergency phase when SDF was engaged with multiple partners<sup>29</sup>.

Senior management of SDF reported that, in addition to being overwhelmed with requests for partnership, the massive influx of international agencies posed a risk to the organisation in terms of staff retention. Evidently, during the first week of November 2005, 10 key SDF staff resigned to work for international agencies at 3 – 4 times the pay<sup>30</sup>. In response, OI took the remarkable step of supplementing the SDF payroll for six months to help stabilise the organisation's human resource base<sup>31</sup>.

Some SDF staff members were seconded directly to OI during the emergency phase. This initiative seems to be viewed by SDF management as a useful mechanism for staff capacity building. These seconded staff members now hold senior decision-making roles within SDF.

Both OI and SDF management indicated that the pre-existence of the partnership before the emergency response contributed to the overall effectiveness of the response. In particular, trust

<sup>25</sup> OGB and NOVIB also had a pre-existing relationship with the Sawat Youth Front (SYF) and Shangla Development Society (SDS). Both organisations had previously worked on emergency responses to the floods in NWFP in 2005.

<sup>26</sup> N.B. The evaluation was unable to ascertain the nature and extent of this pre-disaster capacity building.

<sup>27</sup> In health, OGB was 70% operational and 30% was handled through partners

<sup>28</sup> SDF reportedly has "thousands" of community mobilisers active throughout the affected area.

<sup>29</sup> World Vision, SCF UK, NORAD, FOCAS, WHO, UNDP, Royal Norwegian Embassy and others.

<sup>30</sup> 3 of the 10 later returned to work with SDF.

<sup>31</sup> Nevertheless, there was at least one incident in which a short-term OGB staff member actively encouraged a SDF staff member to seek permanent employment with an INGO. This obvious mixed message was promptly addressed by OGB.

between the organisations enabled a rapid response before formal agreements were in place. According to SDF management, “the urgency of the response meant that the focus was less on ‘systems and procedures’ and more on getting the work done”

SDF management appreciated the support provided to SDF in terms of capacity building of staff and systems. For example, “OGB provided good assistance with developing systems to track commodities and field work”. However, it became clear to both parties that actually delivering some forms of capacity building concurrently with the implementation of emergency response projects was impractical. A reported lesson learned by OI is the importance of investing in capacity building for emergency response before a disaster.

Interviews with both OI and SDF management indicated that, in general, there was adequate alignment between OI and SDF in terms of both operational systems and philosophical outlook. This may be a function of the long-term relationship that preceded the emergency response. Only one example of a difference in outlook was reported by SDF management. In this instance, Oxfam objected to SDF’s use of military helicopters to conduct medical evacuations from remote villages. OI in particular holds a strong position on not being aligned with the military; however SDF’s view seemed to be more pragmatic and motivated by the humanitarian imperative. SDF argued that even Oxfam International documentation advises that reliance on the military should be avoided unless no other alternative is available.

## **B. Planned Response**

### **3. Quality of analysis and initial response strategy**

Prior to the earthquake OI had prepared a Humanitarian Crisis Contingency Plan for Pakistan (updated July 2005) which involved risk mapping, resource mapping and internal (OI) preparation. However, the current OGB Operations Manager stated that she was unaware of this plan, and hence it appears to have contributed little to informing the emergency response<sup>32</sup>.

OI participated in initial multi-agency assessment teams which visited affected areas within 24 hours of the earthquake. Reports from these teams tended to focus on the physical affects of the earthquake and the immediate physical needs of victims. SDF had conducted a poverty assessment in 2003 in the affected area which noted that natural disasters are common. Evidently this assessment provided useful background information to inform SDF needs assessment and response.

The Oxfam response relied heavily on local activity partners to identify the vulnerable. For shelter, beneficiaries were identified, registered and verified in consultation with community leaders. Particular attention was given to female-headed households, people with disabilities, families caring for orphans and minority groups (e.g. Hindus). No formal wealth mapping or other structured needs assessment methods were used. However, public health workers implemented a range of tools in community meetings to probe the key issues. One example cited of effective consultations involved a process to proactively seek women’s opinions in assessments conducted in December 2005. The fact that communities invited Oxfam to repeat this exercise in March 2006 is evidence that it was perceived as valuable by the participating communities.

The Country Humanitarian Team (OGB/NOVIB) developed the earthquake response Action Plan in cooperation with local activity partners (SDF, SYF and SDS) and in consultation with beneficiaries representing a cross-section of the communities (particularly the vulnerable). NOVIB also assisted SDF with a capacity assessment early in the response to determine if they had the capacity to work at the scale required.

In many areas Oxfam’s partners had existing community representation systems whereby community focal points were elected. Community focal points were asked to produce lists of the most affected families. Partners and volunteers carried out a verification of the initial lists (via door-to-door visits and focal group discussions) to ensure that no families had been overlooked and that selection had taken place in line with established criteria.

### **4. Standard of funding proposal/design**

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<sup>32</sup> Oxfam staff acknowledged that although contingency planning for emergencies is a widespread practice promoted by OI, the quality and depth of these plans was variable.

The CAER Agreement does not require a highly detailed proposal. CAER funding to OA represented approximately 1.5% of the overall Oxfam response to the Pakistan earthquake. The Oxfam proposal identified beneficiaries by number and gender; however there was no indication of specific location, socio-economic grouping or other identifying characteristic.

Overall, the design appears to be consistent with OA's capability as defined under the CAER agreement<sup>33</sup>. However, OA's technical strengths were not manifest in this operation as the agency was a non-operational partner of OI.

The Proposal specified two quantitative indicators related to provision of emergency shelter, NFIs and access to public health facilities, and referred to Sphere Standards and associated indicators as the basis for project monitoring. The CAER proposal did not include any meaningful attempt to address risk or cross-cutting issues.

The Oxfam budget contained two line items: 90% was committed to tents/NFIs and 10% to administrative overheads.

## C. Implementation Performance

### 5. Efficiency of emergency response

OI field staff reported that in general the operation was implemented according to plan. Most targets were surpassed, however some underachievement was reported relative to planned shelter targets<sup>34</sup> and livelihoods support. Shelter distributions commenced with tents, however the availability and quality (i.e. winter weight) proved problematic. The focus then shifted to the distribution of winterisation kits and corrugated iron (CGI) sheeting, and the promotion of local shelter solutions such as the endogenous 'bandis'.

OI field staff reported that implementation of livelihood activities had been hampered by security concerns following the 'Danish cartoon crisis', and also by third party supply chain constraints. In particular, planned seed distribution was cancelled when FAO-supplied seeds arrived 3 – 4 weeks too late for the planting season and were considered to be of poor quality.

Interviews with beneficiary representatives in 3 of Oxfam's target villages confirmed broad satisfaction with Oxfam's assistance, and even expressed appreciation for "the Australian people". The villages visited were direct beneficiaries of OI's emergency water supply systems and public health promotion, rather than shelter and NFIs supplied through SDF under the CAER<sup>35</sup>. Interviews with Area Coordinating Committee members representing people that had received shelter and NFI support indicated general satisfaction among beneficiaries with these items.

OI field staff reported that, given the heavy reliance of households on livestock, they had initially identified CGI sheeting for livestock shelter as an important form of assistance. However, this proved to be of low importance to households, with sheeting instead being used for human habitation.

OI staff and SDF staff both demonstrated a knowledge of Sphere standards. These reportedly formed the basis of implementation monitoring. However, there was also a recognition that Sphere standards are to some extent aspirational, and hence were unattainable in some instances. OI conducted training of GoP stakeholders (e.g. district coordinators) in Sphere standards, and also used them as the basis for advocacy work.

Overall the responsiveness of OI to the emergency appears to have been timely. As noted above, OI participated in rapid multi-agency assessments immediately in the aftermath of the earthquake. This prompted a rapid scale-up of the OGB operation in Pakistan. At the height of the emergency response, OGB was operational in 6 field offices throughout the whole affected area and worked directly in 47 camps (16 organised, 31 spontaneous) and 81 villages. A reported 15,000 tents (along with 7,170 winterisation kits) and 7,680 transitional shelters were

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<sup>33</sup> OA is recognised as having lead capacity in water and sanitation; environmental and public health; logistics and procurement. OA has medium capability in emergency stores, nutrition and shelter.

<sup>34</sup> While the initial number of tents distributed was lower due to lack of availability, this was offset by the distribution of bandi shelter kits.

<sup>35</sup> The villages visited had in fact received some shelter and NFIs, however these were said to have been supplied through SRSP, another local NGO.

distributed along snow lines<sup>36</sup>. As such, the CAER-funded assistance contributed to relief supplies for 31,700 families (1,700 more than planned).

In health, the Final Report states that 67,500 families in temporary tent camps were provided with access to water sanitation and hygiene education as against the planned 30,000 families.

In terms of internal management systems, OI reported that an ongoing 'Humanitarian Improvement Plan' (HIP) within OGB was piloted during the Pakistan emergency response. This plan aims to improve first phase response to emergencies through abbreviated logistics and finance procedures. However, it was the view of the OI Operations Manager that these piloted procedures had not worked well, since they in fact highlighted inadequacies in regular systems. The whole system is part of a broader five-year review process in which lessons learned are being shared with the broader OI family.

Challenges were also reported in terms of recruiting experienced humanitarian personnel with knowledge of Oxfam systems. This situation, also reported by other agencies interviewed by the evaluation team, was a function of the concurrent humanitarian emergencies in the global environment. This meant that although OI had declared the Pakistan earthquake a 'Category 1' emergency (which normally demands a diversion of all available resources), no active field staff were redeployed from other category 1 emergencies. Evidently this did not affect the extent of management attention or fundraising.

## **6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries**

In line with the objective of working through local partners, OI devolved monitoring and evaluation (M&E) to SDF. OI management staff reported that although the final report from SDF for the emergency phase was adequate, overall M&E may be considered a weakness of the partnership arrangements. In particular, the documenting of evidence of change has been identified as an area for development.

This situation was acknowledged by SDF management who stated that "the urgency of the response meant that the focus was less on 'systems and procedures'. It was only after the emergency that focus shifted more to accountability and communication". SDF later posted an 'M&E person' at each field office

OI's decision-making process on operational matters varied from project to project, but was generally devolved to the implementing partners. OI reports that SDF voluntarily dialogued with them concerning the planning of distributions. SDF management noted that although OI did not generally engage in operational decisions, they were actively engaged in strategy formulation. Also, OI staff routinely visited project sites and provided advice on technical and managerial issues on an informal basis.

The emergency highlighted the importance of pre-disaster capacity building to ensure that systems and procedures are implemented smoothly from the outset.

OI reported that there were no standardised beneficiary feedback mechanisms installed during the emergency phase. SDF confirmed this situation, but asserted that appropriate informal mechanisms were functional. The fact that SDF staff and volunteers were well known by target communities ensured that issues arising were efficiently communicated back to headquarters for management attention. Further, the participatory process employed for needs assessment and implementation are assumed to engender a culture of openness between SDF and beneficiaries from the outset. OI field staff confirmed that they received direct feedback and requests for assistance from beneficiaries at their Balacot field base.

SDF staff noted that although congestion in the supply chain for relief commodities meant that the logistics of relief distribution was less efficient than ideal, it also meant that field staff visited the same locations on several occasions. This enabled 'iterative assessments' to be performed and provided an informal mechanism for verifying progress in meeting basic needs.

Project reporting systems were developed on a case-by-case basis rather than to comply with an overall 'information architecture' for learning and accountability within the whole emergency program. At the time of the evaluation OI had been working on developing accountability

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<sup>36</sup> In addition to water and sanitation, public health promotion and livelihoods interventions supported by other donors.



measures for the past 3 – 4 months, which included the publishing of a standard complaints procedure in newspapers.

Insofar as OGB performed the lead agency role in the Pakistan emergency response OA's only expectation was for exception reporting and an interim and final report to meet AusAID's requirements<sup>37</sup>. Beyond this, Oxfam's intranet 'dashboard' is the main vehicle for information sharing within Oxfam and serves to cut down email traffic to/from the field.

OA submitted a Final Report to AusAID as required under the CAER. Under 'Lessons Learned' the report identified: (i) the importance of giving due attention to gender issues—notably recruiting sufficient female staff, ensuring adequate privacy measures in the camps and adopting tent to tent or house to house approaches to public health programming, rather than attempting to have women meet in a group; (ii) the need to "have a standard range of tent specifications for different climates." and (iii) the effectiveness of the UN's cluster coordination as being contingent on the quality of cluster leadership.

The mid-term review of OI's overall Strategic Plan notes that OI has no system of knowledge management. Further, due to lack of standards in evaluations and reviews there was little or no comparable data from one emergency response to the next. OI is currently attempting to address this. The Emergency Managers Network has established a Learning and Accountability Group which aims to document case studies of better practice in terms of contractual accountability, peer accountability and accountability to beneficiaries. An Interim Participatory Evaluation was planned for the South Asia Earthquake Response in early 2006, with a Final Evaluation planned for May/June 2006. These documents were not available to the desk review team.

## 7. Effectiveness of emergency response

At the time of this evaluation there had been no internal review of Oxfam's overall emergency response. Hence there was no 'empirical' evidence that the planned objectives had been achieved in terms of beneficiary impact<sup>38</sup>.

Nevertheless, OI and SDF management were confident of the program's effectiveness on the basis of anecdotal evidence from beneficiaries and of participant observations from the field. According to one OGB field officer, "we managed to supply relief to unreachable places".

Key indicators of success noted by Oxfam field staff include: no major outbreaks of disease; general awareness and attainment of Sphere standards; and effective overall coordination and communication between humanitarian agencies.

According to one representative of a SDF Area Coordinating Committee (ACC), SDF reached his village by the second day following the earthquake and supplied tents. He was of the view that this responsiveness "probably saved lives". ACC members reported that people were generally pleased with the quality of the relief items distributed.

SDF demonstrated a commitment to ensuring the 'gaps' were filled by networking with their various partners and other agencies to communicate shortfalls in assistance. They effectively operated as a broker between affected communities and the humanitarian community. This was in contrast to one other local NGO interviewed during this evaluation which appeared to adopt more of a 'contractual' relationship with INGOs and implemented only the agreed scope of work.

OI demonstrated a commitment to coordination through participation in the UN cluster system, including the leadership of the watsan cluster at district level. OI's active engagement at the overall coordination level led to advocacy work to address apparent shortcomings in UNICEF's leadership of the protection cluster.

Beyond Pakistan specifically, OI is part of the Interagency Working Group which is currently funded by the Gates Foundation to carry out an Emergency Capacity Building Project involving accountability and impact, resilience and IT.

## 8. Connectedness/sustainability

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<sup>37</sup> This is based on agreed standards and ways of working under OI agreements. The OI dossier outlines roles and responsibilities of lead and non-lead agencies.

<sup>38</sup> N.B. Weekly data sheets provided to the evaluation team demonstrated the use of defined mechanisms to capture information about implementation progress.

OI is currently drafting a reconstruction strategy to articulate the details of their medium term assistance to earthquake-affected areas.

SDF, with a long-term presence in the target area is likely to continue to play a key role in ensuring appropriate and sustainable support is provided. An example of long term assistance provided by SDF observed by the evaluation team was a women's craft centre which was appreciated for giving women a social outlet as well as developing skills and commercial networks. Also, the community structures that SDF has mobilised (e.g. the ACCs) have now developed their own momentum and should continue to play an important role in organising communities for joint action. Several of these ACCs are now formally registered with the GoP, and have become key focal points for other INGOs.

In addition to addressing immediate household needs through their emergency relief interventions, OI implemented a range of livelihood activities. Of note was an innovative scheme in which OI worked with local traders whose businesses had been devastated by the earthquake to implement a voucher system in which beneficiary families could exchange OI vouchers for commodities offered by traders. This had the effect of both meeting household needs and injecting cash into the local economy at a critical time. Other livelihood-enhancing activities include support for women's small industry and farmer assistance (agronomy and livestock).

Little, relevant information was available to the Desk Review Team on the strategy and allocation of resources for turning from relief to recovery/development. OA staff pointed out that the support people coming in to assist in an emergency do not replace the Oxfam Country Manager. By channelling support through the line management, therefore, there is a continuity with existing (and future) programs.

In general, the OI approach is to "ensure that there is not a sudden collapse of Oxfam support to those people whose lives have been badly damaged by the earthquake in the longer term". OGB Pakistan has made a commitment to remaining involved in the earthquake affected area through to 2008. "Oxfam's Advocacy Unit is also working to ensure that people have access to adequate and safe transportation home; that vulnerable people are adequately provided for; and affected people have access to the information and compensation for which they are eligible." However, the particulars of which areas would remain a focus and the criteria for intervention remained unclear at the time of this evaluation<sup>39</sup>.

OA has no strategy to remain engaged in the region however, OI will continue their long term programming in both the earthquake affected area and other regions of Pakistan.

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<sup>39</sup> The evaluation team was informed that some beneficiary communities were anxious about the imminent 'withdrawal of Oxfam International' at the end of the emergency operation since it was not understood that NOVIB was essentially the same organization but with a development mandate.

## Summary

Performance Dimension A Organisational capacity	Rating	Performance Dimension B Planned response	Rating	Performance Dimension C Implementation performance	Rating
Indicators  1. ANGO capacity to deliver emergency response/activity.  2. Quality of existing relationships with national affiliate, local partners and beneficiaries.	HS  HS	Indicators  3. Quality of analysis and initial response strategy.  4. Standard of funding proposal / design.	HS  U	Indicators  5. Efficiency of emergency response.  6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries.  7. Effectiveness of emergency response.  8. Connectedness / sustainability.	HS  S  HS  HS
Ratings of Attribute	HS		S		HS

Overall Project Quality Rating: HS

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory.

Justification for Rating:

Summary of Strengths	Summary of Weaknesses
<p><i>Long term involvement in Pakistan, coupled with pre-existing relationships with key local activity partners were strengths.</i></p> <p><i>So, too, was the manner of working with, and strengthening, these partners during the emergency response.</i></p> <p><i>The existence of an emergencies Contingency Plan for Pakistan meant that the Oxfam affiliates had a 'Road Map' albeit theoretical, for responding to the emergency.</i></p>	<p><i>Given OGB's experience in Pakistan and the existence of the Contingency Plan for Pakistan, the standard of the AO funding proposal was poor.</i></p> <p><i>Although OA/OI are clearly committed to learning, continuous improvement accountability to beneficiaries, the systems for doing so are, as yet, poorly developed.</i></p>

## APPENDIX D: WORLD VISION AUSTRALIA REPORT

ANGO	World Vision Australia
Operational Partner(s)	World Vision International through World Vision Pakistan
PNGO	N/A
Program Title	Pakistan Earthquake Response
CAER Budget	\$500,000
Beneficiary Target	Planned: 10,000 HH; Actual: 30,000 HH
Major Development Objective	<ul style="list-style-type: none"> <li>To provide for the basic needs of the Pakistani people in Mansehra district most affected by the earthquake</li> <li>To address the physical and psychological well-being of children and their families in the immediate and longer term.</li> </ul>

## A. Organisational Capacity

### 1. ANGO capacity to deliver emergency response/activity

World Vision Australia's (WVA) mission is to be a Christian organisation that engages people to eliminate poverty and its causes. WVA enacts this Mission through: Christian engagement, policy change, relief and development, synergy and effectiveness in engaging Australia. WVA is a member of the World Vision International (WVI) partnership. A common mission statement and shared core values bind the Partnership. By signing the Covenant of Partnership, each partner agrees to abide by common policies and standards. Each national office, regardless of size, enjoys equal voice in Partnership governance. WVA is committed to all recognised international humanitarian standards.

World Vision (WV) closed operations in Pakistan in 1995 and re-opened in 2003. At the time of the earthquake, World Vision Pakistan (WVP) had comparatively weak management infrastructure and systems for emergency response; however the international partnership's substantial capacity to respond to emergencies was engaged for the earthquake.

World Vision International's (WVI) Global Rapid Response Team (GRRT) of 21 fulltime members and 1 part-time senior associate can be mobilised within 48 hours. In Pakistan, WV's GRRT was reportedly one of the first international response units to engage.

WVI also has a Global Pre-positioning Resource Network and well developed systems for identifying, briefing and quickly deploying experienced international WV staff to facilitate an efficient response to an emergency. Claire Beck from WVA was deployed for 10 weeks as part of the GRRT given her long experience in Pakistan and fluent language skills.

Despite the substantial international support, WV staff in Pakistan reported several areas that were challenging. These areas included recruitment and orientation of local staff, internal communication mechanisms, relief commodity management systems, and general administrative systems at the required scale. Although indicative of possible systemic weaknesses, WV seems to have responded promptly to issues once identified. A communication systems assessment was commissioned and the recommendations were implemented; a culturally appropriate staff orientation process was developed; supply chain management issues were referred to specialists within WVI.

Following the earthquake, WVP was able to scale-up from 14 local staff members to 172. Key staff were attracted from other organisations, including prominent local NGOs such as Sungi Development Foundation.

WV demonstrated a commitment to international standards at various levels of the emergency response. Project team members were trained in Sphere standards relevant to the sectors of intervention. Pre-positioned relief commodities (both gifts-in-kind and procured items) were required to comply with Sphere standards. WVP hosted the Humanitarian Accountability Partnership International (HAPI) team during their tour of Pakistan, and ensured that all relevant WV staff received HAPI training. Further, an accountability specialist was brought from Geneva to assist with the establishment of beneficiary accountability mechanisms.

WV demonstrated a commitment to the humanitarian imperative through their commitment to identifying 'gaps' in the response provided by the international community, and to working in

remote and inaccessible areas<sup>40</sup>. Initially, WV's relief distribution was to be implemented in the Balacot area, which was divided between several international agencies and coordinated through the UN cluster system. Later, the relief distribution operation moved to the ridge tops in tribal areas in western Mansehra District—an area that until February 2006 seems to have been overlooked or ignored by the GoP and the international community, and yet had been devastated by the October earthquake.

The second component of the WV program aimed to address the psychological wellbeing of children. Child protection is fundamental to the corporate focus of the WV partnership. In Pakistan this focus was implemented through Child Friendly Spaces CFS.

WV has declared a long term commitment to remaining engaged in the disaster-affected area.

## 2. Quality of existing relationships with national affiliate, local partners and beneficiaries

Prior to the earthquake WVP had maintained a relatively small national office, and operated almost exclusively through local activity partners (such as SRSP, CWS, KPDO). Following the earthquake, a strategic decision was made to predominantly invest in building the capacity of WVP staff directly, rather than working through local partners and investing in their capacity. A major consideration was the need to comply with internal WVI emergency response systems and procedures—especially with regard to commodity management. There were also concerns raised about the absorptive capacity of local NGOs given the increase in demand by international NGOs for operational partnerships.

Nevertheless, approximately 10% of the WV response to the Pakistan earthquake was channelled through local activity partners (NGOs, CSOs, CBOs). However, only 4 of the approximately 10 local activity partners involved in the WV emergency response were “proven partners” from the pre-emergency program. Further, the Do No Harm (DNH) Report (Dec. 2005) indicated that there had been significant conflicts with two out of the four ‘proven’ partners. WV reports that these issues dealt with subsequent to the DNH report.

The WV program staff interviewed in Mansehra advised that the WV Partnership does not have a global standard to inform the establishment of local partnerships. The extent to which this absence of a ‘corporate’ focus on local partnerships contributed to the challenges faced by WVP in implementing the emergency response through partners may be an area for further study<sup>41</sup>.

WV program staff interviewed in the Mansehra field office reported that following a failed local partnership, lessons learned were consolidated into a ‘checklist’ of issues for discussion in establishing future partnerships. These checklist items then formed the basis for contractual agreements. Partnership agreements implemented after the development of this framework were reported to be successful.

WVI has devoted considerable attention to mechanisms to facilitate joint decision making and communication within the WV Partnership. Nevertheless, the desk review team noted that some internal documentation indicated that local WVP staff felt marginalised by the substantial influx of WVI staff. The apparent breakdown in the defined decision-making mechanisms was addressed in WVI's ‘Documented Real Time Learning Event’ (Feb. 2006) which identified the “need to build capacity and support for national staff”. WV reports that this issue has now been dealt with through extensive training activities. Interviews with WVA program staff suggested that they were unaware of any problems between WVP staff and the international emergency staff.

Relationships with beneficiary communities appear to have been appropriately managed—both where CFS were established and where distributions were implemented. Evidently, there was some initial reticence to the concept of the CFS among a minority of community members, partly owing to concerns that WV may attempt to convert children to Christianity. However, interviews with parents and children during this evaluation found no residual concerns of this nature. In fact, a feature strongly appreciated by both children and parents was the explicit reinforcement of Muslim values.

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<sup>40</sup> N.B. WV staff noted an intriguing phenomenon in which most international agencies assumed that needs close to roads and towns were adequately supported, and so actively engaged in remote parts of the affected area; and yet it seems that significant needs in more accessible areas may have been overlooked.

<sup>41</sup> The argument proffered for not developing a global standard for local partnerships was that partnerships are considered context-specific. Further, because WV is generally involved in direct operations, the agency works in collaboration with, rather than through, local partners.

Both WV staff and beneficiary representatives reported that relief distributions were implemented smoothly. Local community power structures were utilised thereby circumventing the need for a military presence.

## **B. Planned Response**

### **3. Quality of analysis and initial response strategy**

The desk review identified that prior to the earthquake, in June/July 2005, WVP conducted a comprehensive Disaster Preparedness/Risk Reduction Survey. The data from this survey provided multiple benefits<sup>42</sup>. Further funding was requested for ERDM, but had not been received. WVP participated in multi-agency assessment teams that visited the affected area within 24 hours of the earthquake. Reports from these teams focussed on the physical affects of the earthquake and the immediate physical needs of victims.

Initially WV relied on the military for all needs assessment information. Later, requests for assistance were received directly from communities and reviewed at the WV field office in Mansehra. Once WV became fully operational field staff became the primary source of information. A formal needs assessment study was commissioned in January – February 2006 focussing on restoration of livelihoods in the Jabori Union Council of the Siran Valley. The results of this study have informed discussions about the WVP strategy which runs through to 2008.

WVI emergency response protocols indicate that the WVI Vulnerability Analysis and Mapping (VAM) Unit is tasked with identifying the most vulnerable and marginalised. However, it was unclear if this work was done in Pakistan. WVP program staff indicated that the primary source of general needs information was the military. Within target villages, local leaders were used to identify the most vulnerable. In a hilltop village visited by the evaluation team, interviewees reported that approximately 10 out of 180 households did not receive any assistance. Evidently when this shortfall was communicated to WV they were advised that there were insufficient resources to cover the shortfall.

WV's initial Emergency Response Strategy (ERS) was developed on the 10th October, 2005 by WVI staff, with input from WVP and WVI staff (coordinated by the then National Director and Sub-regional Director. Reference was made to UNOCHA documents, GoP reports, joint agency assessment meetings and informal discussions with communities. This preliminary ERS did not articulate a plan to strengthen WVP or local activity partners. The emphasis was on informing programming direction. No strategies were identified to address risks. The inclusion of women on distribution teams was listed as a mechanism to address gender issues. There was a strong focus on child protection. Indeed the decision to proceed with CFS was made the day after the earthquake and the first CFS was set up within four days.

The desk review team queried the rationale for the strong focus on CFS since there appeared to be little actual analysis of children's needs at that time. Rather, the decision seemed to be driven more by corporate focus. However, WV later clarified that the focus evolved out of their participation in the child protection cluster<sup>43</sup>. Further, field staff in Mansehra indicated that a Save the Children assessment had identified children as being at physical risk in earthquake rubble, and also showing evidence of emotional distress. This concurred with WV experience from other emergencies including the tsunami response. WV's Child Protection Coordinator acknowledged the 'corporate focus' but argued that psychosocial support for children in emergencies is a perennial issue that demands a response by humanitarian agencies.

### **4. Standard of funding proposal/design**

AusAID's CAER does not require a highly detailed proposal. CAER funding to WVA represented approximately 5% of the overall WVI response to the Pakistan earthquake. Evidently, the fact that CAER funds were released quickly gave early momentum to the operation ahead of the receipt of more significant appeal funds.

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<sup>42</sup> WVA note that data enabled WVP to participate in the multi agency assessment team within 24 hours of the earthquake; and was utilised extensively by the team in developing a response strategy. After the survey (and before the earthquake) WVP had requested funds for emergency response and disaster mitigation but by the time of the earthquake no funds had been received to start activities.

<sup>43</sup> WV was actively involved in the first 10 days of the response with training other agencies in child protection and setting up CFS.

Under the CAER, WVA is rated as having a 'leading capacity' in protection and 'medium' capacity in shelter. The proposal scope was consistent with this rating.

The CAER proposal/design did not specifically mention standards, however WVI standards for disaster response require adherence to a range of best practice codes. While the proposal/design included broad risk assessment and management strategies, it did not outline specific monitoring and evaluation (M&E) arrangements. Also, beneficiaries were identified by number and location, but there was no indication of clan, gender or other socioeconomic segmentation. The proposal/design did not include a connectedness/sustainability strategy on the grounds that the funds requested related to an immediate response to a disaster.

The budget allocation was as follows: 63% relief supplies; 23% personnel inputs (including travel costs); approx. 2% training costs; approx. 5% capital expenditure; 4% in-country activity support costs (communications, vehicle costs, field office costs). "The use of the funds for relief supplies over a six month period is assured."

## C. Implementation Performance

### 5. Efficiency of emergency response

Overall, given the pre-disaster capacity of the WVP National Office, the scale-up and response to the earthquake by the WV partnership was impressive. CAER-funding contributed to emergency relief for 30,000 households; three times the planned 10,000 households. In addition, 17 Child Friendly Spaces (CFS) were set up in IDP camps, and later in returnee communities. These became the *de facto* emergency education facilities and, subsequently, a conduit to lead children back to school.

Supply-chain pressures during the initial emergency response evidently delayed some distributions. According to the WV Operations Manager, supply chain pressures were felt by many of the humanitarian agencies early in the emergency response. One consequence of this for WV seems to have been that, by the time WV's commodity supply chain was mobilised, the military had declared that the need for relief commodities had been adequately met in WV's initial target area. This then led to a convoluted process of identifying new target areas to distribute WV's relief items; and consequently some delays in relief delivery. The hilltop village visited by the evaluation team reported that they first received relief after 20 days; and 10 out of 180 households in the village did not receive any relief<sup>44</sup>.

A contributing factor to the initial supply-chain delays was the fact that pre-positioned relief supplies were deployed from Brindisi, Italy. As the scale of the emergency became clear, and the difficulty in getting transport flights into Islamabad was realised, WVI shifted to local suppliers, with whom they had pre-positioning agreements<sup>45</sup>. This reduced cost and supply time. One learning outcome of this situation for WVI has been to establish a "Supply Chain Advisory Council". The importance of a qualified Supply Chain Manager has also been recognised for emergency operations with a strong demand for relief commodities.

In general, the quality of relief commodities appears to have been satisfactory. Beneficiaries interviewed by the evaluation team reported that WV tarpaulins were highly prized, such that some people kept them for wedding gifts rather than using them for shelter. However, there were also some quality issues raised by beneficiaries. In particular, a number of tents were reported to have been damaged, and some women were of the view that the aluminium pots supplied with kitchen sets were of mediocre quality. Nevertheless, interviewees hastened to add that they were appreciative of the support and were "just glad to be alive".

A WV Post Distribution Monitoring Report noted that the WV response involved "under-assistance or assistance with inappropriate items". WV's program staff in Mansehra informed the evaluation team that items initially supplied as kerosene stoves were later found to be kerosene heaters. Concerns were raised by internal and external stakeholders regarding the safety of these commodities, particularly for tent dwellers. While WV stated their willingness to withhold the items, an agreement was reached to implement a three-stage approach to the distribution: i) beneficiary training; ii) stove distribution; iii) fuel distribution. No mishaps were reported.

<sup>44</sup> The evaluation team did not verify if this shortfall was a consequence of mis-communication or broader logistical issues in the response.

<sup>45</sup> Initial NFIs were purchased in Pakistan.



WVA program staff also indicated that there had been an initial under-estimate of family size by the NFI and shelter clusters. Procurement and distribution planning was based on an assumption of 5 members per family. However, as families took in orphans and widows, family sizes increased substantially and the assistance was therefore inadequate in some cases.

In response to the emergency, WV rapidly increased local staff numbers from 14 to 172<sup>46</sup>. This scale-up placed demands on administrative systems within WVP, and also posed challenges such as the need to inculcate staff with agency values. The desk review identified a range of reports indicating that there were particular staff recruitment, deployment and briefing challenges faced within the child protection program. In addition, 'backfilling' of positions after the initial response period had passed created some difficulties. Evidently, the recruitment of qualified Programs Officers was especially challenging.

There seems to be widespread acknowledgement that WVI's GRRT performed efficiently, despite the comparatively weak WVP structure and systems. The management systems established by the GRRT seem to have contributed to the overall performance.

WV demonstrated a commitment to international standards at all levels. Standard practice requires that all commodities procured by WV's central stores comply with Sphere standards. However, practical and social constraints inhibited strict adherence to Sphere standards in some instances. For example, due to constraints placed on the supply of tents by the Government of Pakistan (GoP), an assessment was made by WVI staff that any shelter was better than waiting for tents that met Sphere standards.

## **6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries**

WVI standards for a level III emergency response such as the Pakistan earthquake specify in great detail the expected monitoring and evaluation (M&E) arrangements; although provision is made for the operational team to make adjustments to accommodate specific situations. Within 24 hours the first Situation Report must be disseminated. Within 72 hours the GRRT should be on site with telecommunications equipment installed. Within one week a 7 day Operational Plan (OP) should be produced, followed by a 30 day OP and a 90 day OP. Implementation of each of these plans is monitored and reported against.

WVI is attempting to become a learning organisation, and the humanitarian and emergency response work is said to be leading the way. Lessons from previous comparable emergencies are consolidated by WVI HQ and supplied to the GRRT for consideration during the early stages of the response.

WVI has invested substantial human and financial resources in 'Real Time Learning Events' which are expected to be implemented within three months of the emergency, and are to involve all personnel that participated in the response. This was done for the Pakistan emergency response and duly reported.

In Pakistan, a number of mechanisms were put in place to verify project performance and inform decision-making. For relief distributions, a WV monitor was required to be present at all sites, and a 'Post Distribution Survey' was commissioned in April 2006. For the CFS, open days were held to capture beneficiary perceptions and to address any misconceptions developing in the community. Also, a monthly 'general meeting' was held to hear concerns and gauge the effectiveness of the intervention. Home visits by CFS staff and children/peers organised into 'Children's Protection Committees' were conducted home—with a particular focus on children whose attendance was intermittent.

Internally, WVP implemented a series of staff bulletins to communicate key issues to all staff and to mitigate against rumours or erroneous program information.

## **7. Effectiveness of emergency response**

AusAID's CAER funding contributed to fulfilling WVA's project objectives; namely, to provide for the basic needs of people affected by the earthquake and to support the physical and psychological wellbeing of children.

In terms of the support for basic needs, WV's Post Distribution Report identifies that 57% of respondent beneficiaries regarded the items distributed as being of 'good' quality; 20% said

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<sup>46</sup> At the time of the evaluation there were 22 expatriate WV staff in Pakistan.

blankets were poor. According to WVA program staff, these figures indicate acceptable performance in an emergency. Beneficiary perspectives obtained by the evaluation team suggest that overall the WV intervention was timely and appropriate. One village elder stated that “we may have died without the assistance”. Another interviewee reflected that if no relief had been provided, “our only option would have been to rely on God”.

In terms of the support for child wellbeing, the CFS concept was the primary intervention. There is evidence that the CFS helped to transition children back to school, however, implementation of the concept was not without difficulty. Various reports noted that initially it was difficult to recruit qualified and competent local staff to run the activities. However WV reports that time and effort was invested to ensure that the staff recruited were constantly and continuously trained to respond to the needs of children. Two community mobilisers per CFS were appointed and supported by a Child Protection Assistant and a Child Protection Officer<sup>47</sup>. Home visits and follow-up by the CFS staff resulted in 1980 vulnerable children being identified; 512 of whom were referred to other service providers for health and specialised support.

There were also reports of significant conflicts with two of the local NGO partners concerning the CFS concept. However, WV has clarified that these conflicts related to management issues rather than the need for the CFS *per se*.

Focus group discussions with parents of children participating in the CFS, and with children themselves, suggested that the CFS concept was valued. When asked about any possible negative impacts of the CFS, the only concern raised was that when schools re-open, children that have attended the CFS may find the conventional classroom “less appealing than the CFS, and so may not want to attend”—by inference, the CFS were effective. The evaluation team observed approximately 60 children under the supervision of 4 adults actively engaging in a range of physical, cultural and educational activities. Children interviewed were openly enthusiastic about their attendance.

Discussions with parents and village leaders suggested that the CFS concept was perceived to have long-term value. In fact, village leaders indicated that with some training, young people in the village could be engaged to fill the role of WV CFS facilitators. The major concern of parents and leaders was the amount of time that children would be occupied away from home once schools re-commenced if the CFS was to remain; given children’s attendance at formal schools as well as mosques for religious education. This led to the suggestion by parents that the CFS should be integrated into regular schooling. However, the precise modality of this was unclear at the time of the evaluation<sup>48</sup>.

WVI engaged in both formal and informal processes to monitor the wider geopolitical context. Processes variously noted by the evaluation team included staff and beneficiary feedback, participation in coordination meetings and community consultations/forums. In addition, ‘Do No Harm’ (DNH) specialists were deployed when ethnic/tribal tensions were encountered in the field. The DNH report made a number of recommendations regarding the need for: (i) confidential analysis of local staff clan allegiances; (ii) care in selecting sites for offices, staff houses, contractors and warehousing; (iii) mapping of the potential impact of reconstruction phase activities on different clans; (iv) improvements in systems for selecting NGO partners and managing relationships; specifically, the assessment team recommended that the WVP team prioritise the development of partnerships with churches and Christian agencies; (v) improved formal recruitment templates and orientation packages including staff and partner screening procedures; and (vi) WV to be intentional and document how it cooperates with the army. Anecdotally, these recommendations were all actioned.

Interviews with beneficiaries corroborated WV staff observations that the emergency response interventions did not seem to have any direct negative impact on people’s livelihoods. Women interviewed in one village noted that participation in relief distributions occupied a lot of the men’s time, but this did not seem to be perceived as unreasonable or problematic.

An issue noted by the evaluation team to be negatively affecting one micro economy was that males normally working as labourers outside the area were staying at home to protect land and

<sup>47</sup> These roles were senior WV staff that provided technical support to the mobilizers involved with children’s activities, and home visits.

<sup>48</sup> Evidently plans are being developed for WV to provide training and preparation for teachers so that psychosocial support can be mainstreamed into the school curriculum.

family. Although not a negative impact caused by humanitarian assistance *per se*, this situation was evidently being felt by households. WV attempted to inject cash back into the local economy by carrying out a pilot Cash for Work project for clearing of debris etc. Work was preferentially offered to widows and the disabled. Other unintended impacts included a dramatic increase in real estate commodity prices; and stress levels among some remote conservative communities owing to the large influx of expatriates.

WV aligned with the broader commitment of the humanitarian community to maximising aid effectiveness through strong coordination processes. WV actively participated in the UN-led cluster coordination mechanism. Although the amount of time required for full participation was reported to place a burden on human resource capacity. Also, initially all humanitarian actors were operating in an information vacuum. One senior WV manager stated that “we were all sharing our ignorance”. This along with fragmented attendance by some key players affected the value of coordination meetings. Evidently, coordination at the field level was considered more constructive than at the federal level.

At a broader institutional level, WVI forms part of the Interagency Working Group which is currently funded by the Gates Foundation to carry out an Emergency Capacity Building Project to examine accountability, impact, resilience and IT.

## 8. Connectedness/sustainability

Discussions with WVA staff indicate that there are often difficulties in estimating the appropriate level of response to an emergency in line with funds coming in. This affects the allocation of funds to immediate emergency response relative to recovery and development. Nevertheless, WV staff in the field indicated that the balance between needs (demand) and funding (supply) during the emergency was in balance.

There seemed to be much less clarity in terms of the precise scope of the recovery program and how this would transition to broader sustainable development. At the time of the evaluation, program staff at the Mansehra field office had evidently engaged in extensive discussions concerning transition, however, no formal transition plan had been developed owing to the imminent arrival of a new National Director<sup>49</sup>.

Nevertheless, there was broad commitment to remaining engaged for the medium-longer term in the earthquake affected areas. A detailed rationale for precisely where WV would focus, and what the program focus would be, were prioritised as critical issues for resolution following the arrival of the new National Director<sup>50</sup>.

The future of the CFSs seemed to be more clearly understood; although the way forward was likely to be complex. The apparent success of the CFS concept in fostering 100% return to formal schooling not only justified the CFS concept as an appropriate emergency intervention, but also highlighted the need to integrate active teaching/learning methods within the education system. This essentially entails a teacher capacity building intervention, the success of which would be contingent on broad political support within the education sector. At the time of the evaluation, WV was commencing dialogue with GoP stakeholders concerning the way forward.

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<sup>49</sup> WVA report that a transition plan was implemented shortly after the evaluation was completed following the mobilisation of the new National Director.

<sup>50</sup> WVA report that a detailed investigation of target locations commenced shortly after the evaluation was completed and that programming will be child-focused. In particular WV will focus on three pillars outlined in their strategy of HEA, CIC and livelihoods during the recovery period

## Summary

Performance Dimension A Organisational capacity	Rating	Performance Dimension B Planned response	Rating	Performance Dimension C Implementation performance	Rating
Indicators  1. ANGO capacity to deliver emergency response/activity.  2. Quality of existing relationships with national affiliate, local partners and beneficiaries.	HS  U	Indicators  3. Quality of analysis and initial response strategy.  4. Standard of funding proposal / design.	S  HS	Indicators  5. Efficiency of emergency response.  6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries.  7. Effectiveness of emergency response.  8. Connectedness / sustainability.	S  HS  S
Ratings of Attribute	S		HS		HS

Overall Project Quality Rating: HS

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory.

Justification for Rating:

Summary of Strengths	Summary of Weaknesses
<p><i>WVA management systems, procedures and human resources reflect the size and strength of the WV Partnership and worked effectively in the field.</i></p> <p><i>WV would appear to have a strong commitment to learning in the emergencies context. This was particularly borne out in the field through quality of child friendly spaces.</i></p>	<p><i>Processes for dealing with local partners were poorly developed.</i></p> <p><i>Transition from relief to recovery was poorly articulated.</i></p> <p><i>Identification and selection of beneficiaries may not have been as effective as possible. This may relate to WV being largely operational rather than being able to capitalise on existing in-country expertise in assessments.</i></p>

## APPENDIX E: EVALUATION FRAMEWORK



## NGO Emergency Response Evaluation Framework

### Summary

Performance Dimension A <b>Organisational capacity</b>	<i>Rating</i>	Performance Dimension B <b>Planned response</b>	<i>Rating</i>	Performance Dimension C <b>Implementation performance</b>	<i>Rating</i>
<b>Indicators</b>  1. ANGO capacity to deliver emergency response/activity.  2. Quality of existing relationships with national affiliate, local partners and beneficiaries.		<b>Indicators</b>  3. Quality of analysis and initial response strategy.  4. Standard of funding proposal / design.		<b>Indicators</b>  5. Efficiency of emergency response.  6. ANGO capacity for learning, continuous improvement and accountability to beneficiaries.  7. Effectiveness of emergency response.  8. Connectedness / sustainability.	
<b>Ratings of Attribute</b>					

**Overall Project Quality Rating:** \_\_\_\_\_

**Quality Ratings:**

**Justification for Rating:**

Summary of Strengths	Summary of Weaknesses

## Descriptions of Quality Ratings:

**HIGHLY SATISFACTORY:** This rating indicates that the individual item or the overall Emergency Response intervention has significant strengths which would justify the elevation of the rating above Satisfactory.

**SATISFACTORY (S):** This is the lowest rating that satisfies AusAID requirements for the item or the overall Emergency Response intervention. The item (or the overall intervention) satisfies all AusAID requirements and there are only a few minor weaknesses. For an overall intervention rating of "Satisfactory", no Attribute should be rated "Highly Unsatisfactory" and the majority of Indicators should be rated "Satisfactory" or higher.

**UNSATISFACTORY (U):** This rating indicates that the individual item or the overall Emergency Response intervention has significant weaknesses. For an Emergency Response intervention to be rated Unsatisfactory overall, there must be a substantial number of weaknesses which had/have the potential to undermine the capacity of the intervention to achieve its objectives.

**HIGHLY UNSATISFACTORY (HU):** This is a rating that indicates serious deficiencies in the item or overall Emergency Response intervention. An intervention would only be given an overall Highly Unsatisfactory rating if there were widespread problems which have/will have the effect of preventing achievement of its objectives.

## **SOME RATING PRINCIPLES**

- The emphasis is on quality and not quantity of analysis. In this regard multi-context sampling is important; the perspectives of key stakeholders (ANGO, partners, beneficiaries, other donors and government agencies) need to be taken into account during field visits.
- Only one rating may be awarded per item (indicator or Performance Dimension)
- Ratings against individual Standards are not necessary; the standards are only a guide to assessing the quality rating of an indicator.
- Provisional ratings (consequent upon the Desk Review) will be adopted pending the receipt of further information following field visits.
- The quality indicators within a Performance Dimension should be rated before the actual Performance Dimension. When the Performance Dimensions are finalised it is then possible to rate the overall Emergency Response intervention.
- Ratings should not be averaged when converting to a higher level, eg, from quality Indicators to Performance Dimensions. Where the appropriate Performance Dimension level rating is not readily apparent, it is important to reflect upon the relative significance of particular indicators in arriving at an overall Performance Dimension rating.
- Strengths and weaknesses should be briefly recorded in the Indicator comments column to capture the key issues in relation to the quality standards for that quality Indicator.

## A. Organisational Capacity

<b>Indicator 1: ANGO capacity to deliver relevant and appropriate response to emergency situation.</b>	
<b>#</b>	<b>Quality Standards</b>
1.1	ANGO and its partners have long term experience in the geographic area, type of emergency or main sectors/areas of speciality.
1.2	Quality management procedures and practices in place to meet the needs of the emergency situation, including: <ul style="list-style-type: none"> <li>• Pre-positioning</li> <li>• Financial management systems</li> <li>• HR systems and support</li> <li>• M&amp;E systems</li> <li>• Effective Field/HQ communications and relations</li> <li>• Training and learning</li> <li>• Security</li> <li>• Risk management and contingency planning</li> </ul>
1.3	Quality human resources in place: <ul style="list-style-type: none"> <li>• Personnel have appropriate training and experience to meet the needs in an emergency.</li> <li>• Selection process fair and transparent.</li> <li>• In-depth briefing/de-briefing procedures implemented.</li> <li>• Post-placement follow-up procedures implemented.</li> </ul>
1.4	Organisational commitment to international HA standards (e.g. Red Cross Code of Conduct, Sphere, People in Aid)
1.5	ANGO policies indicate that the activity is driven by the humanitarian imperative (e.g. focus on the poorest and most vulnerable, without regard to race, colour or creed)
	<b>Rating</b>

<b>Indicator 2: Quality of existing relationships with national affiliate, local partners and beneficiaries</b>	
<b>#</b>	<b>Quality Standards</b>
2.1	Evidence of pre-existing programs and collaborative efforts with national affiliate and local activity partners (NGOs, CSOs, CBOs).
2.2	Synergy between ANGO and national affiliate and local activity partners' policies and principles, management procedures and practices evident in documentation.  Where necessary, differences are identified and have been addressed in management of the emergency.
2.3	Pre-existing mechanisms to facilitate rapid, joint decision-making during planning and implementation.
2.4	Pre-existing relationship with local partners and beneficiaries incorporated capacity building.
2.5	ANGO has mechanisms in place to facilitate listening to local partner and beneficiary feedback and to adjust the response as required.
	<b>Rating</b>



## B. Planned Response

<b>Indicator 3: Quality of analysis and initial response strategy</b>	
<b>#</b>	<b>Quality Standards</b>
3.1	Analysis of the crisis to which the intervention is responding included relevant historical, social, economic, political and cultural factors.
3.2	Analysis included effective mechanisms for identifying and selecting those in greatest need, as well as the most vulnerable and marginalised.
3.3	Relevant/appropriate Emergency Response Strategy which: <ul style="list-style-type: none"> <li>• was developed in collaboration with local partners</li> <li>• includes assessment of the capacity of partners</li> <li>• will lead to strengthening of the work of <i>national partners and local activity</i> partners over the longer term</li> <li>• provided for advocacy to influence partners, other donors and government concerning their policies or actions</li> <li>• includes strategies to protect vulnerable groups</li> <li>• includes strategies to address the risks inherent in the geo-political context</li> <li>• includes strategies to address cross-cutting issues such as gender, environment, HIV/AIDS including the development of a 'Do No Harm' strategy.</li> </ul>
	<b>Rating</b>

<b>Indicator 4: Standard of Funding Proposal and Activity Design</b>	
<b>#</b>	<b>Quality Standards</b>
4.1	Design is clear and logical and has realistic objectives
4.2	Design explicitly identifies beneficiaries in number, type and location.
4.3	Activities are consistent with AusAID's policies.
4.4	Design matches the experience and expertise demonstrated within the ANGO's existing programs and is likely to provide and benefit from synergies with other activities
4.5	Design reflects attention to best practice approaches in emergency response (reference to SPHERE, People in Aid, Red Cross Code of Conduct, ALNAP).
4.6	Budget was realistic and informative.
4.7	Design document articulates M&E arrangements.
4.8	Design articulates strategies for managing risk
4.9	Design incorporates connectedness/sustainability strategy which aims to leave people more able to manage their own development following the emergency intervention.
4.10	The design was assessed using the quality procedures of the ANGO and any required adjustments reflected in the final document.
4.11	ANGO incorporated identified lessons from earlier work into the design process.
	<b>Rating</b>

## C. Implementation Performance

<b>Indicator 5: Efficiency of Emergency Response</b>	
#	<b>Quality Standards</b>
5.1	Planned outputs were/are likely to be completed on schedule
5.2	The contributions made (commodities distributed, services provided) were of a suitable quality and met required SPHERE standards.
5.3	Costs for key budget items were reasonable compared with standard
5.4	Staff and volunteers (expatriate and local) were deployed in a timely manner and performed effectively.
5.5	Funding was spent as agreed or ANGO provided prompt advice to AusAID significant changes to planned operations and expenditure.
5.6	ANGO advice to AusAID on acquittal and reporting were reliable, professional and met AusAID requirements.
5.7	Management systems performed effectively in the field.
5.8	International HA standards were adhered to in the field.
	<b>Rating</b>

<b>Indicator 6: ANGO Capacity for learning, continuous improvement and accountability to beneficiaries</b>	
#	<b>Quality Standards</b>
6.1	M&E systems build upon and respect the capacities and information requirements of partners and beneficiaries.
6.1	M&E systems ensured timely information flow with regard to both outputs and overall performance.
6.2	M&E systems facilitated responsive decision making
6.3	M&E systems facilitate organisational learning
6.4	ANGO policies, organisational structure and culture favour change/willingness to innovate in response to lessons learned
	<b>Rating</b>

<b>Indicator 7: Effectiveness of Emergency Response</b>	
#	<b>Quality Standards</b>
7.1	Intervention achieved / is likely to achieve planned objectives
7.2	Beneficiaries, particularly the most vulnerable, have their immediate needs for shelter, food, water and protection met. Beneficiaries, including the most vulnerable, have strategies and resources to take more control over their own development at the end of the intervention.
7.3	Contributions made (e.g. commodities, services) were valued by the beneficiaries and will have continued usefulness (e.g. tents used by camp dwellers returning home).
7.4	Changes in the geo-political context were carefully monitored and the Emergency Response Strategy, objectives and implementation mechanisms adjusted accordingly
7.5	The livelihoods of the affected populations were supported / not disrupted by the intervention
7.6	ANGOs coordinated together effectively in ways which demonstrate an increased quality of overall response: <ul style="list-style-type: none"> <li>• in Australia</li> <li>• in the field.</li> </ul>
	<b>Rating</b>

<b>Indicator 8: Connectedness / Sustainability</b>	
<b>#</b>	<b>Quality Standards</b>
8.1	The resources allocated to humanitarian action relative to recovery and development were appropriate
8.2	A strategy was outlined, and implemented, for turning from relief to recovery/development.
8.3	A strategy was outlined and implemented for local institutions to begin operating again as soon as possible.
8.4	A strategy was outlined and implemented for providing livelihood/resilience support and promoting self reliance amongst beneficiaries.
8.5	ANGO has plan for ongoing engagement and eventual withdrawal which provides necessary support over the medium term whilst encouraging self reliance and capacity among beneficiaries and partners.
	<b>Rating</b>

## APPENDIX F: QUESTION GUIDE

		Country	Field	Beneficiary	3 <sup>rd</sup> Party	Questions
<b>A. Organisational capacity</b>						
<b>Indicator 1: ANGO capacity to deliver relevant and appropriate response to emergency situation.</b>						
1.2	Quality management procedures and practices in place to meet the needs of the emergency situation, including: <ul style="list-style-type: none"> <li>Pre-positioning</li> <li>Financial management systems</li> <li>HR systems and support</li> <li>M&amp;E systems</li> <li>Effective Field/HQ communications and relations</li> <li>Training and learning</li> <li>Security</li> <li>Risk management and contingency planning</li> </ul>	✓	✓			<ul style="list-style-type: none"> <li>Describe the systems employed to...</li> <li>How would you rate the value of these systems?</li> </ul>
1.3	Quality human resources in place: <ul style="list-style-type: none"> <li>Personnel have appropriate training and experience to meet the needs in an emergency.</li> <li>Selection process fair and transparent.</li> <li>In-depth briefing/de-briefing procedures implemented.</li> <li>Post-placement follow-up procedures implemented.</li> </ul>	✓	✓			<ul style="list-style-type: none"> <li>What were some of the HR challenges you faced (appropriate experience, transparent selection, (de)briefing)?</li> <li><b>WV:</b> Were there any specific problems created as a result of recruitment out of Islamabad?</li> <li><b>WV:</b> Which of the problems experienced in recruitment, deployment and briefing may be considered 'par-for-the-course' in an emergency and which were specific to this emergency response?</li> </ul>
1.4	Organisational commitment to international HA standards (e.g. Red Cross Code of Conduct, Sphere, People in Aid)	✓	✓			<ul style="list-style-type: none"> <li>Describe the practical measures employed to implemented your commitment to international standards</li> </ul>
1.5	ANGO policies indicate that the activity is driven by the humanitarian imperative (e.g. focus on the poorest and most vulnerable, without regard to race, colour or creed)	✓				<ul style="list-style-type: none"> <li>How did you identify your target locations? Why were these locations prioritized?</li> </ul>
<b>Indicator 2: Quality of existing relationships with national affiliate, local partners and beneficiaries</b>						
2.1	Evidence of pre-existing programs and collaborative efforts with national affiliate and local activity partners (NGOs, CSOs, CBOs).	✓				<ul style="list-style-type: none"> <li>Describe the history of your relationship with local partners</li> <li><b>ICRC:</b> The ICRC may partner with agencies other than the national society if it chooses. Did they do so and if so, who with and why?</li> <li><b>OXFAM:</b> Given that Sungi Development Foundation was reported as being "overwhelmed by requests from donors to start partnerships" did the 'core partnership' with NOVIB make any difference to the nature of the relationship, and performance, of SDF/OXFAM?</li> <li><b>CARE:</b> Need further clarification of the relationships with local activity partners.</li> </ul>

2.2	Synergy between ANGO and national affiliate and local activity partners' policies and principles, management procedures and practices evident in documentation.  Where necessary, differences are identified and have been addressed in management of the emergency.	✓	✓			<ul style="list-style-type: none"> <li>• <i>Were there any challenges in aligning your policies and procedures with those of your partner? How were these differences dealt with?</i></li> <li>• <b>PRCS:</b> This issue deserves to be explored further with the PRCS.</li> <li>• <b>WV:</b> A WVI policy priority is to engage more with children so that they can become more active participants in their own development. The CFS concept obviously fits within this general policy direction. The DNH Report indicates, however, that substantial conflict developed around the CFS concept in certain areas (e.g. ) WVA staff in Melbourne indicate that this conflict largely revolved around personalities. The matter deserves to be investigated further, albeit with great sensitivity.</li> <li>• <b>CARE:</b> The issue of organisational 'synergy' will need to be further explored in the field.</li> <li>• <b>CARE:</b> Is this standard practice for CARE?</li> <li>• Was it effective from the point of view of the national affiliate and local activity partners?</li> </ul>
2.3	Pre-existing mechanisms to facilitate rapid, joint decision-making during planning and implementation.	✓	✓			<ul style="list-style-type: none"> <li>• <i>How did you and your partner make key decisions? Were there any situations where decision-making posed unique challenges?</i></li> </ul>
2.4	Pre-existing relationship with local partners and beneficiaries incorporated capacity building.	✓	✓			<ul style="list-style-type: none"> <li>• <i>What have you done to build the capacity of your partner?</i></li> <li>• <b>CARE:</b> The Field Team may wish to view the CI Organisational Capacity Assessment Tools.</li> </ul>
2.5	ANGO has mechanisms in place to facilitate listening to local partner and beneficiary feedback and to adjust the response as required.	✓	✓	✓		<ul style="list-style-type: none"> <li>• <i>What do you do to ensure that beneficiaries can provide feedback about the relevance of the assistance?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>OXFAM:</b> Field team to check</li> <li>• <b>WV:</b> WVA staff were not able to say whether or not any of the DNH Report recommendations had been adopted. This needs to be followed up in the field.</li> <li>• <b>CARE:</b> The Field Team needs to determine how these mechanisms worked in practice in the context of this emergency response.</li> </ul>

## B. Planned response

<b>Indicator 3: Quality of analysis and initial response strategy</b>						
3.1	Analysis of the crisis to which the intervention is responding included relevant historical, social, economic, political and cultural factors	✓				<ul style="list-style-type: none"> <li>• <i>Describe the analysis conducted prior to responding</i></li> <li>• <b>PRCS:</b> Attempts to get copies of the FACT reports through ARC were not successful. The Field Team needs to view copies of the FACT and RDRT Assessment Reports in the field, if possible.</li> <li>• <b>ICRC:</b> The Field Team needs to view a copy of the report produced following the ICRC four week assessment in district Muzaffarabad.</li> <li>• <b>Oxfam:</b> What, if any, impact did the existence of the Humanitarian Crisis Contingency Plan have on the effectiveness of implementation of the emergency response?</li> <li>• <b>Oxfam:</b> The Field Team may wish to review the OGB Rapid Assessment Tools which were not available to the Desk Review Team.</li> <li>• <b>WV:</b> Were the old allegiances and conflicts recognised in the development of the Emergency Response Strategy.</li> <li>• <b>CARE:</b> Field Team needs to locate and review this 'Probe' document in order to be able to assess</li> </ul>

						performance against this standard.
3.2	Analysis included effective mechanisms for identifying and selecting those in greatest need, as well as the most vulnerable and marginalised.		✓	✓		<ul style="list-style-type: none"> <li>• <i>How were the most vulnerable identified? How was this vulnerability verified and reviewed?</i></li> <li>• <b>IFRC:</b> The field team needs to view a copy of the VCA Report in the field and to further clarify the precise mechanisms for ensuring that benefits reach the isolated and vulnerable, for promoting community participation and accountability to beneficiaries.</li> <li>• <b>Oxfam:</b> Field team needs to check out mechanism/approach used by Sungi Foundation. What happened in areas where Sungi not working?</li> <li>• <b>WV:</b> Field Team may wish to locate and view reports of WV Vulnerability Analysis and Mapping Unit.</li> <li>• <b>WV:</b> The implications of the DNH report in these areas need to be followed up in the field.</li> <li>• <b>CARE:</b> Field Team should attempt to locate English translations of the Vulnerability Analysis Report, Baseline Study and Village Assessment mechanism (the latter referred to in the Final Rpt Att 1)</li> </ul>
3.3	Relevant/appropriate Emergency Response Strategy which: <ul style="list-style-type: none"> <li>• was developed in collaboration with local partners</li> <li>• includes assessment of the capacity of partners</li> <li>• will lead to strengthening of the work of <i>national partners and local activity</i> partners over the longer term</li> <li>• provided for advocacy to influence partners, other donors and government concerning their policies or actions</li> <li>• includes strategies to protect vulnerable groups</li> <li>• includes strategies to address the risks inherent in the geo-political context</li> <li>• includes strategies to address cross-cutting issues such as gender, environment, HIV/AIDS including the development of a 'Do No Harm' strategy.</li> </ul>	✓	✓	✓		<ul style="list-style-type: none"> <li>• <i>Describe the key elements of the emergency response strategy. How was this strategy developed and what were the key considerations?</i></li> <li>• <b>IFRC:</b> The field team may wish to discuss further the process of formulation of the Emergency Appeal / Plan of Action002</li> <li>• <b>PRCS:</b> The Field Team will also need to give attention to Red Cross strategies: to protect the vulnerable; address risk; address cross-cutting issues</li> <li>• <b>Oxfam:</b> Field Team to follow up with partners on mechanisms for identifying and reaching vulnerable groups.</li> <li>• <b>WV:</b> The issue of capacity building for WVP and local activity partners needs further investigation in the field.</li> <li>• <b>CARE:</b> This needs to be further explored. How did the national affiliate and local activity partners respond to CARE's desire not to overwhelm? How effective was the partner training carried out during the relief phase (supply chain management, RBA, Gender, Sphere Standards, Code of Conduct, HAP, M.&amp;E. etc.)? How did these advocacy positions play out in the field?</li> </ul>
<b>Indicator 4: Standard of Funding Proposal and Activity Design</b>						
4.4	Design matches the experience and expertise demonstrated within the ANGO's existing programs and is likely to provide and benefit from synergies with other activities	✓				<ul style="list-style-type: none"> <li>• <i>To what extent did the design prove to be feasible? Were unforeseen capacity limitations encountered?</i></li> <li>• <b>WV:</b> WVA makes the point that insofar as WVP were the one's responding and implementing it is their capacity which should be considered.</li> </ul>
4.5	Design reflects attention to best practice approaches in emergency response (reference to SPHERE, People in Aid, Red Cross Code of Conduct, ALNAP).	✓				<ul style="list-style-type: none"> <li>• <i>Describe how international standards were implemented in practice?</i></li> <li>• <b>Oxfam:</b> Was reference to SPHERE standards a generic reference or specific to tents/shelter? Field Team to check.</li> <li>• <b>CARE:</b> The field team may wish to follow up with RSPN field staff (if possible) to determine the value (to them) and the impact of the SPHERE training.</li> </ul>
4.7	Design document articulates M&E arrangements.	✓				<ul style="list-style-type: none"> <li>• <i>Describe the planned M&amp;E arrangements? How were these modified during implementation</i></li> <li>• <b>Oxfam:</b> The use of Sphere Standards and associated indicators was not evident in the OA Interim or Final Reports. They may be referring to their use in the overall OI effort but this should be investigated.</li> </ul>

						<ul style="list-style-type: none"> <li>• <b>CARE:</b> The field team may wish to address the qualitative indicators contained in the CAER proposal in discussions with key stakeholders, namely: On-the-spot training is provided for key partners and beneficiaries; Technical assistance provided to partners and beneficiaries; Beneficiaries receive relief supplies through a transparent and orderly process that favours the most vulnerable; Code of Conduct and accountability principles have been applied; Beneficiaries are aware of complaint mechanisms of demonstrated functionality.</li> </ul>
4.9	Design incorporates connectedness/sustainability strategy which aims to leave people more able to manage their own development following the emergency intervention.	✓	✓	✓		<ul style="list-style-type: none"> <li>• <i>What key initiatives lay the foundation for sustainable development?</i></li> <li>• <i>What issues have been encountered that may foster dependence and inhibit the transition to development?</i></li> </ul>
4.10	The design was assessed using the quality procedures of the ANGO and any required adjustments reflected in the final document.	✓				<ul style="list-style-type: none"> <li>• <i>Describe how the project design was appraised. To what extent did this process add value?</i></li> <li>• <b>Oxfam:</b> Not clear whether appraisal not recommendations RE M&amp;E plan were addressed. (See comments on M.&amp;E. under standard 1.2 above).</li> </ul>
4.11	ANGO incorporated identified lessons from earlier work into the design process.	✓				<ul style="list-style-type: none"> <li>• <i>What mechanisms do you employ to ensure that lessons learned will be used in the future? What lessons from past emergencies were implemented in this response?</i></li> <li>• <b>Oxfam:</b> Field team may wish to follow up on the degree to which OGB applied LL from previous experience.</li> <li>• <b>WV:</b> Check whether the humanitarian 'learning' facility from WVI sent a lessons learned list to the GRRT or WVP to assist in responding to the Pakistan earthquake.</li> </ul>

### C. Implementation performance

<b>Indicator 5: Efficiency of Emergency Response</b>						
5.1	Planned outputs were/are likely to be completed on schedule	✓	✓			<ul style="list-style-type: none"> <li>• <i>What issues have you encountered that have delayed progress?</i></li> </ul>
5.2	The contributions made (commodities distributed, services provided) were of a suitable quality and met required SPHERE standards.	✓				<ul style="list-style-type: none"> <li>• <i>What evidence do you have that the commodities/inputs provided were of an appropriate standard?</i></li> <li>• <b>ICRC:</b> Needs follow up by field team.</li> <li>• <b>WV:</b> Did WVP modify their distribution strategy in order to take account of the fact that family sizes were growing to absorb widows/orphans, etc?</li> </ul>
5.3	Costs for key budget items were reasonable compared with standard	✓				<ul style="list-style-type: none"> <li>• <i>Were there any key budget items that in hind site were over/under budgeted?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>Oxfam:</b> field team to check</li> </ul>
5.4	Staff and volunteers (expatriate and local) were deployed in a timely manner and performed effectively.	✓				<ul style="list-style-type: none"> <li>• <i>Describe any challenges encountered in deploying staff to the field.</i></li> <li>• <b>PRCS:</b> The field team needs to investigate the questions of timely deployment and effective performance of delegates, specifically those funded under the CAER.</li> <li>• <b>Oxfam:</b> Field Team should check performance of OA deployed personnel in the field.</li> </ul>
5.5	Funding was spent as agreed or ANGO provided prompt advice to AusAID on significant changes to planned operations and expenditure.	✓				<ul style="list-style-type: none"> <li>• <i>Describe any changes to the budget and implementation plan that were necessary. How were these changes processed?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> </ul>
5.7	Management systems performed effectively in the field.	✓	✓			<ul style="list-style-type: none"> <li>• <i>What was your assessment of the management systems employed in the field?</i></li> </ul>



						<ul style="list-style-type: none"> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>Oxfam:</b> Field Team to check.</li> <li>• <b>CARE:</b> Field Team to check.</li> </ul>
5.8	International HA standards were adhered to in the field.	✓	✓			<ul style="list-style-type: none"> <li>• <i>What was done to verify adherence to international standards?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>Oxfam:</b> Field Team to check.</li> <li>• <b>WV:</b> In what ways were Sphere standards modified to meet the local circumstances? What can we learn from this?</li> </ul>
<b>Indicator 6: ANGO Capacity for learning, continuous improvement and accountability to beneficiaries</b>						
6.1	M&E systems build upon and respect the capacities and information requirements of partners and beneficiaries.	✓	✓			<ul style="list-style-type: none"> <li>• <i>Describe the M&amp;E obligations of your partners and beneficiaries? To what extent did partners and beneficiaries both contribute to and benefit from M&amp;E processes?</i></li> <li>• <b>Oxfam:</b> Field Team needs to identify and check appropriate logframe for OXFAM Pakistan Earthquake Response.</li> </ul>
6.1	M&E systems ensured timely information flow with regard to both outputs and overall performance.	✓	✓			<ul style="list-style-type: none"> <li>• <i>Describe what was done to ensure that timely information was provided to enable judgements about performance (both output delivery and outcomes fostered)?</i></li> <li>• <b>CARE:</b> The Field Team needs to follow up with the CARE Country Office to determine whether they used the Project Standards Monitoring Instrument or some other tool to monitor the emergency response to the Pakistan earthquake</li> </ul>
6.2	M&E systems facilitated responsive decision making	✓	✓			<ul style="list-style-type: none"> <li>• <i>Describe what information was used to ensure responsive decision-making.</i></li> <li>• <b>Oxfam:</b> Field Team to check</li> <li>• <b>CARE:</b> Field Team to check..</li> </ul>
6.3	M&E systems facilitate organisational learning	✓				<ul style="list-style-type: none"> <li>• <i>Describe the mechanisms employed to capture lessons learned.</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>Oxfam:</b> The Field Team needs to determine whether or not these evaluations were conducted and obtain copies.</li> <li>• <b>CARE:</b> Field Team to check; Locate a copy of the After Action Review Report.</li> </ul>
<b>Indicator 7: Effectiveness of Emergency Response</b>						
7.1	Intervention achieved / is likely to achieve planned objectives	✓	✓	✓		<ul style="list-style-type: none"> <li>• <i>What evidence is there to suggest that the intervention is/has achieved the planned objectives?</i></li> <li>• <b>Oxfam:</b> Field team may wish to check whether or not OGB or other OXFAM affiliates have conducted an effectiveness review of the Pakistan earthquake emergency response.</li> </ul>
7.2	Beneficiaries, particularly the most vulnerable, have their immediate needs for shelter, food, water and protection met.			✓		<ul style="list-style-type: none"> <li>• <i>Describe what has been done to verify that people's needs have been met.</i></li> <li>• <b>PRCS:</b> Reference is made in the documentation to the conduct of a 'Patients perceptions survey in relation to the Abbottabad Field Hospital'. ARC could not locate this report but presumably it is available in the field.</li> <li>• <b>Oxfam:</b> What is planned by OGB for on-going strengthening of beneficiary communities?</li> <li>• <b>CARE:</b> The field team may wish to explore both the mechanism and the impact of the "community driven relief distribution process".</li> </ul>

	Beneficiaries, including the most vulnerable, have strategies and resources to take more control over their own development at the end of the intervention.	✓	✓	✓		<ul style="list-style-type: none"> <li>• <i>What evidence is there to suggest that beneficiaries are more able to take control of their circumstances?</i></li> </ul>
7.3	Contributions made (e.g. commodities, services) were valued by the beneficiaries and will have continued usefulness (e.g. tents used by camp dwellers returning home).			✓		<ul style="list-style-type: none"> <li>• <i>What evidence is there to suggest that beneficiaries value the contributions/inputs?</i></li> <li>• <b>CARE:</b> The After Action Review may contain information relevant to this standard. Otherwise, it is an area for Field Team follow up.</li> </ul>
7.4	Changes in the geo-political context were carefully monitored and the Emergency Response Strategy, objectives and implementation mechanisms adjusted accordingly	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>• <i>Describe what mechanisms were employed to routinely monitor changes in the operating context. Were there any examples where this led to changes in approach?</i></li> <li>• <i>What in particular was done to explore broad political and socio-cultural issues likely to impact implementation effectiveness?</i></li> <li>• <b>Oxfam:</b> Field Team to check.</li> </ul>
7.5	The livelihoods of the affected populations were supported / not disrupted by the intervention		✓	✓		<ul style="list-style-type: none"> <li>• <i>Were there any situations where the emergency interventions negatively impacted on people's livelihoods?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>Oxfam:</b> Field Team to check.</li> <li>• <b>CARE:</b> Field Team needs to determine what focus that CARE had on livelihoods and the impact of their relief efforts in this area.</li> </ul>
7.6	ANGOs coordinated together effectively in ways which demonstrate an increased quality of overall response: <ul style="list-style-type: none"> <li>• in Australia</li> <li>• in the field.</li> </ul>	✓	✓		✓	<ul style="list-style-type: none"> <li>• <i>What was done to ensure that NGO operations were coordinated? Were there any cases of duplication or redundancy?</i></li> <li>• <b>Oxfam:</b> Field Team to check further areas of collaboration during emergency response</li> <li>• <b>CARE:</b> This is an important issue relating to respect for, and strengthening of, local processes. It would be interesting to find out how many of the INGOs/ANGOS participated in the local NGO coordination meetings.</li> </ul>
<b>Indicator 8: Connectedness / Sustainability</b>						
8.1	The resources allocated to humanitarian action relative to recovery and development were appropriate			✓		<ul style="list-style-type: none"> <li>• <i>To what extent did the emergency response consider medium term recovery and development issues? What resources were dedicated to promoting connectedness/sustainability?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> <li>• <b>Oxfam:</b> Field Team to check.</li> <li>• <b>WV:</b> Any discussion of this area needs to be handled very sensitively in the field.</li> <li>• <b>CARE:</b> Insofar as the CARE Pakistan is the 'driver' within the CARE Confederation response, most of the questions under this indicator need to be answered by personnel in the field.</li> </ul>
8.2	A strategy was outlined, and implemented, for turning from relief to recovery/development.	✓				<ul style="list-style-type: none"> <li>• <i>Describe the key features of the strategy to move towards recovery and development</i></li> <li>• <b>Oxfam:</b> Field Team to check.</li> </ul>
8.3	A strategy was outlined and implemented for local institutions to begin operating again as soon as possible.	✓			✓	<ul style="list-style-type: none"> <li>• <i>What initiatives were planned to support the re-establishment of local institutions?</i></li> <li>• <b>PRCS:</b> Field Team to check.</li> </ul>
8.4	A strategy was outlined and implemented for providing	✓			✓	<ul style="list-style-type: none"> <li>• <i>What was undertaken to support beneficiary livelihoods? Is there evidence of emerging beneficiary self</i></li> </ul>

	livelihood/resilience support and promoting self reliance amongst beneficiaries.					<p><i>reliance?</i></p> <ul style="list-style-type: none"> <li>• <b>IFRC:</b> The field team may wish to view the Recovery Plan prepared by the Federation in November 2005 which was not available in Melbourne.</li> <li>• <b>ICRC:</b> It would appear that ICRC livelihood support will be in the Neelum and Jhelum Valleys but this would need to be checked.</li> <li>• <b>IFRC:</b> It would be useful to know the basis upon which villages were selected for initial livelihood interventions.</li> <li>• <b>CARE:</b> The issue of livelihood support needs to be further investigated.</li> </ul>
8.5	ANGO has plan for ongoing engagement and eventual withdrawal which provides necessary support over the medium term whilst encouraging self reliance and capacity among beneficiaries and partners.	✓				<ul style="list-style-type: none"> <li>• <i>What medium-term and longer-term strategies have been developed? Is there a clear plan for withdrawal?</i></li> </ul>

## APPENDIX G: INTERVIEW SCHEDULE

Date	Place	Interviewee(s)	Organisation	Affiliated ANGO
17/7	Islamabad	Deborah Clifton Earthquake Operations Manager Annette Salkeld Funding Team Leader Kate Simpson Advocacy & Media/Communications Team Leader Richard Young Oxfam Australia Emergency Mgr. Iftikhar A. Khalid Deputy Country Representative Fatima Naqvi Program Manager - Humanitarian	Oxfam GB Pakistan Program	Oxfam Australia
17/7	Islamabad	Azmat Ulla (Head of Delegation)	IFRC	ARC
17/7	Islamabad	Khalid Kibriya (Secretary General)	PRCS	ARC
17/7	Islamabad	Pascal Mauchle (Head of Delegation) James Reynolds	ICRC	ARC
18/7	Islamabad	Earl James Goodyear Senior Recovery Programme Advisor	UNDP	N/A
18/7	Islamabad	Dineen Tupa Sub-Regional Director, Central Asia Ijas...HR Manager Chance Briggs, Relief Director Pashmina Naz-Ali Sana Malik, Program Coordinator, Child Protection Claire Beck WVA Program Officer Emergency Relief Project Team	World Vision Pakistan	WVA
18/7	Islamabad	Navaraja Gyawati Country Director Mark Nolan Program Development Advisor Anjana Raza Education-Psychosocial Advisor	Care Pakistan	Care Australia
19/7	Abbottabad	Angelika Schopp	ICRC – Abbottabad base	ARC
19/7	Abbottabad	Samina Khan Executive Director, Umer Daraz Khanzada, Programmes Director & staff	SUNGI	Oxfam Australia
20/7	Balakot	Muhummad Idrees Khan Programme Coordinator Parfullah PHE, PM/TL, Acf PM Leo Livelihoods PM/TL, Rabia Sceed Public Health Advisor Cosmos .. Logistics Coordinator Afzaal Cheema Shelter Monitoring Officer Syed Junaid Qasim, Nazim Balakot Tehsil	Oxfam GB Balakot Base	Oxfam Australia
20/7	Kanoch Village	Women's group	Beneficiaries	Oxfam Australia

Date	Place	Interviewee(s)	Organisation	Affiliated ANGO
	Sobrian Village Khansiyar Village	Village Relief Committee Woman amputee		
21/7	Ghari Valley (check spelling with Soaib in Islm.)	Men's Area Coordinating Committee Women's Area Coordinating Committee Women's Handicraft Centre	Beneficiaries	Oxfam Australlia (SUNGI)
21/7	Mansehra	Chance Briggs Relief Director Barbara Stewart Program Officer Afshani ..(?), Distribution Team Leader. Livelihoods Coordinator Richard Child Protection Officer Nomencha Protection Officer Anastasia Commodies NFI Commodities Coordinator Frank Lyman Operations Manager Clair Beck WVA Program Officer	WV Mansehra Office	WVA
22/7	Sacha Village Gori Mountain Jaboori Valley ? village	Meeting with women Meeting with Village Relief Committee Meeting with men	Beneficiaries	WVA
24/7	Balakot	CFS Meeting with young women Meeting with women's group	Beneficiaries	WVA
25/7	Mansehra	Asif Aman Khan Relief Coordinator Gocha Guchashvili Relief Administrator Delegate	IFRC Mansehra	ARC
25/7	Muzaffarabad	Andre Paquet Head of Sub-Delegation	ICRC Muzaffarabad	ARC
26/7	Muzaffarabad	Staff Dr. Jose Bastos BHC Project Manager Dirk /Schuermaier ICRC/ICRC Livestock Project Manager Vera (?) Veterinarian Advisor Jacques Administration & HR Manager Farid (?) Logistics Mgr. Maria (?) Communications and Protection Mgr. Neam (?) Local staff Communications and information Officer	ICRC Muzaffarabad	ARC
27/7	Manshera	Zubair (?) SRSP Senior District Coordinator Mark Nolan Program Development Advisor Anjana Raza Education-Psychosocial Advisor Tahira Siddiqui CARE Manshera Manager	SRSP & CARE Pakistan	Care Australia

Cooperation Agreements for Emergency Response

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Date	Place	Interviewee(s)	Organisation	Affiliated ANGO
		Nabeel Khan SRSP - SSO/ Program Officer		
27/7	Shinkiari	Mohammad Zubair SRSP Senior District Nahhed Akhter Khan, Female Senior Social Organiser Ahmad Amin Coordinator of office & operations.	SRSP	Care Australia
27/7	Bugharmang Village	Women's group Village Relief Committee	Beneficiaries	Care Australia
29/7	Islamabad	Andrew McLeod	UN	N/A
31/7	Islamabad			