

Independent Evaluation of CARE-B's Cyclone Sidr Response Programme

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Independent Evaluation of CARE-B's Response to Cyclone Sidr

Contents

Executive Summary

Abbreviations

Cover Sheet

1.	INTRODUCTION	1
2.	OBJECTIVES OF THE EVALUATION	3
3.	METHODOLOGY	3
4.	FINDINGS OF REVIEW AND ANALYSIS	
4.1	Relevance/Appropriateness	
	Needs assessment	7
	Relief and Rehabilitation Phases	8
	Rehabilitation Phase	15
4.2	Connectedness	
	Care-B Strategy	15
	Working with CARE-B	16
	Working with PNGOs	19
	Working Union Parishads	21
	Working with Communities	23
4.3	Coverage	24
4.4	Efficiency	30
4.5	Effectiveness	34
4.6	Impact	39
5.	LESSONS LEARNED	41
6.	RECOMMENDATIONS	43
7.	CONCLUSIONS	44

Annexes

Annex 1	Terms of Reference
Annex 2	Guideline for Group Discussions
Annex 3	Output to Purpose Review
Annex 4	Humanitarian Accountability Framework (HAF)
	4A HAF Benchmarks
	4B Performance Metrics for Sidr Response Programme
Annex 5	Schedule of Evaluation
Annex 6	List of People Met
Annex 7	List of Documents

List of Tables

Table Number	Title	Page Number
1.1	List of Projects Comprising CARE-B's Sidr Response Programme	2
3.1	Details of Group Discussions	5
4.1	Contents of NFI Packages, Bagerhat	9
4.2	Contents of FI Packages, Bagerhat	9
4.3	Contents of FI packages provided by GOs and NGOs	10
4.4	Activities of Sidr Response Programme	
4.5	Population, Housing Losses and Deaths in Barguna and Bagerhat	22
4.6	Households Receiving FI and NFI Packages, Bagerhat	26
4.7	Households Receiving Recovery Activities, Bagerhat	26
4.8	Women and Men Benefiting from Project Activities	28
4.9	Category of Women Employed in Some CFW Projects	28
4.10	Strategy Targets and Achievements-Relief Phase	33
4.11	Strategy Targets and Achievements-Recovery Phase	33
4.12	Strategy Targets and Achievements-Rehabilitation Phase	33

List of Figures

4.1	Weight of Rice Distributed in 2 nd Round of WFP Packages	35
4.2	Weight of Rice Distributed in 3 rd Round of WFP Packages	35

Executive Summary

BACKGROUND

1. On 15 November 2007, Cyclone Sidr struck the southwest coast of Bangladesh and high winds and floods caused extensive damage to housing, roads, bridges, and other infrastructure. Electricity supplies and communications were knocked out, as roads and waterways were impassable. Drinking water was contaminated by debris and saline water from the storm surge, and sanitation infrastructure was destroyed. The cyclone caused 3406 deaths and seriously affected about one million households. Estimated damages and losses were Tk 115.6 billion (US\$ 1.7 billion and mainly concentrated in the housing and productive sectors).

2. CARE Bangladesh (CARE-B) responded to the devastation caused by Sidr by planning and implementing the \$17.09 million Cyclone Sidr Response Programme to assist over 350,000 households to recover from the devastating affects of the cyclone. The Response Programme comprised of \$10.37 million in funds and \$6.72 million in food items and was funded by 10 bi-lateral organisations and 2 UN agencies as well as numerous private donors and different parts of CARE's international organisation. The main activities of the Response Programme were the provision of FI and NFI, repair and new water supplies and sanitation facilities, hygiene education, and livelihood activities including CFW. The Programme was implemented in parts of Barguna and Bagerhat districts by PNGOs and direct delivery.

3. CARE-B commissioned this independent evaluation of CARE-B's Cyclone Sidr Response Programme. The Evaluation Team undertook the task from June 3rd to July 1st 2008. The Evaluation Team comprised of Dr. Ian Tod, Water Management Specialist and Team Leader; Professor S. M. Nurul Alam, Social Anthropologist; Mr Nayeem Wahra, Disaster Specialist; Ms. Tanzina Hoque, PRA and Gender Specialist and Ms. Rukshana Begum, PRA Specialist.

Findings of Review and Analysis (Section 4)

Relevance and Appropriateness (4.1)

4. **Needs assessments** CARE-B developed their response strategy based on needs assessment prepared by CARE-B and PNGO staff and was designed with limited direct involvement of affected households. CARE-B along with most other non-government organisations concluded that the needs for relief (basic food and non-food items, water and temporary shelter) were so apparent that involvement of communities was not necessary.

5. **Relief Phase.** CARE-B addressed these needs of devastated households by providing FI and NFI packages as well as water. In Barguna, CARE-B made an opportune early intervention by distributing 1100 MT of food and non-food items from their Chittagong warehouse. CARE-B subsequently distributed FI and NFI packages funded in both Barguna and Bagerhat, where they also made an appropriate early intervention by providing four water treatment plants. The FI and NFI packages were appropriate and well received although the nutritional value and contents of packages varied and did not always meet humanitarian action standards. CARE-B also entered into partnership with Dhaka Community Hospital to organise 507 health camps for people suffering from Sidr-related injuries or health problems. CARE-B also introduced a psycho-social programme for the first time, and although the programme took some time to set up, the feedback was positive from those watching the performance.

6. **Recovery Phase.** CARE-B is providing about 1100 new houses in two upazilas of Bagerhat district but did not develop a comprehensive strategy for all SIDR victim shelter needs and shelter still continues to be a major need. Similarly, the Programme provided

funds to clean and rehabilitate the ponds and to repair or provide new pond sand filters and hand tubewells, but access to safe water remains a major need in many of the Programme's working areas. Sanitation needs were addressed by the provision of sanitary and hygiene kits; repair or provision of latrines and hygiene education. The sanitary and hygiene kits and hygiene education were well received, as were the new latrines although beneficiaries were concerned about the quality and the design of the facilities. CARE-B implemented livelihood projects, the main components of which were Cash for Works (CFW) for road repairing, homestead gardening and homestead plinth raising, and funds to support fishermen. The Cash for Works activities were very appropriate as employment was a major need after the relief phase.

7. **Rehabilitation Phase.** As there was a continuing need for improved water supplies and sanitation in Sidr-affected areas, the Programme received additional funding for a new and larger WATSAN project to be implemented in Bagerhat during the rehabilitation phase. The new WATSAN project has the similar mix of activities to improve water supplies, sanitation, and hygiene awareness. In addition, CARE-B has applied for funds to help the most vulnerable households in recovering their livelihoods and improving food security through cash for works, seed distribution and other input support. Final approval is awaited for this latter project.

Connectedness (4.2)

8. **CARE-B's Strategy.** The Sidr Response Strategy identified three phases and proposed to work mainly in Barguna (relief and recovery phases) and Bagerhat (all phases). CARE-B subsequently changed its strategy by delaying their exit from Barguna for two months because the PNGO needed the additional time to implement all activities committed to. The Strategy for the Response Program follows a traditional approach to relief and recovery that is being replaced by more participatory approaches.

9. **Working with CARE-B.** CARE-B activated the Emergency Response Team (ERT) and the more experienced CARE-B staff in the Team led the response. CARE-B managed the Response Programme mainly with locally recruited staff, and with only limited inputs from international staff. The Assistant Country Director took overall responsibility for overseeing the CARE-B team that planned and implemented the Response Programme. Issues that caused particular challenges for CARE-B during implementation included information and financial management, support for Sidr Field Offices, budget tracking and staffing. Many of the challenges would have been avoided by CARE-B having an up-to-date Emergency Preparedness Plan (EPP). CI is working with CARE-B and COs to introduce the Humanitarian Accountability Framework (HAF). The performance of the Response Programme against many of the HAF benchmarks needs improving because the Programme was not designed to take into account the HAF and staff was not trained on the HAF or the related humanitarian action standards or guidelines. One suggestion is to have beneficiaries, or their representatives, participate in assessments, implementation, monitoring and evaluation, and in decision-making on determining project activities throughout the lifecycle of the Project.

10. **Working with PNGOs.** CARE implemented the Sidr Response Programme through nine PNGOs, four of which were based in Barguna and five in Bagerhat. None of the PNGOs had emergency preparedness plans and they were not prepared for the implications of the massive increase in expenditure required by the Response Program. CARE-B was not fully prepared for working with partners on emergency relief on the scale required. PNGOs viewed their partnership with CARE as valuable, useful and educative although the partnership did not work with two organisations. PNGO performance was constrained by several factors including high turnover of staff, limited experience of rigorous financial management and overstretched staff and other resources. The PNGOs did manage to meet many project outputs within the allocated budgets, although some of the quality of some

outputs declined when market prices of key materials increased more than was expected. The PNGOs voiced several issues about their partnerships with CARE-B including the lack of involvement in preparation of budgets and programme design, strict procedural requirement, limited time for implementation of tasks and limited provision for overheads and office expenses. Monitoring of PNGO activities was a sensitive issue and, although PNGOs found that the monitoring helped to improve the quality of their work, they also found that some monitors were insensitive, inexperienced and poorly trained. Joint monitoring was tried but was unsuccessful due to lack of resources and management interest.

11. **Working with Union Parishads.** Union parishad members helped the implementation of the Response Programme by providing information and lists of vulnerable households but the potential capacity of the UP to contribute to the Response Programme was not fully utilized and this led to duplication and faulty targeting. There is scope to improve the sustainability of the emergency response activities by increasing the involvement of union parishads.

12. **Working with Communities.** CARE-B needs to involve Sidr-affected communities more in the formulation of their Response Programme, and, during implementation, community involvement was very limited. Communities are interested in long-term impacts of activities as well as the need to meet short-term requirements, and the long-term requirements for ensuring the sustainability of water supplies and sanitation activities were not fully considered during implementation.

Coverage (4.3)

13. CARE-B focused its response activities in four of the most affected upazilas in Bagerhat and Barguna districts. CARE-B's focus on Bagerhat was in part because they previously worked in Bagerhat with two long-term PNGOs. The process of selecting specific work areas within the selected upazilas was not straightforward and required negotiations with many actors as many government and non-government organisations were also trying to identify working areas.

14. Within their working areas, CARE-B targeted the most vulnerable households for project inputs, by identifying households that met specific criteria such as women headed households and ethnic and religious minorities. There are no data to show how many households in CARE-Bs working area qualified under each criterion or the percentage of qualifying households receiving relief packages from CARE-B. Unintended consequences of the selection criteria included providing less vulnerable households with more nutritious food packages and excluding vulnerable households from some Programme activities. Two targeting issues need further investigation: the consequences of providing relief to an 'average' household and the requirement for women beneficiaries to collect relief goods. The distribution of relief and recovery activities was also widely variable.

Efficiency (4.4)

15. Analysis of the budgets indicates that about 8 percent of funds were used during the relief phase, while 71 percent were used during the recovery phase and 21 percent during the rehabilitation phase. Food items (FI) made up 47 percent of the total funds, non-food item about 5 percent, cash for works and livelihoods about 8 percent, WATSAN about 8 percent, shelter about 10 percent and multi-purpose cyclone shelters about 3 percent. The remaining funds, about 19 percent, were used to deliver the Programme activities to the beneficiaries. The utilisation of funds (or the burn rate) for 10 completed projects was on average about 90 percent. Until the end of May 2008, PNGOs utilised about 33 percent of the total Programme spending, while 67 percent were utilised by CARE-B. CARE-B's spending include the costs of delivering the overall Programme including such items as preparing proposals, liaising with donors monitoring, financial management, auditing etc.

The pattern of expenditure indicates that a significant portion of project activities was delivered by direct delivery.

16. *Funds were carefully controlled in the field by imposing a rigorous financial management system and by setting up a separate monitoring system. The financial management and monitoring systems were successful in ensuring the soundness of Program implementation. Many UP chairmen and members remarked that they found the CARE-B systems to be very transparent. Factors that strained the financial management systems included limited availability and fluctuating prices of items in local markets, high staff turnover, collection of VAT by PNGOs and shortage of vendors. CARE-B needs to prepare an operational guideline for working with PNGOs in emergencies.*

17. *Partial monitoring of FI and NFI distribution started in December 2007. Extensive on-site monitoring and systematic analysis started in January 2008 with monitoring of the performance of distribution centres during the 2nd round of WFP food distribution. The main findings of that monitoring were that the distribution was generally satisfactory although there were some issues including centres being open after dark and for long hours, variation in the weight of rice in packages, and inadequate toilet and water facilities for women. CARE-B worked with the PNGOs to improve the performance of distribution centres, and the results of the monitoring of the 3^d round distribution were better.*

Effectiveness (4.5)

18. *The Response Programme achieved its goal by achieving or exceeding the targets during each phase including during the relief phase by distributing FI to 67,252 households and NFI to 57,252 households, providing safe water to 30,695 households, and providing medical treatment to 63,567 patients. During the recovery phase, food packages were distributed to 92,389 households and NFI to 27,458 households. WATSAN projects, livelihoods and CFW are still being implemented, but the available data showed that by the end of May there were about 134,000 beneficiaries from WATSAN activities in Barguna and 111,280 beneficiaries in Bagerhat. During in the Rehabilitation Phase, there is a target of 40,000 households benefiting, but targets are not given for specific activities. Programme activities were implemented within timeframe specified in proposals, expect for four projects.*

19. *The Response Programme made only one intervention designed to benefit a specific interest group that is the provision of boats and nets to fishermen, but the intervention has so far had limited impact. There is an opportunity for CARE-B to provide this long-term support to the Programme's relief and rehabilitation activities through PNGOs at a relatively low cost as the PNGOs are working in the field on other activities in both CARE-B upazilas in Bagerhat.*

20. **Coordination.** *The UN was only partially successful in leading the donors' response to cyclone Sidr for several reasons including delays in preparing needs assessment and delays in establishing the cluster system for emergency response. The performance of the clusters was very variable, with the WASH Cluster being the most successful. The shelter cluster was much less dynamic, and took months to provide advise on suitable replacement rural housing. Coordination between local non-government organisations and between international non-government organisations was weak.*

Impact (4.6)

21. *Communities in areas most affected by Sidr received support in their relief and recovery in many different ways and from many different donors, and it is not possible, except for a few activities, to separate out specific impacts from CARE-B's activities from the activities of all the other government, non-government and private organisations that were providing relief after Sidr. In addition, the Programme did not collect baseline data on which impact assessment could be based or undertake impact assessments during the relief and*

recovery phases. During the rehabilitation phase when impact monitoring received more attention, but, data are still being processed and analysed.

22. A notable feature of the post-Sidr period was the absence of epidemics of diarrhoea and water-borne illnesses that often follow such disasters. The reasons for the limited outbreak of such diseases are due in part to the efforts to provide safe water quickly, combined with rapid distribution of relief food and basic shelter materials.

23. Other impacts of specific Response Programme activities included raised awareness from hygiene education, rapid medical assistance for people wounded during Sidr or suffering from Sidr-related illnesses, complaint boxes at distribution centres, employment from CFW, added nutrition from homestead gardening, helping young people by distributing educational materials. In addition, CARE-B led by example in organising and distributing food to Barguna within ten days after Sidr. This put pressure on other non-government organisations to expedite their relief activities. Negative impacts of Programme activities included the demand employment through CFW exceeded what was available, homesteads without space for a garden were excluded, low rate of germination of vegetable seeds provided for homestead gardening during the 1st round distribution, cladding used for housing latrines may not last more than one monsoon season, and access to safe water and weather-proof shelter remain major needs in the Response Programme areas.

LESSONS LEARNED (Section 5)

24. The main lessons learnt are:

- Mechanisms need to be developed so that communities can participate in needs assessment during the relief and recovery phases of a sudden on-set disaster when field conditions are chaotic and many influential stakeholders are preparing needs assessment following different methodologies.
- Large-scale employment programs such as FFW or CFW are required during the relief and recovery phases to re-build devastated communities and allow households to make their own decisions on how best to restore their lives and livelihoods.
- Reconstruction or renewal on shelter (housing) was a major need after Sidr (and after most emergencies in Bangladesh and elsewhere) and CARE-B should have a strategy on shelter so that they can advise communities on how to address shelter needs and advocate for others to provide the resources.
- National standards for humanitarian actions are required for Bangladesh to ensure the quality and quantity of relief being provided, as SPHERE standards may not always appropriate.
- CFW is the most effective way of targeting the most vulnerable households, as only the poorest of the poor will participate. CFW was also very effective as household were allowed to make their own choices as to what materials or items to purchase.
- CARE-B's Emergency Preparedness Plan should be completed on a priority basis so that when the next emergency happens the updated EPP is available and staff of CARE-B and PNGOs are trained in its use.
- Operational Guidelines are required for use by PNGOs working with CARE-B in emergencies.

- *There is scope to increase the involvement of union parishads in relief and recovery activities to fully utilise their potential. Union parishads want to participate in relief and recovery processes but not necessarily to control resources.*

RECOMMENDATIONS OF THE EVALUATION (Section 6)

25. The main recommendations are

(a) CARE-B-specific

- *Train CARE-B staff on HAP and SPHERE standards and the CARE Code of Conduct for emergencies;*
- *Orientate staff of PNGOs on the basic humanitarian action standards and guidelines and build partners' capacity to improve targeting of the most vulnerable and marginalised households, and improve accountability to beneficiaries and affected communities;*
- *Further integrate gender issues into the planning and designing of emergency response programmes by ensuring qualified women are recruited for senior level positions and all data related to emergency response programmes is gender segregated.*
- *Work with other HA organisations to develop SPHERE standards appropriate for Bangladesh;*
- *Hold a lessons learning workshop with PNGOs, before working with PNGOs on preparing an Operational Guideline for use by CARE-B and PNGOs during emergencies;*
- *Develop strategies for shelter and WATSAN interventions during emergencies;*
- *Identify mechanisms to involve local government institutions in CARE-B's emergency response activities;*
- *Continue monitoring the recovery and rehabilitation interventions to determine their long-term impact and usefulness in future emergencies;*
- *Complete updating the EPP to incorporate the HAF and related humanitarian action standards and guidelines as soon as possible so that the EPP is ready and staff are trained in its use by the next emergency.*

(b) CARE INTERNATIONAL specific

- *Work with CARE-B to introduce the requirements of the HAF into their emergency planning.*
- *Develop guidelines for shelter and WATSAN recovery and rehabilitation programmes to avoid recurring problems (for example, equity issues, technical standards, management of operation and maintenance etc.)*

CONCLUSIONS OF THE EVALUATION

26. *CARE-Bangladesh planned, designed and implemented a reasonably effective Sidr Response Program. CARE-B had the staff and the systems to mobilise significant resources in response to the emergency resulting from Cyclone Sidr and CARE-B's Response Program reduced hardship for vulnerable households by helping them overcome the initial shock and start processes for re-building their lives. The impact of interventions would have been enhanced with better compliance with humanitarian action guidelines and standards.*

27. *CARE-Bangladesh needs to complete updating its Emergency Preparedness Plan to include lessons learnt from their responses to Sidr and the 2007 floods and improved ways of working with PNGOs and local government institutions. CARE-B needs to clarify quickly whether it views local NGOs as partners or contractors to be selected through competitive bidding.*

Abbreviations

AAR	After Action Review
AusAID	Australia's Aid Programme
BMZ	Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung (Federal Ministry of Economic Cooperation and Development, Germany)
CARE-B	CARE-Bangladesh
CBHQ	CARE-Bangladesh Headquarters
CD	Country Director
CFW	Cash for Works
CIDA	Canadian International Development Agency
DC	Deputy Commissioner
DEC	Disasters Emergency Committee, United Kingdom
DER	Disaster and Emergency Response
DFID	Department of International Development, United Kingdom
ECHO	European Commission Humanitarian Aid
EPP	Emergency Preparedness Plan
ERT	Emergency Response Team
FGD/GD	Focus Group Discussion/Group Discussion
FI	Food Items
GO	Government Organisation
HAF	Humanitarian Accountability Framework
HH	Households
INGO	International Non-Government Organisation
LCG	Local Consultative Group
LNGO	Local Non-Government Organisation
MoFA	Ministry of Foreign Affairs
MT	metric tonnes
NFI	Non-food items
NGO	Non-government organisation
PNGO	Partner Non-Government organisation
SCF	Save the Children Fund
UDMC	Union Disaster Management Committee
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNO	Upazila Nirbahi Officer
UP	Union Parishad
USAID	United States Agency for International Development
VGd	Vulnerable Group Development
VGf	Vulnerable Group Feeding
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WFP	World Food Programme
DMIC	Disaster Management Information Centre

1. INTRODUCTION

On 15 November 2007, Cyclone Sidr struck the south-west coast of Bangladesh with winds up to 240 kilometers per hour and moved inland. In coastal areas, the category 4 storm was accompanied by a five-meter high storm surge that breached coastal and river embankments and flooded low-lying areas. The devastation caused by the storm surge was greatly reduced as the cyclone came ashore at low tide. High winds and floods caused extensive damage to housing, roads, bridges, and other infrastructure. Electricity supplies and communications were knocked out, and roads and waterways became impassable. Drinking water was contaminated by debris and many sources were inundated with saline water from the storm surge, and sanitation infrastructure was destroyed. Agricultural production was decimated as Cyclone Sidr happened just before the rice harvest in this mono-cropped area.

Damage and loss from Cyclone Sidr was concentrated in the southwest coast of Bangladesh (GoB 2008). Four districts, Bagerhat, Barguna, Patuakhali and Pirojpur, were classified as 'severely affected' and a further eight districts, Khulna, Madaripur, Shariatpur, Barisal, Bhola, Satkhira, Jhalakthi, and Gopalganj, were classified as 'moderately affected'. Of the 2.3 million households affected by Cyclone Sidr, about one million were seriously affected. The number of deaths caused by Sidr is estimated at 3,406, with 1,001 people still missing, and over 55,000 people sustaining physical injuries. Improved disaster prevention measures, including an improved forecasting and warning system, cyclone shelters, and embankments are credited with lower casualty rates than what would have been expected, given the severity of the storm.

Cyclone Sidr caused estimated damages and losses of Tk 115.6 billion (US\$ 1.7 billion). Damage and losses were concentrated in the housing sector (Tk 57.9 billion or 50 percent of the total), productive sectors (Tk 33.8 billion or 30 percent), and public sector infrastructure (Tk 15.7 billion or 14 percent). More than two-thirds of the disaster effects were physical damages and one-third were economic losses, and most damages and losses were incurred by the private sector, rather than by the public sector.

The cyclone was the second major natural disaster to affect Bangladesh in six months, as during July to September 2007, monsoon floods caused extensive agricultural production losses and destruction of physical assets, totaling near US\$ 1.1 billion.

CARE Bangladesh (CARE-B) responded to the devastation caused by Sidr by planning and implementing the Cyclone Sidr Response Programme. CARE-B's initial expectation was for a \$3-5 million programme, but there was major interest in the disaster from around the world and CARE-B's Cyclone Sidr Response Program eventually received a total of \$17.09 million (\$10.37 million in funds and \$6.72 million in food items), funded by 10 bi-lateral organisations (USAID, AusAID, DFID, BMZ, CIDA, DEC, ECHO, MoFA Germany, MoFA Norway, MoFA Luxemburg), 2 UN agencies (UNICEF and WFP), as well as numerous private donors and different parts of CARE's international organisation. The purpose of the Response Programme was to assist over 415,000 households to recover from the devastating effects of the cyclone. Although some of the funding could be combined, the Response Programme comprised of about 21 projects, each of which had different activities and required separate accounting. Details of the projects are summarised in Table 1.1.

CARE-B had stopped working in south-west coastal areas in 2005, and hence CARE-B needed to establish offices in the disaster-affected areas to manage the Response Programme. To fit with CARE-B's overall strategy for implementing development works in Bangladesh, CARE-B delivered the Response Programme by both working with partner non-government organisations (PNGOs) and directly delivery using their own staff.

Independent Evaluation of CARE-B's Response to Cyclone Sidr
DRAFT FOR DISCUSSION

Table 1.1 List of Projects Comprising CARE-B's Sidr Response Program

Donor	Date of Proposal	Location Bagerhat	Location Barguna	Main Activities (2)	Amount (1) (USD)	Start Date	Number of Intended Beneficiaries (Households)	End Date	Remarks
UNICEF I	27-Nov-07	X	X	WS; SA; HK; HE	155,000	6-Dec-07	10,000	31-May-08	Completed
UNICEF II	May-08	X		WS; SA; HE	491,273	May-08	20,000	Nov-08	Being implemented
AusAID	Nov-07	X		NFI; BN; CFW	220,450	20-Nov-07	2,646	19-May-08	Completed
DFID	27-Nov-07	X	X	WS; SA; HK; HE; HSK	1,239,007	1-Dec-07	210,000	30-May-08	Extended to 31-Jul-08
DEC/CARE-UK	31-Dec-07	X		SH	482,745	1-Dec-07	At least 634	31-Aug-08	Being implemented
CIDA	10-Dec-07	X		MT, SA; HE; PS	245,219	21-Dec-07	23,894	30-May-08	Completed
MoFA, Norway	Nov-07	X		FI; CFW	325,850	26-Nov-07	5,000	30-Jun-08	Being implemented
USAID I	17-Nov-07	X		NFI	147,187	22-Nov-07	13,000	Open	Completed
USAID II	Nov-07	X	X	FI; NFI; CFWHG; RP; SH; CS	3,393,117	Feb-08	NS (4)	30-Sep-08	Being implemented
USAID III	19-Nov-07	X		FI	30,000	20-Nov-07	1,500	19-Feb-08	Completed
BMZ	22-Nov-07		X	FI	145,000	20-Nov-07	6,250	19-Jan-08	Completed
ECHO I	22-Nov-07	X	X	FI; NFI; WS	1,157,869	21-Nov-07	21,000	20-Mar-08	Completed
ECHO II	30-Apr-08	X		CFW; RP; RO; HG; AI	783,829	1-Jun-07	11,050	30-Nov-08	Project under consideration
MoFA, Germany	Nov-07	X	X	FI; NFI	155,331	22-Nov-07	12,000	21-Jan-08	Completed
MoFA-Luxemburg	19-Nov-07			NFI	56,240	20-Nov-07	NS	19-Dec-07	Completed
WFP (3)	3-Dec-08	X		FI	384,751	6-Dec-07	69,000	29-Feb-08	Completed
CARE-BD Barguna	1-Mar-08		X	CFW	150,000	1-Mar-08	2,800	15-May-08	Completed
CARE-Japan	No info		X	CFW	6,926	1-Mar-08	NS	15-May-08	Added to LH Barguna
CARE-Canada	No info	X		MT	14,871	19-Nov-07	2,400	19-Dec-07	Completed
CARE-USA	No info			Not analysed	649,383	Nov-07	NS	Open	Completed
Citibank	No info	X		SR	32,750	Nov-07	4282	Open	Being implemented
Assorted sources	No info			Not analysed	100,078	Nov-07	NS	Open	Not analysed
TOTAL					10,366,876		415,456		

Note: (1) Donors provided funds in their own currency, but amount of funds shown in equivalent USD at conversion rates (1 GBP = USD 2.07 (DFID); 1 GBP = 1.97 USD (DEC); 0.98 CAD = 1 USD; 1 EURO=1.45USD (ECHO I); 1 EURO=1.51USD (ECHO II); 6.13 NOK = 1 USD; 1.45 AUD = 1USD; 68.65 BDT = 1 USD)

(2) WS – water supply; SA-sanitation; FI food items; NFI-non-food items; CFW-cash for works; HG-home gardening; AI-agricultural inputs; CS-cyclone shelter; RP-raising plinths; SH-shelter; HK-hygiene kits; HE-hygiene education; BN-boats and nets; HSK-household kits; MT-medical teams; PS-psycho-social; SR-school repair; MT-medical Teams

(3) Funds received from WFP were for distributing food items with an equivalent value of \$6.72 million.

(4) NS-not specified

The overall goal of CARE-B's Cyclone Sidr Response Program was to save lives and reduce sufferings of the cyclone affected families, and reconnect to normal life through providing emergency food and non-food items and rebuilding their livelihoods, shelter, and water and sanitation systems.

CARE-B commissioned this independent Report to evaluate CARE-B's Response to Cyclone Sidr. The Evaluation Team undertook the task from June 3rd to July 1st 2008. The Evaluation Team comprised of Dr. Ian Tod, Water Management Specialist and Team Leader; Professor S. M. Nurul Alam, Social Anthropologist; Mr Nayeem Wahra, Disaster Specialist; Ms. Tanzina Hoque, PRA and Gender Specialist and Ms. Rukshana Begum, PRA Specialist.

2. OBJECTIVES OF THE EVALUATION

The purpose of the evaluation is three-fold:

- a) Assess the quality and accountability of CARE Bangladesh's response to the cyclone, using relevant OECD-DAC evaluation criteria, CARE/B's Emergency Strategies and CARE/B's draft Humanitarian Accountability Framework (HAF) as primary points of reference.
- b) Assess the extent to which the objectives of individual donor-funded projects and programs were met.
- c) Develop lessons learned and recommendations that will assist CARE Bangladesh and their local partners to build disaster risk management and strengthen their emergency preparedness capacities into future programming in order to help communities better cope with risk, and to enable a more timely and appropriate response to disasters and crises in the future.

The main sections of Terms of Reference for the evaluation are given in Annex 1. The Team did not evaluate the shelter projects funded by USAID and DEC as field construction has not started.

3. METHODOLOGY

The approach of the Evaluation Team was to collect information about the impact of Cyclone Sidr by holding Group Discussions (GDs) with communities in the affected areas where CARE-B is working. In addition, the Team reviewed reports on CARE-B's activities in the Sidr-affected areas, and discussed the planning and implementation of CARE-B's programme with key informants from partner non-government organisations (PNGOs), government organisations (GO), union parishads, CARE-B's staff at the headquarters and regional offices, donors and CI staff. The schedule of the Team, the list of people consulted and the list of documents reviewed are Annex 5, 6 and 7 respectively.

The Team held 23 group discussions in 18 villages in 10 unions and met with chairmen and or members from 6 union parishads, as shown in Tables 3.1. In addition, interviews were held with key informants such as teachers, health workers, traders, and medical staff. The number of GDs was based on the requirements of addressing the Terms of Reference and the resources and time available for the Evaluation. The locations of the GD villages were selected by considering:

- Geographical Spread: Group discussions were held in 10 unions of the 4 upazilas in 2 districts where CARE-B is mainly working.
- Impact of Cyclone Sidr. The impact of Cyclone Sidr varied depending on local conditions such as topography, and location of embankments, closeness to rivers or khals etc. Villages selected were either most severely affected (MS) where houses and homesteads were completely destroyed, and all livestock, poultry, household items, personal possessions, trees, and crops were lost; or less severely affected (LS) where homesteads and houses were completely or partially destroyed, and most livestock, household items and personal possessions, crops and trees were lost.
- Program Activities. The location of GD villages were selected in areas where the CARE-B's had implemented a range of activities from distribution of FI and NFI relief materials to installation of water supplies and latrines and cash-for-works. In most locations, particularly in Bagerhat district, other NGOs were also very active with relief and recovery activities and it was often difficult to separate out the impact or details of CARE-B's activities.
- Implementation. Program activities were implemented by either PNGOs or by direct delivery by CARE-B staff.
- Accessibility. Villages needed to be accessible by boat and/or walking and/or motorbike within one day. Adjacent or nearby villages were selected to reduce travelling times. Even with planning based on local knowledge, the travel time was often more than an hour between some of the villages.

Details of the participants in the 23 GDs are shown in Table 3.1. The Team held group discussions with 426 women and 129 men in 7 most severely affected (MS) villages and 11 less severely affected (LS) villages. Initially, PNGO staff or CARE-B staff contacted households to participate in the GDs, prior to the arrival of the Team, but the Team requested that households should not be forewarned of the Teams' visit. The number of households assembled for the discussions was often large and frequently grew even larger during the discussion. It was not possible to reduce the size of groups, but on some occasions, the Study Team were able to divide the assembled households into male and female groups. In most discussions, the participants had received some form of relief or recovery benefits from CARE-B or PNGOs.

The Study Team followed a guideline while facilitating the GDs and the Guideline is given Annex 2. The Guideline for the discussions with key informants similar but some questions were adjusted to enquire about broader impacts of CARE-B's activities.

The purpose of the group discussions was to collect information and capitalise on group dynamics to generate data/information and insights that would be difficult to generate without group interaction. There is extensive academic discussion concerning the suitable size of groups and the nomenclature related to group discussions. The Evaluation Team held group discussions with a greater number of participants rather than a smaller number of participants (the latter sometimes referred to as focus group discussion) because of the large numbers of villagers who wanted to express their views on cyclone-related interventions. Dividing villagers into smaller groups was not feasible given the resources and time available to the Team and only selecting some villagers and ignoring others may have excluded important information and caused friction between factions in the communities. Evaluation Team members were very experienced with group discussions and had the skills to facilitate the participants to discuss specific issues (as listed in Annex 2) and ensure that the information and insights generated were valid and valuable.

The Evaluation Team relied on the goodwill and candour of people they interviewed or discussed CARE-B's programme. The Team are extremely grateful for the time that beneficiaries, CARE-B staff and staff of PNGOs and other organisations made available and for the wide-ranging insights so generously shared by them. In particular, the Evaluation Team appreciate the assistance given by Ms Shawkat Ara in providing information about CARE-B's programme, and supporting the Team's field work.

Independent Evaluation of CARE-B's Response to Cyclone Sidr
DRAFT FOR DISCUSSION

Table 3.1 Details of Group Discussions

Date	Upazila	Union	Village	Category (1)	Female	Male	Participants		Total	Remarks
							Adolescent Girls	Boys		
7-Jun	Pathagatha	Raihanpur	Raihanpur	LS	50	15	N/a	N/a	65	Close to Raihanpur Market
		Raihanpur	Lemua	LS	9	8	4	0	21	
		Raihanpur	Char Duani	MS	13	6	0	0	19	Discussion with UP
		Char Duani	Saherabad	LS	15	10	0	0	25	Mixed Muslims & Sonatan
		Char Duani								25
8-Jun	Barguna (S)	Badarkhali	Gulshakhali	MS	14	8	8	6	36	Discussion with UP
		Badarkhali	Choto Gulshakhali	MS	14	0	4	0	18	
		Badarkhali	Machar Char	MS	18	10	6	4	38	Discussion with UP
		Badarkhali								
		Burishchar	Kamarbad	LS	45	0	0	0	45	
11-Jun	Sarankhola	Burishchar	Kamarbad	LS	0	19	0	0	19	Discussion with UP
		Dhansagor	Nalbunia	LS	28	0	7	0	35	
		Dhansagor	Nalbunia	LS	0	12	0	0	12	Discussion with UP
		Dhansagor	Rajapur	MS	26	7	11	0	44	
		South Khali								
		Tafalbari	Tafalbari	LS	22	0	0	0	22	Fishermen received boats
		Dhan Shagor	Purbo Amragachi	LS	25	0	0	0	25	Mostly Sonatan
		Dhan shagor	Purbo Amragachi	LS	0	12	0	0	12	
		Dhan shagor	Choto Nalbunia	LS	27	0	0	0	27	
Dhan shagor	Choto Nalbunia	LS								
12-Jun	Morelganj	Dhansagor								Discussion with UP
		Nishanbaria	Pubo Gulshakhali	LS	12	7	0	0	19	Discussion with UP
		Nishanbaria								
		Nishanbaria	Dakhim	LS	19	3	0	0	22	Discussion with UP
		Nishanbaria	Gulshakhali							
		Nishanbaria	Poschim	LS	13	6	0	0	19	
		Khulia								
Khulia	Chaltabunia	MS	10	6	0	0	16			
Baraikhali	Uttar Baraikhali	MS	31	0	0	0	31			
Baraikhali	Uttar Baraikhali	MS	35	0	0	0	35			
Totals					426	129	40	10	605	

Notes: (1) Category indicates extent of Sidr damage in the village: MS-most severe indicates houses and homesteads completely destroyed, livestock, poultry, HH Items and personal possessions, trees, crop etc. lost; LS-less severe indicates homesteads and houses completely or partially destroyed, most livestock, household and personal items, crops and trees lost.

4. FINDINGS OF REVIEW AND ANALYSIS

4.1 Relevance/Appropriateness

Needs assessments

CARE-B were not actively working in the area affected by Sidr and on 15th November, the day Sidr struck, CARE-B pre-positioned an Advance Team of 5 staff with 5 truckloads of NFI in Khulna, in order to begin needs assessment after the cyclone and to have relief materials ready for distribution. The Advance Team arrived in Khulna as the cyclone passed to the southeast of the town. The next day the Advance Team started to mobilise two PNGOs, Prodipan and RIC, both of who were familiar with the area and had worked previously with CARE-B. Neither of the PNGOs had prepared for the cyclone, but both agreed to start working with CARE-B without formal agreements, based on assurances from CARE-B that their costs would be reimbursed later. The Team worked with the PNGOs to gather information on the cyclone's impact, and began to assess needs.

Based on information from the Advance Team and the PNGOs, the Disaster Management Information Centre (DMIC) and other sources about the extent of the destruction caused by Sidr, CARE-B started to plan their response at CBHQ. The first weeks of an emergency humanitarian response are always chaotic, and the aftermath of Sidr was no different. Information was plentiful but not always consistent, while needs were overwhelmingly urgent. Under these conditions, CARE-B developed about 12 proposals for different donors while at the same time determining how best CARE-B could respond and clarifying the needs. CARE-B's initial expectation was for \$3-5 million programme but several factors, including the high media visibility of the plight of the survivors, stimulated a large response from donors, and CARE-B ended up with a \$17.09 million programme. The size of this program could have been larger as funding was available, but CARE-B decided that the capacity and quality of their program would be compromised if they took on more projects.

During this initial period many different organisations were using a range of methods to assess the needs of the devastated population in order to determine their own organisational responses. The UN tried to coordinate stakeholders by preparing an overall needs assessment (UN 2007), but by the time the UN report was available on 22nd November, CARE-B had started relief activities and was already developing its response programme.

By December 7th, the strategy for CARE-B's response to cyclone Sidr was agreed at CBHQ (CARE-B 2007), and the portfolio of projects making up the program was almost complete. The Response Programme was designed with limited direct involvement of affected households. Indeed, no organisation seemed to involve affected communities in needs assessment, as required by the HAP standard. In the hectic rush to prepare response strategies and funding proposals, most organisations were like CARE-B in concluding that the needs for relief (basic food and non-food items, water and temporary shelter) were so apparent that involvement of communities was not necessary. Furthermore, they believed that working with affected communities at that time was too difficult as they were disorganized and most households were simply trying to survive. This latter situation may have been prevalent immediately after the cyclone, but, after a week or so, many households had regrouped and started the slow process re-building their lives. The Program took until February 2008, three months after Sidr, for PNGOs to involve communities in the planning of water supplies and sanitation facilities in a participatory way through social mapping exercises.

In January 2008, CARE-B commissioned a report on livelihoods needs assessment (Alam 2008) to guide their support for livelihood recovery. The report was prepared in a short

timeframe and was not very participatory in its formulation. The Report missed the critical need for large-scale employment until the end of 2008 when the next harvest was due.

Opportunities to speed the recovery were missed by CARE-B and other organisations by not identifying the necessity of enhancing the drainage of agricultural land immediately after the cyclone to save more crops, and also to re-build the protective embankments before the start of the next cropping season. The re-building of the embankment remains a major requirement to protect the agricultural land from flooding during high monsoon tides. The resources required for these activities are well beyond the capacity of CARE-B, but CARE-B could have advocated the need for large-scale cash-for-works or food-for-works programs to large donors such as WFP.

During group discussions held with the Evaluation Team, affected communities consistently said that their greatest needs were for employment and shelter, and neither government nor non-government organisations were addressing these needs on the scale required. The need for employment may have been identified earlier if organisations had better understood how the local economy functioned. For example, poor households have limited food reserves except at harvest time when there is plenty of work and they are paid in kind. For the rest of the year, poor households rely on regular employment to be able to purchase food, often on a daily basis. Sidr struck this mono-cropped area at harvest time, depriving poor households of the opportunity to build even modest food reserves. Thereafter, poor households need employment to be able to re-establish their normal income and consumption patterns.

One very successful intervention during the relief phase was when the Army announced that households could keep the timber from fallen trees that blocked the roads. Within a few days, many roads were clear, which is what the government wanted and Sidr-devastated communities were better off which helped their recovery. Another successful intervention immediately after the cyclone was Oxfam GB's mobilisation of affected communities to clean ponds, roads and homesteads through CFW. Identifying similar win-win situations is required during project planning and implementation.

Middle or better-off households provide employment opportunities for poor households and, there is a need to re-establish all sections of local economies so that middle and better-off households are able to provide employment. CARE-B may not work directly with middle or better-off households, but CARE-B could advocate this need to donors and government organisations to ensure local economies are re-started as quickly as possible so that employment opportunities become available. There may be opportunities for CARE-B to assist local economies and directly help poor households. For example, after Sidr, there was a shortage of livestock to plough fields and CARE-B could have provided power tillers to groups of poor women-headed households for renting to middle and better-off farmers.

Relief and Recovery Phases

Households in the most devastated areas lost all of their possessions including their houses and homesteads, household utensils, food supplies, bed sheets, furniture, mattresses, livestock, poultry, tools, clothing and personal possessions. In some of the most-affected areas, people even lost the clothes that they were wearing to the ravages of the wind and water. There was an immediate need to provide the basics of living, that is food, water, shelter, clothes and, as winter was approaching, blankets. CARE-B addressed these needs by providing FI and NFI packages as well as water.

Initially CARE-B considered that the main need was for basic food and water, and they prepared project proposals accordingly, but on November 25th WFP announced that they would make a major contribution of a range of food items to Sidr-affected areas, including

sufficient food for 69,000 households in Bagerhat, and CARE-B adjusted some its funding requests to either specialised FI or NFI or recovery support.

In Barguna, CARE-B made an opportune early intervention by utilizing 1100 MT of food items from their Chittagong warehouse. The intervention involved the milling of 900 MT of wheat; packing 9kg of wheat and other food items (2 litres of vegetable oil and 2.5 kg of pulses) into individual packages; transporting the FI packages plus NFI items (jerry cans and blankets) from Chittagong to Barguna in about 90 trucks and distributing the FI packages to 39,640 households in 8 unions of Patharghata and Barguna Sadar upazilas. Distribution started on 25th November and was completed by mid-December. CARE-B's Chittagong office mobilised about 250 staff from PNGOs working on the SHOUHARDO project to assist with organising the milling, packaging and loading of the food items. CARE-B delivered the packages directly using about 40 staff temporarily deployed from CARE-B's SHOUHARDO Program. Although beneficiaries would have preferred rice, they accepted the food items and many households said during group discussions that the '*ata* (flour) saved our lives'. The intervention made CARE-B very well known to beneficiaries in Barguna.

In Bagerhat, CARE-B established a water treatment plant in Morelganj on November 18th, and distributed FI to 500 households on November 19th. The main FI was flattened rice (*chira*) but this requires good quality water to soften and make usable. As good quality water was scarce, later food packages only contained rice that needed to be cooked, which was also preferred by beneficiaries. The water treatment plant was appropriate as Morelganj is a water-scarce area and available supplies such as ponds had been contaminated during Sidr. The distribution of food packages was also appreciated, as food was rare amongst affected populations.

CARE-B subsequently distributed FI and NFI packages funded by USAID, MoFA (Norway) and MoFA (Germany), ECHO and AusAID. The contents of the different packages are shown along with distribution dates and number of packages in Tables 4.1 and 4.2 for NFI and FI items respectively. The contents of FI packages given by CARE-B and some other government and non-government programs are shown in Table 4.3.

CARE-B or other organisations working in the same geographical area did not follow common standards for FI or NFI packages in terms of the range or quantity of items provided, even though CARE-B were committed to following SPHERE Standards that specify a minimum nutritional requirement of 2100 kcal/person/day. This standard was developed for African conditions, and the need to develop standards appropriate for Bangladesh have been discussed amongst NGOs, but there has been no agreement on what the appropriate standard for Bangladesh should be. For example, WFP had to convince their senior management that 1400 kcal/person/day was adequate based on the assumption that households were able to find additional sources of food. There are no data to show whether households were able to find additional food or just had to make do with what was given in the FI packages.

Table 4.1 Contents of NFI Packages in Sarankhola and Morelganj Upazilas, Bagerhat

Donor	Relief Packages			Recovery Packages (3)		
	USAID	USAID	ECHO (2)	AusAID	MoFA Norway	MOFA Germany
Distribution Dates	22-Nov to 6-Dec07	8-Dec to 12-Dec 07	8-Jan-08 to 14 Feb 08	11 Jan, 12 Jan and 14 Jan 08	13-Feb-08	12-Feb to 14-Feb-08
No. of Packages	13000 (1)	5000	10,500	764	1000	5440
	Plastic Sheet-1	Sari- 1 pc	Blanket - 1 pc	Warm Children Clothes	Full Trouser-1pc	Plastic sheet-1
	Rope- 9m	Chadar -1 pc.	Warm cloth- 2 pc	Spade -1	Half Shirt-1 pc	Rope-1pc
	Plastic Bowl-1	MosquitoNet-1	Sari- 1 pc	MosquitoNet-1	Frock/shirt-1 pc	ORS-6 no.
	Jerry Can- 1	HallogenTab-10	Jerry Can-1	Soap -2 bars	Half Pans- 1 pc	Matches-6no.
	Mug-1pc.		Soap- 2 Bars	Bed Sheet-1	Bed Sheet-1	Soap-2pc
	Glass-1pc		Plastic glass- 1pc	Sari -1pc	Sari-1 pc	Gamsa-2no.
	Candle-6pc		Plastic Bowl- 1pc	Package bag-1	Lungi- 1 pc	Candle-6pc
	Match- 2pkt		Match-1 Dozen		Mosquito net-1	Packing bag-1
	SanitaryNapkin -1pkt.		Cooking pot-2 sets		School Bag-1pc	
			SanitaryNapkin-1pkt.		HurricaneLamp-1pc	
			Packing bag-1		Package bag-1	

Notes: (1) Also 4000 packages distributed in Mothbaria upazila.
 (2) ECHO funds also used to provide 10,500 children of poor and marginalised households in Bagerhat received educational packages comprising of school bag (1 No.); note books (9 No. for Bangla, English and Maths); pencils (6 No.); eraser (3 No.); sharpner (2 No.); ball pen (3 No.); wooden scale (1 No.); plastic clip board (1 No.). Distributed on 11-12 March 2008.
 (3) In addition, CIDA, UNICEF and DFID funds used to provide hygiene, and sanitation packages

Table 4.2 Contents of FI Packages in Sarankhola and Morelganj Upazilas, Bagerhat

Donor (1)	USAID	USAID	USAID	WFP (1st round)	WFP (2 nd round)	ECHO	WFP (3 rd round)
Distribution Date	19-Nov-07	8 Dec to 12 Dec 07	8 Dec to 12 Dec 07	19-Dec-07 to 3-Jan-08	26-Jan to 16-Feb-08	16 to 27-Feb-08	31-Mar to 27-Apr-08
No. of Packages	500	13000	5000	27000	27000	10500	27000
Duration of Package	10 days	10 days	10 days	30 days	30 days	30 days	30 days
	Flattened Rice-5 kg	Rice-20kg	Rice-20kg	Rice-30kg	Rice-30kg	Rice-36 kg	Rice-20kg
	Molasses-2kg	Pulse-2.5kg	Pulse-2.5kg	Pulse-9kg	Pulse-9kg	Pulses-2.5kg	WSB-2.75kg
	Salt- 0.5kg	Onion-2 kg	Onion-2 kg	Salt-1kg	Salt-1kg	Oil-2 litres	HEB-0.75kg
	HEB-1pkt	Potato-5kg	Potato-3 kg	HEB-0.75kg	HEB-0.45kg	Salt-2kg	Oil-2 litres
		Salt -2kg	Sugar- 2kg		Oil-2 litres		
		Oil-2litres	Salt-2kg				
			Suzi-1kg				
			Oil-2 litres				

Note: (1) In addition, HEB provided by MOFA Norway was distributed to 6000 HH on 20 to 25-Nov-07

The nutritional value of the FI packages varied considerably, as shown in Table 4.3. For example, although the packages were intended to provide nutrition of about 1400 kcal/person/day, the nutritional value of the 1st round WFP packages was 924 kcal/person/day, due to shortages in food items. The USAID package was equivalent to about 1851 kcal/person/day. By the 2nd round of WFP, the nutritional value of packages increased slightly to 1035 kcal/person/day. By the 3rd round, the nutritional value of the package decreased to 691 kcal/person/day due to increased shortages of food items. The nutritional values of government feeding programs were 692 kcal/person/day and 461 kcal/person/day for VGD and VGF respectively, and the nutritional value of food packages provided by some other INGOs was about 900 kcal/person/day, although Red Crescent food packages had slightly higher nutritional value of 1399 kcal/person/day. Although the FI packages were well received by beneficiaries, CARE-B did not determine if the food packages provided sufficient nutrition or whether recipients needed to find food from other sources to meet their minimum daily requirements.

Table 4.3 Content of FI Packages Provided by Different NGOs and GOs

NGO (1)	Rice	Dal	Oil	Salt	Suzi	Sugar	HEB	WSB	Duration	Nutritional value (5)
	(kg)	(kg)	(litres)	(kg)	(kg)	(kg)	(kg)	(kg)	(days)	(kcal/person/day)
Action Aid (2)	30	4	2	2	1	1	-	-	30	916
CONCERN	30	3	2	1	1	1	-	-	30	895
Red Crescent	20	5	2	1	-	-	-	-	15	1399
CARE WFP-1 ST	30	9	-	1	-	-	0.75	-	30	924
CARE WFP-2 ND	30	9	2	1	-	-	0.45	-	30	1035
CARE WFP 3 RD	20	-	-	-	-	-	0.75	2.75	30	691
CARE USAID (2)	20	2.5	2	2	-	2	-	-	10	1851
VGD	30	-	-	-	-	-	-	-	30	692
VGF	15	-	-	-	-	-	-	-	30	461

Note: (1) Source of data for Action Aid, CONCERN and Red Crescent-Personal communication by Evaluation Team with each organisation.

(2) In addition Action Aid included 10 ORS sachets in the package.

(3) Package also included 2 kg onion and 5 kg potato. Some packages also contained sugar-2kg and suzi-1kg.

(4) Semolina.

(5) Nutritional values calculated using WFP nutritional data.

The main FI provided was rice and this was the preferred cereal of all benefiting households. The quality of the rice varied as the rice was sourced from many places including overseas, and beneficiaries found that some of the cooked rice was stickier and more or less fragrant than the normal rice of the area.

The variation in the contents of packages caused confusion amongst beneficiaries as they did not know what they would receive and some became suspicious as to whether the PNGOs were altering the packages and keeping items for their own use. Beneficiaries were not informed about the contents of packages until they arrived at the distribution centre where the contents of packages were displayed on boards inside the centre. HAP standard is to inform beneficiaries in advance about the content of packages as advance warning of package contents help beneficiaries to understand their entitlement and plan the collection and transportation of packages from the distribution centre to their homesteads. Beneficiaries often had to pay the cost of transporting packages across waterways and, if they had no money, they sold some food items to pay the boatman.

The Programme's Monitoring and Evaluation Unit surveyed 410 households in 9 unions to determine the adequacy and appropriateness of WFP packages (CARE-B undated). The findings indicated that the average household size was 4.7 people (ranging from 4.0 people per household in two unions to 5.5 people per household in one union). 81 percent of households received the correct quantities of items in their packages, while 19 percent of

households received less than intended. The percentage of households receiving inadequate packages was particularly apparent in two unions: Shivpur where 45 percent were inadequate and Rampalsadar where 71 percent were inadequate. 80 percent of households considered that the size of the packages was insufficient and 20 percent of households considered the size to be sufficient. 88 percent of households thought that the items in the packages were appropriate. Nearly 100 percent of households consumed the food in the packages within one month, indicating that the nutritional value of the packages was less than what was required.

As many households in the worst-affected areas lost all their possessions, a great range of non-food items were provided from basic shelter materials (such as polythene sheet and tents) to cooking pots and utensils, clothes, blankets, bed sheets etc., as shown in Table 4.1. Most of the items were helpful to beneficiaries and many are still being used. The mosquito nets were very much appreciated as were the polythene sheet. Nail cutters received widespread usage. The sanitary napkins did cause some confusion and may have been more effective if preceded by an appropriate hygiene education programme. Also, there was a problem of purchasing replacement napkins as the type provided were too expensive for beneficiaries to purchase and difficult to find. It would have been appropriate to provide napkins that are locally produced, for example by BRAC, as BRAC have a network that supplies BRAC napkins nationally. The size of some items of winter clothing also caused confusion over whom in the family was the intended wearer.

Shelter was major need in the aftermath of Sidr. About 50% of the total damages caused by Sidr were damages to shelter because about 214,000 houses and homesteads were fully damaged and 226,000 partially damaged in Barguna and Bagerhat districts respectively (see Table 4.5). USAID provided tents as a gift of emergency materials in both Barguna and Bagerhat, and plastic sheets were provided in NFI packages (see Table 4.1). CARE-B intended to provide plastic sheets as part of the ECHO and AusAID projects but changed this provision after it became apparent that there was an over-supply of other relief shelter materials by other donors. For ECHO, the provision of shelter materials was changed to providing school bags and educational materials for poor and marginalised households.

The size and quality of the plastic sheets provided by CARE-B were not to internationally recognised standards, even though the Shelter Specialist from CARE International, CARE (USA) and CEG provided specifications for relief shelter materials. For example, CARE-B provided 1.8 m by 8 m sheets rather than 6 m by 4 m sheets recommended, and the quality of the sheets was poor. CARE-B needs to adhere to the international standards to which they have agreed. CARE-B is working with INGOs and LNGOs to develop appropriate standards for relief materials in Bangladesh, but this process must be expedited so that the standards are available for use during the next emergency.

Following the relief phase, CARE-B did not develop a strategy for shelter beyond providing new houses in Sarankhola and Morelganj Upazilas of Bagerhat district for about 1200 households using USAID and DEC funds. Unfortunately, many households were still living in tents or under plastic sheets when the Evaluation Team visited affected areas in early June, and, during group discussions in both districts, many participants said that their major need was for weather-proof shelter, especially as the monsoon had just started. CARE-B is not responsible for providing new shelter to all affected households but should have a strategy on shelter so that they can advise communities on how to address shelter needs and advocate for others to provide the resources. CARE-B and other non-government organisations have not learnt lessons on shelter identified after the 1991 cyclone, particularly with respect to problems with the raised expectations about the type of relief that will be available in future, thus reducing people's self-reliance and increasing dependency (Jones et al 1994).

Accessing potable water is challenging for many households in coastal areas even during normal times as aquifers are low yielding and of poor quality and surface waters are saline for part of the year. Many water supply facilities, particularly open ponds, were damaged or contaminated by Sidr, resulting in an absence of safe water in many locations. To address this immediate need, CARE-B mobilised 4 mobile water treatment plants that were operated directly by CARE-B. Two of the plants were in stock and an additional two were received from OFDA. One of the mobile plants was operated for SCF(USA) in the adjacent Pirojpur district. Each treatment plant produced about 12,000 to 15,000 litres/day and were operated for about six-weeks. Unfortunately, there are no data on the actual volume of safe water produced by the plants or the number of households benefiting, Based on an allocation of 5 litres/day/household, about 2,400 to 3,000 households collected water from each plant daily, and households would return each day to collect more water. As this allocation per household is well below the SPHERE standard of about 3 litres/person/day for survival needs, households must have collected significant amounts of water from other sources to meet their total daily domestic needs. Households living close to the treatment plants appreciated the supply of safe water, and the plants contributed to there being no outbreak of water-borne diseases in Sidr-affected areas after the cyclone. There was limited consultation with local communities about the placing or removal of the plants, resulting in one group discussion participant remarking that “one fine morning the water supply was there and then on one gloomy morning the supply was gone.”

CARE-B also provided funds through their WATSAN projects to clean and rehabilitate the ponds on which most households depend for their water supply and to repair pond sand filters and hand tubewells. In addition, new tubewells were installed in Barguna, following a social mapping exercise to identify the locations where the new facilities would serve the greatest number of vulnerable households.

Sanitation needs were addressed by the provision of sanitary and hygiene kits; repair or provision of latrines and hygiene education. The sanitary and hygiene kits were well received. The soap was particularly useful, as was the mosquito net. The toothbrushes and toothpaste received a mixed response, and more toothbrushes should have been provided to match the number of people in a household. The hygiene education also seems to have been well received and group discussion participants had certainly understood the hygiene messages, particularly about the benefits of cutting nails. The contents of the hygiene and household packages were not the same, as the DFID-funded hygiene and households kits cost Tk 400, and Tk 513 respectively, while the UNICEF-funded hygiene kit cost Tk 170. There needs to be better coordination amongst donors to harmonise the contents of hygiene and household packages to ensure equitable distribution of benefits, and ensure transparency.

The location of new latrines was determined from the social mapping exercise used for the water supplies. The new latrines comprised of five concrete rings, one concrete slab with a water seal and a protective shelter. The new latrines seem to be well received although there were indications that households break the water seal mainly because of the shortage of water near to homesteads. Group discussion participants expressed concerns about the quality of the rings and slabs, and also about the protective shelter on top of the latrine. Initially, the cladding for the shelter was GI sheet, but the design was changed in mid-February to slatted bamboo cladding. Beneficiaries were concerned that bamboo does not last long in that region due to attack by insects during the monsoon. Neither local communities nor the PNGOs were consulted about the design changes, and the reasons for the design changes were not explained.

Repaired or new latrines were very useful for women. After Sidr struck, open defecation was difficult as there was no privacy due to the shortage of vegetative cover caused by high winds stripping trees and bushes of their leaves.

CARE-B entered into partnership with Dhaka Community Hospital to provide medical teams to treat people injured during the cyclone. The medical teams were mobilised on 17th November and stayed until 30th December during which time they organised 507 health camps in 24 remote unions of 6 upazilas under three districts (DCH 2008). The medical teams were withdrawn when patients were mainly suffering from regular illnesses. There were few women doctors in the medical teams, and women in the affected communities were hesitant to approach men doctors.

During the recovery phase, CARE-B started to implement livelihood projects, the main components of which were Cash for Works (CFW) for road repairing, homestead gardening and homestead plinth raising. There were also funds to support fishermen in the restoration of their livelihoods by the provisions of boats and nets (see Section 4.5 for more details). This was the Response Program's only intervention aimed to benefit a specific occupation group.

The Cash for Works activities were very appropriate as employment was a major need after the relief phase. Homestead plinth raising provided additional benefits of protecting homesteads from flooding during high tides. Road repairs benefited communities by improving intra-village communications and benefited all households. Homestead gardening provided additional benefits of improved household nutrition from the vegetables grown and the scope to sell surplus vegetable production. Homestead gardens can be established quickly and provide an additional source of food within a few weeks. Many households in this area had not grown vegetables before. CARE-B included vulnerable and disadvantaged groups in Cash for Works Activities, as described in Box 1.

CARE-B introduced a psycho-social programme for the first time, with the purpose of assisting communities to recover from the trauma of Sidr. The programme took some time to set up and eventually in April the PNGO, Rupantar, prepared a performance in which Sidr-related issues were openly discussed and presented it to affected communities. The feedback from those watching the performance was positive.

Box 1 Forgotten Rahima's Recovery

Rahima is about 60 years old. She was experiencing neglect, deprivation and pauperisation before "Sidr" and was just living on handouts. She never received help in the form of an old age stipend or VGD or VGF. She was forgotten by the "list makers" and "list approvers". As she had nowhere to stay and no home no address, so the question of compensation after Sidr never arose.

During the fretful night of November 15th when she was preparing her bed on the verandah of a house close to the embankment in the village of Shorabad, Charduani union, Patharghata upazila, Rahima was swept away for at least one and half kilometres by the tidal surge. She thought she was dead but again she got her life back to experience another "surge" of neglect and disregard, but she was wrong, as she was offered a job on Cash for Work. For the first time, she got something that she was desperately looking for. Considering her age and ability, the CARE workers offered her the job of managing the drinking water site for the villagers repairing a road, and also minding the children of the women workers.

Rahima used her hard earned wages to search for a more dignified life. With about Tk 3000 (US \$55), she is now trying to have a new start. She purchased a goat, saris of her own choice and also spent some of her money on education materials for her grand daughter. Rahima said " I know it is late to start "new" and I have a long way to go but I will try" and she requested for the Cash for Works continue

Hazera is another women with an almost similar background. After working on Cash for Works, she invested her earnings to start a small paddy husking business. She purchased 52 kg. of paddy and, after husking, she sold the rice in the local market. According to Hazera if there was no Cash for Work you could have find me in the queue of beggars but now I am trying to stand on my own.

Rehabilitation Phase

Following the successful implementation of WATSAN projects in the Recovery Phase, and the continuing need for improved water supplies and sanitation in the Sidr-affected areas, CARE-B received funding from UNICEF for a new and larger WATSAN project to be implemented in Bagerhat during the rehabilitation phase. The new WATSAN project has the similar mix of activities to improve water supplies, sanitation, and hygiene awareness. There is still a need for safe water supplies and improved sanitation, as communities struggle to restore the facilities damaged or destroyed by Sidr.

In addition, CARE-B has applied to donors for funds to help the most vulnerable households in recovering their livelihoods and improving food security through cash for works, seed distribution and other input support. This project is most appropriate as employment is still a major need and sharecroppers struggle to find the resources to plant the next rice crop. Final approval is awaited for this project.

4.2 Connectedness

CARE-B's Strategy

CARE-B developed its Sidr Response Strategy by the second week of December, about three weeks after the event (CARE-B 2007). The strategy identified three phases: Relief Phase (short-term lasting 1 month); Recovery (medium term lasting 1-4 months) and Rehabilitation (long-term lasting more than 4 months).

Under the Strategy, Pirojpur would be covered only in the relief phase while Barguna would be covered in the relief and recovery phases and Bagerhat in the relief, recovery and rehabilitation phases. The strategy identified activities for each phase, as shown in Table 4.4.

Table 4.4 Activities identified in Sidr Response Strategy.

Relief Phase	Recovery Phase	Rehabilitation Phase
FI	FI	WATSAN
NFI	NFI	Shelter
Water Supply	WATSAN	Livelihoods
Medical	Livelihoods	Income generation
	CFW	Disaster preparedness
		CFW

The Programme was to be delivered by PNGOs and direct delivery. During Strategy development, there was an internal debate about whether all activities should be delivered by PNGOs and if there should be any provision for direct delivery. Working with PNGOs to deliver project outputs fits with CARE-B's country strategy, but, in the final version of the Strategy, direct delivery was included because CARE-B had not previously worked with PNGOs in delivering emergency relief after sudden on-set disasters and the performance of PNGOs in the affected areas was not known.

In practice, the PNGOs were at times overwhelmed by the requirements of implementing the Programme and CARE-B took on more direct delivery than originally planned to ensure the timely delivery of quality outputs. For example, CARE-B found that NFI could be purchased at a lower cost by CARE-B in Dhaka and transported to Bagerhat than by PNGOs purchasing the same items in local markets.

CARE-B and the PNGOs worked through the district and upazila administrations, and the union parishads. The programmes approach was to integrate their activities so that targeted households received a range of support from the Programme. For example, households

targeted for FI also received NFI although the supply of NFI was much less than FI and so only a minority of households received both packages.

The Strategy for the Response Program follows an established approach to relief and recovery that is being replaced by more participatory approaches as described in the HAP Standard and CARE International's Humanitarian Action Framework (CARE 2008). The factor that was missing in strategy development was the requirement of affected communities to be involved in all stages of the planning, design and implementation of humanitarian actions. Meeting this requirement is challenging as donors are often prescriptive about what they are willing to fund and want proposals to be specific about items to be provided or number of packages to be distributed. This leaves limited scope for working with communities over time to determine what they need. For example, DFID contacted CARE-B about their interest in a WATSAN project. In addition to CARE-B, donors need to be educated about participatory humanitarian actions, and provide more flexibility in their support of relief and rehabilitation projects so that activities better reflect the actual rate of recovery of households in the affected areas. For example, FI relief packages were effective immediately after Sidr, but, by the end of the recovery phase, the resources may have been used much more effectively to provide employment.

In practice, the recovery phase took longer than planned for several reasons including delays in distribution of WFP food packages. CARE-B changed its strategy by delaying their exit from Barguna for two months until the end of May, but missed opportunities to review the overall Strategy at the end of the relief and recovery phases when more information was available on needs and the resources provided by government and donors. For example, an aspect of the strategy that should have been reviewed was the duration of CARE-B staying in Barguna and Bagerhat districts. Bagerhat district received and continues to receive significantly more relief and rehabilitation resources than Barguna district (For example, the DC in Bagerhat said that donors had committed to construct about 29,000 houses and the ADC in Barguna said that donors had committed to construct about 10,000 houses even though the number of totally damaged houses were very similar in both districts (see Table 4.5). There is still a great need for shelter and employment in Barguna and yet many non-government organisations have already withdrawn. In contrast, INGOs and LNGOs are still very active in Bagerhat.

Working with CARE-B

Sidr arrived at an awkward time for CARE-B as their senior management was changing. The new Country Director had just arrived and a senior staff member experienced in emergencies was about to leave for another assignment overseas. It is very positive for CARE-B that even with senior staff in transition, the staff available rose to meet the requirements of planning and implementing the response programme. In addition, CARE-B was in the process of revising their Emergency Preparedness Plan (EPP). A draft of the revised EPP was prepared following several workshops in the Spring 2007, but its completion was delayed due to CARE-B's involvement in providing relief activities during the 2007 riverine floods.

These factors, however, did not affect the initial response as prior to the Sidr striking Bangladesh on November 15th, CARE-B activated the Emergency Response Team (ERT) and the more experienced CARE-B staff in the Team led the response. Within a short period after the cyclone struck and the extent of the devastation became apparent, proposals were submitted to USAID and other donors to fund relief activities in the most affected areas of Barguna and Bagerhat districts. During the early days of the Response, the design of immediate interventions was constrained by uncertainty about resource availability and the response of donors. This situation was resolved when the ARMU Regional Director arrived on November 21st and arranged for \$0.5 million to be available from CARE-USA's Board Endowment Fund (BEF). The funds were available for immediate

use, and were to be repaid if funding from other sources subsequently became available. There was also provision of funds for emergency use in the USAID funded SHOUHARDO Program. The certainty of funds allowed CARE-B's experienced staff to arrange for the milling, packing transportation and distribution of 1100 MT of FI and a few NFI in Barguna within ten days of the disaster that was a commendable achievement.

During the frantic weeks following Sidr, proposals were submitted and agreed with a range of donors and the strategy developed for the Response Programme. Staffing structures were designed for the Bagerhat and Barguna offices and staff to implement the Programme were recruited from the database of former CARE-B employees plus some staff were seconded from other CARE-B programmes.

CARE-B took the decision early on to manage the Response Programme with locally recruited staff, and the only requirement for international staff was for the position of Project Coordinator and an international Media Coordinator to work with CARE-B's Media Coordinator who concentrated on local media. In addition, two experienced CI staff worked as temporary Emergency Advisers for three weeks and one month respectively until the end of December 2007. The Assistant Country Director took overall responsibility for managing the team planning and implementing the Response Programme, while trying to find an international Project Coordinator. An experienced staff person from CI came to hold the post temporarily for one month until the end of December. Unfortunately, the first candidate for the post dropped out at the last minute, just before he was due to start in early January. This left CARE-USA with the task of re-starting the search. Eventually, a suitable candidate was found and he arrived in the country in mid-February. After orientation, he started work in Bagerhat in late February and continued in the post until end July.

Issues that caused particular challenges for CARE-B during implementation included:

- Information management. The period immediately after a sudden-onset disaster is very hectic as information is received on the devastation from many sources. Communications are made with many stakeholders including government organisations, donors, international and local non-government organisations and private individuals and organisations. CARE-B recognised the need for an Information Manager to manage information flows, talk with donors and the media, and attend coordination meetings, but there was no staff immediately available with the required experience or skills, and the Emergency Advisor had to train staff on the management of information during an emergency response. Having an experienced Information Manager readily available would have freed up senior staff to focus on planning and designing the Response Program.
- Financial management. CARE-B was not fully prepared for the requirements to manage the finances of the Response Program. After setting up offices in Barguna and Bagerhat, CARE-B took a further 8 weeks to devolve financial management to these offices which inter alia caused delays in the approval and payment of financial transactions and increased the administrative burden of the staff as they tried to become established the field office. While there was a delay in establishing financial systems, once the financial system was established then it was sound.
- Support for Sidr Field Offices. After the rush of organising and implementing the relief phase, most regular CARE-B staff returned to their assignments in CBHQ or CARE-B's Regional Offices, and new staff were recruited to implement the recovery and rehabilitation phases. With the arrival of the Program Coordinator and the devolution of financial authority, the long-term support from CARE-B staff to the Response Programme became limited, particularly for technical and specialist issues. This was not helped by the absence of senior staff in CBHQ dealing with either WATSAN or shelter.

- Budget tracking. The Response Program comprised of about 21 projects funded from over 20 different sources (see Table 1.1). The Evaluation Team found that different figures were being used for the budgets of the same project in different parts of CARE-B. In part this was due to the use of different exchange rates as funding was usually provided in the donor's own currency. There was someone responsible for tracking budgets to ensure that budgets were fully utilised within the specified timeframe. One of the 24 grants by ECHO that CARE-B managed was not fully utilised (see Section 4.5 for details).
- Staffing. Delays in recruiting senior staff to manage the Response Program particularly the Project Coordinator stressed regular CARE-B staff as they also had to continue with their regular tasks. The recruitment of staff could have been expedited by starting the process earlier and the search could have been broadened to include possible regional staff as well as national staff. There were problems with recruitment and high turnover of key specialist staff as there was strong demand for experienced staff amongst non-government organisations working on Sidr relief programmes and employment contracts were short term. For example, there have been four Livelihood Managers in the Bagerhat office. In CBHQ, there was no senior specialist staff in key areas such as shelter or WATSAN. The absence of key staff led to key decisions taking weeks rather than days. For example, delays in finalising the design of latrines from mid-February to mid-March delayed implementation of WATSAN activities by about 1 month which was very disruptive for the PNGOs doing the work.

From the initial stages of the Sidr Response Programme, CARE-B Gender Unit promoted gender equity approaches during programme design and implementation. The Gender Unit oriented all Response Programme staff either working directly for CARE-B or working for PNGOs on gender equity approaches in emergencies. They also promoted the Code of Conduct to prevent sexual harassment of program participants, gender analysis, and undertaking gender assessments.

During the initial phase of the Response Programme, there was only one women staff at senior level. As the Programme proceeded, the number of women at mid- and lower levels increased, but the number of senior women did not increase. A similar staffing pattern existed within the PNGOs where there was no women staff in senior level positions. During the formulation of the Response Programme, the Gender Unit proposed that a Gender Focus post be assigned to a full-time, senior level position. This was not accepted during finalization of the Programme's staffing structure and instead a Gender Focal post was assigned as a mid-level position and their main responsibility was for other work. The absence of a Gender Focal Post at the senior level may have compromised the implementation of GED.

Women CARE-B staff said that there were problems with the postings of women staff in the field during the initial, weeks after Sidr as safe accommodation was not available and transport was not always available when working in the field at night. Senior management did not address the issues and women staff found themselves in an uncomfortable position. The women staff thought that this occurred because of the attitude of field managers but the situation improved after the intervention by the Gender Unit. During discussions with PNGOs, women staff said that they experienced similar problems with field posts. Men also experienced problems with inadequate and cramped accommodation during the initial period, but this was resolved when additional accommodation was found.

Many of the internal challenges for CARE-B would have been avoided by having an up-to-date Emergency Preparedness Plan (EPP). A priority for CARE-B should be to complete

the preparation of the EPP in which the lessons learnt from the 2007 floods and Sidr are incorporated.

The organisational model used by CARE-B to implement the Response Programme relied on (a) senior staff in CBHQ with experience of planning, designing and implementing an emergency response programme, and (b) former CARE-B staff who were willing and available to re-join CARE-B temporarily. For this organisational model to be used in future emergencies and be sustainable, CARE-B will need to ensure that (a) sufficient numbers of staff with appropriate experience of emergencies are retained in CBHQ and that (b) sufficient numbers of former staff are willing and available to re-join at short notice to work on emergency response activities. Another factor with relying on former CARE-B staff to implement the response programme is that they need to be trained on CARE-B's current practices such as the HAF and humanitarian action standards and guidelines as most of the staff working on the Response Programme were not familiar with these standards and followed out-dated practices, that were based on their previous experience.

CI are working with CARE-B and COs to introduce the Humanitarian Accountability Framework (HAF) (CEG 2008). The HAF is still in draft form and includes eight benchmarks and a performance metric system to measure CARE's performance at a global level. The HAF benchmarks define CARE's accountability to stakeholders, with the emphasis on disaster-affected populations, and all levels of CARE from HQ level are required to comply with the HAF Benchmarks. The performance metric system comprises of a set of indicators that outline the quality and effectiveness of the goals that COs managing an emergency response aim to achieve. The Evaluation assessment of the performance of the Response Programme against the indicators of the HAF benchmarks and the performance metrics is given in Annex 4A and 4B respectively. The performance of the Response Programme against many of the benchmarks needs improving because the Programme was not designed to take into account the HAF and senior and mid-level CARE-B or PNGO staff working on the Sidr Response Programme were not trained on the HAF or the related humanitarian action standards or guidelines. CI needs to ensure that senior CARE-B staff are trained on HAF so that the HAF and related humanitarian action standards or guidelines are incorporated into the EPP and future emergency response programmes.

Working with PNGOs

CARE conducted its relief and recovery activities through nine PNGOs, four of which were based in Barguna and five in Bagerhat. None of the PNGOs had emergency preparedness plans. Two of the PNGOs, RIC and Prodipan, were long-term partners of CARE-B. Three PNGOs, CODEC, SAP-BD and Uttaran, had previous experience of working with CARE and three PNGOs (RDF, Sangkalpa Trust and Rupantar) were new partners. The new partners were selected through a process of consultation considering their mission and vision, activities, gender policy and also their involvement with the community. All the PNGOs are regional NGOs with experience of working in the Sidr-affected area.

The nature of an emergency response wherein speed and timeliness of implementation were major requirements resulted in considerable strain on the relationships between CARE-B and PNGOs. CARE-B was not prepared for working with partners on emergency relief as, for example, a form of agreement between CARE-B and the PNGO had to be developed, the monitoring systems had to be designed and the financial management system was taken from CARE-B's development work

without recognition of the different requirements of emergency work. The PNGOs were also not prepared for the implications of the massive increase in expenditure required by the emergency program. For example, the annual turnover of RDF is about Tk 56 million (\$ 823,208) (RDF 2007), and the expenditure through RDF on emergency activities was about Tk 31 million (\$ 454,800) over six months.

CARE-B stopped working with two organisations because of their poor performance when implementing Programme activities. The performance of PNGOs were constrained by several factors including:

- High turnover of staff due to competition from other non-government organisations, short-term contracts and local NGO salaries being lower than salaries being paid by CARE-B and other INGOs;
- Limited experience of rigorous financial management;
- Overstretched staff and other resources as PNGOs also committed to implement relief and recovery activities for other donors.

The PNGOs did manage to meet many project outputs within the allocated budgets, although some of the quality of the outputs declined when market prices of key materials increased more than was expected.

The PNGOs voiced several issues about their partnerships with CARE-B including:

- Lack of involvement in preparation of budgets and programme design;
- No freedom for the PNGOs to make changes to account for field level realities. The attitude of CARE-B seemed to be "take it or leave it";
- PNGOs staff salaries were lower than CARE-B staff salaries and yet the same standard of performance was expected;
- Frequent changes in decisions and programme design;
- Delays in signing the Form of Agreements;
- Strict procedural requirement. For example, written contracts with labour and transport providers, and printed voucher for all purchases;
- Limited time for implementation of tasks;
- No provision for transport of NFI;
- No provision for overheads and office expenses;
- Lack of clear command structure within CARE-B in the initial stages.

Some of these issues arose because neither side was adequately prepared for the partnership and can be resolved by working together in preparing an operational guideline for use by CARE-B and PNGOs in future emergencies. This view was expressed by several PNGOs.

Monitoring of PNGO activities was a sensitive issue. The PNGOs found that the monitoring helped to improve the quality of their work as well as making their activities transparent to the beneficiaries and CARE-B. On the other side, they also found that some of the monitors were insensitive, inexperienced and poorly trained. PNGOs said that some monitors became too involved in trying to micro manage activities and viewed their job "as exercise of power. PNGOs suggested that monitoring be done jointly with representatives from both PNGOs and CARE-B to ensure better understanding and avoid any misgivings. Joint monitoring including secondment of CARE-B staff to PNGOs for monitoring was considered during Program formulation but no provisions were made in project budgets for the posts required and joint monitoring or secondment did not happen to any extent. CARE-B's field office staff was reportedly not supportive of joint monitoring in the early stages of the Programme. Monitoring and Evaluation Unit did manage some joint monitoring with PNGO staff, but found that they could not reach agreement with the PNGO staff on critical findings such as quality of NFI materials, accuracy of scooping and weighing, and eligibility of beneficiaries. Monitoring can be contentious in partnerships and requires further attention for more durable and credible partnerships to develop based on mutual understanding and trust.

In the Programme Strategy, there was also reference to reinforcing PNGO capacity through secondment of CARE-B staff. Although not explicitly stated in the Strategy, the expectation was that CARE-B staff would be seconded to work with PNGOs in other areas such as project and financial management, but no CARE-B staff were seconded to work with PNGOs as there was no budget provision for the posts.

The selection of beneficiaries was a challenge to the PNGOs. The number of affected people was so large it was difficult to identify those who were most vulnerable and those who were less vulnerable, and the time for the selection of beneficiaries was very short. PNGOs overcome this challenge with the help of UP and door to door investigations. PNGOs felt that selection of beneficiaries was unbiased and CARE kept constant vigilance on this process. The Army's presence at distribution centres also helped the identification of beneficiaries and the distribution of relief materials to the intended recipients.

CARE-B kept the NGOs under pressure to comply with policy and guidelines at all times, and because of this attention to procedure and formalities, PNGOs thought that the work suffered. The PNGOs believed that the "situation should be treated as an emergency and not as normal". For example, immediately after the cyclone when transport facilities were chaotic and in short supply it was not possible to obtain three quotations before selecting the lowest offer.

PNGOs viewed their partnership with CARE as valuable, useful and educative. Several PNGOs commented that their partnership with CARE enhanced their credibility as well as their capacity to get involved in partnership with other INGOs and development partners. Even though their relationships with CARE-B were stressful at times, by and large PNGOs valued CARE-B's partnership for several reasons including:

- Building their financial management systems;
- Transparency of activities;
- Gender sensitivity;
- Involvement of the union parishad in relief and recovery activities;
- Recognition of the linkages between relief and recovery;

In practice, the relationship between CARE-B and the PNGOs were client-contractor rather than partnerships as PNGOs were very restricted in what they could do and were not consulted on the design or implementation of activities. PNGOs were expected to implement a defined task within a specified time period and budget. Even key items in the budgets were fixed by CARE-B and did not take into account actual market prices or availability of products. CARE-B should hold a lesson learned workshop with the PNGOs and work out with the PNGOs how the relationship could be improved in future emergencies.

Working with Union Parishads

Union parishads are the oldest, elected, local government institution in the country. As a grassroots institution, the UP has acceptability and is widely known to the public. UP members are known to people of the ward by name and people will contact the UP member whenever required. Even though, union parishads have a bad reputation because of their questionable role in public works programme, distribution of relief as well as in various other local development activities. In recent years, government and donors have supported the strengthening of local government institutions by giving more power to the union parishad and involving the UP in various development activities. CARE-B has been involved in the strengthening of union parishads through a range of projects including BUILD that was part of the previous Integrated Food Security Program (IFSP) and the Disaster Preparedness Component of the current SHOUHARDO Program.

At the time of Sidr, union parishad members and chairman played important and prominent roles in their constituencies. Before the cyclone struck, union members and the UP *chowkidar* (watchman) went around their areas, warning households of the approaching cyclone. After the cyclone struck, the UP member was usually the first outside person to visit devastated communities and provide the first relief in the form of dry food like chira, puffed rice, gur, bananas and water, even though the UP did not have funds for conducting relief activities, using their own personal funds or funds from the UNO.

After this initial intervention, union parishad members helped the relief efforts by providing information and lists of vulnerable households to various organizations including GO, NGOs, and private parties. The list of households whose homesteads were partially and fully damaged was compiled by the union parishad with the help of the Army, and the union parishad also convened numerous meetings to take stock of the situation and assist organisations involved in relief and recovery activities. UP were also directly involved in the distribution of VGF by preparing the list of beneficiaries. The involvement of the union parishad in relief and recovery activities after the Sidr was spontaneous and done because the chairman and members felt it was their responsibility.

However, the potential capacity of the UP in managing the disaster like Sidr cyclone was not fully utilized as there was a tendency for organisations to by-pass the union parishad if possible and to contact the union parishad only "when necessary." For example, frequently organisations would contact the union parishad for a list of potential beneficiaries and then disappear without telling the union parishad what households had been selected to receive relief packages. This led to inevitable duplication and faulty targeting. Union parishad members have considerable knowledge of their area and know whether households are affected or not. This knowledge could be more effectively utilized.

The crux of the problem is that when NGOs come to work in an area, consultation with the union parishad is not mandatory. At best, the union parishad is consulted to provide information and at worst it is ignored completely, because NGOs work according to their own plans and they do not want to be slowed down by the need to consult or involve the union parishad. The presence of the Army reduced the scope for the UP to interfere in relief and recovery activities. Negative aspects of the army presence mostly came up during discussions with UP representatives and their comments were mainly about the army's behaviour and their lack of trust in anybody.

The DC and UNO may ask non-government organisations to consult with union parishads but neither of the two government officials know about the field reality. In discussions, one UNO agreed that he did not utilize the union parishad in the way the members and chairman wanted. The UNO used the union parishad to provide information, but kept the union parishad out of direct involvement in relief and recovery activities. This is not surprising because the attitude of the administration towards elected representatives is one of sheer indifference, guided by the age-old view that union parishad leaders are not capable and corrupt. The tension between the civil servants and elected leaders at all administrative levels is an open secret.

Union parishads also have a role in sanitation with the UP Standing Committee on Sanitation that was established under the government's Sanitation for All by 2010 Programme. Under that Programme, union parishads are meant to be in the 'driving seat' for sanitation activities, and yet the Response Program's sanitation activities were implemented without involvement of the union parishad.

The union parishad is going to be around long after relief and recovery activities have finished and government administrators transferred, and to ensure emergency relief and

recovery activities result in sustainable benefits to affected populations requires the positive involvement of union parishads.

Working with Communities

After a catastrophic event like Sidr, the priority need is initially survival and when lives have been somewhat stabilised, needs focus on trying to return to 'normal'-that is to where things were before Sidr. To aid this process, disaster-affected communities can make positive contributions to the planning, design and implementation of relief, recovery and rehabilitation activities that are aimed at assisting households to re-build their lives using their own resources and resilience as much as possible. CARE-B missed the opportunity to involve Sidr-affected communities in the formulation of their Response Programme, and, during implementation, community involvement was very limited, as discussed in previous sections.

Communities are interested in long-term impacts of activities as well as the need to meet short-term requirements. Two activities where this is especially critical are water supplies and sanitation, both of which were significant components of CARE-B's Response Programme.

Water supply interventions involved the repair and installation of hand tubewells (HTW) in Barguna, and pond sand filters (PSF) in Bagerhat. Both HTW and PSF will meet the short-term objectives of providing safe water to nearby communities, but they may not contribute to longer-term development of communities because of the management problems of their operation and maintenance. There are numerous PSFs in Sarankhola and Morelganj and most if not all were not working prior to Sidr. Some ponds even had two PSF systems, with the second being installed to replace the first because this was easier than sorting out management problems. Similarly in Barguna, many HTWs were not working due to technical problems and no one taking responsibility to repair breakages. CARE-B's WATSAN projects did try to address the long term requirements by providing training and resources to 'water management groups' formed for the facilities installed but experience elsewhere shows that such groups need nurturing and supporting over extended periods to become sustainable. Findings from the Programme's monitoring are not encouraging as, out of three PSFs, two were not being used due to design or maintenance problems and the third was still being used but a tap was broken. Without further support to the development of viable water management groups, it is unlikely that these water supply interventions will not contribute to longer-term community development.

Sanitation needs were addressed in part by repairing existing latrines or providing new latrines at no cost to the beneficiary. The Evaluation Team found that households were breaking the water seals on newly installed latrines due to the scarcity of water in communities, but precise data on this occurrence are not available. Many households expressed concern about the materials used for the housing for the latrines, Initially, the cladding for the latrine housing was GI sheet, but this was later changed to bamboo-matted sheets to reduce unit costs. In coastal upazilas, bamboo matting is subject to attack by insects during the monsoon, and hence the cladding will probably not last until the end of this year.

Providing latrines at no cost often results in poor utilisation and maintenance of the facilities and has encouraged other approaches to improving sanitation such as the community-led total sanitation (CLTS) being promoted in CARE-B's SHOUHARDO program. In CLTS, communities are motivated to provide latrines with no subsidy. It is too early to assess the utilisation of the new latrines provided by the Response Program and their usage and maintenance should be monitored for at least the next two years to determine the effectiveness of the intervention. Information about the long-term usage of the subsidised latrines would be very useful in designing sanitation interventions in future emergencies.

4.3 Coverage

The devastation caused by Sidr was concentrated geographically in the four districts of Bagerhat, Barguna, Patuakhali, and Pirojpur. The poverty levels in these districts range from 35 percent to more than 50 percent (GoB 2008), and hence the brunt of the disaster was borne by some of the poorest population groups of the country, further degrading their living conditions. Most of the effects were damages or lost physical assets, rather than economic losses, further exacerbating problems for the poor in these districts.

Within the four districts, the most severely affected were Bagerhat and Barguna and CARE-B focused its response activities in two of the most affected upazilas in these two districts: Morelganj and Sarankhola in Bagerhat and Patharghata and Barguna Sadar in Barguna. The population in the two districts affected by Sidr, as well as housing damages and people killed are shown in Table 4.1. Recent disaggregated data showing the socio-economic profile of upazilas in these two districts are not readily available.

Table 4.4 Population, Housing Losses and Deaths in Bagerhat and Barguna Districts

District/Upazila	Total Population (million)	Affected Population (million)	Affected Households (Number)	Housing Fully Damaged (Number)	Housing Partially Damaged (Number)	People Killed (Number)
Bagerhat (1)	1.80	1.22	283,482	118,899	130,675	810
Barguna	0.98	0.84	217,279	95,412	96,245	1292

Source: MoFDM (2007).

Their focus on Bagerhat was in part because CARE-B previously worked in Bagerhat with two long-term PNGOs, RIC and Prodiplan. The situation in Barguna was different as this district was the working area of SCF (USA) that also receives significant funding from USAID. Initially there was some resistance to CARE-B entering the district, but the need for relief was so intense that CARE-B easily found areas where they could work effectively to reduce the plight of affected households. CARE-B started by providing relief through direct delivery while concurrently identifying PNGOs. CARE-B eventually worked with four PNGOs in Barguna as well as continuing with direct delivery of certain activities. In Bagerhat, CARE-B worked with five PNGOs after identifying three new PNGOs, and also continued with direct delivery.

The process of selecting specific work areas within the selected upazilas was not straightforward as many non-government organisations were also trying to identify working areas. Through negotiations with various actors including the DC and the UNO, other non-government organisations and NGO Affairs Bureau, CARE-B eventually worked in parts of four unions in both Patharghata and Barguna Sadar upazilas in Barguna district. In Bagerhat, CARE-B worked in parts of all four unions in Sarankhola upazila and mainly in parts of seven unions in Morelganj upazila. In Morelganj, CARE-B also distributed WFP food packages in the other nine unions of the upazila.

The worst affected unions were the most sought-after working areas for non-government organisations and this resulted in considerable fragmentation of working areas in some unions and upazilas. For example, in Sarankhola, twelve non-government organisations worked on WASH activities in Rayenda union and nine non-government organisations worked on WASH in Dakshinkhali (South Khali) union. CARE-B ended up working on WASH activities in parts of all four unions of Sarankhola.

The selection of working areas for WASH activities was discussed and agreed at WASH Cluster meetings and a map was prepared to show the working areas of different non-government organisations (UNICEF and CEGIS 2008).

Even after agreements amongst non-government organisations about working areas, there were still local disputes about where water supplies should be located, as happened between CARE-B and OXFAM in Raihanpur union, Patharghata upazila. The situation was not helped by the PNGO working for both CARE-B and OXFAM in adjacent areas.

Within their working areas, CARE-B targeted the most vulnerable households for project inputs, and defined the benefiting households as being:

- Cyclone Sidr victim;
- Poorest among the poor;
- Women headed households including widowed, abandoned, or desolate women;
- Physically disadvantaged and elderly people;
- Households losing family members
- Pregnant or lactating women.
- Ethnic or religious minority
- Not receiving FI or NFI from other projects.
- Owning homestead land (applicable for shelter replacement or homestead gardening activities)

The order and priority of these criteria were changed to fit with the requirements of specific projects, and in practice application of the criteria was not always consistent. For example, for NFI, it was difficult to determine what NFI households received from other sources.

During group discussions, participants said that households were not informed about the selection criteria, and many beneficiaries were confused about why they were selected and their neighbours were not. A similar finding was made in an earlier study (HAP 2008). There are no data to show how many households in CARE-Bs working area qualify under each criterion or the number of qualifying households receiving relief packages from CARE-B. Overall in Bangladesh, the poorest of the poor comprise of about 20% of households, but CARE-B did not analyse the socio-economic profile of households to determine how many of the most vulnerable households were beneficiaries and what was happening to vulnerable households that were not beneficiaries.

Beneficiaries were identified by PNGO staff asking the union parishad for a list of the most vulnerable households in the CARE-B working areas. PNGO staff verified the list on the ground by going from house to house to check whether the householder met the criteria to qualify as a beneficiary. The house-to-house checking took time and all PNGOs found it difficult to meet the schedules required by CARE-B for preparing the list of beneficiaries. As PNGOs were surveying households to determine their eligibility for project inputs, there was missed opportunity to compile baseline information on socio-economic conditions of households that could have been used to improve targeting, resource allocation, and also impact assessment. CARE-B's Monitoring and Evaluation Unit verified beneficiary lists on a sample basis and recommended adjustments when major discrepancies were found.

The FI and NFI packages that households received from different relief programmes was not recorded, but one consequence of the criterion that benefiting households should not be receiving FI or NFI from other programmes (which was a government requirement) is that many vulnerable households were further disadvantaged. This happened because the government's VGD was on-going at the time of Sidr and the government introduced the VGF programme to supplement VGD shortly after Sidr. When PNGOs were targeting households for WFP packages, households receiving VGD and VGF were excluded. Unfortunately, the nutritional value of both the VGD and VGF packages was much less than the nutritional value of WFP or ECHO Packages (See Table 4.3). Hence, less vulnerable households may have received the more nutritious food packages.

In some cases vulnerable households were excluded from activities for various reasons including:

- Not having sufficient homestead land to make a homestead garden;
- Not owning their homestead land; and
- Not being present at the time of compiling the list.

In the beneficiary selection process women members of households were given preference as relief recipients and required to collect relief packages from distribution centres. Elderly women and pregnant and lactating mothers found this requirement to be very inconvenient and physically demanding as they had to travel to the distribution centre, wait until the distribution and then arrange to transport the heavy package (in some case weighing more than 50 kg) back to their homestead, sometimes after dark. Usually, men accompanied women anyway, and the men would wait outside the distribution centre where they could move where they wanted, while the women waited in a queue inside the centre where there were only a few if any facilities. There were separate lines for women and men beneficiaries with pregnant or lactating or elderly or disabled women getting priority during distribution by being the first to collect the packages. Receiving relief would have been easier for many women if they had known in advance about the contents of relief packages, as required by HAP standard, and could have arranged for a man to collect the FI or NFI package.

Two targeting issues need further investigation:

- Providing relief to an 'average' household. Relief packages are provided on the basis that the average household comprises of 5 family members, and that the size of households does not vary significantly. There is anecdotal evidence that households may fragment earlier than they might have done otherwise in order to access an appropriate of relief. CARE-B along with all other organisations gave no allowance the number of family members actually living in a household. The tendency for households to fragment may have some basis as NGOs would often come up with a number of households greater than the number of households recognised by the union parishad or the UNO, with the difference arising because of the way households are identified and counted. It would be unfortunate if relief activities were expediting the move towards smaller family sizes, especially as in rural areas smaller family units are often more vulnerable as there is less sharing of resources.
- Making women collect relief goods. The requirement that women beneficiaries had to collect relief goods from distribution centres was adopted for several reasons including (a) the assumption that men would misuse relief packages and (b) to show that women were given importance in targeting and that women-headed households were covered. There are no data to support the assumption concerning men misusing relief packages, and the Evaluation Team found that many of the women receiving relief packages came from regular households. Handing over relief packages to women may empower women to a limited extent, but does not address issues about the vulnerability of women. Better mechanisms (such as special surveys or specific needs assessments) are required to ensure vulnerable women are receiving relief as intended rather than making women collect relief packages.

The distribution of FI and NFI in Bagerhat is shown in Table 4.6 and Table 4.7 respectively. The distribution of FI was dominated by the distribution WFP food, apart from during the relief phase when USAID funded FI were distributed and in the February when ECHO FI were distributed. The percentage of households in a union covered by WFP packages was very variable, ranging from 12% in Boraikhali union to 27% in Teligati and Hoglabunia

unions in Morelganj. Households in Sarankhola fared better as the percentage of households receiving WFP packages ranged from 31% in Dhansagar to 51% in everyone's favourite Dakshinkhali (South Khali).

As discussed in Section 4.1, WFP packages were designed to provide food for 30 days (see Table 4.3). In practice, the period between the first and second round of distribution of WFP package was about 5-6 weeks and the second and third was about 6-8 weeks. Delay in the distribution of WFP packages was mainly due to delays in receiving the food packages from WFP, a matter that was outside the control of CARE-B or its PNGOs. The delay in distributing the 3rd round WFP food extended the recovery phase from mid-March to the end of April. Beneficiaries often said that they were cautious about using the food received and prepared only one meal daily as they did not know if and when the next package would arrive. It seems that the cautious approach of beneficiaries was well founded. Delays in distributing the WFP packages reduced the nutritional value of the food WFP package from 924 kcal/person/day to about 659 kcal/person/day for the first package and 633 kcal/person/day for the second package, well below SPHERE standards.

WFP requested that CARE-B continue to distribute food for at least another three rounds, but CARE-B declined for several reasons including the need to focus on other recovery activities, and the problems caused delays in delivery of the food packages from WFP and mobilisation of PNGOs to distribute the food.

The NFI were distributed mainly in January and February during the recovery period, except for USAID-funded NFI distributed with FI during late November and early December. The number of households receiving NFI packages was about 10-20 percent in Morelganj compared to about 50 percent in Sarankhola.

Independent Evaluation of CARE-B's Response to Cyclone Sidr

Table 4.6 Number of Households Receiving FI and NFI Packages, Bagerhat

Union	HH in union	USAID 19-Nov-07	MoFA Norway (2) 20-25 Nov 07	USAID (1) 22 Nov to 6 Dec 07	USAID 8-10 Dec 07	WFP 19 Dec 07 to 3 Jan 08	ECHO 11-15 Jan	AusAID 11-15 Jan	WFP 28 Jan to 16 Feb 08	MoFA Germany 12-14 Feb	MoFA Norway 13-Feb	ECHO 16-27 Feb	WFP 31 Mar to 27 Apr 08
Item Type		FI	FI	FI & NFI	FI & NFI	FI	NFI	NFI	FI	NFI	NFI	FI	FI
Upazila		(Total number of households)											
Morelganj													
Panchkoron	4851					1012			1012		1000		1012
Teligati	3005					810			810	810			810
Putikhali	4175					1012			1012	1012			1012
Chingrakhali	no data					1214			1214				1214
Ramchandrapur	no data					1417			1417				1417
Bohanbunia	4986					810			810				810
Hoglapasha	no data					810			810				810
Bonogram	no data					810			810				810
Daibagyohati	no data					810			810				810
Nishanbaria	5277		500	1000		1417	2000	350	1417			2000	1417
Baraikhali	8420		500	1000		1012	2000	350	1012			2000	1012
Khawlia	9739	500	500	1000		1616			1616				1616
Balaibunia	3251		500	1000		1012			1012	1178			1012
Hoglabunia	4478			1000		1214			1214				1214
Geodhara	7467		500	1000		1214			1214				1214
Sadar	4597		500		1000	810			810				810
Sarankhola													
Rayendra	7450			3500		2500	3500		2500			3500	2500
Khuntakata	5763			3000		2300	3000	64	2300			3000	2300
South Khali	6712				3000	3400			3400	2440			3400
Dhansagar	5716		1000		1000	1800			1800				1800
Total HH		500	4000	12500	5000	27000	10500	764	27000	5440	1000	10500	27000

(1) USAID FI and NFI also delivered to 4000 HH in 2 unions in Mothbaria upazila, Pirojpur
 (2) MoFA Norway FI also delivered to 2000 HH in 2 unions in Mothbaria upazila, Pirojpur

Table 4.7 Number of Households Benefiting from Relief and Recovery Activities, Bagerhat

Upazila	Union	HH in union	DFID WATSAN (1)	DFID WATSAN	UNICEF	DFID WATSAN	AusAid	AusAid	MoFA Norway	USAID	CIDA
Distribution Dates			20-Nov-07 to 31-Dec-07	20-Nov-07 to 31-Dec-07	31-Dec-07 to 31-May-08	1-Dec-07 to 31-May-08	25-Jan to 19-May-08	25-Jan to 19-May-08	15-Jun to 31-Aug-08	31-Aug-07 to 31-May-08	1-Mar to 31-May-08
Activity (2)			WATSAN	WATSAN	SA	WATSAN	Boats&Nets	CFW&HG&RR	CFW&HG&PR	CFW&HG&PR	WATSAN
			(Total number of households)								
Morelganj											
not specified			64550								
Panchkoron	4851										
Teligati	3005										
Putikhali	4175										
Chingrakhali	no data										
Ramchandrapur	no data										
Balaibunia	4986										
Hoglapasha	no data										
Bonogram	no data										
Daibagyohati	no data										
Nishanbaria	5277		10			2250		880	1150		1800
Baraikhali	8420			2500		1800	12	370	850		
Khawlia	9739		20			3000	12				1800
Balaibunia	3251					-	12		500		1200
Hoglabunia	4478		40			2950	12			1250	
Zeodhara	7467		10			2000					1700
Sadar	4597		30			1500					500
Sarankhola											
not specified											
Rayendra	7450		20			1700	24	300	500	600	1500
Khuntakata	5763		20			4650	40	350	1000	350	1500
Dakshin Khali	6712					2000	40			700	
Dhansagar	5716			2500		2150		350		350	
Total HH			64550	150	5000	24000	152	2250	4000	3250	10000

Notes: (1) DFID WATSAN also provided water supply for 5016 HH in 2 unions in Pirojpur

CARE-B followed an integrated approach where selected beneficiaries received both FI and NFI if sufficient packages were available. In practice, this approach was hard to implement because the number of packages distributed in each union was very variable (See Table 4.6). For example, Nishanbaria union in Morelganj has 5277 households, out of which 1417 households received WFP food packages, 2000 households received FI and NFI ECHO Packages and 350 households received Aus AID NFI packages. The neighbouring Boraikhali union has 8420 households but received 1012 WFP food packages along with 2000 ECHO FI and NFI packages and 350 AusAID NFI packages. The rationale for allocating packages is not transparent, and, during Group Discussions, beneficiaries said that they were very confused about the process. Furthermore, PNGOs must have been under considerable pressure as to where to draw the line on the list of beneficiaries to indicate those households receiving packages and those not.

The distribution of relief and recovery activities was also widely variable (see Table 4.7). Most households were covered by Health and Hygiene education and the distribution of hygiene and household kits. Latrines were also widely distributed. There were only a few activities related to water supplies, and safe water remains scarce in many communities, particularly in Bagerhat. There is still a major need to improve the availability of safe water in the Bagerhat upazilas, and this need has not been addressed in the Programme's rehabilitation activities. More-detailed analysis is not possible as baseline data were not collected.

The Programme's Monitoring and Evaluation Unit assessed the accuracy of the targeting of relief and recovery activities and found that, for health and hygiene education activities, 86 percent of beneficiaries met the selection criteria and 14 percent were not eligible; for CFW, 90 percent of beneficiaries met the selection criteria and 10 percent were not eligible and for Boats and Nets distribution, 31 percent of beneficiaries met the selection criteria and 69 percent were not eligible. The reasons for households not being eligible included being too old or too young, being better-off or not staying in the community. The results show that (i) targeting needs to be improved and (ii) CFW is the most effective way of reaching the most vulnerable households.

Complaint boxes were provided at distribution centres for the first WFP FI distribution, and over 3000 complaints were placed in the boxes. The complaints were mainly about the selection of beneficiaries. The Programme's Monitoring and Evaluation Unit investigated about 1000 of the complaints. They found that there was some basis to the complaints, and about 30 percent of beneficiaries were not eligible for various reasons including PNGOs selecting their own members rather than complying with the targeting criteria. The list of beneficiaries was adjusted for the next round, and the number of complaints reduced significantly. Some UP chairmen commented that this was the first time that they had seen an international organisation pay attention to complaints made by beneficiaries and take appropriate action. They added that this improved transparency and their confidence in working with CARE-B. As many beneficiaries are illiterate, there should also be provision to complain for those who cannot read or write.

The Programme did not consistently disaggregate data to show how women and men were involved or benefiting from Programme activities, even though disaggregating data was recommended by the Gender Unit. Disaggregated data are useful to where women are being recognised. There were missed opportunities as data on households headed by separated, divorced, or widowed women were collected during beneficiary selection but not preserved for future use. This is unfortunate as these data are essential for impact assessment and targeting of subsequent Programme activities.

Tables 4.8 and 4.9 show the disaggregated Programme data that are available. Under the ECHO Project in Barguna, the requirement was for 50 percent women beneficiaries and this was met. In CFW in Bagerhat, the requirement was also for 50 percent women participation, but Uttaran failed to meet this requirement on two projects (AusAID and MoFA Norway).

Table 4.8 Women and Men benefiting from Project Activities

Donor	Activity	PNGO	Beneficiaries		Total
			Women (1)	Men	
BARGUNA					
USAID	FI&NFI	Direct	N/D (2)	N/D (2)	39665
ECHO	FI&NFI	RDF	3649	3005	6654
MoFA Germany	NFI	CODEC	1586	2414	4000
MoFA Germany	NFI	RDF	4160	0	4160
BMZ (3)	FI	RDF	6235	0	6235
BAGERHAT					
AusAID	CFW	Uttaran	0	24	24
AusAID	CFW	Shaplaful	643	631	1274
AusAID	CFW	RIC	602	450	1052
AusAID	CFW	Prodipan	0	52	52
MoFA Norway	CFW	Uttaran	89	411	500
MoFA Norway	CFW	Shaplaful	1033	967	2000
MoFA Norway	CFW	RIC	810	690	1500

Notes (1) All health and hygiene training was for women (UNICEF-5000 women; DFID-16,000 women; ECHO-4000 women), and all adolescent training was for girls/young women(DFID-3,240 girls/young women; UNICEF-11,292 girls/young women)

(2) N/D indicates no disaggregated data available.

(3) FI were supplementary food for lactating and pregnant women.

The Programme tried to be inclusive of all women and employed deaf and blind women or women with mental or physical disabilities where possible as shown in Table 4.9. The disadvantaged women were employed for specific tasks such as caretaking of children whose mothers were working on CFW or providing drinking water to CFW workers. The limited data on how many of these women were also widowed, divorced or physically disadvantaged indicates that 11 to 25 percent of those employed on CFW came from these categories. The other women employed on CFW schemes presumably came from regular households.

Table 4.9 Category of Women employed on some CFW Projects.

Union	Widowed (number)	Divorced (number)	Deaf (number)	Blind (number)	Mental or Physically disabled (number)	Total (number)	Percent of people employed (%)
Badarkhali	15	1	2	0	3	21	11
Phuljuri	18	0	4	0	8	30	15
Rahainpur	23	14	1	3	7	48	24
Charduani	13	4	4	0	4	25	25

4.4 Efficiency

CARE-B developed their response programme as more information became available on the extent of devastation and the needs of communities. CARE-B determined funding requirements while developing their capacity on the ground to better understand field realities. Following this approach CARE-B ended up with a \$17.09 million Cyclone Sidr Response Program comprised of \$10.37 million in funds and \$6.72 million in food items (see Table 1.1). Determining the overall Programme budget was challenging as field offices and CBHQ were using different budget figures for the same project. Differences in the budget figures occurred partly because different offices used different exchange rates and budgets

were sometimes adjusted between CBHQ and the donor without the information being passed onto field offices.

Analysis of the budgets of the projects making up the Programme is not straightforward as different donors request information to be presented in different ways and some donors allow certain costs (such as overheads) whilst others do not. With these constraints, a basic analysis of the budgets indicates that about 8 percent of funds were used during the relief phase, while 71 percent were used during the recovery phase and 21 percent during the rehabilitation phase. Food items (FI) made up 47 percent of the funds, non-food item about 5 percent, cash for works and livelihoods about 8 percent, WATSAN about 8 percent, shelter about 10 percent and multi-purpose cyclone shelters about 3 percent. The remaining funds, about 19 percent, were used to deliver the Programme activities to the beneficiaries.

Comparison of delivery costs between organisations and programmes is a complex task as different organisations operate in different ways, and classify different costs as 'support'. A simple percentage of 'support' compared to 'programme' costs can be misleading. The Evaluation Team asked WFP to rate CARE-B's efficiency in delivering food packages when compared to other INGOs doing similar work, and WFP responded only by saying that CARE-B worked well and were a transparent organisation.

The utilisation of funds (or the burn rate) for 10 completed projects was on average about 90 percent. No cost time extension were agreed on four projects (DFID, AusAID, MoFA Norway and CIDA) in order to utilise the funds more fully. Un-spent funds were returned to a donor (ECHO) and could be avoided by better budget tracking as discussed in Section 4.2.

Concerning the delivery of the Programme until the end of May 2008, the utilisation of funds by PNGOs was 33 percent of the total Programme spending, while 67 percent of the funds were utilised by CARE-B. CARE-B's spending include the costs of delivering the overall Programme including such items as preparing proposals, liaising with donors monitoring, financial management, auditing etc. The pattern of expenditure indicates that a significant portion of project activities was delivered by direct delivery. Direct delivery increased as implementation of the Programme progressed, as CARE-B became frustrated with the performance of PNGOs. Precise figures are not available but two examples of where activities were moved from PNGOs to direct delivery were homestead gardening and latrine construction.

Funds were carefully controlled in the field by imposing a rigorous financial management system and by setting up a separate monitoring system. The financial management and monitoring systems were successful in ensuring the soundness of Program implementation. Many UP chairmen and members remarked that they found the CARE-B systems to be very transparent. The Evaluation Team found only one case where CARE-B was discredited, but this was found to have no basis (see Box 2).

The financial management system was taken from the SHOUHARDO Program, without any adjustments to recognise what is possible in an emergency. Factors that strained the financial management systems included:

- Local markets were under great strain after Sidr and the subsequent influx of relief money. Availability and prices fluctuated enormously but goods were basically available. National prices were also moving upward during the recovery and rehabilitation phases due to rising fuel prices and large increase in the cost of construction materials, particularly steel.
- Staff turnover was a major problem for PNGOs and to a lesser extent CARE-B. Turnover of staff creates direct costs (recruitment, induction, travel) and indirect

- costs (team disruption, loss of learning and focus, changes of direction, the need to rebuild external relationships).
- There was initial confusion amongst the PNGOs about whether Programme activities would be subject to VAT. PNGOs were under the impression that VAT was not payable and had started implementation accordingly only to find that VAT was payable on all business transactions. This caused problems as some vendors would not agree to change their prices to account for VAT, and walked away from their commitments. In January 2008, six weeks after PNGOs had started work, CARE-B held a financial workshop to orientate PNGOs on VAT and tax issues, and this helped to clarify VAT and other issues for the PNGOs. All PNGOs agreed to deposit the VAT due with CARE-B, except the RUPANTAR, a small PNGO in Bagerhat.
 - Due to competition amongst non-government organisations, vendors would agree a price for an item but renege on the agreement by selling the items to another non-government organisation that offered a higher price.

CARE-B needs to prepare an operational guideline for working with PNGOs in emergencies. Part of the process of preparing the guideline should be holding a lessons-learnt workshop with PNGOs, as discussed in Section 4.2.

Box 2 Non-Government Organisations are making money!

The Chairman of Badarkhali union in Barguna Sadar made an allegation to the Evaluation Team that CARE-B staff had taken a bribe in exchange for allotting a tubewell. The Chairman gave details of the location of the village and the name of the person who gave the money. Two Evaluation Team members went to Khokan's house (son of Mr. Shah Alam) in Patakata village that is about 2 km by foot from the UP office. Mr. Khokan is a small trader, and he informed the Team that he did give money to Mr. Sagir of DANIDA to get a good quality tubewell and hand pump. Mr. Khokan's name was also on CARE-B's list to receive a tubewell, but he preferred DANIDA as he thought DANIDA provided better quality materials and better-qualified technicians to install the tubewell and pump. DANIDA had investigated the allegations and Mr Sagir was terminated from his job.

The Team inquired about the involvement in such activities of any CARE-B or PNGO staff, but no stories were forthcoming. However, there was a story of favouritism being shown to one PNGO (RDF) staff person who received a tubewell in his homestead. Villagers said that the tubewell would be more useful if located on the other side of the canal.

One financial issue that did cause concern and had repercussions on the Programme was the cost of latrines. In January under DFID WATSAN, PNGOs started constructing latrines with galvanised iron sheet cladding on the protective housing and costing about Tk 3200/latrine. The cost/latrine was less in the budget for UNICEF WATSAN, and the PNGOs were told to stop work in mid-February while CARE-B decided on an appropriate design. Eventually, in mid-March, CARE-B decided that latrines should have matted-bamboo cladding on the protective housing and cost about Tk 1400 to Tk 1900/latrine. PNGOs were not involved in discussions about the latrine design even though they had contracts with CARE-B for latrine construction at the time. PNGO staff were underutilised for month until the decision was made. Some PNGOs said that they could not construct latrines at that price and declined the work, while others proceeded but found that the cost of materials had increased in the interim period. As prices were fixed, the quality of rings and slabs was not always satisfactory as vendors reduced specifications to be able manufacture the materials within the fixed price. Reportedly, CARE-B started construction of latrines directly to expedite implementation at a cost of Tk 2500/latrine, which the PNGOs considered to be unfair as they were not offered the opportunity to show that they could construct latrines at this higher price. CARE-B needed a senior WASH expert on their staff in CBHQ to guide WASH activities and ensure the smooth implementation of WASH activities.

Beyond providing signboards showing the cost of activities, CARE-B did not hold themselves financially accountable to those they sought to assist and there was scope for CARE-B to do more to comply with Principle Nine of the Red Cross Code of Conduct (IFRC 1994).

Provision for monitoring was built into the Programme design (CARE-B 2008) and partial monitoring activities were started in mid-December in time for the first round of WFP food package distribution. New staff was recruited for monitoring, but few if any were experienced monitors. Monitoring staff were trained in the requirements of the task, but sometimes monitors in the field were not always clear about their role which created tensions between PNGOs and CARE-B over how the monitoring information should be used and when adjustments should be made to take account of the findings of the monitors. During Programme design, consideration was given to seconding CARE-B staff as monitors to PNGOs, but this did not happen as no budget provision was made for the posts. PNGOs suggested joint monitoring by CARE-B and PNGO staff, but this also did not happen due to budget constraints. PNGOs did consider the monitoring useful as it increased their transparency and accountability to beneficiaries. PNGOs did remark that CARE-B's monitoring was stronger than other INGOs and donors but at times there were more monitors than field operational staff.

Extensive on-site monitoring and systematic analysis started in January 2008. For example, the 2nd round of WFP Food distribution (26th January to 16th February 2008) was extensively monitored (CARE-B undated). The distribution of 3746 packages at 102 distribution centres was monitored to determine the weight and quality of rice and other FI in the packages, arrangements at the centre, and the time of starting and ending distribution. The main findings of the monitoring included:

- The average time distribution centres were open was 6.6 hours. The maximum time centres were open was 12.5 hours (at two locations). The latest closing time was 2200 hrs (again at two locations) and 7 percent of centres were open after dark.
- The quality of the rice was found to be 'good' at all centres except one centre where the rice was found to be 'bad' because the rice was dropped in the canal two days earlier but not replaced. The quality of oil, WSB, salt and HEB were also found to be good except for one centre where there was sand in the salt, and another centre where the salt was found to be 'not good' but no explanation is given.
- The weight of rice in the food packages varied with about 1 percent weighing 26-27 kgs; 10 percent weighing 27-28 kgs; 35 percent weighing 28-29 kgs; 49 percent weighing 29-30 kgs and 5 percent weighing 30kgs or more. (See Figure 4.1).
- Only 9 percent of centres displayed a list of beneficiaries even though this was required by CARE-B.
- The distribution arrangements and distribution process was rated as 'good' at all the centres rated.
- Toilet and water facilities for women often needed improvement.

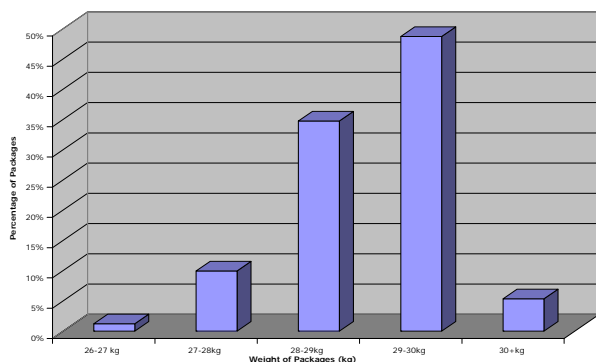


Figure 4.1 Weight of Rice Distributed in WFP Packages (2nd Round)

CARE-B worked with the PNGOs to improve the performance of distribution centres, and the performance of PNGOs improved, as follows:

- The average time distribution centres were open was 6.4 hours. The maximum time centres were open was 9.5 hours (at one location). The latest closing time was 2000 hrs (again at one location) and only one centre were open after dark.
- The quality of the rice was found to be 'good' at all centres, and the quality of WSB, and HEB were also found to be good. The quality of oil was not monitored.
- WSB was not distributed at 29 centres (36% of total centres)
- The weight of rice in the food packages varied much less than the 2nd round with about 1 percent weighing 18-19 kgs; 57 percent weighing 19-20 kgs; 43 percent weighing 20 kgs or more. (See Figure 4.2).
- 75 out of 80 centres (94 percent) displayed a list of beneficiaries.
- The distribution arrangements and distribution process was rated as 'good' at 72 out of 80 centres. 8 centres were assessed as not satisfactory for various reasons, including insufficient staff, reluctance to display complaints box, inadequate distribution arrangements, or no toilets or drinking water facilities.

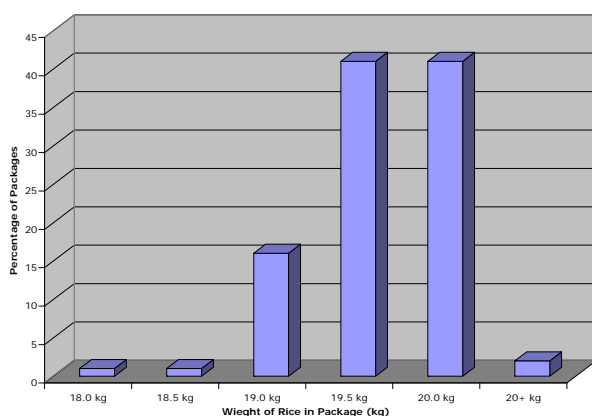


Figure 4.2 Weight of Rice Distributed in WFP Packages (3rd Round)

4.5 Effectiveness

The overall goal of CARE-B's Cyclone Sidr Response Program was to save lives and reduce sufferings of the cyclone affected families, and reconnect to normal life through providing emergency food and non-food items and rebuilding their livelihoods, shelter, and water and sanitation systems. The Response Programme achieved the goal by meeting or exceeding the targets during each phase as follows:

Relief Phase

- Distribution of FI to 67,252 households and NFI to 57,252 households
- Provision of safe water to 30,695 households
- Provision of medical treatment to 63,567 patients of which about 67% were cyclone-related injuries or health problems. In addition, 15,253 patients received individual counselling.

The targets for NFI and medical treatments were exceeded, while the target for FI were met or almost met except for the distribution of HEB (see Table 4.10 for details). In total about 97,000 households benefited from the distribution of FI, NFI and safe water during the relief phase.

Recovery Phase

- Distribution of three rounds of WFP food packages to 69,000 households
- Distribution of FI to 23,389 households
- Distribution of NFI to 27,458 households.

The targets for FI and NFI were either met or exceeded as shown in Table 4.11. Complete data on WATSAN projects, livelihoods and CFW were not available as the some of the projects were still being implemented. However, the data that was available showed that by the end of May there were about 134,000 beneficiaries from WATSAN activities in Barguna and 111,280 beneficiaries in Bagerhat. The target for WATSAN will probably be met or exceeded by the end of all the Recovery WATSAN projects.

Rehabilitation Phase

During in the Rehabilitation Phase, there is a target of 40,000 households benefiting, but targets are not given for specific activities (see Table 4.12). The target for the newly-started UNICEF II Project is 20,000 households, and the target for the pending ECHO II project is 15,000 households.

The output-to-purpose review for the projects comprising the Cyclone Sidr Response Programme is given in Annex 3. The nine completed projects generally met or exceeded their objectives and target number of beneficiaries, except where activities were changed to meet updated needs and target number of households were adjusted accordingly (AusAID and ECHO).

Programme activities were implemented within timeframe specified in proposals, expect for the projects funded by DFID, CIDA, MoFA Norway and AusAID for which time extensions were agreed with the donor to fully utilise the funds. Some donors such as ECHO did not allow time extensions and so 111,595 euros of unspent funds were returned by CARE-B and 48,409 euros of unspent funds returned by CARE-UK (see also Sections 4.2 and 4.4 for discussions about unspent funds and budget tracking).

The USAID-funded relief goods, the fielding of DFID-funded water supplies and CIDA-funded medical teams were very timely interventions during the relief phase. The demands of distributing the WFP food packages in December, including the need to set up contract arrangements with PNGOS and sorting out field offices, resulted in the distribution of other FI and NFI packages being delayed until January/February. The impact of the packages would have been greater if the packages were distributed earlier in December/January. For example, warm clothes and blankets (see Tables 4.1) need to be distributed earlier. Some were distributed in January and some in February as winter was ending. Also, extending food relief distribution into the rehabilitation period detracts from the need to re-start local economies and provide employment so that households can make their own choices about what they need.

Table 4.10 Strategy Targets and Achievements: Relief Phase

Location	Food Items (Rice, pulses, potatoes, oil and salt)		Food Items (Ata, Oil, Salt)		High Energy Biscuits BP5		Non Food Items (1)		Water Distribution (2)		Health (4)	
	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)	Target (# of plants)	Achieved (# of plants)	Target (patients)	Achieved (patients)
Bagerhat	18,000	18,500(3)	-	-	3,000	4,000	18,000	18,000	2	2	9569	No data
Barguna	-	-	40,000	39,252	-	-	2,500	39,252	1	1	14,580	No data
Pirojpur	4,000	4,000	-	-	3,000	2,000	2,000	-	1	1	-	-
Bhola	-	-	-	-	4,099	No data	-	-	-	-	-	-
Patuakhali	-	-	-	-	3,000	No data	-	-	-	-	-	-
S/total	22,000	22,000	40,000	39,252	13,099	6,000	22,500	57,252	4	4	24,149	63,567

Notes: (1) Plastic sheets, plastic ropes, jerry can, plastic glass, bowl, mug, match, candle, sanitary napkin except in Barguna where only plastic sheets, blankets, hygiene kits, jerry can provided
 (2) Water supplies provided by mobile water treatment plants. Each water treatment plant will provide 12,000 to 15,000 litres/day for about 40 days. Allocation was 5 litres/household. There are no data on the actual number of households benefiting from the water supplies.
 (3) CARE-B also distributed 500 food packages with flattened rice/molasses/salt/HEB on 19-Nov-08
 (4) Also 152,100 received health and hygiene education and 15,253 received counselling

Table 4.11 Strategy Targets and Achievements: Recovery Phase

Location	WFP Food Distribution (1)		Food Items Other		Non food items		Water and Sanitation (2)		Livelihood and Income generation (3)		Cash-for-Works (CFW)	
	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)	Target (beneficiaries)	Achieved (beneficiaries)	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)
Bagerhat	345,000	345,000	-	10,500	Not included	35,144)	On going	N/S	On going	N/S	On going
Barguna	-	-	6656	12,889	Not included	14,814)	134,386	N/S	On going	N/S	On going
S/total	345,000	345,000	6656	23,389		27,458	300,000					

Notes: (1) Three rounds of food distribution to 69,000 households/round
 (2) Improve access to clean water and sanitation by distributing water containers, boiling pots, sanitary napkins and hygiene kits, restoring water sources, latrine construction or repair and hygiene education.
 (3) Expected items to be distributed included nets and boat equipment; agricultural tools etc. MoFA Norway Livelihoods still on-going
 (4) Community development such as schools, latrines, water sources, road clearance and repair, embankments etc.

Table 4.12 Strategy Targets and Achievements: Rehabilitation Phase

Location	Houses and cyclone shelters (2)		Water and Sanitation (1)		Local Capacity Building Activities (3)		Total	
	Target (HHs)	Achieved (HHs)	Target (beneficiaries)	Achieved (beneficiaries)	Target (HHs)	Achieved (HHs)	Target (HHs)	Achieved (HHs)
Bagerhat	N/S	Construction not started	Not specified	On going	Not Specified	On going	-	-
Barguna	-	-	-	-	-	-	-	-
S/total							40,000	

Notes: (1) Water and sanitation activities will continue in Bagerhat. DFID WATSAN completed by 31-Jul-08. UNICEF II project started Jul-08
 (2) CARE-B propose to construct 244 houses with DEC funds, and 977 houses and 3 schools-cum-cyclone shelter with USAID funds and repair 2 schools with Citibank funds.
 (3) To build capacity and knowledge of PNGOs and local communities to implement, maintain and manage shelters, water and sanitation, livelihood and income generation resources and disaster preparedness activities.

Delivering recovery and rehabilitation interventions within a short time period is very challenging as effective rehabilitation interventions need real community participation and often needs longer term support to be sustainable. For example, the WASH activities all need longer term support. Management groups were established for new water supplies, but to develop into sustainable organisations will probably need more than the one or two management training sessions provided. Similarly, the health and hygiene messages and latrine usage need further support to consolidate the messages and for the changes in habits really to take place. Even homestead gardening would benefit from longer-term support on several issues including ensuring that there is good quality seed in local markets (as germination rates of locally purchased seed were often less than 50 percent), and providing advice on pests and other problems encountered during the growing season. There is an opportunity for CARE-B to provide this long-term support through PNGOs at a relatively low cost as the PNGOs are working in the field on other activities in both CARE-B upazilas in Bagerhat.

The Response Programme made only one intervention designed to benefit a specific interest group that is the provision of boats and nets to fishermen. The intervention has so far had limited impact (see Box 3), and illustrates that a good understanding of a sector is required when designing and implementing recovery and rehabilitation activities.

Box 3 Nonggor Chara Nouka (Boats without Anchor)

CARE distributed 13 boats to 13 groups of fishermen in Dakshinkhali union, Sarankhola. Each group comprised of 4 members. One Boat and nets (60Kg) were given to each group, but the boat cannot be used as some essential materials have yet to be provided to the groups. The fishing boats were 25 ft by 7 ft (7.6 m by 2.1 m) with a depth of 3.1 ft (0.94 m) but the boats also need an anchor of at least 15 kg. (locally called as *graphy*) as well as ropes (*kachi*) and some other materials and shade (*choi*) for the boat .the total cost of these accessories is about Tk.15000.

As the fishermen were not given either the accessories or money to buy the accessories, their only option is to go to moneylenders or Mahajan who control the fish trade, both of whom charge high interest rates. The fishermen do not want to go to these people as they will fall into a trap of debt, and their dreams of fishing independently will vanish. Another complication is that the fishermen cannot go as a group to borrow money.

The fishermen were disappointed with the process, because in the beginning they were asked to build the boat using their own boat makers. All of a sudden, after construction of four boats, a new process was introduced without any explanation, and the remaining boats were made by the contractors elsewhere. The fishermen were also unhappy with the process of purchasing the nets. Group members were asked to come to the market to purchase the materials (including nets) but they found all the materials were purchased, packed and ready to delivery with the name tag for each group. The groups were not allowed to open the materials in the market, but fortunately when they opened the packages later, the nets were found to be fine.

Another issue for the fishermen is that they need to register the boat. To register the boat as a group, they have to first register as a cooperative, which is a lengthy process. Otherwise, they would have to register the boat under one individual which undermines the intention of forming a group in the first place and if they are not registered as a group they will find it difficult to keep the cohesion and unity of the group members.

CARE-B held an After Action Review (AAR) in April 2008 (Yasmin 2008). Unfortunately, the AAR also covered CARE-B's response to the 2007 flood as the AAR for the 2007 flood was scheduled for mid-November 2007 when Sidr struck, resulting its postponement. It would have been preferable to hold separate AARs rather than a combined AAR, as the characteristics of the two events and CARE-Bs response were very different. CBHQ staff dominated the AAR for the Sidr response, which was not very representative given that most of the action took place in the field offices after the initial 4-6 weeks of hectic CBHQ activity. Furthermore, only two out the 40 participants were from Sidr PNGOS, which did not reflect that about 33% of the Sidr funds were channelled through PNGOs (see Section 4.4). The Evaluation Team that many of the recommendations of the AAR were relevant, including the

closing remarks by the Country Director who emphasized that CARE-B need to move 'from preparedness to readiness, both as a concept and in practical terms.'

Coordination

The last major sudden on-set disaster in Bangladesh was in 1991 when a cyclone hit the coastal area south of Chittagong. Since then, many organisations introduced improvements to their cyclone response systems. Sidr provided the first opportunity to try out the new systems on a large scale and determine the performance of the organisations such as the DMB and CDMP that had been formed since 1991.

The government used the following main coordination mechanisms in the aftermath of cyclone Sidr (MoFDM 2007):

- The National Disaster Management Council (NDMC) was the highest committee to deal with the crisis and responsible for policymaking and formulation of strategies for disaster management.
- At district level, all Deputy Commissioners of cyclone-affected districts were responsible for operation and coordination of relief distribution activities.
- At the Upazila level, the Upazila Nirbahi Officer (UNO) was responsible for execution and coordination of relief operation in cyclone-affected upazilas.
- The Post-Sidr Relief Coordination Centre was established in Barisal with overall responsibility for coordinating the national relief operations and was managed by the DMB. The Post-Sidr Relief Coordination Centre was operational from 17 November. Its functions were to coordinate deployment of relief, volunteer efforts, information on relief transport and ensure equitable allocation and distribution of relief material. All humanitarian actors were meant to complete relief distribution forms and submit the forms to the Barisal Centre
- The Disaster and Emergency Response (DER) Group is a sub committee of the Local Consultative Group (LCG) and brings together the international community, NGOs and Government officials for coordination.

The Union Disaster Management Committee (UDMC) did not appear as one of the organisations in the government list for coordinating Sidr response, even though UDMC is recognised by government as being a disaster management institution. Even though under the CARE-B's SHOUHARDO Program, UDMC are being strengthened in coastal areas close to Chittagong, CARE-B saw no role for the UDMC in the Sidr Response Programme.

The UN was expected to lead the donors' response to Sidr, but the UN was only partially successful with this task. For example, the UN tried to coordinate the initial response of stakeholders by preparing an overall needs assessment (UN 2007), but by the time the UN report was available on 22nd November, CARE-B had started relief activities and was already well-advanced with developing its response programme. Another example of the difficulties in coordination encountered by UN is that the UN tried to introduce the cluster system for emergency response for the first time in Bangladesh, but there was initial resistance from government as they did not fully understand the cluster approach and thought that clusters would undermine government institutions. Eventually, after two weeks delay, six clusters were formed on Early Recovery, Food, Logistics, Health, WASH (Water Sanitation and Hygiene) and Shelter respectively. The performance of the clusters was very variable, with the WASH Cluster being the most successful, in part because the main government agency, DPHE, was very involved and took the lead at many meetings particularly at divisional and district levels. The shelter cluster was much less dynamic, and took months to provide advise on suitable replacement rural housing. Although CARE-B participated in the cluster meetings, CARE-B staff attending the WASH cluster meetings was often not of sufficient seniority to influence discussions or participate in proceedings which frustrated UNICEF and other key players in the sectors. CARE-B also acted as the host

agency for a IFRC-funded Technical Adviser to the Shelter Cluster Group. Overall, a general observation by CARE-B and PNGO staff was that UN staff were rarely noticeable in the field.

Prior to Sidr, coordination between local non-government organisations and between international non-government organisations was weak. After Sidr struck, many non-government organisations realised the need for coordination but struggled to find a suitable forum. CARE-B called a meeting in Dhaka of the main INGOs to discuss coordination, and found that many of the participants were unknown to each other. The next INGO coordination meeting was held at World Vision and several participants had problems in finding their offices. There tended to be limited formal coordination thereafter, although INGOs did coordinate their activities informally. In the field, the concept of a 'lead' INGO in each district was adopted and CARE-B took the lead in Bagerhat. The first coordination meeting of INGOs was well attended, but subsequent meetings did not happen because other INGOs considered that there was sufficient coordination taking place through meetings at district and upazila administration offices. Coordination amongst local non-government organisations was in more disarray, as there was no dominant national apex body for local non-government organisations to take the lead in coordinating local NGO activity.

CARE-B and the PNGOs worked through the District Commissioner and the UNO and participated in the District Coordination Meetings chaired by the District Commissioner. The District meetings were useful for networking with government and non-government organisations, but the meetings were often dominated by organisations listing what they were doing rather than attempting to coordinate the activities of different stakeholders.

4.6 Impact

Communities in areas most affected by Sidr received support in their relief and recovery in many different ways and from many different donors, and it is not possible to separate out specific impacts from CARE-B's activities from the activities of all the other government, non-government and private organisations that were providing relief after Sidr. In addition, the Programme did not collect baseline data on which impact assessment could be based. Baseline data could be collected from secondary sources and implemented by information collected by PNGO during the house to house surveys undertaken to verify the eligibility of beneficiaries.

There are some sectors where specific impacts can be determined. For example, WASH activities had a major impact, as a notable feature of the post-Sidr period was the absence of epidemics of diarrhoea and water-borne illnesses that often follow such a disaster. The reasons for the limited outbreak of such diseases are due in part to the efforts to provide safe water quickly, combined with rapid distribution of relief food and basic shelter materials.

Monitoring of impacts of Programme interventions was not given priority during the relief and recovery phases as monitoring was focused on the performance of FI and NFI distribution, beneficiary verification and area selection process. Verification of beneficiaries was continued during the rehabilitation phase when impact monitoring received more attention, but, at the time of the evaluation, data on the monitoring of WASH and home gardening activities are still being processed and analysed.

Based on discussions with beneficiaries, positive impact of specific Response Programme activities included:

- Provision of water supplies during the relief and recovery phases gave households safe water when their traditional supplies were contaminated, and allowed benefiting household to do other activities for their survival. For example, households living close to water treatment plants were able to collect safe water easily without having

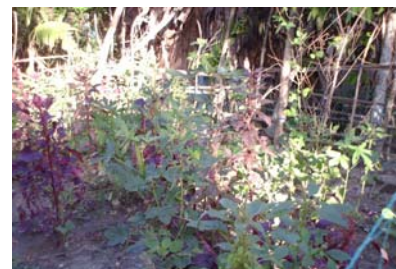
- to seek safe water further away. This allowed household members to work on other activities such as repairing their own homesteads;
- Latrines were particularly useful for women during the recovery phases when the lack of vegetative cover (caused by the high winds stripping many trees and bushes of their leaves) made open defecation very difficult.
- Hygiene education raised awareness amongst beneficiaries, especially of the benefits of nail cutting, but the education needs regular follow-up to reinforce the messages.
- People wounded during Sidr or suffering from Sidr-related illnesses received rapid assistance from the medical teams provided by CARE-B. Medical facilities in the CARE-B working areas are scarce and to find suitable treatment people suffering from Sidr-related injuries or health problems would have needed to travel considerable distances when communications were very disrupted in the aftermath of Sidr.
- Specific HAP standards, such as complaint boxes at distribution centres and lists of beneficiaries, were introduced for the first time
- CFW created employment, provided an opportunity to earn cash income (sometimes for the first time for some women), introduced homestead gardening, and provided added nutrition from the vegetables (see Box 4).
- CARE-B led by example in organising and distributing food to Barguna within ten days after Sidr. This put pressure on other non-government organisations to expedite their relief activities.
- Distribution of school bags and educational materials (under ECHO) helped the process of getting 'life back to normal' and helped the younger age group.

Box 4 Amazing results from the Homestead Garden “experiment”



.....” to be very frank I was not convinced with your (CARE's) idea of making homestead garden. As a wife of a fisherman, we never ever tried but rather we spent most of our time in repairing the nets and processing the fish as well as cooking and taking care of the children.” Amina (Uttar Boraikhali of Boraikhali Union of Morelganj Upazila of Bagerhat) in her late early 40s confessed.

After losing her husband in Sidr, Amina is trying everything to keep the “wheel of life” going with three children in her destroyed CI Sheet house. She has very little land (10m by 7m) behind her shattered house. Under Cash for Work, she made her first homestead garden. Within the three weeks time she experienced the “magic” as she told. According to Amina, her little homestead garden turns into a source of supplementary food, which is very much needed even now. She also felt very happy to share the information that in addition to the supplementary food she also earned some money by selling some of the vegetables. She will continue her garden with summer vegetables. She is now trying to convince her neighbour to allow her to make a bigger garden jointly. She said small is good to learn but we are in need of a bigger space to have a livelihood option and source of food. She asked that when we made your experiment a success then why you are not allowing us to make another experiment to achieve something sustainable?



Negative impacts of Programme activities included:

- Demand employment through CFW exceeded what was available which caused social stress between beneficiaries and non-beneficiaries.
- Homesteads without space for garden were excluded
- In the first round of seed distribution, the rate of germination of vegetable seeds provided for homestead gardening was often 50 percent or less. CARE-B addressed

the problem by bringing better quality seed from Dhaka. Homestead gardening is sustainable only if good quality seed is affordable and available on local markets. CARE-B should have tried to sort out the problems of local supply of good quality seeds rather than by-pass the problem by bringing in seeds from outside that households cannot access or afford.

- The cladding used for housing latrines may not last more than one monsoon season.
- Access to safe water and weather-proof shelter remain major needs in the Response Programme areas.

5. LESSONS LEARNED

Appropriateness and Relevance

Needs Assessment

Mechanisms are required so that communities can participate in needs assessment during the relief and recovery phases of a sudden on-set disaster when field conditions are chaotic and many influential stakeholders are preparing needs assessment following different methodologies.

Large-scale employment programs such as FFW or CFW are required during the relief and recovery phases to re-build devastated communities and allow households to make their own decisions on how best to restore their lives and livelihoods.

Baseline socio-economic data are required to determine (i) damages to the benefiting households and communities, (ii) needs of communities and (iii) overall project impacts.

Relief, Recovery Rehabilitation Phases

The nutritional value of food in food packages should be considered when selecting the type and amount of food items to be included and distribution dates.

Beneficiaries should be informed in advance about the contents of relief packages and the timing of next distribution so that they can make appropriate plans for collection and transport of packages and for utilising the contents of packages.

Reconstruction or renewal on shelter (housing) was a major need after Sidr and although CARE-B is not responsible for providing new shelter to all affected households, CARE-B should have a more comprehensive strategy on shelter so that they can advise communities on how to address shelter needs and advocate for others to provide the resources.

SPHERE standards may not always appropriate for Bangladesh but national standards for humanitarian actions are required to ensure the quality and quantity of relief being provided.

Safe water supplies, provision of sanitary latrines and hygiene education were effective interventions during the relief and recovery phases, but long-term support is required to make the interventions sustainable.

CFW was very effective as this allowed households to make their own choices as to what materials or items to purchase and ensures the inclusion of the most vulnerable households which is often difficult for other interventions.

Connectedness

Strategy

CARE-B has the staff resources and mechanisms to respond effectively to sudden on-set disasters such as cyclones, but CARE-B staff working on emergencies need to be trained to ensure that interventions are designed and implemented in the spirit of humanitarian action standards and guidelines, and include participatory approaches.

Donors need to be educated about participatory humanitarian actions, so that they provide more flexibility in their support of relief and rehabilitation projects

Relief and recovery strategies should be reviewed throughout implementation as more information becomes available on current needs and the resources being provided by government and donors.

Working with CARE-B

CARE-B's strength is to respond quickly to sudden-onset disasters and provide relief materials to affected communities shortly after the event

Information management is a critical requirement especially during the initial weeks after a disaster.

CARE-B needs to develop financial management systems for use during emergencies.

In-house senior expertise on shelter and WATSAN are needed to lead the technical design and implementation of relief and recovery projects; liaise with donors, UN agencies, government and other non-government organisations and to participate in cluster meetings.

A Gender Focal post is required in the senior management team for emergencies.

CARE-B needs to complete the updating of the Emergency Preparedness Plan (EPP) on a priority basis so that when the next emergency happens the updated EPP is available and staff of CARE-B and PNGOs are trained in its use.

Working with PNGOs

The size of CARE-B's program presented a challenge to PNGOs to fulfil their obligations.

CARE-B needs to work with PNGOs to develop an Operational Guideline for use by PNGOs working with CARE-B in emergencies.

Working with Union Parishads

Union Parishad members or staff were often the first organisation to visit affected areas after the cyclone, and often the first organisation to distribute food to affected households.

There is scope to increase the involvement of union parishads in relief and recovery activities beyond token involvement as was the case during Sidr and fully utilise their potential. Union parishads want to participate in relief and recovery processes but not necessarily control resources.

Working with Beneficiaries

Though it is challenging, beneficiaries should be involved in the planning and design of emergency response programmes as there is evidence from many places including Bangladesh that involvement of beneficiaries increases the effectiveness and relevance of emergency response programmes.

Beneficiaries are interested in the long-term impacts of recovery and rehabilitation activities and the sustainability of these activities must be addressed during their planning and design.

Coverage

Targeting of vulnerable households could be strengthened by analysis of the socio-economic profile of affected communities and tracking of relief activities of GO and other NGOs.

Improved mechanisms are required for beneficiary selection when there are extensive damages affecting a large number of households.

Elderly women, and pregnant and lactating mothers found collecting relief materials from distribution centres very inconvenient and physically demanding.

Complaint boxes are an effective way of determining the eligibility of beneficiaries and improving the targeting of relief materials.

CFW is the most effective way of targeting the most vulnerable households, as only the poorest of the poor will participate.

Efficiency

Financial rules and regulations suitable for development works require modification for use during emergencies to take account of the prevailing conditions.

PNGOs appreciated CARE-B's financial management systems even though PNGOs found complying with the systems challenging.

Field Operational Guidelines are required for CARE-B's working with PNGOs during emergencies. Investment in PNGO staff development in emergency management would yield significant benefits during the next emergency.

Effectiveness

Relief and Recovery takes longer than expected due to inefficiencies in the market, rising prices and high demand for skilled staff and labour.

Coordination

CARE-B needs to develop ways of better coordinating with other INGOs and LNGOs during emergencies.

Impacts

Monitoring of impacts during the relief and recovery phase is necessary to determine whether relief activities are having their intended affect

Monitoring of Program interventions needs to continue for two years after project completion to determine the impact of interventions.

6. RECOMMENDATIONS

(a) CARE-B-specific

- Train CARE-B staff on HAP and SPHERE standards and the CARE Code of Conduct for emergencies;
- Orientate staff of PNGOs on the basic humanitarian action standards and guidelines and build partners' capacity to improve targeting of the most vulnerable and marginalised households, and improve accountability to beneficiaries and affected communities;
- Further integrate gender issues into the planning and designing of emergency response

programmes by ensuring qualified women are recruited for senior level positions and all data related to emergency response programmes is gender segregated.

- Work with other HA organisations to develop SPHERE standards appropriate for Bangladesh;
 - Hold a lessons learning workshop with PNGOs, before working with PNGOs on preparing an Operational Guideline for use by CARE-B and PNGOs during emergencies;
 - Develop strategies for shelter and WATSAN interventions during emergencies;
 - Identify mechanisms to involve local government institutions in CARE-B's emergency response activities;
 - Continue monitoring the recovery and rehabilitation interventions to determine their long-term impact and usefulness in future emergencies;
 - Complete updating the EPP to incorporate the HAF and related humanitarian action standards and guidelines as soon as possible so that the EPP is ready and staff are trained in its use by the next emergency.
- (b) CARE INTERNATIONAL specific
- Work with CARE-B to introduce the requirements of the HAF into their emergency planning.
 - Develop guidelines for shelter and WATSAN recovery and rehabilitation programmes to avoid recurring problems (for example, equity issues, technical standards, management of operation and maintenance etc.)

7. CONCLUSIONS

CARE-Bangladesh planned, designed and implemented a reasonably effective Sidr Response Program. CARE-B had the staff and the systems to mobilise significant resources in response to the emergency resulting from Cyclone Sidr and CARE-B's Response Program reduced hardship for vulnerable households by helping them overcome the initial shock and start processes for re-building their lives. The impact of interventions would have been enhanced with better compliance with humanitarian action guidelines and standards.

CARE-Bangladesh needs to complete updating its Emergency Preparedness Plan to include lessons learnt from their responses to Sidr and the 2007 floods and improved ways of working with PNGOs and local government institutions. CARE-B needs to clarify quickly whether it views local NGOs as partners or contractors to be selected through competitive bidding.