EXTERNAL EVALUATION
AFTER ACTION REVIEW

EMERGENCY RESPONSE TO THE EARTHQUAKE OF AUGUST 15, 2007

FINAL REPORT

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EXECUTIVE SUMMARY

Objective and methodology

The overall objective of the external evaluation focused on Immediate Response and Rehabilitation phases is to obtain the information needed to carry out the evaluation and draw learnings from the implementation of CARE's Emergency Program.

Specific objectives:

- Evaluating the relevance, efficiency and effectiveness of intervention.
- Measuring the level of integration of CARE's program approaches and Relief: SPHERE standards, Accountability, Gender, Cross-Cultural Relations, and Rights

The external evaluation has used various data collection techniques: review of documents, meetings with key staff, field visits to the three areas of intervention (Lima, Ica and Huancavelica), where direct observation of works/actions was used, interviews with municipal authorities, community leaders, CARE and other NGO staff (25 interviews), and focus groups. It has also used on-line interviews with INDECI officers and donors, a survey to CARE Peru staff via internet, and participation in CARE Peru's Evaluation Workshop (AAR) held in Chincha.

Conclusions

The Emergency Program intervention has been relevant and timely.

Efficacy and effectiveness of intervention have been demonstrated. Program goals have been accomplished and even met beyond expectations through synergy that was created with municipalities and communities. An Accountability mechanism was implemented.

Weaknesses within government institutions (INDECI, District Civil Defense Committees – CDC) and inadequate practices for targeting on the side of municipalities are some negative aspects that made efficiency difficult.

The impact on social capital formation for rural and urban poor people benefited has been greater. Effects of institutional strengthening for CDCs that received support should still be evaluated. Significant contributions to gender issues have been made, particularly as a result of raising women's self-esteem, women's increased presence in public spheres, and women's demands for training in productive themes. Formation of social capital in communities has also been important.

In the internal evaluation, CARE staff has generally a positive vision about organizational aspects and accomplishments. Bottlenecks are related to flow of information and procedures between CARE Lima office and sub-office.

Replicable initiatives or activities

- Methodology for intervention that focus on specific sites, and flexibility and capacity for quick adjustment to direct distribution of relief assistance.

- Strengthening of social capital for beneficiary population in terms of empowerment.

- Work at local level in favor of institutional strengthening of district Civil Defense Committees.

- Start-up of accountability process.

Lessons learned

- Imbalance between development and rehabilitation accomplishments in communities and weaknesses of Civil Defense Committees.

- Poor coordination among projects operating in the same geographic area.

- Organization-wide review of the flow of information and administrative procedures among CARE Lima office and sub-offices.

Recommendations

- To review the conception and methodology used for the institutional strengthening of Civil Defense. Because of their importance and impact, projects should ensure greater visibility of their relation with Civil Defense and their contribution to the Civil Defense System.

- To develop a component for follow-up and monitoring of accomplishments.

- To improve administrative procedures among CARE Peru main office and sub-offices.

- To provide quick trainings in disaster preparedness to employees.

- To continue the transparency and accountability process that was started.

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After an earthquake hit the Southern Coast on August 15, 2007, CARE responded to the Emergency as from the next day. From day 1, CARE submitted proposals and projects to a number of donors, International Cooperation agencies, and local and international private business. To this end, CARE developed an Emergency Program that focused on the following areas of intervention: province of Cañete (department of Lima), province of Chincha (department of Ica) and provinces of Castrovirreyna and Huaytará (department of Huancavelica).

The Emergency Program was divided into three phases:

- Immediate Response / Relief
- Rehabilitation
- Reconstruction

OBJECTIVE AND METHODOLOGY OF EVALUATION

GENERAL OBJECTIVE

The overall objective of the external evaluation focused on Immediate Response and Rehabilitation phases is to obtain the information needed to carry out the evaluation and draw learnings from the implementation of the Emergency Program, developed under CARE's Emergency Response to the earthquake that rocked the Southern coast on August 15, 2007.

Specific objectives are:

- To evaluate the relevance, efficiency and effectiveness of intervention.
- To measure the level of integration of CARE's program approaches and Relief: SPHERE Standards, Accountability, Gender, Cross-Cultural Relations, and Rights.

METHODOLOGY

The external evaluation has used various data collection techniques.

i) Reading of CARE Peru's projects, mid-terms reports submitted to donors, information contained on the organization's web site, baseline data, etc. Based on the information provided, interview questionnaires and guidelines for focus groups were developed.

ii) Several meetings were held with CARE Peru key staff.

iii) Field visits to the three Emergency Program areas of intervention (Lima, Ica and Huancavelica). Based on the focus of CARE work, specific districts and sites were selected in each visit. In the province of Cañete (Lima), a visit was made to the districts of San Vicente and San Luis. In the province of Chincha (Ica), which vas visited twice, information was obtained about the districts of Sunampe, Grocio Prado, and Pueblo Nuevo. In the province of Castrovirreyna (Huancavelica), visits were made to Tantará and San Juan de Castrovirreyna (twice).

Activities during field visits included:

- Direct observation of works/actions taken and work of Program team.

- Interviews with municipal authorities, community leaders, and CARE and other NGO staff. The total number of interviews was 25, which were made to 9 CARE staff members, 7 municipal authorities, 8 beneficiaries, and 1 staff member from other NGO.

- Three focus groups were conducted. In Chincha, a focus group was conducted as a representative case of the situation of Quechua-speaking women in the coastal area (9 people). The other two focus groups were carried out in San Juan de Castrovirreyna, one with women (6 persons) and the other with men (9 people, to observe the project impact from a gender perspective. All three focus group were recorded.

iv) On-line interviews to INDECI and CARE International officers (CARE Netherlands) and donors (USAID) were made.

v) A survey was administered via internet to CARE Peru staff for the purposes of the "inside" evaluation. 22 surveys were processed and presented in an evaluation workshop in Chincha. It should be noted that CARE dedicated staff, with institutional e-mail addresses, participated in the survey. Field staff without access to e-mail did not participate. Responses can be broken down as follows:

- Project managers and team leaders (7 responses).
- Team members (5 responses).
- Support staff (7 responses).
- Advisors (2 responses).

vi) Participation in CARE Peru Evaluation Workshop (AAR) in Chincha, presentation of preliminary report and collection of feedback from officers.

vii) Analysis of information

viii) Preparation of preliminary and final reports

MAIN CONCLUSIONS

RELEVANCE

In terms of opportunity, CARE Emergency Program responded as soon as humanly possible. CARE Peru was one of the first agencies, together with the National Institute of Civil Defense (INDECI), to arrive in the earthquake affected areas, including the Andean highland zones such as Tantará, in Huancavelica, where a dirt road to coastal areas was blocked by landslides. CARE Peru arrived in the next two days from Huancavelica.

CARE Peru developed projects and submitted requests for funding to various donor agencies. It should be highlighted that the incorporation of visual materials into proposals allowed providing more complete information about the emergency, as many donors recognized. CARE Peru's requests for funding were intended to purchase tents, blankets and temporary shelter, and to work on sanitation, rehabilitation of safe water system and schools, and house reconstruction.

CARE submitted a total of 29 projects, and got a positive answer from 20 (69%); 5 were rejected ((17%); and 4 are awaiting response. In terms of figures, projects totalizing USD 3,503,988.00 were approved, while rejected projects totalized USD 443,250. This means that the amount obtained is 8 times higher than the amount not received. 4 requests for funding for USD 6'250,000 are awaiting a response.

CARE International's Emergency Program supported CARE Peru efforts, through provision of human resources (CARE Canada, CARE UK and CARE USA) and funding mechanisms such as ERF and Board Endowment Fund, as well as donations through other National Offices: CARE USA, CARE France and CARE Germany.

Agencies and institutions that responded to CARE Peru's requests for funding include DFID, ECHO (2 projects), OFDA-USAID, Bill and Melinda Gates Foundation, ELMA Philanthropies, Gap Foundation, EDYFICAR, CIDA, Las Americas Fund, Canton of Geneva, Mining Company Newcrest Peru, among others.

Generally speaking, CARE's approach to the emergency was complete, as it was able to provide relief assistance in the early phase of response (distribution of tents, blankets, safe water kits, plastic sheeting, and food packages) and rehabilitation without loosing sight of the reconstruction phase. CARE's intervention was focused on poor rural and urban people. CARE Peru, as well as other agencies, is implementing sanitation systems, installing latrines, and providing training in good hygiene practices for 6,000 families (DFID). It has also developed a project with various components such as economic development, recovery of pastures, water and sanitation, training activities for Civil Defense Committees, and plans (RELIANCE - ECHO 2). Besides, within the

framework of accountability, a complaints mechanism was implemented with a free telephone line operated by a Complaints Officer who speaks Quechua.

In CARE Peru's intervention, emphasis should be placed in the relevance of an approach to institutional strengthening of National Civil Defense actors, which explains CARE work with institutions such as INDECI and provincial Civil Defense Committees (CDC). As INDECI officers indicated, CARE was one of the *few* Non Governmental Organizations that, from the outset, coordinated with provincial Civil Defense Committees. CARE Peru played an active part in coordination meetings with INDECI and provincial CDCs, where participants assessed and allocated resources, and established the areas of intervention to avoid overlapping of efforts, etc. CARE Peru brought in information analysis and work methods.

The economic development component has been used in affected highland areas and has been oriented to rural poor people inserted in a self-subsistence economy. Projects aimed at improving pastures and crops, and rehabilitating irrigation systems and canals, have been widely accepted among rural poor people who are happy and think the community has been strengthened with an initiative (rehabilitation of irrigation systems) that they would never have been able to do by themselves due to the high costs involved. The relevance of this intervention is directly related to the fact that this economic infrastructure project directly benefits rural smallholders and members of indigenous communities. [1]

In connection with life quality, Integrated Water System Rehabilitation Projects stand out because these will significantly improve living conditions of affected population, who drank irrigation water and had water pipes broken down. This work, and the pertinent training activities, has been carried out in both Andean and coastal areas.

All the authorities, community leaders and population interviewed during the evaluation expressed unanimously that the work and assets/goods included in CARE Peru projects were relevant and were previously consulted to them.

Beneficiaries place value on works carried out, and think these will raise quality of life. The assistance received by communities has resulted, though initially, in increased levels of awareness, organization and demands. Among demands to be met in future, it is worth mentioning demands of women in highland and coastal areas for training in productive activities. While women have not been the main or sole beneficiaries of projects, their self-esteem and involvement in public life has been increased, and a demand for greater insertion in economic business has been generated.

EFFICIENCY AND EFFECTIVENESS

Generally speaking, the goals set by CARE Peru have been achieved, and even exceeded in the case of some indicators. This has been made possible through synergies created among CARE Peru, communities, and local governments. Diversity was transformed into synergy.

[1] It is more difficult to use this component in coastal areas, where poor people do not own productive means; they are employed on a temporary basis by private companies.

Coordination activities were beyond the limited scope of participation in selecting beneficiaries. Strategic alliances were formed, in which every actor would bring resources in form of money, land, authority, convening capacity, water resources, tools, etc.

Effectiveness

CARE Peru goals in relief assistance and rehabilitation phases are being exceeded (table 1). The work carried out has already benefited rural and urban poor people who are using services and facilities. For example, in peri-urban areas of Cañete, most families are using latrines, and Andean communities are operating water systems.

Table 1: Goals set and achieved (examples)

Area of intervention/ supplies	**Goal set**	**Goal achieved**
Cañete		
Tents, mattresses, blankets, cups, medicines	2,200 families	6,000 families
Chincha		
Tents, mattresses, blankets, cups, medicines	1,800 families	2,340 families
Removal of rubble	8,000 m^3	15,000 m^3
Quebrada de San Juan		
Latrines	630 latrines	905 latrines
Irrigation systems	30 hectares	40 hectares
Potable water systems	2 systems	4 systems
Irrigation canals	1.92 Km	2.00 Km
Institutional strengthening	5 CDC	5 CDC

The following explains these results:

- Coordination with other actors was central to the synergies generated. Specifically, the participation of beneficiary population through their Community-based Organizations, and their leaders, and the provision of unskilled labor (as well as land and water resources in rural areas) were of importance. Municipalities contributed in management and financial aspects, bureaucratic paperwork, and offered facilities, machinery, tools and financial resources.

- In the emergency response, it was necessary to distribute relief items according to the number of people asking for these. In other words, in the distribution of shelter the population asking for it in that moment had to be taken into account. For example, it was planned to distribute 5 blankets per family but at the end only 4 were delivered, thus increasing the number of target beneficiaries.

- In other cases, by benefiting soup kitchens (for example with 140-liter containers), the number of beneficiaries increased significantly when the total number of women members was considered.

The scope of CARE Peru response to the emergency varied according to the areas of intervention. In general, the scope of project was greater in the highland areas than in

the coastal areas, because the number of people was lower. This helps establish a relationship between greater scope and lower number of affected families.

It is estimated that the needs of 30% to 40% of affected families in Cañete have been met.

In Chincha, only 1% of the population was reached. It should be noted that the earthquake impact on Chincha was major and there is a large number of affected people. This province has a population of 181,000 according to the 2005 Census. 25% of people in need in peri-urban areas (shanty towns) have been benefited from the installation of latrines.

Approximately 86% of the total affected population in Tantará and San Juan has been reached by the latrine construction project. In the economic development component, a 17% has been reached with irrigation systems (approximately 40 ha. of pastures). In the drinking water component, there are four systems that have benefited all the families living in urban areas. In the technical assistance and training component, it has been estimated that 80% was reached.

Efficiency and institutional coordination

Efficiency of CARE Peru response rests upon the synergy developed by CARE Peru together with communities, local governments, authorities in general (mayors, etc.) and other International Cooperation agencies. In the three areas of intervention, municipalities and communities provided labor force.

The Emergency Program's projects had to establish a relationship with social actors of different social density and size and different political weight with their local societies. There are differences between a province municipality of a city on the coast, with hundreds of thousands of people, and a district municipality of a town in the highland areas, with 400 people and 80 houses. There are potential and real differences in social capital and density between a village located in an indigenous community, such as San Juan de Castrovirreyna, and a peri-urban area in the city of Chincha (Peruvian south coast).

A. Agreements with local governments

Generally, CARE Peru coordinated efforts with local governments to strengthen the Civil Defense System and the decentralization process. Local governments supported in different ways, such money, tools, and legal regulations, speed up of bureaucratic paperwork, etc. At an organizational level, this intervention has been in line with the signing of agreements between CARE and municipalities. CARE Peru signed approximately 70 agreements with local governments.

- In the province of Chincha, 27 agreements for the installation of latrines were signed (Sunampe 2, Grocio Prado 10, El Carmen 6, Pueblo Nuevo 5, Chincha Alta 3, Chincha Baja 1); 3 agreements were signed to deliver material for 1,000 temporary houses (El Carmen, Sunampe and Grocio Prado) and 19 with three other districts for the installation of 640 water bladders. CARE Peru also signed

agreements with Educational Management Units (Unidades de Gestión Educativas) for the installation of temporary tent-classrooms.

- In the province of Cañete, 3 agreements were signed with the municipality of San Luis for the removal of rubble from La Quebrada, excavation of ditches and installation of drinking water systems in San Pablo and San Antonio, and excavation of ditches in Santa Barbara. An agreement was signed with the municipality of Imperial for the excavation of drainage ditches in San Antonio, Primavera and Casa Pintada. The sanitation program also signed an agreement with municipalities of San Vicente, Imperial, Nuevo Imperial, San Luis, Lunahuaná and Quilmaza, for the installation of latrines, ecological bathrooms, and flush toilets.

- In Huancavelica, framework agreements were signed with the districts of Arma, Aurahuá, Chupamarca, Tantará and San Juan de Castrovirreyna. Also, there were specific agreements signed with the districts of Arma, Chupamarca, Tantará and San Juan de Castrovirreyna.

Responsibilities and obligations of each actor were clearly defined in specific agreements. For example, the district municipality undertook to provide 10,400 Nuevos Soles (approximately USD 3,460) for irrigation canals of Pizará – Matará, in San Juan de Castrovirreyna.

B. Community contribution and social organization

The participation of population has been critical for effectiveness of CARE Peru work, to the extent of going beyond the initial expectations of the organization. CARE Peru worked closely with communities. Community-based organizations (COs) were initially weak and inexperienced, and there was lack of interest on the side of a sector of population. Eventually, the Emergency Program established a process for strengthening and empowerment of COs, as mentioned in the Evaluation Workshop in Chincha.

It should be emphasized a tendency toward collective work in rural areas of Huancavelica. In Tantará and San Juan, Civil Defense Committees, district municipalities and community members participated in the selection of beneficiaries. There was an evaluation carried out in Tantará's main square, which identified beneficiaries for pasture work. The installation of latrines was coordinated with beneficiaries. For irrigation canals, the active participation of water users who provided labor force was an unexpected aspect. In general, rural population showed willingness to work. In San Juan de Castrovirreyna, the community provided unskilled labor force for the rehabilitation of drinking water systems, by excavating the ditches.

Besides, the population was involved in CARE Peru's trainings to take over the administration of services, such as Water and Sanitation Committees and Water User Boards, entities that in future will be responsible for maintenance and operation. There are documents that record the attendance to meetings. In focus groups conducted with community members – men and women – it was possible to check that participants are familiar with the training topics.

In poor, outlying areas of cities on the coast, where there was low participation by OCs, the involvement of population also contributed to effectiveness of CARE Peru work. For example, for the implementation of house model projects, the population was asked to provide labor force in specific phases of models in exchange of being considered as beneficiaries. Women organized soup kitchens and coordinated with the National Food Program (PRONAA). Their presence was central to solve food problems. It is worth mentioning that the population produced social leaders and volunteers willing to help in the emergency. Women's interest in transforming "olla común" organizations into soup kitchens has been noticed.

CARE has started a process of strengthening OCs. In the highlands areas, CARE has been promoting new community organizations, such as water and sanitation committees and water user boards, and coordinating with indigenous communities. In the coastal areas, "olla común" organizations, residents' organizations, and soup kitchens recently formed, have been strengthened. The organizational fabric of communities has improved, and their willingness to participate has increased even more due to the experience of forming alliances with municipalities involved in CARE's projects.

The desire of empowering OCs will depend on their capacity to manage satisfiers of life quality, and their possibility to boost economic development processes. It would be advisable for CARE to oversee and monitor this. It should be mentioned that, though CARE developed an articulation process among actors, differences persist between municipalities and communities, particularly in communities that mistrust local authorities.[2]

C. Coordination among CARE offices

The relation among different CARE offices is considered to be efficient and effective support to, and strengthening of, the Emergency Program. The team explains that this is the result of the priority CARE gives at an organizational level to the Emergency Response Program.

Based on donors' opinions, the following can be concluded:

- CARE Peru responded to the emergency as soon as humanly possible, by sharing early messages about the needs and establishing coordination. As USAID said, CARE Peru knew how to address house construction activities though the country office moved at a slow pace due to unexpected problems.
- Though CARE donors and offices that responded to the interview ((USAID and CARE Netherlands) could not make comparisons with other CARE offices in the world, given the special nature of the demand generated by the Emergency Program, they think CARE Peru has shown high professionalism and thorough knowledge of emergency areas, and has staff experienced in emergency response, key staff members fluent in two languages, as well as fast communication capabilities.

[2] Mistrust is due to the fact that mayors do not live in the highlands areas; they live in the coastal areas. Community members living in the Coast think corruption prevails within local governments.

- Value is placed on the development of accountability mechanisms that enable CARE and beneficiaries to interact.

In the Evaluation Training, some issues to be addressed were inadequate information in the financial system, a need to have information about similar experiences and mechanisms developed in other contexts. CARE Netherlands criticism has been accepted. CARE Netherlands argued that it was a mistake not consulting them sufficiently about the steps taken with ECHO, because CARE Netherlands is a leader in this issue for ECHO. CARE Netherlands thinks that the design of some of the projects was very ambitious in relation to the time of implementation, and monitoring was not given sufficient attention (PRISA Project was initially scheduled to last a month, then the length of time was increased to two months; and RELIANCE Project, ECHO 2).

D. Coordination with other institutions

CARE Peru's work was effective due to the coordination with other agencies (such as ITDG, ASPEM, UNESCO), particularly to establish areas of intervention in order to avoid overlapping of efforts. Besides, coordination meetings helped establish complementary activities, as happened in El Carmen and Chincha. ITDG carried out the installation of house models and CARE Peru complemented this with the installation of latrines and house connections. These alliances have also committed municipal water utilities. CARE Peru also coordinated with Educational Management Units (UGEL) for the installation of tent-classrooms in Chincha.

Additionally, another factors contributed to a more efficient response. For example, through the donation of a backhoe, support was provided in removing rubble in the districts of San Luis, Imperial and San Vicente, in Cañete.

E. Methodology of intervention

The conception that connects Emergency, Rehabilitation, and Reconstruction phases enabled CARE to overcome an immediate and current situation, as recognized by INDECI. This is explained from the implementation of longer-term projects (relating to economic development) to very specific initiatives such as the obtention of a backhoe.

CARE's Emergency Program major challenge has been to work through various projects in a wide geographic area extending from coastal cities, with hundreds of thousands of people, to Andean highland zones with small towns in Huancavelica. A number of tools helped achieve objectives and levels of effectiveness already mentioned.

One of CARE Peru successes was to focus its intervention. CARE focused on three provinces (Cañete, Chincha and Castrovirreyna) and, within them, some districts were selected. For example, CARE chose to work in three districts of Chincha (Sunampe, El Carmen and Grocio Prado).

Flexibility and fast capacity for adjustment to direct distribution of relief assistance were important elements that avoided duplication, by coordinating with other NGOs. Faced with problems such as inadequate distribution of relief items by municipalities, which were identified by the accountability process, CARE Peru worked hard at field

level in order to select beneficiaries and directly deliver relief items. This helped face negative situations such as the fact that community leaders did not deliver supplies, mistrust among communities and local governments, and logistics weaknesses on the side of Civil Defense Committees. In Chincha, direct distribution of items accounted for 80%, and in Cañete, after the first negative experience with the municipality, direct distribution was chosen.

CARE Peru went to the same ground, worked "in situ", coordinated with municipalities, and then handed over a list of donations. Conducting previous studies (base line) was also important as these led to a better selection of beneficiaries.[3]

Accountability process (transparency)

A key element of the Emergency Program methodology, which responds to a CARE's programmatic aspect, was the accountability process implemented. This process had positive results in terms of mechanisms for institutional transparency. CARE understands accountability as a requirement from the organization itself to explain its actions to society. It is about how the organization manages to meet the needs of different groups in its decision-making and activities.

According to CARE, accountability components include provision of public information to affected people and other stakeholders with transparency; on-going participation processes and mechanisms (involvement, surveillance committees, complaints/suggestions system); mechanisms for systematic feedback (complaints/suggestions system, information and communication); adjustment of the response according to the feedback received; application of standards, benchmarks and principles on humanitarian assistance (Good Enough Guide, SPHERE, HAP, People in Aid).

CARE made a free telephone line 0800 available to target population and people in general. Steps in processing calls included receiving, recording, investigating these, and responding to people about their complaints/information requests. Approximately 227 calls – from 126 women and 101 men – were received to February 2008. It is interesting to see how women's presence was higher. As shown in Table 2, the total number of calls was 284 divided into the following categories: 116 requests for assistance (41%), 63 complaints (22%), 42 expressions of gratitude (15%), and 39 requests for information (14%). It should be noted that 226 calls (80%) were received from coastal areas, while there were few calls from highland areas, which may be due to poor-quality telephone infrastructure existing in this region.

[3] Some municipal authorities feel that CARE Peru and generally Cooperation agencies (including CARITAS) work directly in rural villages, on their own and without any type of coordination. This opinion was found in the provincial municipality of San Vicente de Cañete and district municipalities of San Luis in Cañete, and Sunampe and Pueblo Nuevo in Chincha.

Table 2: Results of accountability system

	Cañete	Chincha	Huaytará	Castrovirreyna	Total
Total	**96**	**80**	**14**	**37**	**227**
Men	36	33	6	26	101
Women	60	47	8	11	126
Requests for assistance	49	46	5	16	116
Expressions of gratitude	23	9	3	7	42
Complaints	25	19	8	11	63
Suggestions	0	0	0	1	1
Information	16	18	1	4	39
Voice mail	3	0	0	1	4
Electronic mail	7	5	0	1	13
Documents received	4	0	0	0	4
Visits to CARE	1	1	0	0	2
Total	128	98	17	41	284

Note 1: words in italics correspond to calls. The remaining aspects correspond to a combination of means of the Accountability Initiative.
Note 2: Some people called more than once, which explain the difference in figures.

It is worth mentioning the participation of several citizen surveillance committees as a positive aspect of transparency process, and a two-way feedback process between CARE and communities. Calls were recorded in a database, and then investigated and responded. This generally led to a two-way feedback process between both parties.

The great majority of calls were to ask for relief assistance, both from people who have already received it (but asked for more) and from those who has not been benefited. As for complaints, these may be divided into the following categories:

- Against CARE because coordination with authorities had not been adequate, and focus areas were inappropriate.
- Against attitudes and behavior of CARE staff, particularly mistreatment and high-handed way on the side of Project Managers and field-based engineers.[4]

After receiving complaints, CARE had discussions with team members who initially were defensive and denied the incident, thus creating a strained atmosphere. Eventually, after confirming the incidents, the monitoring team would apologize to the community and give a pertinent explanation. At an internal level, no disciplinary measures were taken against staff involved in these incidents. However, staff became more reflective of their behavior for a change. CARE sees this experience as a lesson learned that will help improve employment contracts (for example, aspects related to treatment to beneficiaries).

[4] Social Project engineers often mistreat beneficiaries in the belief that technical expertise is far superior to common knowledge. What really happens is that they work under pressure to complete activities as soon as possible. One of the complaints involved an engineer who had ordered a woman to be quiet by using the following terms: "You are not here to think…", while threatening to exclude her from the project benefits.

Complaints by CARE field-based staff were an unexpected aspect of the accountability process. Complaints were related to poor team work (components and projects operate separately), delayed payment of salaries, poor working conditions.

Implementing the accountability mechanism has proved to be an invaluable experience. Firstly, it showed an attitude of institutional transparency. Secondly, it led to a mutual learning process together with direct beneficiaries, thus allowing change and improvement of some practices, for example attending to complaints against mayors mishandling relief supplies. Thirdly, it allowed a reflection process within CARE and working teams, which led to a better understanding of difficulties that may arise during processes, and of mistakes that may be made at different levels (organization, field staff, etc.).

Negative aspects

Negative aspects that stood in the way of effectiveness include weaknesses of government agencies. INDECI was faced to an issue related to lack of personnel, and had a low number of staff members on the ground to coordinate with. In the whole city of Ica there was only a staff member and, in Chincha there was no permanent staff, or officers responsible for carrying out tasks were rotated each week, which made coordination difficult.

Provincial and district municipalities also had limitations to take over the work they are responsible for within the Civil Defense System, and on risk management. The consensus among authorities and CARE Peru staff is that province- and district-level Civil Defense Committees were ill-equipped to respond to the earthquake, and had virtually no resources, plans of action or contingency plans. CDCs were not operative and had no intervention strategy. Following a rapid needs and damage assessment, the reaction of CDCs was to turn to higher levels of government authorities (provincial municipality, for example) to ask for assistance.

While CDCs were established and/or activated after the earthquake, haste did not aid their intervention. CDC officers had also been affected by the earthquake, municipal authorities were overloaded with too many tasks to carry out, such as reports of theft, closedown and looting of markets, helping people injured, removing dead bodies, and coordinating with higher levels of authorities. Eventually, as time was of the essence to address the emergency situation, municipalities had to redirect funds for 2007 and 2008 in order to finance reconstruction activities.

Negative aspects included some authorities' favoritism toward close family and friends (district of San Luis), particularly during immediate response; political opportunism (district of Imperial); and despite the prevailing situation, turnover of municipal officers that has led to the removal of staff that participated in the experience, received training, and gained knowledge and information. Other negative aspects were the lack of municipal storage facilities, which led municipal authorities to turn to the volunteer firemen's company. There is deep-seated mistrust among authorities and population, particularly in the coastal areas.

INTERNAL EVALUATION

The internal evolution of the Emergency Program response, focused on identifying bottlenecks, took into account CARE staff viewpoints. This section is based on the recognition that there are two major levels of staff within CARE: "regular" staff and field staff.

"Regular" staff has job security, an employment contract with a package of benefits, and institutional e-mail. They work as managers or team leaders, support staff, operational team members, and advisors. "Regular" staff's perceptions were gathered in the Evaluation Workshop in Chincha, and through an on-line survey that could be administered only to "regular" staff with institutional e-mail. Field staff[5] is generally young people recently graduated that is hired as "independent" workers, without a package of benefits. They carry out social promotion and training activities. Their perceptions were collected through individual interviews (some interviews were made at their request) and direct observation. Through the accountability system, CARE was able to access field staff's complaints.

Perceptions of "regular" staff

Both the Evaluation Workshop in Chincha and on-line survey enabled to gather "regular" staff's perceptions.[6] The survey was structured with the following responses: "very good" (A), "good" (B), "fair" (C) and "poor or inadequate" (D).
Generally speaking, the Program results are very positive:

- 54% of responses were rated as "good" (B) and 16% as "very good" (A), making a 70%.
- 25% of responses were rated as "fair" (C) and only 5% as "poor" (D).

Considering "regular" staff categories, the grade good (B) is predominant among operational staff (68%) and advisors (64%). However, managers and team leader tend to have a more critical attitude, as "good" (B) responses represented 41%, while "fair" (C) responses reached 34%. Managers tend to criticize Program aspects more than operational staff and advisors. Additionally, D-type responses are provided mostly by managers.

[5] The term "field" is used for distinction (difference) and accuracy purposes, but it does not mean that "regular" staff does not carry out field work. In fact, they also do it, though less frequently than field staff.

[6] The questionnaire was responded by 7 Project managers and team leaders, 5 operational staff members, 7 support staff members, and 2 advisors. Predomination of manager and support staff categories over operational staff category is likely due to the fact that operational staff belong, for the most part, in "field staff" level.

Table 3: Survey Responses by "regular" staff categories

	Manager	%	Operational	%	Support	%	Advisor	%	Total	
A= very good	16	16	7	10	18	19	5	18	**109**	**16**
B = good	41	41	48	68	43	47	18	64	**370**	**54**
C = fair	34	34	14	20	27	29	3	11	**172**	**25**
D =poor	9	9	2	2	4	4	2	7	**39**	**5**
	100	**100**	**71**	**100**	**92**	**99**	**28**	**100**	**690**	**100**

Some aspects related to the Emergency Program organization have shown positive results (see Table 4). These include accomplishments, internal coordination within teams, internal procedures, program information, multidisciplinary team building, presence of managers and team leaders, and number of staff members involved in projects. The Evaluation Workshop in Chincha permitted to confirm how "regular" staff assesses the project results, as explained by the "high level of approval of proposals" and "timely implementation of projects".

The survey shows the presence of bottlenecks, placing emphasis on areas related to coordination with CARE Lima office, and procedures with Lima office, where a "fair" grade predominates (see next section). Grades such as "good" and "fair"/ "poor" are almost equally divided. These areas include administrative information conveyed to projects in intervention areas, logistics, and time invested on activities.

Table 4: grades by areas

Areas	**A=very good**	**B=good**	**C =fair**	**D =poor**	**Total**
Accomplishments	7	11	1	1	20
Internal coordination	3	15	3	1	22
Coordination with Lima	5	5	8	3	21
Internal procedures	6	10	5	1	22
Procedures with Lima	5	5	9	1	20
Program information	3	16	3	0	22
Administrative information	1	11	8	2	22
Multidisciplinary team building	4	14	4	0	22
Logistics	4	8	8	2	22
Staff involved	1	16	4	1	22
Time invested		11	10		21
Presence of Managers	4	11	7		22
Contractual					
Dedication		12	4	6	22
Compensation		12	9		21
Career development	9	11	1	1	22
	53	170	85	19	327

Recognizing the different perceptions according to "regular" staff categories, the following can be concluded:

a) There is agreement among all categories to give "good" and "fair" grades to areas such as time invested in activities, dedication to project, and compensation. Contribution to career development was given a positive grade.

b) A more critical attitude from project managers and leaders is confirmed.

c) Differences in perceptions between managers and operational staff are related to internal coordination with CARE Lima office, where managers gave a better grade than operational staff. A similar situation applies to procedures established for project operation and/or functioning of teams.

d) There are areas where an opposite effect is produced, which means that managers have a more critical attitude than operational staff (flow of program and administrative information, staff involved in projects, and presence of managers and team leaders in intervention areas).

e) Support staff is more critical than operational staff about program and administrative information, multidisciplinary team building, logistics, and presence of managers and team leaders in intervention areas.

Table 5: areas rated by regular staff categories

Areas	Manager – team leader	Operational staff member	Support staff member	Advisor
Achievements	A (3), B (2), C	B (3) A and D	B (4), A (2), N.I.	A and B
Internal coordination	B (3), A (2), C and D	B (3) C (2)	B (4), A, D, N.I.	B and N.I.
Coordination with Lima	C (5), A and D	B (2), C (2) and A	A (2), D (2),B, C, N.I.	A and B
Internal procedures	B (5), A and D	B (3) C (2)	C (3) A (3) N.I.	B and N.I.
Procedures with Lima	C (4), B (2) and D	B (2), C (2) and N.I.	A (3) C (2), N.I. (2)	B and C
Flow of program information	B (4), A (2) and C	B (5)	B (4), C (2) and A	B (2)
Flow of administrative information	C (5), B and D	B (4) and C	C (3), B (2), A, N.I.	B (2)
Multidisciplinary team	B (5), A and C	B (4) y A	B (4), C (2) and A	A and B
Logistics	C (3), B (2), A and A-D	A (2) B (2) and C	B (3), C (2), A and N.I.	B and D
Staff involved	B (4), C (2) and D	B (3), A and N.I.	B (4), C (2) and N.I.	B (2)
Time invested	C (4) B (3)	B (3) (2)C	C (4), B, C and N.I.	B (2)
Presence of managers	C (3), A (2), B (2)	B (5)	B (3), C (2), A and N.I.	A and C
Contractual/ professional				
Dedication	B (3), D (2), C (2)	B (3), C and D	B (4), C, D and N.I.	B and D
Compensation	B (4), C (3)	B (3), C and N.I.	C (4) and B (3)	B and C
Career development	A (3), B, C and D	B (3) A (2)	B (5) and A (2)	A and B

N.I.: no information

Considering the differences related to physical and spatial location of staff, Table 6 shows only responses of staff living in provinces, and not of staff in Lima.

- There is agreement in project areas to give "good" or "very good" grades to areas such as achievements, time invested, and contribution to career development. CARE Huancavelica staff tends to give a "good" grade to activities, in contrast with other offices that are more critical of activities and grade activities as "good" and "fair".

- There is agreement in all project areas that the flow of information has been fair, in contrast with the opinion of CARE Lima staff.

- There is agreement to criticize areas such as time invested and compensation.

- There is predominance of grade "fair" to "good" relating to flow of administrative information, procedures with CARE Lima (except staff from Cañete), presence of managers and team leaders (except for Huancavelica), compensation, and time invested.

- There are two cases where opinions result in "negative" grades: coordination with CARE Lima in the case of Cañete, and logistics aspects in the case of Chincha.

Table 6: Responses of staff living in provinces

	Only Cañete (4)	Only Huancavelica(4)	Only Chincha (4)	Ica and Cañete (3)
Achievements	B (3) and A	B (2), A and AD	B (3) C	A, B N.I.
Internal coordination	B (3) and C	A (2), B (2)	B (2), C, D	B (2) N.I.
Coordination with Lima	D (2), C and A	C (2), B and A	C (2), B, D	A, C, N.I.
Internal procedures	A (2), B and C	C (2), B and A	B (2), C, D	B (2), C
Procedures with Lima	A (2) C and N.I.	C (3), B	C (2), B, D	B (2), C
Program information	B (2) and C (2)	A (2), B (2)	B (3) C	B (2), C
Administrative information	C (3)	B (2), C (2)	C (2) B D	B, C, N.I.
Multidisciplinary team	B (2) and C (2)	B (3) A	B (2), A and C	B (2), C
Logistics	B (2) and C (2)	A (2), C, AD	C (3) and D	A, B, D
Staff involved	B (2) and C	B (4)	B,C,D, N.I.	A, B, C
Time invested	C (2) and B	C (3), B	B (2) , C (2)	C (2), B
Presence of managers	B (2) and C (2)	A (2), B (2)	B (3) C	C (2), B
Contractual				
Dedication	B (2), C and D	B (2), C D	B (4)	B (2), A
Compensation	C (3) and B	B (2), C (2)	B (2), C (2)	B, C, N.I.
Career development	B (2), A and C	B (3) A	B (2) A, D	B (2), C

N.I. = No information

As for opinions on decision-making processes, Table 7 shows responses of "regular" staff to three opinion questions, which reflect a democratic view. 10 responses show general agreement on decisions being made in Lima; other 10 responses indicate that team leaders are taken into account in decision-making; and another 10 responses state that field staff' opinions are considered. In "regular" staff's opinions, there is a structure of decision-making power that is divided into different categories. Additionally, there are five responses that "generally disagree" on decisions being made

in Lima, and five responses that "strongly agree" on staff's opinions being taken into consideration.

Table 7: Staff's opinions about decision-making

Opinion	Decisions are made in Lima	Decisions are made by team leaders	Decision-making takes into account staff's opinions
Strongly agree	1	0	5
Generally agree	10	10	10
Neither agree or disagree	5	9	3
Generally disagree	5	0	3
Strongly disagree	0	0	0
Did not respond	1	3	1

Critical aspects: Coordination within CARE

Coordination of local teams with CARE's main office, which was one of the bottlenecks in the opinion survey, became one of the most important issues in the Evaluation Workshop held in Chincha. Internal coordination problems included:

- Weak leadership and direction within local teams. There is a belief that local offices were not empowered and there was poor coordination among the different projects under the Emergency Program. Among causes that explain this situation are the lack of local leadership (which would involve certain criticism of team leaders), few meetings held probably due to the emergency action, and particularly ignorance of Elma project objectives.

- Poor management of administrative information. The workshop revealed that staff based in emergency areas was not aware of administrative procedures, which resulted in delayed payments and proceedings. Besides, staff based in Lima implemented CARE guidelines and procedures that occasionally prevented effective work. They, in turn, faced problems with international purchase orders placed to other CARE national offices, such as CARE USA (they didn't know the characteristics of certain items). They said that the emergency was addressed according to CARE normal procedures.

- The lack of administrative staff in intervention areas, and how difficult it was for staff to combine field and administrative work.

This situation led to a discussion about the possibility to decentralize the process of emergency management. According to this approach, involvement of CARE Lima staff in field work is lacking. It was suggested that administrative staff is assigned to Project and intervention areas, instead of training staff members that work there. This approach aims for procedures not to be dependent on CARE Lima. At the other end, some said that if team leaders would work efficiently it would not be necessary to assign administrative staff to the field, which made clear reference to inadequate presence of team leaders. The consensus was that information and communication systems between CARE Lima and local offices needed to be improved.

In the workshop on Emergency Program Evaluation, "regular" staff emphasized other critical aspects:

- Staff members do not have a clear understanding of strengthening capacities of Civil Defense Committees, though a minimum induction and training in emergency response was provided to staff. This is explained by the fact that staff was hired in a hurry as a result of the emergency, and partly because of the dedication of staff to tasks such as distribution of relief items rather than institutional strengthening. Through direct observation, the evaluation could confirm that field staff lacks the basics of disaster preparedness.

- Poor coordination among projects operating in the same geographic areas. Several projects started to operate in the same geographic areas, but there was poor communication among staff members though they were part of the same program. Besides, beneficiary people see this as a group of individual projects, rather than a Program.

- At administrative level, CARE lacked assessment and evaluation tools for the analysis of cost structure to purchase relief items; there was no purchase plan; and there was no staff specifically dedicated to those activities. It was suggested that an administrative structure adequate to emergency situations should exist. However, it was recognized that such structure does exist for development projects only, not for the Emergency Program.

- Staff was dissatisfied due to the lack of recognition, delayed payments to consultants, inadequate transportation facilities, mistreatment and differences between CARE staff and field-based staff, and lack of motivation.

- Logistic and transportation problems, which are related to CARE internal regulations about vehicles. CARE team leaders are also responsible for vehicles, and that is way they have well-founded reasons to be reluctant to let someone else drive vehicles. Projects do not hire drivers, which causes transportation problems for field-based staff.

It should be noted the most CARE "regular" staff members were very concerned about the situation of field staff. While it has been stated that unequal relations do exist between both staff levels, "regular" staff members are aware of the situation and try, in one way or another, to advocate for field staff.

Field staff

Most field staff members working in projects under the Emergency Program are not "regular" CARE staff. They are hired to carry out specific activities for a given period of time, usually the time that project lasts which may be 3 to 6 months. They are

employed as independent workers, based on specific outputs.[7] Additionally, according to CARE internal norms, they do not have institutional e-mails, which exclude them from certain level of internal communication.

An employment and sociological profile of field staff in San Juan de Huancavelica is shown in Box 1.

Box 1:
Employment and sociological profile of field staff in Huancavelica (San Juan)

- They are young men and women aged 22 to 30, who have pursued careers in nursing, business management and sociology.
- They usually live in highland cities, such as Huancavelica and Ayacucho.
- Their working conditions are harsh: problems with logistics, per diems and transportation, no days off, little time to see family members. Besides, they don't have accident and health insurance. They told how co-workers had to stop working due to occupational accidents and received no indemnity payment.
- They point out that they have problems with the terms of their employment contract: as independent workers they are paid by output, which means that if the project is delayed for reasons beyond their control (for example, rainy season) they should work more days for the same salary.
- They earn salaries lower (20% less) than those of promoters that work for other NGOs in the area.

Field staff lacked the basics of disaster preparedness and the civil defense system. As it has been said, it was probably due to the fact they were hired in a hurry and to the fact that CARE did not provide training courses in relevant issues.

However, field staff views and concerns are not limited to working conditions. They also have a general idea on how projects and the Program are implemented, and their own opinions that are often critical of the situation. They criticize the programmatic work of team leaders, how CARE deals with administrative matters (occasionally they would not be paid on time due to administrative flaws), and demand training in disaster preparedness. Last but not least, they sense there are differences between CARE Mission and Vision statements they were given when they joined the organization and the real circumstances where they fulfill their tasks.

The situation of field staff was widely discussed in the evaluation workshop in Chincha. "Regular" staff is in favor of improving the working conditions of field-based staff. The accountability mechanism (complaints/suggestions system) implemented under the Emergency Program has gathered field staff's demands.

[7] As independent workers, field staff does not have accident and health insurance, social benefits, or length of service indemnity.

INTERVENTION STRATEGY

General aspects

CARE Peru has put forward an integrated approach covering Emergency, Rehabilitation and Reconstruction phases. Priority has been given to action in local spaces through strengthening of Civil Defense Committees (CDC), and carrying out works to improve quality of life and providing training in institutional strengthening.

CARE Peru presented with an intervention going beyond immediate response. For example, they put forward activities such as removal of rubble that goes beyond normal humanitarian assistance or establishing an accountability mechanism, which involve other type of processes and intervention projects. It is here that the toll-free line and proceedings to get a backhoe fit in. In contrast to other agencies, CARE Peru is clearly committed to local development based on projects. This is an objective set by the team, including field staff.

Sustainability strategy is put forward based on trainings for communities and the creation of associations of strong and capable users that are able to take over management responsibilities. This is true for water and sanitation committees and water user boards in the Highlands, which are equipped with operation instruments, fix family' fees, give maintenance, etc. This is also true for trainings in maintenance of latrines and good hygiene practices in the coastal area.

Worthy of mention is the policy for selection of beneficiaries in exchange of community contribution through labor force. This is true for temporary house models, which for these to be built beneficiaries were asked to contribute. Some people got discouraged and did not participate. A few moths later, when the rainy season started in the area, the population learned a lesson about contribution in exchange of benefits. [8]

CARE Peru projects have considered specifically the presence of various ethnic groups, such as Afro-Peruvian and Quechua-speaking people. CARE staff members themselves have taken into account this cultural aspect.

Institutional image and visibility

As for the visibility of CARE Peru and its strategic approach to intervention, there are differing views expressed by different actors. INDECI values CARE Peru's efforts to go beyond immediate response and to strengthen the civil defense system. In local spaces, municipal authorities interviewed say they cannot distinguish CARE Peru's efforts from other International Cooperation agency efforts. While they can distinguish CARE Peru from CARITAS as organizations, they cannot tell the difference between what they do. They think that these are similar organizations and "do the same".

[8] This aspect could be considered by government institutions, whose authorities complain about the fact that communities are not willing to work and just ask for assistance (San Luis and San Vicente, for example).

Additionally, CARE Peru field staff said that population used to mistake CARE for CARITAS during the intervention.

CARE Peru should reflect on whether this image, as an International Cooperation agency, fits in with CARE principles.[9]

Civil Defense System

The institutionality of Civil Defense Committees, both at district and community levels, is weak. Municipal authorities are not aware of aspects and obligations related to this issue. Municipal authorities' capacity to address affected people's needs is weak. We are talking about activities such as provision of certificates for houses unfit to live in, relocation of affected tenants, insecurity in shelter, property and land division problems, legal physical reorganization, etc.

As for the rudiments of disaster preparedness, it should be noted that in the interview with the Assistant Technical Secretary of Civil Defense in the provincial municipality of San Vicente, the following could be confirmed:

- Authorities and officers are unaware of concepts and notions of civil defense and planning. The Assistant Technical Secretary said that the office was working on a civil defense plan and showed as evidence documents that in reality were not plans, but a set of conceptual definitions (What is SINADECI?, What is COE?)
- Civil Defense office did not have the register of affected people because it was in possession of the Civil Works Department which, as he said, had made house inspections together with INDECI. The Civil Works Department is currently using the register to process requests for house grants offered by the national government. In other words, provincial local levels of Civil Defense have been pushed into the background by the municipal government itself.

In the towns visited, CDCs in general are slightly better than these were when the earthquake hit. There has been a process of activating CDCs, but these lack plans and Emergency Operation Centers (COE) have disappeared. In Huancavelica, RELIANCE project developed a document "Guidelines for a Timely and Effective Response", which is considered as a guide.

Affected people, both in Andean and coastal areas, are very confused. Firstly, they often mistake the Civil Defense Committee (made up of various institutions and chaired by the mayor) for the Civil Defense office in the pertinent municipality. Secondly, they don't know that community-level CDCs can be formed.

However, in peri-urban and rural areas, progress has been made in Civil Defense Committees at residents' organization and community levels (e.g., Grocio Prado, Chincha; Huancavelica). Indigenous communities or water user boards in rural villages are interested in participating in CDCs, thus expanding its governmental base. This

[9] This would deserve a study whose basic question would be, "What aspects of CARE Peru image and practices are the same as, and different from, CARITAS or other cooperation agencies?"

suggests that, in local spaces, participation of community organizations may strengthen district- and community-level CDCs.

Empowerment

Emergency Program projects have been linked to existing Community-Based Organizations (OCs), such as residents' organizations or indigenous communities, and have also helped build social capital with water and sanitation committees and water user boards in the Highlands.

As for the linkage between social and economic impact of CARE's projects and empowerment of social organizations, experience demonstrates that this is more likely to happen where exist the following conditions: i) projects that cover more areas; ii) greater impact because of a smaller number of people; and iii) attention to economic and productive aspects related to management of production means. That is the case with rural communities in Huancavelica, for example.

However, it will be more difficult to empower OCs in coastal medium-size cities where CARE has worked. In these cities, communities and OCs have less power because they function within more complex and wider societies where there community capacity to exert pressure is reduced. Given the availability of CARE restricted funds, impact is felt more in communities or districts, and consumption and distribution spheres. It is difficult for OCs to be empowered at a district- or provincial level, and advocacy for productive aspects is lower because poor people work for private large- and medium-sized companies and it is hard to impact on means of productive.

Gender

In the cities, organizations created around food issues have become the hub of support and training activities. There is certain level of female presence in local leardership. In rural and urban areas, women have been benefited as part of the population as a whole. Projects did not have an element to specifically address women's needs. That is why they were benefited as much as other groups (men, children, and elder people). However, as demonstrated by focus groups with women in the coastal and highland areas, projects have contributed to raise women's self-esteem, to develop their capacities and initiative, and to develop and consolidate female leadership.

CARE Peru's principles have been expressed through organization and training. For example, women have management positions in water and sanitation committees and water user boards, which is something unusual.

Rights and gender issues have been addressed in different projects. For example, for the establishment of water and sanitation committees, this issue was reinforced due to the prevailing male domination. Focus groups revealed that women are particularly aware of the benefits that works bring to them, unlike men, for whom women's needs and sacrifices remain invisible. For instance, women recognize that rehabilitation of house connections saves them hard work (such as carrying buckets by themselves), improves children's health and, in general, gives them additional free time to engage in training activities (production, craftwork, trading). New horizons have opened up for

women to be present in public spheres and fulfill their aspirations of training and insertion into labor market.

Various aspects

Regarding Sphere standards, the application of the principle of shared responsibility was noted in sanitation and hygiene practices for example, which ultimately caused this responsibility to fall on all the community members. The use of Sphere prevented teachers from being excluded from benefits. But there were problems with latrines because there was no room for distance intervals. In some cases, as the land area was not enough for the installation of latrines 15 meters away from houses, these were installed in other sites but at intervals of 2 or 3 meters.

Similarly, in targeted urban and rural areas, all segments of population have been attended, and water and sanitation committees have been promoted. Sphere standards have been used for the installation of latrines, though houses not always allowed for the installation of sanitation systems at the required distances, due to the existing population density.

IMPACT

Organization and sustainability

CARE Peru involvement in the rehabilitation of water systems, irrigation systems, and installation of latrines is preparing community for future management. Given that training and organization components were used, organizations and the means created for projects are expected to permit sustainability and maintenance actions.

CARE Peru involvement has helped strengthen, and even create, a group of social organizations or management levels linked to community, such as sanitation and water committees and water user boards which, in some cases, will take over municipalities work. Members of these organizations have been trained, and organizations now have articles of incorporation. In some local areas of cities, levels of organization have been established by zones, each one with representatives, and a community network that facilitates and legitimizes the process of training in disaster preparedness (talks, access to facilities).

These aspects will need a follow-up and monitoring system that enable to confirm adequate use of services and effective management by beneficiaries' organizations.

Regarding improvement of life quality, the impact on rural and urban poor beneficiaries is the same. As for economic development, the impact on rural communities is greater due to the fact that works and actions (irrigation canals, seeds) impact directly on productive infrastructure of rural poor people who are mostly smallholders. This impact is expected to increase productivity in future. This component was not developed in coastal areas. This situation is partly due to the fact that urban poor people benefited from the project are unskilled laborers, or employed on a temporary basis by agribusiness or construction companies in the cities, meaning that they do not own means of production.

Civil defense system

Special attention should be paid in the medium and long term to changes in policies and practices that the institutional strengthening component may produce in local authorities. It is still too soon to evaluate the impact of CARE institutional strengthening component on CDCs and communities, and the synergies that may have be created between them.

However, Civil Defense System is perceived to be an institution that "looks upwards", that is to say each and every actor of Civil Defense expects that higher government levels provides support, without which it will not be possible to build the system.

Social leaders strongly believe that if district municipalities cannot support civil defense initiatives at community level, the situation of CDCs will very soon reverse. This issue is also associated to mistrust and dissatisfaction with local authorities. In Huancavelica, for example, revocation processes of mayors are under way.

Regarding municipalities, signs of promotion of the civil defense system are still weak. In San Juan watershed, in Huancavelica, mayors live on the South coast (Chincha) and visit districts only once a week. Under these conditions it is difficult to strengthen CDCs. There are also weaknesses in municipalities on the South Coast. Local municipal officers strongly believe that the strengthening of SINADECI largely depends on national government's support, and provision of funds for CDCs. In places where CDCs are being activated, INDECI support is expected in future for development of plans and training for CDCs so that these can carry out monitoring of support provided to them.

There are doubts in local communities regarding good will on the side of national government, particularly because a 90% of the support received has come from abroad, and only 10% has come from the Peruvian government. Municipal authorities do not trust national government to provide funding for reconstruction (suspicions of political favoritism). This has influenced the creation of a network called Association of Municipalities in October 2007, in the city of Pisco, made up of 26 district and provincial municipalities, which are trying to have funds transferred to municipalities.

REPLICABLE INITIATIVES OR ACTIVITIES

CARE Peru's Emergency Program has implemented an approach that connects Emergency Relief, Rehabilitation, and Reconstruction phases beyond immediate and current response, which is necessary from a local development perspective. The major challenge has been to work through various projects in an extensive geographic space going from cities on the coast, with hundreds of thousands of people, to highland areas with small villages in Huancavelica.

The following should be taken into account in order to replicate initiatives or activities:

- Regarding the methodology of intervention, the extensive area of intervention was dealt with through targeting specific provinces (Cañete, Chincha and Castrovirreyna), which involved previous coordination meetings with INDECI

and other development agencies. Worthy of note are also flexibility and rapid capacity for adjustment to direct distribution of relief assistance, due to deficiencies in local governments.

- Strengthening of social capital of affected population through empowerment. CARE has not only carried out the necessary works, but also has trained and contributed to create organizations that will be responsible for management, administration and operation (water and sanitation committees, water user boards). In that direction, CARE promoted population's participation in defining works, selecting beneficiaries and providing labor force, water resources, and land.

- Work in local spaces in favor of institutional strengthening of district CDCs, the role of municipalities and development of CDCs at community level. Though these levels were weak at an institutional level when CARE got involved, it should be made clear that an emergency response intervention without taking local institutional strengthening into consideration will not go beyond immediate and current action. The foundation of Civil Defense System needs to be strengthened.

- The implementation of an accountability mechanism has been one of the major successes of the Emergency Program. Besides upholding a programmatic principle of institutional transparency, the mechanism has helped identify and solve in time mistakes and obstacles in the distribution of relief supplies, and has also allow access to information about mistakes at field level in the relation between CARE staff and beneficiaries. Finally, it has helped CARE field-based staff to express their complaints and demands.

LESSONS LEARNED

The most important lessons learned include:

- In projects that made up the Emergency Program, it was noted a different rate of progress between development and rehabilitation results achieved in communities, and weaknesses that Civil Defense Committees and the civil defense system in general still have.

- Poor coordination among projects operating in the same geographic area. Various projects started to operate in the same geographic area, where it was noted poor communication among staff members though they were a part of the same Program. This showed that there area difficulties to articulate an Emergency Program with the different projects that form it. This is showed at an internal level through poor coordination with staff members of different projects. It was mentioned that targeted population see this as a sum of individual projects rather than as a Program.

- To review at organizational level the flow of information and administrative procedures between CARE Peru main office and sub-offices. In the evaluation

workshop in Chincha, this led to a debate on the need for administrative decentralization. Project managers and team leaders, as well as advisors and consultants, propose administrative decentralization.

- The existence of two staff levels ("regular staff" and "field" staff) within CARE has been confirmed, with differences in working conditions (salaries, logistics aspects, transportation, social benefits, health insurance), treatment and capacity to express their opinions. Field-based staff knowledge of disaster preparedness in very limited.

- The accountability process, through a mechanism of telephone calls, should consider that 80% of calls were made from cities on the Coast, which reveals communication problems in the Highlands. Alternative mechanisms should be put into place to gather opinions of rural people living in remote areas.

RECOMMENDATIONS

The following recommendations are made to the Emergency Program:

- To review the conception and methodology for institutional strengthening of Civil Defense. In theory, projects articulate development components (sanitation, water, economic development, and housing) with the strengthening of Civil Defense (CDCs, plans). While the evaluation reveals a remarkable progress in the development components, institutional strengthening of Civil Defense does not show the same progress.

  Though initially these may be considered as components with different rates of progress, and therefore these may be expected to respond over time, consideration should be given so as to orient community-level progress towards institutional strengthening of civil defense, which should be led by local governments. The social capital promoted among targeted poor population should be oriented, through innovative ways, towards Civil Defense tasks. From this perspective, in rural highlands communities, social and institutional strengthening should be the foundation for community-level Civil Defense Committees to enable the creation of an emergency response network given the low presence of authorities. Development of community-level CDCs in the coastal areas could be put forward.

  CARE Peru should review and establish guidelines that articulate projects' components and activities (drinking water, latrines, housing, productive infrastructure, etc.) with the strengthening of CDCs. Due to their importance and impact, projects should ensure a greater visibility of their relations with Civil Defense. This could be achieved by promoting CDCs through letters of commitment, appeal campaigns, decision-making power, guidance of processes and participation in trainings. The author reiterates that CARE should ask itself if the underlying conception of the current proposal is really contributing to strengthen CDCs in the highlands and coastal areas.

- From this perspective, consideration should be given to the need for local governments engaged in civil defense to hire and have permanent staff based on a merit system. CARE may develop post-graduate studies on civil defense, as done in the past in the field of sanitation.

- To develop a component for follow-up and monitoring of results achieved (social capital, economic development, institutional strengthening), in a perspective of development and strengthening of district Civil Defense committees. In the perspective of empowerment of OCs, CARE should conduct supervision, monitoring and mediation tasks – in between development projects - to overcome mistrust among authorities and population.

- At an internal level, CARE Peru should examine the similarity found by many local agencies between CARE and other institutions (specifically CARITAS). If both of them are perceived to be institutions that share programmatic objectives and means of organizations, this would not represent a problem. But this would be problem if CARE seeks to be distinctive, which should lead the organization to refine its strategy.

- To improve administrative procedures between CARE main office and sub-offices. In the evaluation workshop, CARE staff put forward solution alternatives which were: to provide field offices with administrative staff, or this issue should be addressed by team leaders, with empowerment of sub-offices and greater presence of these in the field. CARE should examine both options.

- To examine references about poor coordination among projects operating in the same geographic area. Various projects started to operate in the same geographic areas, where poor communication among projects' staff members was noted, though they were part of the same Program. It was pointed out that beneficiaries perceive a sum of individual projects rather than a Program. A process for follow-up, monitoring and centralization of information may warn this type of deficiencies on time.

- It is important to reflect on the different perceptions between "regular" staff categories and between CARE Lima staff and CARE sub-offices. To solve administrative bottlenecks and carry out a specific approximation to working conditions and employment contract modalities between categories of staff in CARE Lima and sub-offices. It is recommended that working conditions of field staff be improved, and discussions should be held on whether recruitment of staff as "independent" workers is right for employees who work in harsh conditions. If this is not possible in terms of wage costs, field staff should be provided with accident and health insurance. It is recommended that projects hire drivers in order to make improvements on this matter and rule out the policy that establishes that team leaders are "responsible" for vehicles.

- In the emergency response intervention, CARE should provide rapid trainings for new hires so that they can gain a minimum notion of disaster preparedness issues.

- It is recommended to continue the transparency and accountability process, securing funds in order to maintain it, and trying to make it an intervention that cuts across different projects, which should be continued as a part of this experience. To create alternative mechanisms to respond to areas that lack telephone infrastructure.

- CARE Peru should respond to requests of assistance from communities where CARE provided technical support (construction of adobe houses) and trainings in disaster preparedness, as these requests refer to formative aspects, and not to tangible assets. Similarly, CARE should expand their projects to areas that have not been targeted and, at the same time, "deepen" projects that can speed up processes. For example, besides improvement of pastures, improvement of cattle may be incorporated into the economic development component; in the housing component, house units or foundations that allow for future construction, apart from tents or temporary houses. The emergency phase is over, and CARE Peru may give some thought to the idea of carrying out a more lasting work, though this may mean excluding many people from support. However, this may involve giving better support, solutions on the medium term, and more resistant materials to a few.

- CARE Peru should continue to coordinate with International Cooperation agencies and national and local authorities to make a review of achievements, which enables to identify gaps and future actions. In this way, projects could be developed to complement the activities carried out by Cooperation agencies. For example, some of them may build house models, while others may be responsible for the installation of water and sanitation systems.