



Evaluation 2011/1

SDC Humanitarian Aid: Emergency Relief



Evaluation of

SDC Humanitarian Aid: Emergency Relief

Commissioned by the Corporate Controlling Section
of the Swiss Agency for Development and Cooperation (SDC)

Contents:

- I Evaluation Abstract**
- II Senior Management Response and Agreement at Completion Point**
- III Evaluators' Final Report**

Annexes and Case Studies (CD)

Bern, June 2011

Evaluation Process

Evaluations commissioned by SDC Senior Management were introduced in SDC in 2002 with the aim of providing a more critical and independent assessment of SDC activities. Joint SDC/SECO programs are evaluated jointly. These Evaluations are conducted according to DAC Evaluation Standards and are part of SDC's concept for implementing Article 170 of the Swiss Constitution which requires Swiss Federal Offices to analyse the effectiveness of their activities. SDC's **Senior Management** (consisting of the Director General and the heads of SDC's departments) approves the Evaluation Program. The **Corporate Controlling Section**, which is outside of line management and reports directly to the Director General, commissions the evaluation, taking care to recruit evaluators with a critical distance from SDC.

The Corporate Controlling Section identifies the primary intended users of the evaluation and invites them to participate in a **Core Learning Partnership (CLP)**. The CLP actively accompanies the evaluation process. It comments on the evaluation design (Approach Paper). It provides feedback to the evaluation team on their preliminary findings and on the draft report.

Evaluation research shows that involving key stakeholders in generating recommendations leads to a higher rate of implementation. During a Synthesis Workshop, the CLP validated the evaluation findings and conclusions and, with the facilitation of the SDC Evaluation Officer, elaborated recommendations for SDC from their perspective. These are noted in the Agreement at Completion Point (ACP). The ACP was forwarded to the Head of Humanitarian Aid (the domain of which Emergency Relief is part of) who drafted the Senior Management Response which was subsequently approved by SDC's Directorate (the Director General and the heads of SDC's Departments). The ACP of the CLP and the Senior Management Response are published with the Final Evaluators' Report. The Senior Management Response forms the basis for future rendering of accountability.

For further details regarding the evaluation process see the Approach Paper in the ANNEX 2.

Timetable

Step	When
Evaluation Programme approved by Senior Management	September 2009
Approach Paper finalized	April 2010
Implementation of the evaluation	July 2010 - January 2011
Agreement at Completion Point	February 2011
Senior Management Response in SDC	Mai 2011

I Long Evaluation Abstract

Donor	SDC – Swiss Agency for Development and Cooperation
Report title	Evaluation of “SDC Humanitarian Aid: Emergency Relief”
Geographic area	Global
Sector	Multisector, Conflict, Peace and Security, Emergency assistance and reconstruction, Emergency food aid, Health, Social infrastructure and services, Water supply and sanitation, Support to NGO’s
Language	English
Date	February 2011
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Subject Description

This report is an independent evaluation of the processes and results of SDC’s Emergency Relief approach and activities worldwide primarily in terms of lives saved and suffering alleviated. The period covered major emergency situations in 2009 and 2010. The evaluation considers in particular the **Emergency Relief** (Immediate Response, Survival Assistance and Early Recovery). It does not cover the reconstruction although it addresses the linkage between emergency relief and the reconstruction. The scope is multisectorial, including all emergency instruments of SDC. However, in some countries, the evaluation was limited to one type of relief (food assistance in Sudan and Search and Rescue in Sumatra).

Evaluation Methodology

The evaluation is based on four case studies (Gaza, Sumatra, Sudan and Haiti); reviewed 415 documents, visited Haiti and Gaza/oPt and interviewed 211 responders or managers (111 completed a one-page questionnaire). In addition, 131 beneficiaries were consulted in Gaza and Haiti. Interviewees included 58 SDC managers at HQ and field level, 65 NGOs / Red Cross partners, 64 from UN agencies as well as donors and local authorities. Written material included 107 general documents, 109 on Gaza crisis, 64 on Haiti earthquake, 82 on Sumatra earthquake and 52 on the food assistance in Sudan.

Major findings and conclusions

SDC has five instruments to implement its Humanitarian Aid (HA): The Swiss Rescue (SR), targeting victims trapped under the rubble; the Rapid Response Teams (RRTs); the financial contributions to NGOs or multilateral partners; the bilateral material assistance and food supplies; and the secondments of experts from the Swiss Humanitarian Aid Unit (SHA). The mix of instruments is very good and their implementation appropriate and effective in the two countries visited: Haiti after the earthquake and Gaza after the conflict. The response was rapid and timely and satisfaction of beneficiaries was very high.

The adaptability of the emergency response to context would need some attention. The existing mechanisms are better adapted to sudden massive disasters threatening lives than to surges in conflicts where advocacy and expression of solidarity are the prime objectives.

There are increasingly fewer opportunities to save lives through the deployment of the SR. The decision NOT to send SR to Haiti and to shift resources towards other forms of assistance (medical care, water, shelters) is credited for saving many more lives. In Sumatra, the HA impact was due to activities other than search and rescue. This trend of declining effectiveness of SR in terms of lives saved is likely to increase in the future.

The strengthening of local partners (NGOs, Red Cross and UN) is a major success of SDC response. However, it did not include local government coordinating mechanisms which were unwillingly marginalized by the international community in its response to the earthquake in Haiti. Support to multilateral organizations is appreciated for its lack of conditions and constraints. That flexibility reduces the impact and influence on improving the performance of those large partners. The impact is not measurable and is likely to be modest. Secondments to UN agencies is generally prompt, appropriate and of good professional quality. Its effectiveness is mainly at technical or operational level. The duration of the secondments is an additional asset.

Priorities for Change and lessons learned

SR is losing its operational uniqueness and leadership. Search and Rescue is now being mainstreamed – a positive achievement, to the credit of SR. The role, place and resources of the SR should be reviewed. This instrument must be recalibrated. SDC should identify new innovative areas to regain its global leadership as pioneer. Several alternatives are proposed for consideration in the health sector (from an institutionalization of a medical capacity including support to local medical volunteers and a strong nursing component), information management (including the general inventory of donated pharmaceuticals) and Clusters coordination.

Multilateral support should be maintained but with more specificity permitting closer monitoring of its impact. It should address areas in need of institutional change or improvement in the international system and already identified by SDC (for instance greater use of cash donations and earlier support to national government partners). The range of partners should be broader to include regional organizations and adapted better to the type of crisis.

Recommendations and Senior Management Decisions

The SDC Core Learning Partnership generated the recommendations for the evaluation. Senior Management took a number of decisions for an improved SDC engagement in Emergency Relief activities in the future. These are grouped under the following headlines:

1. Rapid Response Teams
2. Coordination at HQ and field level
3. Multilateral Organizations
4. Food Security
5. Medical Assistance
6. Pharmaceutical logistic
7. Cash/vouchers programs
8. Preparedness

II Senior Management Response to the Evaluation of SDC's Humanitarian Aid: Emergency Relief

I. Overall Appreciation of the Senior Management

SDC Senior Management welcomes the final evaluation report “SDC Humanitarian Aid: Emergency Relief” and the “Agreement at Completion Point of the Core Learning Partnership”. It thanks all those involved in the evaluation process.

Senior Management appreciates the quality of the evaluation report and acknowledges the thematic and methodological professionalism of the evaluation team. The evaluation represents a significant contribution to a broader insight on SDC’s emergency relief responses, particularly for the ones in Haiti and Gaza. Senior Management further values the evaluation team’s efforts to analyze each of the chosen crisis situations in depth. Indeed, the team faced an important limiting factor, which is the long period of time that had elapsed since the initial emergency relief: approximately six months in the case of Haiti, and almost 18 months in Gaza. The evaluation shows that, even if SDC/Humanitarian Aid provides relevant and effective emergency relief assistance, there is potential for improvement.

Senior Management shares the opinion of the CLP that the complexity and variety of instruments and situations analyzed has represented a major constraint to this evaluation. Its scope ranged from (protracted) conflict situations (Gaza and Sudan) to natural disasters (Haiti and Sumatra), and thus included different emergency response modalities. It was therefore difficult to compare various responses and to synthesize the findings. As a result, the evaluation conclusions are not sufficiently concrete and substantiated. Senior Management expected a more concrete overall appreciation of SDC’s engagement in Emergency Relief. Further, it would have appreciated additional references regarding internationally recognized practices in this field. It also felt that the report lacked innovative recommendations.

Senior Management regrets that the Priorities for Change, and consequently the recommendations defined by the CLP, are rather of operational nature. As a result, lessons learned at country level are significant, but the recommendations provide little management orientation and strategic advice on Emergency Relief in general.

Finally, Emergency Relief as a response to conflict situations is strongly linked with the ever-increasing Fragile States situations. Senior Management is therefore very interested in reading the external evaluation on Fragile States whose results will be discussed at the end of 2011.

II. Guiding Principles for future Emergency Relief Activities of SDC

The SDC/Humanitarian Aid has a strong longstanding commitment in the emergency relief. It is needs-based and follows the humanitarian principles of humanity, neutrality, impartiality and independency. SDC/Humanitarian Aid has several instruments, modalities and mechanisms at its disposal to assist best the victims or the affected population: the Swiss Rescue, the Rapid Response Team, secondments, financial contributions, and finally, material assistance and food supplies. Emergency relief instruments can be engaged separately or combined according to the needs.

Senior Management thanks the CLP for having taken into consideration the three following important criteria while defining the recommendations: the administrative and political feasibility, their acceptance and the prospect of their implementation.

Senior Management appreciates that the recommendations defined by the CLP encompass emergency relief and preparedness, two out of four strategic fields of activity of the Humanitarian Aid. It also emphasizes that the recommendations are relevant for SDC's responses to natural disasters as well as for responses to conflict/crisis situations.

SDC Senior Management sees no fundamental need to recalibrate the Swiss Rescue. On the one hand, Humanitarian Aid is implementing its Swiss Rescue instruments according to agreed international standards. SDC acts in line with INSARAG guidelines. The structure of "Urban Search and Rescue Teams" (USAR) is clearly defined, for both heavy and medium teams. On the other hand, the effectiveness of the USAR goes beyond the immediate life-saving activity. First, the Swiss Rescue stands often at the beginning of a mid- or long-term assistance of SDC Humanitarian Aid. Second, it is connected to the SDC/Humanitarian Aid commitment for preparedness, which includes USAR capacity building in disaster-prone countries. Finally, it is an instrument of Swiss foreign policy and an important sign of international solidarity.

For achieving better results in Emergency Relief operations, Senior Management takes the following strategic decisions:

1. Rapid Response Teams (RRTs)

1.1. SDC Humanitarian Aid will i) continue to train international and national staff in relevant Swiss representations (Cooperation Offices – COOF – and Swiss Embassies), including staff who have less experience in humanitarian aid, in analyzing and handling crisis situations, and furthermore ii) consider to establish and train a local COOF based RRT for South Asia based on the Latin America experience.

1.2. SDC HA will i) further adjust the RRT's recruitment profiles based on the positive experience with the "Specialized Group Security", in order to increase the number of persons able to cover complex emergency situations better (such as fragile context, volatile security environment, insecurity), and ii) organize trainings for Swiss Rescue members to improve their capacities and awareness about complex emergencies responses.

2. Coordination at HQ and Field Level

2.1. In order to promote coordination during emergencies phases, SDC Humanitarian Aid will:

- First, continue to proactively participate in the international emergency coordination platforms (such as the virtual OSOCC) and involve staff accordingly.
- Second, strengthen the performance of Cluster¹ through liaison officers. SDC will strengthen the liaison function in terms of quantity and quality. This will help SDC to play a more active role in creating synergies (e.g. in terms of logistics) between the different actors working in a crisis situation. SDC will - when possible - assume the

¹ The cluster approach has designated multilateral individual agencies as 'sector leaders' to coordinate operations in specific areas to try to plug identified emergency gaps. The cluster approach operates on two levels: the global and local. The clusters are concentrated on different areas: such as emergency shelter, logistics and health.

lead of a regional/local Cluster working in themes relevant with SDC main fields of operations.

- Third, SDC Humanitarian Aid will continue to advocate for quality standards on processes, instruments and modalities at cluster level (see recommendation 8.3).

2.2. SDC will - when possible - continue to actively promote a better coordination among the Swiss actors present in the field during an emergency situation. SDC will take a more active role in facilitating and fostering coordination and exchange of information among Swiss actors in the field.

3. Multilateral Organizations

3.1. In order to improve its multilateral support, SDC Humanitarian Aid will:

- Continue to support annual non-earmarked contributions to its core multilateral partners (ICRC, OCHA, UNHCR and WFP). This will be done in line with the Global Humanitarian Donorship (GHD) Principles and the political decision of the Swiss government.
- Continue to support geographically earmarked contributions in response to specific emergency appeals to the above named or other multilateral partners (UNRWA, UNICEF, etc.).
- Broaden its contributions to other international and regional institutions depending on the type of disaster and the specificity of SDC's own response.
- Strengthen its results-based management system (CCM) in order to improve the follow-up of the SDC (earmarked and non-earmarked) contributions.

4. Food Security

4.1. The Food Security African Division will strengthen its cooperation in the food security with the FAO Emergency Unit. This will promote better transitions between Emergency Relief and Recovery phases. It will also support protracted relief situations. Others partnerships will be considered case by case.

5. Medical Assistance

5.1. The SDC Medical Thematic Group will implement and disseminate the Mother-Child module to the Humanitarian Aid operational divisions. SDC has been developing a medical assistance Mother-Child module, which will be deployed according to the needs and the possibilities of the affected populations and countries. Medical assistance, as well as capacity building of local partners, are both needs.

6. Pharmaceutical logistic

6.1. Qualified SDC staff will follow up on SDC medical donations down the chain of delivery from the producers to the distribution to the beneficiaries. This has to be done even if SDC acts only as transport facilitator of medical donations. SDC will therefore reinforce the pharmaceutical competences of the persons who are being deployed immediately after a crisis situation, be it for the SDC medical activities or, upon demand, for support to others (such as WHO). Agreements with the Swiss pharmaceutical industry and other relevant donors of medical supplies are foreseen.

7. Cash/vouchers Programs

7.1. SDC Humanitarian Aid will continue to organize trainings on cash/vouchers programs for specialized staff, such as members of the Swiss Humanitarian Aid Unit. This will facilitate the implementation of programs, particularly during crisis situations.

7.2. The Community of Practice "Cash" will develop a knowledge management concept for disseminating cash/vouchers programs. The Community of Practice will disseminate information on methods, instruments, processes and best practices. It will also update and disseminate the SDC Cash Handbook. The approaches implemented during Emergency Relief, Early Recovery or Reconstruction phases should be differentiated. This will help SDC to better conceptualize its cash/vouchers experiences, particularly during Emergency Relief phases.

7.3. In crisis situations, SDC Humanitarian Aid will more strongly promote its cash program approach and better inform other donors and international community in general about its capacities for cash programs.

8. Preparedness

SDC will develop some of its innovative areas further:

8.1. SDC Humanitarian Aid will continue to promote exchange, training and capacity building on emergency responses at both the national and regional level (by national governments and local state entities). This will improve the partnership and respective response mechanisms collaboration in disaster-prone countries. It will also support the States, which are the primary guarantors of assistance and protection to their affected populations during humanitarian disasters.

8.2. SDC Humanitarian Aid will promote the dissemination of emergency relief quality criteria internationally.

8.3. By capitalizing and disseminating its experiences in the field of emergency shelter, SDC Multilateral Humanitarian Affairs Division and the SDC Thematic Group for Construction will define with IFRC and UNHCR a strategy for strengthening the Shelter Cluster.

Agreement at Completion Point (ACP) of the Core Learning Partnership (CLP)

Overall Appreciation of the CLP

The CLP welcomes the present external evaluation on SDC Emergency Relief activities as it reveals a series of important findings. Some of these findings have an importance that goes clearly beyond the strategic field of activity “emergency relief”; being considered also in the field of humanitarian preparedness in its broader sense.

The CLP notes that a key point of the evaluation process was to find a team able to tackle all the important Emergency Relief aspects. Despite the demanding task to communicate the complexity of the Swiss Emergency Relief Response on the one hand, and to make understood this complexity on the other, the CLP acknowledges the thematic and methodological professionalism and approach of the evaluation team. The CLP values the number of interviews that the team has undertaken and the numerous documents analyzed.

Without a doubt the major constraint to this evaluation has been the complexity and variety of instruments and situations to be analyzed. The evaluation scope ranged from (protracted) conflict situations (Gaza and Sudan) to natural disasters (Haiti and Sumatra), and thus included different emergency response modalities. It was therefore difficult to compare the different responses and to generalize the conclusions. As a result, the CLP finds that the field report conclusions are generally more concrete, substantiated and useful than the consolidated main report conclusions. The evaluation scope could therefore be questioned as too wide. It is difficult to define the scope of thematic evaluation on emergency relief which needs at the end to be relevant and useful for all the different SDC emergency relief modalities. Still, the CLP considers the evaluation to be a significant contribution which will have a positive impact on SDC’s Emergency Relief efforts and improve future interventions.

The CLP appreciates that it has been provided the opportunity to discuss the methodology and the preliminary results of the study. The CLP suggests adding some discussions on the country field studies before the finalization of the main report. Even if highly time-consuming, the participatory process represents an added value for the final evaluation quality and for increasing the institutional learning as well as the ownership of processes of change. Altogether this has been an important learning process for all the CLP’s members.

Recommendations of the CLP

Based on the evaluation results and the priorities for change suggested by the evaluation team, the CLP has defined the recommendations for achieving better results in Emergency Relief operations.

In order to increase the acceptance of the recommendations and thus the prospect of their implementation, the CLP has selected the priorities for change that are more administratively and politically feasible for SDC. The CLP believes that the quality of SDC’s Emergency Relief operations will improve through the implementation of the recommendations listed below.

With the aim of enhancing the SDC emergency relief performance, the recommendations encompass emergency relief and preparedness, two out of four complementary strategic fields of activity of the Humanitarian Aid.

The CLP would like to emphasize that the following recommendations are relevant for SDC's responses to natural disasters and conflict/crisis situations.

The CLP recommends the Board of Directors to take the following decisions:

1. Communication Strategy on Emergency Relief Instruments¹

1.1. SDC Staff of Humanitarian Aid should develop and implement a communication strategy on Emergency Relief jointly with EDA-Info. This will promote a better understanding of the broad range of Emergency Relief activities within the Swiss population, the Parliament and the media. It will therefore enhance the understanding of strategic decisions taken during a specific crisis situation. The communication strategy should cover the five SDC Emergency Relief instruments (Swiss Rescue; Rapid Response Team; financial contributions; material assistance and food supplies; secondments). The reason for suggesting this recommendation is that it has been observed in past Swiss Rescue Missions, that the mass media information to the public has not reflected the entire scope and purpose of the Swiss Rescue response.

2. Rapid Response Teams (RRTs)

2.1. The HQ (Crisis Management Team) should clarify, define and communicate to all relevant actors the chain of command of an Emergency Relief action on a case by case basis depending on the specific situation. This will lead to a clear definition of the roles and responsibilities of HQ, COOFs, Embassies and RRTs and their respective relationship in terms of decision making.

2.2. SDC Humanitarian Aid should i) train international and national staff in relevant Swiss representations (Cooperation Offices – COOF – and Swiss Embassies), including staff who have less experience in humanitarian aid, in analyzing and handling crisis situations, and furthermore ii) establish and train local COOF based RRTs in fragile state situations, conflict regions or disaster prone countries. This will increase the management capacities of the Swiss representations in general to deal with crisis situations.

2.3. SDC HA should i) further adjust the RRT's recruitment profiles in order to better cover complex emergencies situations (such as fragile context, volatile security environment, insecurity), and ii) organize trainings for Swiss Rescue members to improve their capacities and awareness about complex emergencies responses.

2.4. In addition, the Crisis Management Team should systematically integrate into the Terms of Reference of each RRT team member the major elements of the Swiss Emergency Relief operation. This will help SDC to better anchor the profiles available for the RRT to the needs of the specific crisis situation. It will also help the different RRT team members to better understand the synergies between themselves and therefore to improve their collaboration.

¹ Regarding the 1st priority for change suggested by the evaluation team (see chapter 6 of the evaluation main report), the CLP thinks that SR capacity should not be lightened: SDC Humanitarian Aid is implementing its Swiss Rescue instruments according to agreed international standards (INSARAG guidelines). The structure of search and urban rescue teams is clearly defined, be it either a so called heavy or a medium team. SDC acts only in line with international standards. There is therefore no need to define a recommendation as suggested by the evaluation team.

3. Coordination at HQ and field level

3.1. In order to promote coordination during emergencies phases, SDC should:

- First, continue to proactively participate in the **international** emergency coordination platforms (such as the virtual OSOCC) and train staff accordingly.
- Second, strengthen the performance of Cluster² through liaison officers. SDC should therefore strengthen the liaison function in terms of quantity and quality. This will help SDC to play a more active role in creating synergies (e.g. in terms of logistics) between the different actors working in a crisis situation. SDC should possibly assume the lead of a regional/local Cluster working on a specific theme relevant with regard to SDC main fields of operations.
- Third, SDC Humanitarian Aid should advocate for quality standards on processes, instruments and modalities at cluster level (see recommendation 8.3).

3.2. SDC should continue to actively promote a better coordination among the Swiss actors present in the field during an emergency situation. SDC should take a more active role in facilitating and fostering coordination and exchange of information among Swiss actors in the field.

4. Food Security

4.1. The Food Security African Division should strengthen its cooperation in the food security with the FAO Emergency Unit. This will promote better transitions between Emergency Relief and Recovery phases. It will also support protracted relief situations.

5. Medical Assistance

5.1. The SDC Medical Thematic Group should implement and disseminate the Mother-Child module to the Humanitarian Aid operational divisions. SDC has been developing a medical assistance Mother-Child module, which will be deployed according to the needs and the possibilities of the affected populations and country. Medical assistance as well as capacity building of local partners are both to be considered as needs.

6. Pharmaceutical logistic

6.1. Qualified SDC staff should follow up on SDC medical donations down the chain of delivery from the producers to the distribution to the beneficiaries. This should be done even if SDC acts only as transport facilitator of medical donations. SDC will therefore strengthen the pharmaceutical competences of the persons who are being deployed immediately after a crisis situation, be it for the SDC medical activities or for support to others (such as WHO). Agreements with the Swiss pharmaceutical industry and other relevant donors of medical supplies are foreseen.

² The cluster approach has designated multilateral individual agencies as 'sector leaders' to coordinate operations in specific areas to try to plug identified emergency gaps. The cluster approach operates on two levels: the global and local. The clusters are concentrated on different areas: such as emergency shelter, logistics and health.

7. Cash/vouchers programs

7.1. SDC Humanitarian Aid should continue to organize trainings on cash/vouchers programs for specialized staff, such as members of the Swiss Humanitarian Aid Unit. This will facilitate the implementation of programs, particularly during crisis situations.

7.2. The Community of Practice “Cash” should develop a knowledge management concept for disseminating cash/vouchers programs. The Community of Practice should disseminate information on methods, instruments, processes and best practices. It should also update and disseminate the SDC Cash Handbook. The approaches implemented during Emergency Relief, Early Recovery or Reconstruction phases should be differentiated. This will help SDC to better conceptualize its cash/vouchers experiences, particularly during Emergency Relief phases.

7.3. In crisis situations SDC, Humanitarian Aid should more strongly promote its cash program approach and better inform other donors and international community in general about its capacities for cash programs.

8. Preparedness

SDC should develop some of its innovative areas further:

8.1. SDC Humanitarian Aid should continue to promote exchange, training and capacity building at both the national and regional level (by national governments and local state entities). This will improve the partnership and respective response mechanisms collaboration in disaster prone countries. It will also support the States, which are the primary guarantors of assistance and protection to their affected populations during humanitarian disasters.

8.2. SDC Humanitarian Aid should promote the dissemination of emergency relief quality criteria internationally.

8.3. By capitalizing and disseminating its experiences in the field of emergency shelter, SDC Multilateral Humanitarian Affairs Division and the SDC Thematic Group for Construction should define with IFRC and UNHCR a strategy for strengthening the Shelter Cluster.

III Evaluators' Final Report

Evaluation "SDC Humanitarian Aid: Emergency Relief"

Commissioned by the Corporate Controlling Section
of the Swiss Agency for Development and Cooperation (SDC)



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Our appreciation is particularly due to all those interviewed during the field visits to Haiti, Jerusalem and the Gaza Strip, for providing us with insights and valuable ideas. To those who shared their vivid memories of living through the crises and their immediate aftermath, we extend our recognition, respect and sympathy.

We would like to particularly thank the team of the SDC Cooperation Offices and, above all, the Coordinators, Martin Weiersmüller and Giancarlo de Picciotto. Finally, the sustained advice and understanding of Valérie Rossi, the programme officer in charge of this evaluation, has greatly facilitated this mission and guided the evaluation team in the process.

Table of Contents

Acknowledgement	2
Abbreviations and Acronyms	6
Executive Summary	1
1 Introduction	4
1.1 Background.....	4
1.2 Purpose of the Evaluation.....	5
2 Methodology	6
2.1 Steps	6
2.2 Tools.....	6
2.3 Limitations	9
3 Findings	11
3.1 Coherence (Coordination).....	11
3.1.1 International coordination mechanisms are established.....	11
3.1.2 The coordination with partners.....	12
3.1.3 Joint position with international community	14
3.1.4 SDC action in line with international action	14
3.2 Relevance/appropriateness of response strategy	14
3.2.1 Response to needs.....	15
3.2.2 Timeliness	16
3.2.3 Targeting those most in need	18
3.2.4 Cross-cutting issues	19
3.2.5 Adaptability to context	20
3.2.6 Explicit objectives and realistic selection of beneficiaries.....	20
3.2.7 Adaptability to change	21
3.2.8 Monitoring and evaluation.....	22
3.2.9 Lessons learned	23

3.3	Effectiveness	24
3.3.1	Lives saved and sufferings alleviated	25
3.3.2	Safety from abuses.....	26
3.3.3	Access to sanitation services.....	26
3.3.4	Access to housing	26
3.3.5	Access to food.....	27
3.3.6	Access to health care	28
3.3.7	Access to hygiene items	28
3.3.8	Access to safe water	28
3.3.9	Quality of contributions	29
3.3.10	Monitoring and evaluation of the performance	30
3.4	Connectedness.....	30
3.4.1	Strengthening SDC local partners	30
3.4.2	Linkage between relief, rehabilitation and development (LRRD).....	31
4	Performance scoring.....	33
5	General conclusions	37
5.1	Overview of the four crisis situations	37
5.2	Sub-question 1.....	37
5.2.1	Introduction.....	37
5.2.2	The mobilisation of SR.....	38
5.2.3	The RRT.....	40
5.2.4	Financial contributions	40
5.2.5	Material assistance and food supplies	41
5.2.6	Secondments	41
5.2.7	The mix of means	41
5.3	Sub-question 2.....	42
5.4	Sub-question 3.....	42

6	Priorities for Change	44
6.1	Recalibrating the SR instrument.....	44
6.2	Making full use of built-in flexibility in RRTs.....	44
6.3	Proactive coordination	45
6.4	Identify innovative areas for future operational leadership.....	45
6.5	More specificity in multilateral support.....	47
7	Scenarios	48
7.1	Status quo scenario	48
7.2	Operational bilateral scenario	48
7.3	Further mainstreaming of humanitarian aid	48
7.4	Specialisation in “soft” areas	49
7.5	A better balance between operational action and soft areas	49

ANNEX 1 – List of acronyms

ANNEX 2 – Approach Paper

ANNEX 3 – Detailed Methodology

ANNEX 4 – List of documents reviewed

ANNEX 5 – List of contacts

ANNEX 6 – Haiti Field Visit Report

ANNEX 7 – Gaza Field Visit Report

ANNEX 8 – Desk Study Sumatra

ANNEX 9 – Desk Study Sudan

ANNEX 10 – SDC Food Security Issues in Emergencies

ANNEX 11 – Global Questionnaire and its results

ANNEX 12 – Questionnaire for quantified analysis

Abbreviations and Acronyms

ACTED	Agence d'Aide à la Coopération Technique et au Développement
ALNAP	Active Learning Network for Accountability and Performance
APBD	Association des Paysans de Bas-Douzième
CAP	Consolidated Appeal of OCHA
CARICOM	Caribbean Community
CCCM	Camp Coordination Camp Management
CCR	Competence Centre for Reconstruction
CDEMA	Caribbean Disaster Emergency Management Agency
CESVI	Cooperazione e Sviluppo – Volontariato
CF	Coopération Française
CHF	Swiss Franks
CLP	Core Learning Partnership
COOF	Cooperation Office of SDC
CTB	Coopération Technique Belge
CWGER	Cluster/Working Group on Early Recovery (UNDP lead)
DAC	Development Assistance Committee (OECD)
DDC	Direction du Développement et de la Coopération (SDC en français)
DDPS	Swiss Department for Defense Civil Protection and Sports
DFSMS	Darfur Food Security Monitoring System
DINEPA	Haitian National Directorate of Water and Sanitation/Direction Nationale de l'Eau Potable et de l'Assainissement
DPC	Haitian National Directorate of Civil Protection/Direction de la Protection Civile
E/MM	SDC Division for Europe and Mediterranean Region
EADRCC	Euro-Atlantic Disaster Response Coordination Center
EC	European Commission
ECHO	European Commission Directorate General for Humanitarian Aid
Eirene	International Christian Service for Peace
EMOP	Emergency Operation (WFP)
EPER/HEKS	Swiss NGO operational in Haiti/SDC partner
EU	European Union
FACT	Field Assessment and Coordination Team (IFRC)
FDFA	Federal Department of Foreign Affairs

FTS	Financial Tracking System of OCHA
GCMHP	Gaza Community Mental Health Program
GoH	Government of Haiti
GRET	Haitian NGO/SDC Partner
GTZ	German Technical Cooperation
HA	Humanitarian Assistance
HAC	Humanitarian Aid Committee
HQ	Headquarters
IAMANEH	Swiss NGO operational in Haiti/SDC partner
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDF	Israeli Defense Forces
IDP	Internally Displaced Person
IEG	Independent Evaluation Group (World Bank)
IFRC	International Federation of the Red Cross and Red Crescent Societies
INSARAG	International Search and Rescue Advisory Group
IOM	International Organization of Migration
ISDR	International Strategy for Disaster Reduction
ISO	International Organization for Standardization
LRRD	Linkage between Relief, Rehabilitation and Development
MIC	Monitoring and Information Center on Civil Protection of European Commission
MINUSTAH	United Nations Stabilization Mission in Haiti
MSF	Médecins sans Frontières
NDC	NGO Development Center, Gaza
NECC	Near East Council of Churches
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
oPt	Occupied Palestinian Territories
PA/PNA	Palestinian authority, Palestine National Authority
PAHO	Pan-American Health Organization
PAP/PaP	Port au Prince
PARC	Palestinian Agriculture Development Association

PDNA	Post Disaster Needs Assessment and Recovery Framework by UN
PNGO	Palestinian NGO Network
PROMESS	WHO/PAHO Program on Essential Medicine and Supplies in Haiti
RR	Rapid Response
RRT /SET	Rapid Response Team (equivalent to SET) / Soforteinsatzteam
RTE	Real Time Evaluation
SDC	Swiss Agency for Development Cooperation
SDI	Secours Dentaire
SET/RRT	Sofort Einsatz Team equivalent to RRT
SHA	Swiss Humanitarian Assistance
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
SR	Swiss Rescue
TOR	Terms of Reference
UN	United Nations
(UN) OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Program
UNEG	United Nations Evaluation Group
UNHAS	United Nations Humanitarian Air Service
UNHCR/HCR	United Nations High Commission for Refugee
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees
US/USA	United States of America
USAID	United States Agency for International Development
USAR	Urban Search and Rescue
USD	United States Dollar
WASH	Waster, Sanitation & Hygiene
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

Executive Summary

The purpose of this evaluation is to investigate the processes and results of the Emergency Relief of the Swiss Agency for Development Cooperation (SDC) in terms of lives saved and suffering mitigated.

Methodology

The evaluation and this report are structured around OECD/DAC standard criteria for evaluation: coherence (coordination), relevance/appropriateness, effectiveness and connectedness (modus operandi). All tools used for gathering and analyzing information have been structured along these criteria.

The evaluation team carried out four case studies (Gaza, Sumatra, Sudan and Haiti); reviewed 415 documents, visited Haiti and Gaza/oPt and interviewed 211 responders or managers (111 completed a one-page questionnaire). In addition, 131 beneficiaries were consulted in Gaza and Haiti.

The main limitations included the long delay between the end of the emergency response and the evaluation, the narrow focus of the Sumatra evaluation (just SAR), and the lack of opportunity for interviews with WFP implementing partners and beneficiaries in Sudan.

Findings

Coherence (Coordination): SDC has consistently strengthened the international coordination mechanisms at global level and in less extent at field level. In fact, it is one of the major supporter of some of the global mechanisms (UNDAC, INSARAG, for instance). SDC activities were consistently in line with overall international assistance.

The coordination of, and with, local partners is a strength of SDC. With the multilateral partners funded by SDC, the operational coordination overall was generally satisfactory.

Relevance/appropriateness: SDC has five instruments to implement its Humanitarian Aid (HA): The Swiss Rescue (SR), targeting victims trapped under the rubble; Rapid Response Teams (RRTs), focused on rapid assessment and immediate relief assistance; the financial contributions to NGOs or multilateral partners; the bilateral material assistance and food supplies; and the secondments of experts from the Swiss Humanitarian Aid Unit (SHA).

- a) In Haiti and Gaza, the mix of instruments was very good. The decision not to send SR to Haiti and to shift resources towards other forms of assistance (medical care, water, shelters) was praised by all interlocutors. However, SDC-supported donations of pharmaceuticals in Haiti were unsolicited and not relevant to the needs. In Sudan and Sumatra, the evaluation focused on one single instrument – funding to WFP and the mobilisation of SR.
- b) The timeliness of the response is most critical. SDC's response was assessed as very timely.
- c) The targeting of the beneficiaries was directed to those most in need in Haiti, less so in Gaza. In Sudan, SDC, a comparatively small donor to WFP, has little input in this regard.
- d) In the aftermath of earthquakes (Haiti or Sumatra), SDC did adapt remarkably to the changing logistical and operational environment. In Gaza, where the challenge was more political than logistical, the RRTs had a mixed record of adjustment to local context and needs.

- e) The explicit objectives (saving of lives and alleviation of suffering) were realistic in Haiti and Sudan, where needs were acute. In Gaza, where the standard of living was much higher, SDC objectives were to advocate respect of international humanitarian laws and human rights, to reclaim humanitarian space, and to maintain people's dignity and economic livelihood. In Sumatra, the decision to send SR was based on available, though exaggerated information.
- f) Monitoring and evaluation was in general satisfactory, although minimum standards (such as how much aid is sufficient for a person or family) were lacking.

In brief, Swiss HA was highly relevant in most instances.

Effectiveness: SDC quality standards do not take into account the implicit but legitimate outcomes mentioned above (e) other than lives saved and suffering alleviated. Under the "lives saved and the suffering alleviated" criterion, the SHA was highly effective in Haiti and in Sudan. In Gaza, benefits were on another level (see below). In Sumatra, international SAR could not save lives. The impact (not evaluated) on "persons of concern" was due to SDC's non-SAR activities.

In Haiti, SDC funded WFP food assistance was not particularly effective as the earthquake did not affect food stocks, but reduced accessibility to them mostly due to loss of income. Distribution of food parcels in Gaza was a manifestation of early solidarity rather than a means of alleviating hunger. In Sudan, access to food is the outcome that justifies the programme.

Better temporary housing is definitely one very effective (and timely) contribution made by SDC.

In Haiti, SDC provision of medical care saved more lives than the entire international SAR effort. In Gaza, the effectiveness of SDC medical assistance was positive but modest.

Provision of safe water in Haiti was a lifesaver in the aftermath of the seism and probably reduced the impact of the current cholera outbreak – a crisis unrelated to the earthquake itself.

Appreciation by beneficiaries, as well as partners, was high (the rare and minor exceptions were in Gaza, where expectations are unusually high).

Connectedness: The performance of SDC in strengthening its local partners was generally very impressive in both countries visited. In Haiti, a good opportunity to strengthen the national Civil Protection was missed by SDC (and most of the international community). The remarkable collaboration with the hospital authorities by the SDC medical teams only partly offsets this negative finding. Linkage between relief, rehabilitation and development (LRRD) is another great strength of SDC. Planning for a smooth transition was a priority from the early stages.

Conclusions

Swiss Rescue: The absence of or low number of cases of people being extricated alive by SAR teams and, worse, the lack of a mechanism for ascertaining how many actually survived in the short-term raise some concern about the justification (in terms of lives) of this Swiss flagship initiative. In Haiti, SDC took a correct and courageous decision to redirect SR resources, to more productive areas. How long, or how many times, SDC management will be able to maintain this pragmatic and principled position is unclear.

RRTs: The RRTs seem to be at their best when the call is for moving goods and delivering services. Although interviews suggest that the range of potential skills is much wider than the basic trio of logistics, security and health, this flexibility was not fully used.

Improving the coordination and mutual support between RTTs and COOF need further attention.

Financial contributions: While the funding of local partners is tightly earmarked and reasonably monitored, the financing of the multilateral partners shows an almost total absence of earmarking and monitoring. That restricts the potential to promote more creative approaches (such as cash programmes). Close monitoring by SDC is resisted by the larger partners.

Secondments: Overall, their contribution is highly appreciated. Agencies are increasingly dependent on bilateral secondments to offset the rigidity of the UN recruitment process. Interviews point to the interest in specialising and broadening the scope of skills of the secondees.

Priorities for Change

This section provides a framework for reflection and outlines potential initiatives as examples under different scenarios.

Recalibrating the SR instrument: SDC is losing its operational uniqueness and leadership in the SAR field. It is now being mainstreamed – a positive achievement, to the credit of SR. Several approaches are possible: from creating a lighter alternative to the medium or heavy capacity as classified by INSARAG; and from adding to the SR additional functions (medical care, etc) to the drastic merging of SR and RRTs into one single, more comprehensive and versatile instrument.

Identify innovative areas: SDC should identify new areas where Switzerland's particular assets may permit it to play a lead role globally. Food and water, and even general medical or surgical care, are now offered by too many actors. The section offers material for reflection.

- In the health field, ideas to consider include: developing a capacity specifically geared to supporting national practitioners and teams, rather than dispatching Swiss physicians; providing a nursing pool to correct the unbalanced pattern of the HA (too many doctors and too few nurses), the launching of the "Mother and Child" module, as currently envisaged and in the inventory and management of the large and chaotic number of pharmaceutical donations.
- Developing a pool of potential Clusters Coordinators to support interested Lead Agencies.
- A more forceful role in promoting and implementing cash programmes and food security, especially in transition situations.
- Planned and comprehensive support to the National Coordinating Agency, to complement the support offered to OCHA.

More specificity in multilateral support: Possibilities include a larger pool of beneficiaries (including regional organisations), increased earmarking of funding, or grants being replaced by a package of services.

1 Introduction

1.1 Background

According to the terms of the Federal law of **March 19, 1976, on development cooperation and international humanitarian aid**, the Swiss *humanitarian aid aims to contribute, through prevention or emergency measures, to protect human life well as to relieve the suffering*. Humanitarian aid can be provided as follows: “*Material assistance, especially food supplies; cash contributions; direct missions involving experts and emergency teams, especially in disaster situations; any other measure to achieve the objectives. If deemed necessary, various measures can be taken simultaneously*”.¹

The humanitarian aid (HA) of the Swiss Confederation is managed by the Swiss Agency for Development and Cooperation (SDC) within the Federal Department of Foreign Affairs (FDFA).

The Swiss humanitarian aid covers four strategic fields of activity²: Prevention and Preparedness; Emergency Relief; Reconstruction/Rehabilitation; and Advocacy/Protection.

Emergency relief, the subject of this evaluation, is closely linked to the other three components of HA. Effective preparedness optimally reduces the need for, and at least facilitates the implementation of, emergency relief, which in turn should lead to and merge into recovery and rehabilitation, and ultimately into development. Protection is a cross-cutting issue that cannot be left aside even in the most acute of the emergencies. SDC focuses not only on respect for international humanitarian law (IHL) and human rights (HR), but also on forgotten conflicts and quality of humanitarian aid, as well as on the impact of any other political, social or economic shortcoming or failure. Advocacy for IHL and HR can, by itself, be an important objective for the mobilising of emergency relief.

The emergency relief provided by SDC has three major features:³

- Independence from political, economic or national security considerations. Perceived neutrality is one of main assets of the Swiss Aid.
- Closeness of administrative and organisational structures for development and humanitarian assistance⁴. Humanitarian assistance and development are not only established within the same Ministry, but are also functionally very close. This feature is particularly important.
- Mix of donor/funding role and direct implementation.

SDC can deploy **Rapid Response Teams** (RRTs) out of the Swiss Humanitarian Aid Unit (SHA), often referred to as the Swiss Corps. They are organised in various specialised groups in different sectors, such as medical, security, WASH, construction, etc.⁵ These teams assess the situation and initiate first activities in close cooperation with the UN and the government of the affected country.

¹ Source: Strategy of the Swiss Humanitarian Aid, 2010.

² Source: leaflet entitled “The Humanitarian Aid of the Swiss Confederation, SDC”.

³ Although some bilateral relief agencies claim the same features, the emphasis is particularly strong in SDC.

⁴ In a pilot project, the Division MM/E has been merged with development cooperation and humanitarian experts fulfilling a coordinated and interlinked programme now.

⁵ The SHA is a pool of 700 experts, of which around 200 have an RRT profile and get regular training opportunities. The experts are required to make contact at least once a year in order to remain in the SHA pool.

According to the definition provided on SDC's official website, the "**Swiss Rescue** is the mission element which can be immediately deployed abroad primarily following earthquakes for the purpose of locating and rescuing buried victims". Additional functions include rapid needs assessments.⁶ The Swiss Rescue can be mobilised at short notice. It is composed of Swiss governmental and non-governmental civil and military partner organisations⁷.

Approximately one-fifth of the total SDC budget is earmarked for the HA of the Swiss Confederation. About one-third of HA's budget supports SDC's direct bilateral operations and the programmes conducted by Swiss NGOs. Another third is used for funding ICRC, and the remaining budget is used to support international organisations such as the UN. Multilateral funding includes annual funding (non-earmarked) to the four major partners, ICRC, OCHA, UNHCR and WFP, and geographically earmarked in response to specific emergency appeals by the above named or other multilateral partners (UNRWA, UNICEF, etc.).

1.2 Purpose of the Evaluation

As defined in the Approach Paper (ANNEX 2) that sets out the framework for this evaluation, the main purpose is to investigate specific processes and results, learn lessons, improve policy and practice, and enhance accountability concerning SDC's Emergency Relief approach and activities.

The key question addressed is the extent to which SDC mitigates suffering and saves lives in a timely manner.⁸

This evaluation report will:

- Provide findings, conclusions and recommendations for SDC (Headquarters and SDC staff in the field), national and international partners and governments (in Switzerland and in the field), particularly on:
 - What has been achieved;
 - Relevance/appropriateness of the combination of emergency relief modalities, both in immediate response or protracted relief;
 - Effectiveness and coherence of the intra- and inter-agency partnerships.
- Provide information (good practices and lessons learned) on how to improve planning and implementation of new emergency relief interventions within SDC's strategy in order to benefit from positive results and to better plan future strategy and investments.
- Identify "weak links" in SDC's bilateral and multilateral emergency relief strategy in order to track reasons for weak performance.

The evaluation is structured around the OECD/DAC standard evaluation criteria: coherence (coordination); relevance/appropriateness; effectiveness and connectedness (modus operandi)⁹.

⁶ http://www.sdc.admin.ch/en/Home/Activities/Humanitarian_Aid/Swiss_Rescue, Last accessed Nov. 24, 2010.

⁷ Swiss Rescue is composed of Swiss Humanitarian Aid Unit (SHA), Swiss Seismological Service (SED), Swiss Air Rescue (REGA), Swiss Search and Rescue Dog Association (REDOG), Swiss Army/Rescue Troops, Swiss Red Cross (SRC), Swiss International Air Lines, and Airport Zurich AG.

⁸ It implies developing "what if" scenarios, as in some of the recent global emergencies; offers exceeded the demand and lives being repeatedly "saved" by different actors in competition for beneficiaries.

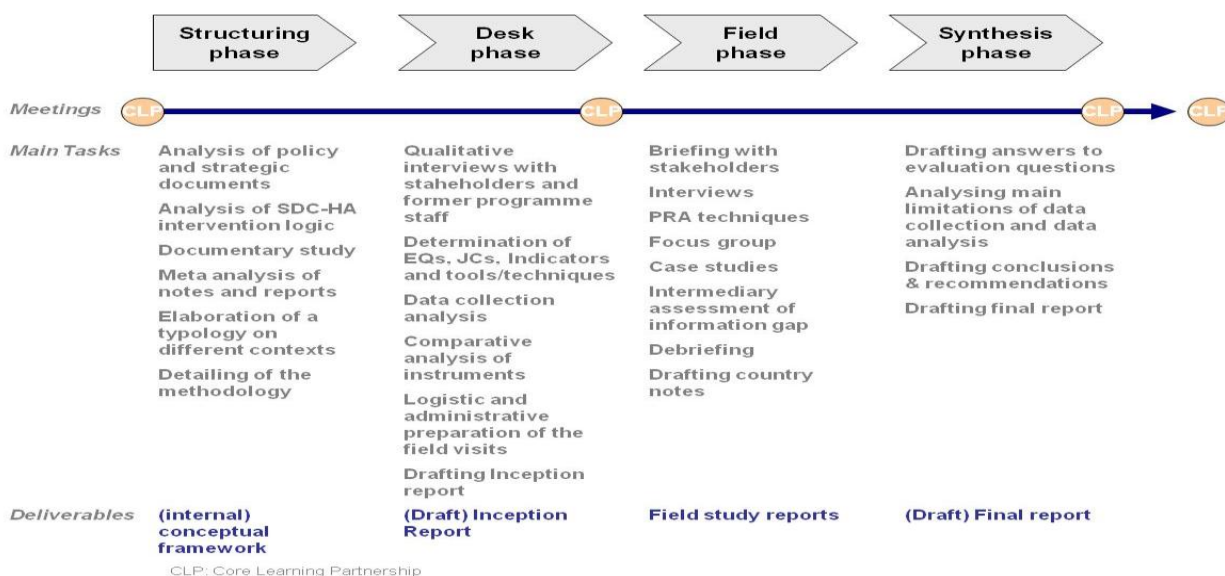
⁹ The ToR for this evaluation (see SDC Approach Paper) exclude the OECD/DAC criterion "efficiency".

2 Methodology

This section provides an overview of the methodology applied in this evaluation. Details can be found in ANNEX 3.

2.1 Steps

Four phases led to the drafting of this report. The phases are illustrated in the figure below.



2.2 Tools

The tools used for this evaluation included: selection of case studies; analysis and review of the documentation; field visits; interviews; focus group meetings; and analysis of a questionnaire completed by the interviewees. The details of these tools are presented in ANNEX 3 and will be summarised below.

a) Selection of Case Studies

Four case studies (Gaza, Sumatra, Sudan and Haiti) were selected, in consultation with SDC. The Sudan case study was limited to the support to WFP, and the case study of Sumatra was restricted to the activities of Swiss Rescue (SR). The table below summarises how each case study contributed to the evaluation report.

Place	Crisis	Focus	Methodology
HAITI	Earthquake, against a background of poverty (Jan 2010)	Emergency relief, with immediate perspective for early recovery and LRRD	Documents review, field visit, interviews and focus groups
GAZA	Sequels to Operation Cast Lead (Dec 2008-Jan 2009), background of siege and closure, with limited humanitarian space	Emergency relief, with special attention to LRRD	Documents review, field visit, interviews and focus groups
SUDAN	Ongoing conflict or transition (three locations in 2009)	Protracted survival (Support to WFP only)	Documents review and interviews
SUMATRA	Padang earthquake, Sept 2009	Search and rescue only	Documents review and phone interviews

b) Analysis of documentation

Topic of the Documents	Number
General	107
Gaza crisis	109
Haiti crisis	64
Sudan crisis & food security	52
Sumatra rescue response	83
TOTAL	415

Extensive documentation has been provided by SDC and other sources before and during this evaluation. SDC (HQ and field staff) answered all requests of the evaluation team promptly and with the greatest openness. A total of 415 documents have been analysed (generic partners' brochures or leaflets are not included).

Reviewing this documentation presented a major challenge due to the number of documents and their multilingual character (German, English and French).

c) Field Visits

Two of the four case studies involved field visits: Haiti and Gaza. These field visits were an essential component in assuring the triangulation and validation of data. These missions allowed the evaluation team (key experts and local consultants) to meet key actors, to interview selected beneficiaries, and to observe first-hand the SDC HA results (mostly outcomes). The field visits provided the opportunity to verify the sustainability of certain donations (water bladders; shelter kits and – to very limited extent, due to their short lifespan – tents; repaired water kiosks in Haiti; repaired wells and rehabilitated clinic in Gaza; and medical equipment in both Gaza and Haiti).

The agenda of the field visits was organised by the local consultants of the evaluation team, in close consultation with SDC's local representatives. Final decisions on appropriate contacts were taken by the team.

The field visit to Haiti, which took place between August, 29 and September 14, included visits to Léogane, Grand Goâve and Petit Goâve, as well as to various neighborhoods in Port-au-Prince, including the large downtown area marked for expropriation by the Government. Nine water points and 7 temporary settlements were observed.

The field visit to Gaza/oPt (September 19-29) consisted of visits to Gaza¹⁰ and Jerusalem, where many agencies, SDC included, have their main offices. In Gaza, the visit was limited to the city and areas close to the border where most damage occurred during the IDF “Cast Lead” Operation from December 2008-January 2009.

d) Interviews

Type of agency	Number of persons interviewed			
	In Gaza /oPt	In Haiti	Other countries ¹¹	TOTAL
SDC/SHA /FDFA	8	16	34	58
UN agencies	14	23	27	64
NGOs (local or international)	18	25	0	43
Red Cross Movement	7	6	9	22
Others ¹²	3	16	5	24
Total	50	86	75	211

A total of 211 persons were interviewed (see ANNEX 5), a few only by telephone. Some individuals were interviewed several times by different team members on different topics. The initial list of resource and contact persons that SDC provided was expanded using the snowball approach (interlocutors suggesting several people who should also be contacted). The distribution of contacts is shown in the table above. The evaluators believe that all available key stakeholders have been met and interviewed, given the constraints of time. However, many of the initial actors with intimate knowledge of the early response had left. The turnover in humanitarian agencies is very high and much time has passed since the end of the rapid response.

For the other case studies (Sudan and Sumatra) that were conducted without field visits, opportunities for face-to-face meetings were limited (although the evaluation team was able to meet with WFP officials in Rome). With the exception of WFP, SDC partners and beneficiaries could not be included in the phone interviews, mainly due to time pressures.¹³

¹⁰ Limited stay due to Israeli border closing periods.

¹¹ This summarises the general interviews in SDC HQ and other agencies, as well as phone interviews with regard to Sumatra and Sudan.

¹² Includes national authorities (especially in Haiti), businesses and consultants.

¹³ Implementing partners of WFP in Sudan were not interviewed.

All interviews were guided by the detailed check list of key questions that the evaluation team proposed in the inception report, by the specific role/knowledge of the interviewee, and by the need to verify or explore further specific points raised in prior interviews.

e) Focus groups discussions and surveys

In Gaza, four focus group meetings with a total of 50 beneficiaries (19 female and 31 male) were organised to evaluate the perceived outcomes of three types of interventions: distribution of hygiene kits with Sharek and PARC; distribution of plastic sheets with PARC; and rehabilitation of water irrigation wells with NDC. At these meetings, open-ended questions were used, the details can be found in ANNEX 3 of this report and ANNEX 6 of the Gaza Country Report (ANNEX 7 of this report).

In Haiti, field data was collected by using two approaches: the distribution of a formal questionnaire (submitted to 80 individuals, out of whom 46 replied) regarding tents and shelters, and the organisation of three focus group meetings on water distribution with 35 beneficiaries (7 women). Details on methods can be found in section 7.10 of the Haiti Country Report ANNEXed to this report.

f) Questionnaires for quantified analysis

Out of the 211 persons met, 111 completed an anonymous one-page standardised questionnaire (see ANNEX 11 and 12 if this report). This is a satisfactory response rate, given the number of interlocutors who felt they were not sufficiently familiar with the issues to complete the questionnaire or who declined for other reasons.

g) End-of-Mission Workshops

At the end of each field visit, an end-of-mission workshop was organised in order to present and discuss the conclusions with all agencies included in the interviews.

h) Reporting

The draft report, amended following the debriefing and the comments from SDC staff in Brussels, was circulated for further comments and suggestions to all interlocutors. An additional visit to SDC staff in Bern has been organized to gather additional information, especially on the evolution of the context and the priorities of SDC aid. Appropriate changes were made to the report. The final report received also an extensive review from SDC HQ leading to substantive improvements in the format and content. Thematic and methodological support has also been constantly provided by the Particip backstoppers¹⁴.

2.3 Limitations

The most important limitation was the long period of time that had elapsed since the initial emergency relief – approximately six months in the case of Haiti, and almost 18 months in Gaza. The rapid turnover of humanitarian staff was a significant problem that decreased the value of the interviews with some agencies. It also complicated the identification of beneficiaries who received relatively minor support, such as a food parcel or hygiene kit. While the cooperation of SDC partners was indispensable, this added the possibility of further bias in the sample selection for focus groups.

¹⁴ Barbara Stegmaier, Claudius Leinberger and Dr. René Madrid.

In the case of Sudan, when evaluating the multilateral effectiveness of SDC, it has to be kept in mind that SDC is a relatively small contributor to the WFP's US\$ 850 million programme. Written sources of information are rarely completely candid on shortcomings, while telephone interviews (limited in number) are not as revealing as face-to-face meetings.

For the case study of Sumatra, one single instrument was evaluated: the mobilisation of the SR. The rapid diversification of the Rapid Response to activities other than search and rescue (medical, water, shelters, hygiene kits, etc) are briefly mentioned, but not formally evaluated or covered in this report, due to the limitations of the evaluation as laid out in the Approach Paper. As those activities impacted on the overall performance of SDC, the picture provided in this report may therefore not reflect the effectiveness of the whole SDC response in Sumatra.

3 Findings

3.1 Coherence (Coordination)

Coherence: taking into account the intra- and inter-agency partnerships

Recommending greater coordination is a standard feature of all evaluations.

3.1.1 International coordination mechanisms are established

In all evaluated cases, mechanisms for coordination, including the clusters, were established by the international community (mostly the UN), often with the explicit support of SDC. It remains an issue as to whether the clusters were fully utilised by SDC or actually effective.

In Haiti, SDC supported OCHA (and in particular UNDAC) financially, operationally and logistic-wise, as well as with secondments.¹⁵ The magnitude of the immediate response and the severe impact of the disaster on OCHA itself limited its effectiveness. SDC's own operations were also loosely coordinated with other main actors at Port-au-Prince and Petit Goâve level. However information on SDC activities remained barely known outside a restricted circle of partners. One practical issue mentioned by SDC was that "the simple problem of traffic (related to the distance between the SDC base of operation and the UN hub) implied 2 to 4 hours of traffic jam to go from one location to another".¹⁶ By locating RRT in the building where the Swiss Embassy and the Swiss Cooperation Office were hosted, a choice was inadvertently made between a clear integration in the international system and "Swissness". Apparently, this choice did not affect the operational relevance and effectiveness of SDC's emergency activities. A less formal and perhaps much more effective mechanism was launched by ECHO: regular get-togethers of the key donors (US, UK, Canada, Spain, EC). The absence of Switzerland – with its experience, professionalism and broad acceptance due to its neutrality – was noted and regretted.

In Gaza and oPt, ongoing coordination mechanisms among external actors already existed before Operation Cast Lead and the 2009 crisis, although the clusters themselves were activated only during the course of this crisis. In Jerusalem, SDC participated in key meetings (UN and clusters) and was better integrated than in Gaza, where SDC has only one member of staff and where the RRT stayed only for a few days, which was too short a period to strengthen SDC's presence in Gaza and to participate regularly in local cluster meetings or in the selection, mentoring and monitoring of local implementing partners in Gaza itself.¹⁷

In Sumatra (Indonesia), SDC's logistical support immediately following the earthquake enabled UNDAC to rapidly reach the disaster site and to promptly set up the OSOCC.¹⁸

In Sudan, the protracted emergency (since 2003 in Darfur and for more than 20 years in South Sudan) led to well-established strong coordination mechanisms. SDC participates in

¹⁵ An UNDAC member was on board of the first flight to Santo Domingo, in neighbouring Dominican Republic, on January 13, the day after the earthquake.

¹⁶ This also meant the use of a vehicle only for that purpose (and "obtaining vehicles for all was quite a logistic challenge"). The location of the RRT was debated by SDC at the beginning of the operation.

¹⁷ The Cairo RRT contribution was primarily logistical. Overall coordination was carried out mostly from Jerusalem, including coordination at cluster level.

¹⁸ The UNDAC Coordinator was on board the flight by which the advance detachment of the SR reached Padang on October 2, 2010, as the first search and rescue team. (The entire Japanese USAR team arrived in between the Swiss advance detachment and the full-size staff SR some hours later.)

the Humanitarian Country Team meetings. In 2008, the cluster approach for the North was initiated in Khartoum, but for the South, it was initiated only in the latter part of 2010. For WFP, the Food Security and Livelihoods cluster is relevant. Attendance of SDC staff in the cluster system was seen as in need of improvement. Appeals are launched in advance through the CAP, leaving substantial time for consultations.

Coordination can always be improved. The evaluators noted that many interlocutors have concerns that meetings – especially those of the numerous clusters that are of interest to SDC – are not always productive and are increasingly time consuming and overburdening for smaller actors.

3.1.2 The coordination with partners

Was the coordination/cooperation with local and Swiss partners strengthened?

In Haiti, coordination was remarkably good, not only with implementing partners but also with all Swiss NGOs, funded or not. Information and guidance meetings were regularly held with support of the RRT. The Swiss-related humanitarian and development community emerged much stronger.

In Gaza, similar observations were made, with the difference that all partners were local NGOs (some also operational in the West Bank). The timing of the support was excellent, as many of those partners were under duress from Hamas, which aimed to assert its control on civil society.

In Sumatra, following the Swiss search and rescue mission, the Government of Indonesia has sought support for capacity building of its own USAR capacities by SDC.¹⁹ The deployment of Swiss Rescue has significantly strengthened the partnership of all its Swiss partners.²⁰

In Sudan, the evaluation of SDC contribution to WFP did not include interviews with WFP's implementing partners.

Was the coordination/cooperation with multilateral partners strengthened?

SDC cooperation with multilateral players should be placed in its global context. SDC contributions to UN partners are relatively small in relation to their individual total budget. Relationship and influence will derive from other factors, such as seconded expertise, perceived neutrality, and promotion of innovations.

All interlocutors from multilateral partners praised SDC's cooperation and support, to the point often of overlooking known shortcomings. SDC's "flexibility" (in other words, unearmarked funding, but also rapidity of transfer) was particularly appreciated. Receiving agencies generally regarded SDC secondees as "excellent and adapted to the needs". WFP HQ was

¹⁹ Negotiations between SDC and the Government of Indonesia are still pending, partly due to already bound capacities for training and certification of other national USAR teams.

²⁰ Such as SED, REGA, REDOG, Swiss Army/Rescue Troops, SRC, Swiss International Airlines and Airport Zurich AG, as well as SHA.

overwhelmingly in praise of SDC's support. Other interviews (WFP field or SDC in Rome) did indicate two less than successful secondments. However, that number is very low, considering the overall number and emergency circumstances of the secondments.²¹

In Haiti, cooperation with WFP, ICRC and UNICEF was seen as satisfactory, considering SDC's support. According to WHO, there was no direct and effective dialogue between SDC and WHO in the field of health. WHO, an organisation that could have provided insight on the health sector, did avoid potentially irrelevant donation of pharmaceuticals and guided SDC in its difficult negotiations about the reconstruction of the hospital in Petit Goâve.²² With regard to SDC's support to OCHA, there was less institutional memory in OCHA/Haiti than in HQ in Geneva, which indicates that the impact of the cooperation was predominantly at global level (INSARAG and UNDAC mechanisms in particular). At this level, SDC's coordination and influence are very strong. In general, participation in the clusters in Port-au-Prince was very limited in the emergency response²³ phase (lack of time and limited return being a factor often mentioned). Operational coordination/exchange of information with UN local partners needs significant improvement.

In Gaza, UNRWA took the operational lead in the coordination of humanitarian assistance and circulated lists of essential items needed. SDC consulted closely with UN partners (WHO, UNRWA, OCHA, WFP, etc) and referred to UNRWA guidance for assembling its direct bilateral donation of relief items. Information sharing has also been pursued with ICRC on a general level. Altogether, coordination with the multilateral actors was satisfactory. It was particularly enhanced with agencies that received seconded Swiss experts.

In Sumatra, as mentioned above, the coordination and cooperation with UNOCHA and its elements, UNDAC and INSARAG, was especially strengthened during the Sumatra earthquake response. Exchange with IFRC, which took the lead in the disaster response of the Red Cross and Red Crescent Movement, has been sought on a regular coordination level.

In Sudan, since 2003, three SDC secondees (successively) administrated and monitored field level agreements with Cooperating Partners (CPs) for WFP's Darfur operation. On the whole, they helped to strengthen cooperation between SDC and WFP, as well as helping to clarify working relationships between CPs and WFP. However, the recent independent evaluation of the Darfur operation has concluded that WFP's relationship with its CPs requires more flexibility.

On the question of whether the cooperation with multilateral agencies was beneficial, the evaluation team received 88 positive replies out of 100, while 10 remained neutral and two disagreed. SDC interviewees had a more positive opinion than interviewees from the UN (86% and 77.1% respectively).²⁴ Similarly, the feedback from Gaza was more positive than the feedback from Haiti (91.3% and 85% respectively). More details can be found in ANNEX 11.

²¹ Secondments to WFP in Gaza and Haiti.

²² SDC, however, participated in the first meetings of the Health Cluster. Participating in cluster meetings with a large number of participants is distinct from developing a direct collaboration with the Lead Agency.

²³ SDC took the cluster lead for shelter in Petit Goâve for some weeks.

²⁴ 32 of 37 and 27 of 35 respectively.

3.1.3 Joint position with international community

Was the joint position on issues linked to the humanitarian crisis agreed among international/national partners?

There are relatively few critical issues on which the international community agrees promptly on a clear joint position following sudden onset of disasters. That explains the diverse and even chaotic delivery of assistance in Haiti.

However, the most striking and positive example is the near-unanimous position of respect for International Humanitarian Law (IHL) and the humanitarian space **in Gaza**. The Swiss Government (the Swiss Ambassador and SDC) has played a lead role in advocacy, as was expected by most partners.

3.1.4 SDC action in line with international action

Was SDC's response strategy (instruments chosen, mix of bilateral and multilateral actions, and means deployed) in line with international action?

In Haiti, the SDC rapid response strategy was in line with the broad appeal and guidance of OCHA and other international action. The main benefit was the rapidity of SDC reaction. If the Swiss response had been significantly delayed, it would have contributed to the excessive response observed later in some themes (for instance, medical teams). Early recovery was also in line with established practices.

In Gaza, SDC's technical activities and advocacy role were clearly in line with the international community. Distribution of hygiene kits, food packages and plastic were recognised as collective priorities. There was also a consensus on the need to restore agricultural food production (for example, by ensuring that wells were operational).

In Sumatra, the Swiss response complied with the international action and its chosen strategy of deploying, and ultimately withdrawing, its USAR capacities.

In Sudan, support to food security and the response to the appeal of WFP was in line with the UN Work Plan for Sudan. SDC was, in fact, one of many contributors to WFP's most costly operation worldwide.

In summary, SDC's close liaison at global level with other partners (especially OCHA), and the professionalism of RRTs and SDC staff at field level, ensured that SDC Rapid Response was in line with recognised international priorities.

3.2 Relevance/appropriateness of response strategy

Relevance/appropriateness: Assessing whether the projects/programmes/contributions are in line with local needs and priorities, and tailored accordingly. This issue is related to the tension between the need for pre-positioning/responsiveness and the need to be context driven/culturally appropriate

The chronology of events and response is shown in ANNEX 5 of each field visit report.

3.2.1 Response to needs

Is the response strategy (i.e. the instruments chosen, the mix of bilateral and multilateral actions, and means deployed) in line with local needs and priorities?

Although the instruments chosen and the **mix** varied from case to case, the balance between instruments and means was reviewed only in the case of Haiti and Gaza, where all instruments except Swiss Rescue (SR) were mobilised. In Sumatra and Sudan, the evaluation focus was limited to a single instrument as defined in received or publicly accessible documents and on SDC's website. More attention is also required to address recovery issues and root causes of insecurity, which renders the population vulnerable to continuing food security emergencies (see ANNEX 10).

In Haiti, lifesaving needs far exceeded the initial offer from the international community. The range of activities supported by SDC (coordination, medical care, food security, water, and temporary shelter) was highly relevant. There was also near-unanimous support and praise for the rationale behind the decision NOT to send the SR, due to the expected low return. The inaccessibility of the airport in Haiti, blockade and massive destruction of main roads within Port-au-Prince were among the causes of significant delays in this deployment.²⁵ The mix of bilateral and multilateral assistance was clearly weighted on the bilateral side (77% of the budget) and was appropriate in view of the urgency of direct assistance to individuals and the capacity of SDC to rapidly deliver quality assistance. SDC attempted to influence constructively the response. For instance, "IOM [International Organisation for Migration], the shelter cluster lead, outside the city intended to build tent camps. From the Swiss point of view, this cannot be supported because these camps could deteriorate into the future slums". This approach was most appropriate to the needs, as confirmed by many other experiences.

In Gaza, the post-conflict needs were far from being of an urgent lifesaving nature. They were, in fact, of two orders: one was political, to demand respect for IHL and humanitarian space; the second was the provision of basic commodities to improve the lives of the population and to express human solidarity. Mobilisation of the RRT was of variable relevance: the RRT in Cairo was the most relevant to address specific needs for relief goods, while the ones in Jerusalem and Rafah were ill-suited to the local circumstances (arbitrary restrictions to access) and needs. The balance between bilateral and multilateral support was more in line with the overall distribution of SDC funds (one-third for bilateral). UNRWA, the main beneficiary, was indeed the main actor and a relevant partner. If the Swiss objective had been exclusively to provide *short-term relief goods* (without bilateral advocacy), channelling all funds to UNRWA and WFP – agencies with ongoing access to Gaza – could have been more relevant.

²⁵ Up to 2000 SAR team members have been active in Haiti, a significant number in geographical position to arrive earlier than the Swiss team. Reportedly, the total number of people extricated alive was 132, out of which 43 were reportedly rescued by the US Government teams (at an overall estimated cost of US\$ 51 million, according to the team leader and senior expert of the external evaluation of the US response). These budget figures are only indicative, as the US accounting methods are distinct, and the direct cost of mobilising rescue may be different.

In Sumatra, sending the SR was driven by the desire to save lives and show solidarity with the affected population. With the information available at the time, priorities were set correctly.²⁶

In Sudan, SDC's multilateral support to WFP is relevant as people in that country are affected by food insecurity even in "normal" times, and WFP is capable of addressing the complex logistics that are required to reach people affected by the conflict, including refugees, returnees and internally displaced people (IDPs). The SDC contribution of funds, milk powder and secondees responds to needs and functions well in the WFP system.

Overall, the strategic decisions were mostly based on assessment of needs as perceived by the humanitarian community. This is reflected by the replies to question 6 of the questionnaire: 76 out of 96 (79%) interlocutors agreed that the Swiss assistance is based on assessment of needs by SDC or partners. 2 out of the 3 dissent voices came from Haiti. There was no statistical difference between Haiti and Gaza in the responses to the questionnaire.

Haiti	Needs satisfaction level for shelter kits				TOTAL
	Average	Good	Very Good	Don't Know	
Rural	11 (44%)	10 (40%)	3 (12%)	1 (4%)	25
Urban P-a-P	0	7 (15.6%)	37 (82.2%)	1 (2.2%)	45
Rural P-a-P	4 (44.4%)	3 (33.3%)	1 (11.1%)	1 (11.1%)	9
TOTAL	15 (19%)	20 (25.3%)	41 (51.9%)	3 (3.8%)	79

The perception by the beneficiaries is mainly relevant for non-life-saving activities. **In Gaza**, there was a consensus that the assistance (food, non-food items, and rehabilitation of wells) met real needs and priorities and was distributed based on assessment and criteria. Only one of the nine well owners interviewed by the evaluators (as part of a selected sample from the overall beneficiary group) could have repaired his well without this financial support from SDC.

In Haiti, 78% of those surveyed were satisfied with the shelter kits – surprisingly, far more in urban than in rural areas (see table above). The water focus groups rated the bladders at 8 on a scale of 10, and the water kiosks from 6 to 9.5. The main reason given for lower rating was not quality but the short duration of the free distribution.

3.2.2 Timeliness

Was the response strategy decided and implemented in a timely manner?

Timeliness is a relative concept depending on the urgency and short life of the needs. USAR is the most time-sensitive activity, with a fast diminishing return.

In Haiti, the decision not to send the SR team to Haiti was made promptly, while mobilising other forms of relief, including medical assistance, was remarkably prompt and extremely

²⁶ The further rapid response provided by the spin-off RRT was relevant in terms of medical assistance (kit donated to Pariaman hospital in Padang), distribution of NFI (hygiene kits and jerry cans), and shelter support (tools and plastic sheeting).

timely.²⁷ SDC has been credited in many instances with being among the first that delivered relief. One additional time dimension was the duration of the emergency relief and mobilisation of the RRTs. From a standard duration of three weeks, the deployment was extended to two months due to the enormous humanitarian needs on the ground. This is deemed to be an appropriate decision.

In Gaza, 16 days elapsed between the start of the military operations (bombing) and the dispatch of the RRTs.²⁸ However, the response was still very timely, as the ceasefire and access to Gaza did not start until January 18 (three weeks later). The COOF support (moral and financial) to local partners – which enabled them to provide limited but immediate assistance – was even more timely. This relief was highly appreciated for being very early.

In Sumatra, the decision to deploy the SR was taken less than 20 hours after the first earthquake hit. The first search team was operational at an allocated site 47 hours after the earthquake, and the first rescue team became operational after 51 hours. Given the administrative, diplomatic and logistical adversity, that was an outstanding accomplishment. However, ALL international USAR teams arrived “too late” (see 5.2.2): nobody was rescued alive by the foreign teams and only a few corpses could be recovered.

In Sudan, SDC funds are committed in a timely manner and, overall, milk powder donations were delivered promptly. On one occasion, WFP reacted with some concern to a delay caused by internal administrative issues. SDC managed to speed up the delivery procedures of this specific shipment, on which WFP’s supplementary food programme was dependent.

On average, 80% of interlocutors who completed a questionnaire felt that SDC assistance was timely.

Place of interview	Haiti	Gaza	Others (HQs) ²⁹	Total
Agreeing or strongly agreeing	21/30 (70%)	21/24 (87.5%)	17/20 (85%)	59/74 (80%)

Place in Haiti	Shelter delivery before March	Total
Rural	23 (65.7%)	35
Urban	14 (31.1%)	45
Total	37 (46.2%)	80

Focus groups in Gaza indicated also a consensus on the extreme timeliness of SDC assistance.

²⁷ Timeliness of medical assistance was critical because of the rapidly worsening prognosis for injuries left without treatment, but also because the arrival of very large number of medical teams rapidly decreased the need for further assistance.

²⁸ Although most partners had expected the conflict, none had anticipated its magnitude and impact on the civilian population. This, plus the fact that it came at the end of the year, delayed decision making.

²⁹ It includes all contacts outside Haiti and Gaza: in Bern, Geneva or Rome (HQs).

In Haiti, out of 80 surveyed beneficiaries, almost two-thirds of the **rural** beneficiaries (23/35) had received their shelter kits in February – an unusually positive achievement in the provision of shelters.

3.2.3 Targeting those most in need

Were the instruments and means targeted at those in the most need of support (victims)?

In Haiti, the RRT guided the Swiss assistance towards people in greatest needs, making a definite effort to seek vulnerable groups in rural areas outside the urban area of Port-au-Prince, which was relatively well attended to in terms of assistance. The identification of beneficiaries was rigorous and, in the opinion of the evaluators, fair.³⁰ This was made possible by the close consultation and coordination of SDC with the well-established Swiss partners in Haiti. Shelter kits were distributed on the basis of the observed extent of damage to housing, not taking in consideration the level of poverty or vulnerability of the beneficiary – which was not a major issue, as poverty was uniformly high in the sites selected for Swiss donations.

In Gaza, the immediate needs were less urgent or acute than in the aftermath of the earthquake in Haiti. Food parcels and hygiene kits were distributed on the basis of a needs assessment conducted by SDC Partners and in consultation with UNRWA, UNDP and local authorities. The only reservation of the evaluators concerned the early recovery activities – that is, the distribution of plastic sheeting (large amounts) for greenhouses and the repair of damaged irrigation wells (average cost US\$ 25,000 per well).³¹ The beneficiaries were, automatically, those in the neighbourhood who were relatively wealthier.³² However, the decision was justified by the goal of contributing to reinforcing food security and the expected trickledown effect. Requesting an in-kind contribution from the farmers (for example, a limited part of the increased agricultural production from the rehabilitated irrigation well, to be distributed to more vulnerable households) would have been appropriate for an activity partly financed by the development credit line.

In Sumatra, the focus of USAR was not only those buried and presumed to be still alive, but also on those being affected as family, friends and neighbours.

In Sudan, WFP provided general food distribution (GFD) to the conflict-affected population in Darfur, but further targeting efforts met with resistance in camps. Distribution lists require verification (now under way), but inclusion errors might have been addressed sooner. It was difficult to monitor the food distribution in remote camps. WFP implemented a Blanket Supplementary Feeding Programme (BSFP), including Swiss milk powder, to provide extra nutrients to children. WFP has targeted food insecure people in South Kordofan, and is assessing needs resulting from the drought in 2009. In southern Sudan, nutritional status has declined in some areas, and there are concerns that a food crisis may be imminent.

³⁰ Allegations of improper distribution in Petit Goâve was investigated by SDC and could not be substantiated. (see also Note *Comments on the Haiti Field Visit report, August 29-September 14, 2010*), 29 September 2010.

³¹ Those wells were purposely destroyed by the Israel Defence Forces. Therefore, external assistance could be viewed as a form of subsidy to the occupying power nominally responsible for the people's welfare. It is important to keep in mind that the repair of wells and the rehabilitation of agricultural land were part of the early recovery programme SDC implemented following the war. It was not part of the emergency relief response. Part of it was financed by the development credit line.

³² Owning land with greenhouses and/or irrigation is an indication of relative wealthiness.

The focus groups and surveys in Haiti and Gaza confirmed that the targeting was fair and satisfactory from the beneficiaries' point of view. The distribution of shelter kits (Haiti)³³ and repair of wells (Gaza) was based on the photographically-documented extent of damage.

3.2.4 Cross-cutting issues

Did the response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and "Do no Harm" Strategy?

In Haiti, the medical assistance targeted children and pregnant women, a very vulnerable group. Other activities were based on the level of needs, rather than particular status. Family kits were distributed by ACTED only to women. HIV/AIDS sensitisation was not regarded as a priority for action in the course of the immediate life-saving response to the massive earthquake.³⁴ However, within the medical emergency response, HIV/Aids prevention was considered as part of an integrated approach. The principle of "do no harm" was a consideration for SDC, particularly with regard to the desirable extent of involvement of military forces and the need for a sustainable approach to free medical care provided by MSF Swiss.

In Gaza, women and children were especially targeted through the restoration of a family health clinic³⁵ and the gender-sensitive provision of hygiene kits. The "do no harm" policy should be made more prominent in view of the high level of dependency resulting from a "free to all" approach adopted by all donors in Gaza. The evaluators noted the beneficiaries' inflated sense of entitlement to the best from Western donors. A participation/contribution, in particular in income generating recovery/rehabilitation projects, would seem to be appropriate, even given the highly political background of this crisis and the humanitarian intervention. Under the "do no harm" approach, RRT took the decision NOT to support the transfer of children from Gaza to a Bethlehem facility. This transfer was correctly seen as unnecessary (Gaza medical standards for paediatric care were considered to be higher than at the Bethlehem facility) and possibly harmful (in terms of being a slight on Gaza's own capacities, and in the preservation of the family structure).

In Sumatra, the protection of the Chinese minority emerged as a potential issue, as some of them blamed Government officials and USAR teams for a perceived overlooking of their neighbourhood in search and rescue activities. This issue was subsequently addressed and defused.

In Sudan, WFP reports regularly on its commitments to women, supports ration cards for women and increased representation of women on food committees, among others, and provides rations for approximately 60,000 institutionalised people with HIV/AIDS and other diseases in South Sudan. The presence of donated food resources creates situations outside the control of WFP in Darfur – such as bloated ration rolls, and taxes imposed by sheiks – which exert social control and might reduce the consumable portion of the ration.

³³ One out of the 80 beneficiaries interviewed admitted to having paid someone to be put on the list of people to receive a shelter kit.

³⁴ There are a significant number of international organisations and NGOs with core competences in the field of HIV/AIDS and a longstanding presence in Haiti.

³⁵ Funded through Caritas Swiss.

3.2.5 Adaptability to context

Was the response strategy in line with the context (geographic area, type of emergency, and historical, social, economic, political and cultural factors)?

The context of the four case studies was, indeed, very varied and distinct.

In Haiti, where a very poor country was affected by a massive earthquake, the SDC emergency response was very much in line with the local context. The decision to send a medical team was made after a review of local conditions, selection (with the support of ICRC) of a receiving hospital and acceptance by its director. For other needs, using local NGOs or long-established INGOs as partners also helped SDC to tailor its response to the environment and context.

In Gaza, the response was less attuned to local conditions, leading to errors in selecting some items better suited for Darfur than Gaza (such as blankets). The demanding nature of the beneficiary was underestimated. More important was the limited adjustment of SDC strategy to the nature of the crisis – a political one created by the drastic restriction on the flow of goods and assistance. SDC's usual tools, the RRT teams, were not fully adapted to this challenge. The team in Cairo was a noticeable successful in adapting to this peculiar context. For other teams, the skills and profile required were perhaps more of a diplomatic and negotiating nature than military logistics or operational management. The problem was aggravated by the lack of dialogue and the mutual distrust between the RRT teams and the local COOF.³⁶

In Sumatra, SR adapted easily to the local structures and immediately coordinated well with the Government officials leading the emergency relief efforts. Once the search was called off, SR ceased its activities and withdrew within the shortest possible time. The flexible SDC logistics and Swiss Air enabled a rapid departure of the entire SR team.

In Sudan, the situation in Darfur is extremely difficult and WFP has engaged experts to advise and conduct research to help steer the programme more appropriately within the context and to form realistic expectations. It is clear that restoring livelihoods is helping to support food security, but some are not sustainable and maladapted, and some are high risk if they involve returning to former lands. Due to loss of NGO partners in the 2009 expulsions³⁷ and insufficient capacity to manage projects, WFP has not fulfilled its targets on promoting greater use of non-GFD mechanisms for livelihood recovery, such as food for work or training, but did increase food for education. Factors such as milling losses and costs, transport costs and the need to sell food for other goods reduce the actual consumed rations. WFP piloted a milling voucher system in Darfur that has been very successful.

3.2.6 Explicit objectives and realistic selection of beneficiaries

Did the response strategy (instruments and means) explicitly identify beneficiaries in number, type and allocation, and does it have realistic objectives?

³⁶ However, potential damage was offset by an intensive and early support to local development-oriented NGOs, partners of SDC.

³⁷ Thirteen large NGOs – many key implementing partners for WFP, particularly in Darfur – were expelled by the Government of Sudan, mainly as a retaliation measure in connection with the International Criminal Courts indictment of the Sudanese President, Al Bashir.

In Haiti, the strategic objectives were explicit and in accordance with the humanitarian goals (life saving). The actual number of beneficiaries was determined by how much could be brought in to the country, given the constraints. Selection for distribution of family and shelter kits was made on the basis of criteria developed jointly with partners, focusing on high-impact rural areas receiving relatively little attention from other actors. With regard to the drinking water, the SPHERE ethical standards were followed, but not the so-called “minimum requirement”³⁸. SDC aimed to provide good quality water to a maximum number of people, which meant providing a lesser amount than the SPHERE requirements to a larger number of people. It was the most pragmatic and ethical approach. The number of beneficiaries is unknown as, under these circumstances, registering the actual number of users was not realistic or useful.

In Gaza, the objectives were clearly of a higher order than merely providing relief to affected individuals. There was an arguably and legitimate component of advocacy for International Humanitarian Law, humanitarian space, and simply Human Rights. The intended beneficiaries included the entire population. Beneficiaries targeted for actual distribution were clearly and systematically identified.

In Sumatra, the stated objective for the SR team was (explicitly) saving lives, and (implicitly) also expressing the solidarity and humanitarian concerns of the Swiss population. The potential to actually rescue people alive was shrinking within the first hours.

In Sudan, WFP’s operational plans are explicit: its EMOP received only 73% of the required funding in 2009; WFP reached all of the planned beneficiaries in Darfur – 3.8 million with GFD (out of 6.2 million total) – but with somewhat reduced rations; and the supplementary feeding programmes reached all planned beneficiaries. WFP distributed 84.5% of the planned commodities in 2009. In the south, WFP responded to all food emergencies (27) in 2009, but was not able to reach all the intended beneficiaries, due to operational and security reasons. WFP and FAO have conducted a food security survey, which targeted 4.3 million people in need – which, according to some interlocutors, is an overestimation and a number that cannot effectively be reached by WFP or ICRC.

3.2.7 Adaptability to change

Were changes in the context monitored, and the response strategy (instruments and means) adjusted accordingly?

SDC instruments – in particular, SR and RRT – are subject to detailed protocols, procedures and rules potentially limiting their adaptability. In contrast, SDC multilateral contributions are earmarked only in the sense that they should be used for a specific emergency appeal. Adapting to changing context is primarily the responsibility of the multilateral partner.

In Haiti, the local context did not change much, but the needs and logistic challenges did. SDC constantly adapted by developing a capacity in Santo Domingo to palliate the takeover of the airport by one actor, moving ahead with shelter kits rather than tents, and seeking collaboration with the private sector (SaniSuisse). The adaptation was impressive in the opinion of the evaluators. The decision to cancel the dispatch of SR is another example of flexibility and the courage to depart from automatic and popular responses.

³⁸ 15 litres/person/day, which is not widely available in normal times in Haiti (and many other poor developing countries).

In Gaza, although there were examples of flexibility, the local response of the RRT seems to have been marked by a lack of familiarity with, and adaptation to, the politically complex nature of the situation. Positive examples include the immediate verbal commitment by the COOF to a local partner for the amount of US\$ 50,000, enabling the local purchase of food and hygiene items well before the ceasefire. This early assistance has been highly appreciated. A negative example was the RRT's persistence in donating all external bone fixators to the one hospital visited initially by the RRT medical expert. Greater benefit would have been achieved if all health facilities providing trauma care could have had early access to this material – an approach recommended by the COOF local staff in Gaza. (See Gaza report section 3.2.6)

In Sumatra, SDC proved its adaptability to change with its the decision to deploy, out of SR, an RRT to conduct needs assessments and deliver survival assistance outside of Padang (in Pariamen), taking into consideration the number of international humanitarian actors in Padang and the diminishing chances of rescuing people alive.

In Sudan, WFP adapted quickly to take over food distributions in Darfur when four of its major CPs were expelled in March 2009, and was able to cover 1.1 million of CP beneficiaries – a feat that has earned WFP praise from its peers. WFP has installed a Darfur Food Security Monitoring System (DFSMS), which is much more efficient than the former periodic surveys, and flags up situations requiring a response.

Overall, SDC has shown a good capacity to adjust to change.

3.2.8 Monitoring and evaluation

Did the M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance?

The availability of clear and measurable standards of bilateral performance is essential.³⁹ The evaluators did not identify SDC standards adapted to each context. “The Minimal Standards for rapid response” issued by SDC are merely a description of process (with indication of time and duration) and do not allow for the measurement of bilateral outputs and performance.

Adopting for general use the rigidly-quantified Minimum Requirements, as spelled out by SPHERE, is not an alternative. During the field visits, few if any mentions were ever spontaneously made of the SPHERE Minimum Requirements.

In Haiti, the presence of many Swiss experts permitted a close monitoring of the output and, to a lesser extent, the outcome of the assistance. Written reports were extensive and frequent, but with a strong focus on outputs (such as number of kits donated, patients operated on, litres of water distributed). Particularly noteworthy is the internal review done in May that revealed a serious attempt at quality analysis of the performance.⁴⁰ It would be beneficial if this document was translated into English and disseminated. The overall finding in Haiti is that SDC was closely following up its response, but without clear pre-established standards on how much is “enough” for each family. SDC used expert advice and contextual common sense to guide its action.

³⁹ At multilateral level, this matter is left to the recipient agency, whose reports are seldom self-critical. Occasional independent evaluations by other donors or the agency itself can periodically shed some light.

⁴⁰ Einsatzbericht und Auswertung: Erdbeben Haiti 2010. DMS Reference: 210.21/49 Sep 2010.

In Gaza, where the needs were distinctly less acute and the context more political, there were frequent field visits by the COOF and, to a lesser extent, by the RRTs that gave SDC “confidence” that its partners’ performance was satisfactory. A one-week evaluation (March 2009) of the relief goods distributed in the Gaza Strip was a positive contribution. This was, however, no substitute for the need during the distribution in Gaza to strengthen the presence of Swiss RRT experts to ensure better follow up, visibility and monitoring.

In Sumatra, monitoring was considered as part of quality control.

In Sudan, there are adequate monitoring reports. However, typical statistics (tonnage and number of beneficiaries) may not indicate the complete assistance picture, and more analysis is required. WFP’s monitoring in Darfur has improved significantly with the Darfur Food Security Monitoring System (DFSMS). The CMR and GAM indicators are not realistic gauges of programme success in the protracted emergency, and WFP has now included Household Food Consumption Scores (HFCS). SDC might gain a deeper analysis by more field visits to camps and conflict-affected people by secondees and SDC staff. Interviews of staff (SDC or secondees) familiar with WFP operations suggest a definite concern regarding WFP’s level of willingness to allow external people or donors to monitor their operations. The territoriality and work burdens of staff in a large institution such as WFP may act as barriers to complete transparency of operations.⁴¹

Some concerns remain on the monitoring by SDC. Of the 111 respondents to the questionnaire, 53 (47.8%) opted to remain neutral or did not answer regarding whether SDC monitors the assistance using written standards of quality.⁴² As most respondents were either partners being monitored or SDC staff, this suggests that those standards are, at best, not well known. Monitoring of large multilateral partners is weak.

3.2.9 Lessons learned

Did SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned?

There are contrasts in the findings. On one hand, most of the partners – particularly multilateral ones – praised SDC for its positive influence towards global changes, its leadership in launching or supporting new initiatives (from INSARAG since 1991 to cash/vouchers projects today), or in advocating debates on new ideas (accreditation of medical responders or the “Beyond the Rubble” approach in Haiti). On the other hand, RR instruments are fixed, rather strictly regulated, and have not changed for a long time.

In compliance with the certification process of the rapid response by ISO 9001 standards, debriefing of each RRT member takes place systematically, and key lessons are summarised or compiled for each operation, with indication of deadlines and level of responsibility. However, the list resulting from a major operation includes hundreds of items or points to be improved on. How to differentiate between the lessons learned from systemic and general interest and from those of circumstantial relevance remains a challenge that SDC is still facing and aware of. In summary, mechanisms for turning operational lessons into managerial change remain unclear to the evaluators.

⁴¹ A similar subjective observation has been made by the evaluators in the countries visited. WFP transparency and openness to outside influence appeared limited.

⁴² Question 10 Annex 10.

In Haiti, several documents offer a critical review and analysis of actions. Many of the lessons are operational, and few can easily be generalised. One is the transport and donations of equipment unsolicited by the RRT but decided at HQ level (for example, medicines and Sani Container and medicines). The importance of consulting the local experts appears to be a lesson difficult to absorb in centralised systems.

In Gaza, there seems to have been limited critical review and debate on the strategic decisions. Lessons learned focus on specific details (such as inappropriate items) rather than strategy. This is perhaps due to the highly sensitive political context of the response and the divergence of approaches among COOF and SDC HQ.

In Sumatra, necessary measures identified to improve the operational capacities of SR have been reported already and have been taken, within the immediate scope of the mission.⁴³ In addition, the lessons learned appear to have played a role in the decision concerning the SR deployment in Haiti. Nevertheless, it seems that neither the size of SR nor the maintenance costs, considering its rare deployment, are a matter for open discussion. Resources are merely used for capacity building measures for local USAR competence.^{44 45}

In Sudan, WFP has tried to incorporate lessons learned, especially from Darfur operations in the past. Some lessons from other emergencies (for example, the need to promote recovery and sustainable livelihoods as soon as possible) have not been completely acted upon by WFP – some due to problems outside its control, but some due to the need to plan ahead for staff or CPs to plan and manage the projects. Hopefully, the new SDC orientation on Food Security will be disseminated to, and discussed with, WFP. The reservations of SDC staff or partners about the overall emergency approach to food security have not been explored or shared to the extent desirable. See ANNEX 10 on Food Security.

3.3 Effectiveness

Effectiveness: Assessing the results achieved considering the intra- and inter-agency coordination, and considering the tension between the pre-positioning/responsiveness and the local needs and priorities.

All SDC quality standards revolve around the impact on “*persons of concern*”. Impact is notoriously difficult to evaluate, and the “persons of concern” are not always clearly identifiable, especially in multilateral initiatives and even some bilateral projects. Therefore, the following sections will present output and outcome findings whenever impact data is not available.

⁴³ The multi-sector functionality of the advance detachment will be enhanced, the necessity to deploy an independent RRT/SET with an SR team to ensure, simultaneously, the conducting of needs assessment and the immediate delivery of assistance to vulnerable survivors of the disaster. The humanitarian requirement to ensure also a transition from search and rescue to relief efforts has been acknowledged and will be further considered.

⁴⁴ Sumatra in 2009 was the first deployment following the Algeria earthquake in 2003.

⁴⁵ The rare occasions on which the costly SR is activated are considered, but the concentration is increasingly on capacity building of local rescue teams, assisting them in their certification.

3.3.1 Lives saved and sufferings alleviated

To what extent are lives being saved and the suffering of persons of concern – refugees, displaced and homeless people – being alleviated?

This criterion is the *raison d'être* of the humanitarian community and the key question of the Approach Paper, but hard data and facts on impact are completely absent in this regard, regardless of the donor or actor. For instance, reports and publications on the search and rescue (SAR) or medical response are remarkably devoid of data or tentative estimates on the short-term live-saving outcomes of those activities. The actual life-span of rescued victims has so far not been part of statistics or research.

Studies on modern health care effectiveness attempt to measure the impact in terms of Disability Adjusted Life Year saved (DALY). This approach is highly rational, considering an activity providing years of additional healthy life to a child or young adult to be more effective (higher DALY gain) than one resulting in survival with disability or, at the extreme, one merely postponing briefly the death.⁴⁶ There is no scarcity of peer-reviewed scientific publications on the “successful deployment” of SAR or medical teams, but basically none on their actual impact in terms of DALY or healthy year of life gained.

In Haiti, the medical relief has saved lives mainly because it was timely. Most surgical interventions were necessary (rather than elective). If only 25% saved a life, the impact of the Swiss Medical team would already be greater than that claimed by all of the USAR foreign teams⁴⁷. A conservative estimate of 60,000 affected persons received direct assistance in the form of family kits, shelter or water for a variable but short period of time – a significant but short-lived improvement in the lives of 5% of the displaced population.

In Gaza, very few, if any, lives have been saved directly by SDC. However, the core support to ICRC certainly contributed indirectly to that end. The early expressions of solidarity (through local partners before the ceasefire) have reduced the suffering of approximately 50,000 people, assuming that recipients of food parcels and hygiene kits distributed by Sharek and by PARC were not the same. The donation of mattresses and blankets has improved the conditions of approximately a further 7,500 people.⁴⁸

In Sumatra, although lives could not be saved by the deployed SR, the psychosocial benefit for the survivors is significant.⁴⁹

In Sudan, in 2009, after the inception of the Darfur Food Security Monitoring System (DFSMS), the prevalence of acute malnutrition in under-5 children was shown to increase

⁴⁶ Traditionally, health liabilities were expressed using one measure: (expected or average number of) Years of Life Lost (YLL). This measure does not take into account the impact of disability, which can be expressed by Years Lived with Disability (YLD). DALYs are calculated by taking the sum of these two components. Using the formula, $DALY = YLL + YLD$, one DALY is, therefore, equal to one year of healthy life lost (or gained).

⁴⁷ Statistics reported by the USAR community and shared by SDC amount to 132 persons extricated alive. There is no supporting report or document for these figures. There is also a lack of data on the medical condition and later survival of those individuals, or on how many were Haitians. Indeed, several teams had strong incentives, if not instructions, to focus on their own missing nationals.

⁴⁸ However, the effectiveness of the blankets in “mitigating suffering” was minimal. Of poor quality, they were not used as blankets.

⁴⁹ The relief efforts enrolled by the RRT/SET did contribute to an alleviation of suffering of survivors in the target area of Pariaman.

from 12% to 21% from January to June, and in December was 16%.⁵⁰ Crude mortality rates slightly increased from 1.6% to 2.4%. It does not mean that the WFP programme was ineffective, but that more should be done. In Darfur, the programme has helped to keep nutritional and mortality indicators under control (they have been under control since 2005), and the food assistance has probably kept Darfur from returning to an acute humanitarian crisis.

3.3.2 Safety from abuses

To what extent are persons of concern – particularly children, women, and older and disabled people – safe from acts of violence, abuse and exploitation?

This was not a major priority and objective of the emergency response in Haiti and Sumatra.

In Gaza, it is beyond this evaluation to assess how much the visible Swiss intervention has protected the Palestinians from further war and aggression. The point is that the conflict and the violence from both sides is the root cause of suffering that cannot be addressed by humanitarian assistance alone.

In Sudan, protective mechanisms have been put in place by numerous national and international actors, and SDC supports protection actions in the north and the south. In Darfur, women are vulnerable to attack when they collect firewood, so WFP and others have promoted the use of fuel efficient stoves. The population being served is not safe from abuses, and many circumstances – such as armed violence and intimidation – are beyond the control of WFP and donors.

3.3.3 Access to sanitation services

To what extent do persons of concern have access to proper sanitation services?

Sanitation was not a stated priority for any of the four case studies. The SDC focus on a limited number of objectives is positively appreciated.⁵¹

3.3.4 Access to housing

To what extent do persons of concern have access to adequate housing (in this case, temporary shelter)?

This criterion is covered only in the evaluations of Haiti and Gaza.⁵²

In Haiti, the shelter kits were particularly effective in assisting 2,000 families by improving their temporary housing, while helping them to keep their dignity and giving them the option to continue living on their land. Further steps (rehabilitation) are mired in the national and international quagmire of defining a disaster risk-reduction strategy for reconstruction.

In Gaza, the early donation of good-quality plastic sheeting is credited with improving housing or working (university/schools) conditions for up to 70,000 Palestinians. This figure is difficult to confirm, but it is clear that the sheeting has improved lives. SDC did not participate in or

⁵⁰ This increase might reflect in part the increasing performance of the monitoring system, whereby more cases are detected.

⁵¹ Sanitation interventions were reported in Sumatra, but not covered by this evaluation.

⁵² The primary emergency assistance for shelter by the RRT team in Sumatra in the wake of the earthquake response is recognised, but is not in the focus of this evaluation, limited to SR.

support directly the projects by UNDP for (IDPs) and UNRWA (for refugees) to provide cash for housing (US\$ 5,000 per household).

3.3.5 Access to food

To what extent did the persons of concern have sufficient and good quality food?

The basic food situation is distinct in the four case studies. In Haiti, extreme poverty and malnutrition are prevalent, and therefore likely to be exacerbated by a natural disaster. The issue is not, however, potential lack of food on the market (food production or import is not affected), but the lack of income to buy it. In Gaza, although clinical malnutrition does not reach the levels seen in Haiti or Sudan, food self-sufficiency under the Israel blockade is unattainable (as a result, for example, of the destruction of wells or land and restrictions on fertilisers). In Sumatra, the nutrition baseline is much higher and the food availability was not an issue or a topic for SDC response or this evaluation. In Sudan, external food assistance is critical for the survival of IDPs.

A generic note on Food Security in emergencies is in ANNEX 10.

In Haiti, SDC funded the WFP food assistance programme with CHF 1 million. It is difficult to document the extent to which this contribution has improved the quality and amount of food available to affected populations. Food has been additionally made available in the aftermath of the earthquake, despite facing enormous logistical and security constraints in distribution. A lack of food or its restricted availability was doubted by most interlocutors.⁵³ This is particularly relevant with regard to the perception by interlocutors of WFP slowness (or reluctance?) to adopt large-scale cash/voucher programmes in other situations when lack of income, rather than damage to crops and stocks, is the main issue.⁵⁴ Overall, the effectiveness of the decision or necessity to quasi-automatically fund WFP in this disaster is seen as being critical.

In Sudan, as discussed above, indicators would suggest that people have fluctuating access to food, depending on the livelihoods they are able to secure, and receipt of WFP food resources, which may not be full rations. However, WFP's reduction in rations in Darfur in November 2009, and again in 2010 for some communities undergoing re-verification, did not result in significant change in nutritional status. In the south, some communities may not have sufficient access to food and, due to deteriorating nutritional status, there is a danger of a food crisis in the future.

⁵³ In the immediate aftermath of the earthquake, a certain amount of "self-service", or looting, was noted. It did not reflect an overall scarcity of food. In a medium-term food perspective, agricultural production was not hampered by the earthquake.

⁵⁴ Food was not an urgent issue identified in the context of the earthquake response in Sumatra by the RRT.

3.3.6 Access to health care

To what extent did persons of concern have access to primary curative and preventive healthcare services, as well as health education, according to their age and physical conditions?

Medical Assistance in Haiti	
Treatments	796
Surgical operations	636

In Haiti, most of the surgical interventions could not have been performed in time without the Swiss medical team. In the period from January 17 to March 3¹ more lives were certainly saved than were by all USAR teams. A total of 84 children were taken into hospital per day.⁵⁵

In Gaza, access to health care has been significantly improved for 2,238 families, and 7,082 patients were examined by a doctor in the rehabilitated family health care centre (a multi-donor project). The evaluators are not in a position to ascertain the number of people whose psychological or mental health status would have improved as a result of the two projects aiming to provide psychosocial assistance.⁵⁶

In Sumatra, donations of medical supplies fall outside the scope of this desk study.

3.3.7 Access to hygiene items

To what extent did persons of concern have access to basic domestic and hygiene items?

Access to hygiene items is part of the evaluation only in Gaza.⁵⁷

In Gaza, distribution of gender-sensitive hygiene kits has been an effective SDC contribution. The 7,488 SDC kits procured by the RRT in Cairo were distributed by Sharek – reaching 52,000 people, based on an estimate of seven people per family. Additionally, PARC purchased locally some detergents and hygiene items during the peak of the military conflict. The timeliness of this early procurement made it much more effective.

3.3.8 Access to safe water

To what extent did persons of concern have access to safe and drinkable water?

Providing safe drinking water was relevant to the evaluation in Haiti only.⁵⁸ However, evaluating its effectiveness is complex. The first issue is the water *quality* control. It probably exceeded the criteria in use in most relief operations in poor countries. In Port-au-Prince, residents, including poor ones, are used to drinking high-quality water produced industrially by reverse osmosis. Perfectly safe chlorinated water was not accepted or appreciated by the displaced population due to its taste.

The second criterion is the *amount per person*. The SPHERE “minimum” amount of 15 litres/day/person was not applicable or realistic.

⁵⁵ From medical group reports.

⁵⁶ An external evaluation of the GCMHP is being finalised. Although we did not receive copy, interviews suggest that the points raised in this critical review are consistent with our findings.

⁵⁷ The relief efforts undertaken in Sumatra included the distribution of 2,000 hygiene sets and 3,200 jerry cans to vulnerable households, but is not part of the evaluation according to the Approach Paper.

⁵⁸ In Gaza, the focus was on irrigation water, not drinking water.

It is not known how many people were effectively served. Estimates are based on assumptions of average use per person. There was no counting of users of bladders (chlorinated water) or even kiosks (reverse osmosis). Data provided by SDC suggests that, altogether, an average of 5 litres of potable water was provided daily to an estimated 25,604 persons for a few months.

As the demand/need for water in the first weeks/months was far exceeding what could be provided by the international relief effort, the SDC's less rigid approach (with regard to SPHERE standards) was effective in serving as many people as possible with the available resources.⁵⁹

3.3.9 Quality of contributions

Were the contributions made (commodities distributed, services provided) of suitable quality?

"Suitable" is a subjective issue. For example, the population in Gaza has a level of education and standard of living that result in them having expectations far above those of people in Haiti or Sudan. Some of the quality issues have been addressed also under appropriateness.

In Haiti, the quality of the shelter kits was highly appreciated, with 61 (77.2%) of the 79 beneficiaries interviewed stating that they had a good or very good satisfaction level. If anything, the family tents were of too high a quality (and price), compared with the more flexible shelter kits procured in Dominican Republic. With regard to water quality (from a user point of view, rather than public health view, as discussed above), the 35 people in three focus groups gave an average score of 8 on a scale of 10 for the whole process supported by SDC and its partners. The only adverse comment was: "This programme did not last long enough because people still have big water need."

In Gaza, most of the 31 (19 female) participants – mainly those at the UNRWA shelters – in the focus groups highly appreciated, for example, the inclusion of an antiseptic liquid disinfectant and sanitary towels for women. Some end-users had rather critical comments on a few items, such as on blankets more suitable for Darfur and too "similar to those handed to Palestinian prisoners in Israel", or on diapers past their expiry date. However, the complaints are minor considering the overall level of satisfaction and the logistical nightmare of bringing anything through Israel screening to a population used to better conditions. The overall satisfactory quality is in great part due to the partnership with local NGOs (PARC and Sharek).

In Sumatra, the SR was classified for heavy SAR, according to INSARAG rules and criteria.

In Sudan, no negative comments were found on the quality of the food provided. The Swiss milk powder is considered to be very high quality. The SDC secondees have provided valuable services to WFP.

In summary, quality control is a strong point in SDC. Since 2006, all SDC Rapid Response instruments are ISO 9001 certified on an annual basis. This certification is focused on the management process and rapid response procedures in headquarters (feedback on satisfaction of the "client", in this case the beneficiaries), not on the relevance and

⁵⁹ SPHERE standards have been dogmatically pursued in some humanitarian projects, resulting in the neglect of a large portion of affected, but less visible, members of the population. Providing less than the "minimum" requirement was seen as failure by donors and evaluators, while the non-inclusion of target groups was accepted.

effectiveness of the response itself. However, it appears necessary to improve learning tools for feedback procedures from beneficiaries' side.

3.3.10 Monitoring and evaluation of the performance

Did the M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance?

This criterion is identical to the one in 3.2.8.

All that can be added here is that once the goods are in the pipeline and the contracts signed with operating partners, there is little time and room for **major** changes in emergency relief. M&E is most needed for lessons learned and constant improvement of future performance.

3.4 Connectedness

Connectedness: Ensuring that short-term Emergency Relief is carried out taking systemic, longer-term issues into account. Assess how SDC HA expertise shifts from one procedure (modus operandi) to another in changing contexts and transition periods.

- Strengthening the work of national and local partners.
- Moving on from relief to reconstruction/rehabilitation and to development (LRRD).

3.4.1 Strengthening SDC local partners

Has the response strategy lead to strengthening the work of national partners and local activity partners over the longer term?

Strengthening local partners is one of the strongest points of SDC interventions in the two countries visited.

In Haiti, SDC support and guidance to the local (national and Swiss) partners was early and sustained. Material support – with cash advance, tents, logistical assistance – in addition to the contracting for relevant activities was appreciated.

In Gaza, this support has been the point most commonly praised by the interlocutors. The physical damage (looting by the IDF or direct damage from the war) was compounded by the difficult and tense situation of an independent civil society under Hamas rule. The assistance from SDC was early, decisive and well targeted. It also benefited directly the Swiss assistance by re-establishing the operational and implementing capacity of partners. This has been made possible by the dedication of COOF in Jerusalem and in Gaza.

The issue is less distinct with regard to strengthening the *local government structures*.

In Haiti, SDC cooperation with municipalities and the director of University Hospital was effective, but SDC did not reach out to structures at Civil Protection or Ministry of Health level. Undeniably, DPC (Directorate of Civil Protection) was utterly ineffective or absent for a significant period of time, despite the fact that it was the **primary** agency supposed to coordinate, not OCHA. There was no contact made or report provided to DPC by SDC. In fact, the international community did not sufficiently coordinate with Civil Protection. Providing technical and logistical support to DPC directly, or through OCHA, was never an option for consideration by SDC. Worthy of mention is DINEPA, the national water authority, which

asserted very early its leadership and authority by claiming the coordination and hosting of the WASH cluster.⁶⁰ This cluster was the one considered most effective.

In Gaza, coordination and exchange of information were encouraged with local authorities (to avoid duplications in distribution, for instance), but strengthening of their authority was not an accepted objective.

In Sumatra, the SR was mobilised following an accepted emergency offer to the Indonesian Government. The need to build up local search and rescue capacities became obvious.⁶¹

In Sudan, WFP works in partnership with the National Red Crescent Society and collaborates with some government ministries; there was inclusion of government partners in some WFP and SDC activities. WFP is obligated to work in coordination with government agencies, and does this in Sudan as much as possible.

3.4.2 Linkage between relief, rehabilitation and development (LRRD)

Was a strategy outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD)?

In Gaza and Haiti, early recovery and rehabilitation were, from the first days, on the agenda (and ToR) of the RRT, ensuring a smooth transition. In both cases, partners for response were developmental agencies – either local in Gaza and/or long-established in Haiti.

In Haiti, the decision to focus mainly on shelters kits, rather than tents, reflected a mid-term vision and the desire to avoid the tent cities that are the source of recovery problems in many disaster situations. The material from the kits remains in use in the recovery process. The medical team also assisted very early in identifying reconstruction projects (such as the hospital in Petit Goâve). Finally, the rehabilitation of commercial outlets of purified water (kiosks) not only provided an immediate response adapted to local practices but also an ingenious exit strategy, leaving behind a re-established long-term capacity. This was not the case with the bladders⁶², which are temporary emergency assets with a relatively short-term use.

Planning of recovery was satisfactory in Haiti, but the early recovery/rehabilitation activities targeted beneficiaries and locations distinct from those of the rapid response.⁶³

In Gaza, the boundaries between emergency response and rehabilitation have been blurred. All partners were local development organisations with a long-term approach.⁶⁴ The project to rehabilitate irrigation wells and the reconstruction of a family health centre, both presented as early recovery initiatives, were indeed reconstruction. Given the lack of truly life-saving needs once the fighting was over, this was probably the best approach and appears to be in line with the conclusions of the separate External Review of SDC's occupied Palestinian territory programmes (July 2009).

⁶⁰ UNICEF, at first, resisted sharing its role of Cluster lead.

⁶¹ Due to high demand and SDC level of commitment in the training of other teams, no follow-up action has yet taken place.

⁶² Provided by SDC and other international humanitarian actors (such as MSF, Handicap international, Première Urgence, etc.).

⁶³ Beneficiaries from rapid response were occasionally expecting some follow up from the same donor.

⁶⁴ The crisis is seen as just another major, and more violent, incident in a long-running crisis that began when Israel's blockade was established in 2007.

In Sumatra, linking search and rescue activities with survival assistance (somewhat distinct from LRRD) was identified as a need. This was achieved as SR extended its services to relief measures through spinning off an RRT (medical supplies, water, plastic sheeting). Unanimously, this has been identified as a crucial requirement for all further SR operations, to deploy with an independent RRT capable of conducting needs assessment and initiating immediate available survival assistance. Here, it was the formal distinction between SR and RRT that was blurred, raising the opportunity of redefining or combining the two instruments.

In Sudan, development activities are not specifically in WFP's purview, but linkages are made to recovery and longer-term food security through Food for Work (FFW) and other alternative forms of food aid, but these form a very limited part of WFP's overall programming.

Food Security Issues in Emergencies⁶⁵: The orientation paper "Food Security in SDC Humanitarian Aid" (August 2010) asserts that strict thematic separation between development and crisis prevention is no longer considered to be meaningful. However, recovering food security in emergencies is not well accepted by some donors, and the LRRD concept has not always been successful.

⁶⁵ See Annexes for the full paper that was developed for this evaluation.

4 Performance scoring

SDC Quality standards	RATING
Coherence (<i>coordinated</i>)	
International coordination mechanisms are established.	S/HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened.	S/HS
The joint position on issues linked to the humanitarian crisis is agreed among international/national partners.	HS
The response strategy (instruments chosen, mix of bilateral and multilateral actions, and means deployed) is in line with international action.	HS
Relevance/appropriateness (<i>targeted and rapid</i>)	
The response strategy (instruments chosen, mix of bilateral and multilateral actions, and means deployed) is in line with local needs and priorities.	S
The response strategy (instruments and means) has been decided and implemented in a timely manner.	HS
The response strategy (instruments and means) has been targeted at those in the most need of support.	S/HS
The response strategy (instruments and means) addresses cross-cutting issues, such as gender, environment, HIV/AIDS, and “Do No Harm” strategy.	S
The response strategy (instruments and means) is in line with the context (geographic area, type of emergency, and historical, social, economic, political and cultural factors).	S
The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation, and has realistic objectives.	HS
Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly.	S
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	S
SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned.	S

SDC Quality standards	RATING
Effectiveness of Emergency Response	
Lives and suffering of persons of concern – refugees, displaced and homeless people – are being saved and mitigated respectively.	S
Persons of concern – particularly children, women, older and disabled people – are safe from acts of violence, abuse and exploitation.	S
Persons of concern have access to proper sanitation services.	NA
Persons of concern have access to adequate housing/shelter.	HS
Persons of concern have sufficient and good quality food.	HS
Persons of concern have access to primary curative and preventive healthcare services, as well as health education, according to their age and physical conditions.	HS
Persons of concern have access to basic domestic and hygiene items.	HS
Persons of concern have access to safe and drinkable water.	HS
The contributions made (commodities distributed, services provided) were of suitable quality.	HS
The M&E and reporting systems ensure timely and objective information with regard to the context, outputs and overall performance.	S
Connectedness (modus operandi)	
The response strategy has led to strengthening the work of national partners and local activity partners over the longer term.	S
A strategy was outlined, and implemented, for moving from relief to reconstruction/rehabilitation and to development (LRRD).	HS

Performance	DAC/ALNAP criteria	HAITI crisis		GAZA crisis		SUDAN crisis		SUMATRA Crisis		OVERALL	
		Rating		Rating		Rating⁶⁶		Rating		Rating	
Performance Dimension: “Planned Response”	i) Coherence (coordinated)	S	HS	S	S	HS	S	HS	HS	S/HS	S/HS
	ii) Relevance/appropriateness (targeted and rapid)	HS		S		S		S/HS		S	
Performance Dimension: “Implementation Performance”	iii) Effectiveness of emergency response (effective)	HS	HS	S	S	S	S	S/U	S	S	S
	iv) Connected-ness (modus operandi)	S		HS		S		HS		HS	

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

⁶⁶ In Sudan, the rating is focused, where possible, on the performance of SDC, rather than that of WFP.

Justification for overall rating:

Summary of strengths	Summary of weaknesses
<ul style="list-style-type: none">• Excellent coordination and support to partners.• Evidence-based RR directed to needs (ability to make decisions independently of public expectations).• Among the first on site.• High level of professionalism, including in SHA.• Good balance of bi/multi or donor/actor.• Operational flexibility in most instances.• Strong LRRD from the start of RR.• A strong will to integrate operationally into the local context.• Local capacity building whenever possible.• Advocacy for IHL, safeguarding of HR.	<ul style="list-style-type: none">• Weak field coordination with "key" stakeholders (ECHO, other donors, etc).• Low effectiveness of SR in terms of lives saved.• Lack of effective monitoring of multilateral partners.• Support to national coordination body not considered as an alternative or priority.• RRT not always adapted to political contexts.

5 General conclusions

The discussions and conclusions will centre on the three sub-questions of the main key question of the Approach Paper (i.e. Does SDC mitigate suffering and save lives in a timely manner?), as well as selected key questions of the Inception Report. It will refer extensively to the Principles and Good Practice of Humanitarian Donorship endorsed by Switzerland (Stockholm, 2003).

5.1 Overview of the four crisis situations

The four crises reviewed by this evaluation offer a broad scope of the Swiss response to different types of crisis:

- The immediate response in the aftermath of sudden onset natural disasters (earthquakes) in two very different contexts: (1) in the capital of Haiti, a least developed country close to the USA, a major source of assistance; and (2) in Indonesia, a large emerging nation with considerable spare USAR and medical national resources, and a well-functioning administration and evolving disaster management capacity. In the aftermath of earthquakes, saving lives is a key objective (Good Donorship).
- The protracted survival assistance in Darfur, an ongoing civil conflict against an African arid background, and in South Sudan, a difficult and unstable transition period. Protection is also a major objective.
- The mixture of rapid response, survival assistance and early recovery/rehabilitation in a Gaza in a situation resulting from an Israeli military intervention in an occupied territory with a comparatively high standard of education and health – at least until the set up of a drastic restriction on movement of goods and people. In Gaza, maintaining human dignity is a key Good Donorship (GD) objective.
- Finally, the ‘extraordinary’ scale of impact and the chaotic overall international response in massive disasters, such the earthquake in Haiti or the Tsunami in 2004, lead some within the international humanitarian community or media to claim that those disasters are “unprecedented”. The underlying assumption is that no general conclusion should be drawn from failures. However, the evaluators do believe that much can and should be learned from the response to catastrophic disasters.

With the exception of sanitation services, the four case studies provide a view of all instruments, means or services provided by SDC. Although many lessons repeat themselves from one disaster to the next, some caution still was exercised in generalising the observations.

5.2 Sub-question 1

Did the instruments used and the deployed means contribute to mitigating suffering and saving lives?

5.2.1 Introduction

Saving lives and alleviating suffering is the immediate outcome of the Swiss emergency relief. It is also the delayed result of advocating respect of Human Rights and the IHL (first general principle of GD). Expressing the solidarity of the Swiss people or opening opportunities for

further bilateral humanitarian and development cooperation will also indirectly alleviate suffering, and are legitimate goals.

The lack of “standards” or “minimum requirements” is raised several times in the evaluation. Part of the issue is the specific meaning given to this term by evaluators. We used the term in the meaning of “standard of living”: How much is good enough (be it in terms of square metres of shelter, litres of water, level of care, number of life/years saved, etc.) These standards cannot be universal but are highly variable according to pre-disaster development, expectations and resources. A US\$5,000 voucher for housing repair in Gaza was seen by UNRWA, UNDP and their financing supporters as reasonable. It would not be so in Haiti or Darfur.

SDC has no such written standard criteria by which to measure the *impact* of its emergency relief – that is, how many lives may have been saved or how much suffering is alleviated by its **bilateral** activities. Monitoring is mostly done in terms of output: how many family kits or food parcels have been delivered, how many patients were seen, how many psychosocial sessions were organised, or how many victims were extricated alive, regardless of their outcome one week later. The evaluators appreciate that it is a generic problem for all actors and that there is no easy solution. However, pre-defined standards allow impact monitoring even under disaster or crisis conditions.

Finally, the impact of the Swiss emergency relief must be seen in the context of the overall assistance. The Swiss RRTs (especially medical focused ones) are not the only – or by any means the largest or first on site – humanitarian player. This has been clearly recognised by the responses to the questionnaire, with only 17 out of 91 agreeing that there was no other agency to provide the same services.⁶⁷

This impact analysis will be carried out for every instrument or means deployed. In each instance, one should ask what would have happened to the beneficiaries or patients had the Swiss relief not been mobilised. Would other teams or donors have provided the immediate assistance or services?⁶⁸ If so, what is the added value of the SR or RRT? In this case, could the contribution have been better directed to more effective activities or through different channels? Attempting to respond to these questions one year later may seem somewhat theoretical, as real-time or immediate post-operation evaluations may improve an impact analysis.

5.2.2 The mobilisation of SR

The SR is the flagship of SDC humanitarian aid. It is not only an icon nationally but has also guided the development of the International Search and Rescue Advisory Group, a self-regulating mechanism, which ensured some standards of quality control.

The strict definition given to the quality standards for effectiveness in the Approach Paper (lives saved, suffering alleviated) does not properly reflect the complex web of legitimate outcomes from the mobilisation of SR. In addition to the actual extrication of victims (an outcome very difficult to predict with the information available at the time), the presence of the SR is a strong expression of human solidarity that is highly valued by the public and decision makers in both donor and affected countries. This presence on site is also a condition for

⁶⁷ Possibly some among the 17 were confused by the use of a double negative in question 7 (See ANNEX 11).

⁶⁸ This was the scenario after the tsunami, where the response (in funding and teams) far exceeded the needs (the response was offer driven: competition was not for resources but for targets).

establishing/maintaining SDC credibility as potential trainers and promoters of local resilience in USAR. Finally, deployment and on-the-job training are critical to maintain the instrument for the exceptional cases where this capacity will actually be indispensable nationally or internationally.

This evaluation however, will focus narrowly on the lives saved through the Swiss Rescue instrument.

In terms of lives saved in the aftermath of earthquakes, the impact of foreign USAR teams, and SR in particular, is becoming questionable due to the rapid increase of local capacity and the distance to overcome for international teams. Considering the very high cost of USAR, there is a surprising lack of systematic monitoring of impact, by tracking the fate of the “survivors”. How many survivors actually survived after days or weeks? Is the scarcity of data due to a lack of transparency or an absence of concern regarding anything but the most immediate outcome?⁶⁹

Haiti is one of the extremely rare situations of a massive earthquake in a metropolitan area of a country without any significant national USAR capacity. Nevertheless, the interlocutors praised the decision NOT to send SR as being the proper and courageous initiative.⁷⁰ Even under these most “productive” circumstances, arrival of SR more than 50 hours after the earthquake would have displaced credit for a few of the rescued lives, or at best saved a few additional lives. Scarce resources were much better directed towards other means.

In Sumatra, USAR international teams suffered from the same logistical handicap. In addition, the number of potential sites for finding survivors was grossly exaggerated by the mass media, but this was the only information source available at the time of decision making. All lives saved were credited to local services and population.

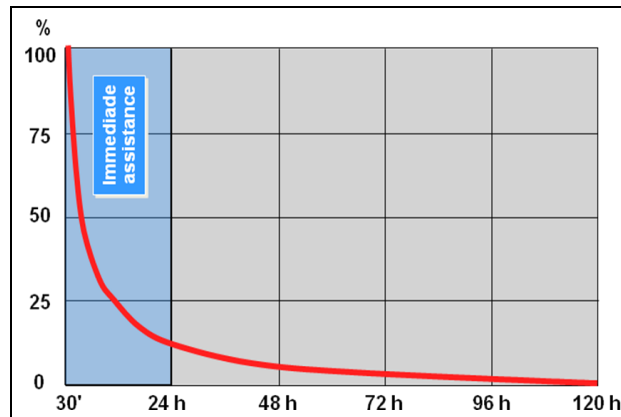
SAR is an activity where the return in lives saved declines very rapidly in a matter of hours (law of diminishing return). Figure 2 (adapted from an SDC presentation), although not based on actual data, reflects adequately the fact that most of the lives saved (some estimate up to 95%) are as a result of action by relatives, neighbours and local rescue services. The expected outcome declines rapidly over time.

This lack of impact of SR is most likely to repeat itself in future disasters, with the exception of those in countries with prior emergency cooperation agreement and relative proximity to Switzerland.

⁶⁹ It is one of the issues that the Medical Working Group of INSARAG is working on. However, the issue is broader than the scope of the INSARAG mechanism and needs to be addressed by WHO, the scientific community and the health authorities.

⁷⁰ The resulting negative publicity in Switzerland confirmed that SDC was not unduly influenced by the mass media and public opinion.

Figure 1: Rescue after earthquakes



5.2.3 The RRT

The RRTs are a tightly-organised, helpful instrument that is mobilised in sudden onset crises.

However, it is at its best when the challenge is moving goods and delivering services to save lives – as was the case in Haiti, where SDC self-supported RR operations were a model of the kind. The strong logistical incentive to get things moving by any means should not lead to overlooking the imperative of keeping other actors informed.

In Gaza, where the issues were protecting human rights and dignity, as well as advocating humanitarian principles rather than the immediate saving of lives or the mitigation of severe suffering, RRTs proved to be less adaptable.

The noted lack of internal coordination between the head of COOF in Gaza and “parachuted” emergency managers is far from being peculiar to SDC. Most of the agencies face a similar situation. In a truly acute and traumatic situation unfamiliar to the staff (who may also be affected), such as an earthquake, it is usually recommended that temporary pre-eminence is given to the qualified emergency crisis managers. This issue did not present itself in Haiti, where SDC internal coordination was highly satisfactory.⁷¹ In Gaza, Operation Cast Lead was seen by most local actors as merely a peak, an exacerbation of an ongoing crisis for which surge or rapid response should be integrating into the mid-term objectives.

SR, with RRT, to ensure transition from rescue to relief: The main lesson from the Sumatra SR mission is that the formal separation between SR and RRT may be artificial, and occasionally counterproductive. The outcome of SR operations could be increased when deploying simultaneously an independent RRT to conduct needs assessment of the surviving population and provide first relief measures for survival assistance, ensuring the transition from rescue to relief. Both means may be merged into a more versatile and stronger instrument whereby the mix of profiles will be adapted to each circumstance.

5.2.4 Financial contributions

Funding has proved to be an indispensable instrument for alleviating suffering. The Swiss government, as signatory to the Good Humanitarian Donorship (2003) initiative, is committed to support the leadership of the UN and contribute to UN and Red Cross appeals. SDC has

⁷¹ It was an issue for some other agencies. The lack of capacity to make a clear managerial decision affected negatively the leadership and effectiveness of these actors.

fulfilled this obligation in a highly satisfactory, timely and reliable manner. However, the choice of multilateral partner has not always reflected the most pressing priorities (for instance, WFP food assistance programmes in the aftermath of an earthquake, or additional funding to ICRC in a natural disaster such as in Haiti, but not in the Gaza conflict). Monitoring of large partners such as WFP needs to be improved to ensure that creative or innovative approaches other than general food distribution are adopted as appropriate. Being a comparatively modest contributor may not permit pressing narrow national interests, but is no obstacle to a vocal promotion of changes in the interest of the partners' target groups.

Funding of NGOs is basically a contract for well-defined tasks in support of, or complementing, the bilateral assistance. The selection of partners was a mix of Swiss humanitarian or development NGOs long established in the country, or truly local civil society partners. Developmental local NGOs should be favoured whenever possible. Their monitoring could be strengthened, and the external evaluation of long-term partners would assist in increasing accountability.

Direct funding or material support to local government (see General Principles 5 and 8 of GHD) would have been appropriate in natural disasters, but not necessarily in conflict contexts. Exclusive funding of the UN system contributes to further marginalising weak government mechanisms.

5.2.5 Material assistance and food supplies

The impact of bilateral material assistance in terms of lives saved and the suffering mitigated can best be appreciated in relation to SDC's efforts and contribution. It is not necessarily always the most effective assistance, compared to other channels, but evidence-based selection of items and tight overseeing – from suppliers to end users – ensured its effectiveness. However, there is a tendency in HQ to include or accept items (offered or in stock) that – as shown in more than one instance – contributed to the problem rather than to the solution. This included privately-donated medicines that would have been wasted without the dedicated support from WHO. One asset of the SDC RR is its widely respected civilian nature (GHD principle #19), which should not be jeopardised by sending military-conditioned supplies, equipment or staff.

5.2.6 Secondments

Secondments from the Swiss Humanitarian Aid Unit (SHA) provided key expertise to several UN agencies. In addition to UNHCR and OCHA (for UNADC in part), WFP is the major recipient agency. Overall, the SHA contribution is highly appreciated. The reasons include the quality of the experts, the speed of the deployment, and also the fact that agencies – especially OCHA surge response – is increasingly dependent on bilateral secondments to offset the rigidity of the UN recruitment process.

Interviews with secondees and SDC staff point to the interest in specialising and upgrading the skills of the secondees – from logistical or technical support to management and coordination. Indeed, the real challenges and shortcomings in disaster management are at this level.

5.2.7 The mix of means

The response strategy consists of a variable mix of bilateral versus multilateral activities. Assigning over 75% of the effort to its own bilateral assistance in an extremely difficult situation, such as in Haiti, saved more lives than would have been achieved by supporting the

UN's initially slow response. In Gaza, although the bilateral share was only 30%, the effectiveness in mitigating suffering could have been enhanced by shifting additional support to UNRWA and WFP.

In summary, the strategic mix of instruments has contributed to mitigating suffering and saving lives, although it was not possible to quantify its impact.

5.3 Sub-question 2

Were the instruments used and the means deployed in line with the international action?

Being in line with the international action means that coordination has taken place to minimise duplication and avoid gaps. The current fallacy that immediate life-saving assistance does NOT need to be coordinated, due to the urgency of action, is fortunately rejected by SDC and its partners, with 65% of respondents to the questionnaire stating that coordination is critical.

The commitment of SDC to international coordination is recognised as one of the strongest among donors. It is especially so at HQ level, which spearheaded and consistently supported initiatives such as INSARAG and UNDAC. That approach must be continued in the future. At field level, the time constraints and pressures for concrete actions are sometimes reducing the participation in cross-sectoral coordination mechanisms at national level (in Haiti, SDC Clusters participation was satisfactory only at local level). Greater participation should be built into future response strategies.

It should be acknowledged, however, that the contribution of those global mechanisms to assessment of initial needs may be less critical for agencies, such as SDC, that have an existing network of local partners well aware of the field situation. SDC support to OCHA is seen in this context as a valuable contribution to overall coordination, rather than a tool for its own immediate response strategy.

GHD principle #19 calls for a “primary position of civil organisations in implementing humanitarian action”, and their leading role in situations where military assets are used. The question of whether SDC could develop a more proactive advocacy role needs further internal debate, as illustrated by the Haiti case study.

The instruments used and the means deployed were mostly in line with the **international** action, if not always in compliance with GHD principle #5 (primary responsibility of states). SDC, with its credentials as a strong supporter of the UN and its mechanisms, should have played a greater role in this regard. The lack of emergency response agreements signed with relevant host countries also contributes to delays in the provision of relevant and effective assistance to affected populations.

5.4 Sub-question 3

Were there any adverse effects in the medium or long term? (LRRD)

LRRD is one of the very strong points of SDC emergency relief, and which few other agencies with rapid and self-supported response capacity have matched. Examples in Haiti are the planned handover of the medical initiative to the host hospital in Haiti, and the early focus on shelters kits rather than the donation of tents.⁷² In Gaza, early recovery projects (irrigation wells) were clearly designed with a long-term view.

⁷² “Tent cities” were correctly seen as a “solution” with potential adverse effects.

Several factors are identified:

- Inclusion of early recovery perspective/measures in the ToR of the RRT members.
- Selection of partners that are either Swiss NGOs with an ongoing long-term presence in the country or are genuinely local NGO civil society institutions.
- Presence of a COOF or an ongoing humanitarian programme with dedicated staff familiar with the local context and long-term needs.
- Civilian leadership of Swiss humanitarian aid.
- The location of the humanitarian aid and cooperation to development under one institution.

While no significant adverse effects could be observed,⁷³ there were some missed opportunities, such as:

- Strengthening local or regional government institutions, such as the Directorate of Civil Protection (DCP) or the Caribbean Disaster Management Agency (CDEMA) in Haiti.⁷⁴ Prior to a disaster, strengthening local response capacities for search and rescue is not only for the purpose of local response capacities being built up, but also provides justification for the SR “machinery”, costly in maintenance and rare in deployment. The INSARAG classification of SR as having a “heavy” USAR capacity guarantees the required quality for sharing expertise and know-how, as long as SDC keeps its USAR capacity operational.
- Proactively providing local guidance and an exchange forum to Swiss actors not funded by SDC (NGOs, implementing partners of the “Chaîne du Bonheur”⁷⁵, private sector). This would be in line with SDC success in promoting the development of standards for USAR (INSARAG) and its current support for the concept of accreditation of foreign medical teams.

In summary, there were no observed adverse effects in the medium or long term. To the contrary, the existence of an exit strategy and an early focus on recovery resulted in longer-term benefits.

⁷³ Unsolicited donations of equipment and medicines have the potential – avoided so far – to have a negative impact.

⁷⁴ DPC was somewhat marginalised, and CDEMA efforts to coordinate a regional response were largely ignored by the international community.

⁷⁵ This is in complement to the participation of SDC/HQ on the Board of the Chaîne du Bonheur.

6 Priorities for Change

SDC/Humanitarian Aid is at an important crossroads, with a forthcoming change of leadership. Much has been accomplished, and needs to be preserved, while some areas would gain from changes.

6.1 Recalibrating the SR instrument

SDC needs to discuss and acknowledge the decreasing probability of SR saving significant numbers of lives in future earthquakes in remote places.

SDC needs to consider lightening further the structure of the SR capacity in situations where the expected effectiveness in terms of lives saved will not be competitive with other forms of assistance, while maintaining its capacity to mobilise the full capacity should it be required (for instance, in a European earthquake).

It can be addressed in different manners that are not mutually exclusive:

- Maintaining the USAR function alone, but in this case decreasing the expectations of the public and participating agencies. It would require further progress in modulating SR deployment. Presently, SR is INSARAG classified as medium or heavy capacity. Both functions imply a significant and costly deployment of resources and personnel. An additional, much lighter basic capacity for technical operational support to local institutions may be defined (although not INSARAG classified) for situations where the benefits of its deployment may mainly be in expressing Swiss solidarity with an affected country, creating opportunities for future cooperation, and maintaining the support of the public and SR credibility to ensure capacity building of a local USAR force.
- Expanding the scope of SR to integrate a strong medical response capacity by developing a similar network of partners.⁷⁶ This approach has the advantage of a comprehensive capacity, whereby rescued victims are followed up and treated. It is unlikely that medical response teams would be required and productive in all disaster situations. (See section 6.4).
- Merging the expertise of SR and RRT into one rebranded instrument. A multi-purpose set of experts of diverse and complementary backgrounds increases the adaptability to change whenever necessary and ensures the capacity to handle optional tasks arising, such as emphasising SR or RRT functions if circumstances so demand.

6.2 Making full use of built-in flexibility in RRTs

The RRTs are excellent tools, which are activated rapidly, but would benefit from a greater flexibility in several aspects:

- The scope of skills needs to be better adjusted to needs. Not every situation requires security, logistics and health personnel. Different situations will benefit from additional profiles. Those profiles will depend on the vision and role that SDC wishes to play (See sections 6.3 and 6.4). Training on interventions in the context of a political crisis would foster additional competence and adaptability at field level.
- The relationship between RRTs, COOF and SDC HQ (and Swiss embassies, as relevant stakeholders) needs to be better adjusted in every situation. The overriding authority of the

⁷⁶ In an ad hoc manner, this cooperative network has worked for Haiti.

SDC/HA over local offices and an autonomous, self-sufficient RRT reporting to HQ are clearly an asset in acute and traumatic crises affecting the local staff. In situations perceived locally as mere exacerbations of an ongoing crisis familiar to the SDC office, the RRT should be presented more as a support to the COOF. Strengthening the ongoing cycle of workshops and training for local staff should be a priority.

The flexibility in extending the duration of deployment (from three weeks to two months in Haiti) should become institutionalised, avoiding rapid RRT staff turnover and rotation.

6.3 Proactive coordination

SDC is a leader in promoting coordination at **global** level. Its participation in UN and OCHA (UNDAC and INSARAG, as well as the International Strategy for Disaster Reduction - ISDR, etc) initiatives is exemplary. However, improvements are required at **field** level, where operational concerns and time/staff constraints are preventing a multi-pronged coordination role for SDC. Improvement should include:

- Integration into influential donors' strategic forum and in the Clusters (at least, those most relevant to SDC current operational priorities).
- Coordination of all SDC partners.
- Exchange forum and, to the extent possible, coordination of all Swiss actors funded or not by the Swiss Government.

That may require also adjustment in the profiles and quantity of RRT members (additional capacity for coordination function would benefit the entire RRT and follow up).

6.4 Identify innovative areas for future operational leadership

The establishment of SR and other global initiatives from SDC were innovative in their time. As for any new successful ideas, they have been emulated and mainstreamed, progressively eliminating the cutting-edge uniqueness of SDC.

New "niches" have to be developed, keeping SDC one step ahead of the bulk of the humanitarian community. Some suggestions are listed below, and could be the object of internal/external debate and action:

1. **Medical care capacity:** Haiti has given an excellent illustration of what an external rapid medical response capacity can achieve in terms of saving lives and reducing suffering. It may, however, have been a rare occurrence since, in past disasters, many foreign medical teams arrived too late and were ill adapted to the challenges.

An innovative approach is required that could take the following forms:

- A capacity to provide locally logistic, material and professional support to facilitate the mobilisation and subsistence of the many **national** (or regional, in the Caribbean) teams volunteering from other institutions and provinces. In other words, the provision of care would be done mostly by local staff, rather than by Swiss doctors.
- A capacity consisting predominantly of experienced nurses. In disaster situations, nurses are in shorter supply than doctors.
- A capacity – working in consultation with ICRC and Handicap international – aimed at the rapid rehabilitation of post trauma care cases (immediate planning of early recovery).

- The ongoing elaboration of the mother-child module could include the above approaches.

2. Pharmaceutical logistic capacity

Both the field studies confirmed that the most difficult issue is not getting medicines but managing what is at hand. Donation of medicines cannot be left to the discretion of the donor alone. Consultation is required with the local MoH and with WHO. However, progress on this will be very slow, and unsolicited donations will continue to clog the system in future disasters.

With the technical support of the Swiss pharmaceutical industry, SDC could develop a standby capacity to assist the Ministries of Health and WHO in inventory and management (including safe disposal) of the large amount of medicines donated by the international community.⁷⁷ This private support from the industry may be more appreciated and effective than the donation of medicines that are not always appropriate or critical.

3. Developing and promoting a pool of Clusters Coordinators

Managing Clusters is a demanding task for the Lead Agency. Assigning senior staff members may be a source of potential conflict between the Lead Agency corporate interest and those of the Clusters members at large. It also a short-term solution, leading to rapid turnover and lack of continuity. Identifying and recruiting external coordinators with communication skills presents a difficult challenge for UN agencies.

SDC should consider developing this capacity and offer secondees for a sustained period of time to selected clusters.

4. Cash/vouchers programmes

Cash or vouchers programmes are distinct from traditional cash-for-work initiatives, in the sense that no token contribution in the form of work is requested. All developed and some emerging countries are compensating their affected population with cash, vouchers and/or tax deductions.

SDC is an early promoter of the use of cash/vouchers programmes. It is now one of the sources of advice (through secondees) for UN agencies. SDC could pursue the logic of its action beyond advocacy by exploring the interest of developing a known international capacity to design and implement cash/vouchers programmes on behalf of other actors.⁷⁸ The structure could be comparable to that used at the Competence Centre for Reconstruction in Haiti. It would require:

- Converting an increasing proportion of its material assistance into cash/vouchers format when and wherever applicable, including in the rapid response and very early recovery phases.
- Expanding SDC's current operational capacity to serve as specialised cash/vouchers implementer on behalf of (rather than in competition with) its Swiss or multilateral partners.

⁷⁷WHO, with other partners, developed the concept of LSS (Logistic Support System) for this purpose. <http://www.lssweb.net/>.

⁷⁸This is understood to be in addition to the applied approach, as presented in the SDC Cash Workbook, 2007.

5. Increase leadership in food security

SDC might consider supporting other organisations and programmes, such as in Sudan, that target more holistically the affected population, aiming for sustainable recovery and addressing the human security needs, as well as piloting alternatives to general food distribution, such as voucher programmes.

Further focus and reflection on food security (including restoring rural livelihoods and building up resilience capacity) as part of the process of transition in a protracted crisis may be a useful complement to the ongoing effort to strengthen collaboration with FAO emergency operations.

Other suggestions may include continued advocacy for improved collaboration between WFP, FAO and IFAD and other organisations working on food security, and promotion of continuous consultation with affected people in the emergency about their priorities, and responding in a timely manner to their readiness to restore their food security.

6. Comprehensive bilateral support to national coordinating entity.

SDC could set an example in breaking the cycle of massive assistance bypassing, if not ignoring, the overwhelmed authorities, then later investing millions on developing their preparedness. In the future, SDC should systematically consider channeling resources and support to the national coordinating body directly or through a UN partner (for instance, OCHA or WFP for air transport assets).

Civil Protection in Europe has a special relationship and affinity with its counterparts in developing countries. The Swiss CP could offer expertise and participate in RRT with this specific role, under the overall leadership of SDC Humanitarian Aid.

Concluding emergency response agreements with relevant host countries is a step that will also facilitate the provision of relevant and effective assistance to affected populations.

6.5 More specificity in multilateral support

SDC is channeling its support to ICRC, and especially four priority UN organisations. In most instances, the funding is not earmarked for a specific activity. Although this “flexibility” is much appreciated, it is not necessarily conducive to creative change in the partners or the monitoring of incremental effectiveness of SDC contributions.

SDC and partners may benefit from:

- Selecting a beneficiary agency from a larger pool, on the basis of type of disaster and the specificity of SDC’s own response.⁷⁹ Not all crises require food assistance from WFP or ICRC.
- Expanding the practice of offering a package of services (not only secondees) that is acting as self-financed subcontractor for the UN agency for activities deemed of particular interest for SDC but likely to be overlooked if the appeal is not fully funded. This is in line with the recently adopted concept of engagement (2009-2014).
- Including regional institutions in the pool of potential multilateral partners; in the case of Haiti, CDEMA was an obvious potential candidate.

⁷⁹ Focus on logistics, rather than food, in earthquakes; WHO support in the case of SDC medical response.

7 Scenarios

This section, required under the terms of reference as laid out in the Approach Paper, outlines the many scenarios that may possibly unfold in the near future, considering the change in leadership, the tendency towards budgetary austerity, and the current trends in some donor countries. Many of the scenarios may not be desirable or positive for a humanitarian programme considered as a model at global level.

7.1 Status quo scenario

SDC Humanitarian Aid has a solid reputation and acceptance by the public. An option is always not to try to fix what is seen to be working. The status quo has the great advantage of being less disruptive of the current work of SDC/HA. It would keep the strengths and assets that have been outlined in this evaluation – including the relative flexibility and speed of intervention, and the strong backing of public opinion.

The main issue faced in this scenario is the fast-evolving context of humanitarian aid. SDC, a leader in some past innovations, will see its position of moral and intellectual leadership eroding rapidly because of the increasing number of actors better located geographically or with more resources.

7.2 Operational bilateral scenario

Public opinion and some political decision-makers may perceive the strengths of SDC to be mainly in its operational deployment capacity. Under this scenario, bilateral “military-type” interventions will take increasing pre-eminence in the response strategy. Stockpiles will be expanded and SR, as well as medical teams, will see their means increased – at the expense of soft areas such as coordination or information management. The balance between bilateral and multi lateral would shift towards the former. The extreme version of this scenario would be assigning the responsibility for the response to the Swiss military, under the assumption that logistical means and discipline will improve the timeliness of the response and the outcome.

This scenario would be a step backwards. It would perhaps increase the outputs, but at the cost of outcomes from a beneficiary point of view. A greater military responsibility in the response may reduce the cost effectiveness, increasing costs considerably, and would make LRRD a more elusive objective. Of more concern, GHD principles subscribed to by the Swiss Government would probably be ignored. The political attractiveness of this scenario is a lure that would detract from the highly valued and sought-after “Swissness”.

7.3 Further mainstreaming of humanitarian aid

Once an emergency relief programme has been part of the system long enough, there is a tendency to mainstream it fully, as with any other activity.

Another scenario is, therefore, the full mainstreaming of humanitarian aid within SDC and the FDFA. The relative autonomy and “special treatment” would be curtailed, and administrative procedures would be harmonised among various domains and departments. For example, financial procedures and security requirements would be common to humanitarian and development personnel and diplomats in at-risk countries. A major benefit is that LRRD would be improved by subordinating RRTs and SR to the authority of COOF.

This scenario would result in a loss of esprit de corps, which is the motor of most achievements under difficult conditions. In sudden onset disasters, statutorily subordinating RRT to COOF may delay action and reduce innovation and flexibility. “Uniformising” management and security procedures across the administration would also severely affect the delivery of the emergency relief, taking away one of the advantages of SDC and its partners in relation to the UN system.

7.4 Specialisation in “soft” areas

A few voices suggest that SDC should focus **exclusively** on selected “soft” areas of disaster management – such as, coordination needs assessment, information, and technical expertise, benefiting from its Swiss neutrality. Government operational activities (rescue or medical, supplies and distribution) would be discontinued as so many agencies in Switzerland and other parts of the world are now providing them. Current operational activities would be transferred to other interested partners (such as NGOs, Red Cross, universities, military). The rationale in this approach is that the real issues are “soft”: goods and services arrive, but are not effectively coordinated, or are inappropriate due to lack of proper assessment. Crisis management is often first-information management.

That may be the long-term future of SDC emergency relief. However, in the medium term, the considerable support received from the public – and, therefore, from the decision makers – would probably not be sustained. It would mean a sharp decline in the domestic influence and international prestige of SDC.

7.5 A better balance between operational action and soft areas

While status quo would be equivalent to slowly losing leadership and falling behind, this “balanced” scenario should include the best of all alternatives: selection of a few “soft niches” (possibly among those proposed in 6.4) and progressive investment in specialised services areas where “Swissness” – including the Swiss neutrality – can be a definite comparative advantage. It would also mean a progressive diversification of SR (modular, and complemented by medical capacity or general RRT), together with de-emphasising (in its communication with the public) the operational and material aspects. Whether or not the original “Swissness” of emergency relief will, in the long term, be predominantly in soft areas is still a matter of debate. What is less debatable is the fact that there are an increasing number of actors in the field of humanitarian response, making it difficult for a country such as Switzerland to establish its uniqueness – unless it capitalises on its considerable comparative advantages.

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