

ANNEX 1: List of 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

ANNEX 2: Approach Paper

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1 Background: Swiss Humanitarian Aid

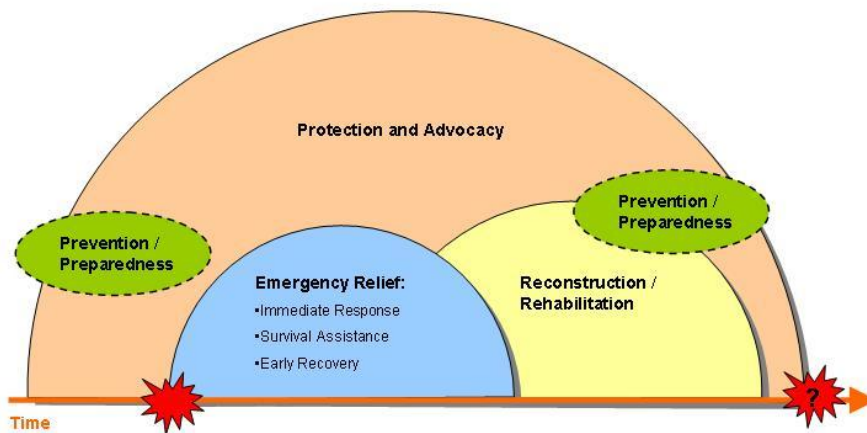
The Humanitarian Aid (HA) of the Swiss Confederation is a Department of the Swiss Agency for Development and Cooperation (SDC) within the Federal Department of Foreign Affairs (FDFA).

Switzerland's commitment to humanitarian aid is outlined in the federal law on international development cooperation and humanitarian aid, issued on March 19, 1976: "The aim of humanitarian aid is to preserve the lives of human beings who are in danger and to alleviate suffering through preventive and Emergency Relief measures; such aid is intended for victims of natural disasters and armed conflicts." On the one hand it provides direct help through the immediate deployment of expert teams from the Swiss Humanitarian Aid Unit (SHA) following natural disasters and in armed conflicts. On the other, it supports humanitarian partner organizations and contributes to the prevention and solution of conflicts.

The four strategic fields of activity in which humanitarian aid is active are¹:

1. Prevention and preparedness,
2. Emergency Relief,
3. Reconstruction/rehabilitation,
4. Protection and advocacy.

The 4 HA Strategic Fields of Activity:



All humanitarian aid actions and programs take into account environmental aspects, gender-related social questions, human rights and government leadership. They include medium- and long-term considerations and work is coordinated with other measures such as development cooperation.

The Swiss HA, which is active worldwide, work in a rapid manner and is targeted, innovative, participative, coordinated, focused and effective. These are all elements of its mode of operation. It is working primarily on assisting people before, during and after the following crisis or disaster situations: natural disasters such as earthquakes, floods and

¹ Source: leaflet "The Humanitarian Aid of the Swiss Confederation, SDC".

droughts, crises such as the collapse of law and order and lack of social-security nets - Fragile States, conflicts such as wars, civil wars and other similar confrontations, technological disasters, terrorist attacks.²

Approximately one-fifth of the total SDC budget is earmarked for the HA of the Swiss Confederation. About one-third of HA's budget is spent on financing its direct bilateral operations and for programmes conducted by NGOs. The remaining two-thirds is used for funding international organisations such as the UN and the ICRC.

For additional information on the Swiss HA, please consult the Humanitarian Aid Bill:

1.1 The Emergency Relief

The evaluation will consider in particular the **Emergency Relief** (Immediate Response, Survival Assistance and Early Recovery). The Emergency Relief objective is to save lives, mitigate suffering and cover the basic needs of the victims. Any life threatening damage is repaired as quickly as possible and additional immediate steps are taken to help victims survive.

The most important tasks of the Emergency Relief are to:

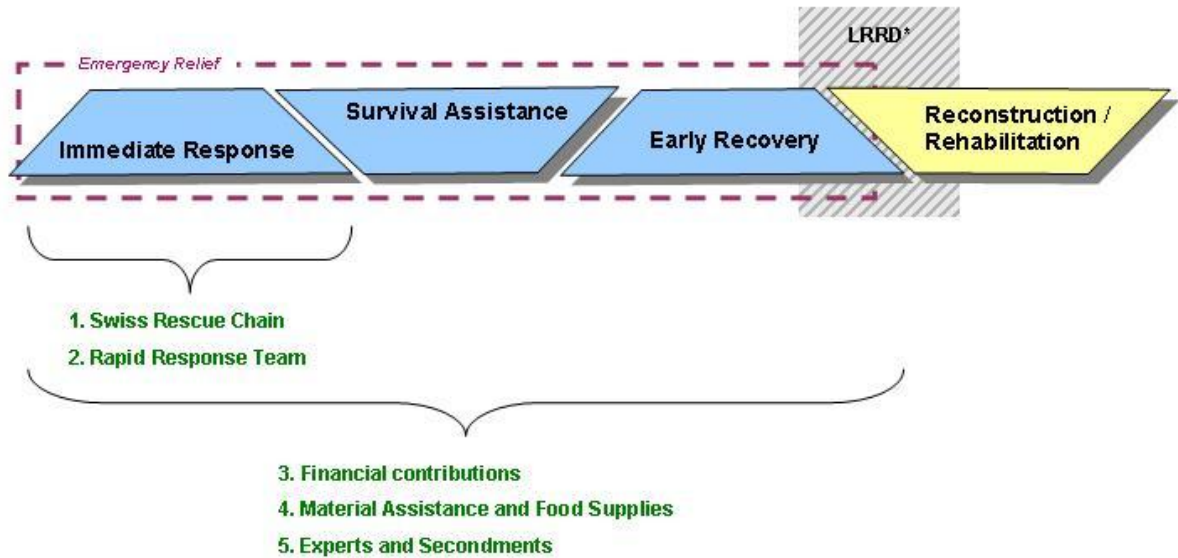
- Assess the situation and identify specific needs (gender, ethnic groups, age, social or economic status)
- Cover basic needs by providing drinking water and food supplies
- Provide temporary shelters
- Provide emergency medical assistance
- Care for and protect refugees, the displaced and homeless
- Strengthen the international coordination of relief efforts

The Emergency Relief encompasses the Immediate Response (life saving), the Survival Assistance and the Early Recovery. The Immediate Response is undertaken for 21 days and the Survival Assistance from 3 months up to 2 years. In such cases we speak about Protracted Relief. Depending on the contexts, the Relief can be continued with an Early Recovery phase. Generally there is an overlap between all these phases which normally should be closed linked together.

The following illustration is a visualisation of the different Emergency Relief phases with the different instruments that can be used to achieve HA objectives. The instruments are explained just after the illustration.

² Source: Humanitarian Aid of the Swiss Confederation, Strategy 2010, SDC.

The SDC Emergency Relief Instruments:



* **LRRD**: *Linking Relief, Rehabilitation and Development*

As visualised in the illustration, the SDC HA activities are implemented through 5 instruments. The first 2 instruments explained are used only during the Immediate Response. The others are used during all the Emergency Relief depending on strategic choices. The 5 instruments of the Emergency Relief are³:

1. Swiss Rescue Chain: Swiss Rescue is the operational unit which can be immediately deployed abroad, primarily following earthquakes, for the purpose of locating, rescuing, and providing first aid to victims trapped and buried under the rubble. Swiss Rescue consists of representatives of private and public, civilian and military partner organizations, and is placed under the direct authority of the Swiss Delegate for Humanitarian Aid. The partner organizations from which Swiss Rescue draws its resources are: the Swiss Disaster Dog Association (REDOG); the Swiss Red Cross (SRC); the Federal Department of Defense, Civil Protection, and Sports (DDPS); the Federal Institute of Technology (Zurich); Swiss Air Rescue (REGA); Swiss International Airlines; and Unique Zurich Airport.

2. Rapid Response Team (RRTs): The Rapid Response Teams are deployed in crisis situations, in the aftermath of natural disasters, and in conflict situations. Their mission is to conduct an assessment of the humanitarian needs on site and to rapidly initiate urgent relief measures in the crisis or disaster-stricken area. The Rapid Response Teams are composed of experts from the Swiss Humanitarian Aid Unit and experts from SDC Headquarters.

³ Source: SDC website.

3. Financial Contributions to United Nations organisations (such as WFP, OCHA, HCR, UNRWA), the International Committee of the Red Cross (ICRC), state agencies, intergovernmental organisations and non-governmental organisations (NGOs).

4. Material Assistance and Food Supplies: the basic foodstuffs are flour (wheat, corn, rice, etc.) and dairy products (powdered milk, cheese). The general principles of Swiss humanitarian aid apply here as well: Financial support must be given according to the needs of the population. Whenever possible, food is purchased in the immediate or nearby area. Priority is always given to local staple foods which the population is familiar with, as opposed to non-local produce. The material consists of tents and other emergency shelters for more than 10,000 people. In addition there are enough emergency medical supplies to care for about 10,000 people for a three-month period, mobile drinking water laboratories and various other materials essential for survival. If required, additional items can be purchased in Switzerland or regionally and then sent to the disaster and/or crisis areas.

5. Secondments: experts from the SHA are made available on secondment mainly to UN organisations.

To ensure the Immediate Response to emergencies, the Swiss HA also has in place a tried-and-tested alarm system with a round-the-clock emergency contact.

Staff from the Swiss Humanitarian Aid Unit ⁴ (SHA) are available to implement programmes and projects overseas. To rescue victims for instance buried in the rubble caused by earthquakes, the SHA can also call in the Swiss Rescue Chain as a special instrument to provide immediate help. The [Swiss Rescue](#) is ready for deployment within a few hours and can operate autonomously for up to seven days, providing drinking water, delivering and distributing food and aid supplies such as clothes and blankets, supplying and building shelters as well as providing the stricken population with any required medical support. These are essential factors for survival in disasters. For specialised operations, external personnel who, strictly speaking, do not belong to the SHA Unit, can also be deployed. Whenever possible, local personnel are given operational responsibility for activities in the field.

Since 2007, the Immediate Response is ISO 9001 certified. Since November 2008, the Swiss Rescue is UN-OCHA classified (International Search and Advisory Group Guidelines).

⁴ The Swiss Humanitarian Aid Unit (SHA) is the operational arm of the Swiss Confederation's Humanitarian Aid. The SHA is a "reserve" unit of 700 specialists integrated into Expert Groups on the basis of their knowledge and skills.

2 Why an Evaluation and Why Now? – Rationale

SDC is interested in assessing SDC's response in crisis situations.

SDC HA undertakes lessons learnt and debriefing processes after each Emergency Relief response. These are self-assessments. The focus of these self assessments is on processes and their aim is to optimize the processes and instruments used. This external evaluation will build on these self-assessments. It will provide a more independent assessment to the implemented action and help to capture the results of the Emergency Relief activities. The critical outside perspective in addition to the self-assessments will reinforce accountability.

The Emergency Relief budget represents more than 40% of the overall HA bilateral budget. Therefore reaching conclusions on the results and processes of the Emergency Relief activities and learning some lessons to draw some recommendations for the future is relevant.

3 Purpose, Focus and Objectives

3.1 Purpose

The main purpose of this evaluation is to investigate key processes and results, learn lessons, improve policy and practice and enhance accountability, concerning the Emergency Relief.

Moreover, the evaluation will concretely:

- Provide knowledgeable information on SDC HA results (outcomes and impact) to respect the Switzerland's political tradition of accountability, esp. in the response to Gaza, Haiti, Sudan and, partly, Sumatra emergencies.
- Provide reliable information and lessons learned to direct the investments planned for the future.
- Provide reliable information and lessons learned to improve the effectiveness of the delivered aid.
- Provide, through case studies, relevant professional advice, guidance, and data, for the staff deployed in the field.

3.2 Objectives

The objectives of this evaluation are:

- Provide findings, conclusions and recommendations – for SDC (Headquarters and in the field), local, regional and international partners, governments (in Switzerland and in the field) - particularly on:
 - what has been achieved,
 - the relevance/appropriateness of the combination of Emergency Relief modalities both in immediate response or protracted relief,
 - the effectiveness and coherence of the intra- and inter-agency's partnerships.
- Provide information (good practices and lessons learned) on how to better improve planning and implementation of new Emergency Relief interventions within SDC strategy, in order to support:
 - positive results,
 - future strategy,

- future investments.
- Identify any “weak links” in the bilateral and multilateral SDC Emergency Relief strategy in order to establish reasons for any findings of weak performance.

3.3 Focus and Scope

As mentioned SDC is interested in assessing SDC’s response in crisis situations. Therefore, the evaluation covers the **Emergency Relief** (Immediate Response, Survival Assistance and Early Recovery) and the linkages between Immediate Response and Survival Assistance, Survival Assistance and Early Recovery, and, when possible, early recovery and reconstruction/ rehabilitation.

The evaluation covers the bilateral and multilateral Emergency Relief interventions due to conflicts and due to natural disasters.

The SDC Emergency Relief is understood as comprising all the SDC programs/ projects/ contributions related to Immediate Response (Life Saving Phase), Survival Assistance and Early Recovery, coordinated by SDC, undertaken with other donors or planned and implemented by partners (bilateral or multilateral).

Successful results in a fragile environment depend, at least in part, on well sequenced and coherent progress across the political, security, economic and administrative domains. Working effectively across these domains requires donor countries to adopt a ‘whole-of-government’ approach⁵, involving departments responsible for security, and political and economic affairs, as well as those responsible for development aid and humanitarian assistance. The Swiss “whole-of-government” approach, in which SDC is actively involved, will not be evaluated in itself. However, SDC’s roles in intra- and inter-agency coordination will be examined. Therefore, the evaluation encompasses only the interventions (projects, programs and/or contributions) implemented, decided or coordinated by the SDC HA. Concretely, this means that only SDC interventions implemented by partners will be evaluated but not the bilateral or multilateral partners themselves.

The focus of this evaluation is: to assess the processes and the results, particularly outcomes.

The evaluation will take into consideration different levels.

- Government (Swiss and partner)
- International/regional/national Aid community
- Local populations (the direct and indirect beneficiaries)

3.4 Crisis situations to be evaluated

The evaluation:

- Will analyse the SDC Emergency Relief programmes/projects/contributions in 4 humanitarian aid crisis situation mentioned below through the desk study (the first results will be presented in the *Inception Report*),
- Will go further into the assessment by analysing in depth some selected interventions implemented during 2 selected HA crisis situations amongst the 4 mentioned below through field study.

⁵ OECD DAC Principles for Good International Engagement in Fragile States (2005).

By focusing on given crisis situations it is expected that the results of the evaluation will be more useful for SDC because of this focus.

The 4 selected crisis situations are:

- The conflict in Gaza from December 2008 to January 2009 and the conflict in Sudan which are representative of the SDC HA responses to conflict situations.
- The major earthquake which struck Haiti on January 12, 2010⁶ and the September 2009 earthquake in Padang (Sumatra)⁷ which are representative of the SDC HA responses to natural disasters.

The evaluation covers 3 bilateral interventions (Haiti, Gaza and Sumatra) and 2 multilateral contributions (WFP in Sudan and UNRWA in Gaza).

Some general information about the backgrounds of the 3 major crisis situations taken into consideration in the evaluation (Gaza, Haiti and Sudan) are listed below.⁸

⁶ “Following the Haiti Earthquake in January 2010, and the large-scale relief effort that have been mounted, a number of evaluative efforts have been initiated or are being planned by diverse stakeholders. These include various bilateral and multilateral donors, the Inter-Agency Standing Committee, multilateral UN agencies, coalitions such as the UK’s Disasters Emergencies Committee (DEC), the Canadian Humanitarian Coalition, and the Dutch Samenwerkende Hulporganisaties (SHO) as well as various individual agency efforts. **ALNAP, OECD-DAC Evalnet and UNEG and have decided to work together to jointly chair a meeting on May 18th-19th to bring together the key players involved in these ongoing and planned evaluative efforts.** The aim of the meeting would be to establish a shared understanding of the overall aims and priorities of the evaluative process in Haiti, and to start working collectively towards a coherent, useful and cost efficient process of commissioning and undertaking evaluations. It is hoped that this meeting will contribute to a better, more focused, strategic and utilisation-focused approach to evaluation in Haiti, thereby strengthening both learning and accountability of the international response”. SDC believes that coordination among HA and development actors is crucial for reaching better results and increasing effectiveness. Therefore, SDC will participate in this meeting. However, since the present evaluation was planned before the Haiti earthquake and its scope goes beyond the Haiti earthquake, it will be implemented as planned. SDC will assess after the ALNAP meeting whether collaboration is feasible.

⁷ For Sumatra, only the actions related to the Swiss Rescue Unit will be analyzed.

⁸ The information regarding Sumatra is listed in the Inception Report.

Crisis situations	Type of analysis
<p><u>Conflict in Gaza (Dec. 2008 – January 2009):</u></p> <p>SDC HA has been working there for many years (since 1949 through the UNRWA, since 1967 through ICRC) and SDC bilateral Cooperation since 1994.</p> <p>The period considered for the evaluation is January - June 2010 Types of intervention: Immediate Response (with the Rapid Response Team - RRTs), Survival Assistance and Early Recovery.</p> <p>Evaluation focus: the Immediate Response and Survival Assistance during the conflict (Linkages from development to Emergency Relief) i.e. comprehensive aid.</p> <p>The overall budget amounts to:</p> <ul style="list-style-type: none"> • For the relief phase: 4.25 Mio CHF • For the programm "Gaza 2009": 2.2 Mio CHF <p>Brief summary of the intervention:</p> <ul style="list-style-type: none"> • Support of SDC partners who have presence in Gaza Strip to provide basic non-food humanitarian items to needy people identified by UNRWA. PARC distributed locally purchased food items. Moreover, SDC partners helped UNRWA in the distribution to shelters and needy people. • 3 Mio CHF made available to the United Nations Relief and Works Agency (UNRWA); • Swiss Humanitarian Aid (SHA) has deployed two Rapid Response Teams of experts (RRTs) in connection with the humanitarian crisis in Gaza, to assess the humanitarian needs on-site and to initiate relief assistance; • A third team set up a logistics base in Cairo through which relief supplies were channeled from Egypt to Gaza; • SDC has sent and distributed relief supplies (food, blankets, sanitation articles, plastic sheeting, and canvas) to the Gaza Strip for an amount of 1 Mio CHF. Fixators for bone fractures provided by DDPS⁹ and private companies were supplied to various hospitals in Gaza as well (CHF 330'000); • In cooperation with the Hashemite Foundation, a Jordanian organization, mattresses valued at CHF 100'000 were delivered to UNRWA in the Gaza Strip; • A Logistics Expert from the SHA was seconded to the World Food Program (WFP). • A Reporting Officer is being seconded to the Office for the Coordination of Humanitarian Affairs (OCHA) for a period of 6 months to upgrade its human resources to achieve its mandate in order to play a pivotal role in advocating just and meaningful information about the humanitarian crisis. <p>"Gaza 2009" has the following components</p> <ul style="list-style-type: none"> • Ensure access to food for poor (semi) urban families • Ensure access to basic health services for women 	<p>Desk Study and field study</p>

⁹ Department for Defence Civil Protection and Sports.

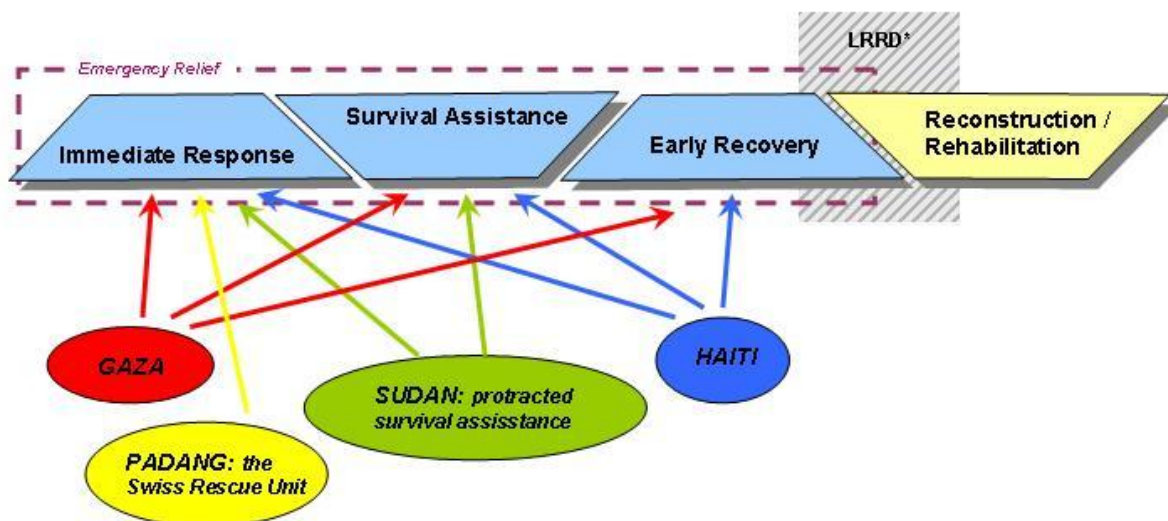
<ul style="list-style-type: none"> • Ensure access to psychosocial counselling services for traumatized people • Restore basic livelihood conditions • Increase agricultural production and improve its access in local markets • Improve the psychological wellbeing of the population and reinforcing the capacities in providing adequate psychological help • Ensure awareness and access to entrepreneurship • Promote Human Rights and Good Governance through donors aid harmonized secretariat 	
<p><u>Earthquake in Haiti (on January 12, 2010):</u></p> <p>The period considered for the evaluation is Official Set phase 16.01. until 01.03.2010, Hence, Early Recovery phase on going.</p> <p>Types of intervention: Immediate Response (without the Swiss Rescue Unit), Survival Assistance, Early Recovery and LRRD¹⁰</p> <p>Evaluation focus:</p> <p>Beneficiary Target: Victims of the earthquake</p> <p>The overall budget amounts to:</p> <p>Bilateral</p> <ul style="list-style-type: none"> • Swiss aid supplies, incl. transport 5,070,000 CHF • Direct action 1,500,000 CHF • Operational costs (personnel) 1,350,000 CHF • Swiss Red Cross 500,000 CHF <p>Multilateral</p> <ul style="list-style-type: none"> • ICRC 1,000,000 CHF • WFP 1,000,000 CHF • WFP logistic support 940,000 CHF • WFP secondments 140,000 CHF • OCHA 500,000 CHF <p>Total 12,000,000 CHF</p> <p>Brief summary of the intervention:</p> <p>Swiss Humanitarian Aid responded by launching a comprehensive relief operation and dispatching more than 110 experts (doctors, nurses, logistics' specialists, water/sanitation engineers and emergency shelter experts) to the disaster zone.</p> <p>▪ Aid deliveries</p> <p>A total of three cargo planes delivered more than 170 tonnes of aid supplies (large- and family-size tents, tarpaulins, medicines and medical materials and equipment, building tools, rubber water tanks, mosquito nets, blankets, kitchen sets, water canisters etc.). Due to the capacity overloading at the airport in Port-au-Prince, most of the aid arrived in Haiti via the Dominican Republic.</p>	<p>Desk Study and Field Study</p>

¹⁰ The Early Recovery Phase will be considered only for the Haiti case study as there will be overlapping between the Relief and the Recovery during the period of the evaluation field study.

<ul style="list-style-type: none"> ▪ Medical support The Swiss medical team, divided into four separate units, worked in the Haitian State University Hospital, treating over 800 patients, some 620 of whom required surgery (in many cases life-saving). The team also assisted around 300 births, with many of the women requiring a Caesarean section (55). In early March, management of the paediatrics unit was handed back to the hospital administration. ▪ Shelter With help from the US armed forces and local NGOs, around 2,000 families (approx. 10,000 people) were provided with material, including timber, sheets of corrugated iron, planes, wire, nails and tools, to build temporary shelters. ▪ Water In cooperation with local firms and the authorities, around 50 existing drinking water distribution points (known locally as “water kiosks”) in Port-au-Prince were reinstated and/or temporary points were set up, which provided clean drinking water to over 50,000 people. 	
<p><u>Conflict in Sudan:</u></p> <p>SDC has been supporting UN agencies and non-governmental organisations (NGOs) working in Sudan since 1994. The North-South peace agreement signed in 2005 has been overshadowed by the civil war that broke out in Darfur in 2003. The growing humanitarian needs in Darfur prompted the SDC to intensify its cooperation activities. Its humanitarian programme in Sudan focuses on emergency aid and repatriation assistance for internally displaced persons and refugees. Food security, access to drinking water, health services and the protection of civilians are central concerns, with Darfur, the Nuba Mountains and Northern Bar el Gazal (Southern Sudan) as the priority regions. The SDC programme in Sudan is coordinated by its representation in Khartoum and the Programme Office in Juba.</p> <p>The period considered for the evaluation is 2009-2010 and will focus on the WFP operations supported by SDC.</p> <p>Brief summary of the WFP intervention: Sudan is WFP's largest operation in the world. WFP provides food assistance to over 6 million vulnerable people. WFP works in Darfur , the south, east and transitional 'Three Areas' (Abyei, Blue Nile and South Kordofan).</p> <p>Types of intervention: Immediate Response and Survival Assistance (Emergency Operation 10760.0 and EMOP 200027), Development Operations (Country Programme 10105.0) as well as Special Operations (Logistics: different projects)</p> <p>Evaluation focus: multilateral contributions to WFP Emergency Relief operations (EMOP 10760.0 and EMOP 200027)</p> <p>Beneficiary Target for the EMOPs: 5.9-6.4 million people per year.</p> <p>The overall budget for the two EMOPs amounts to USD 1.764 billion from 01.01.2009 to 31.12.2010.</p>	Desk Study

The following illustration summarizes the different phases and crisis situations that are to be evaluated:

The crisis situations to be evaluated:



* *LRRD: Linking Relief, Rehabilitation and Development*

4 Key Questions

The main key question is:

- **Does SDC mitigate suffering and save lives in a timely manner?**

Sub-questions:

- Did the instruments used and the deployed means contribute to mitigate suffering and save lives?
- Were the instruments used and the deployed means in line with the international action?
- Were there any adverse effects in the medium or long term? (LRRD)

SDC performance is to be measured against the DAC/ALNAP standard criteria¹¹ and the SDC HA Quality Standards in the table below.

¹¹ Guidance for Evaluation Humanitarian Assistance in Complex Emergencies, DAC, OECD, 1999; Evaluating humanitarian action using the OECD-DAC criteria, An ALNAP guide for humanitarian agencies, ALNAP, ODI, London, March 2006.

DAC/ALNAP criteria	SDC Quality standards
<p>i. Coherence (<i>coordinated</i>¹²)</p> <div data-bbox="233 367 620 506" style="border: 1px solid black; padding: 5px;"> <p>Coherence: taking into account the intra- and inter-agency partnerships.</p> </div>	<p>International coordination mechanisms are established</p> <p>The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened</p> <p>The joint position on issues linked to the humanitarian crisis is agreed among international/national partners</p> <p>The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with international action</p>
<p>ii. Relevance/appropriateness (<i>targeted and rapid</i>¹³)</p> <div data-bbox="233 898 620 1263" style="border: 1px solid black; padding: 5px;"> <p>Relevance/appropriateness: assessing whether the projects/programs/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.</p> </div>	<p>The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities</p> <p>The response strategy (instruments and means) has been decided and implemented timely</p> <p>The response strategy (instruments and means) has been targeted to the injured in the most need of support</p> <p>The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.</p> <p>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)</p> <p>The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation and has realistic objectives</p> <p>Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly</p> <p>The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance</p> <p>SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned</p>

¹² HA mode of operation criteria.

¹³ HA mode of operation criteria.

<p>iii. Effectiveness of emergency response (<i>effective</i>¹⁴)</p> <div data-bbox="233 387 644 629" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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.</p> </div>	<p>Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively</p> <p>Persons of concern – particularly children, women, older and disabled – are safe from acts of violence, abuse and exploitation</p> <p>Persons of concern have access to proper sanitation services</p> <p>Persons of concern have access to adequate housing</p> <p>Persons of concern have sufficient and quality of food</p> <p>Persons of concern have access to primary curative and preventive healthcare services as well as health education, according to their age and physical conditions</p> <p>Persons of concern have access to basic domestic and hygiene items</p> <p>Persons of concern have access to safe and drinkable water</p> <p>The contributions made (commodities distributed, services provided) were of suitable quality</p> <p>The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance</p>
<p>iv. Connectedness (<i>modus operandi</i>)</p> <div data-bbox="233 1220 644 1525" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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 proceeding (<i>modus operandi</i>) to another in changing contexts and transition periods.</p> </div>	<p>The response strategy has lead to strengthening the work of national partners and local activity partners over the longer term</p> <p>A strategy was outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD)</p>

The evaluation will assess to what extent SDC fulfils the quality standards¹⁵. The evaluation findings for each crisis situation should be summarized along the following performance dimension framework:

¹⁴ HA mode of operation criteria.

¹⁵ Some of the quality standards in yellow may not be assessable in all humanitarian crises considered in this evaluation. **When possible, the evaluation team will deliver the approximate number of the persons of concern reached by aid.**

Performance	DAC/ALNAP criteria	HAITI crisis situation		GAZA crisis situation		PADANG crisis situation ¹⁶		SUDAN crisis situation	
		Rating		Rating		Rating		Rating	
Performance Dimension: "Planned Response"	i) Coherence (<i>coordinated</i>)								
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)								
Performance Dimension: "Implementation Performance"	iii) Effectiveness of emergency response (<i>effective</i>)								
	iv) Connectedness (<i>modus operandi</i>)								

The evaluation team will attribute a rating for each DAC/ALNAP criteria on the basis of the quality standards and then calculate an overall crisis situations intervention quality rating.

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU – Highly Unsatisfactory.¹⁷

Justification for overall ratings:

Summary of strengths	Summary of weaknesses

For an example see the the CAER Cluster Evaluation Pakistan Earthquake, AusAID, July 2006, available on the following website:

http://www.usaid.gov/press/publications/pubout.cfm?ID=7729_1162_1647_6237_6572

¹⁶ Only the mobilization of the Swiss Rescue Unit (see chapter 3.3).

¹⁷ See annex 1 for more information about the rating principles.

5 Recommendations

Based on the findings and conclusions of the evaluation:

- Considering the strengths and weaknesses of the SDC Emergency Relief, what are the recommendations for the future Emergency Relief strategy?
- What are the recommendations about the structure of the Emergency Relief procedure within SDC HA strategy for sudden onset natural disasters and conflicts respectively?
- What are the recommendations to improve the SDC expertise to shift from one proceeding (modus operandi) to another in changing contexts and transition periods?

Two different levels of recommendations need to be considered:

- In the case study report: recommendations for local partners and Cooperation Offices.
- In the main report: recommendations for the SDC HA Department.

6 Expected Results

6.1 Output Level

By the consulting team:

- An Inception Report, max. 25 pages excluding appendices; a final Inception Report will be produced after receiving comments from the CC Section and the CLP.
- A fit to print evaluation report in English containing findings, conclusions and recommendations not exceeding 30-35 pages plus appendices and including an executive summary. The report should contain with clear references of the important information/data available in the annexes.
- A summary (Abstract) according to DAC-Standards not exceeding 2 pages produced by the evaluation team and edited by the CC Section.
- The case study report(s) (in English).

By SDC:

- An agreement at Completion Point including the response of the CLP and the Senior Management Response to the recommendations and, if essential, to the conclusions of the evaluation.
- Some lessons drawn by the CLP
- The dissemination of lessons learned (for example to DAC).

6.2 Outcome Level

The evaluation "Emergency Relief" is expected to contribute:

- To the analysis of the implementation of the SDC Emergency Relief interventions within some countries, by SDC and its bilateral and multilateral partners.
- To the analysis of some processes and results of the SDC Emergency Relief interventions.

- To the sharpening of SDC's understanding of Emergency Relief engagement and contributions in the crisis situations assessed.
- To improve planning (also context analysis) and implementation of new Emergency Relief measures everywhere.
- To knowledge on SDC Emergency Relief interventions in general.
- To better position and focus Emergency Relief and its linkages to development within SDC's portfolio.
- To increase coordination and coherence with other HA actors (exchange of lessons learned).
- To increase lessons learned on good practices (focus on the reasons of success).
- To identify any "added value" and any "weak links" in the choices undertaken during the Emergency Relief actions analysed, so as to establish reasons for any findings of weak performance.

7 Partners

7.1 Organisational Set-up and Respective Roles

The **Core Learning Partnership (CLP)** ensures that the consultants have access to all necessary information (documents, interviews). The CLP comments on the evaluation design (Inception Report) and the draft evaluation report. During the Completion Point Workshop, the CLP discusses the evaluation findings, conclusions and recommendations and negotiates and approves the Agreement at Completion Point (ACP) and the Lessons Learned. It decides who should be targeted for dissemination.

Department-level Management and the **Director General** of SDC comment on the Agreement at Completion Point (“Politikfragen”).

Consultants contracted by SDC’s Corporate Controlling Section elaborate an evaluation work plan and methodology and an Inception Report, carry out the evaluation according to international evaluation standards, conduct debriefings with stakeholders as appropriate, present a draft of their Evaluators’ Final Report to the CLP, follow up on the CLP’s feedback as appropriate and submit the Evaluators’ Final Report in publishable quality as well as an Evaluation Abstract according to DAC specifications. The evaluation team leader (and possibly the second international expert) attends and second and third CLP meetings in Switzerland as a resource person.

Section, Corporate Controlling (CC), SDC, commissions the evaluation, drafts the Approach Paper, drafts and administers the contracts with the evaluators, organizes remarks on the Inception Report, ensures that the evaluators receive appropriate logistical support, including the organization of field missions, and access to information and organizes the overall process with respect to i) discussion of the Inception Report, ii) discussion of the evaluation results, iii) elaboration of the Agreement at Completion Point and Lessons Learned, iv) publication and iv) dissemination (contact: Valérie Rossi, when absent Anne Bichsel).

SDC Cooperation Offices or partners help the evaluation team to organize the logistic support for the field studies in Haiti and Gaza.

7.2 Core Learning Partnership (CLP)

The Core Learning Partnership will consist of the following members:

- SDC Humanitarian Aid Domain
- Management and Emergency Relief: Beat Von Däniken (1)
- Soudan/WFP: Martin Jaggi and/or Thomas Frey (1)
- Haiti: Eliane Kiener (1)
- Gaza: Burgi Roos and/or Véronique Bourquin (1)
- HR/Field: Christoph Schild (1)
- RRT/SHA Member, Medical Head of RRT Intervention: Olivier Hagon (1)

Resource person: Yves Mauron (Humanitarian Aid Quality Assurance): Valérie Rossi (Corporate Controlling Section - CC) will facilitate and coordinate de CLP.

8 Process

8.1 Methodology and Approach

The evaluation is to be undertaken as a mixed approach, drawing as extensively as possible on available data combined with thorough qualitative studies. Rigorous qualitative approaches should likewise be employed to analyse and examine the data, explore causality, and to understand project processes, external influences, etc. The evaluation will employ the usual methodologies such as review of relevant literature and evaluation reports about programmes and projects related with the HA programmes/projects/contributions assessed, review of relevant SDC documents, focus group sessions¹⁸ and, when applicable, community surveys (such as refugee camps) with sampling strategies, semi-structured interviews or surveys with staff at SDC headquarters and other partners involved in HA activities, case studies (**applying strong methods**) with site observations, analysis of data and report writing.

During the desk Study the evaluation team will carry out a meta-analysis of all the debriefing notes and final reports of the four HA crisis situations assessed.

The Haiti Emergency Relief Assessment will be carried out through a desk study and a field study which will combine a standard evaluation procedure for the interventions already implemented (Immediate Response and Survival Assistance) and a **real-time evaluation methodology**¹⁹ for the interventions in progress (part of the Survival Assistance, the Early Recovery and the LRRD).

The Assessment of the multilateral contributions will be carried out through an analysis of some available evaluations and progress reports of two multilateral organizations, namely the WFP contribution to Sudan²⁰ and the UNRWA contribution to Gaza. The analyse will be supported by interviews and an analysis of the M&E procedures implemented by this partner with regard to the two interventions mentioned.

Care needs to be taken that the methods and approach chosen effectively capture all the **performance dimensions** with an emphasis on the DAC/ALNAP criteria mentioned in chapter 4. All the weaknesses and strengths of the selected methodologies need to be explained in the Inception Report and then in the final Report.

The context in which the HA is implemented strongly influences the performance of the HA activities. Local socio-political factors can support or not the achievement of results. The lack of security, a fragile or failing state influence the HA action itself as well as the performance of its action. Therefore, care needs to be taken that the methods and approach chosen effectively capture all the **interrelations between the context and the HA performance**.

Moreover, as the linkages between the 3 Emergency Relief phases is an important issue for achieving results in a crisis situation, the evaluation methodology needs to take care to integrate relevant methodologies and approaches, to address the linkages between the

¹⁸ "Experience shows that interviews with beneficiaries can be one of the richest sources of information en evaluations of humanitarian assistance. The use of Rapid Rural Appraisal and Participatory Rural Appraisal techniques can be very helpful in selecting members of the affected population to be interviewed and in the structuring of the interview", Guidance for Evaluations Humanitarian Assistance in Complex Emergencies, DAC, OECD, page 25.

¹⁹ Real-time evaluations of humanitarian action, An ALNAP Guide, Pilot Version, John Cosgrave, Ben Ramalingam, Tony Beck. Available on the ALNAP website.

²⁰ For the analyze of the WFP contribution to Sudan it will be possible to use the results of the Swiss Aid Effectiveness Report's field study.

different phases, such as the linkage between Immediate Response and Survival Assistance, between Survival Assistance and Early Recovery and when applicable between Early Recovery and Reconstruction/Rehabilitation.

The evaluation's target groups are:

- Beneficiaries.
- Swiss and partner Government (incl. their institutions involved in HA interventions).
- International, regional and national aid communities.

As mentioned in Chapter 3.2 and 4, the evaluation focus is related to 2 performance dimensions (the planned response and the implementation performance) and the DAC/ALNAP criteria for HA.

The main steps of the evaluation are depicted in the table "Main Steps" (see below). The design of the evaluation is planned as an **iterative process**. Both key questions and methods presented in this paper and developed by the selected evaluation team in an evaluation proposal and further in an Inception Report²¹, are to be adapted in close collaboration with the Core Learning Partnership (CLP).

The main inputs for the evaluation design are (see graph below):

- Approach Paper and Evaluation Proposal
- SDC HA Emergency Relief program and project Documents.
- Inception Report
- First Meeting of the CLP.
- Feedback of the Inception Report
- Interviews in Switzerland.

Based on these inputs the evaluation team is expected:

- To finalize the evaluation design
- To finalize the ToR for the local evaluators.
- To finalize the Inception Report
- To finalize the final report, incl. the field studies reports.

For explanatory remarks on sequence and responsibilities see chapters 7.1. and 8.2

²¹ As mentioned before, the Inception Report will consider a documentary study as well as interviews (surveys and/or phone interviews). The Inception Report will also retrace the main assumptions, hypotheses for the projects/programmes/contributions as well as targets and indicators. It will also explain the weaknesses and strengths of the selected evaluation methodologies. Almost all the important programmes will be considered during the Inception Report. While only some elements of the activities implemented in Haiti and Myanmar will be considered during the field study. The evaluation team may suggest a frame for the Inception Report.

8.2 Main steps – Schedule

Activity	Date	Responsible
Evaluation Program approved by SDC Directorate	2009	
Preparatory meetings (discussion on the evaluation focus, definition of the CLP members, etc.)	January-March 2010	Corporate Controlling Section (CC)
Draft of the AP	March	CC
First discussion on the AP (1st CLP meeting or only some stakeholders)	February	CC
Call for offers	End of March	CC / Evaluators
Analysis of the evaluation proposals	Mai	CC
Contracts signed with evaluators	Mai	CC
Documentary Study	June-July	Evaluators
Qualitative interviews with stakeholders and former programme staff (expatriate and local staff)	June-July	Evaluators
Inception Report and 2nd CLP meeting : presentation of the evaluation methodology (by the consultant) and CLP comments on the Inception Report	July or August	Evaluators / CLP / CC
Finalization of the Inception Report (incorporation of SDC comments)	August	Evaluators
Logistic and administrative preparation of the evaluation mission	July-August	CC / Evaluators / LAS
Case Studies (Haïti and Gaza)	September	Evaluators
End of mission workshop (Haiti, possibly Gaza) ²²	End of September	Evaluators / CC
Data analysis and writing draft report	October	Evaluators
3rd CLP Meeting : Discussion of Draft Report	End of October (meeting in November or December)	Evaluators / CLP / CC
Final Report, incorporation of final comments	December	Evaluators
4th CLP Meeting : Discussion on Recommendations; Agreement at Completion Point	January	CLP / CC
SDC Management Response	End of February or March	CC
Publication	April	CC

²² At this workshop the evaluation team raises issues for clarifications and discussion, and participants provide points of correction and additional insights.

8.3 Evaluation Team

The **evaluation team** is to consist of at least two international evaluators and some national evaluators for the planned field studies. The team should comprise both genders. The evaluators are expected to have the following evaluation and subject matter expertise and experience:

- Up-to-date knowledge on HA issues, particularly Emergency Relief and linkages periods.
- Strong analytical and editorial skills and ability to synthesize.
- Professional evaluation experience, particularly on results level and HA.
- Skills and experiences in robust evaluation methodologies.
- Field experience in different regions.

The international evaluators are expected to have:

- Field experience in the assessed countries or at least in the regions considered.
- Field experience in HA contexts.
- Ability to work well in English.
- Ability in steering complex processes involving a multiplicity of partners.
- Experience with evaluation of HA measures, particularly Emergency Relief phases, as well as with linkages phases
- Experience with gender and governance issues
- Experience in multilateral and bilateral cooperation.

The case study evaluators are expected to have:

- Willingness to contribute to a team effort and to cooperate with the international team leaders.
- Field experience.
- Not to be close associates of SDC.

9 Reference Documents

9.1 SDC and Related

A documentation list will be prepared by The Corporate Controlling Section and the Humanitarian Aid Department.

- As a starting point for the Evaluation Proposal, please consult the SDC website: .

9.2 Other Publications

The evaluation team will consider other publications relevant for the evaluation. Below are some relevant websites:

- www.alnap.org
- <http://blogs.uit.tufts.edu/gettinghumanitarianaidright/>
- Feinstein International Center:
<https://wikis.uit.tufts.edu/confluence/display/FIC/Feinstein+International+Center>
- International Initiative for Impact Evaluation, 3ie, <http://www.3ieimpact.org>.

9.3 Resource People

A list of resource people will be prepared by the Corporate Controlling Section and the Humanitarian Aid including partners and staff engaged in SDC Emergency Relief programmes and projects.

10 Annex 1: Quality ratings and ratings principles²³

Descriptions of Quality Ratings:

- Highly satisfactory (HS): This rating indicates that the individual item or the overall Emergency Relief intervention has significant strengths which would justify the elevation of the rating above Satisfactory.
- Satisfactory (S): This is the lowest rating that satisfies SDC requirements for the item or the overall Emergency Relief intervention. The item (or the overall intervention) satisfies all SDC requirements and there are only a few minor weaknesses. For an overall intervention rating of "Satisfactory", no Attribute should be rated "Highly Unsatisfactory" and the majority of DAC/ALNAP criteria should be rated "Satisfactory" or higher.
- Unsatisfactory (U): This rating indicates that the individual item or the overall Emergency Relief intervention has significant weaknesses. For an Emergency Relief intervention to be rated Unsatisfactory overall, there must be a substantial number of weaknesses which had/have the potential to undermine the capacity of the intervention to achieve its objectives.
- Highly Unsatisfactory (HU): This is a rating that indicates serious deficiencies in the item or overall Emergency Relief intervention. An intervention would only be given an overall Highly Unsatisfactory rating if there were widespread problems which have/will have the effect of preventing achievement of its objectives.

Some Ratings principles:

- The emphasis is on quality and not quantity of analysis. In this regard multi-context sampling is important; the perspectives of key stakeholders (partners, beneficiaries, other donors and government agencies) need to be taken into account.
- Only one rating may be awarded per item (DAC/ALNAP criteria or Performance Dimension).
- Ratings against individual Standards are not necessary; the standards are only a guide to assessing the quality rating of a DAC/ALNAP criteria.
- Provisional ratings (consequent upon the Desk Study) will be adopted pending the receipt of further information following field study and debriefing.
- The quality DAC/ALNAP criteria within a Performance Dimension should be rated before the actual Performance Dimension. When the Performance Dimensions are finalised it is then possible to rate the overall Emergency Relief intervention.
- Ratings should not be averaged when converting to a higher level, eg, from quality DAC/ALNAP criteria to Performance Dimensions. Where the appropriate Performance Dimension level rating is not readily apparent, it is important to reflect upon the relative significance of particular DAC/ALNAP criteria in arriving at an overall Performance Dimension rating.

²³ Source : CAER Cluster Evaluation Pakistan Earthquake, AusAID, July 2006, available on the following website: http://www.usaid.gov.au/publications/pubout.cfm?ID=7729_1162_1647_6237_6572.

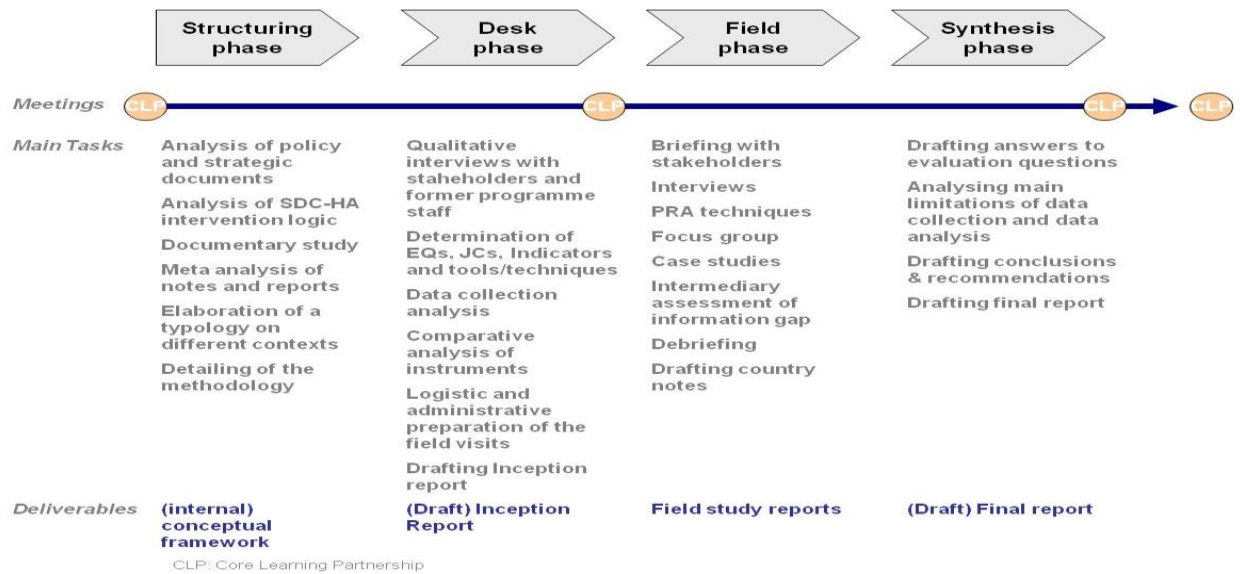
- Strengths and weaknesses should be briefly recorded in the DAC/ALNAP criteria comments column to capture the key issues in relation to the quality standards for that DAC/ALNAP criteria.

ANNEX 3: Detailed Methodology

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1 Steps



2 Selection of Case Studies

Four case studies have been selected to represent as far as possible the diversity of crises and response strategies used by SDC: the response to the Gaza crisis following the Israel operation Cast Lead (27 Dec 2008 – 18 January 2009), the deployment of the Swiss Rescue after the 2009 earthquake in Sumatra,¹ The assistance channeled to WFP in Sudan (2009) and more recently the response to earthquake of January 2010 in Haiti. Due to practical constraints, only two studies included field visits (11 days in Gaza/oPt and 18 days in Haiti) while the other two consisted in desk studies.

3 Documentation Review

Extensive documentation has been received from SDC before and during the evaluation. All our requests were answered promptly and with the greatest openness by SDC staff in HQ and in the countries. Additional information was collected from searches in agencies and organizations websites and from contacts in the interviews. In general, advance copy or draft of ongoing evaluations could not be secured.

¹ This case study was added at the suggestion of the evaluators as the SR was not mobilized in Haiti. This evaluation is not including instruments or means deployed in Sumatra other than the SR.

Topic of the Documents	Number
General	76
Gaza crisis	109
Haiti Crisis	64
Sudan Crisis & Food security	52
Sumatra Rescue response	83
TOTAL	384

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

Most documents were reviewed briefly by the team leader and the senior expert.² Selected abstracts of the German documents were translated using Google automatic services. Responsibility for in depth study, as required, was assigned to one expert based on topic and predominant language of the document.

A total of 384 documents have been received and analyzed. Generic partners' brochures or leaflets are not included. See table.

4 Field Visits

A key component to assuring the triangulation and validation of data was the field visits. These missions allowed for the team experts and the local consultants to meet personally with key actors, interview selected beneficiaries and observe firsthand the SDC HA results (mostly outcomes). The visits provided the opportunity of verification of sustainability of certain donations (water bladders, shelter kits and in very limited extent tents -due their short life- and repaired water kiosks in Haiti, repaired wells and rehabilitated clinic in Gaza, medical equipment in Gaza and Haiti).

The agenda of those visits were organized by the national team member of the evaluation team in close consultation with SDC local representatives. Final decisions on appropriate contacts were taken by the Team.

Initially, the Haiti case study included several days in Santo Domingo. This step has been canceled for several reasons: the clarification by SDC that no assistance was provided to refugees in Dominican Republic, the absence of key stakeholder or humanitarian interlocutor, and the kind assurance by SDC that logistic support in Haiti was not a major burden.

The visit to Gaza/oPt included four working days in Gaza and the rest (WE included) in Jerusalem where many agencies, SDC included, have their main offices.

In both countries, the main conclusions were presented (with PowerPoint) in an end of mission workshop (in Jerusalem via video conference with Gaza) to key stakeholders before departure. The draft reports, amended following the debriefing and the comments from SDC staff in the country, were circulated for further comments and suggestions to all interlocutors following the departure from the country. This step was clearly spelled out in the Inception Report and is considered as essential for feedback and also courtesy to interlocutors which shared their time with the team. As is generally the case, very few comments have been received. When relevant, the comments were forwarded to SDC country office for their reaction and position. Both country reports received an extensive review from SDC HQ leading to substantive improvements in the format and content.

² Food security related documents were left to the expert in charge of this separate topic.

5 Interviews

Interviews were semi-structured, ensuring that key issues are addressed, but leaving open the possibility of raising issues that may go beyond the key questions of the study. Each interview lasted above one hour in average.

The snowball approach (one interlocutor recommending several others to be interviewed) ensured a sufficient coverage of the topic and additional contacts at all levels.

At SDC/HQ level, the team conducted interviews with key stakeholders and managers, sometimes on repeated occasions by different team members. They provided in-depth information regarding actual lessons learned not easily found in the official documentation. The list of contacts (in annex 5) was first recommended by SDC and later extended as a result of the snowball approach to include a total of 33 officials from FDFA and SDC.

At other HQS: Interviews were conducted in ICRC, OCHA, WFP and FAO HQs. Support from the FDFA Permanent Representation was critical in identifying the main point of entry in these agencies. The interlocutors provided us their perspectives on the assistance provided to their agency or directly to the beneficiaries. An objective balance between official expressions of gratitude to a donor and independent appraisal of SDC humanitarian activities was not always achieved.

At country level, the interviews included SDC staff (national or Swiss), representatives of partners (UN, Red Cross System or NGOs), other bilateral or multilateral donors and national counterparts when appropriate and relevant (mostly in Haiti). Special attention was given to the secondees who displayed a deeper insight on the actual strengths and weakness of SDC and the multilateral partners.

The interlocutors shared with us their analysis and perception of the strengths and weaknesses of SDC RR. There are few ideas in this report that were not suggested by or discussed with an interviewee.

No direct quotation is attributed to a person in order to encourage spontaneity and openness of the interviews. These interview findings were triangulated with other sources.

A special set of interviews took place in SDC and WFP Rome on the topic of food security Emergency relief. Those interviews were conducted by Mrs Sheila Reed in September to ensure availability of the key interlocutors. She also guided the other two experts in their contacts with WFP at field level.

6 Community Focus Groups and Surveys

In Gaza, four focus group meetings using open-end questions targeting a total of 50 beneficiaries (19 female and 31 male) were organized 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.

When possible, a special attention was given to having a gender-balanced representation in each focus group. Projects selection was organized in consultation with SDC. Beneficiaries' identification was only possible through cooperation from SDC implementing partners due to the long period of time elapsed since the initial emergency relief (early 2009) which made direct selection of beneficiaries by the evaluators very difficult. The interviews were conducted in Arabic by the national expert.

The distribution and focus of those groups is shown in the table.

	FG 01	FG 02	FG 03	FG 04
Date	Sept. 22,2010	Sept. 23,2010	Sept. 23,2010	Sept. 23,2010
Location	North Gaza	North Gaza	Gaza	Gaza
Support received	Distribution of hygiene kits	Distribution of hygiene kits	Distribution of Plastic Sheets	Rehabilitation of water wells
Partner	SHAREK Youth Forum	PARC	PARC	NDC
Participants	Total: 15 Female: 12 Male: 3	Total: 16 Female: 7 Male: 9	Total: 10 Female: 0 Male: 10	Total: 9 Female: 0 Male: 9

In Haiti, field data were collected using two approaches: a formal questionnaire submitted to 80 individuals regarding tents and shelters and three focus group with 35 beneficiaries of water distribution. Information was also confirmed by observation when possible.

- The following steps were taken for the formal questionnaire:
 1. To build up a broad list of potential informants from lists of beneficiaries made by the SDC
 2. To contact key local partners like *APBD, Terre des Hommes Lausanne, City Hall representatives...*)
 3. To build up a final list of potential informants with keys partners
 4. To administer the questionnaire to 80 local people randomly chosen
 5. To analyze the 46 replies

	Rural	Urban PAP	Rural PAP	Total
Male	13 (52%)	26 (57.8%)	4 (40%)	43 (53.8%)
Female	12 (48%)	19 (42%)	6 (50%)	37 (46.3%)
Total	25	45	10	80

- For the Focus Groups, the steps followed were:
 1. To build up a broad list of camps/site where water was provided using documents from SDC
 2. To identify leader or contact person with local partner involved in water supply effort (in this case Sanisuisse has provided list of contact person who were water kiosk owners or operators and bladder managers)
 3. To set up a rendezvous with the contact person to meet with around 10 to 15 persons who has been using water supply facilities at the beginning of the program
 4. to conduct the focus group with 35 beneficiaries

The participation of the distributing partner was indispensable in the sample selection due to the long time elapsed since the delivery of the services or goods. Efforts were made by the national expert knowledgeable of local conditions to ensure that this contribution would not introduce biases in the sampling. The involvement of local authorities in Haiti and the more recent experience possibly reduced the risk.

Other factors needed to be considered in the analysis: tents and shelters in Haiti have a short life affecting over time the level of satisfaction of the beneficiary; although the purpose of the survey was clearly explained, this exercise raised some expectation for more assistance influencing their statements; other similar projects but much later (in Grand Goâve particularly where shelters were being built with more durable materials) led some to make comparison.

Finally, the level of suffering, standards and quality expectations were very distinct in the two case studies making any combined analysis difficult.

Regarding the water distribution, other considerations were necessary:

- Use of expensive, tasteless water treated by reverse osmosis is routinely used for drinking purpose even in the poor areas of Port au Prince. Chlorinated but safe water was not easily accepted for drinking.
- It is hard to verify objectively whether or not all the participants in focus groups were there during water distributions. Participants' choice relied mostly on contact person.
- There is no concrete delimitation of the area covered by the water supply source because of the great demand at this time leading to fluctuations in coverage areas: people from other neighborhood came to these sites too.
- Other water distribution effort in the area at the same time (even though other distributions consisted mostly of chlorinated water rather than industrial quality water)
- Lower attendance rate in Metropolitan area than in rural area
- Short time of free water distribution itself that has varied from 1 month to 2 at most at visited kiosks

7 Questionnaire for quantified analysis

A shorter set of written questions was asked from all interlocutors in order to provide a quantified statistical basis. Formulating generic questions that were independent of the type of crisis or agency was challenging. Asking simple answers to complex questions from individuals with a broad range of experience and perspectives had its limitations.

Questionnaires were anonymous and respondents were briefed that the replies did not represent their agency position but their own personnel opinion.

Type of Agency	Number Interviewed	Number of questionnaires
SDC/FDFA	58	37 (63.8%)
UN	64	35 (54.7%)
NGO	43	23 (53.5%)
Red Cross	22	8 (36.4%)
Others	24	8 (33.3%)
Total	211	111 (52.6%)

111 of the 211 persons interviewed accepted to fill in the questionnaire at the end of the interview. The response rate (52.6%) is satisfactory considering that others either were not familiar with SDC activities³ or did not feel authorized to provide opinion on another actor. Reminders were sent to a few interviewees who committed to forward the reply at a later stage. This follow up has not always been successful. The one-page questionnaire and the results can be found in Annex 11 and 12.

³ The briefing was general on their agency or they were not present during the response period covered by the evaluation.

ANNEX 4: List of documents reviewed

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1 General documentation

1. ALNAP 2006. Evaluating humanitarian action using the OECD-DAC criteria - An ALNAP guide for humanitarian agencies.
2. ALNAP 2008. Responding to earthquakes 2008 Learning from earthquake relief and recovery operations.
3. ALNAP 2009. Real-time evaluations of humanitarian action - An ALNAP Guide.
4. AusAID 2006. Cooperation Agreements for Emergency Response (CAER) - Cluster Evaluation Pakistan Earthquake.
5. Commission de gestion du Conseil des Etats 2008. Aide humanitaire de la Direction du développement et de la coopération (DDC) au Sri Lanka après le tsunami : Constats et recommandation.
6. Conseil Fédéral 1977 Décembre Ordonnance concernant la coopération au développement et l'aide humanitaire internationales.
7. Conseil Fédéral 1988. Ordonnance concernant le Corps suisse d'aide humanitaire.
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ANNEX 6: Haiti Field Visit Report



Evaluation “SDC Humanitarian Aid: Emergency Relief”

Haiti Field Visit Report
(29 August – 14 September 2010)

Final Version

Commissioned by:

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Our field trip to Petit Goâve, Grand Goâve and Léogane was kindly supported by Antoine Pouchon, the colleague in SDC Field Office Petit Goâve.

1 Introduction¹

1.1 Background

Haiti has endured political instability, chronic challenges in governance and the highest levels of poverty in the Western Hemisphere (UNDP, Transparency International 2009, Rice and Patrick 2008). According to several indexes measuring states' fragility, Haiti performs particularly poorly, ranking twelfth out of 177 countries in the Failed States Index (Fund for Peace 2009) and 129th of 141 countries according to the Index of State Weakness in the Developing World (Rice and Patrick 2008).

It is estimated that the earthquake that hit Haiti on 12 January 2010 killed more than 200,000 people, injured 300,000 and left over one million homeless. These estimates are felt by many to be on the high side. Accurate figures are not available given the poor status of the information available before the seism. With its epicenter only ten kilometers below the surface and close to the urban centers of Port-au-Prince, Léogane and Jacmel, the earthquake was the most powerful the country had experienced in 200 years. In response, a massive relief and recovery effort has been undertaken by a complex array of national and international actors, one of the largest since the Indian Ocean tsunami of December 2004.

The situation in Haiti is characterized by a massive disaster in the capital area of a country with poor governance and high level of extreme poverty. The collapse of the government infrastructure as well as the severe institutional and personal losses of the MINUSTAH and UN agencies further complicated the relief effort.

It is often mentioned that this disaster is unprecedented and that, therefore, few of the lessons are applicable to future disasters. Similar statements were also made for the tsunami and other large scale disasters. However, results from several ongoing or completed evaluations in Haiti suggest that the pattern of international / national shortcomings is repeating those noted in past mediatized situations. Lessons learned in Haiti are applicable to most large scale sudden onset disasters.

1.2 Relief Instruments of the Swiss Development Cooperation

The Swiss Development Cooperation (SDC) has five instruments to offer humanitarian assistance in natural disasters or crises contexts²:

1. **Swiss Rescue Chain:** Swiss Rescue is the operational unit which can be immediately deployed abroad, primarily following earthquakes, for the purpose of locating, rescuing, and providing first aid to victims trapped and buried under the rubble.
2. **Rapid Response Team (RRT/SET):** The Rapid Response Teams are deployed in crisis situations, in the aftermath of natural disasters, and in conflict situations. Their mission is to conduct an assessment of the humanitarian needs on site and to rapidly initiate urgent relief measures in the crisis or disaster-stricken area. The Rapid

¹ Extracted mostly from ALNAP Haiti Context Analysis, July 2010.

² See i.e. SDC, Rapid Response Minimal Standards 15.05.2009.

Response Teams are composed of experts from the Swiss Humanitarian Corps (SHA), and experts from SDC Headquarters³

3. **Financial Contributions** to United Nations organizations (such as WFP, OCHA, HCR, UNRWA), the International Committee of the Red Cross (ICRC), state agencies, intergovernmental organizations and non-governmental organizations (NGOs).⁴
4. **Material Assistance and Food Supplies:** In addition, to basic foodstuffs, the supplies consists of tents and other shelters, medical supplies, mobile drinking water laboratories and various other materials essential for survival.
5. **Secondments:** experts from the Swiss Humanitarian Corps (SHA) are made available on secondment mainly to UN organizations.

1.3 SDC Interventions in Haiti

The Swiss Development Cooperation mobilized all these instruments with the exception of the Swiss Rescue (SR) (Urban Search and Rescue capacity). It included direct operational action as well as support to multilateral institutions

SDC worked in closed cooperation with its NGOs partners in Haiti. (See table below)

Helvetas	HANDICAP International	IAMANEH
Terre des Hommes-Suisse	EPER/HEKS	MedAir
Terre des Hommes-Lausanne	GRET	Secours Dentaire SDI
MSF Suisse	CESVI	Save the Children
Médecins du Monde Suisse	Action Carême Suisse	Tierra Incognita
Main dans la Main- Kofip	EIRENE	Brin de Soleil
CARITAS Suisse	Enfants du Monde	EDEYO
ACTED		

1.3.1 Direct bilateral operations

The SDC dispatched its Rapid Response Teams (RRT) consisting of more than 110 experts (doctors, nurses, logistics' specialists, water/sanitation engineers and emergency shelter experts).

By end of January 2010, a total of three cargo planes delivered more than 170 tons of aid supplies (large- and family-size tents, tarpaulins, medicines and medical materials and equipment, building tools, rubber water tanks, mosquito nets, blankets, kitchen sets, water canisters etc.). Due to restrictions at the airport in Port-au-Prince, most of the aid arrived in Haiti via the Dominican Republic, where additional supplies including shelter material were purchased.

³ According to additionally provided information from SDC Haiti COOF, there is also a standing partnership with the University Hospital in Geneva etc. to provide medical staff for deployment in SDC humanitarian response missions.

⁴ Financial contributions to key UN partners could also contain provision or funding of additional logistical capacities, such as helicopter provided to UNDAC/WFP/UNHAS in the Emergency Response to Haiti Earthquake. This could also be perceived as material assistance.

The rapid response focused on medical assistance, provision of immediate/transitional shelters and water.

- **Medical assistance**⁵

The Swiss medical team, in four staggered teams worked in the Haitian State University Hospital, treating over 800 patients, some 636 of whom required surgery (in many cases life-saving). The team also assisted 245 births, with many of the women requiring a Caesarean section. In early March, management of the pediatric unit was handed back to the hospital administration.

- **Shelter**

With the logistical support of the US and Canadian armed forces, the UN stabilization mission MINUSTAH and the National Police (PNH), together with the implementation capacity of Terre des Hommes-Lausanne, ACTED and APDB, around 2,000 families (approx. 10,000 people) were provided with material, including timber, sheets of corrugated iron, planes, wire, nails and tools, to build temporary shelters. This activity started January 22nd and lasted 74 days. It required 10 experts for a total of 337 days. Over 2000 family hygiene kits and shelter construction kits were distributed to a total of 8336 beneficiaries in Petit Goâve and Grand Goâve. 463 tents were distributed to NGO partners rather than directly to the affected population in compliance with guidelines adopted by the Shelter Cluster and the Government of Haiti.⁶

- **Water**

Initiated on January 20th, this operation centered in Port au Prince lasted 125 days, involving four experts for a total of 128 days. With the reparation of 21 water kiosks, water was supplied to over 50,000 people through approximately 50 private kiosks, new temporary distribution points and bladders. The collaboration with the private sector was particularly important.

The Swiss Rapid response was self supported with 18 experts in Logistics (including air ops) for a total of 367 operating days, 25 additional staff for Management, Security, Information, Telecommunication and Administration (a total of 602 days). Finally, four experts were seconded to OCHA (UNDAC) and WFP (logistics) for a total of 221 days in the immediate response phase.

1.3.2 Multilateral commitment

Financial contributions were made to partner organizations ICRC, WFP and OCHA.

A Swiss expert took part in the UN coordinated mission “Post Disaster Needs Assessment” (PDNA). The findings were used to lay the groundwork for the medium-term recovery and reconstruction program of the Haiti Government, which was shared with the international community.

⁵ According reporting of Medical Specialized Group.

⁶ An exception is the displaced population on Place St Pierre, in front of the Swiss Embassy.

1.3.3 The Swiss contribution in perspective

Funds committed by country / institution (USD Millions)	
Country	Amount committed/Contributed
Belgium	6.8 (0.2%)
European Commission	79.9 (2.4 %)
France	36.1 (1.1 %)
Germany	27.4 (0.8 %)
Italy	21.2 (0.6%)
Norway	28,8 (0.9%)
Switzerland	13.6 (0.4 %)
Spain	67.9 (2 %)
UK	33.2 (1%)
USA	1.156.7 (34.5 %)
All sources	3.352.36

In monetary value, the Swiss contribution represents only 0.4% of the total of the funds reported to OCHA Financial Tracking Services as being committed/contributed on behalf of the victims of the earthquake on September 7th, 2010.⁷ The amounts reported by OCHA Financial Tracking Services (FTS) do not necessarily match those reported by the donor to the team. However, FTS is used as one common source for comparisons.⁸

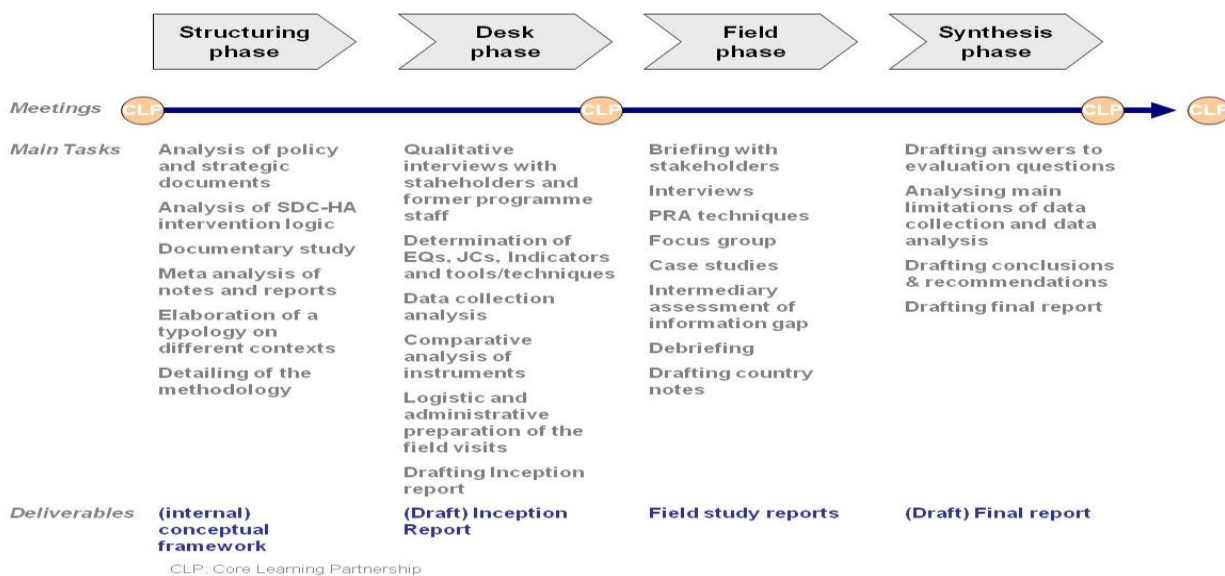
Reported contributions from the private sector amounted to 1,217 Millions, i.e. over 37%. It includes the private contributions (app. 65 USD Mio.) to the “*Chaîne du Bonheur*”, a Swiss fund raising initiative as well as donations (Cash and Kind) from Novartis estimated at USD 3,5 Mio.

⁷ <http://fts.unocha.org/>. Here the definitions of funding committed per immediate response, early recovery, rehabilitation and maybe even development may significantly differ per country, which has reported their amounts directly to OCHA’s Financial Tracking System.

⁸ US contributions include the cost of the military deployment which reportedly amounts to app. 457 USD M (40%). According to ECHO, EC contribution is USD 160 M.

2 Methodology

This field visit is the result of a multistep process described in the figure below.



2.1 Selection of this Case Study

The response to Haiti earthquake is one of four case studies. Others are the response to the Gaza crisis following the Israel operation Cast Lead (27 Dec 2008 – 18 January 2009), the deployment of the Swiss Rescue after the 2009 earthquake in Sumatra,⁹ and the assistance channeled to WFP in Sudan (2009). Due to practical constraints, only two studies included field visits (11 days in Gaza/oPt and 18 days in Haiti) while the other two consisted in desk studies.

The contribution of Haiti to the global evaluation is highlighted in the table below

Place	Crisis	Focus	Methodology
HAITI	Earthquake on a background of poverty (Jan 2010)	Emergency relief with immediate perspective for early recovery and LRRD	Documents review, field visit, interviews, focus groups, surveys and questionnaire
GAZA	Sequels of Operation Cast Lead (Dec 2008-Jan 2009)	Emergency relief with special attention to LRRD	Same but no beneficiaries survey
SUDAN	Ongoing conflict or transition (3 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

⁹ This case study was added at the suggestion of the evaluators as the SR was not mobilized in Haiti. This evaluation is not including instruments or means deployed other than the SR.

2.2 Documentation Review

Extensive documentation (64) has been received from SDC before and during the evaluation. All our requested were answered promptly and with the greatest openness by SDC staff in HQ and in Haiti. Additional information was collected from searches in agencies and organizations websites and from contacts in the interviews. In general, advance copy of draft of ongoing evaluations could not be secured.

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

Most documents were reviewed briefly by the team leader and the senior expert.¹⁰ Selected abstracts of the German documents were translated using Google automatic services. Responsibility for in depth study, as required, was shared among the two international experts based on topic and predominant language of the document. All documents were available to the national expert and were used as needed to assist in planning the focus groups and beneficiaries surveys.

2.3 Field Visits

A key component to assuring the triangulation and validation of data was the field visit. That allowed for the team experts and the local consultants to meet personally with key actors, interview selected beneficiaries and observe firsthand the SDC HA results (mostly outputs /outcomes). The visits provided the opportunity of verification of sustainability of certain donations (water bladders, shelter kits and in very limited extent tents -due their short life-, repaired water kiosks, medical facilities assisted by SDC and equipment handed over to the University Hospital or NGOs).

The program of those visits was organized by the national team member of the evaluation team in close consultation with SDC local representative. Final decisions on appropriate contacts were taken by the Team.

Type of agency	Number
SDC incl. secondees	30
UN Agencies	25
NGOs	25
Red Cross	6
Gov of Haiti	12
Others	3
Total	101

Initially, the Haiti case study included several days in Santo Domingo. This step has been canceled for several reasons: the clarification by SDC that no assistance was provided to refugees in Dominican Republic, the absence of key stakeholder or humanitarian interlocutor, and the kind assurance by SDC that logistic support in Haiti was not a major burden.

¹⁰ Food security related documents were left to the expert in charge of this separate topic.

2.4 Interviews

Interviews were semi-structured, ensuring that key issues are addressed, but leaving open the possibility of raising issues that may go beyond the key questions of the study. Each interview lasted above one hour in average.

The snowball approach (one interlocutor recommending several others to be interviewed) ensured a sufficient coverage of the topic and additional contacts at all levels.

A total of 101 persons in SDC HQ and in Haiti have been met individually or in groups.

At country level, the interviews included SDC staff (national or Swiss), representatives of partners (UN, Red Cross System or NGOs) and national counterparts when appropriate and relevant. Meetings with the Director of Civil protection was not possible, Interviews with other bilateral or multilateral donors were included. Special attention was given to the secondees who displayed a deeper insight on the actual strengths and weakness of SDC and the multilateral partners.

The interlocutors shared with us their analysis and perception of the strengths and weaknesses of SDC RR. There are few ideas in this report that were not suggested by or discussed with an interviewee.

No direct quotation is attributed to a person in order to encourage spontaneity and openness of the interviews. These interview findings were triangulated with other sources.

2.5 Community Focus Groups and Surveys

In Haiti, field data were collected using two approaches: a formal questionnaire submitted to 85 individuals regarding tents and shelters and focus group among beneficiaries of water distribution. Information was also confirmed by observation when possible.

- The following steps were taken for the formal questionnaire:
 1. to build up a broad list of potential informants from lists of beneficiaries made by the SDC.
 2. to contact key local partners like *APBD, Terre des Hommes Lausanne, City Hall representatives...*
 3. to build up a final list of potential informants with keys partners.
 4. to administer the questionnaire to 80 local people randomly chosen. 46 returned the completed questionnaire.

	Rural	Urban PAP	Rural PAP	Total
Male	13 (52%)	26 (57,8%)	4 (40%)	43 (53.8%)
Female	12 (48%)	19 (42%)	6 (50%)	37 (46.3%)
Total	25	45	10	80

- For the Focus Groups, the steps followed were:
 1. To build up a broad list of camps/site where water was provided using documents from SDC.
 2. To identify leader or contact person with local partner involved in water supply effort (in this case Sanisuisse has provided list of contact person who were water kiosk owners or operators and bladder managers).
 3. To set up a rendezvous with the contact person to meet with around 10 to 15 persons who has been using water supply facilities at the beginning of the program.
 4. To conduct the focus group with beneficiaries (35).

The participation of the distributing partners was indispensable for the sample selection due to the long time elapsed since the delivery of the services or goods. Efforts were made by the national expert knowledgeable of local conditions to ensure that this contribution would not introduce biases in the sampling. The involvement of local authorities possibly reduced the risk.

Other factors needed to be considered in the analysis: tents and shelters in Haiti have a short life affecting over time the level of satisfaction of the beneficiary; although the purpose of the survey was clearly explained, this exercise raised some expectation for more assistance influencing their statements; other similar projects but much later (in Grand Goâve particularly where shelters were being built with more durable materials) led some to make comparison.

Regarding the water distribution, other considerations were necessary:

- The costly use of tasteless water treated by reverse osmosis for drinking purpose even in the poor areas of Port au Prince resulted in the chlorinated but perfectly safe water not being easily accepted for drinking.
- It is hard to verify objectively whether or not all the participants in focus groups were there during water distributions. Participants' choice relied mostly on contact person.
- There is no concrete delimitation of the population covered by a water supply source because of the great demand at this time leading to fluctuations in coverage areas: people from other neighborhood came to these sites too.
- Other water distribution effort in the area at the same time (even though other distributions consisted mostly of chlorinated water rather than industrial quality water).
- Lower attendance rate in Metropolitan area than in rural area.
- Short time of free water distribution itself that has varied from 1 month to 2 at most at visited kiosks.

2.6 Questionnaire for quantified analysis

A shorter set of written questions was asked from all interlocutors in order to provide a quantified statistical basis. Formulating generic questions that were independent of the type of crisis or agency was challenging. Asking simple answers to complex questions from individuals with a broad range of experience and perspectives had its limitations.

Questionnaires were anonymous and respondents were briefed that the replies did not represent their agency position but their own personnel opinion. 41 of the 80 persons interviewed in Haiti accepted to fill in the questionnaire at the end of the interview. The response rate (51.5%) is satisfactory considering that others either were not familiar with

SDC activities¹¹ or did not feel authorized to provide opinion on another actor.¹² Reminders were sent to a few interviewees who committed to forward the reply at a later stage. This follow up has not always been successful. The one-page questionnaire and the results are in Annex 8.

2.7 Reporting

The draft report, amended following the debriefing and the comments from SDC staff in the country, was circulated for further comments and suggestions to all interlocutors following the departure from the country. This step was clearly spelled out in the Inception Report and is considered as essential for feedback and also courtesy to interlocutors which shared their time with the team. One significant comment raising new issues was received from OCHA/Petit Goâve. The critical comments were shared with SDC/PaP for reaction and response. Appropriate change was made to the report. The country 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 backstoppers.

Two half-days workshops were organized: a briefing and consultation workshop exclusively with SDC NGO partners and one for debriefing and discussion of the conclusions where all agencies interviewed were invited. Attendance included mostly SDC's NGO partners, WFP, OCHA, ICRC, ECHO and SaniSuisse, a private company. The programs of those workshops are in Annex 9.

¹¹ The briefing was general on their agency or they were not present during the response period covered by the evaluation.

¹² Overall rate for the evaluation is 52.6%.

3 Findings

3.1 Coherence (Coordination)

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

National and international mechanisms for coordination of external assistance were severely affected during the earthquake. The National Direction of Civil Protection, under development before the disaster, was unable to exercise its mandate while OCHA and MINUSTAH were slow to recover their capacity, leaving a leadership vacuum on the early arrival of the Swiss Rapid Response Team.

Data available on needs and “who was doing what” were unavailable. UNDAC, with the support of SDC (helicopter, personnel and funding), could not possibly offer information on time to influence initial but most critical decisions of the SDC and other actors. Those decisions were mostly based on information collected by the SDC staff on site and later by the direct assessment by the RRT.

3.1.1 The coordination of SDC direct partners

SDC coordination with its partners was carried out through periodic meetings, visits and selective support (funds, tents, etc). There is a high level of satisfaction among those partners and a sense of coherence in the Swiss response (government, NGOs and Red Cross). All NGOs, Swiss or local with Swiss support, were included in this coordination. Those partners are generally fully aware of SDC priorities and activities.

Coordination between the various elements of the Swiss Government (HQ, Embassy, and Cooperation Office) appeared to be excellent in spite of the psychological trauma and initial hours of uncertainty. Later, the presence of the RRT with senior staff from HQ contributed to a high level of permanent dialogue and internal consultation.

3.1.2 Integrating the Swiss response into the global effort

This is the most serious shortcoming of an otherwise remarkable effort. Contacts with non-Swiss agencies (others than those supported directly) were often considered as insufficient. In one instance, informal meetings held prior the impact were discontinued. Coordination meetings on Government level were attended by the acting Swiss ambassador. Participation in clusters was reportedly irregular. However, the evaluators could not quantify the extent of SDC presence or active contribution in the Clusters meetings due to the turnover of Clusters' staff and limited access to UN data months after the immediate emergency.¹³ On field level, SDC's participation was higher and more active, as they held the cluster lead for shelter during the first weeks in Petit Goâve.¹⁴

¹³ OCHA suggestions to access the minutes of the meetings on the Web were followed up. However, the minutes do start in April 2009 after the completion of the SDC shelter program. In addition, access to those files was restricted and subject to prior clearance.

¹⁴ Participation to clusters came at a high cost in terms of time. It raises the issue of locating the SDC and RRT/SET capacity in such a situation: at the Coof or near the UN/Red Cross operational centers (over 60 minutes away today and much more at the time of SDC RRT). It was basically a matter of choosing between “Swissness” and international coordination.

Most of the multilateral agencies, with the exception of those to whom experts were seconded, were unaware of the activities and priorities of SDC and prompted their wish for greater dialogue.

If large formal Cluster meetings are, as said by one senior multilateral expert, a necessary evil, the smaller informal meetings of donors hosted by ECHO, first on a daily basis, provided a mechanism for a select group of government actors (US, Canada, Spain, UK and ECHO) to review and influence the course of events. The absence of the Swiss with its experience, professionalism and broad acceptance due to its neutrality was noted and regretted.

SDC activities appeared, nevertheless, in coherence with the UN and other partners' priorities and strategies. For instance, SDC refrained to distribute its tents to the general public to meet the guidelines of the Government and the Shelter Cluster.

3.1.3 The civil–military coordination

The military role was particularly predominant in the response to the Haiti earthquake. Initial confusion reigned within the MINUSTAH due to the loss of its HQ and key command officers. The takeover of the airspace and airport by the US military complicated the logistical work of many actors. All these factors made civil-military coordination most critical.

The overwhelming foreign military presence and assets, de facto, tended to marginalize the civilian humanitarian organizations as observed by one evaluator of the US response.

SDC approach at HQ level was to actively support OCHA Field Support Services and in particular its civil-military coordination. At operational level, SDC adopted a pragmatic decision to write off the Port au Prince Airport and to build its own logistic capacity from a hub in Santo Domingo while dialoguing with the military for security and heavy road transport. The distribution of shelter kits in Petit Goâve and Grand Goâve as well as the placing of a “Sani Container”¹⁵ would not have been possible without US and Canadian military transportation.¹⁶

Some of the Swiss NGOs, partners of SDC, did not support the principle of this collaboration and pressed SDC for a more vigorous advocacy of an independent civilian humanitarian action.

Coordination with national authorities will be discussed under Connectedness

3.2 Relevance / appropriateness

Relevance/appropriateness: assessing whether the projects/programs/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 calendar of the response is shown in Annex 5 (Calendar of Swiss Humanitarian Assistance). From the various interviews, it is clear that the Swiss assistance arrived early; especially considering the distance and that it did rapidly reach most affected communities

¹⁵ A military decommissioned , surgical military module (operating theater in a container).

¹⁶ This container finally was donated to MSF/Suisse in Léogane.

outside PAP where many humanitarian actors were concentrating. The beneficiaries' surveys confirm this point.

How and on what criteria were decisions made regarding the mix of instruments to use? In the rush of providing response and lacking details of magnitude of destruction and effects, a rather automatic assistance approach was launched in the immediate aftermath by most actors including the Swiss. Relief items airlifted to Haiti reflected the usual needs for affected populations in natural disasters and consisted of hygiene kits, tents, mosquito nets etc. in the first delivery as it was available in the SDC contingency stock. From interviews and review of reports, subsequent decision-making was rapidly based on the information collected mostly bilaterally by SDC staff familiar with the country and the many local partners, ICRC among others. After a few days, the initial RRT undertook systematic reconnaissance reaching outside PAP as soon as possible.

The most noticeable decision was to **cancel the deployment of the Swiss Rescue (SR)** placed on standby in Zurich. The inevitably long delay to deploy this heavy capacity (100 persons) urban search and Rescue (USAR) through Santo Domingo and the rapidly diminishing return in terms of life led to the realistic decision to call off the deployment of this expected and "taken as granted" Swiss response.¹⁷ It is worthwhile noting that around 2000 SAR team members have been active in Haiti, a significant number in position to arrive earlier than the Swiss team. Reportedly, the total number of persons extricated alive was 132,¹⁸ out of those 43 by the US Government teams (at a cost of USD 51 M)¹⁹. According to the interviews, there was no follow up of the survival rate of those "survivors" once they received initial medical care and were referred to the medical facilities. Considering the relatively modest outcome and the increasing number of team providing SAR assistance, it is not surprising that there was a near unanimous support for SDC decision among all experts interviewed.

The detailed set of procedures and criteria written down at SDC HQ guided the process without hampering it (a possible risk with procedures). SDC flexibility and pragmatism were recognized and praised by the independent interlocutors familiar with the relief process.

3.2.1 Immediate medical assistance

Relevance of the assistance is often perceived as merely a matter of judgment by "beneficiaries". This is not applicable to immediate life saving assistance such as USAR or surgical care.

The first RRT arrived on 14 January. Already 2 days later arrangements have been undertaken to establish a medical support unit in the pediatric unit and assist the surgical unit. The operations started a day later. At that time, the selected site, the University Hospital in Port-au-Prince was not yet overcrowded by foreign medical teams. Following the feedback of the Hospital's Director and the Head of the Pediatric unit, the Swiss Assistance was outstanding and remarkable in its integrative approach to work jointly together with the Haitian hospital staff and to handover the wards to the hospital management after its retreat,

¹⁷ The lack of access to the PAP airport was a determinant factor. It was estimated that the SAR team could not reach the disaster site within 50 H.

¹⁸ According INSARAG Global Meeting Kobe 2010.

¹⁹ There is no data respective to the nationality of survivors. Several bilateral teams were directed to focus in priority on sites where their nationals were reported missing.

declining the widely adopted parallel structures set up by other international relief organizations.

The quality of the medical care was praised by the hospital authorities contrarily to that of some other private foreign teams. In particular, amputations²⁰ or other major surgical decisions systematically required a double medical opinion.

In Haiti (as in most other disasters), **inappropriate pharmaceutical donations** caused severe disposal problems to the authorities and WHO. A donation of drugs by Novartis was mentioned in SDC reports as not being usable by the Swiss medical team. Specific efforts were made to track down this donation valued at USD 1,880,000 (as reported to OCHA-FTS) and to determine its status. The drugs consisted of antibiotics (with an expiration life less than one year as recommended by WHO) and of very large amounts of anti-depressives. Both could be valuable in the context of Haiti but not appropriate for use by the Swiss medical team because of the pediatric direction of the medical assistance and the very large quantities involved. They were donated to PROMESS, the central pharmacy managed by WHO.

Minor problems were reported with some medical equipment (sterilizers too sophisticated for the environment). This is inevitable in a large medical relief operation. The “Sani Container” mentioned above did ultimately find some use with MSF-Suisse in Léogane after being moved in to a different location at a very high logistical effort by the Canadian Forces. As already acknowledged in the internal SDC evaluation report, this bulky and expensive equipment requiring special transport facilities, expert installation and maintenance had probably never been requested by the RRT in the first place. Its original military color has also caused some difficulty within the civilian humanitarian sector.

The evaluators prompted the interviewees for possible examples of grossly inappropriate forms of assistance by **other Swiss partners**, funded or not by SDC. Without avail!

3.2.2 Water distribution

Water was provided through two different means: the placement of 24 bladders in strategic locations selected in consultation with DINEPA, the local water authority which rapidly asserted its coordination leadership over the international effort and the restoration of commercial water distribution points (Kiosks).

The **quality** of water was the object of repeated testing using the portable laboratory from SDC. The quality met the international requirements. This is compatible with pre-earthquake conditions.²¹

To measure the degree of **satisfaction of the beneficiaries**, three focus groups totaling 35 persons have been organized in a temporary camp, a low income neighborhood and a middle income area respectively.

²⁰ The number of amputations has become an issue in Haiti (as it was in Pakistan). “Were foreign teams to quick to take this drastic measure” is a lingering question.

²¹ The piped water distribution is unreliable in coverage and bacteriological quality. A private market of water treated by reverse osmosis and sometimes also by UV is flourishing in all economic strata of the population in PAP. Chlorinated water as used in Europe would not be accepted!

The initiative to work with SaniSuisse to rehabilitate 21 commercial points of distribution (known as water kiosks) in exchange of free distribution for period of time is worth noting: the beneficiaries were familiar with the location and the manager. Logistical problems are settled by the contractor and it also provided an automatic linkage with early recovery and an exit strategy for SDC. From the interviews with beneficiaries, it appears that some local managers resumed the sale earlier than expected.

On a scale of 1 to 10, the whole water distribution was rated from 6 to 9.5. Many interviewees noted that their score was lowered due to the perceivably short duration of the free distribution. The Survey Report on the water focus groups is found in Annex 6.

3.2.3 Shelters

The systematic distribution of tents in the aftermath of natural disasters is increasingly questioned for their cost, inadequacy to local cultural and climatic conditions and short life. The GoH and the Shelter Cluster initially sought to discourage this practice in favor of distribution of shelter kits leading later to interim housing. However, offer (i.e. availability) often prevails on demand so that tents are ubiquitous in affected areas.

Most of the Swiss **tents** were distributed to SDC partners for their operations. One exception is the distribution to displaced population on the Place St Pierre in Petionville to encourage them to return this public space to the Mairie (Municipality). This project has been evaluated in March 2010.

Shelter kits were distributed in rural areas (Petit and Grand Goâve), the latter was visited by the team. Both activities were also evaluated by SDC. In fact, SDC was one the first (if not the only) organizations distributing shelter kits four weeks after the earthquake.

Beneficiaries were selected by the Association des Paysans de Bas Douzième -APBD (Civil Society)²² or implementing partners (Terre des Hommes-Lausanne, ACTED). According to the interviews, selection was made on the basis of a list compiled by the implementing partners. In the case of APBD, a complete housing survey of the association members was carried out and decision made on the desk review of the photos of damage. It is an objective approach but depending on the interpretation of less than perfect documentary evidence. To palliate the possible shortcomings of partners, SDC agent in the field verified an unknown proportion of proposed beneficiaries. The same methodology was used in Grand Goâve by TDH-Lausanne²³.

For this evaluation, 80 beneficiaries were selected as randomly as possible and asked to fill a questionnaire. 46 complied. The results (See Annex 7) showed a high level of satisfaction (72%) and they confirmed the speed of response by SDC and partners (85% of shelters were

²² Rumors and allegations of improper management by APBD were reported by OCHA local officer in Petit Goâve. These allegations were not mentioned in the 90 min interview but reported as reaction to the draft report. They could not be substantiated by other sources. Haiti is a place ripe with groundless (or not) allegations. (see also SDC position regarding the allegations made by OCHA, note dated from 30 September 2010).

²³ APBD coordinator said they have been put in contact with SDC by Mr. Thomas who works for Agro Action Allemande in Petit Goâve.

installed before end of March). Possible duplication of efforts was minimal as only 12.5% acknowledged receiving additional shelter material/assistance from other sources.²⁴

3.2.4 Multilateral support²⁵

According to the notes of Credit communicated to the evaluators, SDC multilateral support was as follows:

- ICRC (CHF 1 Mio),
- OCHA (CHF 500,000),
- WFP (EMOP200110 – CHF 1 Mio, UNHAS - CHF 400,000, secondments – CHF 211,000),
- UNICEF (secondments – CHF 222,000 for 2 secondees).

The total represented only 23% of the overall commitment by SDC. The balance was allocated to direct bilateral action. This is a marked departure from the overall SDC pattern of about one-third of Humanitarian Aid budget being spent on financing its direct bilateral operations and for programs conducted by Swiss NGOs, the remaining two-thirds being used for funding international organizations such as the UN and the ICRC.

This multi lateral support consisted in un-earmarked response to emergency appeals (ICRC, OCHA and WFP), earmarked contributions such as the support to UNHAS (helicopter) and secondments.

Funding:

Responding to multilateral appeals is seen as an appropriate and even indispensable contribution to the overall activities of SDC multilateral partners. They are clearly appreciated and usually required by those agencies.

Need for massive food distribution remains doubtful after an earthquake (when access – transport or cash – not lack of food is the issue). This basic fact places some doubt on the priority of a CHF 1M. to WFP food assistance. Support to the Humanitarian Air Services (UNHAS) managed by WFP respond to an acute need for air transportation in Haiti.

ICRC enjoys with the Swiss Government, as with other bilateral donors a highly trustworthy partnership, built on the professional reputation and safeguarding its special mandate. Approach and results or impact of interventions are neither monitored nor questioned. Regular contributions to the core budget of ICRC Geneva as well as to specific country programs are committed.

The additionally provided funding to ICRC from SDC clearly did not affect the capacity of IFRC - the lead agency for the Red Cross movement in the aftermath of a natural disaster²⁶ to provide services considering the huge amount raised by IFRC and National Societies (over USD 800 millions). Interviews outside ICRC indicate that this investment was appropriate and relevant to the needs.

²⁴ Considering that the shelter space and comfort provided was minimal, additional assistance should not be discouraged.

²⁵ A contribution of CHF 500,000 was made to the Swiss Red Cross Society and is listed by SDC as a bilateral action.

²⁶ As per the IFRC-ICRC Seville Agreement.

Secondments of Swiss Experts:

Secondments addressed specific and well defined temporary needs of the UN partners who are unable to recruit and mobilize rapidly experts due to the cumbersome recruitment procedures of the UN system. Interlocutors were unanimous to indicate that providing funds for this expertise would not have permitted them to fill the gaps in time and in the same quality. They praised consistently the speed of secondments and the high quality of the experts provided. The short term nature (although extendable as required) and bilateral administrative supervision (SDC recruited) of those secondments are not seen as handicaps but, in the contrary, as assets. However, interviews and comments from SDC staff after the visit to Haiti stress that beside technical expertise secondees should also be selected based on their adaptability to stressful environment.

3.2.5 Adaptability to change

Several interlocutors and examples document the capacity of SDC to adapt to changes and local context. The change of a rescue (USAR) mission into a general/medical Response team is a lead example. Another example given by Swiss NGOs is the advance of cash to partners without a contract signed yet. Banks closed for almost two weeks drying the cash flow of SDC partners unable to withdraw cash for everyday operations and salaries. This flexibility would be unmatched in the UN system with its strict administrative procedures. The USD 49,000 contract with SaniSuisse, a private provider of drinking water, is another example of creative flexibility and adaptation to local conditions.

Adaptation to the relative **insecurity** in Haiti may fall under the same heading. Security of the personnel and partners is a priority for SDC without becoming an obsession paralyzing the activities. Monitoring of the security situation by SDC allowed flexibility compatible with the objectives of the relief effort.

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.

3.3.1 Immediate medical Assistance

The medical assistance was effective and timely as it reached people in need directly and could provide aid, where others were missing and lacking local capacities. Most of the surgical interventions could not have been performed in time without the Swiss medical team.

Medical Assistance	
Duration	From 17 Jan – 46 days
Staff	49
Treatments	796
Surgical operations	636

In the period of January 17th to March 3rd more lives were certainly saved than were by the app. 2000 rescuers. A total of 84 children have been hospitalized per day.²⁷

3.3.2 Water distribution

In tropical climate, people can live without shelters for a long time but cannot survive without drinking water.

The water **distribution through bladders** provided by Swiss Cooperation in the period of January 25th to May 15th, 2010 was effective, as it provided additional capacities for essential potable water needs. It was crucial for ensuring survival assistance of an estimated 40,000 persons per day by the end of the operation. Objectively validating these figures is impossible even during the operations. It is an estimate based on the known quantity of water distributed, not the count of people served.

Restoration of privately owned water kiosks is a SDC strategy endorsed and pursued later by the national Water Authority DINEPA and is considered as effective and timely. The impact on the benefiting population was positive and can be measured in the absence of any water-related disease. Water distributions at the service points gave priority to elderly, pregnant women and kids but reportedly limited quantity of 5 Gallons (under 20 liters) per day/**household**.²⁸ This high quality water is exclusively used for drinking purpose contrarily to the multi-use water provided by the bladders.

Both approaches addressed distinct population groups and overlapping time periods.

Data provided by SDC suggest that all together an average of 5 liters of potable water was provided daily to an estimated 25,604 **persons**.²⁹ In our opinion, providing a modest amount of water (5 liters/day/person basis according to SDC basis to calculate the number of beneficiaries) was an effective approach to meet the most basic vital needs of the population although far under the so-called “minimum requirements” of SPHERE Standards.³⁰ A pragmatic approach for the good of the greatest number prevailed on the occasionally dogmatic promotion of those “minimum” requirements. SPHERE standards were almost never mentioned by our interlocutors in our meetings and interviews in the field and if so only to inform about not-applying them.

3.3.3 Shelter/NFIs

More than 2,000 families received family kits distributed following the first days of the disaster. The direct involvement of SDC and its international partners ACTED and Terre des Hommes-Lausanne ensured that women from the households received this assistance. This assistance effectively provided a minimum of commodities to families who were left homeless in places otherwise overlooked by the international assistance. The effectiveness was not directly verified by the evaluators.

²⁷ From Medical group reports. However those data slightly differ from those in SDC 2010, Wirkungsbericht Material Erdbeben Haiti.

²⁸ Estimated for SDC planning purpose at 5 persons but believed to be closer to 7 in Haiti.

²⁹ 25604 persons according to SDC/SHA Andrea Cippa 29.03.2010, Schlussbericht WatSan-Einsatz and 24 400 according to Humanitäre Hilfe und SKH Wirkungsbericht Material, Erdbeben Haiti 2010.

³⁰ 15 liters/day/person Ch 2 Sphere Handbook page 63.

The effectiveness of SDC distribution of tents is more complex:

- Donation of tents permitted several NGO partners who lost the use of their facilities to resume their operations, ultimately benefitting the affected population.
- The provision of tents to displaced families gathered in the Place St Pierre did assist the beneficiaries but was ineffective and possibly counterproductive in emptying this public space. It provided an incentive to new IDP (or economic underprivileged) to settle in.³¹
- Evaluators agree with SDC estimate that the tent distribution brought temporary shelter to over 2,500 persons before the hurricane season.

Shelter kits distributed by SDC also visibly improved the shelter situation of about 2000 vulnerable households. This form of assistance was regarded as particularly timely and effective by the beneficiaries, as it allowed recovering parts of the destroyed home and constructing their own shelter as close by as possible. The reusable character of the provided material was especially appreciated and could still be traced in the frame of this evaluation, 7 months after the distribution. With the heavy rains in Haiti, the evaluators could observe that both donations provide basic protection. However, should a tropical storm hit PAP area; the benefits of both interventions, especially tents, will be short lived.

A cost-effectiveness of tents versus shelter kits has not been carried out as efficiency is not covered by this evaluation. Tents are often discouraged for their high cost, lack of flexibility and tendency to favor tents cities far from the damaged house location. As indicated, kits are more flexible, leave much more initiative (ownership) to the recipient and the material can be integrated into the rehabilitation and reconstruction.

3.3.4 Support to multi-lateral organizations

The rapid provision of experienced SDC staff provided a valuable asset for the international humanitarian community and enabled in parts a better and thus more effective coordination. The effectiveness is linked to the very pointed and well defined field expertise of the secondees as requested by the UN agency.

- OCHA

As OCHA had suffered itself severe losses, it was not able to manage the coordination of assistance in need or arriving in the immediate aftermath of the earthquake. UNDAC was a field-tested tool and bridged the gap according to various sources. UNDAC and OCHA are not able to provide surge services without the volunteers or secondees from various governments. The SDC support is seen by the recipient agency as timely and very effective as it proved of high impact and considered essential requirements

Funding to OCHA (in particular UNDAC) has most likely contributed to over all coordination but not to information and guidance for immediate decision making. One can wonder whether a contribution to CDEMA, the Caribbean coordinating body would not have been far more effective. Apparently, this alternative is not systematically considered by SDC which tends to focus exclusively on the 4 heavy weight UN actors, which often are very well funded and not particularly supportive of sub regional or regional inter-neighbor response.

³¹ DDC 20.05.2010, Rapport d'Evaluation du Projet Place St. Pierre.

Given the utmost urgency of the most critical decisions to be made by SDC, it is unlikely that UNDAC could be of any assistance to SDC in sudden onset disasters

- **WFP**

The prolongation of the running Secondment of a logistic officer for 8 months and the secondment for a warehouse manager were presented by WFP to the evaluators as ideal to respond adequately to the enormous needs of logistical support for humanitarian assistance. However, the adequacy of the first had been questioned earlier by WFP in discussions with SDC colleagues.³² Similarly, uniformly positive testimonies of the effectiveness of the financial contribution by SDC were offered spontaneously by WFP with one proviso: Contracting directly the helicopter by WFP would have been speedier and more effective. This does not match the opinion of some SDC staff that questioned WFP capacity to use this asset.

- **UNICEF**

The deployment of 3 Swiss experts to support transitional school construction (2) and WASH coordination efforts (1) was timely and of the required quality. The still ongoing deployment seemed to be effectively assisting UNICEF in recovery and rehabilitation of earthquake damaged schools. These activities probably fall under reconstruction and are outside the scope of this evaluation.

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 proceeding (modus operandi) to another in changing contexts and transition periods.

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

3.4.1 Strengthening SDC local partners

Responding to a major disaster in the Capital of Haiti was enabling SDC to not only rely on own created structures long before in 2005 with its Cooperation Office for Humanitarian Aid and an operational Swiss Embassy but also to act on well-known grounds and an established network of Swiss partners.

Not only SDC coordinated, supported, guided and funded many of its partners but a long term partner (Helvetas) itself paralyzed by destroyed office structures supported the Swiss Cooperation with the provision of 3 vehicles and drivers for several weeks.

Implementation of SDC extensive immediate response would not have been possible without the information and work of those partners. For instance, close existing linkage with ICRC in Port au Prince allowed an immediate orientation for the medical team to be deployed to the University Hospital.

This partnership was mutually beneficial and very effective.

³² From SDC Rome – after completion of the Haiti field visit.

3.4.2 Strengthening national/ regional Institutions

Like many other countries, was Switzerland not able to obtain till present a signed “Emergency Assistance Agreement” with the Government of Haiti, even though the agreement has been submitted by Swiss Representative already in 2009.

In the health sector, if strengthening the local hospital authorities was highly praised by the Director of the HUEH, there was scarce contacts and support to the higher levels in the Ministry of Health or the Presidential Commission for Health put in place.

The local water authority, DINEPA however was consulted for intended assistance for provision of water supply to the affected population.³³ The SDC and RRT coordination efforts were appreciated in the beginning, but regarded by DINEPA as lacking at a later stage. The turning down of a DINEPA request for sophisticated equipment for chlorination of wells did probably contribute to this malaise.

Haiti’s Civil Protection Directorate (DPC) became itself a victim of the earthquake and lost not only office space, transport means but also staff. It appears, that the DPC was not only handicapped and non functional in the immediate aftermath of the disaster, but was also not properly recognised by the international community as the natural leader and coordinator. Departmental Representative of the DPC regretted not being directly informed of the humanitarian assistance provided by the Swiss Cooperation.

As for the entire humanitarian community a constructive interlinking and coordinating with Haitian official structures and institutions was not possible in the immediate response phase following the earthquake and rather ineffective in the early recovery period. One reason is also the dissatisfaction of many international actors with the unavailability or poor performance of DPC and the local Police in the earlier stages. National policies and standards are inexistent or only slowly elaborated now, thus not allowing to timely respond to existing and arising needs in all relevant sectors.³⁴

Respecting the local political structure for registration of people in need and identification of potential beneficiaries for shelters was rather impossible without delaying provision of aid significantly. SDC opted to rely on a local civil society organization (APBD). It did not strengthen the municipality but the civil society.

The regional Caribbean Organization, CARICOM, has made a commendable effort to encourage and channel assistance from the English speaking Caribbean. This support was hampered by lack of funding for the logistic activities in the Jamaica hub. SDC did not establish contact or support this effort.

3.4.3 LRRD

The most striking illustration of the will to link relief to recovery and rehabilitation is the inclusion of the requirement to prepare early recovery projects in the Terms of Reference of the RR team (RRT).

³³ DINEPA was very proactively establishing its leadership including in the management of the WASH cluster. That was not the case for other sectors.

³⁴ DPC complained that SDC was not forthcoming with information while SDC noted that the detailed list of beneficiaries remained locally available for 7 months without anyone requesting access. The issue is perhaps not one of information but of respect of protocol and national pride.

In Health, preparing a handover, integrating national staff in the team and training local human resources was a high priority. Left behind equipment and material seems to be partly used, however a full-fledged audit in this regards was not undertaken given the limited time and ToR.

Right from the beginning of the RRT deployment SDC looked carefully into assessing opportunities for a longer term commitment beyond early recovery. Already in the first days of the deployment of a RRT to the rural affected areas, was the hospital in Petit Goâve identified for a later reconstruction effort.

The coordination mechanism with local, regional and national authorities in this regard seem to be controversial and leave some partners involved without updated information, even though the planning phase is in full action on SDC COOF level.

In the water sector, the humanitarian response was immediate and still bore a connectedness to early recovery, rehabilitation and longer term use through the reliance of existing water supply systems and investing in their restoration to the benefit of the local population and long time client of the targeted water kiosks/distribution points.

Provided shelter kits protected in an immediate instant and furthermore allowed a contribution to early recover efforts by benefiting from reusable material provided. The benefit for the entire shelter sector could have been increased by making available additional expertise to relevant organisations and institutions. The feedback throughout relevant stakeholders in the international community was clear, that the Swiss Cooperation/Humanitarian Corps well-known, recognized and respected for the shelter construction know-how are direly missed in the humanitarian community.

The secondment of Swiss experts to UNICEF and WFP targeted both the early recovery and the reconstruction.

4 General Conclusions and Recommendations

The conclusions will cover first the relevance/effectiveness and then the support/collaboration with national authorities and finally the overall coordination and link with rehabilitation/reconstruction.

4.1 Relevance/Effectiveness

SDC based its strategic decisions on intelligence received mostly from its own channels and from well informed Swiss partners in Haiti.³⁵ It does not appear that UNDAC is in position to provide sufficient guidance in sudden onset disasters before major options have been decided upon by actors with solid local intelligence contacts... It is not an argument however to decrease support to UNDAC mechanism which could play a more effective role in advising smaller and more numerous actors on what to do and more importantly what NOT to do. **SDC support to UNDAC should be strengthened**

The emergency relief from SDC, with very few exceptions, was very timely, appropriate to the needs, well received by beneficiaries and efficiently delivered. In particular the decision not to send the Swiss Rescue was courageous and precedent setting. Shifting SDC limited resources to medical care saved many more lives than could have been saved by USAR teams 4 days after the impact. Similar approach should be considered in future remote earthquakes. Speed would have enhanced if SDC had regional stocks of bulky relief supplies at regional level. Given the vulnerability of Haiti and other countries in the region, **SDC should consider using the joint Red Cross / UN humanitarian warehouse in Panama.**

The strengths of the rapid response from SDC is its readiness, organization and in one word professionalism. Modularity of the Swiss assistance was also a major asset but this does not seem to apply to the Swiss Rescue (SR). It is presently a self sustained mechanism leading perhaps to an all or nothing dilemma. The issue will be dealt in detail in the global evaluation report.

Donation of medicines and equipment is a traditional area of criticism of the international assistance. In the case of Haiti, should donations be handed over to the health system or any NGO (i.e. if PROMESS did not exist), the donation of Novartis, which clearly was not requested, would have been wasted and turned into an example of mismanagement, embarrassing SDC and the country. This applies also to the sanitary surgical container. The evaluators recommend that **SDC should not endorse and provide transport to unrequested health donations** without duly checking with WHO or the ministry of health locally whether the donation is useful and can be absorbed. **The decision should not be left to the pharmaceutical industry alone.**

Working through private (commercial) providers of water raised some questions. However, water provision should be seen as a service as transport and security are. The only criterion is value (for beneficiaries) for money (SDC cost). Subject to local circumstances, a similar **private-SDC partnership can be repeated and cautiously extended.**

³⁵ This has been observed to apply to the main donors or actors in large emergencies.

Support to multilateral partners is an indispensable part of any strategy. It should be maintained and strengthened. It may be desirable to tune up more finely its scope **prioritizing what is known to be the major problems** in earthquakes, coordination, joint logistics and cash projects rather than food assistance.

The priority of a CHF 1 M. contribution to WFP EMOP 200110 for food assistance is more questionable as earthquakes are not known to affect food stocks and crops but rather affect food security through disruption of distribution networks (logistics) and loss of income (cash assistance).

Logistical support to the overall international effort is not funded under EMOPs. At this point in time, the promotion of cash programs is being initiated and cannot be evaluated.

Finally, it should be noted that many if not most of the findings and conclusions of this evaluation have already been identified by SDC in its debriefing and lessons learned exercises. What deserves further investigation in this global evaluation is the effectiveness of SDC mechanism, if any, to ensure that errors or success are benefiting future operations in Haiti or other countries. Institutional amnesia is a major shortcoming of the humanitarian community at large. A first step for SDC would be to **translate its excellent internal after action report** from German into French and English and post all three versions in its public website.³⁶

4.2 Support to local authorities

In the case of a natural disaster, national coordinating authorities are occasionally overwhelmed or even marginalized by a massive humanitarian response. In Haiti, the command structures, notoriously weak before the impact, were severely affected and unable to assume leadership in the immediate response.

The conclusions are mixed in regard to SDC support to national authorities.

- Coordination with local authorities (director of the HUEH) or civil society (APBD) was outstanding. Few medical teams integrated the Haitian health staff in their field operations. This was a major strength of SDC RR in Haiti. Collaboration, information sharing with higher authorities left room for improvement.
- Support to the coordinating role of OCHA was commendable but could (or perhaps should) have been complemented by a proactive early support (logistics, communication, secondment) to the Direction of Civil Protection. Channeling the support to the international coordination mechanism only contribute to perpetuating the unbalance of resources and dependency of national structures. It is however unclear if and when DPC could have absorbed and benefitted from this support.³⁷

SDC should adopt the integration of its medical team within the hospital structure as a model in future operations. It should also consider systematically channeling some of its logistic and expert support to the national coordinating body (Civil Protection) possibly under the umbrella and through OCHA or a regional institution such as CDEMA. The

³⁶ Humanitäre Hilfe und SKH Wirkungsbericht Material Erdbeben Haiti 2010.

³⁷ There are few examples of immediate bilateral support to national coordination mechanisms. One is the assignation by a small European country of one military aircraft for exclusive use of the local relief authorities in the aftermath of the Guatemala earthquake (1976).

Swiss Civil Protection could provide expertise and human resources to SDC in this liaison function.³⁸

4.3 Coordination with other external actors

SDC may not be a heavy league donor in monetary terms but it has a definite prestige and acceptability (Neutrality is a Swiss trademark). In Haiti, operational and strategic coordination was limited to the Swiss partners. The leadership of SDC in this important group is noted by the evaluators.

It is surprising to see how little is known of the high quality Swiss Contribution and how absent was SDC from the core groups of thinkers and trend setters outside the Swiss humanitarian community. An opportunity has been lost to use this reputation to contribute influencing positively the overall effort.

In future large scale disasters, SDC and the Swiss Government should assign one a specific liaison position with clear TORs which are well understood in the RRT setup to participate actively in a sustained manner in clusters and in select donors groups such as the one convened by ECHO in Haiti. This function is distinct from the present Public Information officer liaising with the media.

SDC may also consider preparing to play a supportive role to the UN Lead agencies in developing training for the function of clusters coordinators for selected members of its SHA.

³⁸ It is understood that the Swiss CP has limited contacts with other CP in developing countries. It is definitely NOT suggested that it should develop its own parallel cooperation and response but it could second an expert to liaise between the RRT and the national authorities when such liaison is desirable. The few actors which attempted to liaise and coordinate **early** with the DPC in Haiti were mostly the Civil Protection of donor European countries and the Member States of CDEMA, the Caribbean disaster organization to which Haiti is a member.

5 Performance Evaluation

SDC Quality standards	SCORE
Coherence (coordinated)	
International coordination mechanisms are established.	HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened.	U
The joint position on issues linked to the humanitarian crisis is agreed among international/national partners.	S
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with international action.	HS
Relevance/appropriateness (targeted and rapid)	
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities.	HS
The response strategy (instruments and means) has been decided and implemented timely.	HS
The response strategy (instruments and means) has been targeted to those in the most need of support.	HS
The response strategy (instruments and means) address 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).	HS
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.	HS
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
Effectiveness of Emergency Response	
Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively.	HS
Persons of concern – particularly children, , women, older and disabled – are safe from acts of violence, abuse and exploitation.	S
Persons of concern have access to proper sanitation services.	HS
Persons of concern have access to adequate housing (SHELTER).	S
Persons of concern have sufficient and quality of food.	S
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, the outputs and the overall performance.	S
Connectedness (modus Operandi)	
The response strategy has lead to strengthening the work of national partners and local activity partners over the longer term.	HS
A strategy was outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD).	S

Performance	DAC/ALNAP criteria	HAITI crisis situation	
		Rating	
Performance Dimension: "Planned Response"	i) Coherence (<i>coordinated</i>)	S	HS
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)	HS	
Performance Dimension: "Implementation Performance"	iii) Effectiveness of emergency response (<i>effective</i>)	HS	HS
	iv) Connectedness (<i>modus operandi</i>)	HS	

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

Justification for overall ratings:

Summary of strengths	Summary of weaknesses
<p>Selection of instruments was appropriate and politically courageous.</p> <p>Interventions were relevant, efficient and effective given the magnitude of the needs.</p> <p>Logistic capacity is impressive leading to a very timely response.</p> <p>Coordination of the Swiss partners was very effective and appreciated.</p> <p>Linkage with early recovery and reconstruction was a priority and went smoothly.</p>	<p>The main weakness is the lack of coordination with other main international actors outside the Swiss partners.</p> <p>Sharing information with local authorities other than those involved directly at field level with SDC needs attention.</p> <p>Support to national coordination was not considered as an early option.</p>

6 Annex 1: List of 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
CARICOM	Caribbean Community
CCCM	Camp Coordination Camp Management
CCR	Competence Centre for Reconstruction
CESVI	Cooperazione e Sviluppo – Volontariato
CHF	Swiss Franks
Coof	Cooperation Office of SDC
DAC	Development Assistance Committee (OECD)
DDC	Direction du Développement et de la Coopération (SDC en français)
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
EC	European Commission
Eirene	International Christian Service for Peace
EMOP	Emergency Operation (WFP)
EPER/HEKS	Swiss NGO operational in Haiti/SDC partner
EU	European Union
GRET	Haitian NGO/SDC Partner
GoH	Government of Haiti
HA	Humanitarian Assistance
HAC	Humanitarian Aid Committee
HQ	Headquarters
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent Movement
IAMANEH	Swiss NGO operational in Haiti/SDC partner
INSARAG	International Search and Rescue Advisory Group
IOM	International Organization of Migration
ISO	International Organization for Standardization

LRRD	Linkage between Relief, Rehabilitation and Development
MSF	Médecins sans Frontières
MIC	Monitoring and Information Center on Civil Protection of European Commission
MINUSTAH	United Nations Stabilization Mission in Haiti
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
PAHO	Pan-American Health Organization
PAP/PaP	Port au Prince
PDNA	Post Disaster Needs Assessment and Recovery Framework by UN
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 <i>Einsatz Team equivalent to RRT</i>
SHA	Swiss Humanitarian Corps
SR	Swiss Rescue
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TOR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Program
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

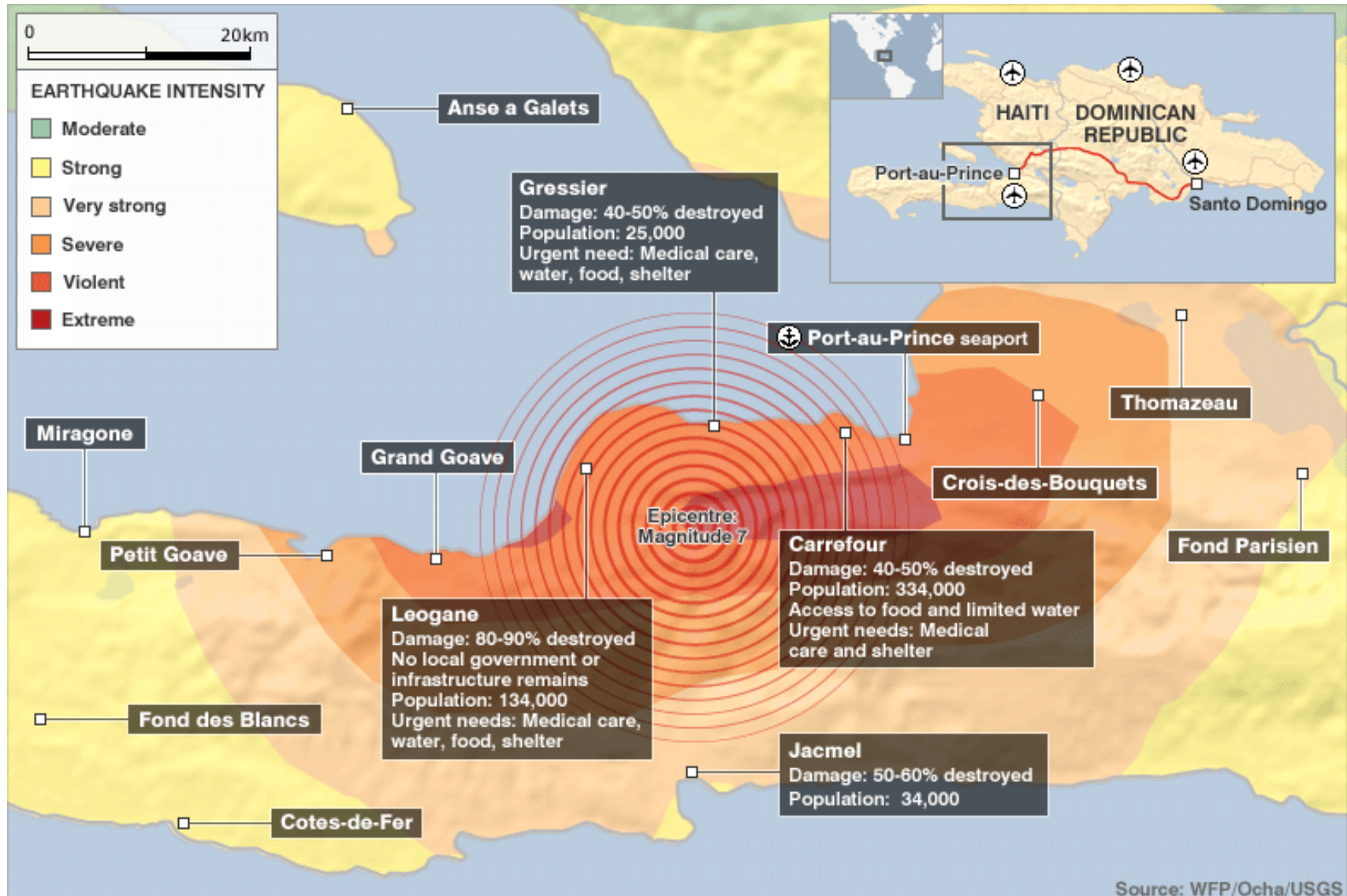
WASH	Waster, Sanitation & Hygiene
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WB	World Bank
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WFP	World Food Program
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WHO	World Health Organization
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7 Annex 2: Map of Haiti



8 ANNEX 3: List of documents reviewed

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24. SDC 2010. EDA Sprachregelung Erdbeben Haiti vom 3. Februar 2010.
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35. SDC 2010. ToR – Mission Haiti, January 2010 for Beat Kehrer, Bernhard Bossard, Cjristoph Schild, Christoph Schwager, Gabriela Friedl, Gerard Luyet, Rolf Grossenbacher, Urs Braun, Jean Philippe Jutzi, Peter Lehmann.
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9 ANNEX 4: List of contacts

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10 Annex 5: Calendar of Swiss Humanitarian Assistance

Events/CH-Time	Tues. 12.01.	Wed. 13.01.	Thurs. 14.01.	Fri. 15.01.	Sat. 16.01.	Sun. 17.01.	Mon. 18.01.	Tues. 19.01.	Wed. 20.01.	Thurs. 21.01.	Fri. 22.01.	Sat. 23.01.	Sun. 24.01.	Mon. 25.01	February	March	April	May
Earthquake, M 7.3.	X																	
Alert Pikett 1 st RRT		X																
Flight RRT (7 members) + 1 UNDAC staff, Arrival in PaP			X															
Assessment RRT, Incl. ICRC Visit			X															
Medical Team in University Hospital					X													Till 6th
Potable Water Distrib.							X											Till 24 th
NFI/Tent & Shelter Kit Distribution								X										Till 31st
Helicopters to UNDAC/OCHA and WFP/UNHAS						X												
Relief Item Flights				X			X							X				
RRT Field Visit to Jacmel, Leogane, Grande Goave per Heli						X												

Coordination Meeting SDC with Swiss (funded) NGO								X (1 st)										
RRT Field Visit to Petit Goave, Grande Goave, Leogane																		
UN/Donor Haiti Coord.meeting Dom. Rep.								X										
Visit Admin Hospital Petit Goave, Expression of Interest/SDC Reconstruction											X							
Donors pledge a total of US\$9.9 billion															31 st			
UNDP launches the Haiti Reconstruction Platform																	22nd	
Project Planning & Presentation to Authorities of Model schools																		X
Project Planning & MoU with MS Reconstruction Hopital Petit Goave																	X	

11 Annex 6: Results of the Focus Groups on water supply

11.1 Situation before the earthquake

The water situation in Haiti was not ideal before the earthquake. Even in Port-au-Prince it was common to see people, mostly women and kids working distances to reach a water source point. However, since 7 years or so, there have been several networks of potable water suppliers. Using the reverse osmosis technology people living in cities, in particular in Port-au-Prince have a better access to potable water. Even though, there has been certain improvement in potable water supply in Haiti, many people still face difficulties to access to water resources daily.

11.2 Analysis of the situation after the earthquake

This analysis is based on results found after 3 focus groups that have reunited over 35 persons living in different places in the Metropolitan Area of Port-au-Prince. These 3 places represent actions made in spontaneous camps, low income neighborhood and middle range income zones.

11.2.1 Plastic bladder

Days after the earthquake, SDC has started an assistance project to bring water to people who have survived the earthquake. In collaboration with the DINEPA and SaniSuisse, SDC has provided potable water in 4 sites in Port-au-Prince area. The water was distributed for free throughout plastic bladder of 10,000 liters in capacity. These bladders were filled out every day by Sanisuisse tanker. According to the people in the focus group, water quality has been very good during all the distribution period that last from January 25 to May 15, 2010. No case of water drink related diseases were ever reported at this time.

11.2.1.1 Water distribution

Even though there was no direct implication of SDC in the distribution, locally the persons in charge have established certain rules. Among the main ones: priority has been given to elder, pregnant women and kids; everyone has been put in line in a way to receive water; every person could have 1 to 5 gallons of water. To control trouble makers, the persons in charge have relied on group pressure by stopping distribution. They said that measure has proved its efficacy.

At the HENFRAHSA camp at Delmas 33, the bladder was filled out in a daily basis. However, at the beginning the bladder has been filled out up to 3 times a day (3 tankers of 3,000 gallons more or less than 10,000 liters). The population of beneficiaries is difficult to estimate because people in other neighborhood have come after some water too. The number could have gone up to 6,000 persons according to the focus group. However, in the case of 9,000 gallons have been consumed during peak time and after considering that a person has allowed to fill out 5 gallons, the number of the people would have been under 2,000.

According to other sources like Sanisuisse, water was delivered on a daily basis to camps equipped with bladders. Camps were selected by the DINEPA and Sanisuisse was the water provider unit for some sites.

11.2.1.2 Global satisfaction

In general, everyone was said they were satisfied with this initiative. Back this period, this aid was essential for people survival. The quality was very good and the distribution was free and well done. No illness related to water consumption were reported during this

period. They have agreed to give an 8 on a scale of 10 for the whole process supported by SDC and its partners. The only bad thing is the fact this program did not last long enough because people still have big water need.

11.2.2 Kiosks

The earthquake has damaged several water kiosks. SaniSuisse throughout in Eau Miracle network has had several partners in this difficult situation. A proposal has been introduced to SDC stating that kiosk owners would be agreed to distribute water for free after receiving financial support from SDC to make their unit fully functional.

11.2.2.1 Water distribution

The main advantage has been the fact that these water source points were known before the earthquake. In other words, people were familiar to the vendor for most of them. Even with this particularities, there have certain rules established to guide the distribution. People were put in line, priority was given to elder, pregnant women and kids. People were able to fill out their recipient of a reasonable size, like 5 gallons (20 liters) at a time for the most.

This initiative should have last for 2 months. However, in both site it has last for less than that. In one place water has been available freely for 1.5 month and at the other place for less than one month. The delay came because of the time necessary to do the repairs and to enter the program. At the site where the distribution period was shorter the main reason was the fact of its position. Effectively, damages were not very important but access roads were clogged with rubbles that have made tanker drivers being reluctant to deliver water often there.

Both sites have storage capacity of 1,200 Gallons. During this period of free distribution³⁹, they have been able to supply water less than a day. If at the more accessible site water delivery has been done daily, on the other site deliveries have not been done daily. According to the focus group, people have passed 1 to 3 days before receiving a water tanker. In the meantime they have to walk several blocks to buy some treated water. After the free distribution, kiosks have been able to sale water half price during 2 more weeks before the end of the program, from April 25 to May 10.

Among the constraints expressed by the people we have: main water source, that means they have been forced to use treated water for external usage; some irregularities with water deliveries. At the more accessible site, they have had the opportunities to have water for external usage from a tanker coming from the Dominican Republic too but not on a regular basis.

11.2.2.2 Global satisfaction

This initiative has been kindly appreciated. In both places they did not give a solid 10 because the program has not last long enough. The appreciation varies from 6 to 9.5 in the more accessible site and from 7 to 8 at the other site.

Information of interest that puts out of the focus group is water sales. According the both managers, the amount of water sold has nearly dropped about half actually compared to before the earthquake. Some of the explanations could be the lack of money among people; people migration or simply concurrence by other competitor and free distribution by other so-called humanitarian institutions.

³⁹ March 28, 2010 to April 25, 2010.

12 ANNEX 7: Survey on Shelter kits distribution

80 beneficiaries were interviewed using a formal questionnaire. The sample has the population main characteristics like: regional (urban, rural and rural/urban); gender and so on. Individuals were chosen randomly with the help of local partners of SDC.

Table 1: Population distribution by gender

			Area			Total
			Rural	Urban PAP	Rural PAP	
Gender	Male	Count	13	26	4	43
		% of Total per area	52%	57,8%	40%	53,8%
	Female	Count	12	19	6	37
		% of Total	48 %	42,2%	60%	46,3%
Total	Count	25	45	10	80	
	% of Total	100%	100%	100%	100,0%	

The sample is made of 46.3% of woman and almost 70% of the interviewees come from the Metropolitan areas. More than 3/4 of the persons said they owned their house.

The unemployment rate is more important among female respondents than males (Table 1a). Also, the global unemployed rate is 17.5% of the respondents. The percentage could be higher if we consider the 8.8% of the non respondents.

Table 1a: Main occupation by gender

			Main occupation					Total
			Small entrepreneur	Employed	Farmer	No activity	no answer	
Gender	Male	Count	14	16	8	3	2	43
		% of Total	32,6%	37,2%	18,6%	6,9%	4,6%	
	Female	Count	15	3	3	11	5	37
		% of Total	40,5%	8,1%	8,1%	29,7%	13,5%	
Total	Count	29	19	11	14	7	80	
	% of Total	36,3%	23,8%	13,8%	17,5%	8,8%	100,0%	

SDC actions analysis.

1. Coherence and relevance. (Table 2)

Even though there were a lot of actors on the field providing assistance to victims, the SDC seems to have been among the first to reach people mostly in rural areas. According to the survey, 38.8% of the people have received tent/shelters in February.

The priority placed by SDC on rural areas is illustrated by the fact that by March, all rural beneficiaries have received their assistance in term of tent or shelter kits while in PAP distribution continued after end of March

Table 2: Reaction time by areas

			How long after the earthquake the aid arrived?			Total
			After March (31)	March	February	
Area	Rural	Count	0	10	15	25
		% of Total	0%	40%	60%	
	Urban PAP	Count	11	20	14	45
		% of Total	24,4%	44,4%	31,1%	
	Rural PAP	Count	1	1	8	10
		% of Total	10%	10%	80,0%	
Total		Count	12	31	37	80
		% of Total	15,0%	38,8%	46,3%	100,0%

In rural Petit Goâve and Grand Goâve, SDC has worked with APBD and TDH-L respectively. The SDC has reached 1,591 families more or less in this region regarding the reports. Distribution has started as soon as February 11, 2010 up to March 27, 2010. In the Metropolitan area of Port-au-Prince, distribution has lasted for a longer period.

The degree of satisfaction was high. According to the survey, 77.2% of the respondents have a satisfactory level from good to very good (Table 3).

Table 3: Satisfaction level by areas

			Needs satisfaction level				Total
			Average	Good	Very good	Don't know	
Area	Rural	Count	11	10	3	1	25
		% of Total	13,9%	12,7%	3,8%	1,3%	31,6%
	Urban PAP	Count	0	7	37	1	45
		% of Total	,0%	8,9%	46,8%	1,3%	57,0%
	Rural PAP	Count	4	3	1	1	9
		% of Total	5,1%	3,8%	1,3%	1,3%	11,4%
Total		Count	15	20	41	3	79
		% of Total	19,0%	25,3%	51,9%	3,8%	100,0%

However, in rural areas the satisfactory level tends to shift from very good to average. That is the opposite for urban people.

Another aspect that should be considered is the 87.5% of the respondents have said they did not receive tent/shelter kits from other institutions. Only in rural Grand Goâve, other institution has provided shelters to the SDC's beneficiaries (Table 4). These additional shelters have a more permanent use first, and second they have arrived after the emergency period.

Table 4: Duplication of aid regarding areas

			Did you receive same kind of aid from other institutions?		Total
			No	Yes	
Area	Rural	Count	15	10	25
		% of Total	18,8%	12,5%	31,3%
	Urban PAP	Count	45	0	45
		% of Total	56,3%	0%	56,3%
	Rural PAP	Count	10	0	10
		% of Total	12,5%	0%	12,5%
Total	Count		70	10	80
	% of Total		87,5%	12,5%	100,0%

2. Effectiveness

SDC, with the help of its partners has been able to bring assistance to people shortly after the earthquake. Days after the catastrophe, SDC and its partners have done an assessment to identify victims and to evaluate damages. People names have been put on a list that has served later for the distribution (Table 5).

Table 5: Distribution accessibility regarding areas

			Being part of the program				Total
			From a list	From a friend	Paid someone	not answered	
Area	Rural	Count	21	1	0	3	25
		% of Total	26,3%	1,3%	0%	3,8%	31,3%
	Urban PAP	Count	43	2	0	0	45
		% of Total	53,8%	2,5%	0%	0%	56,3%
	Rural PAP	Count	8	1	1	0	10
		% of Total	10,0%	1,3%	1,3%	0%	12,5%
Total	Count		72	4	1	3	80
	% of Total		90,0%	5,0%	1,3%	3,8%	100,0%

According to the respondents, 90.0 % of them have stated being part of list to receive assistance.

3. Efficiency

The strategy adopted by the SDC seems to have worked. SDC has used its partner's networks to assist beneficiaries. All of the partners have provided lists of beneficiaries that have been verified by SDC agent on the field in many cases. According to the respondents, 95.0% have said that being on a list has been one condition to receive tents or shelter kits.

Table 6: Conditions to receive tent/shelter kits regarding SDC-Partners

			Conditions to receive tent/shelter materials				Total
			From a list	From a friend	Paid someone	not answered	
SDC-Partners	APBD	Count	11	0	0	0	11
		% of Total	13,8%	0%	0%	0%	13,8%
	TDH-L	Count	14	0	0	0	14
		% of Total	17,5%	0%	0%	0%	17,5%
	Helvetas	Count	14	0	0	1	15
		% of Total	17,5%	0%	0%	1,3%	18,8%
	EPER	Count	29	1	0	0	30
		% of Total	36,3%	1,3%	0%	0%	37,5%
	TDH-S	Count	8	1	1	0	10
		% of Total	10,0%	1,3%	1,3%	0%	12,5%
Total		Count	76	2	1	1	80
		% of Total	95,0%	2,5%	1,3%	1,3%	100,0%

Also, another way to appreciate the efficiency is throughout respondents' perception over the distribution. And according to the survey, respondents have considered distribution from average to very good in term of organization (Table 7). In other words, SDC and partners have used satisfactory approach to reach beneficiaries.

Table 7: Aid distribution evaluation regarding SDC-Partners

			Aid distribution evaluation				Total
			Average	Good	Very good	Don't know	
SDC-Partners	APBD	Count	0	1	10	0	11
		% of Total	0%	1,3%	12,5%	0%	13,8%
	TDH-L	Count	2	2	9	1	14
		% of Total	2,5%	2,5%	11,3%	1,3%	17,5%
	Helvetas	Count	0	2	13	0	15
		% of Total	0%	2,5%	16,3%	0%	18,8%
	EPER	Count	2	13	15	0	30
		% of Total	2,5%	16,3%	18,8%	0%	37,5%
	TDH-S	Count	4	4	2	0	10
		% of Total	5,0%	5,0%	2,5%	0%	12,5%
Total		Count	8	22	49	1	80
		% of Total	10,0%	27,5%	61,3%	1,3%	100,0%

4. Durability

In term of durability, SDC action could be qualified as strictly emergency humanitarian. Tents and shelters kits that have been done did not offer a permanent protection both, in term of time and against the elements. Most of the shelters given have been rehabilitated

by their owners. Original materials that have acted as walls have been replaced after 3 to 4 months. By the time of the external evaluation, 6 months after the distribution, shelters with this original material were barely seen. On the other hand, tents seem to have resisted longer. According the survey results, the kind of protection offered by tents/shelters goes from good to average (Table 8).

Table 8: Tent/shelter protection against sun and rain regarding areas

			How did tent/shelter protect against wheater ??				Total
			Very bad	Bad	Average	Good	
Area	Rural	Count	4	7	12	2	25
		% of Total	5,0%	8,8%	15,0%	2,5%	31,3%
	Urban PAP	Count	0	6	20	19	45
		% of Total	0%	7,5%	25,0%	23,8%	56,3%
	Rural PAP	Count	4	2	4	0	10
		% of Total	5,0%	2,5%	5,0%	0%	12,5%
Total	Count		8	15	36	21	80
	% of Total		10,0%	18,8%	45,0%	26,3%	100,0%

Another aspect to consider is the level of dependency expressed by beneficiaries. According to responses, 68.8% of the people have considered being more depending on aids. In other words, people are waiting for more assistance (Table 9).

Table 9: Tends of dependency regarding areas

			With SDC humanitarian action, did you feel more or less dependent from aids?					Total
			Less dependent	no change	more dependent	don't know	not answered	
Area	Rural	Count	0	0	22	0	3	25
		% of Total	0%	0%	27,5%	0%	3,8%	31,3%
	Urban PAP	Count	7	6	25	3	4	45
		% of Total	8,8%	7,5%	31,3%	3,8%	5,0%	56,3%
	Rural PAP	Count	1	0	8	0	1	10
		% of Total	1,3%	0%	10,0%	0%	1,3%	12,5%
Total	Count		8	6	55	3	8	80
	% of Total		10,0%	7,5%	68,8%	3,8%	10,0%	100,0%

Once more the pattern is different whether you are in rural setting or in urban places.

13 Annex 8: Global Questionnaire and its results in Haiti

Out of the 77 persons met, only 38 felt familiar enough or authorized to fill in the questionnaire. It reflects the rapid turnover of staff among agencies and also the rather low profile of SDC assistance among the international community.

	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Sub total	No answer
1	Clear definitions and concepts	13	14	8	0	0	35	3
2	Clear criteria to determine strategy	7	13	4	2	0	26	12
3	Good cooperation between SDC, partners and Multi	6	21	3	1	0	31	7
4	Consultation prior making key decisions	4	13	4	3	0	24	14
5	Consultation is NOT essential for life saving response	5	1	8	11	7	32	6
6	Decisions based on needs assessments	4	16	7	1	0	28	10
7	NO other agency could provide services delivered by SDC	0	4	9	15	1	29	9
8	The response was timely	8	13	5	4	0	30	8
9A	Rapid Response was appropriate in general	6	13	5	1	0	25	13
9B	Medical assistance	9	10	4	0	0	23	15
9C	WASH	5	11	6	3	0	25	13
9D	Food assistance	4	6	8	1	0	19	19
9E	NFI/Shelters	4	10	7	0	0	21	17
10	Monitoring using written standards	1	12	12	2	0	27	11
11	Strengthening the capacity of authorities	3	13	15	4	0	35	3
12	Strengthening the capacity of local NGOs	5	15	11	3	0	34	4
13	Planning for early recovery/ rehab is a priority from the start	6	17	6	2	0	31	7

77% of the respondents strongly agreed that SDC has clear concepts and clear criteria to determine its strategy. None disagreed regarding concepts and definitions while 2 disagreed regarding the use of criteria for selection of strategies and/or target groups.

88% (27 out of 31 respondents) strongly agreed or agreed that SDC cooperation within or with multilateral was beneficial, this statistics does not match the frequently heard of complaints of lack of contact or information.

70% (17 out of 24) believe that SDC is consulting stakeholders prior to making decisions. Three however strongly disagreed while a large proportion did not respond. Similarly 71% (20 of 28) agreed or strongly agreed that SDC is basing its decision on a needs assessment.

Appropriateness of SDC Rapid Response	Agreed or strongly agreed	Neutral	disagreed	Number of responses
in general	19 (76%)	5	1	25
Medical assistance	19 (83%)	4	0	23
WASH	16 (64%)	6	3	25
Food assistance	10 (53%)	8	1	19
NFI/Shelters	14 (67%)	7	0	21

Only 4 out of 29 (14%) believed that no other agency could have offered the services provided by SDC. This is not surprising considering the large number of actors.

Regarding the appropriateness of the Rapid Response, there is a strong support and appreciation of SDC assistance. A very large number did not reply or were neutral. There was no disagreement regarding the appropriateness of the medical assistance, one for food but three for WASH, the latter has the lowest positive score.

Only 2 disagreed that SDC had written standards for monitoring of its activities. The rest of the 38 questionnaires were almost evenly split between no reply, neutral and agreeing (13 out 27 responses, 48%).

SDC performance in strengthening authorities (national, regional or local) and local NGOs is seen positively (46% and 59% of respondents respectively). “No reply” or neutral opinions are rather high (50% and 45%) A few (4 and 3 respondents) disagreed. It should be noted that the

interviewees differentiated very clearly between the local authorities (satisfactory) and national ones (less satisfactory). This is not reflected in the written question.

Finally, a large proportion of respondents praised the LRRD “concept” in SDC (23 out of 31, i.e. 74%) if not in its actual implementation as development was not initiated yet.

14 Annex 9: Programs of the workshops

14.1 Atelier de Briefing pour les partenaires de la DDC

Jeudi 2 Septembre 2010 – de 14:00 à 16:00

Were present : EPER, HELVETAS, IAMANEH, MSF Suisse, Nouvelle Planète, Pou Ayiti / Tierra Incognita, Terre Des Hommes - Lausanne and Terre Des Hommes – Suisse

- 14h 00 Ouverture de la réunion par le coordinateur de la DDC en Haïti, M. Martin Weiersmueller.
- 14h.10 Brève présentation par les agences participantes de leurs activités de réponse immédiate et de réhabilitation entreprises en collaboration avec la DDC
- 14 :40 Présentation des objectifs et méthodologie de l'évaluation par le team leader de l'équipe d'évaluation : Dr. Claude de Ville de Goyet
- 15 : 15 Discussion et questions
- 15 :50 Résumé des discussions et points principaux à couvrir dans cette évaluation (Team leader)

14.2 Présentation des résultats

Lundi 13. Septembre 2010
au KINAM II
Impasse des Hôtels

- 09 : 00 Ouverture de la réunion et présentation de l'équipe d'évaluation par le Coordinateur de la DDC en Haïti M. Martin Weiersmueller.
- 09 :10 Présentation des participants
- 09 :20 Présentation du programme et des objectifs de la réunion
- 09 :25 Vidéo « Disaster Myths and Realities » de l'OMS (WHO)
- 09 :45 Objectifs, méthodologie et résultats de l'évaluation
- 10 :30 Pause café
- 10 :45 Discussion et questions (Modération par Petra Scheuermann)
- 11 :45 Résumé des discussions et autres points à considérer dans l'évaluation globale (Claude de Ville de Goyet)
- 12:30 Conclusion par SDC Coordinateur et déjeuner

ANNEX 7: Gaza Field Visit Report



Evaluation “SDC Humanitarian Aid: Emergency Relief”

Gaza Field Visit Report
(September 19 – 29, 2010)

Final Version

Commissioned by:

Swiss Agency for Development and Cooperation (SDC)

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The Evaluation team would like to express its gratitude to all interlocutors met during our field mission in Jerusalem and the Gaza Strip as well those interviewed in Bern and Geneva, who provided us with insight views and valuable ideas.

To those, who shared their vivid memories of living the conflict and its immediate aftermath, we extend our recognition, respect and sympathy.

Especially, we would like to thank the team of the SDC Cooperation Office and in particular, the Coordinator Giancarlo de Picciotto and Lukas Ruettimann in Jerusalem as well as Mazen Shaqoura in Gaza, who have not only welcomed us in a very kind manner, but have provided us with logistical and administrative support as well as overall orientation. Their constructive openness and fruitful cooperation are highly appreciated and contributed essentially to the success of our mission.

1 Introduction

1.1 Background

“Following the Hamas takeover of the Gaza Strip in June 2007, Israel has imposed an unprecedented blockade on all border crossings in and out of the Gaza Strip.¹ The blockade has ‘locked in’ 1.5 million people in what is one of the most densely populated areas on earth, triggering a protracted human dignity crisis with negative humanitarian consequences. At the heart of this crisis is the degradation in the living conditions of the population, caused by the erosion of livelihoods and the gradual decline in the state of infrastructure, and the quality of vital services in the areas of health, water and sanitation, and education”.¹ Furthermore significant food insecurity is reported leading to threats of increased malnutrition.

On 27th December 2008, Israel started an extensive military operation of bombardment and land incursions into the Gaza Strip with the stated aim of suppressing Hamas’s rocket attacks on Israel. The fighting ended on 18th January 2009, after Israel and Hamas separately declared unilateral ceasefires.²

According to the Palestinian Ministry of Health figures, 1,326 Palestinians were killed during this period, including 318 children (24% of the total deaths), 108 women (8%), 127 elderly people (9%) and 210 (16%) policemen and security apparatus members killed while performing their regular duties and were not involved in fighting³. More than 5,000 Palestinians were reported wounded, a large number of them civilians and many of them seriously. The 23 days of Israeli military operation in the Strip has exacerbated the deterioration of livelihood already affected by the prolonged closure regime before the war. Having lost their life-long savings, homes, and productive assets, previously self-reliant families have joined the ranks of the destitute and find themselves completely reliant on assistance.

1.2 Relief Instruments of the Swiss Agency for Development and Cooperation

The Swiss Agency for Development and Cooperation (SDC) has five instruments to offer humanitarian assistance in natural disasters or crises contexts⁴:

- **Swiss Rescue:** Swiss Rescue is the operational unit which can be immediately deployed abroad, primarily following earthquakes, for the purpose of locating, rescuing, and providing first aid to victims trapped and buried under the rubble.
- **Rapid Response Team (RRT/SET):** The Rapid Response Teams are deployed in crisis situations, in the aftermath of natural disasters, and in conflict situations. Their mission is to conduct an assessment of the humanitarian needs on site and to rapidly initiate urgent relief measures in the crisis or disaster-stricken area. The Rapid Response Teams are composed of experts from the Swiss Humanitarian Unit (SHA), and experts from SDC Headquarters.

¹ OCHA/oPt 2009 Special Focus.

² SDC’s Program “Gaza 2009” Implementing the continuum: from Early Recovery to Development.

³ Al Mezan News briefing-7 March 2009: List of Palestinians Killed by the IOF during the Israeli “Cast Lead” Operation in Gaza.

⁴ See i.e. SDC, Rapid Response Minimal Standards 15.05.2009.

- **Financial Contributions** to United Nations organizations (such as WFP, OCHA, UNHCR, UNRWA), the International Committee of the Red Cross (ICRC), state agencies, intergovernmental organizations and non-governmental organizations (NGOs).
- **Material Assistance and Food Supplies:** In addition, to basic foodstuffs, the supplies may consist of tents and other shelters, medical supplies, mobile drinking water laboratories and various other materials essential for survival.
- **Secondments:** experts from the Swiss Humanitarian Unit (SHA) are made available on secondment mainly to UN organizations.

1.3 SDC Interventions in Gaza

The Swiss Development Cooperation mobilized all these instruments with the exception of the Swiss Rescue (Urban Search and Rescue capacity). It included direct operational action as well as support to multilateral institutions

SDC worked in closed cooperation with its NGOs partners in Gaza:

- Al Dameer Association For Human Rights
- Al Mezan Center for Human Rights
- Al Qattan Child Center
- Culture and Free Thought Association
- Gaza Community Mental Health Programme (GCMHP)
- NGO Development Center (NDC)
- Palestinian Agriculture Development Association (PARC)
- Palestinian Human Rights Center
- Palestinian Independent Commission for Human Rights- Gaza
- Palestinian NGO Network (PNGO)
- Sharek Youth Forum, Gaza

SDC response to the crisis in Gaza includes the dispatch of Rapid Response teams, the bilateral assistance (health field, distribution of food and Non Food items as well as initiative to restore the livelihood) and multilateral support. The various contributions are listed in the table below.⁵ A transfer of 2 M. to ICRC is not listed as it is not an additional contribution but an advanced payment.

⁵ Adapted from a presentation by Giancarlo de Picciotto: Gaza 2009 Program.

SDC Financial Contribution to Gaza Crisis		
Response Phase	Funding/Contribution	CHF⁶
Emergency Response	Rapid Response Teams (SET)	200,000
	Relief Items	1,000,000
	UNRWA	3,000,000 ⁷
	PARC (NFI distribution during 'Cast Lead')	52,500
	Sharek Youth Forum (30,000 Campaign, NFI distribution)	47,250
	External Fixators ⁸	333,000
	WFP Secondment to Logistics Unit	61,000
	OCHA Secondment Reporting/CAP/Information Management (first six months)	128,000
	Emergency Response	
Early Recovery	OCHA Secondment Reporting/CAP/Information Management (Prolongation)	128,000
	Contribution to Caritas Suisse channeled through Pontifical Mission to Near Eastern Council of Churches for Rehabilitation/Reconstruction of Women Health Center	400,000
	Financial Support to PARC for re-equipping its Gaza office	52,500
	(part of running program) PARC land rehabilitation	373,800
	PARC Additional early Recovery Component/land rehabilitation	446,974.50
	PARC 'Poor farmers to poor families'	399,000
	NDC Wells Rehabilitation	950,000
	(part of running program) Palestinian Farmer Union	10,762.50
	GCMHP Recovery/Rehabilitation Component	210,000
Emergency Response & Early Recovery in CHF		6,840,057

1.3.1 Bilateral interventions

- **Rapid response Teams**

Altogether three Rapid Response Teams have been mobilized and subsequently deployed to Jerusalem (1) and to Cairo and Egyptian border crossing points (2) for an immediate needs assessment in cooperation with the COOF in Jerusalem and the SDC partners in Gaza, as well as to further on initiate first humanitarian response and 'earliest' recovery measures. The Rapid Response Teams were recruited out of the Swiss Humanitarian Unit and SDC

⁶ Original Amounts in US \$ have been converted into CHF with factor 1.05.

⁷ Contribution to UNRWA consisted of CHF 2 M. to Emergency Appeal and CHF 1 M. of regular unearmarked funding.

⁸ In kind donation to Al Schifa Hospital in Gaza made available through Swiss DPSS.

Headquarters. Each team consisted of 3 members with logistical, medical and security advisor background. The presence of the team members varied from 11 to 20 days.

- **Health assistance**

Following a rapid assessment by a medical expert, external fixators for bone fractures provided by DDPS⁹ and private companies were supplied to Al Shifa hospital in Gaza (CHF 330'000) in January 2009.¹⁰

Support was channeled to Caritas for the rehabilitation of one Family Health care Clinic destroyed by the Israeli bombing. Funding was provided to the Gaza Community Mental Health Program (GCMHP) and SHAREK Youth Forum for psycho-social assistance to persons affected by the war.

Health institutions received also non medical assistance in the form of plastic sheeting, tarpaulin, etc. This latter assistance will be treated under the next section (NFI)

- **Distribution of Food and Non-Food Items (NFI)**

In cooperation with local partner NGOs and their network of grass-roots, SDC has distributed basic humanitarian items to needy people across the Gaza Strip with more focus on the most hit locations in the North and Gaza City for an amount of 1 M. CHF. Distributed items included 8000 Food parcels, 7500 Hygiene kits, 2000 Plastic rolls/tarpaulins and 7500 Blankets.

- **Restoration of Basic Livelihood**

This is actually the link to early recovery and bridges the transition from emergency assistance

Two projects fall under this category: The PARC program of fresh food basket distribution named From Poor Farmer to Poor Family funded by SDC (400,000 CHF) and the NDC rehabilitation/repair of irrigation wells systematically destroyed by the military incursion (945,000 CHF).

1.3.2 Multilateral interventions

Early 2009, a CHF 3 M. contribution was made to UNRWA (1 M. on the 2008 budget, 2 M. for the Emergency Appeal).¹¹ No emergency financial contribution was made to other international actors in the early response phase, although CHF 2 M. of the SDC regular contribution to ICRC has been paid earlier to facilitate its rapid response (on the second day of the conflict - 29th December, 2008).

Two Swiss experts were seconded, respectively to OCHA and WFP.

⁹ Federal Department of Defense, Civil Protection and Sports.

¹⁰ According to SDC reports, internal fixators were provided in March.

¹¹ UNRWA appealed for USD 350 M. and received 270 M.

1.3.3 The Swiss contribution in perspective

Funds committed by country / institution (USD Millions as reported to OCHA FTS)	
Country	Amount committed/Contributed
Belgium	8.15
European Commission	108.79
France	11.48
Germany	10.51
Italy	17.06
Norway	20.66
Switzerland	19.40 (2.4%)
Spain	15.98
UK	30.79
USA	108.79
All sources	791.86

Although relatively generous in relation to the size of the country, the Swiss contribution represents only a small proportion of the total assistance directed to the Gaza Crisis. For instance, the 3 M. given to UNRWA is part of the total of 270 M. raised for this specific crisis.

According to the data reported to OCHA, the Swiss contribution to the Gaza crisis in 2009 would be app. USD M. 19.9 (i.e. 2.4% of the total contribution of USD M. 791) However, the amounts included in OCHA financial Tracking Services (FTS) as Swiss relief for the 2009 Crisis seems to include a substantial amount of development cooperation activities or contributions which would have occurred independently of the crisis. It is unclear how those figures were made available to OCHA. However, the FTS remains the most effective tool to compare relative contributions among donors, assuming errors in reporting from other donors are similar. Using the total of app USD M. 6.5 as compiled by the evaluators would decrease the Swiss contribution share to 0.8%.

2 Methodology

This evaluation of the Gaza response represents a case study of a broader evaluation of the Swiss Emergency Relief globally.

This case study includes an extensive review of 95 documents (Annex 3), interviews with contacts in Jerusalem, Gaza and Switzerland (Annex 4) and focus groups with beneficiaries. Findings and conclusions have been elaborated through triangulation of received information.

A total of 50 persons have been met individually or in small groups. A standardized global questionnaire (Results in Annex 7) sought the personal opinion of the interlocutors. 26 completed this questionnaire, other felt that they were not familiar with SDC work or were not willing to respond. The turnover of humanitarian personnel (UN or NGOs) was a major obstacle for evaluating the immediate response provided 18 months ago.

Type of agency	Number
SDC	8
UN Agencies	14
NGOs	18
ICRC	7
Others	3
Total	50

Tasks were distributed among the expert team who carried out jointly the interviews with senior officials of the many actors present in oPt with field visits to rural and urban affected areas. In addition, the national expert undertook extensive interviews and focus groups with beneficiaries (in Arabic). Four focus group meetings using open-end questions targeting a total of 50 beneficiaries (19 female and 31 male) to evaluate the perceived outcomes of the SDC supported initiatives at the beneficiary level. Findings of the focus groups are presented in Annex 6

One end of mission workshop was organized for debriefing and discussion of the conclusions where Jerusalem based agencies interviewed were invited and SDC staff and partners in Gaza participated by video conference. The program of the workshop is attached in Annex 8.

One important limitation should be mentioned: The long period of time elapsed since the initial emergency relief (early 2009) made a selection of beneficiaries directly by the evaluators very difficult. Considering the relatively modest and short lived nature of the commodities distributed, the cooperation of the implementing partners in selecting whom to interview was required. This may add the possibility of bias in sample selection for our focus groups. The evaluators are however confident the opinions expressed were fairly reflecting the general consensus.

3 Findings

The overall Swiss response strategy to the Gaza Crisis was determined by its clear political will to express solidarity with the Gaza population and to claim humanitarian space for access to the people in need. Demanding the respect of the International Humanitarian Law by the Israeli Defense Forces was a humanitarian imperative. To underline this appeal, SDC chose to activate its humanitarian instrument, the Rapid Response Team (RRT) in a threefold way in combination with own provision of material assistance and food supplies to require access into Gaza from various border points.¹²

3.1 Coherence (Coordination)

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

3.1.1 The coordination of SDC direct partners

SDC chose to build on existing partnerships with local partners through focusing on fields where they had expertise in and/or access to. In spite of the challenging operating environment, SDC utilized available means for communication and coordination with its partners, including: telecommunication, meetings and visits. There is a high level of satisfaction among SDC local partners and an acknowledged sense of partnership characterized by high level of permanent dialogue and consultation.

However, this coordination was done on one-to-one basis. At the end-of-mission meeting organized to present and discuss the findings, some of the partners expressed the wish to have periodic meetings among all SDC partners in Gaza.

3.1.2 Coordination with multilateral and other partners

International coordination mechanisms were set up in Gaza and Jerusalem due to travel restrictions and communication difficulties.¹³ UNRWA took the operational lead in coordinating the humanitarian assistance and circulated lists of essential items needed for guidance towards an adequate response.

On operational level, 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 been also pursued with ICRC on a general level, however not for orientation on planned medical assistance.

On the political level (advocacy), Switzerland supported the joint international position to protest against the “Cast Lead Operation” of the Israeli Defense Forces by claiming humanitarian space through access to Gaza and requesting the respect of the International Humanitarian Law. Establishing a humanitarian corridor into Gaza became vital for providing support to the Gaza population.

SDC’s strategy for its humanitarian response to the Gaza crisis was in line with the international position.

¹² 3 press releases were produced in the early days of the conflict by the FDFA. These would support the statement that Switzerland sought to protect the humanitarian space.

¹³ According to UNICEF, the cluster system was only established after the cease fire on January 18th.

Furthermore, Switzerland's participation and declaration in the Sharm el Sheik International Conference in Support of the Palestinian Economy for the Support of the Reconstruction of Gaza 2009 – 2010 on March 2nd, 2009 underlined its firm position. The Swiss requested the establishment of an impartial commission of enquiry tasked to examine all alleged violations of international law committed by all parties to the conflict and announced additional support to international humanitarian organisations like UNRWA, WFP and the ICRC. Switzerland committed to continuing its USD 20 M per year program for development and humanitarian actions in the Occupied Palestinian Territory. Also, Switzerland expressed readiness to engage in and contribute to the proposed creation of a monitoring system to allow humanitarian goods “unhindered” into Gaza.

Coordination with national/local authorities will be discussed under Connectedness.

3.2 Relevance / appropriateness

Relevance/appropriateness: assessing whether the projects/programs/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.

3.2.1 Rapid Response Teams (RRT)

- **Timeliness:**

The decision to deploy Rapid Response Teams (RRT) was taken rapidly on January 8th, 2009. The first Rapid Response Team (RRT or SET) arrived on January 12th, 2009 in Jerusalem and could enter Gaza only starting on January 23rd as soon as Israeli Defence Forces allowed access to Gaza. A second RRT tried to enter Gaza through Rafah. The 3rd RRT, based in Cairo was assigned to a logistical support mission for the procurement and provision of relief items, such as food packages, hygiene kits, blankets, tarpaulin and plastic sheeting. With the support of the Swiss Ambassador to Israel, the RRT succeeded on January 31st to have 5 trucks with relief items enter Gaza. **This was on one side very timely compared to other external humanitarian actors but on the other side much delayed compared to other crises.**

- **Appropriateness:**

The RRTs were not familiar with the local political crisis context, but have been selected in line with the usual profile of a RRT team: logistics/communication, medical expertise and humanitarian response/early recovery measures. Both the set up of the teams and the approach they adopted initially might not have been the most relevant to the context.

According to various feedbacks from SDC HQ, Swiss embassy, the Cooperation office (COOF) in Jerusalem and local office in Gaza, the integration of the RRT into the existing SDC long-term set up of in Jerusalem was not smooth. Perceived lack of RRTs experience in the crisis context, reservations toward the ‘parachuting’ of external teams, unclear distribution of responsibilities among Coof and RRT and competing pressures to get relief moving fast and visibly versus the preservation of existing activities and relations led to tensions and frictions.

- ***The response strategy:***

The strategy developed through the RRT and the COOF in cooperation with its local and multilateral partners has been relevant and appropriate, as it took into consideration needed relief items as well as unavailable products in the Gaza markets. It was based on assessment carried out by partners and UNDP.

3.2.2 Health assistance:

The conflict has caused severe health problems. The number of war casualties was estimated over 5000 by the UN. An undetermined but significant number were open fractures requiring external fixation. In addition, facilities have been destroyed and, as in every acute crisis, psycho-social trauma needed attention.

- ***Donation of medical supplies:***

How the needs for medical equipment has been assessed and decision made by SDC: From the interview, it appears that over 100 essential medical items were in very short supply at the beginning of the conflict. Among those were the fixators. The selection of this particular item was made locally by RRT in consultation with the Hospital authorities, WHO and partners. The Director of the Al Shifa hospital, the beneficiary of the donation, confirmed that he had requested SDC to focus on this particular item.

Considering the total closure of the entry points, the arrival of those fixators on the 26 and 29 January is regarded by all as very timely. It was the earliest delivery of this type of equipment. Both the decision and its implementation were relevant and timely.

The Hospital director is unaware of any follow up visit made by SDC to monitor the adequacy and use of the equipment.¹⁴

- ***Family Health Center Rehabilitation:***

The initiative of providing funding to CARITAS for rehabilitating the Shijaía Family Health Care Center run by the Near East Council of Churches (NECC) was initiated in Bern. Although, the need and relevance of the project was endorsed locally by SDC, questions on the selection of the channel (CARITAS) were raised. A suggestion of direct local SDC agreement with the NECC was reportedly turned down. The evaluators conclude that the rehabilitation itself was relevant and timely but that the mandated selection of CARITAS did bring limited added value as this NGO forwarded the contribution to a fund managed by the Pontifical Mission in Jerusalem and, according the Health Center director, CARITAS did not assume any further technical role itself. This problem most probably reduced the level of monitoring by SDC/Gaza that was not directly involved in the project.

- ***Psychosocial assistance:***

The need for professional psychological support and, in fewer instances, medical treatment for mental health trauma following acute disasters or wars is well recognized. However, in spite of the existence of a strong mental health expertise in the Gaza Community Mental Health Programs, at the time of the visit in Gaza, no data was made available to the

¹⁴ Two attempts by a specialized Swiss physician to organize a follow-up visit aborted because of logistical problems.

evaluators, be it from GCMHP or other sources, on the extent of those needs before or after the crisis¹⁵ (See paragraph on IASC guidelines).

The proposed activities (mainly home counseling and medical referral as needed)¹⁶ corresponded to the anticipated (but not assessed) need. In principle, the selection of GCMHP, a professionally reputed Mental Health NGO, was the most appropriate.

Emergency support to Sharek Youth Forum for “Arts, Acting and literature therapy” can also be seen as relevant due their active involvement with children and the simple nature of the proposed activities.

The activities were timely.¹⁷ No reference was made in the projects to the IASC/WHO “guidelines for mental health and psychosocial support in emergency settings”. Some of the observations in these guidelines would have been pertinent to these research studies and projects.¹⁸ The application of these extensive guidelines for minimum response may require a multi-year approach.¹⁹

3.2.3 Food and Non-Food Items

SDC distributed relief supplies through its local partners. The partners’ experience, local network and community relations helped SDC to intervene at an early stage of the emergency. Most of the distributed F&NFIs were considered both relevant and appropriate. They have met the people’s immediate needs and were appreciated by the interviewed beneficiaries in the focus groups. The fact that the received assistance arrived at the start of the emergency (mainly distribution of hygiene kits at shelters and plastic sheeting to farmers) has contributed to SDC’s quick response. SDC was recognized locally to be the first to support the rehabilitation of green houses via distributing plastic sheeting. Interviewed beneficiaries have raised some concerns about distributed NFI; however, said concerns were a general feature of the overall emergency response carried out by various aid organizations and not SDC’s response in specific. The concerns were: 1) oversupply and undersupply that occurred in some locations, 2) assessments that were carried out in the same location by

¹⁵ After circulation of the first draft report, the evaluators received two unpublished “research studies” completed March, 2009. The first study entitled “*War on Gaza... Trauma, grief, and PTSD in Palestinian children victims of War on Gaza*” conducted on a sample of 374 children aged 6-17 years in areas exposed to war across the Gaza Strip. The second study entitled “*Death anxiety, PTSD, Trauma, grief, and mental health of Palestinians victims of War on Gaza*” on a sample of 374 adults aged from 22 to 65 years. See IASC comments on limitations of surveys.

¹⁶ In addition to three lines of free telephone counseling services benefiting 2489 beneficiaries, capacity building of 81 school counselors, establishment of counseling units at 6 schools in the affected areas and implementing 9 summer camps.

¹⁷ For GCMHP, the emergency contribution was CHF 210,000 in addition to the 3 years core funding of CHF 2.250.000 and for Sharek CHF 47.250 in addition to the CHF 1.7 M core 3 years contribution. The cost of those psychosocial activities cannot be determined precisely as the extra support to both partners included the refurbishing and repair of their own offices damaged by the war or looted.

¹⁸ For instance “*the wide range of opinion among agencies and experts on the positive and negative aspects of focusing on traumatic stress*” and “*the vast majority of surveys have been unsuccessful in distinguishing between mental disorders and nonpathological Distress*” (p 30). *The instruments used in such surveys have usually been validated only outside emergency situations in help-seeking, clinical populations, for whom distress is more likely a sign of psychopathology than it would be for the average person in the community in an emergency. As a consequence, many surveys of this type appear to have overestimated rates of mental disorder, suggesting incorrectly that substantial proportions of the population would benefit from clinical psychological or psychiatric care.*

¹⁹ ECHO is strongly encouraging of the application of these guidelines and is planning a three-year funding for psychosocial and mental health response.

different organizations which have raised the expectations of the beneficiaries, and 3) the quality of distributed items such as detergents and diapers.²⁰

Beneficiaries' selection was done by implementing partners, in accordance with present selection criteria and in coordination with Ministry of Interior.

3.2.4 Livelihood

Regarding the rehabilitation of irrigation wells, the assessment was made systematically of approximately 200 wells damaged by the war through the NGO Development Center (NDC). The Ministry of Agriculture and the implementing NGOs carried out their own assessments.

77% of the participants in the focus groups (see Annex 6) were owners of totally damaged water irrigation wells as a result of the last war on Gaza. All beneficiaries found the received assistance highly relevant and appropriate as it met an urging need. The evaluators reached the conclusion that this activity was highly relevant in terms of economics and food security. They recognized the importance of those benefits for Gaza strip but have some reservation regarding its relevance in term of meeting the humanitarian needs of the most vulnerable (See general conclusions/selection of beneficiaries).

The PARC program (From Poor Farmers to Poor Families) aimed to assist farmers to market their product and at the same time to provide fresh products to the poorest families. Its relevance is recognized by independent interlocutors: ECHO emulated SDC by funding CARE in a similar initiative.

3.2.5 Multilateral support

The emergency relief multilateral contribution (3 M. CHF to UNRWA) represented 70 % of the overall emergency commitment by SDC. The balance was allocated to direct bilateral action (RRT teams and projects with Partners). This proportion is compatible with the overall SDC pattern of about one-third of Humanitarian Aid budget being spent on financing its direct bilateral operations and for programs conducted by Swiss NGOs, the remaining two-thirds being used for funding international organizations such as the UN and the ICRC. In the case of Gaza crisis, no additional but an earlier in time contribution was made to ICRC.

Responding to an emergency appeal from UNRWAs is an appropriate and even indispensable contribution in this crisis. UNRWA provided assistance to 80% of the population including non refugees displaced and sheltered in UNRWA schools. In fact, UNRWA and other multilateral partners present in Gaza are particularly well equipped to provide assistance. Their large staff, logistic capacity and familiarity with the complex situation are assets that the Swiss Rapid Response teams could not emulate.

The process for the secondment of a logistic officer to WFP was somewhat unclear. There is conflicting evidence whether the post was requested by WFP at HQ level or it was an SDC offer difficult to turn down. Although documents from SDC suggest a request from WFP, the WFP field supervisors in Gaza and oPt indicated that they did not express or feel the need for external staff. The ToR were slow to come.

The secondment to OCHA/oPt appeared to be the result of a consultation process. However, the tasks of this secondee had little relation with the immediate response to the crisis in

²⁰ Mainly the SDC provided blankets and some hygiene products.

Gaza. It aimed to improve the general reporting.²¹ Its extension beyond the emergency relief phase contributed in addition to increase the fundraising capacity of this key UN partner by his support to the CAP.

3.2.6 SDC Adaptability to change

Although there were some examples of administrative flexibility in the management of the response, the local response of the RRT/SET seems to have been marked by a lack of adaptation to the politically complex and unfamiliar nature of the situation. The most difficult challenge faced by the RRT was not in arranging procurements or transporting supplies (there were reportedly many commercial suppliers for those services) but in negotiating with Israel Authorities and understanding the peculiar mix of sustained dependency, pride and sense of entitlement as “victim” of the beneficiaries.²²

Positive examples include the verbal commitment to one local partner for the amount of USD 50,000 allowing the local purchase of food and hygiene items well before the cease fire and resulting in the early arrival of the relief directly at beneficiary level. This early assistance has been highly appreciated.

A negative example was the decision to channel all external fixators to one single hospital on the excuse that was the original plan and commitment. Greater benefit would have been achieved if, as reportedly suggested by Coof/Gaza, all health facilities providing trauma care had an early access to the first consignment of this material.

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.

3.3.1 Rapid Response Teams

The supplies mobilized by the RRTs, especially the one based in Cairo were particularly effective. NFIs for hygiene and shelter needs as well as canned food have been identified, purchased, packed and transported to Gaza. The personal presence of the Swiss Ambassador expedited the clearance. As a result, food parcels and hygiene kits were distributed to 7,500 families (around 40,000 people), 2,800 families received one mattress and about 1'900 plastic sheeting rolls and 1320 tarpaulins helped an undetermined number of private people with damaged houses, schools, public health institutions and farmers (greenhouses).²³ The assistance, however delayed it may have been by the Israel blockage, contributed to cover the existential needs of the population and helped to bridge the gap till commercial markets were able to resume its functions towards the end of February 2009 only.

²¹ The Situation Reports, its expected task, were discontinued.

²² The evaluators shared the observations of several actors that the Gaza population is at the same time remarkably able and proud entrepreneurs, highly dependent, and increasingly so, on external support to which they feel entitled due to perceived western responsibility in the conflict. As a result, they expect the same high quality of relief services than most developed countries.

²³ Numbers provided in some reports were not verified or even discussed by the evaluators. They will not be mentioned.

In the extent that bilateral delivery of supplies was necessary, the additional human resources especially in Cairo, were effective. If what mattered was on the actual delivery of relief and not who did it ("Swissness"), increasing SDC support to UNRWA or WFP would have been as (or more) effective considering their experience, logistic resources and continuing access to Gaza.

The RRT was less effective in view of identifying early recovery measures, due to the short time spent in Gaza and the lack of knowledge of local contexts and feasibility of proposed measures. All SDC envisaged cash interventions were finally abandoned, as either inappropriate to local customs (cash to host family) or being set up by larger actors (UNDP and UNRWA that were strongly performing in this sector). In some extent, that reflects SDC capacity to thoroughly assess options/risks before embarking on a project. Ultimately, early recovery and rehabilitation activities were those presented by the traditional development partners of SDC.

The very short duration of single RRT members have reduced the effectiveness of this humanitarian response instrument. Overlapping to introduce successors into their tasks and the overall context was not always guaranteed and handing over not always been provided. This is particularly detrimental in a complex political environment.

3.3.2 Health Assistance

- ***Distribution of medical equipment:***

On a purely medical ground, gaining access to the external fixators weeks after the occurrence of the trauma reduced its benefits for the war wounded. The immediate impact would have been wider if the RRT team had shown better judgment in distributing the first consignment among all hospitals treating war victims²⁴. The number of war injured having actually benefitted from the use of the 200 Swiss external fixators is not known but is likely to be relatively low. However, being the only such equipment available in Gaza until other donors inundated the health facilities with similar donations, the effectiveness of SDC donation was satisfactory.

- ***Family health care center:***

The rehabilitation of the Shiji'a center funded by several donors has provided primary health care to women and children. Our visit permitted to confirm the high attendance, and the quality of care and supporting services. In 2009, 2238 families were registered and 7082 patients were examined by a doctor. This multi-donor rehabilitation activity was effective and directed to vulnerable groups.

- ***Psychosocial assistance:***

The impact of the psychosocial assistance programs is unknown. Compared to other crisis contexts, this kind of punctual interventions can only have a limited impact in the experience of the senior public health expert in the team.²⁵ The evaluators raised some questions regarding the statistics offered by the GCMHP. There were neither clear criteria for inclusion

²⁴ Al Shifa hospital has still a large unused stock 18 months after. The evaluator was shown several boxes of unused material as example and told that more was in the warehouse. As there is no expiration date, they are now well equipped for a next crisis! Sharing among facilities is not common practice in Gaza.

²⁵ Conversation with one PH expert, evaluating GCMHP indicated a lack of criteria for selecting people in need, training and monitoring the volunteers and evaluating the results.

in the program nor statistics according to symptoms and psychological problems of the beneficiaries.

²⁶ The concept of “direct and indirect beneficiaries” could not be clarified: 9440 direct beneficiaries in 2320 home visits indicate that there would be 4 persons in need of psychosocial assistance in each household! The evaluators are in no position to ascertain the number of persons whose psychological status has improved as a result of this project. A distinct evaluation of GCMHP tends to confirm the need for greater monitoring and accountability.

12 months after the projects ended, the evaluators were also not either in position to verify the benefits of the psychosocial assistance provided by Sharek. However, the services offered were simpler and less ambitious (acting, drawing, writing) and the number of claimed beneficiaries is in line with the modest resources allocated by SDC.

It is finally worthwhile to note that ECHO and IFRC sponsored the development by Columbia University of 5 indicators to measure annually the effectiveness of their emergency psychosocial projects running over a multi-year period.

3.3.3 Food and NFI

SDC did not carry out any formal assessments but relied on the assessments and feedback obtained from field-based staff of partner organizations. Through this approach, SDC was

Item	Families benefitting	Individuals benefitting
Hygiene Kit	7488 (+ 1000 ²⁷)	over 55,000
Food Parcel	7220	Appr. 52,000 (3 days)
Blankets	7331	7331
Mattresses	2760	5520

able to assess the needs and design the response accordingly. The adopted method of involving local partners in the distribution process and involving community leaders in the verification of beneficiaries ensured that F&NFIs reached those in need. See table.

For example, during the first week of February 2009, PARC distributed locally purchased hygiene items to needy and displaced people at UNRWA shelters (estimated 1000 families). This took place during a time were most aid organizations have focused on the distribution of food supplies, while sanitation and hygiene issues were a more pressing need. It is worth noting that the distributed hygiene kits were gender-sensitive as they included sanitary towels for women as well as undergarments.

3.3.4 Livelihood

Three of the 41 wells repaired with SDC funding were visited. The irrigation and cultivation have been made possible reducing the food insecurity in Gaza. 245 farmers are clearly benefitting from this sizable investment (CHF 25,000 per well serving in average 6 farmers). The only concern is that the direct beneficiaries are definitely not among the poorest, the usual target of SDC humanitarian assistance. Each farmer was owner of an average of 1 Ha

²⁶ GCMHP states that “the main criterion for intervention was targeting families in the areas of military operations, putting high priority for displaced people in temporary shelters. Despite the fact that it was difficult to assess the impact of home visits intervention, GCMHP tried to record the number of beneficiaries from the community intervention.”

²⁷ SDC funded hygiene items and detergents purchased locally by PARC before the cease fire.

of irrigated land. In this case, the objective was food security and production strategy rather than emergency relief (that is humanitarian assistance to people in direct need).²⁸ The number of direct beneficiaries (individuals of families owning land) is estimated at 1700. The indirect beneficiaries are many more and include all those benefitting of the food production, marketing and consumption.

The USD 400,000 contribution to PARC for its ongoing program “From Poor Farmers to Poor Families” permitted this agency to continue its support to farmers by purchasing part of their fresh or processed products to be distributed free of cost to poor families. As indicated earlier, this successful Swiss idea had been emulated in larger scale by CARE with the funding from ECHO.

3.3.5 Multilateral support

All interviews lead the evaluators to appreciate the performance of UNRWA and the benefits for its Refugee population and most IDPs from the conflict. The contribution from SDC is appreciated for its flexibility (not earmarked) and was, in our opinion, very effective. The loss in “Swissness” and visibility may be well offset by the greater efficiency and reach of this agency.

The secondment to WFP did not work to the satisfaction of all parties and was interrupted as his expertise did not match the needs of the Agency. The expert seconded to OCHA to assist in reporting was initially tasked the preparation of the Situation reports, an important contribution. However, his reporting to duty was possible only in March and already two months later the daily Sit Reps were discontinued. For the rest of his 12 months assignment, he assumed, with success, different tasks to support OCHA role in oPt but with limited direct impact on the emergency response to the Gaza crisis, however contributing to the overall performance of OCHA.

In summary, the relevance, appropriateness and effectiveness of the single elements of the Swiss response were evaluated in the paragraphs above. However on a more global level, the strategy itself may be questioned according to the intended result under review: alleviating the sufferings. A more intensified support to its multilateral (UNRWA, ICRC etc.) and bilateral (local NGOs) partners could have been serving its purpose possibly even more adequately and more effectively without deploying the RRT/SET. The underlining of not gaining humanitarian access to Gaza through 3 RRTs requesting it at different border crossings with the personal intervention of the Swiss Ambassador was impressive and as such a case was made in terms of political pressure by the Swiss Government to show the need for establishing a humanitarian corridor into Gaza, if not to lift the blockade.

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 proceeding (modus operandi) to another in changing contexts and transition periods.

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

²⁸ The evaluators do no question the importance to reduce the deficit in food production created by the ongoing conflict.

3.4.1 Strengthening SDC local partners

One noticeable achievement is the early strengthening of the development partners of SDC through immediate contact, funding for rehabilitating their office and equipment lost during the conflict, their selection as implementing partners (in lieu of INGO or Swiss organizations such as Terre des Hommes or other who might have been enticed to intervene). This support was particularly important in view of the severe attempt by Hamas to control or curtail the activities of some NGOs.

Preserving the civil society is probably a most effective form to assist Gaza in the long term.

3.4.2 Strengthening local Government Institutions

Strengthening the Gaza de facto authorities was not an objective of this humanitarian assistance. However, a working relationship was necessary for the delivery of humanitarian assistance. SDC implementing partners established contact with the municipalities (or Social Ministry in the case of SHAREK) to verify the list of beneficiaries and avoid duplication or gaps.

Medical care in Gaza is provided by government facilities. Second hand information was received that the Ministry of Health (MOH) considered that the external fixators should have been given to its Central Store which would have redistributed them to all facilities according to need. The MOH external relation office consulted on this matter did not express concern for this direct distribution but focused its attention and praise on the strong political position taken by the Swiss Government against the blockade. He recognized that this store was overwhelmed by the flow of donations and had no updated inventory/distribution system. The evaluators concluded that for sake of efficacy, direct donation by SDC was preferable.

3.4.3 LRRD

The SDC humanitarian response was based already on long-term partnerships with local and multilateral partners in Gaza. The trustworthy collaboration enabled not only a locally procured relief effort, but also a highly targeted response to mostly affected population, due to relying on well-rooted actors in a known context. SDC partners in this emergency are more development oriented.²⁹ As a consequence, a linking of relief, rehabilitation and development was a natural matter and it looks like sliding from one phase of response into another was successful.³⁰

However the distinction between early recovery and development actions was not always clearly stated. For example the costly rehabilitation of 41 irrigation wells of private farmers³¹ is in fact a reconstruction or development project, but is regarded as early recovery measures.

SDC/Coof invested considerable and early attention to the continuum from recovery to development.³² The cooperation with local development-oriented partners such as PARC and Sharek Youth Forum or GMCHP, but also UNRWA and ICRC contributed to a smooth

²⁹ Speaking of development in Gaza is in itself a contradiction due to the constant destruction and need for repeated restoration. The term of "reverse development" seems to be appropriate. "Damage control" may also be used.

³⁰ Annex 9 Transition and coexistence of instruments in SDC's oPt Program).

³¹ Due to the high level of destruction caused by Israeli Defense Forces while withdrawing from Gaza in January 2009.

³² SDC 2009, SDC's Program "Gaza 2009" Implementing the continuum: from Early Recovery to Development.

transition between the various activities of humanitarian assistance to early recovery and development.

In this regard, SDC followed the cluster working group on early recovery in Gaza (CWGER) recommendation to support a self-sustaining approach towards longer term reconstruction and development.

4 General Conclusions and Recommendations

The conclusions will address also some of key questions listed in the Inception Report and applicable to this specific case study.

4.1 The decision regarding the strategy and mix of means (Q 8 & 9)

The objective of the deployment of the Swiss response appeared to be in great part to express solidarity with the Gaza population and to require the respect of human rights and International Humanitarian Law. The strategy was above all political (advocacy) to increase humanitarian access. SDC or other external actors were in weaker position to directly save lives compared to trusted agencies such as ICRC and UNRWA who could, in a limited extent, enter personnel and resources into Gaza during the actual conflict.

In oPt context; SDC means especially the response teams and logistic support needed considerable flexibility and adjustment to achieve both objectives (advocacy and providing support). This has not always been present. The diplomatic interventions by the Ambassador were more effective in getting both the message and the goods through.

Members of the Rapid Response team (SET) should be selected on their adaptability to Middle East peculiar context and should include diplomatic reinforcement for the Embassy.

4.2 The coordination/consultation process (internal + external) (Q 3, 4 & 5)

Most key decisions, particularly the dispatch of the RRTs and their composition, were made in Bern with limited consultation with the COOF and Embassy. Cooperation with and input from local (national or international) staff was seen as limited. This is a rather standard procedure in RRT dispatch but was aggravated in Jerusalem by the uneasy cooperation between the incoming and local teams. The absence of the RRT from Gaza made also difficult to partners to appraise their contribution.

In politically sensitive situations, SDC Rapid Response teams should strive to work through and support the local cooperation office. The latter, more oriented towards long term development, should accept the necessity of high profile humanitarian interventions and should collaborate fully while preserving a long term view. The joint action of COOF and RRT should become the rule. Local SDC structure needs to be prepared to better support and absorb the emergency instruments.

4.3 Selection of beneficiaries

The horizontal issues of gender, vulnerability, poverty were only partially attended. Health needs of women were particularly well addressed with the rehabilitation of a Family Health Care clinic. Children benefitted directly from SDC support to Sharek Youth Forum's "30,000 Campaign". Also, distributed hygiene kits were gender-sensitive as they included sanitary towels for women as well as undergarments.

The selection of beneficiaries seems to have been systematic, with double check and monitoring by SDC local partners and cross check with the Ministry of Social Affairs. However, the criteria did not take into account the degree of poverty and vulnerability but only the extent of physical damage incurred from the military conflict. Landowners with sizable agricultural holdings obviously more visibly affected than a homeless / landless widow. The

irrigated land was rarely more than 1 Ha / family, the owners were comparatively better off than many others.

The evaluators have also observed the high level of sustained dependency on the external assistance paired with an acute sense of individual entitlement to the best quality assistance possible.³³ Collective social sharing (beyond the extended family) is weak. Accommodating this situation may not be in the long term interest of any of the parties.

The evaluators recognize the strategic importance of re-establishing food security through restoration of green houses, wells and land. However, the beneficiaries are far from being among the poorest and will draw commercial profit from this assistance.

A token contribution should be requested from the beneficiaries whenever the assistance is far beyond the alleviation of personal suffering. This assistance may be in kind (part of the crop for instance) and directly allocated to the most vulnerable among the same community.

4.4 Selection and capacity building of implementing partners

This is one of the strong points of the Swiss contribution as the capacity and assets of several local NGOs were affected physically by the Israel incursion as well as by harassment from the Gaza Government.

When possible SDC should continue to give preference to development oriented local NGOs and to pursue its practice of including capacity building support in its contribution.

4.5 Immediate response Vs development

Experts stationed in OPt stress the point that Gaza is in a permanent state of emergency and conflict, which is sporadically becoming more acute and visible.

The line between immediate response, early recovery, and development is at best blurred in Gaza. Different and conflicting classifications of projects have been offered in various SDC documents, Does for instance the continuing food assistance fall under “survival assistance” as in the case of Darfur? Or under development due to its chronic nature? Standards and criteria are not comparable³⁴. The evaluators did not attempt to offer their own classification with the risk of further complicating the picture. The views of the Coof in Gaza/West Bank are illustrated in Annex 7. They can only agree with the authors of the external review (see foot note) that considerable flexibility (elasticity in their term) is required. The evaluators noted that, in general, SDC approach is rather pragmatic.

4.6 Monitoring and reporting

The evaluators noted a lack of capacity to monitor both the quantity and quality of relief items distributed to beneficiaries through local partners. Although the partners reported with appreciation the periodic visits of the national officer, the extent of the programs did not

³³ Several comments by beneficiaries and national interlocutors were made regarding the tacit political responsibility of the western donors in the conflict and their obligation to assist.

³⁴ The “External Review of SDC’s occupied Palestinian territory Programmes” (July 2009) introduced the concept of de-development to emphasize the continuing deterioration of the situation in Gaza (the opposite of a sustainable result).

permit supervision as close as necessary with the existing human resources in Gaza. Difficult access from Jerusalem was also a factor.

The evaluators did not find evidence that monitoring was done based on a plan or minimum standards that are coherent across various activities. However, an evaluation of the distribution by Sharek was done in March 2009 and the report shared with the evaluators.

Consistency in reporting of amounts expended needs also some attention. Determining precisely how much has been spent by SDC for the emergency response to the crisis in Gaza has been particularly difficult. Official documents include different projects or contributions; some of which were planned before and would have taken place independently of the Israeli military operation.

In future situations in Gaza, some of the human resources of the RRT teams should be posted for a sustained period of time in Gaza to assist in the monitoring of the selection of beneficiaries and the supervision of the distribution.

4.7 Preparedness

The Israeli Cast Lead Military Operation started on December 27 2008 but did not come as a surprise to most of our interlocutors. What was not anticipated was its extent and scope.

In the extent that an acute conflict was expected, it is surprising that no concrete planning and preparedness measures have been taken in advance by SDC or by many local national and international partners, including ICRC. Could suppliers have been identified and material be donated prior to the closure of the access for most of the actors? Could scenarios and the need for one or several RRT teams have been discussed with local offices (Coof and Embassy) when situation deteriorated and conflict was anticipated? With hindsight, it may be easier but not necessarily constructive for external evaluators to answer those questions.

Conflicts may still burst in Gaza. SDC should increase its preparedness jointly with its implementing partners. Scenarios should be discussed.

It should also consider negotiating with UNRWA how to contribute to its stockpiling of basic items and arranging for its bilateral distribution with appropriate marking by SDC own partners. This low cost approach would reduce the need for late dispatching of SET teams and ensure rapid response and visibility.

5 Performance Scoring

SDC Quality standards	SCORE
Coherence (coordinated)	
International coordination mechanisms are established.	HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened.	S
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 timely.	S
The response strategy (instruments and means) has been targeted to those in the most need of support.	U
The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.	HS
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).	U/S
The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation and has realistic objectives.	S
Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly.	U
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

Effectiveness of Emergency Response	
Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively.	S
Persons of concern – particularly children, , women, older and disabled – 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 (limited to provision of Plastic sheeting and Tarpaulin).	S
Persons of concern have sufficient and quality of food.	S
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.	NA
The contributions made (commodities distributed, services provided) were of suitable quality.	S
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	U
Connectedness (modus Operandi)	
The response strategy has lead to strengthening the work of national partners and local activity partners over the longer term.	HS
A strategy was outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD).	HS

Performance	DAC/ALNAP criteria	GAZA crisis situation	
		Rating	
Performance Dimension: “Planned Response”	i) Coherence (<i>coordinated</i>)	S	S
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)	S	
Performance Dimension: “Implementation Performance”	iii) Effectiveness of emergency response (<i>effective</i>)	S	S
	iv) Connectedness (<i>modus operandi</i>)	HS	

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

Justification for overall ratings:

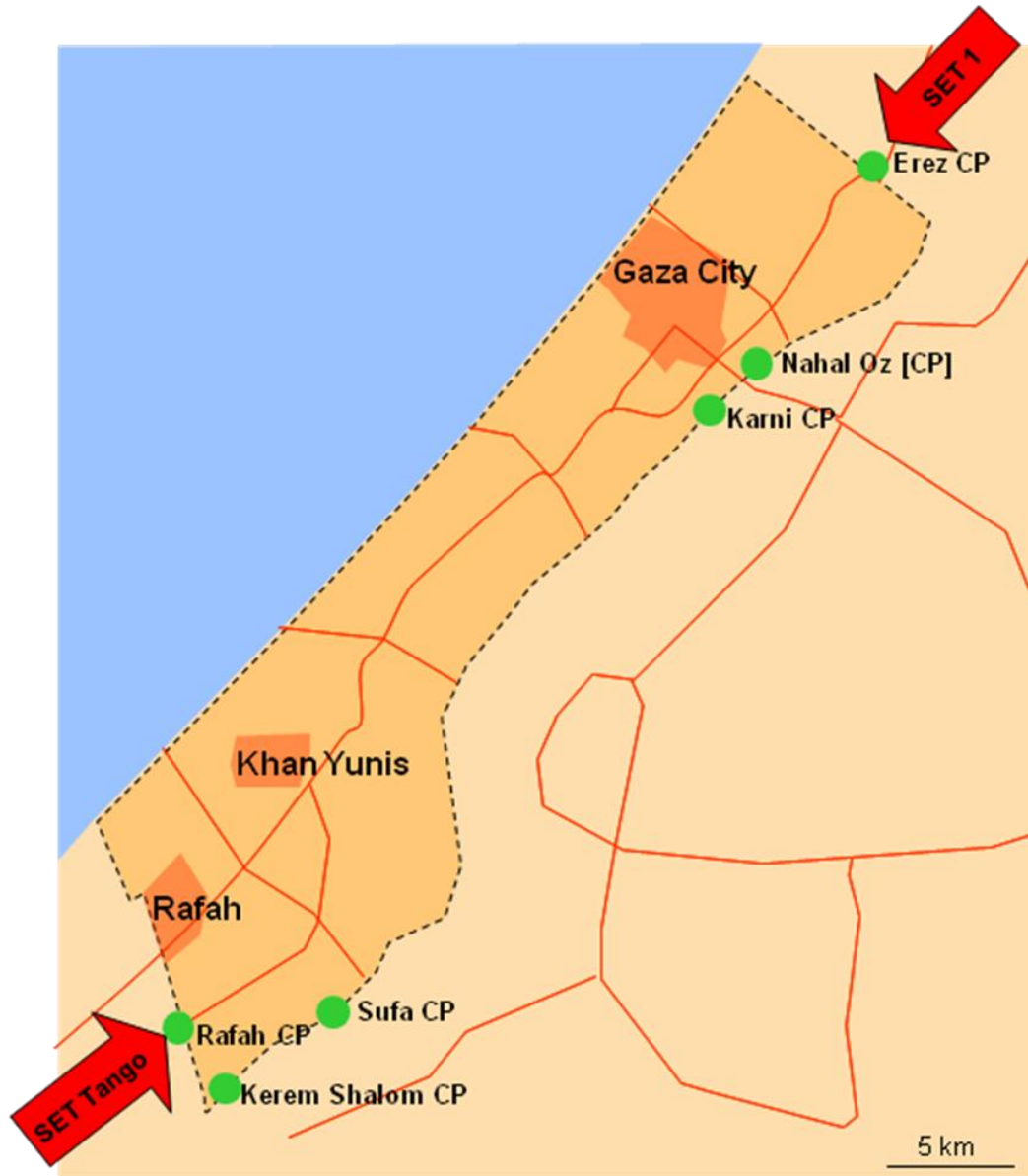
Summary of strengths	Summary of weaknesses
<p>Good coordination internationally.</p> <p>Goods were delivered relatively early compared to other donors.</p> <p>Political signals sent for respect of IHL and Human Rights due to strong support from Embassy.</p> <p>LRRD.</p> <p>Strong support to local partners.</p>	<p>RRT: lack of expertise/flexibility to crisis context.</p> <p>Absorption capacity of COOF to collaborate with RRT (poor internal coordination).</p> <p>Multilateral partners were better equipped to provide material support.</p> <p>Insufficient resources for monitoring at field level.</p>

6 Annex 1: List of Acronyms

ALNAP	Active Learning Network for Accountability and Performance
CAP	Consolidated Appeal of OCHA
CHF	Swiss Franks
Coof	Cooperation Office of SDC
CWGER	Cluster/Working Group on Early Recovery (UNDP lead)
DAC	Development Assistance Committee (OECD)
DDPS	Swiss Department for Defense Civil Protection and Sports
EC	European Commission
ECHO	European Commission Directorate General for Humanitarian Aid
EMOP	Emergency Operation (WFP)
EU	European Union
FTS	Financial Tracking System of OCHA
GCMHP	Gaza Community Mental Health Program
HA	Humanitarian Assistance
HAC	Humanitarian Aid Committee
HQ	Headquarters
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDP	Internally Displaced Person
IDF	Israeli Defense Forces
ISO	International Organization for Standardization
LRRD	Linkage between Relief, Rehabilitation and Development
NECC	Near East Council of Churches
NDC	NGO Development Center
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
oPt	Occupied Palestinian Territory
PA/PNA	Palestinian authority, Palestine National Authority
PARC	Palestinian Agriculture Development Association
PNGO	Palestinian NGO Network
RR	Rapid Response
RRT /SET	Rapid Response Team (equivalent to SET) / Soforteinsatzteam

SDC	Swiss Agency for Development Cooperation
SET/RRT	Sofort <i>Einsatz Team</i> equivalent to RRT
SHA	Swiss Humanitarian Corps
SR	Swiss Rescue
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TOR	Terms of Reference
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Program
UNHCR/HCR	United Nations High Commission for Refugee
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees
USAR	Urban Search and Rescue
USD	United States Dollar
WASH	Waster, Sanitation & Hygiene
WFP	World Food Program
WHO	World Health Organization

7 Annex 2: Map of Gaza



Access limited:

- **Rafah (Egypt):** Medical goods and personnel only
- **Erez:** Personnel only
- **Kerem Shalom:** non-medical goods (via Aouga / Nitzani for goods from Egypt)
- Nahal Oz, Karni, Sufa: closed

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9 Annex 4: List of contacts

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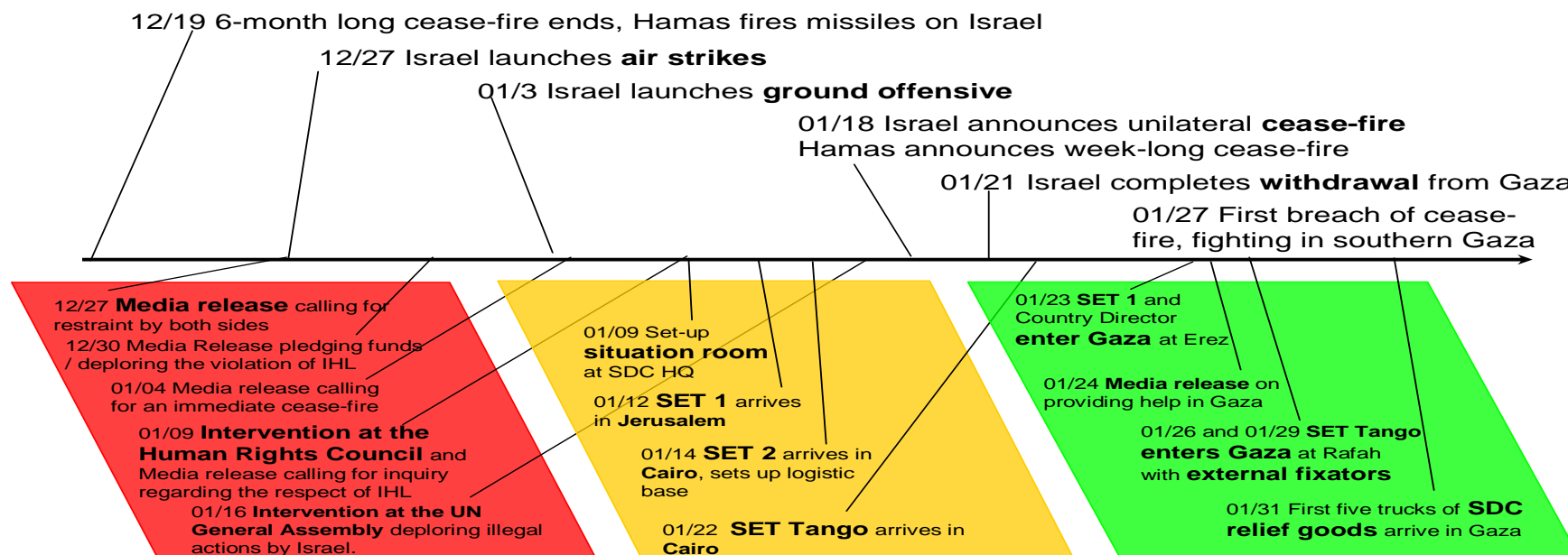
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10 Annex 5: Chronology of events



Chronology of Events



11 Annex 6: Results of the Focus Groups

1. The context

Between 27 December 2008 and 18 January 2009, Israel conducted the most destructive military assault in Gaza's history. Tens of thousands lost their homes and livelihoods in the bombardment and the subsequent ground force invasion. The assault followed an 18-month closure of Gaza's borders, which was itself an extreme manifestation of a policy of access and movement restrictions that the Israeli Government has imposed upon Palestinians since the early 1990s. The closures had crippled the Gaza Strip, leading to unprecedented rates of poverty (80%), unemployment (46%)³⁵, and hardship amongst Gaza's 1,500,000 residents. In that context, the delivery of humanitarian assistance, quick response plans and emergency response projects became a pressing priority to mitigate the worst impacts of the crisis and to assist and protect those in need, including targeted support for particularly vulnerable groups.

2. Methodology

Four focus group meetings using open-end questions targeting a total of 50 beneficiaries (19 female and 31 male) to evaluate the perceived outcomes of the SDC supported initiatives at the beneficiary level. Three types of interventions were identified: distribution of hygiene kits with Sharek and PARC, distribution of plastic sheets with PARC and rehabilitation of water irrigation wells with NDC. Projects selection was organized in consultation with SDC. Identification of F&NFIS beneficiaries was only possible through cooperation from partners due to the long period of time elapsed since the initial emergency relief (early 2009). This might have added the possibility of some bias in sample selection for focus groups. When possible, a special attention was given to having a gender-balanced representation in each focus group.

	FG 01	FG 02	FG 03	FG 04
Date	Sept. 22,2010	Sept. 23,2010	Sept. 23,2010	Sept. 23,2010
Location	North Gaza	North Gaza	Gaza	Gaza
Support received	Distribution of hygiene kits	Distribution of hygiene kits	Distribution of Plastic Sheets	Rehabilitation of water wells
Partner	SHAREK Youth Forum	PARC	PARC	NDC
Participants	Total: 15 Female: 12 Male: 3	Total: 16 Female: 7 Male: 9	Total: 10 Female: 0 Male: 10	Total: 9 Female: 0 Male: 9

Needs Assessments and Beneficiaries Consultation

A. F&NFI Distribution: Overall, there were censuses among the participants in the FG on the fact that they were consulted and asked about their needs. This consultation was done through representatives and field-based staff of partner organizations and active community committees. The participants were not clear on the exact timing of these consultations, however most of them confirmed that they took place during the first two weeks of February as access and movement has improved.

B. Wells Rehabilitation: All the participants confirmed that they were subject to a through assessment done by the Ministry of Agriculture. Through these assessments encountered damages to their lands, crops and irrigation wells were documented. Later-on and prior to

³⁵ www.undp.ps/en/newsroom/publications/pdf/other/dtemp.pdf.

any work on the wells rehabilitation, the participants confirmed that they were visited by a team of engineers from implementing NGO partners (Palestinian Hydrology Group - PHG, Ma'an Development Center, and the Union of Agricultural Work Committees - UAWC). The visits aimed to re-assess their needs, estimate the magnitude of the damage and investigate eligibility to benefit from the project. Assessments were made against preset criteria that included among others the ownership of a legally registered well that was damaged during the war. All the participants were aware of the selection criteria.

Received assistance relevance and appropriateness

A. F&NFI Distribution: All the participants in the three FG confirmed that the provision of hygiene kits and plastic sheets were both relevant and appropriate. The direct distribution of NFI's was considered to be fair, met the beneficiaries' immediate needs and help ease some of the suffering. Overall the method for distribution received positive comments from the FG participants, as they found it to be timely, appropriate and the distributed items were overall of good quality. Reference was made to poor quality detergents, shampoo and diappers. Furthermore, the kits took into account female needs and included some children toys.

B. Wells Rehabilitation: 77% of the participants in the FG were owners of totally damaged water irrigation wells as a result of the last war on Gaza. All participants found the received assistance highly relevant and appropriate as it met an urging need and they were highly appreciative of the received assistance. With the exception for one participant, all participants have indicated that they would not have been able to rehabilitate their wells at that time due to financial difficulties, lack of access to required material and the high cost of rehabilitation.

Effectiveness of the received assistance and beneficiaries' satisfaction

A. F&NFI Distribution: Due to the lapse in time and the massive number of agencies that had provided F&NFIs during the war, some of the participants in the FG had some difficulty in recalling the distributed kits (mainly those for the food items). However, the participants of both FG for beneficiaries of hygiene kits said that the quality of the provided items was good (with the exception for the detergents and shampoo) and met their needs. The inclusion of "Dettol" an antiseptic liquid disinfectant and sanitary towels for women were highly apprized by the beneficiaries mainly those at the UNRWA shelters. This was highly appreciated by the beneficiaries as very few organizations were distributed such highly needed items.

Some (less than 4% and all men) of the participants in the FGs said that they would have preferred vouchers or money rather than direct distribution F&NFIs as it would have allowed them more freedom to purchase items that that they needed. The vast majority of the participants indicated that they have preferred the direct distribution as at the time of distribution, many of the items included in the kits were either not found in the market or highly expensive and they could not have afforded buying them.

The beneficiaries of the plastic sheets were highly appreciative of the received assistance. The provided plastic sheets used for rehabilitating their green houses, chicken coops and in some cases broken windows in their homes came at a time were no other aid organization was distributing such materials. The participants indicated that the provision of these plastic sheets enabled them to plant for the next season, contributed to securing their livelihoods and allowed them to focus their limited resources on other important activities.

B. Wells Rehabilitation: The participants of the FG indicated that they did not have the financial capacity to rehabilitate their damaged wells. Most of them were buying water by tanks to irrigate their plants which added a considerable financial burden as they had to

manually irrigate their lands which added labor and time cost. All the participants confirmed that the received assistance enabled them to save their lands from drought and secure livelihoods. Some has also indicated that due to the well rehabilitation they are now planning to plan and rehabilitate more land.

12 Annex 7: Global Questionnaire and its results in Gaza

Out of the 50 persons met, only 26 felt familiar enough with SDC activities or authorized to fill in the questionnaire.

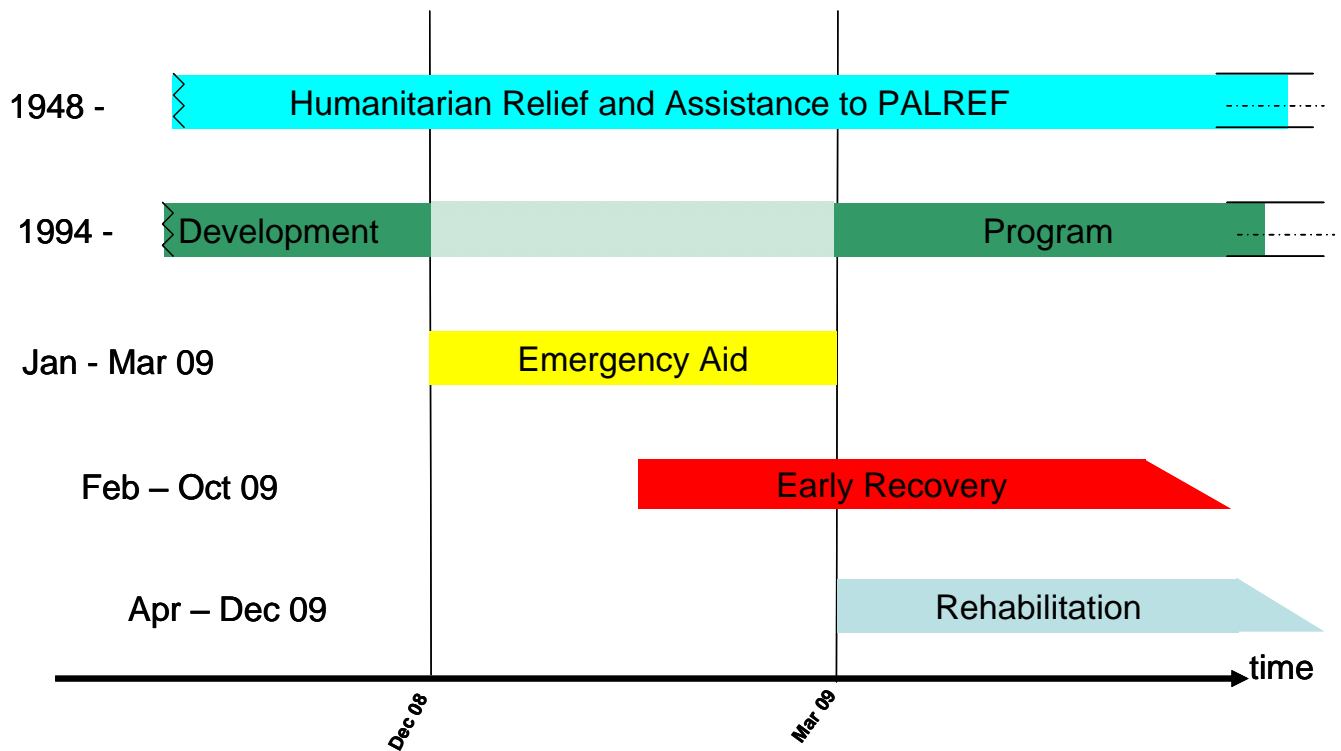
	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Sub total	No answer
1	Clear definitions and concepts	9	15	0	1	0	25	2
2	Clear criteria to determine strategy	4	15	4	0	0	23	4
3	Good cooperation between SDC, partners and Multi	9	13	1	1	0	24	3
4	Consultation prior making key decisions	5	15	3	2	0	25	2
5	Consultation is NOT essential for life saving response	1	5	4	7	7	24	3
6	Decisions based on needs assessments	5	15	4	1	0	25	2
7	NO other agency could provide services delivered by SDC	1	4	5	13	2	25	2
8	The response was timely	8	13	3	0	0	24	3
9A	Rapid Response was appropriate in general	4	9	2	0	0	15	12
9B	Medical assistance	1	11	4	0	0	16	11
9C	WASH	1	9	6	1	0	17	11
9D	Food assistance	5	13	2	0	0	20	7
9E	NFI/Shelters	6	10	4	0	0	20	7
10	Monitoring using written standards	4	9	7	1	0	21	6
11	Strengthening the capacity of authorities	7	7	7	1	1	23	4
12	Strengthening the capacity of local NGOs	10	9	6	1	0	26	1
13	Planning for early recovery/ rehab is a priority from the start	10	12	1	1	0	24	3

13 Annex 8: Program of the workshop

Tuesday 28 September 2010

09:15 – 09:20	Opening of the meeting by Giancarlo de Picciotto
09:20 – 09:35	Short presentation of the Participants and of their agency activities in the aftermath of the Gaza Crisis
09:35 – 09 45	SDC Approach to Evaluation by Valérie Rossi
09:45 – 10:30	Presentation of the methodology and results of the evaluation
10:30 – 10:45	Coffee Break
10:45 – 11h45	Discussions
11:45 – 11:50	Wrap up
11:50 – 12:00	Closure by Giancarlo de Picciotto

14 Annex 9: Transition and coexistence of instruments in SDC's oPt Program in view of Gaza³⁶



³⁶ SDC 2009, SDC Gaza 2009 - Implementing the continuum: from Early Recovery to Development.

ANNEX 8: Desk Study Sumatra

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1 Coherence (Coordination)

Coordination mechanisms are established

The Swiss Response to the Padang Earthquake in Sumatra, Indonesia was coordinated with UNOCHA and its relevant disaster instruments UNDAC and INSARAG right from the beginning following the first alerts after the earthquake hit. Decision on the deployment of the Swiss Rescue was based on coordination with UNOCHA. Through logistical support provided¹, the UNDAC Coordinator reached rapidly the disaster site and was enabled to timely set up the OSOCC. SDC provided substantial support to the UN coordination system complementing the Indonesian Government's lead in coordinating emergency response efforts.

As a soon as the Cluster System was put in place, SR members and the dissected RRT/SET participated actively, contributing to the UN coordination efforts.

The coordination with partners:

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

Local partnerships were only built up during the Sumatra response through the deployed SR and the RRT/SET. Following the Swiss Search and Rescue mission, the Government of Indonesia has been seeking support by SDC for capacity building of their own USAR capacities.²

The activation and deployment of the Swiss Rescue has significantly strengthened the partnership of all Swiss partners being part of this "rescue chain", such as the Swiss Seismological Service SED, the Swiss Air Rescue REGA, the Swiss Search and Rescue Dog Association REDOG, Swiss Army/Rescue Troops, the Swiss Red Cross SRC, Swiss International Airlines and Airport Zurich AG as well as the Swiss Humanitarian Aid Unit SHA.

- *Was the coordination/cooperation with multilateral partners strengthened?*

As mentioned above the coordination and cooperation with UNOCHA and its elements UNDAC and INSARAG could be especially strengthened in the Sumatra earthquake response. Exchange with IFRC holding the lead in the disaster response of the Red Cross and Red Crescent Movement has been sought on a regular coordination level.

Joint position with international community

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

In Sumatra, the Swiss Rescue jointly ceased with all present international USAR teams activities according to INSARAG guidelines and following the decision of the Government of Indonesia to stop search activities.

¹ UNDAC Coordinator Winston Chang was on board the REGA flight with the advance detachment of the SR reaching Padang on October 2nd, 2010 as first search & rescue team (The entire Japanese USAR team arrived in between the Swiss advance detachment and the full size staff SR some hours later).

² Negotiations between SDC and Government of Indonesia are still pending, also due to already bound capacities for training and certification of other national USAR teams.

SDC action in line with international action

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

The Swiss response to the Sumatra earthquake complied with the international action with the chosen strategy of deploying its USAR capacities as well as spinning off a RRT/SET for conducting needs assessments in the rural areas outside Padang and providing relief items for survival assistance.

2 Relevance / Appropriateness

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?

Responding to the earthquakes in Sumatra was driven out of the will to save lives and show solidarity with the affected population. Deploying the Swiss Rescue to contribute to and complement the local search and rescue efforts were in line with the pressing immediate needs on site in the hit area in Padang. It was relevant based on the information available upon decision making to mobilize the SR to provide support and hope to the people in need, presumed buried alive in the rubble. Priorities were set rightly trying to rescue people, but also in its decision to cease SAR and withdraw once necessary and requested.³

Timeliness

Was the response strategy decided and implemented timely?

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.

The decision to deploy the SR for a Search and Rescue mission to the Earthquake affected Padang in Sumatra was taken less than 20 hours after the first earthquake hit. A certain delay derived from the inconsistent state of information from the site as well as due to the hesitation of the Indonesian Government to appeal for international assistance. SDC offered its ISO certified USAR to Indonesian representatives, which was accepted and appreciated due to this quality standard. The small advance detachment of the SR arrived as first international USAR team on the spot. Accompanied by the UNDAC coordinator, who could set up immediately the OSOCC in coordination with LEMA (Local Emergency Management Authority, here the Governor of West Sumatra), the advance SR unit could provide during their 1st needs assessment conducted technical advice to a local rescue team, leading to the rescue of one person alive.

47 hours after the earthquake the first search team was operational at an allocated site, the first rescue team became operational after 51 hours. Certain obstacles had to be overcome in importing the rescue material. Given the administrative, diplomatic and logistical adversity, the relatively short time in which the SR was mobilized, deployed and operational is impressive and outstanding. The SDC set standard to deliver assistance within 72 hours following an emergency was well respected. However, the crucial time for rescuing people alive out of the rubble within the first 50 hours after being buried in the debris could only scarcely be achieved. The consequence was for all of the international USAR teams on the spot the same, no person was rescued alive and only few corps could be recovered.

Relief assistance delivered by the SDC RRT/SET was timely as it was among the first in the selected location of Pariamen.

³ The further rapid response provided by the RRT/SET is beyond the scope of this evaluation as defined by the Approach Paper.

Targeting those most in need

Were the instruments and means targeted to the “injured“ in the most need of support?

Within the Sumatra earthquake response, the SR operation was targeting naturally and initially the people most in need for assistance, being those trapped under the rubble. Coming to rescue those buried presumed alive under the debris is not only a potential chance for this primary beneficiaries, but also for those being affected as family, friends and neighbors. The arrival of a USAR team in the zone of disaster purely provides a glimpse of hope and support to the affected population as a whole.

For relief efforts, following the search and rescue activities, the most vulnerable households have been identified by Indonesian authorities to which relief items have been transferred by the RRT/SET. Medical support (IDA emergency kit) reached a regional referral hospital in dire need for basic medical equipment.

Crosscutting issues

The pertinence of cross-cutting issues is generally not given for a USAR operation such as in the aftermath of the Sumatra earthquake. The protection of the Chinese minority became an issue, as Government officials and USAR teams were blamed to disregard their quarter for search and rescue activities. Subsequent relief efforts were implemented through local authorities and organizations targeting the most vulnerable households. Available reporting however does lack an acknowledgement of considering cross-cutting issues.

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)?

Despite the climatic challenges, the Swiss Rescue could well operate in the local context of the Sumatra earthquake. The SR adapted easily to the local structures and immediately coordinated well with the Government officials leading the emergency relief efforts. Once LEMA has called off the search and rescue, SR ceased its activities, withdrew and dismantled within shortest time. The flexible SDC logistics and Swiss Air enabled a rapid departure of the entire SR team.

The spin off of the RRT/SET out of the SR in light of the lingering chance to rescue persons alive expressed a necessary adaptability to the context. The RRT/SET could not only conduct a needs assessment in the medical, shelter as well as water & sanitation field, but was capable to initiate first relief measures as a survival assistance. SDC was able to not only provide USAR capacities, but also deliver actually assistance required.

SR and RRT are considered as two different instruments of the response strategy, with different activations mechanisms and criteria. The experience in Sumatra is suggesting that maintaining a strict distinction may not be opportune.

Explicit objectives and realistic selection of beneficiaries

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

When taking the decision to mobilize the SR for the population being affected by the earthquake in Sumatra, the objective for the deployed SR team was clearly first to save lives while secondarily expressing solidarity and humanity of the Swiss population. The realism of expecting significant number of persons being saved by for foreign rescue teams in distant countries can be questioned in light of the poor return from past international operations. For decades, almost all persons rescued alive have been saved by relatives, neighbors or local rescue services. Those local services have improved dramatically in many countries thanks to the example and support from those foreign teams.

The objective to provide certain survival assistance through the RRT/SET appears also to be realistic, as basic needs for a targeted population could be covered in medical, shelter and NFI perspective. It is not, however, part of this evaluation focusing in Sumatra on one single instrument: the SR.

Adaptability to change

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

Due to the short duration of the USAR activity, this question is not applicable for the evaluation of one single instrument. However, SDC has proven its overall adaptability to change, given the decision to deploy a RRT/SET to conduct needs assessments and initiating first survival assistance measures outside of Padang (in Pariamen) taking into consideration the number of international humanitarian actors in Padang and the diminishing chance to rescue persons alive. The full size deployment of the SR enabled such a decision, while still being fully operational for the search and rescue activities.

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?

Within the ongoing search and rescue activities of the deployed SR team in Sumatra, monitoring was considered as part of quality control.

Lessons learned

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

The rare occasions of activating the costly SR are considered while concentrating more and more on capacity building of local rescue teams, assisting them in their certification.⁴ This capacity building function can only be pursued while holding an own functional USAR team. It is well understood that the SR holds a certain insurance character comparable those to the communal fire brigade.

⁴ SDC has already approved capacity building measures of the USAR teams in China, Turkey, India, Jordan, Pakistan, Peru and Morocco.

Nevertheless, it seems like that the size of the SR, its maintenance costs considering on one side the rare deployment (Sumatra in 2009 was the first one following the Algeria earthquake in 2003) and on the other side the secondary benefits as well as its increasingly low anticipated effectiveness are openly accepted as a matter of discussion within SDC.

The humanitarian requirement to ensure also a transition from search and rescue to relief efforts has been acknowledged and will be further on considered.

Necessary measures identified to improve the operational capacities of the SR have been reported already taken within the immediate scope of the mission in Sumatra. The multi-sector functionality of the advance detachment will be enhanced as well as the lived necessity to deploy an independent RRT/SET with an SR team to ensure alongside needs assessment to be conducted and immediate assistance delivered to those vulnerable ones having survived the disaster.

3 Effectiveness

Lives and sufferings alleviated

In what extent lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively?

Within the Sumatra context, it has to be clearly stated that lives could not be saved by the deployed SR or by any other international USAR, however recognizing that already a brief technical advice by the SR advance detachment led to the rescue of one person alive through local rescuers. Expressed solidarity and humanity by experiencing international search and rescue assistance cannot be disregarded, as it fosters hope and confidence for the entire affected population of being supported and not left alone when disaster strikes. The psycho-social benefit for the survivors is significant.

An important consideration is that in Sumatra, there was no life saving alternative for the international community as, in among other things, the level of medical services in the province was acceptable.

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

Safety from abuses

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

This is non-applicable for the earthquake context in Sumatra.

Access to sanitation services

In which extent, persons of concern have access to proper sanitation services

This is non-applicable for the USAR context in Sumatra.

Access to housing

In which extent, the persons of concern have access to adequate housing (in this case temporary shelter)?

This is non-applicable for the USAR context in Sumatra, the only aspect and instrument covered by this evaluation. However, for sake of information, more than 135,000 houses⁵ have been severely damaged, leaving equivalent numbers of families/persons homeless. The distribution of some 4,000 plastic sheeting and the tools for approximately 300 households through the RRT could at a very early stage provide support in improving the housing situation. The deployment of the SR with a certain quantity of relief items (among others plastic sheeting) enabled an immediate response to the people in need for transitional shelter.

Access to food

In which extent, the persons of concern have sufficient and quality of food?

This is non-applicable for the USAR context in Sumatra.

⁵ Xinhua News Agency, Jakarta, October 14th on Death Toll from Indonesia quake put at officially 1,117.

Access to health care

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

This is non-applicable for the USAR context in Sumatra, however it has to be reported, the donation of an IDA emergency kit to the Hospital in Pariamen by the RRT/SET in the Sumatra earthquake response, providing emergency health care for up to 10,000 patients, did significantly contribute to increasing health care for a certain time.

Access to hygiene items

In which extent, persons of concern have access to basic domestic and hygiene items?

This is non-applicable for the USAR context in Sumatra, however the relief efforts in Sumatra included the one time distribution of 2,000 hygiene sets and 3,200 jerry cans to vulnerable households. Its effectiveness was not evaluated.

Access to safe water

In which extent persons of concern have access to safe and drinkable water?

This is non-applicable for the USAR context in Sumatra, however The need for cleaning and purification of damaged wells was identified by the RRT in the Sumatra earthquake context, however not pursued as a Swiss response activity but proposed to the local water authority, who were not too enthusiastic about it, but rather expressed need for support improving the water supply system through water pipes.

Quality of contributions

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

The SR deployed to the Sumatra Earthquake has been certified for its quality of performance with the ISO seal in 2007 and is accepted or requested for its service due to this quality proof.

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?

Please refer to section 3.2.8. of the main report.

4 Connectedness

Strengthening SDC local partners

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

The need to build up further local search and rescue capacities became obvious in the Sumatra context. The Indonesian Government is appealing for a relevant support through the Swiss Rescue and SDC. Up to now only expression of interests are placed but no further actions have been taken so far, also due to a high demand and level of commitment to other national USAR teams in training or certification with support of SDC.

LRRD

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

In general, this is non-applicable for the USAR context in Sumatra.

The expression of linking phases of relief with subsequent necessary actions might be extended for the need to link also search and rescue activities, when relevant, with survival assistance. This was achieved in the Sumatra context, as Swiss Rescue could extend its services to relief measures. Unanimously this has been identified as a crucial requirement for all further SR operations, to deploy with an independent RRT capable conducting needs assessment and initiating immediate available survival assistance. This intervention contributed, perhaps constructively, to blur the artificial distinction between SR and RRT as two distinct instruments.

5 Conclusions

Diversity of instruments

The impact of the Emergency Relief cannot be ensured by SR only due to its very low effectiveness in past years. However, it can be increased when deploying simultaneously an independent RRT for conducting needs assessment of the surviving population and providing first relief measures for survival assistance, ensuring the transition from rescue to relief. The flexibility shown to change the status of the advance SR team to an advance RRT shows the potential for adaptability of a multi-purpose set of experts of poly-faceted complimentary backgrounds.

Local response capacities for search & rescue

Timeliness is crucial for any USAR operation, however cannot always be maintained due to distance or lacking/delaying of host governmental approval prior to departure. Only local search and rescue capacities can ensure an immediate deployment when disaster strikes and increase the chance for survivors buried in the rubble.

The INSARAG classification of the SR as heavy USAR guarantees the required quality for multiple disasters and is the best reference for sharing expertise and know how.

This is not only for the benefit of local response capacities being built up, but provides some justification for the SR “machinery”, costly in maintenance, rare in deployment and low in impact.

SR is a Swiss Brand Name

The Swiss Rescue is label of national pride and recognized instrument for solidarity and humanity. Activation and deployment is immediately considered whenever a natural disaster, especially earthquakes, strikes wherever by SDC, its partner in the SR but most and for all by the Swiss taxpaying public. Deployment realized or rejected is seriously discussed in the media, appreciated or questioned.

An open discussion on multiple use within its undeterminable waiting times and is unpredictable outcome is needed to remain accountable to arising costs and public expectations.

Geographical lead of Crisis Management Cell (Einsatzleitung) ensures ownership and fosters cooperation

Whenever disaster or crisis strike, a crisis management cell (Einsatzleitung) is set up for an analysis of the situation, decision making of chosen mix of instruments and management of all assistance measures to take. A geographical lead of the Einsatzleitung can not only ensure ownership for all subsequent activities with a necessary linking to ongoing activities in the country of disaster/crisis in HQ and on the ground, but also foster immediate cooperation for all involved and ensures local knowledge. It is an example of structured and formal reaching in and out of SDC, which could be expanded to other emergency relief activities including medical care or general RR.

Required information level for deployment of SR

One hazard may create a multitude of different disasters and crisis. Sufficient and reliable information is required for definite decisions needed for a suitable orientation and subsequent action to be taken. This information is not often available from Mass Media. Commanding a halt to the mobilized SR in the Haiti earthquake context was possibly influenced by the not so effective SR operation in Sumatra, where actual severity was far less than announced on TV and where time constraints undermined rescue efforts.

Emergency response agreements with relevant host countries of disaster

Both in Haiti and in Sumatra, the lack of signed emergency response agreement may have contributed to delays in deployment of adequate response capacities awaiting the approval of the relevant government. These administrative obstacles need to be minimized to ensure shorter delays in providing relevant and effective assistance to affected populations. Some consultation and prior approval will however remain the rule in most cases but may be expedited if an awareness and information campaign was conducted in the potential recipient countries.

ANNEX 9: Desk Study Sudan

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1 Introduction

1.1 Background¹

The humanitarian operation in Sudan is the largest in the world. Overall Sudan continues to move towards peace and recovery, but the humanitarian situation is complex with wide variations in vulnerability and needs. The Darfur conflict is now in its seventh year and in the south, security remains precarious. The Government of National Unity (GoNU) and the humanitarian community have undertaken a constructive approach since mid-2009 through an expanded High-Level Committee (HLC).² The Government of South Sudan (GoSS) has been unable to take over the delivery of health and other services currently provided by NGOs and UN agencies due to budget cuts, leaving humanitarian organisations to provide over 85% of health services and virtually all other key elements of the safety net.³

The main events of 2009-2010 and their humanitarian impacts included the following:

Humanitarian expulsions - In March 2009, the Sudanese government expelled 13 international organizations operating in Northern Sudan particularly in Darfur. The expulsions also affected the Three Protocol Areas⁴ and Eastern Sudan where there were major gaps in the delivery of basic services. Southern Sudan was not affected.

Population movements – Across Sudan, the number of successful returns since the peace agreement in 2005 until the end of June 2009 was estimated at 2.3 million returnees.⁵ The states estimated to have received the largest number of returnees are Northern Bahr el Ghazal in Southern Sudan, followed by Southern Kordofan. In October, the HLC endorsed a Joint Verification Mechanism on Returns and Terms of Engagement.⁶

The number of internally displaced people (IDPs) in Darfur was estimated to be 2.7 million people in 2009.⁷ In addition, 2 million people continued to be directly affected by the conflict.⁸ In early 2009, intense military confrontations resulted in the displacement of tens of thousands of people and put pressure on all services to the IDP camps, and induced a life saving emergency situation. There have been few returns of the affected people to their original lands.

In Southern Sudan, an estimated 350,000 people were forced to flee their homes due to attacks by the Lord's Resistance Army (LRA) and inter-tribal clashes. The operating

¹ Compiled from: UN 2010 Sudan Workplan; SDC "Medium Term Programme", 2010-2012; Swiss Humanitarian Aid of the Swiss Confederation Situation Report No 7/2010 (January-March 2010) Northern Sudan, SDC Programme Office Juba, Southern Sudan, SITREP January – March 2010.

² The HLC is a forum for the humanitarian community and GoNU to discuss issues related to Darfur and humanitarian action.

³ Southern Sudan Health Situation Briefing, NGO Health Forum, 2008. the Government of National Unity (GNU) - the National Congress Party (NCP) and Sudan People's Liberation Movement (SPLM) formed a power-sharing government under the 2005 Comprehensive Peace Agreement (CPA).

⁴ The Three Areas are the three parts of Sudan that are claimed both by the north and the south. They are *Abyei*, Blue Nile, and southern *Kordofan*.

⁵ UNMIS Return, and Reintegration and Reintegrations Section (RRR), August 2009.

⁶ "Voluntary" returns refer to returns that are undertaken by the returnee without coercion. "Appropriate" returns refer to returns to areas that are believed to possess the necessary conditions to receive returning populations (i.e. basic infrastructure, reliable food supplies, etc.).

⁷ Darfur Humanitarian Profile No. 34.

⁸ Ibid.

environment is challenged in many places by uneven access to people in need, weak infrastructure and poor security.

Food security - The recent global financial crisis caused food prices to rise across Sudan, and many parts of the country, including the south and the east, experienced below-average rainfall in 2009, meaning that poor crop yields could impact wellbeing in affected areas. In Southern Sudan the ANLA (Annual Needs and Livelihoods Assessment) conducted in 2009 reported over 50 % (4.3 million persons) as food insecure in 2010, a number which quadrupled over the period of a year.

1.2 SDC Interventions in Sudan

1.2.1 SDC Major Programs

The Swiss Development Cooperation works in Sudan through offices in Khartoum and Juba. Although Sudan is not an SDC priority country, due to the political transition, Switzerland combines emergency and reconstruction aid (SDC-HA, which has been working in Sudan since 1994), development assistance (SDC-RC), peace-building (PDIV) and Security Sector Reform (DDPS). The 2010-2012 SDC Medium Term Plan covers the portfolios of SDC-HA and the one of SDC-RC which focuses only on Southern Sudan. In addition to Humanitarian Aid other Swiss government actors within the Federal Ministry of Foreign Affairs make contributions to Sudan. A joint strategy for all concerned Swiss government partners in Sudan does not exist.⁹

SDC's overall goal in Sudan is to further improve the political environment in order to strengthen the human security situation. For the period 2010-12, the main challenges are the sustainable return of some 2.5 million displaced persons, the sharply increasing interethnic violence since 2009 as well as the creation of functioning state structures. The main humanitarian challenges in Darfur are the survival of about 4.5 million persons affected by conflict, including about 2.7 million displaced and to promote early recovery and recovery processes in a volatile and highly insecure context.

√	SDC Modalities of Assistance ¹⁰	%
x	Multilateral grant assistance through UN Agencies and ICRC	60%
x	Grant assistance to International organizations, local NGOs or Community Based Organisations	25%
x	Others (Secondment of Experts to UN Agencies; in kind contribution of Milk powder to WFP and NGOs)	15%

⁹ SDC Medium Term Program Sudan 2010-1012.

¹⁰ Profiles of Assistance to Sudan, Multinational Partners Group Sudan, 2010.

SDC's major programs (implementing partners, region, scale, year etc)
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Emergency Assistance and Protection 2008-2009

Sectors Protection, Food security and Livelihood, Health, Water and Sanitation, Coordination

Partners ICRC, WFP, OCHA, UNHCR, UNHAS, TdH-L, MSF-CH, Medair, Fondation Hironnelle

Geographical Area: Darfur / South Kordofan

Total Funding 5.6 Million Swiss Francs annually

Return and Reintegration 2008-2009

Sectors Food security and Livelihood, Health, Water and Sanitation, Protection

Partners ICRC, UNHCR, WFP, ACF, VSF, MSF-CH, Medair, Fondation Hironnelle, Local NGOs

Geographical Area South Kordofan / Northern Bahr el Ghazal

Total Funding 3.4 Million Swiss Francs annually

Planned assistance (approximate) for 2010		
Mode of implementation	CHF / year	Share
Office Structure (Khartoum and Juba)	1'100'000	7.4%
Direct Implementation and Secondments	1'800'000	12.6%
Contributions to NGOs	3'450'000	23.6%
Multilateral Contributions (to UN and ICRC)	8'400'000	56.4%
Total	14'750'000	100%

1.2.2 The Swiss contribution to WFP

The SDC has been supporting the World Food Program's emergency operation in Sudan, which is the most costly WFP operation worldwide, since 2003. SDC's intervention supports the Emergency Operations (EMOPs) with in-kind dairy aid (milk powder), and financial contributions and secondments to WFP operations. SDC's contribution to WFP comprised over half of the SDC contribution in Sudan in 2009. The value of SDC's contribution to WFP constitutes a very small proportion of WFP's total funding, less than 1%, but when viewed in terms of beneficiaries, it helps nearly 60,000 people. Notably, the Swiss government's dairy aid, stands out by providing all the milk powder for the Blanket Supplementary Feeding Programme which aims to reach 280,000 children for part of the year. In terms of secondments, SDC provides one position to WFP in Sudan while WFP uses numerous secondments from other sources. The relative perspective of the SDC contributions is of some importance when viewing the differences that SDC can make in Sudan through its contributions to WFP and its monitoring efforts.

WFP operates food distribution networks through Cooperating Partners (CPs) and initiated the Darfur Food Security Monitoring System (DFSMS) in 2008. The WFP had a project in north Darfur, addressing chronic food insecurity there, even prior to the outbreak of hostilities in 2003 when the EMOPs began. The expulsion of humanitarian organizations in 2009 included four of WFP's main CPs, ACF, CARE, Save the Children-US, and *Solidarité*, which significantly impacted WFP's program capacity. However, WFP directly implemented the distributions for most of the remainder of 2009 and into 2010. In 2009, Darfur accounted for 76 percent of the planned tonnage in the EMOP (with 15 percent for the south and 9 percent for the Centre, east and the Three Areas).¹¹ In the south, WFP has responded to 27 emergencies in 2009 related to outbreaks of violence and food shortages due to lack of rain.

SDC Funding for WFP Sudan EMOP and UNHAS in CHF						
	2008	Share*	2009	Share	2010 Plan	Share
Multi/Bi	2,000,000		1,750,000		1,500,000	
Secondment	168,579		191,644		224,760	
Dairy Products	2,993,811		5,889,002		4,795,012	
UNHAS	200,000				200,000	
Total Budget SDC-HA Sudan	12,401,481	43% (of total SDC)	7,830,646	52%	6,719,772	46%
Total EMOP WFP	773,790,397	0.69%	868,703,279	0.90%	863,435,401	0.78%
Total UNHAS WFP	77,143,809	0.26%	59,030,899	0.00%	59,544,053	0.34%
Total UNHAS and EMOP	850,934,206		927,734,178		922,979,454	
Total beneficiaries EMOP	6,125,976	42,453	6,553,063	59,070	6,400,000	49,809
Total Beneficiaries UNHAS	150,000	389	75,279		96,000	322

*Percentage of total cost covered by SDC

The Swiss government gives SDC "credits" for in-kind milk donations. SDC is the largest donor to WFP of the powder and since 2006 1/3 of the milk powder has gone to WFP, but now the Swiss NGOs receive a greater share, the rationale being that they make a long term difference where they work. There are very strict standards both on the part of the Swiss government and the recipient organizations for use of the milk powder and they have had

¹¹ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

some problems with misuse in the past but very few. WFP's BSFP targets children under five during the hunger gap seasons with a premixed ration of Corn Soya Blend, dried skimmed milk, sugar and separately distributed vegetable oil. The BSFP is accompanied by a large scale sensitization strategy to with key messages for mothers, community workers and food management committees.

When the Darfur crisis became full-fledged in 2003-2004, SDC immediately supported WFP with seconded staff to help build up field presence. WFP uses approximately 18 sources of secondees and considers SDC to be among the top five in terms of the main partners that they use. To place secondments, WFP sends a request to all partners, including a TOR and makes a selection typically within 48-72 hours. The secondees typically fill the positions for the SURGE (WFP's emergency response team), and for specific capacities that WFP does not have, including for example, those with cash/voucher expertise. Secondees fall under the UN security umbrella for "Experts on Mission". The "Cooperating Partners Focal Point" for Darfur has been filled by three successive Swiss secondments since 2004. Other Swiss secondments in Sudan have included staff for UNHCR, OCHA and UNICEF.

2 Methodology

This case study of SDC support for WFP's response to the Sudan emergency contributes to the broader evaluation of Swiss Emergency Relief globally. Other case studies include responses in Haiti, Gaza and Sumatra. The rating of SDC performance standards (Section 5) is rating SDC rather than WFP. It indicates whether SDC did its best to monitor, influence and improve WFP's performance.

Type of agency	Number
Swiss Government	13
WFP	8
FAO	9
Total	30

No visit was made to Sudan, thus the study focused on secondary sources. Interviews were conducted with key informants including past and present SDC secondees to WFP, and staff of the Swiss Government, WFP and FAO during visits to Rome and Bern from 16 to 22 September. A total of 30 persons were interviewed. Questionnaires were distributed to the interviewees and those returned were tallied with others received during the course of the evaluation. Findings and conclusions have been elaborated through triangulation of received information.

Constraints to data collection included: limited time to interview key informants also due to the limited availability of some who had moved on or were traveling at the time. For the protracted emergency in Sudan, responsible staff had changed over the past years both in-country and in backstopping positions at headquarters. A major constraint was the lack of interviews of WFP cooperating partners and WFP beneficiaries. Compared to the North (Darfur), there is relatively little independent analysis/evaluation on the situation in South Sudan. To ease the constraints, the evaluator relied heavily on documentation, seeking the confirmation of data with key informants and collecting their analyses of the situation.

3 Findings

While taking into consideration the WFP operation as a whole, this case study focuses mainly on several areas since the WFP program is extremely large and complex in Sudan. These are:

- SDC's support of WFP's strategy in Sudan
- WFP's contribution to food security in emergencies
- SDC Secondees to WFP

SDC generally separates reports on Sudan by North and South, reporting from the Khartoum and Juba offices respectively. This report follows that method where appropriate since the food security situations and response operations differ significantly.

3.1 Relevance / Appropriateness

Relevance/appropriateness: determines if the assistance is perceived as useful by the beneficiaries, appropriate to the context and needs identified as well as pertinent to the objective of saving lives. In terms of rapid response, the benefits of standardized packages (skills and supplies) and procedures need to be balanced with the importance of adjusting cultural context of the population.

3.1.1 Strategy

In 2009, the EMOP 10760 was the largest of six WFP operations in Sudan, the other five consisted of the country program and four special operations, three of which were relevant to Darfur. The total EMOP 10760 budget was US\$868.7 million for 2009. WFP revised the EMOP three times during 2009. The first EMOP budget revision in April 2009 was an overall 10 percent reduction in budget with: Reduced tonnages due to security constraints and reduced need for rations for IDPs and missed communities following a good harvest and growing livelihoods. The reduction was based on both learning from the 2008 Darfur food security and livelihood assessment as well as the first round of the DFSMS. The second budget revision addressed a minor administrative issue. The third revision in November 2009 served to cover increased needs in the south, and a pilot voucher scheme in Kordofan.

The overarching goal of the EMOP is: "Save lives and protect livelihood in emergencies" which is also the prime objective of SDC. However, the livelihood objective had no indicator for in 2009 and previously. The logical framework for the follow-on EMOP in 2010 (EMOP 200027) has added a livelihood indicator.

The Operations Evaluation of the EMOP 10760, for 2009 and focusing on Darfur, concluded that the strategic objectives for the EMOP were fully coherent with WFP's policies.¹² They were also coherent with SDC goals. Due to expulsion of some of WFP's cooperating partners (CPs) in March 2009 and hence the need for WFP to manage the distributions by itself with a limited number of partners, WFP developed a special operation (SO) 10845 to support logistics in order to increase the number of locations where WFP staff could work, which also increased the cost of the operations.

¹² WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

WFP enhanced its understanding of the complex dynamics in Darfur by investing in research to help develop its program and was able to incorporate some important lessons from the past. One example of this was the consultation of WFP staff with four experts on Darfur in February 2009 on reasonable expectations for the program. ¹³ WFP is planning research in 2010 that will investigate links between livelihoods and household food security.

3.1.2 Assessments and Beneficiary Selection

North – Following the expulsions in March 2009, the Government of Sudan (GoS) and the humanitarian community conducted a joint assessment to determine how best to strengthen service delivery. The expulsion affected approximately 1.1 million people who were receiving food assistance; there were also serious shortcomings in water and sanitation and hygiene and in early warning reporting. Hard to reach groups in remote areas were particularly affected. Many trouble spots were only accessible by air, leading to a reduced humanitarian presence and higher delivery costs.

WFP attempted to reconcile distribution lists in 2009 because they contained people who should not be on the list (not members of the affected population) double registrations, those who may have livelihoods and do not require food assistance, and in order to add births, deaths, and new arrivals since 2005. The 2007 Food Security and Nutrition Assessment estimated that 11 percent of food aid recipients may have represented inclusion errors.

¹⁴ Attempts to re-register beneficiaries met with great resistance by sheiks, who typically collect taxes on the food, in 2009 and were not completed. WFP is now conducting a re-verification exercise with Cooperating Partners in all three Darfur states which will not be completed until end-2011. ¹⁵ The final agreed numbers will have a bearing on the FLAs which are managed by the SDC secondee to WFP.

South – The Annual Needs and Livelihoods Assessment (ANLA) conducted in 2009 reported over 50% (4.3 million persons) of the population to be food insecure in 2010. There is some dispute among assistance organizations regarding the figure as the assessment team only visited half of the ten states and the number is thought to be too high.

SDC in general sticks to WFP's criteria for beneficiary selection. While interviewees acknowledges that there are overwhelming numbers of people who required food assistance and that security issues are serious constraints, some interviewees felt that WFP did not move assertively enough to ascertain the beneficiary numbers earlier. Rations were limited for most of 2009, yet the nutritional status of the affected populations was not adversely affected. To some, this indicated that there was surplus food in circulation, and/or people on distribution lists had alternative resources and livelihoods that were not properly assessed. (See discussion on targeting below).

3.1.3 Food Security and Livelihoods

The most important distribution method used by WFP was General Food Distribution (GFD, a food basket targeted to all affected people). WFP supports a number of targeted food assistance tools such as food for work (FFW), education (FFE), training (FFT), etc. WFP had planned to change to greater use of non-GFD mechanisms in 2009 this was derailed by

¹³ The four experts were Helen Young, Dan Maxwell, Susanne Jaspers and Margie Buchanan-Smith. "Aide Memoire, Expert Panel on Key Issues" February 2009.

¹⁴ Government of Sudan *et al.*, 2008, page 114.

¹⁵ WFP Operational Strategy for Darfur, update September 2010.

expulsion of the cooperating partners, however, it did increase some non-GFD mechanisms such as FFE, the Supplementary Feeding Program and the Blanket Supplementary Feeding Program (BSFP); 119,404 MT or 19.3% was designated to various programs.¹⁶ (See list of all non-GFD mechanisms on the EMOP 10760 factsheet in Annex 4)

Reasons for reducing GFD/increasing household targeting in Sudan: The Operations Evaluation of the EMOP 10760 and interviewees mentioned the following reasons for reducing the GFD:

- Families have differential access to food due to reasons of gender, human and material resources, skills and size and location of the camp. In a protracted situation where livelihoods provide part of the food requirements it would be ideal to move to more self-targeting modalities
- Claims to food become politicized and manipulated outside the control of WFP: bloated ration rolls and duplicate ration cards, diversion of food by sheiks or elites, and transfer or sales of food by intended beneficiaries to armed groups.¹⁷
- Sudan is a very expensive country for WFP to operate in due to the Special Operations (SOs) which are essential to facilitate the EMOP, which in 2009 were almost half of the total of all WFP SO globally for that year.¹⁸ Reducing the GFD could reduce the overall costs.

Reasons for continuing GFD/not targeting: The Operations Evaluation of the EMOP 10760 and interviewees mentioned the following reasons.

- Targeting within the community to reach those most in need has not been successful. A 2009 targeting study noted that: "the accepted basis of entitlement of food assistance in Darfur is based on group status (IDP, host/resident, rural), not need (food insecurity)" ... *As long as food aid entitlements are so closely linked with wider and more highly politicized claims, there remains very limited potential for community-based targeting in this complex setting*"¹⁹
- Beneficiaries interviewed for the Operation Evaluation, while acknowledging that there were differences between households were very strongly opposed to any changes to the ration rolls
- The use of non-GFD requires planning, funding and community collaboration for accompanying needs such as tools, equipment and trainers and these were not widely available due to the limited operational capacity of partners.

Darfur is normally a food insecure area and there is a history of malnutrition in some areas. When the Darfur operation began in 2003, all conflict-affected people required food assistance. The July 2010 draft Operation Evaluation of the EMOP 10760 assistance to

¹⁶ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft.

¹⁷ Sources: Interviews, SDC Annual Report Sudan 2009 and WFP draft Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

¹⁸ The average cost per MT of food for EMOPs (excluding Sudan, but including other high-cost locations like Somalia) in 2009 was estimated to be just over 1,000 US\$ per MT. The WFP Sudan Darfur cost per metric tonne is \$1004, reduced recently to \$984 (source: WFP staff in Khartoum who consider this to be reasonable).

¹⁹ Young and Maxwell, 2009, page viii).

Darfur²⁰ concluded that many affected people have contrived livelihoods since 2003 but most are inadequate and some are mal-adapted and unsustainable. Without WFP food the affected population and IDPs in particular, would have been forced to engage in alternative livelihood strategies at greater risk to their safety.²¹

The Operations Evaluation of the EMOP 10760 has recommended that WFP should 1) continue with GFD in Darfur in 2010, but should 2) reduce the GFD ration level; 3) extend the DFSMS; 4) adapt the single ration to a menu of rations appropriate for the location; 5) consider introducing a targeted ration especially for vulnerable cases, and 6) suspend distributions where the communities refuse to accept re-registration. WFP management has accepted the recommendations but wishes to discuss the feasibility of #4 with its partners.

In the south, the Humanitarian Country Team which includes SDC is pressuring WFP to reduce GFD and use more non-GFD to promote livelihood recovery in order to stop the cycle of food security emergencies.

3.1.4 Secondments

For WFP, the advantages of working with SDC secondments include: a) excellent exchange and dissemination of information and feedback to WFP; b) an extremely pro-active role by SDC staff at field office levels; c) a much more liberal definition of what SDC will support, for example, SDC secondments are longer than average and SDC will extend them as needed. Secondments to WFP in Sudan for the past several years have generally been in similar posts, one for the north, "Cooperating Partners Focal Point" which has been filled by three successive people who are responsible for field level agreements (FLA) with cooperating partners in Darfur. On the whole they helped to strengthen cooperation between SDC and WFP, although the secondees varied in their accomplishments often depending on their adaptability, skills and the length of time spent in Sudan. WFP has continued to request secondees in this role but WFP did not always facilitate their TORs, in particular the time they needed to spend in Darfur.

SDC reacts to the requests from WFP and other organizations and it is difficult to ascertain whether SDC has a clear strategic direction for influencing WFP through the seconded staff, other than experience sharing. Requests are currently pending for secondees for UNHCR and UNICEF in the south (there is currently one protection officer working for UNHCR).

SDC field interlocutors consider that SDC is able to wield only a mild degree of influence on WFP's strategy through secondees as the position they are brought in for with relation to Darfur has been mainly administrative. The degree of influence depends very much on the person who assumes the position and what they are allowed to do. It was suggested by interviewees that SDC needs to place secondees where they will have greater influence. Some suggestions are to hire secondees who are at a P5 level or higher and place them in positions where the Swiss can have more influence as this would be good for publicity and the taxpayers' satisfaction. Interviewees thought that the Swiss can add value in managing: operations, soft ware, protection, gender, and natural disaster management. In Sudan, there would be value in a secondee who could lead or co-lead the cluster. WFP prefers to assign

²⁰ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

²¹ Ibid, page 24.

its own staff to do this but this policy may change since the food cluster has become a food security cluster.

3.1.5 SDC Adaptability to change:

There were a number of changes indicated through assessment and operations for the WFP program in 2009 such as the need to find new partners and to develop capacity of partners, the need to rectify the numbers of beneficiaries (not done since 2005), the need to clarify the food security situation in the south with regard to impact of the drought. Overall the question is whether WFP's program has been relevant to a protracted emergency in Darfur where some food aid has been misused for years and progress towards peace is still uncertain.

The SDC tries to influence WFP's strategy to ensure that it meets humanitarian principles and SDC's principles, through participating in dialog in coordination forums and through the actions of the seconded staff. However, SDC generally does not make firm contributions to WFP's long term strategy in Sudan. While WFP and SDC hold a mutual respect, other donors who contribute more to WFP are likely to have much greater influence. The question is thus how and where can Swiss contributions be the most relevant to the assistance needs in Sudan in addition to enhancing the Swiss visibility? In terms of its contributions to WFP, the dairy aid is likely to be the most visible, being delivered in marked bags.

Some interviewees thought that SDC should promote a greater protection focus in Sudan which could lead to reduction of the root causes of food insecurity and strengthening human security which is SDC's main goal.²² Some of the reasons for doing this include, among others: a) the major protection organizations were expelled from Darfur and their services are yet to be completely replaced, and b) protection problems in the south are also substantial and do not receive the media attention that Darfur does but attention upon them is critical to reach goals concerning lasting peace and return of displaced persons. Observers of WFP note that WFP is changing some of its ways of doing business, e.g. by focusing less on kcals/tonnage and more on creating a protective environment but the changes are very slow. SDC has considerable experience within its staff for protection and might invest in protection secondees and give more support to organizations that can provide a protection lens to all aspects of assistance.

²² (The Permanent Representation of Switzerland to FAO, IFAD and WFP (WFP's Humanitarian Policy and Transitions Service) sponsored a second conference in Rome in September 2010 on protection of civilians in armed conflict.).

3.2 Coherence (Coordination)

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

The SDC aligns its engagement in Sudan with the United Nations and Partners Work Plans for Sudan (corresponding to the CAPs) as well as with the United Nations Development Assistance Framework 2009-2012 which both are based on the corresponding development plans of the Government of Sudan. The UN 2010 Work Plan devotes 55% of the funding requirements to Darfur; 27% for Southern Sudan and 18% for Three Protocol Areas, the east, and the north. SDC supports WFP as the key player of the Food Security and Livelihoods cluster in the UN Work Plan.

3.2.1 WFP and Cooperating Partners and the Role of SDC Secondments

The 2009 Operations Evaluation notes that one of the biggest constraints for WFP continued to be the limited number of Cooperating Partners (CPs) and the low capacity of partners, partly due to the difficulty of finding staff to work in Darfur. When WFP took over distributions following the expulsions, weaknesses in partner capacities became more apparent. However, loss of the partners also represented a loss of experience in transitioning to recovery programs. The limited number of partners has also made negotiations with potential CPs difficult.

Since 2003, three SDC secondees (successively) administrated and monitored field level agreements (FLAs) with CPs) for WFP's Darfur operation. The Swiss secondments to WFP have been working on systematizing the relationship between WFP and its cooperating partners, which includes national and international NGOs, and the National Red Crescent Society. The work of the secondees in strengthening the FLA process has helped significantly to clarify working relationships between CPs and WFP, however, the recent independent evaluation of the Darfur operation has concluded that the terms of the relationship requires more flexibility.²³

The Operations Evaluation devotes a large section of the report to discussing the issues of partnerships. Essentially WFP and partners had numerous criticisms of each other, but the largest issue concerned the FLAs which partners felt obliged them to take unacceptable financial risks. The Operations Evaluation recommended that WFP should try to avoid direct distribution if at all possible. This may involve developing cooperating partner capacity for sites where no acceptable distribution partner has yet been found. The evaluation also recommended that WFP needs to develop its mechanisms for negotiating costs with partners, to make them more appropriate to the concept of partnership. While WFP agreed to develop partners' capacity, it was less willing to compromise the negotiations for the FLAs.²⁴

3.2.2 WFP Coordination with multilateral and other partners

In Sudan, the protracted emergency since 2003 in Darfur, and longer in South Sudan has resulted in strongly established mechanisms of coordination. The cluster approach was initiated in 2008 in Khartoum for the North but in the South, it has only been initiated over the past several months. The relevant cluster for WFP is the Food Security and Livelihoods cluster. Since the WFP operation is the largest humanitarian intervention in Darfur, it provides

²³ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.Recommendation 8.

²⁴ There are no Swiss implementing partners for WFP in Sudan.

a framework for others to complement but there were only a small number of complementary activities, such as for health, nutrition, and water supply and sanitation.

Appeals are launched in advance through the CAP leaving substantial time for consultations. The SDC participates in the Humanitarian Country Team meetings. Attendance of SDC staff in the cluster system such as in the Food Security cluster was seen as in need of improvement.²⁵

3.2.3 SDC adaptability to change

Overall, SDC needs to continually analyze the reasons why the UN coordinated strategy meets with problems in promoting the needed peace and food security in Sudan and how best SDC can invest to promote those goals. SDC has saved money for WFP in negotiating with partners, but the playing field is now different after the expulsions and more compromise and capacity building is needed to ensure strong and productive partnerships and a fair cost for WFP operations. Lessons can be learned from the previous issues with partnership that WFP discovered when it had to take over operations and in regard to how best to deal with the difficult circumstances in food distribution. SDC secondees and monitoring missions should insist in visiting the CPs in their Sudan headquartera and particularly where they work in the distribution areas to understand the issues more deeply, interviewing their staff with an unbiased attitude (not favoring or disfavoring WFP or CPs to begin with). In particular the CP and other agencies potential to move the affected people closer to self-sufficiency and food security is critical – WFP is able to do this to a limited degree and there are not enough agencies to complement its activities. Any shortcomings in water and sanitation and health, for example, impact food security to some degree.

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.

WFP supported independent evaluations of the Darfur operation in 2007 (conducted in 2006) and in 2010 (on the 2009 EMOP). The same team leader headed each evaluation lending continuity to the analysis. The 2009 evaluation concluded that in view of the extremely difficult circumstances, WFP had done a good job in Darfur given the constraints and recommended a number of changes to the distribution rationale and modalities. (See section on Relevance.)

The Operations Evaluation concluded: *“It is simply very difficult to determine, with certainty, if lives have been saved by the provision of food aid, especially in a context like Darfur where food-aid is only one part of the overall food security resource of the affected population. The indicators selected in the EMOP such as CMR (crude mortality rate) and the under 5 acute malnutrition rate can be difficult to establish, especially when the population size (the denominator for calculating rates) is uncertain.”*

²⁵ Multilateral partners with which SDC-HA actively collaborates in Sudan are ICRC, WFP, UNHCR, OCHA and UNICEF. SDC-HA offices’ representatives in Khartoum and Juba conduct a sustained institutional dialogue which includes field monitoring visits with these partners, focusing on needs analysis and achieved results.

3.3.1 Monitoring Food Security and Livelihood

SDC uses a variety of monitoring tools to evaluate WFP's performance. These include: a) the SDC annual report which assesses results on the log frame matrix; b) Final and monthly reports of secondees to WFP; c) SDC monitoring visits to WFP operations; d) WFP project reports; and e) bi-lateral meetings with WFP management in Khartoum and Juba. WFP finds that SDC monitoring reports are useful tools for learning for both organizations.

WFP established a new monitoring system for Darfur, the Darfur Food Security Monitoring System (DFSMS), which has produced extremely valuable data on the population. The Operations Evaluation discussed issues with indicators used by WFP to gauge impact. WFP has used the Global Acute Malnutrition (GAM) and CMR to indicate effectiveness. The GAM and CMR are useful as alarm signals but both have multiple causes, not just the availability of food aid. Household Food Consumption Scores (HFCS) are better indicators for managing the programme and for preventing the creating of situations where GAM and CMR generate alarm signals. To rely on the GAM and CMR create a false program logic. (This is a corporate indicator and as such not an issue specific to Sudan, but is important in terms of how results are interpreted for Sudan.) The logical framework for the follow-on EMOP in 2010 (EMOP 200027) drops CMR as an indicator, but maintains the GAM indicator, as well as adding the HFCS indicator. HFCS is now included in WFPs Strategic Framework.

The Blanket Supplementary Food Programme (BSFP) is intended to stem the GAM rates in Darfur of children under the age of five during the pre-harvest season and is used as a preventative measure. In September 2009, WFP clarified the monitoring strategy as being the testing of Middle Upper Arm Circumference (MUAC) of the same group of children during each distribution round. WFP is seeking a more robust methodology to assess the overall impact of the BSFP,²⁶ which is important to SDC as the Swiss dairy products form a key component of the BSFP. As of mid-2010, malnutrition rates in Darfur remain above the emergency threshold of 15 percent and the BSFP will be expanded. In its Strategic update, WFP gives no explanation for the high rate of malnutrition.²⁷

3.3.2 Food Security and Livelihood

Reporting on distribution numbers may not reveal the true value of the food to the affected people. The Operations Evaluation discusses the "notional ration" where the commodities planned for the food basket were not all provided due to pipeline breaks, and factors such as milling losses, milling costs, transport costs, taxes to sheiks, and need to sell some of it to buy other goods, reduced it further. WFP piloted milling vouchers in North Darfur which was considered to be an excellent initiative in order to retain more food for consumption or sales. In 2010, WFP has significantly expanded its milling voucher program to ultimately reach 700,000 people across Darfur.

Although WFP food was slightly less important than other livelihood sources overall, it was still a very important source of income for conflict-affected population. In north Darfur, IDPs depended on food aid for almost 80 percent of their cereal intake (WFP, 2009d, p. 5). Although WFP had supported the Government priority for return of the IDPs, very few have permanently returned and it is estimated that only about 30% will return when it is safe to do so. WFP played the key humanitarian role in the wider context by logistical support to the broader humanitarian operation. The humanitarian crisis in Darfur, as measured by the

²⁶ WFP Blanket Supplementary Feeding Programme"; "Monitoring Strategy: BSFP in Darfur".

²⁷ WFP Operational Strategy for Darfur, update September 2010.

conventional indicators of large-scale excess mortality or malnutrition, has been over since late 2005, however given the large food deficit in Darfur, a return of the crisis would be likely without WFP assistance.

The Operations evaluation concluded that “WFP reached the affected population in Darfur very effectively, delivering 107 percent of the funded tonnage to 95 percent of the number of beneficiaries planned in the EMOP.” In terms of output, WFP responded very well to the challenged posed by the sudden loss of distribution capacity with the expulsion of cooperating partners. In terms of outcome (number of people attended) the numbers may be deceiving as the beneficiary numbers have not been verified. In terms of impact, the situation is still more difficult as the nutritional status does not appear to have deteriorated in spite of the reduced rations but the nutritional situation for under five children is still over 15%, which is an emergency situation.

South – The outcome of WFP in the South is seen to be mixed by interviewees. WFP reached 2.45 million IDPs with about 84,000 MT of food responding to all emergency situations (27) and assisted 100,000 vulnerable people, 60% of them conflict-affected. The overall food insecurity of IDPs and vulnerable people was reduced in 2009 but is currently reaching a serious level according to the Annual Needs and Livelihoods Assessment (ANLA), over 50% of the population, 4.3 million, is food insecure in 2010 up from 1 million in 2009 and in February 2010, WFP was only able to reach 55% of the targeted population. This gap is due to delayed implementation by WFP’s Cooperating Partners and in some cases lack of partners.²⁸

3.3.3 Secondments

Both WFP and other interviewees describe the secondments as building the capacity of both organizations. In terms of quality of secondees from WFP’s perspective, there is a performance report completed by supervisors but WFP in general does not exert quality control. WFP provides induction training for potential secondees, in another location in Italy, and some of the training is for the cluster, to expand the use of the cluster, but WFP staff so far lead the cluster, they have not seconded it out, this is someone at the P5 level although they may have cluster observers who are secondees.

Potential expansions for the future include the need for non-food expertise and longer secondments to 12 months or more. However, SDC has not always been able to fill these positions expeditiously from its pool and readying a secondee may take up to six months before they are able to be deployed. Once deployed, the secondees may need another six months to familiarize themselves with the situation and gain trust of the WFP staff, CPS and other external actors.

3.3.4 SDC Adaptability to change

SDC produces monitoring and annual reports which present very detailed backgrounds and updates on the outcomes on all of SDC’s program indicators, however, SDC could scrutinize the deeper implications of the WFP indicators and program numbers to make a more in-depth analysis of program effectiveness. Interviews conducted for this evaluation revealed some deeper analysis by SDC staff which does not always appear in SDC reports. SDC staff should move beyond the data provided in WFP reports for example, and offer their own overarching analysis of the situation.

²⁸ SDC Programme Office, Juba, Southern Sudan, Sitrep, January to March 2010, page 4.

As mentioned above, monitoring by the SDC might benefit from more field visits to camps and conflict affected people by secondees and SDC staff. SDC gave WFP an “A” for 100% response to emergencies in 2009 in the South, yet WFP did not reach many of the needy people with the intended rations, so coverage was an issue and the root causes and possible solutions for so many emergencies might have figured more prominently in the SDC report. WFP’s transparency and willingness to allow external people to view operations may be questioned but the territoriality and work burdens of staff also need to be addressed. Interviews of staff (SDC or secondees) familiar with the operations suggest a definite level of concern in this regard.²⁹

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 proceeding (modus operandi) to another in changing contexts and transition periods.

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

3.4.1 Strengthening SDC local partners

WFP’s only national CP was the Sudanese Red Crescent, which distributed nearly 24% of WFP’s food assistance. (See previous section on Cooperating Partners.) The degree to which WFP reached out to civil society is not well documented. In general, critics have argued that civil society organizations in Darfur could be more instrumental in helping to bring about peace.³⁰

3.4.2 Strengthening local Government Institutions

In Sudan, there is sensitivity regarding supporting parties to a conflict. The capacity building of authorities is generally conducted indirectly and not systematically in most cases. The Operations Evaluation of the 2009 operation stated that WFP had cooperated closely with relevant ministries, including the Ministry of Health for supplementary feeding and the Ministry of Education for FFE. WFP has included government staff in its training programs such as for capacity development for WFP’s Cooperating Partners. In the south, WFP is attempting to radically shift the program and help the government to strengthen the safety nets, make an integration plan for the returnees and build a grain reserve.

3.4.3 LRRD

WFP has been able to take limited steps to promote livelihoods and until 2010 has not recorded impact in terms of livelihoods as there was no designated indicator. In 2010, the proportion of beneficiary household expenditures devoted to food will be used as an indicator. The loss of partners and other organizations that may have been able to promote livelihood development is also regrettable. An evaluation of WFP’s livelihoods interventions found that WFP needed “a more tightly defined recovery role with clearer exit strategies which focuses

²⁹ A similar subjective observation has been made by the evaluators in the countries visited. WFP transparency and openness to outside influence appeared limited.

³⁰ Jerome Tubiana and Theo Murphy, the authors of *Civil Society in Darfur: The Missing Peace*, recently published by the US Institute for Peace.

more carefully on where food assistance is most appropriate.”³¹ The report made more than 40 recommendations for strengthening WFP’s role.

SDC should share its orientation paper “Food Security in SDC Humanitarian Aid” (August 2010) with WFP and other actors in Sudan. It highlights changes in SDC thinking regarding food security in emergencies. Food Security was formerly thought of as a long term development cooperation issue but strict thematic separation between development and crisis prevention is no longer considered to be meaningful. Main points include the following.

- Supporting food security during times of crisis is not only equated with food aid
- Securing the food supply is part of emergency relief and recovery, such as through restarting of agricultural production
- Food insecurity and undernourishment makes people vulnerable to disasters and future need for emergency relief.³²

3.4.4 SDC Adaptability to change:

Noting the modest levels of interaction with local groups and government and in view of the Sphere standards recommendation that capacity development should be incorporated in emergency response, SDC might investigate how more engagement might be possible. Some interviewees suggested that ensuring that Swiss NGOs have adequate funding would be one measure. Others thought that working with organizations which provide food security inputs, such as FAO and NGOs could promote agricultural and livelihood recovery. Interviewees in general, particularly those who had worked in Sudan, felt that not enough was being done to connect food assistance with longer term food security which was contributing to the cycle of need for emergency response. SDC should advocate with other actors to place more pressure on the entire system to reverse this vicious cycle.

³¹ “Strategic Evaluation of the Effectiveness of WFP’s Livelihood Interventions”, March 2009.

³² SDC Orientation paper “Food Security in SDC Humanitarian Aid” (August 2010).

4 General Conclusions and Recommendations

The SDC investment in WFP is mainly effective in meeting the immediate food needs of conflict affected people, however, recovery and livelihood aspects need stronger attention and without this, the vicious cycle of emergencies and resultant suffering is likely to occur. In view of the minimal amount of influence that SDC is able to have on the WFP strategy, SDC needs to examine whether SDC contributions are providing the optimum clout in terms of helping affected people to become self-sufficient and to help make their environment more secure. SDC should wield more influence in the following ways.

1. Promoting recovery of livelihoods as part of food security

- SDC should pressure WFP to target households through non-GFD assistance as soon as possible.
- SDC could take a more holistic view of livelihoods recovery in emergencies promoting the SDC food security orientation. One means might be to exchange staff in the humanitarian aid pool with development staff. Another may be to establish MOUs with other organizations who work in livelihood recovery so they can request funds and secondments.
- SDC might consider earmarking funds to activities undertaken by WFP or other organizations that aim to secure the food supply.
- SDC could experiment with Swiss NGOs in using alternative methods such as voucher systems.
- SDC could promote pilot livelihood projects in Darfur and generalized livelihood opportunities.
- SDC should take an active role in the livelihood cluster and coordination of NGOs.

2. Strengthening the impact of secondments in Sudan to promote visibility and influence to a P5 level or higher and expanding the potential for other types of secondments to WFP in the Swiss areas of comparative advantage such as managing operations, soft ware, protection, nutritionists, gender, and natural disaster management and in new positions such as cluster leadership. Seconded positions need to have Log Frames in addition to a TOR, so that WFP and SDC agree on what is to be accomplished by the secondee and the support that needs to be provided by WFP for the position.

3. Contributing a larger proportion of Swiss funds to organizations which can promote objectives which will underpin long term changes for peace and security and sustainable return. This may include a greater focus on protection activities and on programs that complement WFP's input such as for health and water and sanitation.

4. Promoting change in the way WFP does business in Sudan by moving away from GFD as determined in the Operations evaluation, using logical program indicators, and following recommendations for livelihood interventions.

5. Strengthening SDC reporting to include more analysis of causal issues, whether the approaches being used are effective and making recommendations for steering SDC's course of action.

Performance Rating – SDC Support to Sudan WFP Operations 2009 into early 2010

SDC Quality standards – Related to Support for the WFP Programme	RATING
Coherence (coordinated)	
International coordination mechanisms are established.	HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened	S
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 (targeted and rapid)	
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities.	HS
The response strategy (instruments and means) has been decided and implemented timely.	S
The response strategy (instruments and means) has been targeted to those in the most need of support.	S
The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.	HS
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.	S
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.	HS
Effectiveness of Emergency Response	
Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively.	HS
Persons of concern – particularly children, women, older and disabled – 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.	NA
Persons of concern have sufficient and quality of 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.	NA
Persons of concern have access to basic domestic and hygiene items.	NA

Persons of concern have access to safe and drinkable water.	NA
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, the outputs and the 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 turning from relief to reconstruction/rehabilitation and to development (LRRD).	S

Performance –	DAC/ALNAP criteria	Sudan crisis situation	
		Rating	
Performance Dimension: “Planned Response”	i) Coherence (<i>coordinated</i>)	HS	S
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)	S	
Performance Dimension: “Implementation Performance”	iii) Effectiveness of emergency response (<i>effective</i>)	S	S
	iv) Connectedness (<i>modus operandi</i>)	S	

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

Justification for overall ratings:

Summary of strengths	Summary of weaknesses/areas to be improved
Assessment Strategy Secondments Partial Partnership arrangements Milk powder usage in BFSP Monitoring, use of DFSMS Delivery of food, logistics Cross cutting issues Coordination	Ascertaining beneficiary numbers Targeting Partial Partnership arrangements Monitoring - use of indicators Coverage Livelihoods Recovery LRRD

5 Annex 1: List of Acronyms

ALNAP	Active Learning Network for Accountability and Performance
ANLA	Annual Needs and Livelihoods Assessment
BSFP	Blanket Supplementary Feeding Programme
CAP	Consolidated Appeal of OCHA
CHF	Swiss Franks
Coof	Cooperation Office of SDC
CPs	Cooperating Partners
CMR	Crude Mortality Rate
DAC	Development Assistance Committee (OECD)
EC	European Commission
ECHO	European Commission Directorate General for Humanitarian Aid
EMOP	Emergency Operation (WFP)
EU	European Union
FFW	Food for Work
FFE	Food for Education
GFD	General Food Distribution
GoNU	Government of National Unity
GoS	Government of Sudan
HA	Humanitarian Assistance
HLC	High Level Committee
HQ	Headquarters
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDP	Internally Displaced Person
LRA	Lord's Resistance Army
LRRD	Linkage between Relief, Rehabilitation and Development
MUAC	Mid Upper Arm Circumference
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
PDIV	Peace Building (SDC)
SDC	Swiss Agency for Development Cooperation
SHA	Swiss Humanitarian Corps

SR	Swiss Rescue
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TOR	Terms of Reference
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNHCR/HCR	United Nations High Commission for Refugee
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Waster, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization

6 Annex 2: List of Contacts

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7 Annex 3: List of Documents (see Main Report ANNEX 4)

8 Annex 4: WFP Operation Fact Sheet

Operation Fact Sheet	Food assistance to populations affected by conflict
Title of the Operation	
Number of the Operation	EMOP 10760
Approval Date	September 2008. Budget Revisions in June 2009, again in June 2009, and November 2009.
Objectives	The overarching goal of this operation is to save lives and reduce food insecurity, and to restore the livelihoods of conflict-affected and vulnerable populations in Sudan.

Operation specs	Start Date	End Date	Beneficiaries¹	Metric tons	US\$ million
Approved design	10 1.09	31 1.09	5,900,000	677,991	921.3
At the time of the evaluation	10 1.09	31 1.09	6,175,000	659,830	868.7

Activities:	Beneficiaries	Metric tons
Total GFD	4,650,500	525,729
Demobilization	59,500	7,736
Food for Work	172,500	17,110
Food for Recovery	255,000	29,245
Food for Education	1,000,500	46,642
Food for Training	54,200	6,777
Supplementary Feeding	551,000	13,371
Therapeutic Feeding	6,100	196
Institutional feeding	59,500	13,023

Main Partners

(in Darfur)

Government

Ministry of Education (1.3% of all food distributed), Ministry of Health, Ministry of Agriculture

NGO

Africa Humanitarian Action 8.3%, Care International - Sudan 9.2%, Catholic Relief Services (US) 7.4%, Danish Refugee Council 4.3%, Germany Agro Action 13.0%, Samaritans Purse 3.0%, Save The Children (US) 3.1%, Sudan Popular Committee For Relief & Rehabilitation 2.6%, Sudanese Red Crescent (23.9% of all food distributed). World Vision 8.4%,.

Multilateral

WFP Distribution Team 12.3%, UNICEF

Main Donors

Canada 3%, Carryover 14%, CERF, CFH and agencies 2%, European Commission 10%, Japan 2%, US 64%,

Other ongoing WFP Operations in Sudan

CP 10105.0 US\$43.7 million, SO 10845.0 US\$27.3 million, SO 10342.2 US\$23.0 million, SO 10368.0 US\$265.4 million, SO 10181.5 US\$89.0 million

ANNEX 10: SDC Food Security Issues in Emergencies

Written for “Evaluation - SDC Humanitarian Aid; Emergency Relief”

By Sheila B. Reed

The orientation paper “Food Security in SDC Humanitarian Aid” (August 2010) highlights changes in SDC thinking regarding food security in emergencies. Food Security was formerly thought of as a long term development cooperation issue but strict thematic separation between development and crisis prevention is no longer considered to be meaningful. Main points include the following:

- Supporting food security during times of crisis is not only equated with food aid
- Securing the food supply is part of emergency relief and recovery, such as through restarting of agricultural production
- Food insecurity and undernourishment makes people vulnerable to disasters and future need for emergency relief.¹

However, the concept of recovering food security in emergencies is not well accepted by some donors and donor countries. Various donors separate their funding sources and encourage providers of emergency food assistance such as WFP to stick to their roles. One motivation may be the significant media exposure given to disaster-affected people receiving bags of food, and some donors may have political reasons for not venturing into what may be seen as food production support in certain countries.² ECHO, for example, did not support agricultural recovery in Myanmar post-Cyclone Nargis which damaged the subsistence assets of 2.5 million people.³

The Specialized Group on Environment and Disaster Risk Reduction of the Swiss Humanitarian Aid Unit has set up a Food Security and Disaster Risk Reduction (DRR) Group to promote a) strengthening of crisis resilience and preparedness; b) emergency relief and recovery: securing the food supply; and c) reconstruction and transition towards sustainable development. The relationships between disasters and development have been well established since 1983⁴ but concepts that have been adopted by the international assistance community such as “Linking Relief to Development (LRRD)” have not always been successful partly due to reasons mentioned in the above paragraph. Recovery therefore in many emergencies is not satisfactory for the affected population in restoring them to pre-disaster situations, much less in meeting the “build back better” standards promoted after the Indian Ocean Tsunami of 2004.⁵

The recent EC communication on Food Security⁶ promotes “specific support to countries in transition and fragility using LRRD principles.” FAO’s (with WFP) recent publication

¹ SDC Orientation paper “Food Security in SDC Humanitarian Aid” (August 2010).

² Opinions of interviewees from this evaluation.

³ Interview with ECHO in Yangon, Myanmar, March 2010.

⁴ Disasters and Development, by Frederick Cuny, Oxford University Press, 1983.

⁵ Tsunami Evaluation Coalition report main points: “In general it was found that affected people were satisfied with the initial relief assistance, but became increasingly less satisfied with the assistance to help them recover, particularly with regard to re-establishing their livelihoods”, page 2.

⁶ Communication from the Commission to the Council and the European Parliament: An EU policy framework to assist developing countries in addressing food security challenges; SEC(2010)379, page 9.

regarding food security⁷ indicates that countries in protracted crisis, such as Sudan, Gaza and the West Bank and Haiti, generally show high levels of food insecurity, and although on average countries in protracted crisis receive 22% more assistance, this assistance is typically similar to what is offered in short-term crises and not sufficiently flexible.⁸ A key message is that “*improving food security in protracted crises requires going beyond short-term responses and protecting and promoting people’s livelihoods*”.⁹

In Sudan, approximately 80% most of WFP’s food assistance was through General Food Distribution (GFD, a food basket targeted to all affected people) in 2009. GFD particularly from external food sources in Sudan is extremely expensive.¹⁰ WFP supports a number of food assistance tools such as food for work (FFW), education (FFE), training (FFT), etc. but these tend to form a smaller proportion of the total food assistance provided.

Advantages of general food distribution (as per the Sudan evaluation report):

1. Acts as immediate solution to meet daily requirements for kcals and nutrients
2. Establishes or streamlines logistics networks that reach remote populations and this can allow other programs to be launched to benefit affected populations
3. Promotes data collection on affected populations regarding nutritional status and addresses undernourishment, particularly of women and children, through distribution of supplementary foods (SDC contributes all the milk powder which is used in the Blanket Supplementary Feeding Program – BSFP.)

Disadvantages of general food distribution (as per the Sudan evaluation report):

1. Contributes to situations that are beyond the control of assistance organizations, donors and the government. Sudan provides an example that is also seen in other countries such as the DRC: bloated ration rolls and duplicate ration cards, diversion of food by sheiks or elites, and transfer or sales of food by intended beneficiaries to armed groups.¹¹
2. Reporting on distribution numbers may not reveal the true value of the food to the affected people, e.g. in Sudan, the idea of a “notional ration” where the commodities planned for the food basket were not all provided due to pipeline breaks, and factors such as milling losses, milling costs, transport costs, taxes to sheiks, and need to sell some of it to buy other goods, reduced it further.¹²
3. May mask or fail to assess the receptivity of the affected people for livelihood development support.
4. Once GFD is an accepted service to communities and/or there is a culture of sharing equally in communities, there may be resistance to targeted approaches.

Most of the disaster affected families in developing countries tend to depend on farming and fishing. The main actors in food and agriculture, WFP, FAO and IFAD, were criticized at the World Food Summit for their weak cooperation among themselves. However, they did work together as a Task Force in February 2010 to support the Government of Haiti to develop a joint plan of action for food security.

⁷ Food and Agricultural Organization (with WFP), “The State of Food Security in the World – Addressing Food Security in Protracted Crises”, 2010.

⁸ Ibid, page 17.

⁹ Ibid, page 18.

¹⁰ WFP Sudan Darfur cost per metric tonne is \$1004, reduced recently to \$984; the global average is \$1000/MT but the Special Operations required to support the EMOP add significant costs.

¹¹ Sources: Interviews, SDC Annual Report Sudan 2009 and WFP draft Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary

¹² WFP draft Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary, page 4.

Country examples – Food Assistance, Food Security and Recovery

Haiti – The evaluation draft Haiti report states: “The most striking illustration of the will to link relief to recovery and rehabilitation is the inclusion of the requirement to prepare early recovery projects in the Terms of Reference of the RR team (RRT).” Discussions are ongoing on merging the Agriculture and Food Aid Clusters into a Food Security Cluster.

Gaza – The September 2010 evaluation¹³ of WFP’s PRRO through the major conflict of 2008 indicated that recovery components particularly FFW interventions had not reached their targets, because of financial shortfalls leading to prioritization of relief interventions, capacity limitations among collaborating partners and restrictions on the use of some donor’s contributions. The report concludes that in the oPt: “food aid is generally not the most effective or efficient means of meeting food security needs.” Recommendations included replacing GFD with voucher-based or cash-based schemes and expanding partnerships for FFW and FFT. FAO started a program to develop fuel efficient stoves and later WFP started a similar program, and despite efforts by FAO to coordinate, this did not occur.¹⁴

Sudan – The July 2010 draft evaluation of the EMOP 10760 assistance to Darfur¹⁵ concluded that many affected people have contrived livelihoods since 2003 but most are inadequate and some are mal-adapted and unsustainable. WFP jumped in to distribute food when partners were expelled in March 2009. Reducing the ration in late 2009 had no negative impact on food security, indicating that some people may have alternative livelihoods. One of WFP’s strategic objectives in Darfur was to “save lives and protect livelihoods...” but the livelihood objective had no indicator for 2009 although one was added in 2010. The Operations Evaluation report contends that it would have been ideal to move to more self-targeting modalities such as FFW in 2009 but it was not an option due to limited capacity of cooperating partners and community resistance to targeting. WFP piloted milling vouchers in North Darfur which was considered to be an excellent initiative.

Conclusions: SDC’s orientation in support of securing the food supply in emergencies is well founded and rests on evidence from recent emergencies that livelihood support and food security inputs are often inadequate or underemphasized for recovery and/or timely reduction of GFD. The 2010-2012 objectives for medium term support to Sudan indicate concrete action in the direction of securing the food supply in the emergency and recovery field of action.

The LRRD concept/principles may not be strong enough to make the needed impact to recover food security efficiently and effectively, rather using food aid for recovery and other means to strengthen food security with emergency funds may better serve the affected people. WFP’s way of doing business is to largely use GFD; efforts to target while improving livelihoods through FFW and other options are generally constrained by capacity problems. FAO’s emergency agricultural inputs can be an asset to food security recovery but its efficiency requires strengthening. FAO does not currently have an MOU with SDC for secondments and this might be an option for collaboration.

¹³ WFP, “Summary Evaluation Report Occupied Palestinian Territory Protracted Relief and Recovery Operation 103871, Executive Summary, pages 3-5.

¹⁴ Email messages documenting exchange between FAO and WFP.

¹⁵ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

Suggestions

SDC should:

- Continue to advocate for securing the food supply during emergencies among donors and policy makers to ease barriers to broader use of donor funds for recovery and DRR in emergencies, and to promote collaboration between WFP, FAO and IFAD and other organizations working on food security.
- Invest in and support organizations which have the capacity to help recover food security during emergencies, by planning, implementing and monitoring activities that improve access to markets, repair farming and fishing infrastructure, and distribution of seeds, farm animals and tools, etc.
- Promote with WFP or other organizations earlier inclusion of recovery activities, such as FFW, and earlier reduction of general food distribution if feasible; promote the use of milling and other vouchers to increase the amount of food people can consume from the food basket; If feasible earmark contributions for such activities.
- Promote consultation with affected people continuously in the emergency about their priorities and responding in a timely manner to their readiness to restore their food security.
- Plan SDC evaluations not only to cover emergency relief in its classic “service oriented” form but to examine the factors affecting recovery and the general protective environment.

ANNEX 11: Global Questionnaire and its results

Out of the 211 persons met, only 111 felt familiar enough with SDC activities or duly authorized to fill in the questionnaire.

	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Sub total	No answer
1	Clear definitions and concepts	38	53	11	2	0	104	7
2	Clear criteria to determine strategy	26	51	13	2	0	92	19
3	Good cooperation between SDC, partners and Multi	37	51	10	2	0	100	11
4	Consultation prior making key decisions	24	47	15	7	0	93	18
5	Consultation is NOT essential for life saving response	7	10	18	40	25	100	11
6	Decisions based on needs assessments	20	56	17	3	0	96	15
7	NO other agency could provide services delivered by SDC	3	14	28	40	6	91	20
8	The response was timely	32	47	11	4	0	94	17
9A	Rapid Response was appropriate in general	18	46	9	1	0	74	37
9B	Medical assistance	20	36	15	0	0	71	40
9C	WASH	11	38	18	5	0	72	39
9D	Food assistance	16	29	22	3	0	70	41
9E	NFI/Shelters	17	35	22	1	0	75	36
10	Monitoring using written standards	9	44	29	5	0	87	24
11	Strengthening the capacity of authorities	20	35	35	10	1	101	10
12	Strengthening the capacity of local NGOs	24	37	35	6	0	102	9
13	Planning for early recovery/ rehabilitation is a priority from the start	30	49	13	6	0	98	13

From the response rate, it appears that few interlocutors were familiar enough with SDC activities to share an opinion. The large majority of the respondents were either from SDC or partners (UN a, NGOs, ICRC) cooperating directly with SDC.

Type of Agency	Number Interviewed	Number of questionnaires
SDC/FDFA	58	37 (63.8%)
UN	64	35 (54.7%)
NGO	43	23 (53.5%)
Red Cross	22	8 (36.4%)
Others	24	8 (33.3%)
Total	211	111 (52.6%)

For each question, the analysis was done according to place interview: HQs (44), Haiti (41) or Gaza (26) and type of agency: SDC (37), UN (35), NGOs (31 including 8 from Red Cross) and others (8). (See table).

Two questions (5 and 7) required a negative answer (coordination is not required for immediate assistance and No other agency could have provided the assistance offered by SDC). It served also as a quality control to detect pattern of blind agreement.

Agreeing with other questions reflected a positive view of SDC action. The level of positive perception varied: Responses from interlocutors in Haiti were clearly less positive than average in contrast to Gaza contacts who hold a better opinion of SDC than others. HQs (SDC and other agencies) tended to strongly agree more often.¹ This discrepancy was not always matching the conclusions of the evaluators. It may suggest that the overall chaotic (and competitive) context of the international response in Haiti made our interviewees more critical or perhaps that those in Gaza appreciated the human rights principles and solidarity behind the response more than its impact.

Place of Interviews	Strongly agreeing	Agreeing	No opinion	Critical (disagreeing)	Total replies ²
Gaza	87 (27.9%)	165 (52.9%)	51 (16.3%)	9 (2.9%)	312
Haiti	89 (19.5%)	222 (48.7%)	116 (25.4%)	29 (6.4%)	456
HQs	166 (29.6%)	267 (47.6%)	108 (19.3%)	20 (3.6%)	561
All	342 (25.7%)	654 (49.2%)	275 (20.7%)	58 (4.4%)	1329

¹ Chi Square test: 0.000148.

² Excluding NO Answer for each question.

1. Existence of clear concepts:

91 out of those 104 who responded believed that SDC has clear concepts regarding the various phases. Only two disagreed (UN and SDC, both in HQs). The evaluators agree with this finding but noted that the understanding of the various phases of a disaster was varying from one case study to the other. In Gaza, concepts of what is emergency relief, recovery and rehabilitation remained inconsistent.

2. Criteria are used to determine strategy and select target groups

77 out of 92 replies (83.7%) agreed while two disagreed (NGOs) and 13 were neutral.

3. Cooperation between SHA (in HQ), Coof and multilateral is beneficial

88 out 100 replies were positive. 10 remained neutral while 2 disagreed. SDC interviewees had a more positive opinion than UN (86% and 77.1%).³ Similarly Gaza was more positive than Haiti (91.3% and 85%).

4. Consultation with partners prior to making decisions

71 out of 93 (76.3%) agreed or strongly agreed. No significant difference was detected according to location or type of agency.

5. Coordination is not essential for life saving response

65 out of 100 disagreed (25 of them strongly) to this statement. A large number (18) remained neutral while only 11 opted not to respond at all. Only 17 agreed at all. This question requiring disagreeing with a negative sentence (a double negation) was confusing in some cultures and probably explained some positive opinions.

6. Decision is based on needs assessment

76 out of 96 agreed (79%). 2 out of the 3 dissent voices were in Haiti. There is no statistical difference between Haiti and Gaza.

7. There no other agency able to provide the services delivered by SDC in the first two month.⁴

This question is meant to support the “what if” discussions: whether anyone could or would have provided the services if SDC had decided not to offer them.

46 out 91 (practically half of the replies) felt that there were other agencies willing and capable to offer the same services. 40 opted to remain “neutral”. Only 17 felt that there was no alternative source for SDC assistance.

The distribution of no reply or neutral answers is interesting. UN interlocutors were clearly reluctant to express an opinion compared to other agencies (CHI sq 0.03). It seems a cultural feature as NGOs, more dependent on SDC funding than the UN, were more forthcoming.

³ 32 of 37 and 27 of 35.

⁴ Again a double negation confusing for Arabic cultures.

Type of Agency	Expressed an opinion	Did not reply or remained neutral	Total
SDC	25 (67.6%)	12 (32.4%)	37
NGOs/Red Cross	20 (64.5%)	11 (35.5%)	31
UN agencies	14 (40%)	21 (60%)	35
All agencies	59 (57.3%)	44 (42.7%)	103

8. Timeliness

The survey confirmed 84% positive appreciation (79) from those 94 who responded reflecting some familiarity with SDC operations. 29/111 opted not to reply to this question or had no opinion. Four disagreed, all of them in Haiti.

9. SDC assistance appropriateness to the needs

The question was addressing: the general assistance as well as the medical, WASH, food and NF assistance. For all sub-questions, the rate of no reply or no opinion was high (ranging from 46 to 63 out of 111 questionnaires).

64 of 74 interlocutors i.e. 86.5% considered that in general SDC assistance was appropriate. Among the thematic areas, the medical assistance received the highest rate of approval (78.9%) and the food the lowest (64.3%). Seven interlocutors considered some form of assistance as non appropriate to needs (for a total of 10 negative opinions, half of them were on the WASH program). None were critical of the medical assistance.

Theme	Agree or strongly agree	Neutral	Disagree ⁵	Subtotal	NO reply
General	64 (86.5%)	9	1	74	37
Medical	56 (78.9%)	15	0	71	40
Wash	49 (68.1%)	18	5	72	39
Food	45 (64.3%)	22	3	70	41
Non Food	52 (69.3%)	22	1	75	36

No statistically significant difference was noted between Haiti and Gaza opinions.⁶

10. Effectiveness is monitored using written standards

The same number (53) agreed or abstained giving an opinion. Five were disagreeing (3 from SDC, one from NGO and one from Haitian Government).

⁵ There was no strong disagreement.

⁶ Due to high no reply rate, the samples were small.

11. SDC strengthened the capacity of national, regional or local government

55 out of 101 agreed, a modest endorsement compared to other questions. More revealing is the number of negative replies (10 disagreeing, one strongly so). Five were in interviews in Haiti, two in Gaza and four in HQs. It is by far the highest rebuttal for any question.

12. Strengthening local NGOs

61 out of 102 approved this statement: A better endorsement but only modestly so. Only six disagreed. Two of the 6 are from NGOs, others from SDC.

13. Planning for early recovery and rehabilitation is a major priority for SDC

79 out of 98 (81%) felt that it was indeed a major priority for SDC. Six disagreed (3 of them in SDC HQs).

The results by large coincide with the much more numerous interviews. There are some discrepancies. For instance, the evaluators concluded that strengthening the capacity of NGOs has been SDC noticeable achievement. They also consider that concepts and monitoring standards are not as effective as believed or presented in the questionnaires. Occasionally, written replies were not consistent with the interviews. The interlocutors were never probed further as the questionnaires were anonymous and filled at the closure of the meeting.

ANNEX 12: Questionnaire for quantified analysis

Country						
Agency						
Title						
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	SDC and its partners have clear definitions of concepts such as immediate assistance, life saving, early recovery, rehabilitation, reconstruction... and they are using them.					
2	SDC applied clear criteria to determine the best strategy of Rapid Response and in particular the selection of target groups					
3	The cooperation between SDC humanitarian and cooperation offices and the Multilateral partners is benefitting your activities					
4	SDC is consulting with key Stakeholders before making important strategic or financial decisions					
5	For life saving immediate response, prior coordination with others is not essential					
6	Swiss Humanitarian Aid decisions are based on the findings of needs assessment by SDC or partners staff					
7	There was <u>no</u> other agency willing and able to provide the services delivered by SDC in the first two months					
8	SDC immediate relief assistance was timely given the logistic constraints					
9	SDC Rapid Response (services or supplies) was appropriate to the situation and needs in general					
	The medical assistance					
	The water and sanitation assistance					
	The food assistance					
	Other Non Food assistance (incl Shelters)					

10	SDC monitored Aid effectiveness using written standards of quality					
11	The SDC response contributed to strengthen the capacity of the authorities (national, regional or local)					
12	The SDC response contributed to strengthen the capacity of the local NGOs					
13	Planning for early recovery and rehabilitation is a major SDC priority from the start of the Rapid Response					
Additional comments:						

SDC: Swiss Development Cooperation