

# Evaluation of CARE Myanmar's Cyclone Nargis Response

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## Acknowledgements

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### NOTA BENE!

The evaluation team collected compiled and analysed field and Yangon-based data jointly. The preliminary conclusions were presented to the staff of the Country Office prior to the team leader's departure from Myanmar. The team leader, Bjorn Ternstrom, then conducted telephone interviews and further document reviews from his home base in Sweden. Not all interview protocols, nor all documentation, were shared with the full team. This report is written by the team leader and does not necessarily reflect the views of the other evaluation team members. Therefore, only he can be held accountable for the analysis, the conclusions and the recommendations made.

## Abbreviations:

CD	Country Director
CEG	CARE Emergency Group
CI	CARE International
CO	Country Office
EPP	Emergency Preparedness Plan
HAF	Humanitarian Accountability Framework
IFRC	International Federation of Red Cross and Red Crescent Societies
MRCS	Myanmar Red Cross Society
NFI	Non-food items
SCF	Save the Children
TOR	Terms of Reference
VMC	Village management committees
WASH	Water, sanitation and hygiene

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# 1 Executive Summary

CARE Myanmar was established in 1994. The lead member for the CARE International confederation is CARE Australia. In early May of 2008 cyclone Nargis struck Myanmar with devastating force, killing more than 130 000 people and affecting a total of 2.4 million. The cyclone struck areas in which CARE Myanmar had no presence. At this time the disaster response experience of CARE Myanmar was limited to small scale interventions in existing development programme areas none of which were located in the Delta area heavily affected by Nargis. CARE Myanmar was designed to implement long term development programmes (and successful at this), but clearly unprepared for a large scale disaster.

At a global level, CARE International (CI) had established CARE Emergency Group (CEG) in 2004 in response to perceived gaps in the Confederation's emergency response capacity.

The CARE response to Nargis can be split into quite distinct phases. The first phase related to the period of the initial response i.e. a period of approximately 1 month. The second phase began late May or early June and lasted until August. The second phase was when the emergency systems were put in place, the bulk of food distributions made but the distribution of non-food items had not yet started. In Phase 3 (Sept through Dec) food distributions were re-targeted, non-food items were distributed on a mass scale, support and administrative systems were starting to catch up, programming was being refocused and a strategy for the future being developed.

In the initial weeks post-Nargis there were problems with communications, infrastructure, visas and access. Many such problems existed pre-Nargis, quoting the external review of the Protection of Children and Women Cluster in October 2008 "The overall operating environment for humanitarian actors has historically been fraught with challenges in Myanmar. Prior to Cyclone Nargis the overall climate had been tense with the former Resident Coordinator being asked to leave in November 2007 after commenting on the humanitarian situation in the country. As a result of this and the overall climate in Myanmar humanitarian actors had in most instances adopted a cautious approach."

Challenges were also great for all humanitarian actors in the first weeks post-disaster with the Inter Agency Real Time Evaluation noting: "...very real logistical difficulties of working in the affected areas, most of which were accessible only by air or boat (many boats having been damaged or destroyed)...During the initial weeks, this was predominantly a national response involving a combination of religious groups, NGOs and CBOs (both existing and newly formed), the Myanmar Red Cross Society, the private sector, spontaneously-formed civic groups and the Government of Myanmar.'

These were real problems faced by all INGOs. However the IA-RTE also notes that: "There were certainly very real restrictions on access, but even so, those organizations already in the country that were less risk-averse and were less constrained by issues around national sovereignty reached affected populations soon after the cyclone."

Some of the key informants are of the opinion that these access and logistical issues were the main reasons for CARE to be late in becoming operational. While recognizing these difficulties, other INGOs dealt with them more effectively and this evaluation concludes that

CARE specific weaknesses, at both CO and CI level, significantly contributed to the organization's poor initial performance.

In phase 1 CARE Myanmar's response was three to four weeks late and lacked a clear strategy<sup>1</sup>. Overall, activities were small scale, confused and ineffectual. Thanks to a mixture of luck, a significant national response and the resilience of the affected people, CARE's delay did not cause serious health problems. CARE assisted 7,000 households in this period with locally procured items, including food and water.

In phase 2, CARE took on a role as implementing partner for the WFP. CARE delivered emergency food assistance to over 35,000 households during this period both in partnership with WFP and through direct funding through partners such as DEC, DFID and AusAid. In addition to food assistance CARE distributed over 17,000 tarpaulins through the shelter cluster and distributed 5'000 family kits procured in partnership with SCF and 3,000 tool kits on behalf of IFRC/MRCS. Its food deliveries were regular and reasonably well-organised. In comparison with many other organisations, reporting to the donors was timely and correct. In this phase there were also efforts to broaden the operation to address other needs, notably immediate agricultural support (paddy seeds, hand tractors, and pumps and fuel to recover flooded agricultural land. These were meaningful inputs which allowed farmers to ensure at least minimal planting in the immediate aftermath of the cyclone. CARE also utilized local available traditional resources (unique and almost signature components) such as glazed water jars and over 200,000 pieces of bamboo which were distributed to HHs in an effort to consolidate efforts at creating at least transitional shelter. Activities undertaken were appropriate and of gradually improving quality. Serious efforts were made to set up appropriate support systems.

In phase 3 the regular distributions of food continued. In addition distribution of non-food items was expanded and implemented in an efficient manner (30 000 CARE-procured family kits<sup>2</sup> distributed along with 6,000 toolkits etc.) CARE also began significant consolidation of its WASH objectives, recovering and rehabilitating drinking ponds and cleaning wells.

Overall, affected people were happy with goods received and their relationship with CARE, once that had been established in phase two.

The evaluation found CARE Myanmar's response during Phase 1 to be weak. The lack of preparedness and limited organisational disaster response capacity in the country office was combined with risk aversion and a lack of strategic clarity<sup>3</sup> which significantly hampered the organisation's performance. Evidence also suggested that CARE International, as a system, was unable to compensate for the country office' weakness.

This evaluation concludes that the main reason for CARE's poor performance in the first month of the emergency was bad leadership<sup>4</sup>. This was caused by an interaction between

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<sup>1</sup> A strategy was put on paper at an early stage. However, lack of a clear strategy is repeatedly cited by key informants as causing inefficiency and being one of the major frustrations of the operation.

<sup>2</sup> CARE was with Save the Children the only agency to distribute family kits entirely consistent with the shelter cluster specifications.

<sup>3</sup> Refer clarification regarding strategy on paper in footnote above.

<sup>4</sup> Please note the difference between the quality of individual leaders and the quality of overall leadership in a particular time period. A key conclusion of the evaluation is that circumstances, structure and organizational culture can combine into sub-optimal leadership despite the presence of good leaders. The reader is referred to a more extensive discussion in section 8 below.

CARE International's organisational culture and its Confederation structure. The CI culture respected organisational turf more than performance and the structural absence of hierarchy in the confederate system allowed underperformance to continue. What emerged was a pattern of systemic leadership gaps.

From phase 2, the more development oriented core competencies of CARE Myanmar became increasingly relevant. This was also the time when the difficulties encountered in terms of providing international support to the country office began to be sorted out. Over the following months the machinery gradually started working. And it started working well. Food was delivered in the right quantities, to the right people, at the right times. Activities were broadened to include shelter and WASH. The initial confusions were gradually cleared, in a process involving a great deal of work which could have been avoided had proper systems and structures been in place early on.

Full-scale non food item distributions were started at the end of month four post-- Nargis. 30 000 family kits were distributed over a period of approximately 6 weeks. This was a significant logistical and programming achievement. By the end of November, CARE Myanmar was ranked as number three out of 13 implementing partners by the WFP in terms of efficiency and contribution to WFP's overall Nargis EMOP program.

For phase two and three, the report concludes that:

- The affected population had their food and water needs well met in this time period.
- Livelihoods support, in the form of agricultural supplies of appropriate quality, arrived in time and acceptable quantity.
- Family kits were delivered with good coverage and acceptable to good quality, but far too late.

Following a very weak start, CARE is to be commended for an impressive comeback.

It should be noted that this is an evaluation of an emergency response. The longer-term implications for CARE Myanmar go beyond the mandate of this evaluation.

## 2 Evaluation Purpose and Objectives

The terms of reference (TOR) state that:

Quote

The purpose of the evaluation is threefold:

- a) Assess the quality and accountability of CARE Myanmar's response to the cyclone, using relevant OECD-DAC evaluation criteria, CARE/mm's Emergency Strategies and CARE's draft Humanitarian Accountability Framework (HAF) as primary points of reference.
- b) Assess the extent to which the objectives of individual donor funded projects and programmes were met, taking account of the challenges of presenting individual donor funded projects in what is essentially a programme requiring a "pool" of resources.
- c) Develop lessons learned and recommendations that will assist CARE Myanmar to build disaster risk management and strengthen emergency preparedness capacities to better help communities better cope with risk. Recommendations from relevant analysis will be developed both for CARE Myanmar's ongoing long-term programming and as key inputs into CARE Myanmar's Emergency Preparedness Planning (EPP) to enable more timely and appropriate response to disasters and crises in the future.

Unquote.

The terms of reference (TOR) further specify a series of specific areas which the evaluation will examine as well as a series of focus issues that should be dealt with. For further details the reader is requested to refer to the TOR which are appended in annex 2.

## 3 Evaluation Methodology and team

The evaluation methodology has included a review of documents available including: situation reports, budgets, plans, updates, assessments made both by CARE and other organisations and agencies, internet sources and relevant CARE policies and background documentation.

In the course of a three-week period in late November and early December 2008 to the team conducted a number of key informant interviews. These involved representatives of CARE Myanmar's country office (CO) in Yangon, CARE field staff both in Kungyangon and Ayeyarwady divisions as well as representatives of UN agencies, other NGOs and the Red Cross. The team also conducted a number of focus group discussions with affected people. These were complemented with a few random selected household interviews. In addition to the interviews conducted in Myanmar, a series of telephone interviews in the CARE International structure were also conducted. For details please refer to the list of persons interviewed appended in annex 1.

While the team had access to the assessment and surveys made by CARE staff and others prior to the team's arrival, no independent quantitative surveys were made by this evaluation team.

The data collected was documented, aggregated into findings, where relevant triangulated, analysed and summarised in conclusions, which were then complemented with recommendations.

The evaluation team consisted of four people:

- an independent consultant (Mr Bjorn Ternstrom, Sweden), specialised in management and humanitarian response, who acted as team leader,
- a peer reviewer (Ms Makiba Yamato, Japan), specialised in protection issues with in-country Nargis-response experience throughout the whole period, made available by World Vision Myanmar,
- the Quality and Accountability Coordinator of CARE Myanmar (Mr U Khin Maung Lwin, Myanmar), with in-depth experience of CARE Myanmar and its response to Nargis as well as monitoring and preparedness issues and
- a newly recruited staff member in the Communications department of CARE Myanmar (Ms Sandy Myint, Myanmar), with good contextual knowledge and a keen and well structured mind.

A significant proportion of the data supporting this report's description of events and its analysis was obtained through key informant interviews. Several of the people interviewed chose to mention their reluctance to be open due to the need to maintain continued good relations with office holders or organisational entities. Section 4 b of the Terms of Reference emphasize the respect for the confidentiality of these interviews. During the drafting process it has become evident that different people involved have different versions of what took place, in particular during the first couple of months. It has been a methodological challenge to balance the client's legitimate demands for substantiation and clarity with respect for the confidentiality of the people interviewed.

## 4 Context and Background

CARE Myanmar was established in 1994. The lead member for the CARE International confederation is CARE Australia. By 2008 it was well established, large - with a staff in excess of 500 - and for all intents and purposes an organisation focused on long-term development programming. The organisational culture was well adapted to development programming in a highly complex political environment. Careful consideration of available options, extensive due diligence prior to initiating projects and an emphasis on maintaining good relations with local and national representatives of the government of Myanmar were regarded as key characteristics of successful programming within the country. It should be noted that, given that almost all the staff were Myanmar nationals, any alternative strategy would have risked placing staff members in high risk positions vis-a-vis their own authorities.

The societal and political context in Myanmar requires INGOs wishing to operate in the country to develop significant skills in dealing with the complexities of necessary relationships with local and national authorities.

In the initial weeks post-Nargis there were problems with communications, infrastructure, visas and access. Many such problems existed pre-Nargis, quoting the external review of the Protection of Children and Women Cluster in October 2008 "The overall operating environment for humanitarian actors has historically been fraught with challenges in

Myanmar. Prior to Cyclone Nargis the overall climate had been tense with the former Resident Coordinator being asked to leave in November 2007 after commenting on the humanitarian situation in the country. As a result of this and the overall climate in Myanmar humanitarian actors had in most instances adopted a cautious approach."

Challenges were also great for all humanitarian actors in the first weeks post-disaster with the Inter Agency Real Time Evaluation noting: "...very real logistical difficulties of working in the affected areas, most of which were accessible only by air or boat (many boats having been damaged or destroyed)...During the initial weeks, this was predominantly a national response involving a combination of religious groups, NGOs and CBOs (both existing and newly formed), the Myanmar Red Cross Society, the private sector, spontaneously-formed civic groups and the Government of Myanmar.'

These were real problems faced by all INGOs. However the IA-RTE also notes that: "There were certainly very real restrictions on access, but even so, those organizations already in the country that were less risk-averse and were less constrained by issues around national sovereignty reached affected populations soon after the cyclone."

Some of the key informants are of the opinion that these access and logistical issues were the main reasons for CARE to be late in becoming operational. While recognizing these difficulties, other INGOs dealt with them more effectively<sup>5</sup> and this evaluation concludes that CARE specific organizational and structural weaknesses significantly contributed to the organization's poor initial performance.

The disaster response experience of CARE Myanmar was limited to small scale interventions in project areas where the organisation was already running long-term development programmes. The organisation had sent individual staff members on disaster preparedness training, had had some of the discussions needed to create preparedness and (with the help of an outside consultant) developed an emergency preparedness plan (EPP). However, such issues were certainly not mainstreamed throughout the organisation and in hindsight there is consensus that the plan was neither practical<sup>6</sup> nor known throughout the organisation. Furthermore, with the exception one of the assistant country directors, no one in the organisation had operational experience of large scale disaster response.

In summary CARE Myanmar was designed to implement long term development programmes (and was successful at this), but clearly unprepared for a large scale disaster relief. Given the context, i.e. working in a society that had not experienced large-scale disasters in living memory, this was not surprising.

In the fall of 2007 the organisation had initiated an organisational restructuring. The planned changes involved a shift from a sector based to a geographically based organisation. This implied revised job descriptions for almost all of the staff. By April of 2008, the organisation was in the process of implementing the organisational changes. At the end of the month,

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<sup>5</sup> Low risk examples of this cited by informants include: getting (legal) business visas through London, distance management set-ups to complement and support in-Country staff more effectively than CARE was able to do, better use of regionally sourced HR in such set-ups, earlier and more proportionate response commitment

Higher risk examples cited include: acting on verbal access acceptance from low-to-mid-level officials rather than awaiting formal written approval from designated Ministry; utilizing Skype for communication (widely used, even by UN, but formally illegal).

<sup>6</sup> Focused on small scale floods or landslides.

following the annual holiday period, a management workshop that was intended to broadly initiate the process, took place in Yangon.

In early May of 2008 cyclone Nargis struck Myanmar with devastating force, killing more than 130 000 people and affecting a total of 2.4 million. The cyclone struck relatively more affluent areas, areas in which CARE Myanmar had no presence as they were not prioritised pre-cyclone.

At a global level, CARE International (CI) had established the CARE Emergency Group (CEG) in 2004 in response to perceived gaps in the Confederation's emergency response capacity. A number of initiatives to address gaps were underway including the development of an emergency response handbook containing protocols, policies, checklists etc to be used in large-scale emergency response. This handbook was not yet operational however<sup>7</sup>.

## 5 Brief response chronology

Most emergency operations can be split into quite distinct phases. The people interviewed agree that this was also true of the Nargis response. The first phase related to the period of the initial response i.e. a period of approximately 1 month. In the initial weeks post-Nargis there were problems with communications, infrastructure, visas and access as described above.

The second phase began late May or early June and lasted until August. This was when the emergency systems were put in place, the bulk of food distributions made but the distribution of non-food items had not yet started. In Phase 3 (Sept through Dec) food distributions were re-targeted, non-food items were distributed on a mass scale, support and administrative systems were starting to catch up, programming was being refocused and a strategy for the future being developed.

### **5.1 Phase 1: the initial response (Nargis -> early June)**

The country office was clearly unprepared for a disaster of this scale. Management and staff remained unaware of the scale of the disaster for several days. Focus was on the safety and security of staff and their families, on re-establishing office facilities<sup>8</sup> and on what appears to have been fairly ad hoc damage assessments in accessible areas around Yangon.

The organisation did not have formal agreements with the government allowing access to other than very limited parts of the disaster affected areas. Based on past experience, there appears to have been an assumption that it would therefore not be possible for the organisation to do anything in the affected areas. Four days after Nargis the CD met with the Ministry of Social Welfare to get information and access for CARE staff. The response started with ad hoc distributions in parts of Yangon Division where CARE had authorization to operate. There was a consistent effort to do things 'by the book' even though a number of international organisations were already operating in the Delta<sup>9</sup>.

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<sup>7</sup> While the protocols were operational and utilized, the handbook itself existed only in a few hardcopies and was found to be too detailed. Lack of familiarity combined with the number of pages and extent of the text became a hindrance for effective use as people did not have the time to sit down and read it.

<sup>8</sup> These were severely damaged and the operation was initially run from a local hotel.

<sup>9</sup> [Inter-Agency Real Time Evaluation of the Response to Cyclone Nargis Dec 2008](#) , pp11-13

Some 40+ staff from existing CARE programs were seconded to the emergency response. By the end of the second week, three international staff with pre-existing Myanmar visas entered the country. During the third week, a team leader entered the country with a business visa, followed by three other staff in the fourth week.

A week post-Nargis, CARE had secured permission to operate in Patheingyi and Myaungmya townships in Ayeyarwady Division in the western delta where small-scale relief activities were implemented over the next two weeks. CARE then left that area, given adequate coverage by other agencies. This decision to leave should be respected, reflecting a willingness to coordinate.

With the help of a Field Level Agreement (FLA) established with WFP, CARE obtained government permission to access the affected areas and established itself in six affected townships in the eastern delta: Bogale, Pyapon & Dedaye in Ayeyarwady Division; and Twantay, Kawhmu & Kungyangon in Yangon Division. At least in the Ayeyarwady, the selection of these areas was not based on much choice, as CARE was among the last to arrive the organization was obliged to take whatever the others had not already taken. CARE began distributing food in these areas in mid-May (Yangon) and late May (Ayeyarwady) Non-food items distribution and water/sanitation activities were also initiated, capitalizing on the access achieved through the FLA with WFP

A CARE warehouse in Yangon was established in week four. The Emergency Response Director of CEG visited the CO at the beginning of June. At that point he reported that CARE had provided assistance to an estimated 118,000. This figure included 75,000 people reached by providing fuel to run a water treatment plant. If they are treated separately, less than 45,000 affected people had been reached in the first phase.

## ***5.2 Phase 2: getting organised, scaling up, food and water (early June through Aug)***

A period of rapid scaling up with a focus on delivery was initiated once the access issues were solved through the arrangement with WFP, the two operational areas had been agreed and outside support had arrived to assist the CO in reorganising for relief. In this phase large scale recruitment of additional staff took place, separate (more appropriate) administrative systems for the emergency program were put in place, information management, quality and accountability, purchasing and logistics was gradually organised and brought up to speed. An overall strategy for the programme was developed as were some sector specific strategies.

In the months that followed the organisation achieved good coverage in its assigned areas in terms of food deliveries, primarily with food supplied by the WFP. CARE also distributed NFIs, supplied by SCF and MRCS, agricultural materials and established WASH activities .

## ***5.3 Phase 3: cleaning up, NFIs, scaling down, looking ahead (July through Nov)***

In this phase a significant retargeting of the food distributions, based on a vulnerability grading system. This was implemented at the request of WFP (WFP were unable to procure food locally and as such there were immediate pipeline concerns) and was in line with all agencies better consolidating their programming foundations.

In this phase the organisation also undertook a series of activities designed to improve the quality of operations. There was training to raise the competence of the newly recruited staff, orientation activities and exposure to operational guidelines such as SPHERE and the joint principles of humanitarian accountability. With the support of expertise from CARE UK, a feedback system was introduced to address accountability issues and guard against potential discrimination risks at the community level through engagement with the VRC/VCM structures. Furthermore, newly recruited staff was taking their first rest and recreation leaves and were implementing the organisational adjustments necessitated by the change in the character of the operation.

A first draft of the strategy for the programme was published by the end of the month of two (June), this was revisited several times in the coming months. At the end of month seven (November) informants among the staff, including at senior level, reported concern that there was still no strategy for the medium to longer term established within the organisation (although it existed on paper and programming was now in proposals to DFID and others<sup>10</sup>).

In October, stage two funding was being phased in, while pooled funding from the emergency phase was being phased out at the end of November. At this point, forward planning was still being hindered by the work with clearing up the first six months administratively and reporting-wise.

## 6 Findings

All findings below should be read keeping the context, outlined in section four above, clearly in mind.

### **6.1 Timeliness and appropriateness of response**

In the first phase CARE Myanmar's response was three to four weeks late, lacked a clear strategy and was (in some areas) inappropriate in terms of its emphasis on assessment rather than delivery. Initial, understandably ad hoc, distributions took place in Yangon division starting day 2. The first CARE assessment team left for the Delta on day five post cyclone. With the exception of small scale distributions to camp based populations, actual operations were only initiated on the 24<sup>th</sup> day post cyclone. Even in Kunyangan, in Yangon division, CARE distributions did not reach affected people until more than two weeks after the disaster event. Overall, activities were small scale, confused and ineffectual.

In phase 2, food deliveries were regular and reasonably well-organised. In comparison with many other organisations, reporting to the donors was timely and correct. In this phase there were also efforts to broaden the operation, addressing some other issues such as basic shelter and livelihood supplies (tarps, paddy seed, and hand tractors), pond cleaning to ensure a safe water supply etc.

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<sup>10</sup> The focus of current (December) programming is multi-sector integrated longer-term programmes involving assets replacement, livelihoods etc.

Agricultural supplies reached the project areas in time for the planting season and there were no post disaster epidemics<sup>11</sup>. Meanwhile, the inability of the organisation to initiate systematic, large-scale distribution of non-food items, i.e. family kits, until three months post cyclone is noteworthy. There are significant differences of opinion among the people involved as to the reasons for these delays. The views from Bangkok, Yangon, Canberra and Geneva do not match.

During this phase the activities undertaken by CARE were appropriate and of gradually improving quality. Rations were defined by WFP. Specifications for materials distributed and criteria for quality for e.g. water used international standards as point of departure and reflected cluster designs and standards. The quality of community mobilisation gradually improved.

In phase 3 the regular distributions of food continued. In addition distribution of non-food items was initiated and implemented in an efficient manner (30 000 family kits distributed along with toolkits etc.).

The affected people were happy with all goods received with the exception of the cooking pots. These were commonly not used as they had handles made of plastic which melted when utilised on wood-burning stoves. Some women did not understand the use of sanitary pads which were unfamiliar to them. Both problems were picked up by CARE's monitoring system.

## **6.2 Efficiency**

In the first phase, much of the lack of efficiency within the CO was due to the inability of the country office leadership to break out of the "development mode". Examples that this was the case include:

- The arrival of Nargis was known on the first of May. While local level preparedness was increased there were no preparedness activities undertaken at national level<sup>12</sup>.
- Program support departments were not sufficiently expanded and significant recruitment did not start until early June<sup>13</sup>.
- There was a, from the development programme perspective legitimate and understandable, reluctance to transfer staff from the development programming side of the organisation to relief activities due to worries about impact on longer term programs and about how donors would react to such relocation.<sup>14</sup>
- There were instances where cutting corners to reduce transportation costs had significant impact on delivery times, e.g. holding trucks back in order for their maximum load capacity to be filled.

<sup>11</sup> Anecdotal evidence indicates that the latter was a consequence of geographical and climate factors which were not specific to CARE project areas.

<sup>12</sup> Key informants noted that more "relief mode" organizations had selected who was to be in charge if something 'big' happened, identified assessment team members, prepared vehicles etc.

<sup>13</sup> "The country office[...] has so far decided to only reassign around 40 existing national staff to the cyclone Nargis emergency response. To-date it also has not recruited more than a few new staff, due to low HR capacity. Only within the last week, with the arrival of an international HR specialist, has a more concerted recruitment strategy begun to emerge." Myanmar Cyclone Nargis Emergency Response CI ERD Visit: Observations & Recommendations, June 5<sup>th</sup> 2008

<sup>14</sup> The EU and 3 Disease Fund, for example, would not give approval for CARE staff to be reallocated from their projects.

- Field logistics people in Set San mentioned that it was a big challenge to hire boats every day, while owning boats or renting monthly could have made the implementation more effective.
- There was a deep-rooted resistance against doing anything that was not “by the book”, again legitimate from a development perspective and based on past experience.
- Purchasing practices were not adapted radically enough, with suppliers still being asked to visit the office with tenders and staff spending time on trying to maintain the system with three quotes prior to purchase.
- In Kunyangon the need for proper assessments were allowed to delay the delivery of relief, due to the inflexibility of systems. With the arrival of the support person from CARE Australia attitudes there changed towards emphasizing relief at the expense of detailed assessments.

The lack of clear strategy and an absence, or at least slowness, of decision-making hampered the operation repeatedly. Several key informants emphasized the difficulties in getting decisions made. Some saw this as a CO issue, some ascribed it to the Lead Member, some referred to staff turnover and some to confusion regarding who had the mandate to take which decision.

The lack of strategy, both overall and sector-specific, caused staff to invest significant time and effort in activities that achieved high efficiency (things got done and done well) but low effectiveness (wrong things were done). Examples of this abound ranging from overinvestment in assessment, via questionable water treatment plants to iterative planning, commodity tracking, cost allocating and budgeting work caused by overly specific initial programme planning which were more consistent with the development orientated systems and staffing background on the ground.

The overall strategy started to be articulated early in phase two with the arrival of experienced emergency staff from CARE Australia and CEG. Sector specific strategies were put into place as advisory services became available and there was sustained access to the operational areas. Both efficiency and effectiveness rapidly increased. The acceptance of the role as implementing partner under the FLA with WFP contributed significantly to this by providing access and a framework (the food deliveries) around which other programming could be adapted.

Several sources felt that sourcing the family kits in the international market rather than local market significantly increased costs without significantly increasing quality and, at least for some of the items, while decreasing local acceptability. Some other organisations were able to source such items locally. For example, locally purchased cooking pots were distributed by MRCS in the same target area and these were appreciated by the community. However, other INGOs made the same choice and it is questionable whether this had been feasible for CARE given the late start up of its purchasing functions.

At the international level there was a similar progression with first phase low efficiency and gradual improvement over time. The visa issue, although real and often cited as key, appears to have been a catalyst for a basket of latent structural issues which further compounded the already complicated operating environment - There was clearly suboptimal use of CARE International’s aggregate resources with multiple lapses in communications, an inability to deal effectively with real or perceived organisational turf issues, an apparent inter-

organisational mis-trust, an inability to mobilise appropriate human resources rapidly, the underutilisation of ARMU and an underinvestment in media relations.

### **6.3 Impact**

It is clear that CARE Myanmar's operation has contributed positively to the overall national effort in support of the people affected by Nargis. In addition to the immediate effects of delivering goods and services to the people in the areas where CARE has worked it can be argued that CARE has contributed positively to the overall functioning of the system.

There is a need to differentiate between impact on the individual affected person, impact on village structures, and impact on CARE Myanmar etc. This is particularly relevant when discussing sustainability of impact. Some project activities with long-term visible impact were related to assets replacement, for example goods that have long expected lifetimes or construction work. It is more difficult to assess the impact on attitudes, community structures, skills development and community relations. Such impact is only possible to assess with a more in-depth study although there is anecdotal evidence.

The impact on community structures will be discussed in greater detail in the section on community capacities and needs below. Impact on CARE Myanmar will be dealt with in the section on human resources and management systems and impact on gender in the corresponding section.

CARE Myanmar was not operationally effective in phase one. The household coping mechanisms<sup>15</sup> and strong village institutional structures in the affected areas allowed people to survive despite the lack of outside support. Nevertheless, people were forced to eat substandard food, to endure several weeks of uncertainty, to place themselves in financial or social debt and, in some cases, to resort to public begging in order to survive. While we have seen no evidence of significant health problems as a consequence of CARE's late arrival, there is significant anecdotal evidence that people's dignity was negatively impacted.

Once the operation got underway, in phase two, the regular delivery of food had significant impact on the living conditions of all people residing in the affected areas. There has been consistent feedback that the deliveries were regular, sufficient, of acceptable-to-good quality and that they were the key to avoiding serious malnutrition and suffering among the affected people. The tarpaulins distributed were useful and used. In some cases the initial tarpaulins distributed were found not to be up to international standards and additional tarpaulins were distributed<sup>16</sup>. Affected people had saved the second tarpaulin for the next disaster and/or the time when the first tarpaulin will be worn out.

The delivery of agricultural inputs, in a number of cases, were what made possible to implement the season's planting activity. Non food items (NFIs) such as family kits, tools and in particular the earthen water jugs, were repeatedly cited as useful, as were the efforts to clean and fence water collection ponds.

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<sup>15</sup> Coping measures included: sharing the remaining rice among villagers, reducing the number of meals per day, eating coconuts and coconut juice due to unavailability of rice, asking for food from neighbour villages, begging on the main road hoping for some aid agencies to come.

<sup>16</sup> CARE was one of the first agencies to reject these items (donated by the USG) for not meeting cluster standards.

The ranking and retargeting which took place in phase three caused lively debate and at times conflict within the villages affected. Some of these conflicts were made more serious by the inability of newly appointed staff to facilitate community discussions about the difference between being vulnerable and being affected by loss following the cyclone.

The late November concerns of the affected people related mainly to livelihoods (i.e. asset replacement, entrepreneurship etc) and to worries about water availability during the coming dry season.

The emergency programme's organisational impact on CARE Myanmar is likely to be massive in the medium term. A lot of new staff has been recruited. All staff has faced new and serious challenges during the emergency programme period. The cohesion and common history developed over the years cannot be re-established, at least not without some serious and systematic effort. In organisational terms<sup>17</sup> CARE Myanmar will never again be what it was. New staff has lots to learn from those who have been with the organisation for a long time. What will be more difficult to absorb is that the experienced staff have lots to learn from their new colleagues and their emergency experience and external perspective on the development programmes.

#### **6.4 Coverage**

Once the operation got going, i.e. approximately 1 month after the event, satisfaction of basic needs in the form of food, water and basic non-food items, was good in the areas assigned to CARE. The team noted that the emergency programme had a strong conceptual bias towards economic vulnerability, focusing less on social vulnerability.

Overall, the basic needs of the affected people in terms of food water and non food supplies have been adequately met in CARE assigned areas. There remain significant gaps in terms of asset replacement, shelter needs and any ambitions related to disaster risk reduction.

Whether or not CARE Myanmar has achieved an appropriate contribution to the coverage of National needs remains unanswered. This is a strategic choice related to the policies and ambitions of CARE International and its views regarding the context in Myanmar. Addressing that issue would be going beyond the mandate of this evaluation.

#### **6.5 Connectedness and sustainability**

The Myanmar context presents particular challenges in relation to programming for connectedness. In a smaller scale emergency, in a less sensitive environment, there would have been an expectation of a greater connectedness with local authorities in the design and implementation of the emergency programme. CARE Myanmar has made concerted efforts throughout to maintain good relationships with government entities. It is through these efforts that CARE has managed to establish effective working relationships with the Department of Fisheries, the Ministry of Livestock and principally the Ministry of Agriculture. It is through these partnerships that CARE anticipates a longer term presence in the Delta and diversifying its present portfolio of MoU's with the government which is at present limited to the Ministry of Health.

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<sup>17</sup> Including e.g. organizational culture, staff composition and competencies, organizational history and identity.

In the programme areas local authorities have generally not had the capacity to be actively involved in each NGOs planning activities. Despite that, CARE has managed to integrate the training of 60 community based animal health workers into its planned animal vaccination program (through DFID 3 funding). Meanwhile representatives of local government are commonly included in the village management committees and the overall design of the programme has been done in the WFP framework, implying that it is included in the umbrella of the WFP's agreement with the government.

Overall connectedness, with institutions and structures at village level, has been good.

In terms sustainability we wish to distinguish between sustainability of activities, of impact and of organisational structures or institutions.

Relief activities are inherently unsustainable. Relief is a response to societal structures being overwhelmed by a disaster event and cannot be expected to be sustainable. The impact of CARE's activities in favour of the affected people was related to their immediate health (food water shelter) the sustainability of which is no longer than the shelf-life of the materials provided. The agricultural inputs provided in the form of Paddy seeds and hand tractors should have continued impact for at least several seasons. The impact which is most difficult to assess is the impact on village organisation in institutions. CARE Myanmar's presence in these villages has affected power relations, gender roles, habits and attitudes. Assessing to what extent this has happened; thereby making a qualified guess concerning sustainability possible goes beyond the scope of this evaluation. Nevertheless, there is anecdotal evidence of changes: some of the Village management committees (VMC) are willing to continue the work beyond CARE's response period, women's participation in the VMC has been promoted by CARE and some respondents maintain that the power balance between the farmers' group and casual labours has been changed due to CARE's selective targeting.

In several focus group discussions there was lively debate regarding the ranking system used for retargeting in phase 3 and whether it may have had a negative impact on social cohesion. It was commonly felt that it would have been better to have a differentiation between the ranks in the system rather than an exclusion of richer groups. The evaluation team felt that further work was needed on developing the concept of vulnerability as related to asset loss in connection with disasters. These concepts needed to be discussed both with staff and communities.

Overall programming design provides for a period of transition and there are sufficient funds available for the post-emergency phase to be productive.

CARE Myanmar still has a challenge in terms of exploring and developing the potential for partnerships with local organisations.

It should be noted that the country office has managed to generate 1.8 million US dollars of further funding during the programme period. It should also be noted that 4 million US dollars in unrestricted funding still remain untouched and that through these funds the potential of longer term and more sustainable programming approaches can be considered.

## **7 Specific focus areas for comment**

### **7.1 Human resources and management systems**

When reading the following sections on human resources it is important to be aware of the context. Prior to Nargis CARE Myanmar had a staff of 500 and an organisational structure adapted to long term development programming. By the time this evaluation was conducted six months later the staff had expanded to 800 and the organisation was running a large scale emergency program in parallel with these development activities. Throughout this process of adaptation the regular duties of the human resource department have been fulfilled. This has been done with attention to protocols and regulations resulting in regular payment of staff, management of secondments, promotions, sick leaves and all the day-to-day tasks confronted by a human resource department.

CARE Myanmar was slow in launching large-scale recruitment of new staff to support the emergency programme. Once recruitment did start (early in phase 2) it was done rapidly, with a reasonable attention to due process and with, overall, good results. CARE Australia gave technical support in the human resource field for a period of four to six weeks at this stage. The majority of recruitment was done according to due process. Development staff selected for transfer to the emergency program were selected partly on the basis of which donors were perceived as accepting of delays in their programs rather than based on an assessment of their skills in relation to the needs of the emergency programme. It is unclear as to how heavily this weighed in the decision when selecting specific staff members.

Job descriptions existed. Structures were fairly clear on paper. The standard structures were at times applied inflexibly resulting in work overload due to local mismatches between staff levels and operational needs. However, there were clear discrepancies between the formal management system and the actual management system. Field staff was working flexibly according to the workload demands, which were different from their initially agreed TOR. Senior project officers and project officers were worried about the potential consequences this might have for their staff evaluations.

Many of the new staff members had come into contact with the organisation by working as volunteers in the initial phase. Some of these there were formal changes which needed to be made in order to make them staff members. Some of these changes were delayed by the operational priorities of line management needed to be involved in the process and by capacity restrictions on the centralised human resource function.

Briefings and orientations were cut down to a bare minimum, which was a reasonable choice given the operational pressures faced by the organisation. In consequence, there were gaps in the preparation of new staff. There were gaps in technical skills and in training for such skills. There were gaps in attitudes and community mobilisation skills with adult communication skills particularly mentioned.

Many of the new staff members did not receive any organisational orientation regarding for example benefits, rest and recreation etc. The senior programme officers were not aware that this was part of their duties to share such information. Efforts to compensate for this and allow the new staff to learn the basics of CARE core values, administrative rules and regulations, were made in the form of workshops in phase 3.

The handover system allowed a period of two weeks to handover from the development staff and the newly recruited staff. This was sometimes extended to four weeks. There were several instances of telephone-based backstopping/coaching on the part of managers vis-a-vis their subordinates.

There were serious internal communication difficulties between the field and Yangon, between programme and support departments, between Yangon and Bangkok and between the various entities of CI.

Initially some of the Myanmar based difficulties were caused by the lack of communication channels due to limited telecommunications services and travel difficulties. It is clear that the system would have benefited from a greater investment in face-to-face meetings between people working in the field and in Yangon respectively. A number of the respondents noted significant improvements once key people from Yangon had been on field visits.

There was serious tension between the “old guard” and the newly recruited people concerning everything from the balance between quality and timeliness to the meaning of CARE core values to what was regarded as a respectful way of treating each other. Differences in employment conditions accentuated these tensions.

Some staff recruited from the private sector had a strong culture of competition. There were concerns expressed that this might hinder coordination and interactive learning with other aid agencies. Meanwhile, CARE Myanmar emergency team was at times described as having an organizational culture of top-down, directive decision making. These and similar comments made among staff about particular subgroups (us and them) were related to the organisation’s process of adjusting to new tasks, new structures and an influx of newly recruited colleagues. They may or may not be true and management, at the end of November, still had a challenge in sorting out mutual perceptions, actual behaviour and their relationship to operational needs.

Field staff member had a strong silo mentality hindering them from making suggestions on issues related to overall strategy / support mechanisms although these affected their workload. Most of the lower level field staff considered the coordination with support department and contributions to overall strategy to be the responsibility of senior project officers only. They saw no reason to, and did not believe they had the right to question the status quo. The IA-RTE<sup>18</sup> found a similar attitude in most organisations participating in the response.

There were clear difficulties in terms of relationships between the development staff and the emergency staff, old staff and new staff, field staff and HQ staff etc. These difficulties included gaps in terms of understanding of roles and responsibilities, differences of opinion about how to approach the issue of timeliness, different understandings of systems and structures, differences regarding the approach to quality programming etc.

The information management unit was not established until July. Information management and communications were widely understood as “humanitarian stories for donors”, not including internal communications or communications with communities. Information tended to be “extracted” from the field but not used for operational feedback. Field office staff had very little information about the country office set-up and activities in other field offices.

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<sup>18</sup> The Inter-Agency Real Time Evaluation of the response to cyclone Nargis, Dec 2008

There were clear communication gaps in particular in terms of feedback between systems levels and between technical departments. Support activities tended to be supply driven.

Throughout the operation, the country director was seen as supportive when approached by other members of staff.

There was significant frustration at the lack of strategy and needed decisions. Part of this may be attributable to gaps in internal communication. At the time of the evaluation multiple staff members voiced concern about uncertainty regarding strategy and direction, although the organisation had articulated a strategy in its communication with donors.

The human resources provided from outside Myanmar were a mixed blessing. Some were experienced, qualified and highly effective. Others were not. This was a sufficiently serious problem for several respondents to describe lead member hiring practices as an issue.

## **7.2 Collaboration between programme support and programme**

There was a confusion which led to proposals that were too detailed<sup>19</sup> and did not match the budgets and the changing situation. There was no strategy of assigning donors by area and sector. There was no coordination of proposals. There would have been a need for standards and clarity on who went where etc. But the method used was to cut and paste from development methodology, which led to proposals that were too specific in terms of geography and activities for a rapidly shifting emergency context. Furthermore, documentation was often lagging.

This led to additional work tracking expenditure and reallocation of expenditures in order to find a budget that could be used to cover a specific expenditure that had been decided on a verbal basis. Finance staff felt that it was a challenge to pay expenses based on verbal commitments without knowing what the payment was actually for. The finance department has had to spend a lot of time on reanalysing and reallocating due to inadequate systems initially put in place.

The lack of resources in support functions caused planning, implementation and follow up delays and additional work. There was clear underinvestment in support functions and in some geographical areas on the programme side. Indications of such underinvestment included a two-week delay in accessing financial data, significantly hampering operational leadership on the emergency program. Managers were maintaining parallel personal sector wise information management systems in order to maintain some basis for decisions.

There appears to have been a mutual defensiveness between program and program support people at leadership level. There were widespread communication problems between program staff and support staff. Partly these were stress-related with tempers running short due to exceptional dedication and extreme work overload. Such problems were however aggravated by a tendency to inform people of what they should do without informing them about why. When tasks were shared the purpose of these tasks were not shared, for example data collection was made without the staff concerned being aware of what the data was going to be used for. Such a directive management style may have been appropriate under the extreme

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<sup>19</sup> It should be noted that the proposals included detailed activities because CARE Members did not want to submit a more general proposal. Even within the first few weeks, the CO was expected to provide logframes for proposals, which is usually not necessary for first phase emergency programs. It is unclear whether these were a requirement of the donor or the CARE Member.

time pressure of the early phases, but the communication style lingered on beyond the time when time pressures could motivate it. Meanwhile, relations at field level between program and logistics were very good from the start

There was a persistent and significant communication gap between HQ in Yangon and the field offices. The field staff could not be fully accountable for their programs as they were not aware of coming budgets or where funding was coming from. Difficulties in getting quality information management remained at the end of November. The field office coordinators were still overwhelmed by the workload. Programming remained ad hoc. There was still a disconnect between the field office coordinators and national HQ in Yangon and decision-making was perceived as highly centralised.

There was a perception that contacting the CARE Emergency Group did not lead to support in action, only to extra work. The perception was that the group had a controlling, instructing function rather than a supporting function. There were variations among the members of the CARE Emergency Group as to how they were perceived in the field.

The need to finalize and disseminate a CARE emergency finance manual was identified and again reiterated during the AAR workshop (October in Yangon). At that workshop it was also felt that the CI membership needs to identify a “lead member” for emergency finance management and that commonality is adopted throughout the membership.

CARE Australia and the Asia regional management unit did not communicate properly. There was a perception that coordination with the ARMU in Bangkok could not happen partly because it was run by the CARE US rather than the lead agency CARE Australia. Furthermore there was a perception among a number of people that the CARE Emergency Group was kept out of the loop with direct quotes such as “no need for [the CARE Emergency Group emergency adviser] to come because [the CARE Australia Emergencies Coordinator] is already here”.

There was a perceived lack of leadership from CARE Australia. Needed staff descriptions in the form of a matrix were sent to CARE Australia in the early days but there was no reaction for a full month. CARE Australia was perceived as flexible when providing project numbers without proper documentation and this willingness to potentially expose themselves to potentially future disallowed costs should be commended.

The diversity within the emergency programme and the short-term nature of funding available required an expatriate presence which was resisted by the country office. Again perceptions among informants differ with some saying that CO resistance was exclusively related to the visa issue and others convinced that there was a general resistance to expatriates or to staff recruited outside of CARE Australia.

### **7.3 Coordination**

Initially there was a lack of coordination in the field. Several informants also mentioned an organisational tendency to have an inward looking approach to problem solving, i.e. to seek expertise only among colleagues not in other agencies. This was, in some cases, combined with a tendency to be protective of CARE methods and methodologies including information concerning activities at field level. The above contributed to gaps in identifying capacities available in the field and duplication of efforts.

Meanwhile, significant efforts were made to participate in coordination efforts at both local and national level. Several respondents have cited CARE contributions to the overall coordination in the form of the cluster and hub system. It is also noted that CARE's initial participation in the cluster system was tentative and quite weak, consisting mainly of information sharing. From phase 2 of the operation some respondents noted a difference in CARE's attitude and understanding of what participation in the cluster system actually implies in terms of ambition levels for participation, contributing methodologies, shaping policy through activity in meetings etc.

CARE was a member of the Strategic Advisory Group (SAG) for the shelter cluster, a member of the in country Accountability and Learning Working Group (ALWG) and Quality & Accountability Support Team and one of the few INGOs to provide technical support to the PONREPP process. Efforts were also made to share competence in terms of accountability systems with contributions to accountability workshops, translated materials, the good enough guide, shelter workshops as well as a joint code of conduct.

By the end of November, CARE Myanmar was perceived as adaptive and flexible by donors and was described as being on top of changing needs. They were cited as having a good feedback mechanism to understand what's going on in the field, and as having the ability to act on the feedback they are getting. Several sources suggested that CARE staff were better trained compared to other organisations. It was noted that CARE emphasised environmental concerns in a way that others did not. The organisation was ranked as the third among 13 implementing partners by the world food program.

The organisation was seen as a potential long-term development partner with its strength in its understanding of the complexity of the contexts and of developmental issues. There were concerns raised regarding CARE's standing humanitarian response capacity in Myanmar and comments made that the organisation should be cautious about how much it scales back as the emergency phase peters out. These comments were made in the short-term context of expected needs in the coming dry season and medium term context of expected future disasters.

#### **7.4 Community capacities and needs**

The absence of any "second wave" of affected people due to epidemics etc, in the first few weeks, despite the absence of WASH activities in this period, was attributed to the abundance of fresh water available in the rainy season, the cleansing attributed to continuous runoff for the same reason, and the closeness to of the sea and its tidal effects on sanitation throughout the area. It is likely that the absence of large concentrations of displaced people also contributed to this.

In CARE projects areas WASH activities got going in phase 2 and included pond renovations, distributions of water jars to more than 5.000 households and 5 water treatment plants. Pond renovations and CARE's decision to distribute traditional earthenware water jars, despite additional cost, was highly appreciated. The rainy season lasted from late May until the end of October. A number of informants saw the WASH activities as increasingly relevant with the coming dry season in mind.

From phase 2, overall the emergency needs of the population of the area were met. The extent of the damage differed significantly among townships targeted by CARE. Due to its late arrival, CARE became a gap filler within a response system that had already been filled by

other NGOs in collaboration with the WFP<sup>20</sup>. In consequence CARE tended to get areas that were either well off or difficult to reach and work in.

There were no complaints/ suggestions to indicate that CARE missed out villages or particular segment of community in their response, although individual complaints that CARE's actions were not enough were heard.

Consistent feedback said that the most urgent need was food. The regularity and persistence of CARE's support was appreciated universally. The second most important need expressed by the population was shelter. Special appreciation was expressed for the provision of bamboo building materials, which were in line with traditional building methods. The third priority needs expressed by the population were the needs related to livelihoods and the provision of cash.

Targeted distribution of food based on ranking took place. The ranking system also enabled a differentiation of the intervention according to different group's needs (hand tractor and seeds to farmers, food to the casual labours). The ranking criteria were based on economic vulnerability; Category I: those who have land, Category II, those who have assets, and Category III, casual labourers and those who do not have stable income. All focus groups noted that "casual labourers", who did not have stable income opportunities, had received food rations longer. The most vulnerable people were also covered, despite a definition of vulnerability that was biased towards economic vulnerability. However, there were cases with vulnerable who did not get food in the initial round

Even more than is usual in disaster situations, the community handled the initial response entirely on its own. Within 5-10 days most villages had also received support from various national responders, ranging from ex-residents now residing in Yangon to religious or business groups, national NGOs, Government agencies or the MRCS. There was a striking lack of expectation of outside help. All villages visited showed signs of high resilience to disaster as evidenced by numerous examples of self-help, religious initiatives, communal sharing of resources, and consideration for the most vulnerable as well as acceptance of in migrants from more heavily affected areas. The high resilience was evident both at household and village levels.

Village level decision-making structures existed before the cyclone. They were led by monks or elders in all villagers. These structures included systems developed for sharing of food resources for communal survival. There were big variations in capacities between the various villages. Larger villagers were more stratified but also had more resources.

We noted several examples spontaneous preparedness measures being taken for example purchase of radios, storage of food, storage water, life-saving activities, rope tying to improve building structures, raising and fencing of ponds, raising a pagoda compound as well as several examples of plans to establish concrete public buildings for future preparedness purposes.

The most vulnerable were generally taking care of by the villagers themselves. Communities understood the concept of vulnerability, and were willing and able to assist the vulnerable

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<sup>20</sup> The selection of project areas in the Delta was described to us as a meeting with WFP in which CARE and other agencies denied access were presented with a map of all areas assigned to other agencies and urged to take on an as-yet-empty area.

groups among them for material needs, but not financial needs. Several community members mentioned that the vulnerable groups (elderly, children) were "prioritized" when they shared food. The community's capacity to "take care" of the most vulnerable was not strong enough to meet their livelihood needs

We found no conflict with authorities. Representatives of local authorities were often included in CARE committees. It was noted that, in the Myanmar context, it is unusual for management and organisational committees to exist without them being controlled by the authorities. We do not have sufficient data to speculate on how social structures will be affected by the introduction of new decision-making systems where local authorities are not dominant.

There was consensus that the current unmet needs are tools/ capital for the livelihood activities and permanent (or stable) shelters. All focus group discussions emphasized that livelihoods was the greatest concern at the end of November.

## **7.5 Gender**

All Village Management Committees, established by CARE, had women members (percentage varied). Committees initially formed without women members had been restructured. There was a significant information gap between males and females in Kungyangon which was not the case in the Delta. Women were being trained to take on a greater role when disseminating new knowledge in the village.

Before Nargis women were not represented in decision-making bodies in the villages. Some women noted that this did not matter as the husbands represented them. With the CARE intervention women became present in the decision-making bodies, for example the village management committee. Some women welcomed the change but could not give practical examples of the consequences for them. The women's role in decision-making on the committees remains limited.

It was noted that initially heads of households were on the lists for distributions, and these were generally male. However they sent females to pick up the food but these were not on the lists and this became embarrassing and confusing to the people involved. In reaction to this the list were changed so that male head of household was replaced by a person who will pick up at the distribution point, this change was appreciated by the women.

The new recruitments for the emergency programme were not gender balanced. Given the circumstances it is unlikely that a balance could have been achieved even if it had been an explicit goal. All field teams include both genders however, an example of the fact that CARE Myanmar does consider gender issues systematically in assessments, programming and follow-up. Males are overrepresented in management position but there are females in key positions and these appear as respected as their male colleagues in meetings and day to day activities.

Since July, CARE Myanmar maintains a staff position as a gender and psychosocial support adviser. She has appropriate training and experience, has worked with the organisation before, and has worked systematically with mainstreaming gender into the emergency response program, including orientations for staff and basic awareness training on gender based violence.

## **7.6 Other groups with special needs**

The elderly, the chronically ill and single parent households with many children were cited as the most vulnerable by all affected villagers asked. IDPs were also identified, where they existed. Some villages had a lively debate on whether day labourers, as a group, should be seen as vulnerable.

Among the staff perceptions of vulnerability were highly influenced by the system for defining the needs which was heavily focused on economic criteria thereby missing some groups with special needs. Overall, social and physical vulnerabilities were ignored. In some cases, especially early in the operation, assistance did not reach people or was not used due to special vulnerabilities (inability to get to distribution points or use shelter materials to build). Social coping mechanisms within the villages took care of these issues, which was the best method to address these needs. There is a question whether CARE staff were aware of this and failures in such social coping mechanisms exist, and if CARE would catch them if that were the case? There was no programming differentiation between the most vulnerable and other groups due to mass distributions.

In many cases, both villagers and local staff were confusing degree of the loss, or are how much a household had lost to the cyclone, with the concept of vulnerability.

## **7.7 Logistics**

Prior to Nargis CARE Myanmar did not have a logistics setup adapted to emergency operations. The organisation only had minor transportation needs and logistical arrangements were made by the purchasing staff of the finance and administration department. No warehouse was available in Yangon, there were no logisticians among the staff and none of the other staff had significant logistics experience. There were no standards available in terms of forms and systems. Setting up logistical structures at an appropriate scale to address the logistical needs of a major relief operation was not prioritised initially. The organisation took a long time to start building such systems and structures.

CARE lost out in competition for commodities due to its slow and inflexible purchasing system. The tendering process was passive and based on standard procedures, including continued insistence on three quotes for purchase and requesting suppliers to come to the CARE Myanmar office rather than seeking them out.

The warehouse in Yangon, rented in late May, was initially overwhelmed. There was a practice of waiting for trucks to be full in order to save transportation costs which also caused delays. New staff faced steep learning curves both in terms of technical skills and as initial staff had not documented properly (for lack of time, systems and skills). The warehouse at the delivery point was managed by the program staff and documentation in warehouse management was good after the initial phase.

There were a series of communication gaps: between procurement and Yangon logistics between the field and HQ, and between Myanmar and Thailand. In the field delivery was perceived as erratic well into the second phase. Information flows did not work properly. Data about things arriving in the field, and at the warehouse in Yangon, was often communicated too late causing logistics staff to have to scramble in order to be able to receive incoming goods. It was not clear to the field staff what family kits should contain. There was also confusion regarding tarpaulins. In the aggregate this caused some significant distribution delays.

The procurement staff was reporting to finance and administration. Logistics staff was reporting to the programme department. This arrangement caused significant difficulties yet was maintained.

Examples of procurement failure include boats that were sent to Pyaypon. These could have been purchased more cheaply locally. They were sent without prior information, were sent without local staff being involved in assessments and still needed to be fixed and distributed at the end of November.

The buckets delivered were substandard. In addition, many buckets were damaged due to overloading of trucks. This continued despite information regarding the consequences, partly due to the wish to reduce transportation costs by overloading trucks. This was another example of communication difficulties. It should be noted that the monitoring system functioned allowing beneficiaries to report damaged goods and get them replaced.

There were also examples of quick decisions being made, for example exploiting a short window of opportunity to purchase a large shipment of bamboo (already floating down the river!) which proved highly useful and was the first distribution of shelter materials made by an INGO beyond plastic sheeting.

International procurement delayed things according to the perception from Yangon, where the perception still is that the delays were mainly caused by the common WFP pipeline difficulties. The final report of the initial logistics staff in Bangkok, on the other hand, documents a series of delays in decision-making, despite repeated attempts to get the CO to define needs and authorise purchasing. It also describes sub-optimal use of CI potential, mistrust of non-CARE Australia staff and communication with the CO reflecting very limited understanding of the basics of setting up a large scale logistics pipe-line.

Irrespective of the actual cause, the connection with Bangkok clearly did not work well in terms of international purchasing.

Throughout there were good relations with the world food programme. Deliveries of food were regular and correct, apart from the pipeline break in the WFP system which the CO office covered through its own funds, ultimately being reimbursed by WFP.

While aware of the above challenges and problems, we note that, from phase two, CARE had full coverage in its assigned area with regular and sufficient food rations. This was, especially in the delta townships, a significant logistical achievement.

## **7.8 Programming and delivery**

We approach this area using CARE's own Humanitarian Accountability Framework benchmarks. We note that these are ambitious and consequently full compliance would have been extraordinary. The Indicators are presented in detail in annex 3.

## HAF benchmarks compliance summary

Benchmark	Indicator	Performance	Comment
1. Leadership on accountability	1, 2, 3	Clear pass.	Complaints mechanism known to affected villagers and repeatedly cited as good by key persons interviewed.
	4, 6	No data	
	5	Clear failure	
2. ...non-discrimination...	1, 2, 4, 5	First failure, then pass	The initial failure is related to the delay in getting going.
	3	First failure, then unclear pass.	Initial inability to (even resistance against?) effectively utilising existing resources. Gradual improvement but still gaps in disaster response operational understanding and strategy.
3. Planning design and monitoring	1, 3	Unclear pass	Staff and leadership overwhelmed and only just coping with bare necessities of deliveries. Affected population implementing top-down design, but also being invited to comment and suggest regarding activities. Serious efforts to get back to CARE working modalities as phase out of emergency taking place.
	2, 4	Pass	
4. Participation	1, 2	Fail	Serious efforts to get back to CARE working modalities as phase out of emergency taking place.
	3, 4, 5	Pass	
5. ...feedback and complaints...	1	Unclear pass	Beneficiaries did have the opportunity to comment but were not involved in design or planning.
	2, 3, 4	Pass	Towards the end of the operation; Clear pass.
6. Transparency and Info sharing	1, 3	Pass	
	2	Relevance?	Questionable if this was at all possible in the context.
7. ...evaluation...learning	1, 2	Pass	
	3, 4	No data	Depends on how this report is processed
8. Staff competence and HR management in emergency	1, 2, 3, 4	Unclear pass	Initial absence of strategy. Paper structure there. Comprehension not yet there. Orientations generally done, but too short and too late.
	5, 6	Not yet	
	7	Clear pass	

## 8 Discussion

### 8.1 *The Confederation's responsibility, not the individual's*

This report has repeatedly referred to the lack of preparedness, response capacity and leadership as reasons behind the poor performance of CARE Myanmar *in the first phase* of the operation. The report has also noted that CARE Myanmar did have an emergency preparedness plan and that it is an organisation designed primarily for long-term development programming in a country which has not previously experienced national scale disasters.

It can be argued that the lack of preparedness and response capacity *for a national scale disaster* was a reflection of good judgement and proper prioritisation for an organisation such as CARE Myanmar in the Myanmar context.

That proper prioritisation, at the CO level, needs to be compensated for at the global level, as detailed in existing reports such as the SD #1 mid term evaluation, the need to ensure that CD's have requisite institutional support in creating emergency response capacity is crucial if CARE as an institution wishes to become a first responder agency.

The position as country director requires multiple and complex management skills. The profile required varies from country office to country office depending on the particular context. It is reasonable to believe that when CARE Australia sought a candidate for the position in Myanmar they had a preference for professionals with significant development experience such as the candidate chosen. Diplomacy, ability to carefully consider complexity, attention to cost, process and staff development planning, a holistic long-term perspective and a significant measure of patience would have been among the characteristics sought.

The profile of a good large-scale emergency response manager would look somewhat different. Key characteristics to look for would then be drive, results focus, a willingness to make decisions with limited information, a high level of tolerance for conflicts and stakeholder pressures, the ability to manage self and others under stress, a good comprehension of the nuts and bolts of logistics, of disaster coordination structures, of quick and dirty adaptation of support systems to massive increases in funding and a level of comfort with the fact that the number of decisions that need to be taken in a short time by necessity implies that some of them will be mistakes.

It is highly unusual to find good development oriented managers who are also capable of being good large-scale emergency managers. It must be the responsibility of the institution, not the individual, to prepare staff for such extreme events and to support staff members faced with such challenges.

### 8.2 *Balancing risks and responsibilities*

With Nargis, the Country Director and the Lead Member were placed between a rock and hard place. CARE Myanmar was running large-scale development programmes in 11 of the 14 states in the country. The organisation did not have a presence in the areas mainly affected by the cyclone. It is clear that the organisational perception was that an aggressive response, without following proper protocol vis-a-vis the government, would place the future of the

long-term development programmes in serious jeopardy. The organization clearly had a responsibility for the beneficiaries of those programmes.

Given the lack of preparedness and human resource capacity within the organisation, responding to the humanitarian imperative was difficult and risky. It is likely that this unpalatable choice – between responsibility for existing beneficiaries and for those affected by the cyclone - contributed to the caution and delayed decisions which hampered operations in phase 1.

Myanmar is a specific case. However, CARE International and its country directors in complex emergencies or other sensitive political situations are likely to confront similar unpleasant choices between potential consequences for different beneficiary groups in the future.

Other staff members were also confronted with conflicting priorities between the development program and the emergency programme. Staff working in the programs had to confront the decline in leadership attention as well as an added workload due to of the secondment of colleagues into the emergency programme.

Similarly, the international side of the operation was hampered by conflicts of responsibilities or interests. Examples of this include what was seen as a protective attitude on the part of the lead member, the inability of the Confederation to fully utilise the potential of its regional and global assets and some quite heated discussions regarding roles, responsibilities and what was an appropriate response.

### **8.3 CARE International resources not used effectively**

CARE International has significant resources at its disposal. However, *in the first phase*, it does not seem that the system was able to apply these resources in an effective manner. The visa issue is often quoted in this context. It may be noted that this issue was adequately<sup>21</sup> dealt with by other organisations.

It is clear that the resources of the Confederation could have been better utilised. To an outsider it is surprising that the Asia regional management unit (ARMU) was not used more effectively in support of the operation. Similarly, it is difficult to understand why national staff members of country offices throughout the region were not seconded to the Myanmar operation or used in the context of some kind of distance management unit for the emergency programme. The technical advisors (Emergency WASH etc) do not appear to have been effectively utilised until well into the operation.

It is also clear that there were tensions between the lead member, CEG and other entities of CARE International. Communication lines were convoluted due to the requirement that all contacts with the CO be channelled through the Lead Member. There were concerns about the lack of information needed for donor relations and media, about the degree of discipline CI entities were prepared to exercise in relation protocol, about CEGs ability to balance its advisory and quality controlling roles and so on. Within CEG there were challenges related to the transition between holders of the post as Head of Emergencies.

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<sup>21</sup> Legal business visas were available quite early through the embassy in London. The lead member was made aware of this but continued to insist on Yangon/Bangkok application processes.

The CARE emergency handbook which existed in a draft version was perceived as far too long and detailed for practical use. The final version, available on the Internet and on CDs, includes checklists that are valuable and practical. Even they would have felt overwhelming for a person without emergency experience however. This tool clearly needs to be complemented with familiarity training for staff who may be confronted with a need to use it.

CARE International have set up the CARE Emergency Group in order to advise and support people faced with such situations. The dual role of the emergency group, which is also tasked with a quality control, accentuated the tensions between some managers and advisers trying urgently to help.

#### **8.4 A pattern of systemic leadership gaps**

A number of things are noteworthy to an outsider with the privilege of reflecting upon CARE's response to Nargis. The massive devastation. The resilience of the affected people. The dedication, competence, tenacity and effort put in by members of staff at all levels. The extent of the resources available to CARE International and the generosity of its donors.

CARE Myanmar had the cultural and contextual knowledge. It had, or could recruit, almost all human resources needed. CARE International could access the specialist skills needed to complement those available Myanmar. There were CARE country offices with qualified staff in a number of the neighbouring countries in the region. One of the CARE International members maintained a regional management unit in Bangkok. The relationship between CARE Myanmar and the lead member was well established. CARE Australia was a recognized and long-term member of CARE International. The CARE Emergency Group and the specialist advisers were in place and their roles agreed. CARE had a clear and agreed corporate identity. Protocols, policies, guidelines and checklists were available in sufficient quality and quantity. Supporting CARE organisations had good relations with their back funding agencies and there was no lack of financial resources.

Why then did the system not manage to apply these resources to address the needs of the affected people in a *timely and effective* manner? Serious challenges related to the context have been described above. However, given the resources available to CARE, the Confederation should have been able to do better. Why didn't people deal with inefficient behaviour although they were aware of it? We noted such behaviour at all system levels, for example:

- Field staff went about their duties, without knowing why a particular task should be done - and did not take the initiative to question their manager about it.
- Middle managers saw inefficiencies, were unclear if it fell within their mandate - and allowed things to continue.
- The country office faced a national scale disaster and did not establish an appropriate logistics supply chain or a systematic strengthening of human resource systems – and the system allowed this to continue for weeks.
- Several informants gave examples of decisions which were less than definitive and ultimately undermined by the convoluted communication chain.<sup>22</sup>

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<sup>22</sup> As mentioned in footnote 15; Several key informants emphasized the difficulties in getting decisions made. Some saw this as a CO issue, some ascribed it to the Lead Member, some referred to staff turnover and some to confusion regarding who had the mandate to take which decision.

- Several CI entities noted the lack of progress on the ground and the simultaneous ‘protective character’ of the lead member’s management style in the response - and did not manage to address the problem effectively.
- The need to improve existing HR rosters for international response had been identified previously – and had not been effectively acted upon<sup>23</sup>.
- There were multiple examples of underutilisation of existing resources due to ‘silos-mentalities’, lack of communication or lack of initiative – and the system allowed such lack of synergy to persist.

Most of the prime actors in the above examples were highly professional, competent staff or managers who worked long hours to contribute. What caused them to act (or not to act) so counterproductively?

Common to the above examples was conflict avoidance and a lack of clarity concerning organisational roles and responsibilities. Some of the examples also had in common that staff (or organisational entities), that had a clear mandate and competence for a specific context, did not perform well in the face of new circumstances. The inability to deal effectively with such lack of performance indicates bad leadership. Meanwhile, many of the people involved are recognised as good leaders. How was this then possible?

The Confederation structure failed to deal with organisational entities or staff, unwilling to adapt their way of working or step aside when new circumstances indicated that they should.

The structural absence of hierarchy in the confederate system compounded the challenge for leaders hoping to deal with underperformance in what were essentially colleagues of equal status. Meanwhile, CARE core values’ emphasis on participation appears to have accentuated the reluctance to deal decisively with underperformance in the hierarchies of the country office. The end result was the co-existence of good leaders with bad leadership, as shown by a series of lapses in leadership that were difficult to correct within the existing organisational structure and culture.

I choose to call that a pattern of systemic leadership gaps. That pattern will persist in future disaster situations unless the collected leadership of the Confederation manages to address an organisational leadership culture that respects turf at the expense of performance.

### **8.5 Rapid improvement after phase one**

The Nargis context involved no ongoing conflict, no aftershocks, no concerns about crime, no second wave epidemics and no large flows of internally displaced people. From an emergency programming perspective, the chaotic phase of the emergency was short. Within weeks the overall extent of the disaster was known and the needs and numbers did not significantly change over time, except for improving conditions and the gradual expansion of the number of affected people willing and able to take care of their own needs.

This also means that, from phase 2, the core competencies of CARE Myanmar became increasingly relevant. The need for speed, flexibility, adaptability, risk-taking and rapid decision-making declined. What became more important was the ability to administer regular, quality focused, large-scale, well monitored and reported activities. This needed to be done

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<sup>23</sup> See e.g. Bhattacharjee, Mid term evaluation of CI emergency strategy, SD#1, p 9 on roster system, training and staff development

within a programming context that became increasingly long-term with the shift towards transition.

This was also the time when the difficulties encountered in terms of providing international support to the country office began to be sorted out. Support staff from the lead member and from the CARE Emergency Group was able to work hands-on with setting up the necessary systems and structures. Sector specialists assisted in developing strategy by sector. The agreement with WFP sorted both the relationship with government and the overall framework of the operation. Despite this the first draft of the overall strategy was not in existence until late July.

Over the following months the machinery gradually started working. And it started working well. Food was delivered in the right quantities, to the right people, at the right times. The initial mess was cleaned up, the process involving a great deal of work which could have been avoided had proper systems and structures been in place early on. The supply chain was built, the commodity tracking was put in place, support structures were sorted out, monitoring and accountability structures put in place etc.

Full-scale non food item distributions were started at the end of month four post-- Nargis. 30 000 family kits and 6,000, tool kits were distributed over a period of approximately 5 weeks, in an organized, documented and accountable manner. This was a significant logistical and programming achievement.

By the end of November, CARE Myanmar was ranked as number three out of 13 implementing partners by the WFP. It had corrected a number of its early mistakes, was up-to-date in terms of reporting, had begun complementing its programming mix according to needs, had conducted an after action review and was due to set its policy for the transition period during a workshop in early December.

Following a very weak start, CARE is to be commended for an impressive comeback.

It should be noted that this is an evaluation of an emergency response. The longer-term implications for CARE Myanmar go beyond the mandate of this evaluation.

## **9 Conclusions and Recommendations**

The conclusions and recommendations below should be read keeping the context, outlined in section four above, clearly in mind.

### **9.1 Preparedness and the first phase (month 1)**

The country office was clearly unprepared for a disaster of this scale. Given the unprecedented nature of the disaster this report has argued that the lack of preparedness reflected good prioritisation. However, the lack of preparedness and organisational disaster response capacity was combined with risk aversion and a lack of strategic clarity which significantly hampered the organisation's performance. This inability of the organisation to adapt to new circumstances resulted in a CARE response that was at least three to four weeks late. While this delayed response is also valid for some of the other large international humanitarian actors it was only thanks to luck, circumstance, a significant response by

national entities and the resilience of the population that the delay ‘only’ damaged the dignity and not the health of affected people.

CARE International as a system was unable to compensate for the country office weakness. It should have been - if the Confederation wishes to live up to its Humanitarian ambitions and we argue that a CO without a history of national scale disasters is correct in not investing heavily in preparing for them. The visa and access issues have been used to partially explain this inability. These could have been dealt with in a more proactive and creative manner however.

This evaluation concludes that the main reason for CARE’s weak performance in the first month of the emergency was bad leadership<sup>24</sup>. This was caused by an interaction between CARE International’s organisational culture and its Confederation structure. The structure has allowed underinvestment in emergency preparedness to persist leading to e.g. human resource problems. The CI culture respected organisational turf more than performance leading to sub-optimal resource use and inadequate communication. The structural absence of hierarchy in the confederate system allowed underperformance to continue. What emerged was a pattern of systemic leadership gaps.

## **9.2 Implementing the response (month 2-7)**

This report has described a series of challenges and problems encountered by CARE in implementing its response to Nargis. We have identified communication difficulties, human resource problems, underinvestment in information management, duplication of work and overwork, purchasing problems and conflicts between support and program staff. We have spoken of unclear strategy, slow decision-making and confusion regarding roles and responsibilities.

Meanwhile we have noted that, in all affected villages we have visited, affected people have been pleased with the goods and services supplied by CARE. These people have noted that CARE’s distributions of WFP food have been regular, conducted according to clear and understandable criteria and of fair to good quality. Agricultural support arrived in time for planting activities to take place. The family kits, although late in arriving, were universally appreciated. While we have identified examples of overlaps with other agencies in both kinds of distributions, we have found no examples of significant gaps in coverage.

Based on the data we draw several conclusions:

- The affected population had their food and water needs well met in this time period.
- Livelihoods support, in the form of agricultural supplies of appropriate quality, arrived in time and acceptable quantity.
- Family kits were delivered with good coverage and acceptable to good quality, but far too late.

Overall, this is a significant achievement on the part of CARE. Furthermore, the long-term programming of the development side of the organisation in terms of human resources, planning, budgeting, bookkeeping and all the project activities have continued throughout.

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<sup>24</sup> Please note the difference between the quality of individual leaders and the quality of overall leadership in a particular time period. A key conclusion of the evaluation is that circumstances, structure and organizational culture can combine into sub-optimal leadership despite the presence of good leaders. The reader is referred to a more extensive discussion in section 8 above.

CARE Myanmar, and its international support system, is to be commended for this achievement.

### **9.3 Recommendations to the CO**

#### **9.3.1 Build appropriate preparedness**

CARE Myanmar is recommended to revise the emergency preparedness plan, add the learning from Nargis and ensure that key staff members are able to implement it. The country office is NOT recommended to establish the systems and structures needed to maintain full preparedness for a national scale disaster. Resources are better invested in preparing for more likely events. The threat of complex emergencies, involving combinations of medium scale natural disasters and internal conflict, should be seriously considered.

#### **9.3.2 Build on learning already achieved**

In the AAR process, CARE Myanmar generated a series of recommendations. Those recommendations are supported by this evaluation. However, they are quite general and should be complemented with department or field office learnings and recommendations. These could include:

- Plan for earthenware water storage in WASH preparedness, as successfully applied in Nargis response.
- When implementing criteria-based targeting, ensure all beneficiary groups get something.
- Complement wealth based criteria with other vulnerabilities in ranking systems, e.g. disabilities, age, single parenting, the un-registered etc.
- Develop information material in support of staff when they try to explain CARE choices, including the differentiation between “affected by disaster” and “vulnerable”.
- Invest more in internal communication to ensure staff understanding of strategy and choices.
- Begin recruiting early, even if CARE will not have access, the organisation will lose staff to other organisations in any major disaster situation.
- Establish ‘preferred supplier’ relationships for key commodities which may be used without tendering in emergencies.

#### **9.3.3 Invest in integrating**

The significant influx of new staff brings with it new perspectives, new competencies and new perceptions of what CARE Myanmar is all about. Organisations which attempt to return to “business as usual”, after going through an experience such as large scale disaster response, without investing in integration commonly confront serious problems. Integration involves investment in helping new staff get up to speed on policies, methodologies etc. It also involves helping old staff accept that the organisation has changed and they need to change with it.

#### **9.3.4 Celebrate your success**

This report has been critical of CARE’s initial response. It has also commended the organisation for its performance after the initial response. The emergency structures and systems are now being phased out. It is organisationally useful to clearly emphasize the end of significant *organisational* development phases. Do not focus so hard on the challenges of the future that you forget to celebrate the past.

## **9.4 Recommendations to CI**

### **9.4.1 Work on top leadership's culture**

CARE International's top leadership are recommended to set aside time to explore and map its own organisational culture and norms. Such a mapping would focus on the unspoken norms that govern internal communication, mutual feed-back and information sharing within the leadership group, in the context of large scale disaster response. It should be done with assistance from a skilled external facilitator with a significant cross-cultural background. The purpose would be to clarify how the leadership group's organisational culture needs to change in light of CI's humanitarian response ambitions.

### **9.4.2 Simulate response**

CARE International is recommended to task CEG to organise regular (bi-annual?) 'large-scale emergency response' simulations for the confederation's leadership and key staff members. Such exercises should focus on the processes and decision-makers that need to be involved in order to mobilise the full potential of the Confederation. The CI leadership is recommended to prioritise participation in such exercises.

In the longer term CARE International should consider inviting major peer organisations for joint simulations.

### **9.4.3 Build on what is already there**

CARE International is recommended to continue its support for CEG in its efforts to improve itself and CI overall response protocols. See for example the CEG internal AAR which includes good recommendations concerning communication lines, generic staff functions for effective response and relationship building needs.

### **9.4.4 Invest in support systems early**

CARE International is recommended to ensure that support-systems are in place as early as possible in an emergency operation in order to accommodate the large amounts of support arriving and the diversity and multitude of donors and their respective administrative needs. The reduced administrative 'cleaning up' needed later in an operation clearly justifies up-front investments in appropriate support structures.

## **9.5 Recommendations, target(s) unclear**

Given its humanitarian response ambitions, CARE International needs to consider how to deal with country directors, recruited for primarily development tasks, when they are confronted with large-scale emergencies for which they do not have the requisite experience and realized skills. CARE is recommended to establish institutionally, a protocol within which development oriented country directors faced with such situations are provided with an emergency team leader either through the lead member, the ARMU or CEG.

CARE is recommended to clarify, with its country directors and its donors respectively, its policy regarding the temporary secondment of staff from long term programs into emergency response programs.

CARE is recommended continue its policy of supporting cluster structures with active participation including secondment of expertise.

CARE International is recommended to revisit, and develop, its capacity to rapidly supply country offices with relevant, qualified human resources. The staff of country offices in neighbouring countries should be proactively considered when mapping available competencies.

### **9.6 Recommendations for CEG**

CEG is recommended to explore whether the CARE Myanmar ranking bias in favour of economic variables is prevalent throughout CARE International. If this is the case adding variables addressing other forms of vulnerability should be considered.

CEG is recommended to develop a, maximum three page, checklist for Country Directors, summarising the highest priority issues to address when facing a large scale, sudden onset disaster. The checklist should be short, practical and biased in favour of a country director's self interest.

CEG should explore the feasibility of establishing protocols for distance management of operations in contexts with limited access.

CEG should explore the feasibility of establishing protocols stating that a pooled funding approach, and pooled budgeting approach, is normal procedure in large-scale emergencies.

## Annex 1: List of persons interviewed

### Individual interviews

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD D
Brian Agland	Country Directory, CARE/MM	M	CARE Yangon	17-Nov-08
Bruno Dercon	Shelter Coordinator, UN-HABITAT	M	Yangon	12-Nov-08
Bryan Berenguer	German Agro Action	M	Bogaley, Hub coordinator Food & Livelihoods	20-Nov-08
Cherry Aung	Human Resources Manager	F	CARE Yangon	17-Nov-08
Christina Northey	Emergencies Coordinator, CARE Australia	F	Telephone	16-Dec-08
Daire O'Reilly	ACD, Emergencies, CARE	M	Yangon	26-Nov-08
Daw Aye Aye Khaing	Delta Field Office Coordinator	F	CARE Setsan Office	18-Nov-08
Daw Cherry Aung	HR Manager, CARE/MM	F	CARE Yangon	17-Nov-08
Daw Moet Moet Aung	Finance Manager, CARE	F	CARE Yangon	25-Nov-08
Daw Nang San San Win	Admin and Finance Officer, CARE	F	CARE Bogalay	20-Nov-08
Daw Ni Ni Aung	Program Officer	F	CARE setsan office	19-Nov-08
Daw Sanda Aye	Warehouse Supervisor	F	CARE Pyarpon	22-Nov-08
Daw Yi Yi Tin	Account, CARE	F	CARE Yangon	25-Nov-08
Elisabeth Babister	Shelter specialist, CARE UK	F	Telephone	
Haymanot Assefa	Head of Sub-office WFP	M	WFP Bogalay Office	20-Nov-08
Ian McClelland	ACD(Finance&Admin), CARE	M	CARE Yangon	26-Nov-08
Jamann, Dr	Chief Executive, CARE Germany	M	Telephone	Dec-08
Jock Baker	CARE Emergency Group	M	Telephone	16-Dec-08
Jonathan Michell	Emergency Response Director, CARE Emergency Group	M	Telephone	16-Dec-08
Josh Kreger	Logistic officer	M	CARE Yangon	17-Nov-08
Julia Newton- Howes	Chief Executive, CARE Australia	F	Telephone	Dec-08
Lise Tonelli	Emergency Assessment Team Leader CARE Emergency Group	F	Telephone	16-Dec-08
Liz Hughes	Head of Operations, IFRC	F	IFRC Yangon	25-Nov-08
Marcus	Q & A SPO (Delta)	M	On the boat	22-Nov-08
Matthew Maguire	Cyclone Recovery Coordinator, DFID	M	Yangon	27-Nov-08
Min Zaw	Cyclone Recovery Manager, DFID	M	Yangon	27-Nov-08
Nan Phyu Phyu Lin	Gender Advisor, CARE	F	CARE Yangon	26-Nov-08
Nay Myo Zaw	Program Coordinator	M	CARE Yangon	25-Nov-08
Paul Shanahan	WASH advisor	M	CARE Yangon	24-Nov-08
Robert Yallop	Principle Executive of International Operations, CARE Australia	M	Telephone	16-Dec-08

Tammy Hasselfeldt	ACD, Program ,CARE	F	CARE Yangon	26-Nov-08
U Aung Ko Ko	SPO	M	CARE Pyarpon	22-Nov-08
U Aung Min	SPO	M	CARE Pyarpon	22-Nov-08
U Aung Zin Oo	SPO	M	CARE Pyarpon	22-Nov-08
U Kan Htun	Township Forest Officer	M	Forest Dept,Bogalay	20-Nov-08
U Maung Po	SPO	M	CARE Pyarpon	22-Nov-08
U Nay Myo Zaw	Program Coordinator	M	CARE Yangon	25-Nov-08
U Peter	Logistic Officer (Pyarpon)	M	CARE Pyarpon	22-Nov-08
U Shwe Thein	Program Manager	M	CARE Yangon	25-Nov-08
U Than Win Aung	Operation Coordinator,CARE	M	CARE Yangon	25-Nov-08
U Thant Zin	Logistic Assistant	M	CARE Bogalay	20-Nov-08
U Thet Lwin Oo	Program Officer	M	CARE setsan office	19-Nov-08
U Thet Zaw Oo	Account, CARE	M	CARE Yangon	25-Nov-08
William Affif	Emergancy coordinator, WFP	M	Yangon	12-Nov-08

## Group interviews

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD
U Myo Thu Hlaing	CF,CARE	M	CARE Setsan	18-Nov-08
U Thaw Zin Oo	CF,CARE	M	CARE Setsan	18-Nov-08
U Zin Win Ko Ko	CF,CARE	M	CARE Setsan	18-Nov-08
Daw Aye Chan Thu	CF,CARE	F	CARE Setsan	18-Nov-08
U Soe Moe Khaing	JPO,CARE	M	CARE Setsan	19-Nov-08
U Aung Ko Thet	JPO,CARE	M	CARE Setsan	19-Nov-08
Tenzin Thinley	Early Recovery Manager, UNDP	M	UNDP Bogalay	20-Nov-08
U Ye Myint Thein	Area Coordinator, UNDP	M	UNDP Bogalay	20-Nov-08
U Tint Lwin	Township Coordinator,UNDP	M	UNDP Bogalay	20-Nov-08
Daw Myint Thandar Tun	Procurement Dept, CARE	F	CARE Yangon	24-Nov-08
Daw Saw Khaing Khaing San	Procurement Dept, CARE	F	CARE Yangon	24-Nov-08
Saw Kalayar, Dr	Township Medical Officer	F	Kungyangone	14-Nov-08
Daw Aye Aye Thant	Township Head Nurse	F	Kungyangone	14-Nov-08
U Thein Win	Township Health Assist.	M	Kungyangone	14-Nov-08
Dr Wunna Htay	SPO	M	Kungyangone CARE office	14-Nov-08
U Gham Phan	PO( Q & A )	M	Kungyangone CARE office	14-Nov-08
U Htoo Hlaing Win	PO( WASH & Shelter )	M	Kungyangone CARE office	14-Nov-08
U Kyaw Thet	SPO (WASH)	M	Kungyangone CARE office	14-Nov-08
U Thet Win	JPO ( Food)	M	Kungyangone CARE office	14-Nov-08
U Myat Tun Aye	JPO (Shelter)	M	Kungyangone CARE office	14-Nov-08
U Aung Ko Ko Tun	JPO (WASH)	M	Kungyangone CARE office	14-Nov-08
Daw May Thiri Tun	JPO	F	Kungyangone CARE office	14-Nov-08
U Kyaw Win Maung	PO (Food and Livelihood)	M	Kungyangone CARE office	14-Nov-08
Thet Zaw Oo	Accountant	M	CARE Yangon	25-Nov-08
Moet Moet Aung	Finance Manager	F	CARE Yangon	25-Nov-08
Yi Yi Tin	Accountant	F	CARE Yangon	25-Nov-08

## Focus group discussions

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD
Daw Po		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Khin Mar Aye		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Sal		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Myint Kyi		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Khin Than Aye		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Myint Wai		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Htay Htay Nwet		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Khin Nyunt Yi		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw San Maw		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw New Lin Thu		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Cho		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Htay Thi		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Hla		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw San Win		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Win Mar		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Nge		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Kay Khaing		F	Kyung Chaung, Kungyangone	14-Nov-08
U Mya Thin		M	Kyung Chaung, Kungyangone	14-Nov-08
U Ei		M	Kyung Chaung, Kungyangone	14-Nov-08
U Khin Maung		M	Kyung Chaung, Kungyangone	14-Nov-08
U Thaug Myin		M	Kyung Chaung, Kungyangone	14-Nov-08
U Kyaw Shein		M	Kyung Chaung, Kungyangone	14-Nov-08
U San Maung		M	Kyung Chaung, Kungyangone	14-Nov-08
Daw Khin Sein		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Myain		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Kyi		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Tin Shwe		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Saw Ye		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Sein Htwe		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Thin Shin		F	Kyung Chaung, Kungyangone	14-Nov-08
U Tun Tun Win		M	Kyung Chaung, Kungyangone	14-Nov-08
U Nga Tun		M	Kyung Chaung, Kungyangone	14-Nov-08
U Htay Oo		M	Kyung Chaung, Kungyangone	14-Nov-08
U Than Tun		M	Kyung Chaung, Kungyangone	14-Nov-08
U Mya Win		M	Kyung Chaung, Kungyangone	14-Nov-08
U Khin Maung Cho		M	Kyung Chaung, Kungyangone	14-Nov-08
U Myo Win Hteik		M	Kyung Chaung, Kungyangone	14-Nov-08
U Myat Thu		M	Kyung Chaung, Kungyangone	14-Nov-08
U Shwe Lone		M	Kyung Chaung, Kungyangone	14-Nov-08
Daw Nyunt Si		F	Kyung Chaung, Kungyangone	14-Nov-08
U Win Kyi		M	Kyung Chaung, Kungyangone	14-Nov-08
U San Win		M	Kyung Chaung, Kungyangone	14-Nov-08
U Han Haty		M	Kyung Chaung, Kungyangone	14-Nov-08
Daw Khin Aye		F	Kyung Chaung, Kungyangone	14-Nov-08

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD
Daw Khin Than Cho		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Mie Mie		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Chaw Su Hlaing		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Than Ngwe		F	Kyung Chaung, Kungyangone	14-Nov-08
Daw Tin New Oo		F	Kyung Chaung, Kungyangone	14-Nov-08
Ma Pauk Sa		F	Kyung Chaung, Kungyangone	14-Nov-08
U Kyaw Soe		M	Kyung Chaung, Kungyangone	14-Nov-08
Daw Ni		F	Kyung Chaung, Kungyangone	14-Nov-08
U Chit Thein		M	Kyung Chaung, Kungyangone	14-Nov-08
U Hla Kyaine		M	Kyung Chaung, Kungyangone	14-Nov-08
Daw San San Maw		F	Kyung Chaung, Kungyangone	14-Nov-08
U Kan Thein			Ywar Lei , Kungyangone	14-Nov-08
U Win Htein			Ywar Lei , Kungyangone	14-Nov-08
U Win Aung			Ywar Lei , Kungyangone	14-Nov-08
U Kyaw Min Tun			Ywar Lei , Kungyangone	14-Nov-08
U Khin Nyein			Ywar Lei , Kungyangone	14-Nov-08
U Zaw Tun			Ywar Lei , Kungyangone	14-Nov-08
Ma Ni Ni Win			Ywar Lei , Kungyangone	14-Nov-08
Ma Owe Wai			Ywar Lei , Kungyangone	14-Nov-08
Ma Cho Mar Oo			Ywar Lei , Kungyangone	14-Nov-08
Ma Zin War Oo			Ywar Lei , Kungyangone	14-Nov-08
Daw Nyo			Ywar Lei , Kungyangone	14-Nov-08
Daw Ywan Thaw Thaw			Ywar Lei , Kungyangone	14-Nov-08
Ma Zin Mar Cho			Ywar Lei , Kungyangone	14-Nov-08
Daw Sein Myint			Ywar Lei , Kungyangone	14-Nov-08
Daw Khin Mar Myint			Ywar Lei , Kungyangone	14-Nov-08
Daw Zin Thu San			Ywar Lei , Kungyangone	14-Nov-08
Daw Than Win			Ywar Lei , Kungyangone	14-Nov-08
Daw Than Than Sint			Ywar Lei , Kungyangone	14-Nov-08
Daw Ohn Ngwe			Ywar Lei , Kungyangone	14-Nov-08
Daw Thein Htay			Ywar Lei , Kungyangone	14-Nov-08
Ma Hla Ei			Ywar Lei , Kungyangone	14-Nov-08
Ma Moe Moe Zaw Oo			Ywar Lei , Kungyangone	14-Nov-08
Ma Shwe			Ywar Lei , Kungyangone	14-Nov-08
Ma Mar Oo			Ywar Lei , Kungyangone	14-Nov-08
Ma Nyo Nyo San			Ywar Lei , Kungyangone	14-Nov-08
Ma Ohn Myint			Ywar Lei , Kungyangone	14-Nov-08
Daw Ye Myint		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San Shwe		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Myint Khaing		F	Gone Nyin Tan, Pyarpon	21-Nov-08

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD
Daw Khin Htwe New		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw New San		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye Myint		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw KayKhaing Ye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Myint San		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Than Than Aye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Maw Ye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Myint Than		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Htwe Kyi		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Than Than Win		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Sanda Aye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye Maw		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye Sein		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Kyi Tint		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Than Aye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San Win		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Myint		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Kyin Ye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye Aye Than		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Chit		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Yu Yu		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Lei Lei Win		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San Mya		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Tin Htwe		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Sain Sain		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye San		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San Myint		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Tin Hla		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Thu		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Ohn Than		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Kyi Khaing		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Tin Tin Cho		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Aye Hlaing		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw New Ye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Tin Win		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San San Maw		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Khin Aye Thein		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Tin		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Than Hla		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Myint Aye		F	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw San Mar		F	Gone Nyin Tan, Pyarpon	21-Nov-08

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD
U Zaw Naing		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Htwe Myint		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Thein Win		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Bo Ni		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Khin Maung Myint		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Thet Naing		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Kyi Htay		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Myint Aung		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Tin Win		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U San Maung		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Khin Maung Myint		M	Gone Nyin Tan, Pyarpon	21-Nov-08
U Zaw Win		M	Gone Nyin Tan, Pyarpon	21-Nov-08
Daw Pyone Yin		F	BanMaw Village, Pyarpon	21-Nov-08
Ma Su Su Htwe		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Mya Than		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Myint Kyi		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Khin Aye		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Nyein Nyein		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Ohn Tin		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Kyu		F	BanMaw Village, Pyarpon	21-Nov-08
Daw Tin Htay		F	BanMaw Village, Pyarpon	21-Nov-08
Ma Su Su Hlaing		F	BanMaw Village, Pyarpon	21-Nov-08
Ma Zin Mar Swe		F	BanMaw Village, Pyarpon	21-Nov-08
Ma Aye San		F	BanMaw Village, Pyarpon	21-Nov-08
U Kyaw Win		M	BanMaw Village, Pyarpon	21-Nov-08
U Tin Htwe		M	BanMaw Village, Pyarpon	21-Nov-08
U Thaung Kwe		M	BanMaw Village, Pyarpon	21-Nov-08
U Myint Than		M	BanMaw Village, Pyarpon	21-Nov-08
U Aung Naing		M	BanMaw Village, Pyarpon	21-Nov-08
U Naing Win		M	BanMaw Village, Pyarpon	21-Nov-08
U Thein Oo		M	BanMaw Village, Pyarpon	21-Nov-08
U Khin Maung Oo		M	BanMaw Village, Pyarpon	21-Nov-08
U Win Soe		M	BanMaw Village, Pyarpon	21-Nov-08
U Moe Zaw		M	BanMaw Village, Pyarpon	21-Nov-08
U Aung Win		M	BanMaw Village, Pyarpon	21-Nov-08
U Thar Zan		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Maung Maung Kyi	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Kyi Lwin	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Zaw Naing Aye		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Thant Zaw		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08

Name	Organisation and function	M/F ♂♀	Place	Date YYMMDD
U Nyunt		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Tun Myint	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Soe Thu	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Tin Ko Latt		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Soe Win		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Htwe Kyi		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Than Hla		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Myint Myint San		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Sanda Win		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Wa Thote	Community Committee Member	F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Ohn Kyaw	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Kyi Win		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Sein Phoe		M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Myo Zaw	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
U Zaw Min Maung	Community Committee Member	M	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Myint Kyi	Community Committee Member	F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw San Kyi	Community Committee Member	F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Ohn Myint		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Thin Thin Lei		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08
Daw Than Than Sint		F	Kan Thar Ywar Thit, Pyarpon	22-Nov-08

***Focus group discussions where individual name documentation was not feasible***

Women's group		F	Pyi Thaw Thar , Kungyangone	15-11-08
Men's group		M	Pyi Thaw Thar , Kungyangone	15-11-10
Women's Group		F	Htwe Paing Village, SetSan	19-Nov-08
Men's Group		M	Htwe Paing Village, SetSan	19-Nov-08
Men's Group		F	Warchaung Village, SetSan	19-Nov-08
Women's Group		M	Warchaung Village, SetSan	19-Nov-08
Women's Group		F	Htwe Paing Village, SetSan	19-Nov-08
Men's Group		M	Htwe Paing Village, SetSan	19-Nov-08

## **Annex 2:**

### **TERMS OF REFERENCE** **Independent Evaluation of CARE Myanmar's** **Cyclone Nargis Response** *draft ver. September 10, 2008*

#### **1. Background**

Category 3 Cyclone Nargis struck Myanmar on 2 May 2008. The cyclone made landfall in the Irrawaddy delta region, approximately 250 km southwest of Yangon, at around 16:00. The storm then tracked inland in an ENE direction, directly hitting the capital Yangon itself late the same night.

The Post-Nargis Joint Assessment (PONJA) report released the following July estimated 84,530 people dead, with a further 53,836 still reported missing. Over 450,000 homes were destroyed and an additional 350,000 houses were damaged. Floods inundated over 600,000 hectares of agricultural land, killing up to 50 percent of draught animals. 75 percent of the health facilities and up to 60 percent of public schools in the affected areas were destroyed or severely damaged. The scale of impact of the cyclone in Myanmar can thus be compared to the tsunami in Aceh, Indonesia in late 2004. The PONJA report also estimated that at least US\$ 1 billion is needed to cover recovery needs of the affected areas over the next three years, in the areas of food assistance, agriculture, housing, basic services and support to communities to restore their livelihoods and rebuild assets.

CARE has been working in Myanmar/Burma for 14 years helping poor communities improve food security and livelihoods, health and access to safe water and sanitation. Prior to the disaster, CARE's capacity in the country was significant, with over 500 staff working in over 120 villages and towns across the country and offices in 11 of 14 states and divisions, though not in the areas affected by the disaster. CARE's MOU with the Government included provision for CARE to respond to emergencies, but there was some delay in getting the necessary approval for CARE to respond to the emergency in areas covered by the MOU, including expanding operations out of CARE's Patheingyi office in the Irrawaddy delta and importing relief items into the country. Longer term recovery and rehabilitation programming will be subject to ensuring government approval for this longer term engagement.

CARE mounted a US\$13 million emergency response and rehabilitation program. One of the keys to CARE's access to affected areas has been the partnership with WFP and ongoing food assistance to over 133,000 beneficiaries in six townships (three in Ayeyarwady division and three in Yangon division). The agreement with WFP allowed CARE to establish a key role within our areas of operation, creating a platform from which to initiate other activities with the aim of providing a holistic response to affected populations.

#### **2. Purpose and Objectives of the Evaluation**

The purpose of the evaluation is three-fold:

- a) Assess the quality and accountability of CARE Myanmar's response to the cyclone, using relevant OECD-DAC evaluation criteria, CARE/B's Emergency Strategies and CARE's draft Humanitarian Accountability Framework (HAF) as primary points of reference.
- b) Assess the extent to which the objectives of individual donor-funded projects and programs were met, taking account of the challenges of presenting individual donor-funded projects in what is essentially a programme requiring a "pool" of resources.

- c) Develop lessons learned and recommendations that will assist CARE Myanmar to build disaster risk management and strengthen emergency preparedness capacities to better help communities better cope with risk. Recommendations from relevant analysis will be developed both for CARE Myanmar's ongoing long-term programming and as key inputs into CARE Myanmar's Emergency Preparedness Planning (EPP) to enable more timely and appropriate response to disasters and crises in the future.

Some specific areas which the evaluation will examine include:

- **Timeliness and Appropriateness of response** – To what extent did CARE Myanmar other key CARE stakeholders (notably CARE Australia, CARE Emergency Group) have the capacity, systems and procedures, sufficient human resources and appropriate level of preparedness to facilitate a rapid and appropriate response?
- **Efficiency** – What were the outputs (both qualitative and quantitative) in relation to the inputs? Was CARE Myanmar's response timely and cost effective?
- **Impact** – Review of the impact of CARE Myanmar's response in terms of preservation of life, reduction of human suffering, establishing access to safe drinking water & hygienic latrine, and rebuilding livelihoods/cash-flow generation. To what extent were international standards and relevant standards were applied, notably those referenced in CARE's draft Humanitarian Accountability Framework.
- **Coverage** – Scale and ability to reach those most in need, given the political, religious, geographic and social context of the emergency, and providing intended beneficiaries with assistance and protection that is proportionate to that need.
- **Connectedness and Sustainability** – Links to local capacity, plans and aspirations and the collaboration and co-ordination with intended beneficiaries (including the effectiveness of communication/feedback systems), within CARE and with external partners during each phase (preparedness, response, rehabilitation). This aspect would also include an analysis of CARE's global systems for supporting emergency response, both in terms of project funding of different CI members for different phases of the response and technical support from staff deployed to support the Country Office.

### 3. Specific Focus Areas for the Evaluation

- a) **Human resources and management systems** - The challenge of expansion from a small development-focused base. Mechanisms used in recruiting or transferring staff. Implications for the organization of the nature of the staff in the short, medium and longer terms. Inter-agency competition/sharing of staff.
- b) **Collaboration between Program Support & Program** – how effectively did these two components of the response programme work together, both at a Country Office and HQ levels.
- c) **Coordination** – Extent and effectiveness of coordination between CARE Myanmar and other NGOs, the UN system and government organizations.
- d) **Community capacities and needs.** Community responses in different phases, building, maintaining and strengthening community capacity. Community participation modes, Community structures, the nature of need assessment at different levels & stages, prioritization of needs and communities' involvement in overall design, implementation, and assessment process.
- e) **Gender.** Specific vulnerabilities and limitations on women. Gap identification and gap filling. Specific activities for women. Strategic implications of emergency interventions, Implications for and of human resources past present and future.
- f) **Other groups with special needs** – What special efforts were taken to address the needs of physically and structurally vulnerable groups and expanding benefits to them.

- g) **Programming and delivery.** Other stakeholder views, including community. Longer term strategic significance of modes for sustainability. Do no harm principle and accountability. Adherence to codes.
- h) **Logistics.** Procurement, delivery mechanisms, accommodation and site development.

#### 4. Evaluation Methodology

The evaluation process will employ a *mixed methods approach* combining qualitative and quantitative methodologies. Mixed methods approach usually enriches understanding of the local context and complements the overall assessment process. The Team Leader will develop an appropriate methodology in consultation with the evaluation manager from CARE Myanmar during the initial phase of the evaluation.

While the evaluation will focus on response at a field level, it will also look at performance from a global organizational perspective. The evaluation will thus include both a home-based desk review/telephone component and a field visit when CARE and external stakeholders (including affected communities) will be interviewed. CARE key informants will include selected staff from CARE Myanmar, CARE Australia as the Lead Member, the CARE Emergency Group and CARE International members who were particularly involved.

This evaluation is expected complement two other CARE humanitarian accountability and learning processes that will be going on at the same time, namely:

- A two-day After Action Review (AAR) workshop during October 22-23, during which CARE Myanmar and external CARE staff involved in the cyclone Nargis response will review lessons learned.
- Mid-term evaluation of the component in CARE International's 2007-2012 Strategic Plan that focuses on Emergency Preparedness & Response.

The evaluation team members should spend significant amount of time in interviewing the project participants (beneficiaries) through Focus Group Discussions, Key Informant Interviews, participant observation, and quantitative survey (if required) for assessing the program's overall performance and benefit recipients' perception.

b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their express permission.

c) **Communication of results** – an official report of the evaluation will be prepared. However this report will be supplemented by a presentation of preliminary findings for key stakeholders (both internal and external) to both provide immediate feedback to CARE staff (and beneficiaries where appropriate) and give the Evaluation Team an opportunity to validate findings.

#### 5. Deliverables

- a) **Debriefing & Draft Report** - All data collected will be analyzed by the evaluation team. Immediately after field trip/after completion of data analysis the evaluation team will make a debriefing on the findings gained through desk review and interviews to CARE Myanmar's Senior Management Team to give them the opportunity to validate findings and assist the team in preparing their draft report. The draft report should present analysis (both data & narrative) clearly specifying **phases** (emergency & rehabilitation), **sectors** (FI, NFI, WATSAN, CFW/Livelihoods, etc.), and **donors**. The main report will be 40 pages maximum, plus annexes. The executive summary should be no more than three pages and include the overall assessment of the project, key findings and recommendations targeted at specific levels of CARE (CARE Myanmar, CARE Australia, CARE Emergency Group, CI members). In accordance with CARE International's Evaluation Policy, while the Team Leader will retain overall responsibility for drafting and editing the report, targeted stakeholders (CARE

Myanmar, CARE Australia, CI Members and/or CEG) will have the option of making a written response, which will be attached as an annex to the final report.

**b) Final Report** – The main report should include analysis, incorporating appropriate feedback from the draft report and from the debriefing. While maintaining the analysis and presentation structure of draft report the final report will also include a standard format summary “cover sheet” (see Annex III). This information will subsequently be entered into CARE’s evaluation database. The format and relevant guidelines are attached in annex III of this TOR. It is envisaged that the main report would contain the following sections:

- a. Executive Summary
  - b. Introduction
  - c. Objectives of the Evaluation
  - d. Methodology
  - e. Findings from reviews, Analysis & resulting Recommendations
  - f. Lessons Learned
  - g. Summary of Recommendations
  - h. Conclusions
- Annexes: cover sheet, maps, etc.

## **6. Evaluation Team Composition**

It is anticipated that the evaluation team will be made up of 3 - 4 persons including:

- A professional evaluator in the role of international Team Leader;
- A national with a background in disaster management, clear/analytical understanding of social dynamics, partnership, capacity building, coordination, etc. and/or.
- A senior member of CARE Myanmar’s Monitoring & Evaluation Unit.

All the proposed members of the team must have a demonstrated track record, and be recognized as seasoned professionals who can conduct this evaluation with a high degree of proficiency.

### **Team Leader Qualifications/Experience:**

#### **Required:**

- Previous Evaluation Team Leader experience
- Extensive experience of emergency management and disaster risk management approaches
- Monitoring and evaluation of emergencies
- Good knowledge regarding use of Sphere standards, Red Cross Code of Conduct, beneficiary accountability systems, etc. in humanitarian contexts
- First-hand knowledge of South-East Asia contexts
- Excellent drafting and communication skills in English

#### **Desired:**

- Prior experience of CARE relief and development operations
- Understanding of the Myanmar context
- Gender in emergencies experience

#### **Other Team member combined experience:**

- Monitoring and evaluation experience
- Knowledgeable in sector/cluster issues (Watsan, Livelihoods, gender, etc.)
- Previous experience of evaluation in Myanmar context
- Gender in emergencies experience
- Good emergency management and DRR experience (previous experience in cyclone response also desirable)
- Fluency in Burmese and English

## VII. Management of the Evaluation

The Team Leader will report to the Evaluation Manager designated by CARE Myanmar, who will in turn be guided by a Steering Committee of 4-5 senior staff representing different functional areas of CARE Myanmar, plus one representative from CARE Australia and one from CARE's Emergency Group. The purpose/function of this Steering Committee will be to provide appropriate technical advice and support to the Evaluation Manager, help ensure the independence of the evaluation process and promote ownership within different parts of CARE.

## VIII. Use of Evaluation Results

The Evaluation will contain targeted recommendations to various levels within CARE (e.g. the Country Office, CARE Australia, CEG and/or CI Members) in order to improve the quality of CARE's preparedness and response to future emergencies at both a country and organizational level. CARE Stakeholders targeted by recommendations will develop appropriate plans of action based on the evaluation report and its findings within one month of distribution of the final report. An appropriate system for monitoring implementation of recommendations will be agreed by CARE Myanmar, CARE Australia, and CEG, who will each nominate a focal point to monitor implementation of recommendations.

**VIII. Proposed Timeframe:** Total of 33 days for the Team Leader and approximately 3 weeks for the other Team Member(s). Estimated start date is October 15, 2008. The evaluation schedule will include:

Activity	Approximate Dates	Person(s) Responsible	Location
Orientation (preliminary desk review)	2 days	Team Leader	Home-based
International Travel	1 day	Team Leader	
Meeting CARE/M to finalize TOR and agreement on methodology. Initial interviews (main interviews to take place after field visit)	2 days	Full team	Yangon
Interviews with field-based CARE Myanmar staff and external key informants (including communities)	14 days	Full team	Field sites
Interviews TIH Yangon-based CARE Myanmar. Debriefing for CARE Myanmar's senior mgmt team	3 days	Full team	Yangon
Travel	1 day	Team Leader	
Tel interviews with CARE Australia, CEG, key CI members	3 days	Team Leader (TL may also delegate this to other team members)	Home-based
Analysis and writing draft report	4 days	Team Leader and team members	Home-based
Finalize Report (after incorporating feedback on draft)	3 days	Team Leader w/ CARE	Home-based
Stakeholder review of recommendations		CO, CARE Australia, CEG	
Stakeholder Plans of Action circulated		Country Office, CARE Australia, CEG	
Monitoring Implementation of recommendations		Country Office, CARE Australia, CEG	

## Annex 3: HAF benchmarks compliance summary

Benchmark	Indicator	Performance	Comment
1. Leadership on accountability	1, 2, 3	Clear pass.	Complaints mechanism known to affected villagers and repeatedly cited as good by key persons interviewed.
	4, 6	No data	
	5	Clear failure	
2. ...non-discrimination...	1, 2, 4, 5	First failure, then pass	The initial failure is related to the delay in getting going.
	3	First failure, then unclear pass.	Initial inability to (even resistance against?) effectively utilise existing resources. Gradual improvement but still lacking disaster response operational understanding and strategy.
3. Planning design and monitoring	1, 3	Unclear pass	Staff and leadership overwhelmed and only just coping with bare necessities of deliveries. Affected population implementing top-down design, but also being invited to comment and suggest regarding activities. Serious efforts to get back to CARE working modalities as phase out of emergency taking place.
	2, 4	Pass	
4. Participation	1, 2	Fail	Serious efforts to get back to CARE working modalities as phase out of emergency taking place.
	3, 4, 5	Pass	
5. ...feedback and complaints...	1	Unclear pass	Beneficiaries did have the opportunity to comment but were not involved in design or planning.
	2, 3, 4	Pass	Towards the end of the operation; Clear pass.
6. Transparency and Info sharing	1, 3	Pass	
	2	Relevance?	Questionable if this was at all possible in the context.
7. ...evaluation...learning	1, 2	Pass	
	3, 4	No data	Depends on how this report is processed
8. Staff competence and HR management in emergency	1, 2, 3, 4	Unclear pass	Initial absence of strategy. Paper structure there. Comprehension not yet there. Orientations generally done, but too short and too late.
	5, 6	Not yet	
	7	Clear pass	

Benchmarks quoted from:

## **CARE International Humanitarian Accountability Framework**

*Final Draft ver. November 6, 2008*



### **Humanitarian Benchmarks**

#### **Benchmark 1: Leadership on accountability**

##### **Indicators:**

1. There is a public commitment by CARE that we adhere to specific standards, principles and codes of conduct.
2. CARE leaders know the standards CARE is committed to, incorporate them into policies and ensure adequate staff and funds are allocated to quality and accountability.
3. CARE functional units implement CARE's Humanitarian Accountability Framework and monitor their compliance for continuous improvement.
4. The Secretary General reports regularly to the CI Board on progress on implementing CARE's Humanitarian Accountability Framework.
5. CARE has well-established mechanisms for timely and adequate resource deployments during emergencies (including clearly defined decision-making mechanisms for rapid responses, with clear lines of authority and accountability).
6. Performance management of senior managers includes their involvement in awareness-raising and overseeing implementation of CARE's Humanitarian Accountability Framework.

#### **Benchmark 2: Principle of non-discrimination and response based on needs and rights alone (underpinned by people's right to the minimum conditions required to live in dignity)**

##### **Indicators:**

1. Systematic assessments are carried out with the participation of the disaster-affected population to determine humanitarian response.
2. The assessments take into account local capacities and institutions, coping mechanisms and risk reduction, as well as the responses of other actors and agencies.
3. Capacity assessment determines the capacity needs of CO and potential partners, and how these can be filled in relation to first local then external capacities and resources.
4. Assessment findings are shared and validated with other stakeholders, and CARE's response is determined in consultation with other relevant agencies.
5. CARE has an appropriate emergency strategy to guide its response that is informed by assessments and is periodically updated, and the strategy reflects the specific needs of vulnerable and marginalised groups.

### **Benchmark 3: Planning, project design and internal monitoring**

#### **Indicators:**

1. Staff systematically use CARE's Humanitarian Accountability Framework, previous lessons, and relevant technical standards (such as Sphere) to inform planning, design and monitoring.
2. In addition to input-output tracking, there are internal mechanisms to review and report on processes, outcome and impact.
3. Disaster-affected people (including the most vulnerable and marginalised) participate in planning, design and monitoring, and we actively seek their feedback on impacts.
4. CARE uses monitoring results to make timely adjustments where necessary, and shares monitoring results with various stakeholders.

### **Benchmark 4: Participation**

#### **Indicators:**

1. CARE proactively identifies and works with representatives of the poorest and most marginalised people.
2. Beneficiaries, or their representatives, participate in assessments, implementation, monitoring and evaluation, and in decision-making on determining project activities throughout the lifecycle of the project.
3. Beneficiaries and local communities are made aware of assessment, monitoring and evaluation findings.
4. Local government and partners are involved in assessments, implementation, monitoring and evaluation.
5. Disaster response is built on local capacities and emergency projects are designed to increase disaster response capacity.

### **Benchmark 5: Stakeholder feedback and complaints mechanism**

#### **Indicators:**

1. Beneficiaries have the ability to comment on all stages of project, and there is effective coordination and exchange of information among those affected by or involved in the disaster response.
2. CARE has formal mechanisms in place to periodically capture and monitor feedback from beneficiaries and other key stakeholders (e.g. use of systematic stakeholder surveys, focus group discussions).
3. A formal mechanism is in place for beneficiaries to lodge and receive response for complaints in a safe and non-threatening way, and is accessible to all.
4. Management oversight of complaints and community feedback ensures that CARE responds to the feedback and complaints received, making improvements, and informing affected populations of any changes made, or why change is not possible.

## **Benchmark 6: Transparency and information sharing**

### **Indicators:**

1. Key information is made publicly available on:
  - CARE's structure, staff roles and responsibilities and contact details
  - CARE's humanitarian programme, commitments to standards, assessment findings, project plans, specific activities and key financial information
  - beneficiary selection, including targeting criteria and entitlements, and how key decisions are being made
  - stakeholder participation and feedback opportunities, including how beneficiaries and local communities can become involved, and information on formal feedback and complaints mechanisms
  - CARE's performance such as progress reports, monitoring information, and findings of reviews and evaluations, including an explanation of gaps in meeting minimum standards.
2. All information is provided in a way that is accessible to beneficiaries, local communities and authorities, and which does not discriminate against vulnerable groups or cause harm.
3. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects.

## **Benchmark 7: Independent reviews, monitoring, evaluation and learning**

### **Indicators:**

1. The collection of information for evaluation purposes is independent and impartial, and is carried out with the participation of the disaster-affected population.
2. Independent real-time and end-of-project evaluation of all large-scale emergency operations are carried out.
3. Evaluation findings are acted upon by top management, based on clear action plans resulting from evaluation recommendations.
4. Evaluation results are made publicly available in appropriate formats to promote accountability to and learning by stakeholders, including disaster-affected communities.

## **Benchmark 8: Staff competence and human resources management in emergencies**

### **Indicators:**

1. Staff deployed in humanitarian operations has a job description or terms of reference where their accountability responsibilities are clearly defined.
2. Policies and practices that relate to staff recruitment and employment are documented, and staff is familiar with them.
3. Staff is provided with pre-posting briefing and orientation, including humanitarian accountability and compliance, before they go into an emergency.
4. Specific competencies and behaviour expected of staff are clearly defined.
5. Staff is regularly oriented and/or trained on the Humanitarian Accountability Framework, including relevant principles, standards and compliance systems.
6. Staff and partners understand and practise the non-discrimination principle of the RCRC Code of Conduct, and associated principles of impartiality and neutrality in all humanitarian operations.
7. Managers are held accountable for supporting staff and ensure regular review of performance.

#### **Annex 4: Country Office comments on the “Evaluation of CARE Myanmar’s Cyclone Nargis Response”**

CARE Myanmar commissioned an independent evaluation of its Cyclone Nargis emergency response to assess the quality and accountability of the emergency response, the extent to which the objectives of individual donor funded projects were met, and to develop lessons learned and make recommendations towards strengthening future disaster risk management and emergency response capacity - both within CARE Myanmar and institutionally. While the Country Office (CO) is satisfied that this document has largely met these objectives, and while it strongly concurs with all recommendations, it is important to note that the evaluation has key omissions. If left unaddressed, these issues have the potential to impact on any emergency response that may be required in the future. A brief discussion of the evaluation’s findings, and its omissions, follows.

CARE Myanmar’s emergency response has made significant achievements. A total of over 150,000 people have been reached with life saving assistance in the primary sectors of shelter, WASH and food assistance. CARE has applied a demonstrated M&E/Q/A framework with a realized feedback mechanism for beneficiaries from the earliest stage of the response, and has shared these approaches with key partners through both the cluster system and through support of the SPHERE project here in Myanmar. CO staff, in coordination with CI members such as CARE Australia, CI-UK, CARE Germany, CARE Canada and CARE Norway have generated over 4 million dollars in funding since the initial emergency appeal, with donors such as DFID and DEC consistently looking to CARE as activities evolve from the emergency response to accelerated recovery and rehabilitation programming. This sustained capacity to generate additional funding has allowed the CO to direct the \$4.9 million unrestricted funding generated by CARE USA, towards the longer term strategy for activities within the Delta. Underpinning these efforts was the rapid recruitment of over 300 new staff, and the efforts made to ensure that applicable orientation and capacity building support was provided. This evaluation recognises most of these achievements.

Despite these successes, the CO fully acknowledges its own shortcomings such as the lack of a realistic Emergency Preparedness Plan (EPP) and delays in establishing an effective supply chain. However, one key issue which the evaluation fails to analyse is the categorical restriction placed by the Government on CARE’s access to the affected areas in the Delta during the initial phase of the emergency response. CARE Myanmar was one of the few INGOs not operational in the Delta prior to Cyclone Nargis, and as such, was prevented by the authorities from launching an immediate large-scale response in the Delta. The CO made repeated and targeted appeals to senior members of the GoUM, explored partnering options with other INGOs, and staff attempted to enter the area only to be turned around at checkpoints. Approval to operate in the affected area was given to CARE 26 days after the cyclone struck. CARE was one of only a few INGOs in this situation as most others had existing MOUs allowing them to carry out activities in the Delta. This evaluation is critical of CARE’s initial response, and while some of this is warranted, the report fails to address the unique circumstances that faced the organisation. The CO is currently working through inter-agency disaster preparedness mechanisms to address this issue should the situation arise again.

While the operational considerations made by CARE Myanmar may, in retrospect, seem to have been cautious, it is important to note that the CO was in the difficult position of ensuring that extremely vulnerable people being reached by existing projects throughout the country,

such as the Rohingya in Northern Rakhine State, were not seriously jeopardized by the large scale transfer of existing staff and resources to the emergency response. While it is understood that ultimately, timeliness of response is the primary objective of any emergency program, the evaluation and its focus on Nargis issues has not fully considered the wider considerations that were required, and which undoubtedly impacted upon the capacity of CARE's immediate actions. CARE Myanmar is confident that it responsibly and appropriately managed the needs of both the emergency response and development programs. This is evidenced today by the healthy existence of both programs.

In presenting these prevailing and definitive considerations, the CO recognizes that these issues in themselves do not remedy nor justify the identified challenges experienced during the response. Rather, they compounded the systemic and institutional gaps which emerged in the creation of such a large scale emergency program, and added an additional layer of complexity to a CO team which had limited emergency experience or established large scale response capacity, and which could not rely on the rapid deployment of specialized emergency personnel. These points are not being raised to in any way mitigate the findings and recommendations made following this evaluation, but rather in the hope that they will provide a fuller contextual understanding to the first month following the cyclone.

From a CO perspective it is now of primary importance that the key findings and recommendations articulated in the report are meaningfully addressed. This is essential so that the continuing response benefits from sustained evaluation, assessment and improvement so as to provide quality programming to people still affected by the cyclone. It will also be key to consolidating the realized emergency response capacity of CARE Myanmar staff.

In sharing this document, CARE Myanmar is confident that it will provide a valuable contribution to CARE's overall organizational commitment to improve both the efficacy and quality of future emergency response programming and meaningfully address existing institutional challenges.