



## Evaluation e-Library (EeL) cover page

<b>Name of document</b>	LKA - OFDA Ampara Final Evaluation 11-05
<b>Full title</b>	OFDA Tsunami Relief and Rehabilitation Project Ampara District - Sri Lanka <u>Final Evaluation Report</u>
<b>Acronym/PN</b>	
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<b>Dates of project</b>	January – November 2005
<b>Evaluator(s)</b>	(kamalika)
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<b>Type of report</b>	<i>final evaluation</i>
<b>Length of report</b>	35 pages
<b>Sector(s)</b>	Humanitarian action,
<b>Brief abstract (description of project)</b>	With USAID funding CARE launched an early stage of relief and rehabilitation activities in the Ampara district. The broad objectives of the project were aimed at helping affected communities meet most of their pressing needs. These initial activities sought to provide immediate humanitarian assistance through infrastructure rehabilitation, environmental initiatives, water delivery, the construction of sanitation facilities, cash for work activities and community psychosocial support. While the broad objectives of the project remained the same over time the geographical scope of CARE's activities expanded within the district. (p.4)
<b>Goal(s)</b>	to assist Sri Lankans to recover from devastation caused by the Asian Tsunami on December 26, 2004
<b>Objectives</b>	1. Improved health and sanitation conditions through essential cleaning and first level recovery of affected areas and increased access and use of water and sanitation facilities 2. Household Economic Recovery initiated (p.3)
<b>Evaluation Methodology</b>	Primary data was collated through focus group discussions and in depth discussions while the review of secondary data <sup>1</sup> contributed to the final report as well. (p.5)

<sup>1</sup> OFDA project proposal, quarterly project progress reports, CI monthly reports and monitoring visit report, Multi agency evaluation report

<b>Results (evidence/ data) presented?</b>	Section V, p.5-16
<b>Summary of lessons learned (evaluation findings)</b>	<ul style="list-style-type: none"> <li>• According to the responses of the beneficiaries people appeared to be well informed of the selection criteria and it was revealed that they were generally satisfied with the beneficiary selection procedures adopted by CARE or the partner organizations. They also stated that they thought it was fair and that the most needy and deserving received the assistance. In addition, it was also made known that in general the beneficiaries were consulted before construction.</li> <li>• A need was seen to coordinate with other INGOs to avoid duplication and initiate complementary water sanitation programs such as done with OXFAM. It is also important to continue and further strengthen relationships with the other INGOs and the MOH (Ministry of Health) when coordinating CARE's future water and sanitation programs in the area. (p.12)</li> <li>• The roads completed by CARE could be short lived if appropriate drainage systems are not included, especially in areas prone to flooding which will require further assessment. (p.17)</li> </ul>
<b>Observations</b>	A simple reporting of project outputs
<hr/>	
<i>Additional details for meta-evaluation:</i>	
<b>Contribution to MDG(s)?</b>	<i>1b:Hunger / 7b:Water &amp; Sanitation</i>
<b>Address main UCP “interim outcomes”?</b>	
<b>Were goals/objectives achieved?</b>	<i>1=Yes</i>
<b>ToR included?</b>	No
<b>Reference to CI Program Principles?</b>	No
<b>Reference to CARE / other standards?</b>	No
<b>Participatory evaluation methods?</b>	Yes (FGDs)
<b>Baseline?</b>	No
<b>Evaluation design</b>	<i>Formative (process) Post-test only (no baseline, no comparison group)</i>
<b>Comment</b>	<i>Example of poor evaluation, unless all donor was interested in was verification of outputs</i>

**OFDA Tsunami Relief and Rehabilitation Project  
Ampara District - Sri Lanka**

**FINAL EVALUATION REPORT (DRAFT)**

**NOVEMBER 2005**

# **CONTENTS**

<b>1. OVERVIEW OF THE AMPARA DISTRICT:</b>	<b>3</b>
<b>2. PROJECT OVERVIEW:</b>	<b>4</b>
Objectives of the Project:	4
<b>3. EVALUATION OBJECTIVES</b>	<b>5</b>
<b>4. METHODS OF EVALUATION</b>	<b>6</b>
Focused Group Discussions	6
<b>5. PROJECT ACHIEVEMENTS</b>	<b>6</b>
<b>5.1 Water Delivery</b>	<b>6</b>
Outputs:	7
Impact:	9
Recommendations:	10
<b>5.2 Health and Sanitation</b>	<b>10</b>
Outputs:	10
Impact:	11
Recommendations:	12
<b>5.3 Non-Food Related Items (NFRIs)</b>	<b>13</b>
Outputs	Error! Bookmark not defined.
Impact	13
<b>5.4 Cash for Work (CFW)</b>	<b>13</b>
Outputs:	14
Impact:	16
Recommendations:	17
<b>5.5 Community Psychosocial Support</b>	<b>18</b>
General Observations	18
<b>ANNEXURE I (FOCUSED GROUP DISCUSSIONS)</b>	<b>20</b>
<b>ANNEXTURE II (TABLES)</b>	<b>30</b>

## **1. OVERVIEW OF THE AMPARA DISTRICT:**

The district of Ampara is located within the dry zone and covers an area of 4431 sq.km with a population of roughly 600,000. The ethnic composition of the population is 41% Muslims, 39% Sinhalese and 19% Tamils. The vast majority of the Muslim and Tamil community resides along the northern coastal areas which are densely populated (23,000 persons per sq. km in Kalmunai). As in much of the region the district of Ampara has experienced displacement, damages to property, loss of basic infrastructure and livelihoods due to the 20 year old conflict while 65% of the population is below the poverty line. The primary occupation of 80% of the rural population focuses on fishing and agricultural activities.

Following the cessation of hostilities between the GoSL and LTTE in 2002 tensions between the ethnic communities has erupted into violently particularly between Tamils and Muslims. Heightened tensions as a result of targeted killings undertaken by the LTTE factions and increased attacks on the government forces have contributed to the deteriorating human security situation<sup>2</sup> in the district. Increasing frustration and grievances of the tsunami affected have fueled the situation as all ethnic groups express feelings of being disadvantaged combined with the wide spread impression in the district that reconstruction in the East is being neglected. As in much of the north and east those communities affected by the conflict are being severely neglected as agencies focus on the tsunami affected communities. Women and children have become increasingly vulnerable. The lack of women's effective participation in consultation<sup>3</sup> in terms of development and reconstruction processes runs the risk of marginalizing them further.

Ampara is considered to be the most severely affected districts in the country with 11 of the district's 20 Divisional Secretary Divisions being directly affected. More than 10,000<sup>4</sup> people lost their lives while 38,000 families were displaced. Many ended up in hastily set up welfare centers in public buildings such as schools while many more sought refuge with friends and relatives. As in much of the tsunami affected districts in the country the implications of the buffer zone greatly delayed the reconstruction process. In a joint report compiled by donor agencies priorities for reconstruction emphasized by the affected population are (i) provision of permanent housing, including basic infrastructure such as water supply and power and (ii) livelihood support. Most acutely, adequate transitional shelters need to be provided – many of the displaced are in tents or tin-roofed shelters that are extremely uncomfortable in the hot season and that lack separate rooms for men and women. The building of permanent houses is critical to accommodate about 15,000 displaced families who resided within the 200-metre buffer zone along the seashore. Restoration of livelihoods will include provision and repair of fishing boats and

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<sup>2</sup> The first reports of child recruitment following the tsunami were reported from Ampara while clashes between LTTE and the Special Task Force (Commando Unit of the Sri Lankan Police Force) have increased. Reports of grenade attacks and shootings at STF personnel located in or near welfare centers were also reported.

<sup>3</sup> Reasons vary from cultural restrictions and women's own unwillingness to participate in these forums etc.

<sup>4</sup> This is the most common figure used; although discussions with district officials during the mission suggested that the number of deaths may have been significantly less, i.e. slightly in excess of 6,000.

fishing gear, desalination and clearing of agricultural land, and provision of capital for restarting small businesses and tourism enterprises.

## **2. PROJECT OVERVIEW:**

With USAID funding CARE launched an early stage of relief and rehabilitation activities in the Ampara district. The broad objectives of the project were aimed at helping affected communities meet most of their pressing needs. These initial activities sought to provide immediate humanitarian assistance through infrastructure rehabilitation, environmental initiatives, water delivery, the construction of sanitation facilities, cash for work activities and community psychosocial support. While the broad objectives of the project remained the same over time the geographical scope of CARE's activities expanded within the district. The initial proposal covered the 5 DS of Ninthavur, Kalmunai Tamil, Kalmunai-Muslim, Karaitivu and Sainthamarudu and consequently during the first quarter of the project extended to Thirukkivil and Pottuvil Divisions<sup>5</sup>.

### **Objectives of the Project:**

The purpose of the project was to assist Sri Lankans to recover from devastation caused by the Asian Tsunami on December 26, 2004. In coordination with other ongoing efforts in relief, recovery, and reconstruction, the project aimed to help meet the most pressing needs of those affected, as well as assist them in regaining sources of income, increase their access to clean water and sanitation facilities while also initiating processes that helped enhance the psychosocial well-being of affected communities. The overall objectives of the project are two fold:

### **3. Improved health and sanitation conditions through essential cleaning and first level recovery of affected areas and increased access and use of water and sanitation facilities**

In relation to this first objective, the first priority of the project was to clear contaminated water tanks and wells, which included the clearing and desalinating of existing water sources. [Once the water tanks and wells were cleared, the second priority was to build appropriate waste/water disposal and sanitation facilities in targeted villages.](#)

Following the tsunami many of the water facilities – including reticulation systems, wells and water tanks were contaminated with sea water, sometimes up to 3 km from the coastline. As the water retreated, human and animal carcasses remained unburied near water sources which further contributed to the contamination of these sources of water. This resulted in the immediate need to provide safe drinking water for displaced communities. Waste/water disposal and sanitation facilities have also been badly affected, leading to a need to be re-established, to ensure water safety and prevent outbreaks of diseases.

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<sup>5</sup> In response to a supplementary proposal submitted by CARE, USAID agreed to extend the initial allocation to a total of US\$ 1,941,787.

#### **4. Household Economic Recovery initiated**

The mobilization of communities, through the initiation of Cash for Work programmes (CFW) was a priority in terms of its second objective and doing so focused on building confidence, trust and respect while developing skills, increasing the knowledge base and enabling the broad participation of the community. It was also found that the community mobilization and community orientated work helped in the psychological recovery of community members.

One of the aims of the CFW was to ensure an affected household's food security, particularly the most vulnerable survivors, reduce migration and enhance purchasing power and thus, the economic cycle. If basic needs are addressed in this way, it provides people the time to think, plan and rebuild. A work culture and ethic is retained and people regained confidence by overcoming trauma.

CFW aimed at rebuilding community infrastructure such as water and sanitation facilities, roads, schools, village clinics, and shelter. The community prioritized areas needing clearing and repair. CFW relied as much as possible on local labor and supplies. These activities also proved to be a source of short-term income generation that assisted households to recover.

### **3. EVALUATION OBJECTIVES**

The main objective of this final evaluation was to assess whether the project achieved its expected impact and effects through its outputs and activities. The specific objectives of the evaluation were:

- To assess environmental and social impact of water and sanitation activities, roads construction and debris clearing
- To assess whether water and sanitation meets SPHERE Standards
- To assess the mechanism that have been adopted to ensure active community participation
- To assess project's contribution to people's livelihoods
- To obtain information on the extent of women's participation, and the appropriateness of interventions targeted at women to address gender issues
- To identify the main constraints that affected implementation of this project
- To obtain information this will be used for reviewing and refining the strategy for the second phase of the project.

## **4. METHODS OF EVALUATION**

Primary data was collated through focus group discussions and in-depth discussions while the review of secondary data<sup>6</sup> contributed to the final report as well.

### **Focused Group Discussions**

Several focused group discussions were held in Sainthamaruthu, Pottuvil, Kalmunai, Akkaraipattu and Thirukkivil divisions along with site visits. Most of the groups consisted of men and women. Semi structured interviews and discussions were held while all discussions were held in local languages. Focus group discussions and interviews were held in the following areas with both groups and individuals that included CARE partner organizations and selected beneficiaries, community members residing close to CARE sites, other LINGO and INGOs, government officials:

**Pottuvil:** Kundumadu/Kalappukattu/ Pasarichchenai/ Sinhapura (rural development society, farmer organization, CARE beneficiaries in all 3 locations).

**Kalmunai North:** Samanthurai/Pandirippu (CARE staff, CARE partner organizations – CPBR and CSA).

**Kalmunai South:** Nelavanai

**Thirukkivil:** Thanbilivil (CARE beneficiaries)

**Sainthamaruthu:** CARE partner Al Quraishi and CARE beneficiary community.

**Akkaraipattu:** Bathur Nagar (with community residing in area and OXFAM)

## **5. PROJECT ACHIEVEMENTS**

### **5.1 Water Delivery**

In extreme situations there may not be sufficient water available to meet basic needs, and in these cases supplying a survival level of safe drinking water is of critical importance. In most cases, the main health problems are caused by poor hygiene due to insufficient water and by the consumption of contaminated water:

Water was supplied to all affected people either through pipes, water tanks or dug wells. With assistance from NGO's the National Water Distribution Board (NWSDB) repaired

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<sup>6</sup> OFDA project proposal, quarterly project progress reports, CI monthly reports and monitoring visit report, Multi agency evaluation report



the main portions of damaged distribution pipelines and dug wells. Although wells were cleaned they remain salty and brackish and it is hoped that the coming monsoon rains would flush out the salinity. Although the well water cannot be used for consumption and cooking purposes it is being used for secondary purposes. According to a needs assessment carried out in the district water needed to be delivered on a daily basis until the commencement of the rains. The accessibility to safe drinking water continues to be a concern.

### **Outputs:**

In terms of water delivery, the outcomes of the efforts of CARE Ampara have been immense during the immediate recovery stage. This included the hiring of 4 water bowsters<sup>7</sup> to help augment the water supply in 4 DS divisions. The bowsters have been allocated as 1 for Thirukkivil, 1 for Pottuvil, 2 for Kalmunai. Water was thus delivered to support the objective of supplying water at 15 liter per person per day to the beneficiaries; delivery took place 2-3 times a day for roughly 6 months. This factor is especially noteworthy since water delivery abided standards set by the SPHERE, which states that average water for drinking, cooking, and personal hygiene in any household is at least 15 liters per person per day. When discontinuing the distribution of water CARE notified the local government of the respective areas that they were phasing out one month prior to stopping the distribution in order for the authorities to find alternative sources for distributing water.

### **Details of Water Delivery in the Ampara District:**

Month	No. persons who received 15 lts of water	No. of days delivered in the month
January	3,288	11 days
February	5,760	28 days
March	6,275	31 days
April	8,610	30 days
May	7,870	31 days
June	8,094	30 days
July	8,537	15 days

Three water purification plants have been set up by the German Red Cross, FORUT and the Water Board (AmeriCare has provided the treatment equipment). Water is chemically treated and chlorinated prior to delivery. German Red Cross treatment plant has a production capacity of 200,000 liters, the FORUT one has the capacity of 40,000 liters and AmeriCare treatment plant, turned-over to Water board, has capacity of 500,000 liters.

<sup>7</sup> This has been in effect from the 19<sup>th</sup> of January to the 15 of July 2005

However, with the departure or phasing out of several emergency NGOs only a limited amount of clean drinking water was available in most affected areas, particularly in the camps. Due to the limited capacity of the local authority (Pradesiya Saba) in terms of both human and material resources the continued distribution of water was difficult. Nevertheless, in the light of this situation CARE succeeded in coming of aid in the Ampara area by distributing 726,510 lts of water to approximately 50,000 beneficiaries.



4.1.1 – Red Cross Water Treatment Plant



4.1.2 - Water Filling at treatment plant

In addition, CARE was involved in the construction of 93 wells in the areas of Thirukkivil, Ninthavur and Sainthamarudu in partnership with various local organizations. Hand dug wells were built in contrast to common hand dug wells in the area (pic. 4.1.3 and 4.1.4). An improvement included in the CARE built wells was the inclusion of a water apron and pulley to make it easier for women and children to draw water.



4.1.3 – CARE's new hand-dug well under construction



4.1.4– typical hand –dug well

## **Impact:**

In order to determine and further clarify the outcomes and impact of the process of water delivery, several focused group discussions were held by the evaluation team with beneficiaries of different villages where such activities had taken place. Thus, numerous important factors were unraveled.

- The beneficiaries basically conveyed that all their water sources were contaminated and were left unusable following the tsunami leading to a severe water shortage problem. For instance, this problem was grave in Kalappukattu (Muslim coastal village bordering a lagoon), in Pottuvil (pic. 4.1.5 and 4.1.6). As a result, the people in this village were dependent on the water delivered by CARE. During the time of the visit CARE had stopped distributing water and this was taken up by another organization. The water was used for drinking and cooking which they considered as of good quality, whereas for secondary purposes wells water was used. (FGD 5)



4.1.5 - Water Source in Kalappukattu



4.1.6 – Water sample in Kalappukattu.

- The delivered water was stored in large storage tanks with a capacity up to 2000 liters. The community carried water from these tanks by using jerry cans. Many of the tanks were empty and according to the community not filled regularly or adequately enough to provide for the entire community's needs.
- Although in some areas the beneficiaries stated that no water was wasted the evaluation team observed that in one area there was a significant amount of water around the collection point that had been wasted. There has also been an instance where the water faucet has been leaking and no one had attended to the leaks.
- The beneficiaries of the water delivery process all appeared to be aware of CARE's water delivery effort. It was thus made evident that CARE as an organization has become popular among the communities as a result of their water delivery efforts. In that sense, they were very appreciative of this activity that helped them at a time of great difficulty and further implored with CARE to continue helping them solve the persistent water shortage problem.

## **Recommendations:**

- The delivery of water was extensive and greatly appreciated. However, it was observed that CARE should have coordinated better with the organizations that provided storage tanks to ensure the continued distribution of water.
- Since it will take 3 more years to complete the centralized water distribution system it is essential that in the meantime CARE closely coordinate with the local government as well as other INGOs in identifying gaps in water delivery with respect to water tanking, treatment and development (public well construction).
- If water collection/carrying equipment are distributed traditional containers are better suited since they can be easily cleaned and transported by women and children unlike the jerry cans that most NGO's distributed. In addition the issuing of wide-mouth water containers to prevent unnecessary spills during filling was also seen as a need.
- The water quantity and quality in Kalappukattu was observed to be critical. Hence, this should be closely monitored and taken up by the government and such issues coordinated with the various agencies. CARE may need additional technical assistance in terms of conducting a hydro-geological study in the area after which CARE may be better informed in supporting the construction of public wells in designated areas identified in such a study.
- There is a great need to mobilize community groups for awareness raising on health, hygiene, water conservation and water disinfection issues. Such groups could also be strengthened to maintain community water storage facilities such as tanks for example.

## **5.2 Health and Sanitation**

The main sanitation activity undertaken was the construction of latrines. Locations were identified based on requests made to CARE by the Public Health Inspectors (PHI) and the Ministry of Health (MOH). In order to prevent duplication CARE would visit identified sites and discuss with the relevant authorities. Once the request was verified the PHI was responsible for the selection of the sites while the MOH for the construction. Initially the design changed but more recently the DPDH in collaboration with UNICEF developed a standard design which is being used by all agencies. CARE has made improvements to this design as well.

## **Outputs:**

Toilet construction has been another effective component of the project.

The Number of Toilets Constructed in the Ampara District:

Area	No. of Temporary Toilets constructed	No. of Permanent Toilets Constructed
Kalmunai: Ninthaur, Karaithivu, Sainthamarudu, Kalmunai north and south	447	15
Thirukkivil	2	56



Pottuvil	39	126

- As shown in the photographs below CARE, constructed toilets that are 4 feet by 5 feet wide with a concrete roof, and a mortar finish. The design and quality of workmanship has been significantly improved. It also appeared that the methodology for construction of a 3 inch concrete roof using formworks has been costly.



4.2.1– Toilet constructed by CARE (new)



4.2.2– Toilet constructed by CARE (new)

- In many cases the criteria for the selection of beneficiaries were:
  1. The livelihood and economic condition of the family (low income families).
  2. The number of members in a family
  3. People living in temporary shelters and women headed households.
- Although the quality of these toilets was generally satisfactory, it was observed that there were latrines constructed in Samanthurai without the complementary water storage/supply. Also in certain areas, a few septic tanks have been constructed farther from the toilet seat and some were skewed requiring longer connection pipes or bends, which should have been avoided to minimize water consumption and clogging.

### **Impact:**

The construction of toilets was undertaken in most villages in collaboration with CBOs or local NGOs (CARE provided the finances). Discussions held with the various beneficiaries and local organizations in different villages regarding the activities conducted in partnership with CARE revealed a lot of insightful details concerning the results of these activities. They are as follows:

- During the focus group discussions it was found that many of these communities did not have access to proper toilets and were using surrounding areas or toilets constructed with palm thatched walls. Therefore, people were very grateful for the provision of such facilities.
- According to the responses of the beneficiaries people appeared to be well informed of the selection criteria and it was revealed that they were generally satisfied with the beneficiary selection procedures adopted by CARE or the partner organizations. They also stated that they thought it was fair and that the most needy and deserving received the assistance. In addition, it was also made known that in general the beneficiaries were consulted before construction.
- When asked beneficiaries were aware that the more technical details such as the location of toilets, distance from wells, were approved by the MOH and the PHI. Thus, it was observed that when it comes to standards, at least the local sphere standards have been adopted by the project. The communities indicated their satisfaction with regards to the size and design of the latrines.
- In some areas such as Samanthurai, toilets for the tsunami affected were being constructed on their relatives' lands. Approval had been granted prior to the construction and it was noted that one the tsunami affected family was relocated in their permanent shelter the toilets could be used by the host family who often did not have such facilities to begin with. (FGD 7)
- Thus, CARE's intervention in the area through this toilet construction programme has brought about an immense impact on the lives of these people who generally lacked sanitary facilities even prior to the tsunami, which was one of the major observations made by the evaluation team, and for which the beneficiaries voiced their gratitude.

### **Recommendations:**

- Even though the beneficiaries were all satisfied with the toilets and were appreciative, there were many non-beneficiaries lacking proper sanitary facilities who were requesting for toilets from CARE. For instance, in Passaraichchenai it was revealed that 189 families needed toilets. (FGD 10 )
- It could be that the criteria for prioritization could take into account congestion or density of population (priority to densely populated area due to high risk of epidemic), size of family, affordability, water table (high water table areas means high risk of contaminating aquifer), etc.
- A need was seen to coordinate with other INGOs to avoid duplication and initiate complementary water sanitation programs such as done with OXFAM. It is also important to continue and further strengthen relationships with the other INGOs and the MOH (Ministry of Health) when coordinating CARE's future water and sanitation programs in the area.
- Continued capacity building of CBOs and communities in monitoring the construction of water and sanitation facilities was seen as a need.
- The need for hygiene promotion campaigns and continued mobilization of the community in sanitation planning, construction and maintenance was noted.
- It was perceived as important to improve the construction methodology to improve its quality and reduce the cost of construction if possible.

- In some of the visited areas where CARE had constructed community latrines, it appeared that garbage disposal near the latrine areas were not properly maintained.

### **5.3 Non-Food Related Items (NFRIs)**

This activity was aimed at helping affected families regain a sense of normalcy in their lives as they began moving out of welfare centers and into the transitional shelters. Distribution occurred during the second quarter. Since there was a delay in the distribution of the NFRIs the selection of families was done by comparing lists of which families had received what and CARE tried to fill gaps where possible in the aforementioned 7 DS.

Each pack comprised of a Kitchen, Household and Hygiene kit; kitchen kits consisting of items such as pots, pans, plates, knives, spoons, cookers and other related items. Household kits included mats, pillows, buckets, mosquito-nets, sheets, among others. Hygiene kits contained items such as soap, toothpaste, brushes, and balms, among similar items. Each NFRI kit contained a total of 44 items.

### **Outputs**

A total of 2488 NFRI kits were distributed in 7 affected DS divisions (Kalmunai-Muslim, Kalmunai-Tamil, Ninthavur, Sainthamarudu, Pottuvil, Thirukkivil and Karaitivu). An average of 316 families received NFRI kits in each DS.

### **Impact**

The beneficiaries who participated in the focused group discussions were all very appreciative of the NFRI packs provided by CARE. It was indicated that people were generally satisfied with the contents of the pack and appeared to have made proper and extensive use of it. Many stated that the pack included almost all items they thought of as essential, and was received at the proper time. Even though specific focused group discussions were not held to evaluate the impact of NFRIs, in questioning generally many opinions of beneficiaries were revealed in this respect.

- The people were satisfied with the beneficiary selection procedure stating that priority was given to families with loss of lives, women headed households and to those within the buffer zone. They were also satisfied with the fact that selection criteria were properly conveyed to them.
- Most beneficiaries when asked could not think of any additions that could have been made to the pack although in one case a woman in Thirukkivil stated that children's clothing could have been included.

### **5.4 Cash for Work (CFW)**

Among the interventions this activity had the widest and greatest outreach, while also taking up the bulk of CARE staff's attention and time. CFW activities included debris

clearing, garbage removal, and latrine and road reconstruction. The initiatives began with debris clearing in January, and by July all CFW activities aside from road and latrine reconstruction<sup>8</sup> were drawn to a close.

In terms of mobilizing the communities for these CFW programmes CARE collaborated with LNGO/CBOs. At times the CBO/LNGOs assisted CARE in monitoring these activities as well. In certain areas LNGO/CBOs were also hired as contractors in terms of supplying material when it came to the road reconstruction. The selection criteria in terms of labour included women headed households and how many members were lost. No one below the age of 18 has been included. Prior to the implementation of the program the selection criteria was discussed with the community. The laborers were initially paid Rs.300 a day. In consultation agencies involved in CFW and government officials the rate was set at Rs.350 for unskilled labor (later on again this amount was increased after consultation to Rs. 400). This agreement was primarily made to prevent the competitive pay increases that might threaten the traditional labour markets.

Consultations were carried out with the community before commencing any of the CFW programs. These consultations included both men and women. Consultations focused on the activities, needs and assistance being offered. It was felt that these processes also helped bring communities together to share and discuss experiences and problems. In the case of toilet construction consultations were carried out with those who were housed in relief camps. Environmental authorities were consulted periodically regarding the dumping of debris.

### **Outputs:**

Beneficiary families contributed 67,068.5 person-days of work between January 21 and June 2005. In terms of the reconstruction of roads a total of 350 km of roads was completed.

#### **Road Construction through CFW:**

- For the road reconstruction, CARE Ampara solicited bids on a per unit price basis but without specified limits. This practice was discontinued and CARE Ampara formed its procurement committee and in July conducted competitive bidding for the remaining road works.
- The following process was undertaken by CARE during road reconstruction:
  1. Acquiring a list of existing roads needing repair recommended by the respective Pradeshiya Sabhas.
  2. Consulting the community on the prioritization of this list of roads.
  3. Securing the approval of the Government road department for road specifications.
  4. Close supervision by CARE staff during road construction.

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<sup>8</sup> A no cost extension from July to September was requested.



- The road fill materials were approved by the Government authorities responsible for roads; apparently there has been a difficulty in securing river gravel or base coarse materials. Thus, the road materials are composed of finer granular materials with soil components.
- CARE recoded the daily monitoring of road construction activities along with material delivery and the volume of trucks used.



4.4.1 – Gravel Materials , Ampara



4.4.2 – Field Monitoring, Ampara

- In one particular site visited while construction was underway, it was found that the thickness of the road was 3 inches after compaction and not 4 inches as expected. However, the payment is based on the actual delivery.
- The estimated cost for a road is \$2,670 per km. This is for a road of 12-15 ft. in width, 6-inches before and 4" of thickness after compaction. This appeared to be significantly cheaper than government rates.
- When the beneficiaries were asked about their opinion the response was rather positive where they pointed out that reconstruction was timely and done well. For instance, the District Secretary for the Thirukkivil division stressed that if a government road lasted 1 -2 years they expected a CARE road to last at least five years.
- The people on the other hand were especially appreciative of the roads saying that the roads in prior to the tsunami were in a bad state and following the tsunami were impassable thus these activities has enabled them to access their homes, basic services (hospitals) and places where they take part in livelihood activities (i.e. beaches and markets).



4.4.3 – Road Preparation, Ampara



4.4.4 – Completed Road

- As for maintenance, the people do not expect CARE to do all the road maintenance since they believe it is the responsibility of the government. However, it was pointed out that the people are ready to undertake minor repairs and maintenance issues if need be.

#### Other activities through CFW:

Apart from road reconstruction toilet construction, debris clearing, garbage clearing in IDP camps and well clearing were also undertaken under the CFW program. Since activities such as debris and garbage clearing have been completed projects and as a result of the non existence of physical evidence, they were difficult to evaluate through observation by the evaluation team. However, some details of these are attached in the Annexure 2.

#### **Impact:**

Many of the residents in the areas where these activities were undertaken, especially the beneficiaries had positive responses regarding CARE's CFW programmes. The following impacts were highlighted:

- Prior to the Tsunami most of the beneficiaries in the Ampara area have been engaged in economic activities such as fishing, paddy and chenna cultivation, brick making, daily labour whereas women contributed through cottage industries such as basket weaving, pottery, poultry, net making, etc. As a result of the Tsunami many of these means of income were disrupted leaving many in severe economic hardships. In light of this situation CARE initiated its CFW activities as a means of assisting them to regain their economic as well as livelihood activities.
- According to the beneficiaries, they were informed of the CFW programme through various means such as school authorities, mosques, farmer organizations or by the CARE staff themselves.

- As for the selection of beneficiaries, one person from each family was permitted to participate, while in certain areas even 3 persons from a single family participated. However, the people believed there was no tension caused as a result of the manner in which they were selected and paid.
- When it came to the payment, in some areas a payment of Rs 350 per day was given while in others Rs 400 following an agreement with other humanitarian agencies.
- According to the beneficiaries the payments were made at the end of each day. In some areas some people have also taken 10-15 days payment at once after working the length of time. (FGD 3)
- The participants of the CFW programmes went on to express their satisfaction with regards to the sharing of information and feedback from the CARE staff members during the course of the activities, as well as with regards to the selection procedures and beneficiary consultations.
- The beneficiaries further expressed their appreciation of CARE's CFW programmes asserting that it provided them the opportunity to earn a living at a time when they were facing severe economic problems just after the Tsunami where they had no other means of livelihood.
- The participation of women in CFW programmes was less as a result of most of these communities being Muslim, and also because women have more household responsibilities. However, in some communities for instance in Passaraichchenai it was reported by women themselves that they (including widows) participated voluntarily in these programmes because of severe economic hardships. These women stated that they were happy about getting the opportunity to earn money through these programmes irrespective of their gender. (FGD 1)
- In another instance in Pottuvil some of the evaluation team members observed 13 women working in an ongoing road construction site as against 7 men and when talked to, said they were happy they got the opportunity and that they were satisfied that they received the payments on time.

### **Recommendations:**

- The road project did not include provisions for drainage which should be an essential component of any road construction project and should be considered in the future. Thus, the surrounding communities should be informed and mobilized on drainage maintenance, and possibly on simple road maintenance programs.
- The roads completed by CARE could be short lived if appropriate drainage systems are not included, especially in areas prone to flooding which will require further assessment. This could be taken up right away by the government's Road Development Authority.
- The responsibility of the Road Development Authority for active maintenance of roads should be emphasized.

## 5.5 Community Psychosocial Support

Workshops on personality development and development of positive mental attitudes were conducted for students from 4 schools in the Pottuvil, Thirukkivil, Kalmunai, and Maruthamunai DS divisions. The students who participated were from the Ordinary Level and Advanced Level classes. During the course of the workshops, these students were provided with tools for personality enhancement. In addition, they have been given some training on leadership skills, and problem solving techniques. A total of 295 male students and 223 female students from the 4 schools have benefited from activities.

### General Observations

It is important as a final recap of the observations made by the evaluation team, to make some key points regarding the overall impact of the project in relation to the evaluation objectives.

- In terms of the social impact of the water and sanitation activities the general observation was that water and latrine facilities have been two of the major problems in the areas, water being scarce and the people lacking adequate toilet facilities. In this sense, the impact CARE has made on the lives and practices of the people is great.
- In terms of the water distribution and toilets themselves, the water was reported to be clean and sufficiently chlorinated which was confirmed by the beneficiaries who stated that they used the water for primary purposes such as drinking and cooking.
- Although it was difficult to evaluate adherence to SPHERE standards with regards to water delivery or toilet construction, it was observed that some kind of standard, at least local standards followed by the MOH / PHI, have been incorporated in the project. These standards have been followed for instance when it comes to the distance of toilets from wells and in the selection of sites.
- With regards to the CFW programmes, the impact it has created on the economic conditions of the people have been significant. After the tsunami people lost all their assets including their means of livelihood and CFW provided them with cash that could be used to purchase medicine or supplement their meals along with a steady source of income until their livelihoods could be reestablished.
- Owing to the above reason, beneficiaries who participated in CFW activities were greatly appreciative. In terms of women's participation although it was low due to cultural reasons during the early stages when debris clearing was undertaken many women did participate and many continued to do so even in road construction which is considered as hard labor and more suited for men. However, in some communities for instance in Passaraichchenai it was reported by women themselves that they (including widows) participated voluntarily in these programmes because of severe economic hardships. These women stated that they were happy about getting the opportunity to earn money through these programmes irrespective of their gender. (FGD 1)
- However, it was difficult to evaluate some aspects of CFW such as the environmental impact.

- One should also mention the coordination aspect of CARE as an organization which is reputed to be good. In an interview with the Programme Manager for Islamic Relief Sri Lanka it was indicated that CARE was one of the more outspoken organizations at large coordination meetings. It was stated that they felt they needed to be as vocal as CARE when lobbying the government, in order to increase impact.
- CARE's relationship with partner organizations in the district was seen to be healthy and significant. LNGOs and CBOs talked to, often expressed their satisfaction with regards to working with CARE and articulated their willingness to build long-term working relationships with the organization. It was also often mentioned how they had greater credibility when communities came to know about their working relationship with CARE.
- Finally, one should focus on the aspect of sustainability when it comes to a project such as this. For instance, components such as water delivery and even toilet construction should not be discontinued suddenly when the need continues. Continued presence of CARE in water and sanitation would be essential to help improve the quality of life of the vulnerable groups in Ampara. In addition, according to the responses of the beneficiaries as well as the observations made it is evident that there is a lot more that CARE could do in the area to bring it back to normal. Moreover, donors need to be aware that sustainability can be ensured only if the beneficiaries are assisted with multiple aspects of rebuilding their lives.

# **ANNEXURE I**

## **Focused Group Discussion - 1 Passaraichchenai**

### **Water delivery**

- **Passaraichchenai** is a village in the district of Pottuvil having benefited from this project which houses a total of approximately 650 families. CARE has worked in this community through their local CBO named HEWARD.
- When it comes to the issue of water, the wells in this community have all been contaminated due to the Tsunami and efforts at cleaning have come to no avail. Initially CARE has delivered water within this community and the people all appeared to be aware of this fact.
- They have stored the water in containers at their homes and have used it for drinking and cooking. After CARE the Red Cross and ADRA have taken over the delivery of water in this community.
- The community has been provided with several water tanks that can hold up to 2000 Liters although the people complained they were never completely filled.
- Chlorinated water is delivered daily to fill these tanks of which the water is used for primary purposes such as drinking and cooking, while for secondary purposes they use sea water. The people stated that one tank was sufficient for five families.

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### **Toilet construction**

- **Passaraichchenai** is a village in the district of Pottuvil having benefited from this project which houses a total of approximately 650 families. CARE has worked in this community through their local CBO named HEWARD.
- It was for example unraveled that 189 families needed toilets out of which only 17 have been satisfied through this project.
- However, the beneficiaries stated that they were totally satisfied with the beneficiary selection procedure and said they thought it was fair.
- When the CBO was questioned about their beneficiary selection it was stated that their criteria for selection were:

1) The number of members in a family

2) The livelihood and economic condition of the family

while priority has been given to women headed households in the community,

- The people further confirmed of having been informed and consulted when it came to these criteria. The mosque and the school have played a major role when it comes to this component, giving announcements, holding meetings etc.
- They were happy with the selection criteria stating that the most needed and deserving received the assistance. Nonetheless, the CBO members mentioned that

many non- beneficiaries of toilets constantly come to them asking for toilets, whom they have promised to help as soon as possible.

### **NFRI**

- NFRI s have been distributed in **Passaraichchenai** a village in the district of Pottuvil.
- The women who participated in the focused group discussion expressed their satisfaction of the received pack.
- They sated that it included almost all items they thought of as essential.
- Only a few families have not received this.
- The people were satisfied with the beneficiary selection procedure.
- When asked, the people responded that Priority was given to women Headed households and those within the buffer Zone.

### **CFW**

- In **Passaraichchenai**, along with water delivery and toilet construction, efforts have also been made towards the household economic recovery of the community through CFW programmes done in partnership with the local CBO HEWARD.
- This has been undertaken mainly through Cash for Work programmes initiated for road and toilet construction as well as debris clearing. Thus, during the focus group discussion held within the community with approximately 20-30 Muslim women important information were unraveled about these activities.
- The beneficiaries stated that they were informed about the CFW in due time through a meeting held at their community school. At this meeting they stated that they were given a list of roads for repair and construction.
- It was discovered that a lot of women including widows have taken part in the CFW programmes of road repair. The women have volunteered to the CBO to participate in these CFW road repair activities as a result of their economic hardships. They stated they were happy about getting the opportunity to earn money through these programmes irrespective of their sex.
- When asked about their opinion on these programmes the response was rather positive where the women pointed out that the CARE roads were timely and were in good quality. In addition, the amount paid which was Rs 350 according to the CBO members, has satisfied these people. However, this amount has later been increased by another Rs 50 after a decision been taken by all humanitarian agencies working in the area.
- As for maintenance, the people stated that they do not expect CARE to do all the road maintenance adding it was the responsibility of the government. However, it was pointed out that the somewhat minor repairs and maintenance can be handled by them alone.
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## **Focused Group Discussion - 2 Kundumadu – Pottuvil**

### **Toilet Construction**

- The discussion held with the Rural Development Society (RDS) in the Kundumadu village in Pottuvil about the activities they have conducted in partnership with CARE revealed a lot of insightful details concerning the results of the CARE project.
- The RDS has been working in communities such as Kundumadu and Selvanayagan and have contributed by constructing 15 toilets utilizing CARE funds.
- Through this discussion it was highlighted that these communities have never been using proper toilets prior to the project implementation. “People were just using Cajuns as toilets so getting toilets was unexpected making the people very happy” stated one RDS member.
- In relation to the beneficiary selection the RDS has given priority to low income families, and as to the location and design of the toilets it was stated that the MOH and the PHI were consulted.
- Finally, the RDS Members requested the help of CARE to construct 35 more needed toilets and commenting on the severe water problem during the dry season stressed that this was the suitable time to excavate wells and the water table.

### **CFW**

- In the Pottuvil area efforts have been taken by CARE at uplifting the economic and livelihood situation of the communities through CFW programmes. In order to fulfill this CARE partnered with RDS to undertake activities in road construction and repair.
- Thus funds were offered to the RDS to take on road construction and repair and this was done in the areas of Kundumadu and Selvenayagan.
- The RDS has repaired 20km of roads in the area
- Has found labor from among the affected communities for which they have paid from the funds. In the same way, material, equipment etc have been acquired through CARE funds. The gravel has been purchased from a private property at Rs 150 per truck load whereas getting water has been the problem.
- People have had to travel 7km for this purpose.
- Apart from the labour gained through the CFW about 10 RDS members have been involved in the road construction and repair activities.

### **Focused Group Discussion - 3 Singhapura- Pottuvil**

### **NFRI**

- **Singhapura** is a sinhala village located in the coastal town of Pottuvil another beneficiary of the CARE Ampara project.
- Approximately 10-15 women participated in this discussion where they voiced their opinion
- In this village only Widows have been provided with NFRI packs
- According to the beneficiaries all items included in the pack were essential



- Some women mentioned some of the items included: stove/pots and pans/ lamp/mosquito net etc
- They state that nothing was useless and did not state anything that could have been added but was not.

#### **CFW**

- **Sinhapura** is a Sinhala village located in the coastal town of Pottuvil another beneficiary of the CARE Ampara project. Household economic recovery has been one of the main focuses of CARE's intervention within the community.
- Approximately 10-15 women participated in this discussion where they voiced their opinion about the programme.
- Foremost, they were appreciative of the opportunity gained to earn a living at a period just after the Tsunami where they had no other means of livelihood.
- The community has been informed by the school principal, and 30-40 people have also participated from Panama.
- The women stated that supervisors were appointed from among the community with ten people working under one. It has been these supervisors that have dealt with the payments etc.
- Payments have been made at the end of each day after obtaining signatures and it was made known that some people have also taken 10-15 days payment at once after working that much.
- The women further stated that people worked in these programmes for a bout a month. One request that was made in the course of the discussion was to help the repair of the road that leads to the beach, essential for fishing activities.

#### **Focused Group Discussion -4 Thirukkivil**

#### **NFRI**

- **Thirukkivil** is another DS division in the district of Ampara where NFRI packs were distributed.
- According to the CARE office staff of Thirukkivil 360 NFRI packs have been distributed in the Thirukkivil D.S division.
- The criteria for selection according to the people have been families with loss of lives and this has been properly conveyed to the people.
- The people stated that the packs were useful and timely (received at the correct time of need)
- One woman stated that the packs should have included children's clothing.

#### **CFW**

- Cash for Work activities have also been organized in the **Thirukkivil** division.
- According to the people who participated in the focus group discussion in the Thanbilivil area they were informed of these activities directly by the Thirukkivil CARE office staff.
- A payment of Rs 350 has been received by the people per working day.

- The people further stressed that the payments were made after getting their signatures on a document.
- The beneficiaries went on to express their appreciation of CARE's CFW programmes asserting that it provided them the opportunity to earn a living at a time when they were facing severe economic problems.
- The participants of the CFW programmes went on to express their satisfaction over the sharing of information and feedback given by the CARE members during the course of the activities as well as the selection procedures and beneficiary consultations.
- The people were especially appreciative of the roads themselves since they have strengthened their access to markets schools and other key centers.
- Finally, the focus group requested CARE to help them solve their employment problem stating that at this moment they need sources for permanent employment as a solution to their economic problems.

#### **Focused Group Discussion - 5 kalappukkattu- Pottuvil**

##### **Water & Sanitation**

- **Kalappukkattu** is a Muslim coastal village bordering the lagoon, in the district of Pottuvil yet another village that has received the assistance of CARE. Thus, a discussion to determine the impact and outcomes of the project was held with some of the beneficiaries numbering 30 to 40 people which included both men and women.
- The focus group stressed on the severe water shortage problem they face which has deteriorated since the Tsunami.
- At the moment access to water is from the water tanks the community has received as aid from ADRA and which are maintained by the Red Cross.
- This water they use for primary purposes such as drinking and cooking, while other sources are used for secondary purposes.
- Their main concern was the condition of their wells that were contaminated after the Tsunami and therefore were in an unusable state.

#### **Focused Group Discussion - 6 CPBR – Kalmunai**

##### **Toilet Construction**

- The Center for Peace Building and Rehabilitation is a local CBO in **Kalmunai** which has worked in partnership with CARE in the course of this project. Their initial goal has been peace building but after the Tsunami they have been engaged in relief activities including transitional shelter and toilet construction.

- With the funds obtained from CARE the organization has been involved in toilet construction in 4 D.S divisions. In this way, they have initially gathered information from 85 families and provided toilets to 30 families among them.
- It was stated by the members that when it came to beneficiary selection they have given priority to:  
1) Temporary shelters 2) Women headed households 3) Low income families.
- They also stated that the beneficiaries were happy with this selection procedure and thought it as fair.
- In addition, people were also satisfied with the more technical details of toilet construction such as the design, size etc.
- It was also stressed by the CBO members that CARE became very popular among the community after their water delivery project immediately after the Tsunami.

### **Focused Group Discussion - 7** **Al Quraisha– Samanthurai Kalmunai**

#### **Toilet Construction**

- Al Quraisha Social Development Society is yet another local NGO that CARE has worked with in the **Samanthurai** division in Kalmunai especially in toilet construction.
- The society has worked in 6 D.S divisions and 49 toilets have been constructed. The members stated that these toilets were constructed in lands of relatives of the affected people since they have lost their own assets and are currently residing with them.
- Likewise, they stressed that not only the tsunami affected beneficiaries but these relatives on whose land these toilets are constructed will also benefit from these since they themselves have had poor or no toilets at all.
- “These toilets therefore will be a valuable future asset to the relatives” stated one member explaining how the relatives can continue using them after the tsunami affected leave for their temporary or permanent shelter. They also believe that these toilets that are shared will in a way uplift mutual understanding among the families.
- The Al Quraisha members also stated that the MOH and the PHI were consulted about these technical details such as the design, location as in distance from wells etc prior to construction.

### **Focused Group Discussion - 8** **Paddy Farmers- Pottuvil**

CARE is working with 3 of the 8 local farmers’ organizations. The total membership in these organizations is 45 members of whom were represented by 7 farmers. These are farmers whose paddy fields were affected by the tsunami as they became water logged and decimated their crops. The resulting salinity of the soil did not allow them to

farm the land this season. However, soil testing was conducted on the land and it was approved for cultivating the next season.

### **CFW**

About 50 people participated in CFW activities which included debris clearing and anicut clearing. A few of them were now involved in a CFW to construct a bund to protect the paddy fields from future water seepage. The debris was collected and burnt near the sea and they were confident that there were no adverse environmental effects from this activity. These people were informed of CARE's CFW program through their farm organizations. Only 1 person per family participated in the CFW program. They were paid Rs.400.00 per day by CARE staff and signed when receiving their wages. They believed there was no tension caused as a result of the manner in which they were selected and paid for the CFW program. The farmers were all muslim and said no women participated in the CFW due to cultural reasons and household responsibilities. However, the women are the ones that own the land that the men farm (approx. 5 acres per person). The members of the FGD said they were more than satisfied with the assistance given by CARE and had rejected assistance offered by other NGO's as a result even though they had offered higher CFW wages (World Vision was paying Rs.500.00).

CARE had planned to give seed, fertilizer, and chemicals to help restore their farming activities. They were aware that they could use readily available natural materials to rejuvenate/balance the soil but it was now too late to use those methods. They also asked for assistance in building an anicut to divert water from a nearby reservoir so they could cultivate both seasons.

## **Focused Group Discussion - 9 Akkaraipaththu**

### **Road Construction:**

The ongoing CFW program that was observed was announced in schools and mosques. One worker per family was then selected from tsunami affected families. There was no tension in the community because some were not selected according to these beneficiaries. There were all men working at this site and apparently women were not working because they were emotionally disturbed after the tsunami and didn't want to leave their homes. The workers were paid Rs.400.00 per day and some had been working in the program for 2 months. Prior to the tsunami, these people had been doing poultry farming, mat weaving, and paddy farming. Some of these workers had received toilets built by CARE in their transitional shelters. They said the toilets were approximately 25 feet away from their wells. They said their relationship with CARE was good and very interactive. The roads they had built together were good and would not get washed away for the rain. The community are aware that they would have to maintain the roads in absence of the local authorities fulfilling their obligation.

### **Toilet Construction**

The 5 community toilets built in the nearby area were maintained well. The floor slope was good but there was no ventilation in the toilets. It was located 17-20 feet from a well

that was contaminated prior to the tsunami and is no longer used for drinking water. There were another 5 temporary toilets built by CARE (March/April) in an OXFAM transitional site close by (OXFAM is the 'lead' NGO in this area). One of the septic tanks were damaged twice and repaired by CARE. The people using the toilets said they were not consulted in the toilets being built and thought they were of poor quality despite being appreciative of their value. They were made by external builders, CARE did not allow CFW on this work. The area surrounding the toilets were not clean as there was a lot of garbage around. It seemed very important to raise awareness of solid waste managements and cleanliness in this area and come up with a plan for getting the local authorities to remove solid waste.

### **Focused Group Discussion - 10**

#### **Islamic Relief**

We met with Mr. Youssif El-Tayeb, the programme manager for Islamic Relief, Sri Lanka. IR is a DEC member and also meets CARE representatives at all other coordination meetings for the district. They are involved in debris cleaning, NFRI distribution, and finishing up with their transitional shelter program. They are aware of a number of challenges regarding permanent shelter but had planned to go ahead with their program nonetheless. They are also involved in livelihood programs that are targeted at widows and orphans (2000 families). His perception of the reconstruction effort was that because of the psychosocial (PS) impact, the entire program should be seen as a psychosocial operation that attempts to deal with the trauma of loss through helping to regain their lives, which will contribute to psychosocial well-being over time. They seemed to have a strong PS capacity. Their staff identify patients, provide medication if needed, conduct awareness programs on STD's and disease prevention. They also conduct mental health workshops for their beneficiaries.

IR attends a lot of meetings and coordination meetings to inform their activities. They were prepared to respond flexibly as the need arose in this area. However, they were in the process of putting together a humanitarian response plan. They were involved in skills development projects through vocational training, material and equipment supply, and workshops conducted by other NGO's. They felt there were too many meetings and not enough resources of the NGO's coordinate those meetings effectively. Some of the meetings duplicated other work under a different title. Most of the meetings are called and chaired by the government and information was shared between members through email.

IR recognized CARE as reputed organization not just internationally but locally as well. They said that CARE was one of the more outspoken organizations at large coordination meetings. They felt they needed to be as vocal as CARE when lobbying the government was needed for an example in order to increase impact.

### **Focused Group Discussion - 11**

#### **Samanthurai**

#### **Toilet Construction**

This was a large group of beneficiaries who were being located 12-15km inland from their previous location on the coast. The community consists of families from all over

and they do not know each other. They were involved in operating 3-wheelers, fishing, agriculture, home industries, and as petty traders prior to the tsunami. Now they are involved in casual labor related to agriculture or fishing.

They have not received any aid from any INGO or NGO apart from being promised to be resettled in temporary shelters in Samanthurai. All the help they had received was through the LNGO al-quraisha. This organization had helped CARE with the consultation process to build 47 household toilets for people living with their relations or friends.

There was no tension in the selection process as it was done fairly by the LNGO.

Instructions on proper health and sanitary practices were to be given by PHI when they are ready to be used. However, they recognized that they would have a problem in getting water to use as they already have to walk a long way to collect water.

### **Focused Group Discussion - 12 Kalmunai**

6 women participated in a FGD involving CARE activities that were coordinated and implemented through the CBO CPBR in Kalmunai. This community's livelihood prior to the tsunami was in the agriculture and fisheries sectors.

The activities that they benefited from were; CFW, water delivery, and toilet construction. They were informed about the CFW program by word of mouth. The work involved debris cleaning and road work.

#### **Water Delivery**

CARE started water delivery to their area in Jan/Feb. Water was delivered 2-3 times per day to about 380 people for about 6 months. The water was used for drinking and cooking. The water seemed to be chlorinated and was clean. Good water usage practice instructions were posted close to the collection point. The water was transported from the storage point by them in jerry cans. They said no water was wasted but we observed that there was a significant amount of water around the collection point that had been wasted. In that specific area, there was a school and the school children also used the same storage tank to collect water. This created a supply problem from time to time. Water storage tanks were provided by another NGO but taken away about 2 months ago when CARE stopped delivering water. Seemed to be a lack of coordination in planning water supply activities with other NGO's at the government level as CARE had informed of not being able to continue water supply activities well ahead of time.

#### **Toilet Construction**

30 toilets were being built for this community. They had all been consulted before the construction. The locations for the toilets were chosen by the PHI and were well away from the well.

### **Interview with the Thirukkivil District Secretary:**

**Important comments about the relationship with and work of CARE international in his area:**

- The work done by CARE is satisfactory.
- CARE roads have good quality. Usually roads have to be repaired by them each year but they believe CARE roads will last at least 5 years
- The Pradeshiya Saba will maintain these roads
- CARE is a strength to the community as well as the D.S

**WATSAN:**

- Water is a major problem to these areas
- Water distribution has become a problem in the area
- MOH does the quality checking of water a quality report is then sent to them
- D.S was not very happy with this

**Interview with OXFAM:**

Important factors mentioned about Oxfam's relationship with CARE:

- CARE and Oxfam have shared a long-term relationship running back to before the tsunami
- CARE has been very cooperative in coordination meetings

**List of partners met in Ampara:**

1. Rural Development Society
2. Center for Peace Building and Rehabilitation.
3. CSA.
4. HEWARD
5. AL QURAISHA

## **ANNEXTURE II**

### **The amount of Road construction in the Ampara District:**

<b>Name of DS</b>	<b>Name of Site/ Location</b>	<b>Quantity/ Amount</b>
Ninthaur	GN Division 1,2,3,4,5,6,7,8,9,11	40KM
Karaithivu	GN Divison 3,8,9,11,12	41.68KM
Sainthamaruthu	GN Division 1-6 and 10-17	13KM
Kalmuani South	Maruthamunai	26.5KM
Kalmuani South	Kalmunaikudy	15KM
Kalmunai North	Nelavanai	13KM
Kalmunai North	Kalmunai	17Km
Kalmunai North	Pandiruppu	16KM
Thirukovil	Vinayahapuram	20KM
Thirukovil	Thambiluvil	7.6KM
Thirukovil	Thandiyadi	10KM
Thirukovil	Thirukkovil	12.5KM
Pothuvil	Selvanayagapuram	9.125KM
Pothuvil	Urani	7.25KM
Pothuvil	Sinnaullai	1.66KM
Pothuvil	Jalaldeen Square	4.26KM
Pothuvil	Singapura	3KM
Pothuvil	Mathuranchenai	9KM
Pothuvil	Pakkiyawatte	6.22KM
Pothuvil	Manalchenai	5.96KM
Pothuvil	Kalappukaddu	7.12KM
Pothuvil	Pasaraichenai	4.8KM
Pothuvil	Hithayapuram	6.8KM
Akkaraipathu	Akkaraipathu	28.8KM
Attalachchenai	Attalachchenai	25.5KM
Attalachchenai	Olivil	5.2KM



Attalachchenai	Palamunai	8.1KM
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### The amount of Toilet construction in the Ampara District:

Name of DS	Name of Site/ Location	LNGO/CBO Partners	Quant ity/ Amou nt	Dates	
				Begin	End
Ninthaur	Ninthaur 4&5	Community Children Fund	21	06.05. 2005	31.05.2005
Ninthaur	Ninthaur 4&5	Marumalarchi	45	13.06. 2005	30.09.2005
Ninthaur	Ninthaur 5	Sadam Social Association	17	02.09. 2005	30.09.2005
Karaithivu	Karaithivu	CBO Karaithivu	15	16.05. 2005	04.07.2005
Karaithivu	Malihaikadu	CBO Malihaikadu	6	13.05. 2005	07.07.2005
Karaithivu	Karaithivu	CWWS	62		30.09.2005
Sainthamaruthu	Sainthamaruthu 10,13	Eastern Friendship Organization	90	14.06. 2005	30.09.2005
kalmunai South	Neelavanai	Foundation for rural economic development	40	10.06. 2005	10.07.2005
kalmunai South	Neelavanai	Center for Social Assesment	47	02.09. 2005	30.09.2005
Kalmunai North	Pandiruppu	Women Development Center	20	07.06. 2005	23.07.2007
Kalmunai North	Pandiruppu	Center for Human Development	21	01.07. 2005	24.08.2005
Kalmunai North	Pandiruppu	Center for Social Assesment	17	02.09. 2005	on going
Thirukkivil	Thambiluvil-1	APDO	40	25.05. 2005	03.09.2005
Thirukkivil	Thambiluvil-1	APDO	17	16.09. 2005	on going
Pothuvil	Urani	Kanagar Kirama Rural Development Society	18	13.06. 2005	14.07.2005
Pothuvil	Manalchenai	Manalchenai Rural development	15	14.06. 2005	05.07.2005
Pothuvil	Passarachenai	Alaqsa sports club	17	01.09. 2005	30.10.2005
Pothuvil	Pothuvil	RDA Kundumadu	40	16.09. 2005	ongoing

### The amount of Well Construction in the Ampara District:

Name of Site/ Location	LNGO/CBO Partners	Quantity/ Amount	Dates	
			Begin	End
Thirukovil	CPBR	9	16.09.2005	03.10.2005
Thirukovil	SIVA THONDAR	9	16.09.2005	ongoing
Thirukovil	APDO	8	16.09.2005	ongoing
Ninthaur	CBO ninthaur 05	20	2nd Sep	23rd Sep
Sainthamaruthu	Eastern Friendship Organization	47	2nd Sep	23rd Sep

### CFW for Debris Cleaning:

Name of DS	Name of Site/ Location	LNGO/CBO Partners	Total persons day	Dates	
				Begin	End
<b>Akkaraipattu</b>	Akkaraipattu	Direct operation	7	02.03.2005	02.03.2005
<b>Thirukovil</b>	Kanagarnagar	Direct operation	62	24.01.2004	28.03.2005
	Thambiluvil	Direct operation	1,477	21.01.2005	21.01.2005
	Thampaddai-1	Direct operation	598	21.01.2005	07.03.2005
	Thampaddai-2	Direct operation	179	21.01.2005	07.03.2005
<b>Pothuvil</b>	Inspector Eatham	Direct operation	94	05.03.2005	08.03.2005
	Hithayapuram	Direct operation	7	06.03.2005	06.03.2005
	Islamabath	Direct operation	1,265	23.02.2005	07.03.2005
	Manachenai	Direct operation		06.04.2005	07.04.2005
	Jalaldeem Squire	Direct operation	348	27.01.2005	07.02.2005
	Kalappukaddu	Direct operation	403	17.02.2005	14.03.2005
	Kundumadu	Direct operation	19	08.03.2005	08.03.2005
	P.Central College	Direct operation	228	14.02.2005	16.02.2005
	Pasaraichenai	Direct operation	1,190	24.02.2005	13.03.2005
	Pottuvil	Direct operation	296	16.03.2005	30.03.2005
	Sengamam	Direct operation	16	22.02.2005	23.02.2005
	Singapuram	Direct operation	1,264	28.02.2005	17.03.2005
	Urani	Direct operation	1,538	02.03.2005	06.04.2005
	Sarvodayapuram	Direct operation	595	19.02.2005	07.03.2005
	Sinnaullai	Direct operation	204	07.03.2005	13.03.2005
<b>Ninthaur</b>	Addapalam	Marumalarchchi	384	14.03.2005	23.03.2005

	Ninthaur	Marumalarchchi	2,915	07.04.2005	07.04.2005
<b>Karaitivu</b>	Karaitivu	Sarvodaya	2,098	12.02.2005	06.04.2005
	Maligaikadu	Sarvodaya	2,293	24.02.2005	07.04.2005
<b>Sainthamaruthu</b>	Sainthamaruthu	EFO	4,955	23.02.2005	07.04.2005
<b>Kalmunai South</b>	Kalmunai	CSA	6,115	16.02.2005	07.04.2005
	Kalmunaikudy	CSA	2,889	08.03.2005	07.04.2005
	Maruthamunai	CSA	4,316	16.02.2005	02.04.2005
<b>Kalmunai North</b>	Pandiruppu	Sarvodaya	2,886	17.02.2005	02.04.2005
	Periyaneelavanai	Sarvodaya	4,314	07.02.2005	07.04.2005

### CFW for garbage clearing in IDP camps:

Name of DS	Name of Site/ Location	LNGO/CBO Partners	Total persons day	Dates	
				Begin	End
<b>Ninthaur</b>	IDP Camps in Ninthaur	in collaboration with Prade shasaba	1,296	19.03.2005	15.07.2005
<b>Kalmunai</b>	IDP camps in Kalmunai municipal area	in collaboration with Municipality	1,944	28.02.2005	15.07.2005
<b>Thirukovil</b>	IDP camps in Thirukovil area	in collaboration with Prade shasaba		06.03.2005	15.07.2005
<b>Pothuvil</b>	IDP camps in Pothuvil area	in collaboration with Prades shasaba		01.03.2005	15.07.2005

### Other CFW programmes:

Name of DS	Name of Site/ Location	LNGO/CBO Partners	Description / Type of CFW	Quantity/ Amount	Dates	
					Begin	Begin
<b>Thirukovil</b>	IDP Camps and locations where water required	Direct Operation	Water delivery	3,975,530	29.01.2005	15.07.2005
<b>Kalmunai</b>	Periyanelavanai and pandiruppu	Direct Operation	Water delivery	10,366,785	19.01.2005	15.07.2005
<b>Pothuvil</b>	IDP Camps and locations where water required	Direct operation	Water delivery	4,741,185	28.01.2005	15.07.2005
<b>Thirukovil</b>	Thambilivil 01	Direct operation	Well cleaning	5 wells cleaned	August - 1st week	Aug - last week

## **Partner Organizations that have worked with CARE**

### **Partner organizations in toilet construction:**

Name of DS	LNGO/CBO Partners
Ninthaur	Community Children Fund
Ninthaur	Marumalarchi
Ninthaur	Sadam Social Association
Karaithivu	CBO Karaithivu
Karaithivu	CBO Malihaikadu
Karaithivu	CWWS
Sainthamaruthu	Eastern Friendship Organization
kalmunai South	Foundation for rural economic development
kalmunai South	Center for Social Assessment
Kalmunai North	Women Development Center
Kalmunai North	Center for Human Development
Kalmunai North	Center for Social Assessment
Thirukkivil	APDO
Thirukkivil	APDO
Pothuvil	Kanagar Kirama Rural Development Society
Pothuvil	Manalchenai Rural development
Pothuvil	Alaksa sports club
Pothuvil	RDA Kundumadu

### **Partner organizations in well construction:**

Name of Site/ Location	LNGO/CBO Partners
Thirukovil	CPBR
Thirukovil	SIVA THONDAR
Thirukovil	APDO
Ninthaur	CBO ninthaur 05
Sainthamaruthu	Eastern Friendship Organization

### **Partner Organizations in debris cleaning:**

Name of DS	LNGO/CBO Partners
<b>Ninthaur</b>	Marumalarchchi
	Marumalarchchi

<b>Karaithivu</b>	Sarvodaya
	Sarvodaya
<b>Sainthamaruthu</b>	EFO
<b>Kalmunai South</b>	CSA
	CSA
	CSA
<b>Kalmunai North</b>	Sarvodaya
	Sarvodaya

### **Partner Organizations in garbage clearing in IDP camps:**

Name of DS	LNGO/CBO Partners
<b>Ninthaur</b>	in collaboration with Prade shasaba
<b>Kalmunai</b>	in collaboration with Municipality
<b>Thirukovil</b>	in collaboration with Prade shasaba
<b>Pothuvil</b>	in collaboration with Prades shasaba