



Evaluation 2011/1

SDC Humanitarian Aid: Emergency Relief



Evaluation of

SDC Humanitarian Aid: Emergency Relief

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

Contents:

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

Annexes and Case Studies (CD)

Bern, June 2011

Evaluation Process

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

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

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

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

Timetable

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

I Long Evaluation Abstract

Donor	SDC – Swiss Agency for Development and Cooperation
Report title	Evaluation of “SDC Humanitarian Aid: Emergency Relief”
Geographic area	Global
Sector	Multisector, Conflict, Peace and Security, Emergency assistance and reconstruction, Emergency food aid, Health, Social infrastructure and services, Water supply and sanitation, Support to NGO’s
Language	English
Date	February 2011
Authors	Claude de Ville de Goyet (Team Leader), Petra Scheuermann, Sheila B. Reed, Reham Al Wehaidy, Alain Thermil - Particip GmbH www.particip.de Particip GmbH www.particip.de ; Backstopping team: Barbara Steigmeirer, Claudius Leinberger, René Madrid

Subject Description

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

Evaluation Methodology

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

Major findings and conclusions

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

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

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

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

Priorities for Change and lessons learned

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

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

Recommendations and Senior Management Decisions

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

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

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

I. Overall Appreciation of the Senior Management

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

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

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

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

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

II. Guiding Principles for future Emergency Relief Activities of SDC

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

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

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

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

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

1. Rapid Response Teams (RRTs)

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

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

2. Coordination at HQ and Field Level

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

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

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

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

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

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

3. Multilateral Organizations

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

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

4. Food Security

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

5. Medical Assistance

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

6. Pharmaceutical logistic

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

7. Cash/vouchers Programs

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

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

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

8. Preparedness

SDC will develop some of its innovative areas further:

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

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

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

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

Overall Appreciation of the CLP

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

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

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

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

Recommendations of the CLP

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

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

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

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

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

1. Communication Strategy on Emergency Relief Instruments¹

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

2. Rapid Response Teams (RRTs)

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

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

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

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

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

3. Coordination at HQ and field level

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

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

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

4. Food Security

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

5. Medical Assistance

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

6. Pharmaceutical logistic

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

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

7. Cash/vouchers programs

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

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

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

8. Preparedness

SDC should develop some of its innovative areas further:

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

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

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

III Evaluators' Final Report

Evaluation "SDC Humanitarian Aid: Emergency Relief"

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



PARTICIP GmbH
Merzhauser Str. 183
D - 79100 Freiburg Germany
Phone: +49 761 79074 0
Fax: +49 761 79074 90
Web: <http://www.particip.de>

Claude de Ville de Goyet claudedevilledegoyet@gmail.com
Petra Scheuermann petrascheuermann@yahoo.com
Sheila B. Reed sheilareed@yahoo.com
Reham Al Wehaidy reham.wehaidy@gmail.com
Alain Thermil althermil@gmail.com

February 14, 2011

Acknowledgement

The Evaluation team would like to express its gratitude to all interlocutors met in Bern, Geneva and Rome, as well as to those we talked to by telephone. Thanks also to the staff of the Corporate Controlling Section for their valuable assistance in ensuring that all arrangements were efficiently made for the entire trip.

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

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

Table of Contents

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

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

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

ANNEX 1 – List of acronyms

ANNEX 2 – Approach Paper

ANNEX 3 – Detailed Methodology

ANNEX 4 – List of documents reviewed

ANNEX 5 – List of contacts

ANNEX 6 – Haiti Field Visit Report

ANNEX 7 – Gaza Field Visit Report

ANNEX 8 – Desk Study Sumatra

ANNEX 9 – Desk Study Sudan

ANNEX 10 – SDC Food Security Issues in Emergencies

ANNEX 11 – Global Questionnaire and its results

ANNEX 12 – Questionnaire for quantified analysis

Abbreviations and Acronyms

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

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

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

Executive Summary

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

Methodology

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

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

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

Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusions

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

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

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

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

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

Priorities for Change

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

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

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

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

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

1 Introduction

1.1 Background

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.2 Purpose of the Evaluation

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

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

This evaluation report will:

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

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

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

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

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

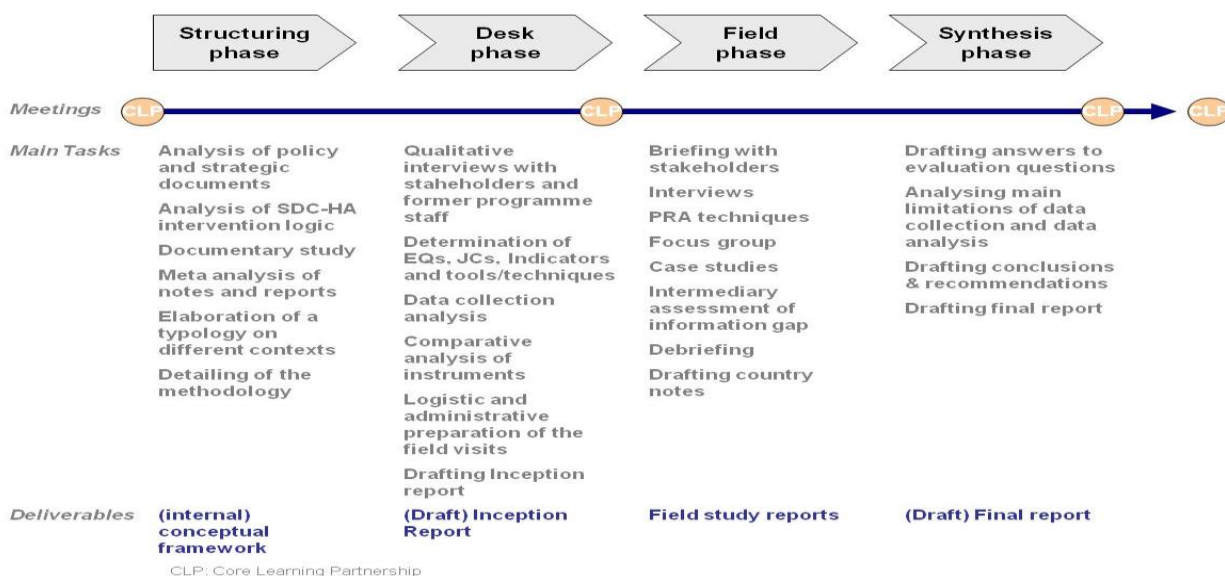
⁹ The ToR for this evaluation (see SDC Approach Paper) exclude the OECD/DAC criterion "efficiency".

2 Methodology

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

2.1 Steps

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



2.2 Tools

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

a) Selection of Case Studies

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

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

b) Analysis of documentation

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

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

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

c) Field Visits

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

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

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

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

d) Interviews

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

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

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

¹⁰ Limited stay due to Israeli border closing periods.

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

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

¹³ Implementing partners of WFP in Sudan were not interviewed.

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

e) Focus groups discussions and surveys

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

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

f) Questionnaires for quantified analysis

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

g) End-of-Mission Workshops

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

h) Reporting

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

2.3 Limitations

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

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

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

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

3 Findings

3.1 Coherence (Coordination)

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

Recommending greater coordination is a standard feature of all evaluations.

3.1.1 International coordination mechanisms are established

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

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

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

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

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

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

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

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

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

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

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

3.1.2 The coordination with partners

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

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

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

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

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

Was the coordination/cooperation with multilateral partners strengthened?

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

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

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

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

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

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

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

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

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

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

²¹ Secondments to WFP in Gaza and Haiti.

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

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

²⁴ 32 of 37 and 27 of 35 respectively.

3.1.3 Joint position with international community

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

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

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

3.1.4 SDC action in line with international action

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

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

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

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

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

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

3.2 Relevance/appropriateness of response strategy

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

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

3.2.1 Response to needs

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

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

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

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

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

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

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

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

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

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

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

3.2.2 Timeliness

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2.3 Targeting those most in need

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

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

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

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

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

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

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

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

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

3.2.4 Cross-cutting issues

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

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

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

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

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

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

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

³⁵ Funded through Caritas Swiss.

3.2.5 Adaptability to context

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

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

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

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

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

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

3.2.6 Explicit objectives and realistic selection of beneficiaries

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

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

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

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

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

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

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

3.2.7 Adaptability to change

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

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

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

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

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

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

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

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

3.2.8 Monitoring and evaluation

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

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

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

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

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

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

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

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

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

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

3.2.9 Lessons learned

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

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

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

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

⁴² Question 10 Annex 10.

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

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

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

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

3.3 Effectiveness

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

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

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

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

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

3.3.1 Lives saved and sufferings alleviated

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

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

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

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

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

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

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

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

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

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

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

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

3.3.2 Safety from abuses

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

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

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

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

3.3.3 Access to sanitation services

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

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

3.3.4 Access to housing

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

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

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

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

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

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

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

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

3.3.5 Access to food

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

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

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

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

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

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

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

3.3.6 Access to health care

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

Medical Assistance in Haiti	
Treatments	796
Surgical operations	636

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

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

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

3.3.7 Access to hygiene items

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

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

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

3.3.8 Access to safe water

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

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

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

⁵⁵ From medical group reports.

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

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

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

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

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

3.3.9 Quality of contributions

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

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

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

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

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

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

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

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

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

3.3.10 Monitoring and evaluation of the performance

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

This criterion is identical to the one in 3.2.8.

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

3.4 Connectedness

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

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

3.4.1 Strengthening SDC local partners

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

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

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

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

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

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

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

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

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

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

3.4.2 Linkage between relief, rehabilitation and development (LRRD)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Performance scoring

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

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

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

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

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

Justification for overall rating:

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

5 General conclusions

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

5.1 Overview of the four crisis situations

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

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

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

5.2 Sub-question 1

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

5.2.1 Introduction

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

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

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

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

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

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

5.2.2 The mobilisation of SR

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

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

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

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

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

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

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

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

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

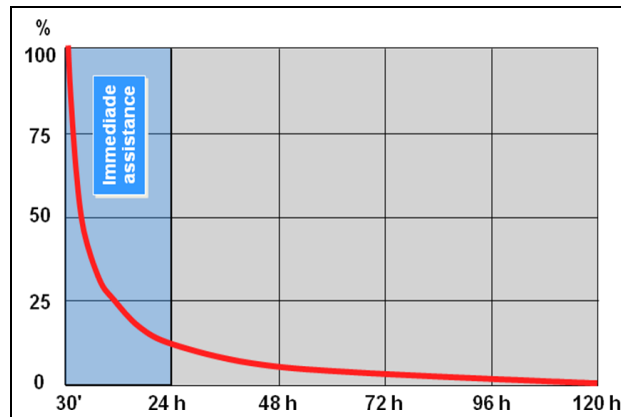
SAR is an activity where the return in lives saved declines very rapidly in a matter of hours (law of diminishing return). Figure 2 (adapted from an SDC presentation), although not based on actual data, reflects adequately the fact that most of the lives saved (some estimate up to 95%) are as a result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

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

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

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

Figure 1: Rescue after earthquakes



5.2.3 The RRT

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

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

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

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

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

5.2.4 Financial contributions

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

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

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

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

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

5.2.5 Material assistance and food supplies

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

5.2.6 Secondments

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

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

5.2.7 The mix of means

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

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

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

5.3 Sub-question 2

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

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

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

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

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

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

5.4 Sub-question 3

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

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

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

Several factors are identified:

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

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

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

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

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

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

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

6 Priorities for Change

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

6.1 Recalibrating the SR instrument

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

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

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

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

6.2 Making full use of built-in flexibility in RRTs

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

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

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

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

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

6.3 Proactive coordination

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

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

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

6.4 Identify innovative areas for future operational leadership

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

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

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

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

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

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

2. Pharmaceutical logistic capacity

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

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

3. Developing and promoting a pool of Clusters Coordinators

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

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

4. Cash/vouchers programmes

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

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

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

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

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

5. Increase leadership in food security

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

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

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

6. Comprehensive bilateral support to national coordinating entity.

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

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

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

6.5 More specificity in multilateral support

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

SDC and partners may benefit from:

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

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

7 Scenarios

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

7.1 Status quo scenario

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

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

7.2 Operational bilateral scenario

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

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

7.3 Further mainstreaming of humanitarian aid

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

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

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

7.4 Specialisation in “soft” areas

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

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

7.5 A better balance between operational action and soft areas

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

Recent SDC Evaluations

EVALUATION 2010/1	SDC'S RESEARCH RELATED ACTIVITIES
EVALUATION 2009/5	SDC'S CONTRIBUTION TOWARDS BIODIVERSITY: Impact in the Andean Region
EVALUATION 2009/4	SWITZERLANDS' BILATERAL AND MULTILATERAL COOPERATION: To what extent do operational synergies exist?
EVALUATION 2009/3	TWO RURAL FINANCE AND EMPLOYMENT PROGRAMMES IN INDIA
EVALUATION 2009/2	KNOWLEDGE MANAGEMENT AND INSTITUTIONAL LEARNING IN SDC
EVALUATION 2009/1	EVALUATION OF SDC'S PERFORMANCE IN MAINSTREAMING GENDER EQUALITY
EVALUATION 2008/1	SDC HUMANITARIAN AID IN ANGOLA 1995–2006
EVALUATION 2007/2	DECENTRALISATION IN SDC'S BILATERAL COOPERATION Relevance, Effectiveness, Sustainability and Comparative Advantage
EVALUATION 2007/1	SDC'S PERFORMANCE TOWARDS EMPOWERMENT OF STAKEHOLDERS FROM THE RECIPIENTS' PERSPECTIVE
EVALUATION 2006/1	EVALUACIÓN INDEPENDIENTE DEL PROGRAMA REGIONAL DE AMÉRICA CENTRAL 1999–2005
EVALUATION 2005/3	INDEPENDENT EVALUATION OF THE SDC/seco MEDIUM TERM CONCEPT 2002–2006 IN SERBIA & MONTENEGRO
EVALUATION 2005/2	INDEPENDENT EVALUATION OF SDC NEPAL COUNTRY PROGRAMMES 1993–2004 Building Bridges in Nepal – Dealing with deep divides
EVALUATION 2005/1	AUFGABENTEILUNG ZENTRALE – KOBÜ
EVALUATION 2004/4	SDC'S INTERACTION WITH THE SWISS NGO'S (for internal use only)
EVALUATION 2004/3	QUALITY ASSESSMENT OF SDC'S EXTERNAL EVALUATION REPORTS (not published)
EVALUATION JR 2004/2	SWISS-SOUTH AFRICAN DEVELOPMENT COOPERATION PROGRAMME 2000–2003 Joint Review
EVALUATION 2004/1	SDC'S HUMAN RIGHTS AND RULE OF LAW GUIDANCE DOCUMENTS INFLUENCE, EFFECTIVENESS AND RELEVANCE WITHIN SDC
EVALUATION EE 2003/6	SDC – COUNTER TRAFFICKING PROGRAMME MOLDOVA
EVALUATION EE 2003/5	SDC – HUMANITARIAN AID IN ANGOLA
EVALUATION EE 2003/4	12 JAHRE OSTZUSAMMENARBEIT BAND 1 DIE TRANSITION UND IHR SCHATTEN BAND 2 BILANZ DER ÖFFENTLICHEN SCHWEIZERISCHEN ZUSAMMENARBEIT MIT OSTEUROPA UND DER GUS 1990–2002
EVALUATION 2003/3	PROGRAMME DE LA COOPERATION SUISSE AU NIGER 1997–2002
EVALUATION 2003/2	SDC'S INTERACTION WITH THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)
EVALUATION 2003/1	DC'S BILATERAL ENGAGEMENT IN THE POVERTY REDUCTION STRATEGY PAPER (PRSP) PROCESS
EVALUATION 2002/1	EIN JAHRZEHNT CINFO 1990–2001

Imprint

Publisher:
Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SCD
3003 Bern
www.sdc.admin.ch

Pictures:
HA/CSA & Patrik Zoll

Orders:
E-mail: info@deza.admin.ch

Specialist contact:
Swiss Agency for Development and Cooperation SCD
Corporate Controlling
Freiburgstrasse 130, 3003 Bern
sektion.controlling@deza.admin.ch

This publication can be downloaded from the website
www.sdc.admin.ch/publications.

Bern, June 2011

ANNEX 1: List of acronyms

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

GRET	Haitian NGO/SDC Partner
GTZ	German Technical Cooperation
HA	Humanitarian Assistance
HAC	Humanitarian Aid Committee
HQ	Headquarters
IAMANEH	Swiss NGO operational in Haiti/SDC partner
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDF	Israeli Defense Forces
IDP	Internally Displaced Person
IEG	Independent Evaluation Group (World Bank)
IFRC	International Federation of the Red Cross and Red Crescent Societies
INSARAG	International Search and Rescue Advisory Group
IOM	International Organization of Migration
ISDR	International Strategy for Disaster Reduction
ISO	International Organization for Standardization
LRRD	Linkage between Relief, Rehabilitation and Development
MIC	Monitoring and Information Center on Civil Protection of European Commission
MINUSTAH	United Nations Stabilization Mission in Haiti
MSF	Médecins sans Frontières
NDC	NGO Development Center, Gaza
NECC	Near East Council of Churches
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
oPt	Occupied Palestinian Territories
PA/PNA	Palestinian authority, Palestine National Authority
PAHO	Pan-American Health Organization
PAP/PaP	Port au Prince
PARC	Palestinian Agriculture Development Association
PDNA	Post Disaster Needs Assessment and Recovery Framework by UN
PNGO	Palestinian NGO Network
PROMESS	WHO/PAHO Program on Essential Medicine and Supplies in Haiti
RR	Rapid Response
RRT /SET	Rapid Response Team (equivalent to SET) / Soforteinsatzteam
RTE	Real Time Evaluation

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

ANNEX 2: Approach Paper

Table of Contents

1	Background: Swiss Humanitarian Aid.....	2
1.1	The Emergency Relief	3
2	Why an Evaluation and Why Now? – Rationale	6
3	Purpose, Focus and Objectives	6
3.1	Purpose	6
3.2	Objectives.....	6
3.3	Focus and Scope.....	7
3.4	Crisis situations to be evaluated.....	7
4	Key Questions.....	12
5	Recommendations.....	16
6	Expected Results	16
6.1	Output Level	16
6.2	Outcome Level.....	16
7	Partners	18
7.1	Organisational Set-up and Respective Roles.....	18
7.2	Core Learning Partnership (CLP).....	18
8	Process.....	19
8.1	Methodology and Approach	19
8.2	Main steps – Schedule.....	21
8.3	Evaluation Team.....	22
9	Reference Documents	22
9.1	SDC and Related.....	22
9.2	Other Publications.....	22
9.3	Resource People	23
10	Annex 1: Quality ratings and ratings principles	23

1 Background: Swiss Humanitarian Aid

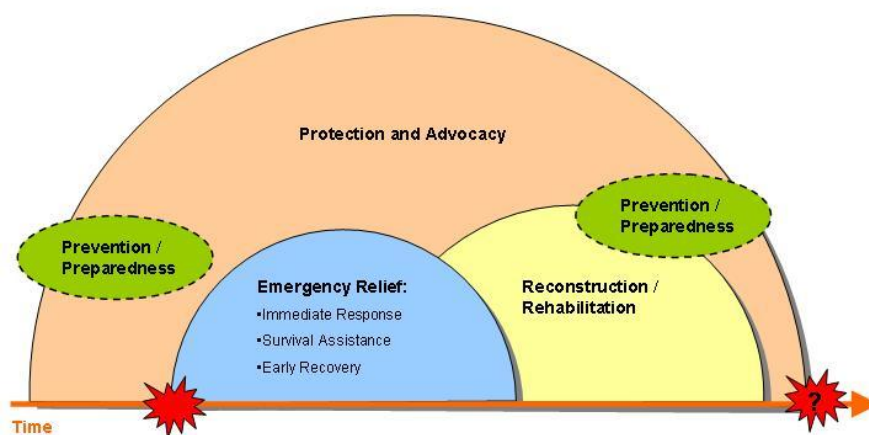
The Humanitarian Aid (HA) of the Swiss Confederation is a Department of the Swiss Agency for Development and Cooperation (SDC) within the Federal Department of Foreign Affairs (FDFA).

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

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

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

The 4 HA Strategic Fields of Activity:



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

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

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

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

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

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

1.1 The Emergency Relief

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

The most important tasks of the Emergency Relief are to:

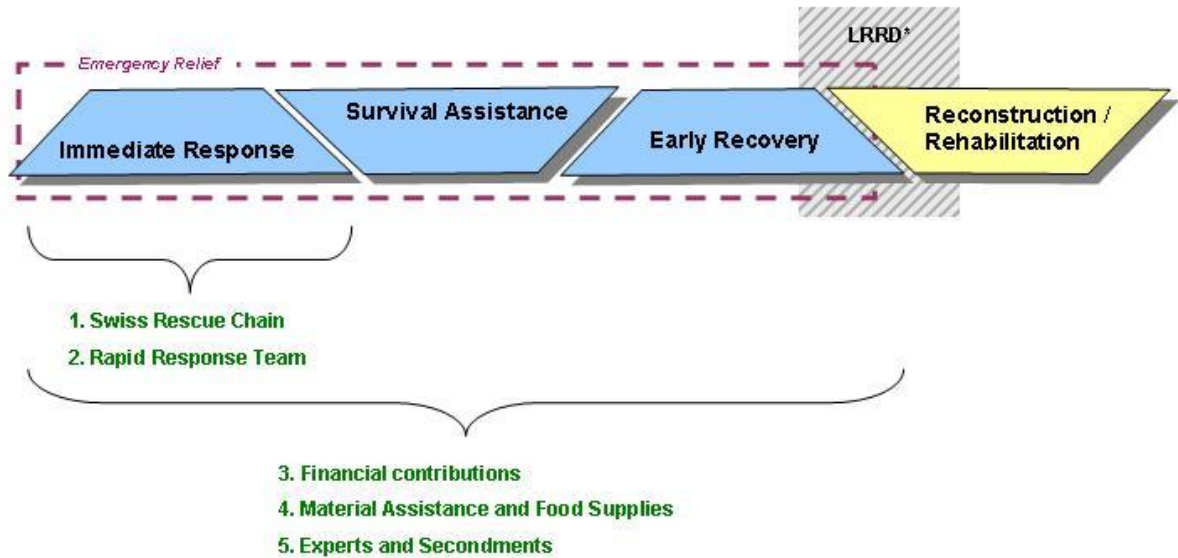
- Assess the situation and identify specific needs (gender, ethnic groups, age, social or economic status)
- Cover basic needs by providing drinking water and food supplies
- Provide temporary shelters
- Provide emergency medical assistance
- Care for and protect refugees, the displaced and homeless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

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

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

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

The SDC Emergency Relief Instruments:



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

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

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

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

³ Source: SDC website.

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

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

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

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

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

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

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

2 Why an Evaluation and Why Now? – Rationale

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

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

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

3 Purpose, Focus and Objectives

3.1 Purpose

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

Moreover, the evaluation will concretely:

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

3.2 Objectives

The objectives of this evaluation are:

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

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

3.3 Focus and Scope

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

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

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

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

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

The evaluation will take into consideration different levels.

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

3.4 Crisis situations to be evaluated

The evaluation:

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

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

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

The 4 selected crisis situations are:

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

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

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

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

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

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

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

⁹ Department for Defence Civil Protection and Sports.

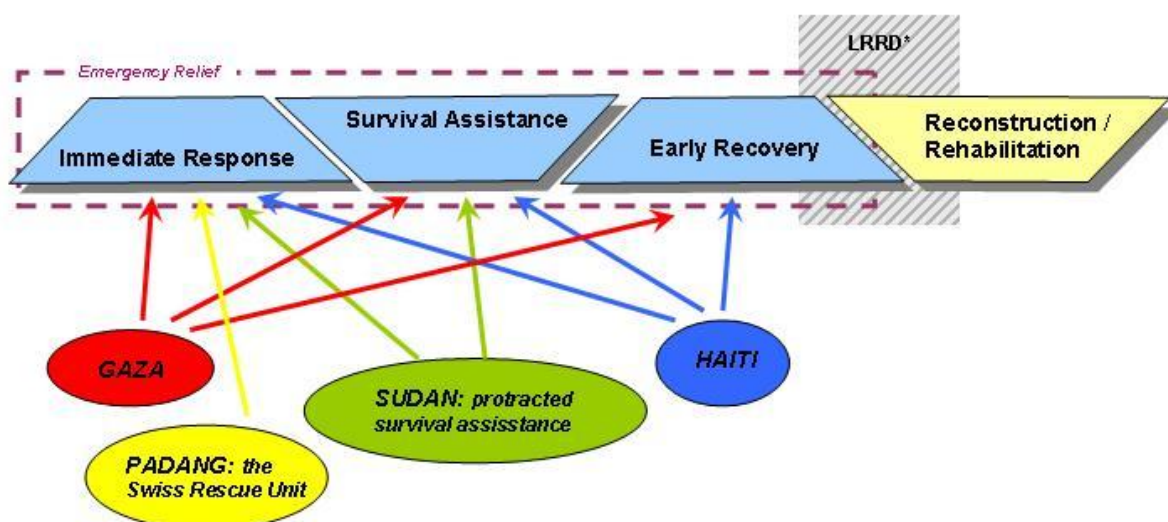
<ul style="list-style-type: none"> • Ensure access to psychosocial counselling services for traumatized people • Restore basic livelihood conditions • Increase agricultural production and improve its access in local markets • Improve the psychological wellbeing of the population and reinforcing the capacities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

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

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

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

The crisis situations to be evaluated:



* *LRRD: Linking Relief, Rehabilitation and Development*

4 Key Questions

The main key question is:

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

Sub-questions:

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

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

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

DAC/ALNAP criteria	SDC Quality standards
<p>i. Coherence (<i>coordinated</i>¹²)</p> <div data-bbox="233 367 619 506" style="border: 1px solid black; padding: 5px;"> <p>Coherence: taking into account the intra- and inter-agency partnerships.</p> </div>	<p>International coordination mechanisms are established</p> <p>The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened</p> <p>The joint position on issues linked to the humanitarian crisis is agreed among international/national partners</p> <p>The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with international action</p>
<p>ii. Relevance/appropriateness (<i>targeted and rapid</i>¹³)</p> <div data-bbox="233 898 619 1261" style="border: 1px solid black; padding: 5px;"> <p>Relevance/appropriateness: assessing whether the projects/programs/contributions are in line with local needs and priorities, and tailored accordingly. This issue is related to the tension between the need for pre-positioning/responsiveness and the need to be context driven/culturally appropriate.</p> </div>	<p>The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities</p> <p>The response strategy (instruments and means) has been decided and implemented timely</p> <p>The response strategy (instruments and means) has been targeted to the injured in the most need of support</p> <p>The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.</p> <p>The response strategy (instruments and means) is in line with the context (geographic area, type of emergency and historical, social, economic, political and cultural factors)</p> <p>The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation and has realistic objectives</p> <p>Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly</p> <p>The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance</p> <p>SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned</p>

¹² HA mode of operation criteria.

¹³ HA mode of operation criteria.

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

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

¹⁴ HA mode of operation criteria.

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

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

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

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

Justification for overall ratings:

Summary of strengths	Summary of weaknesses

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

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

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

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

5 Recommendations

Based on the findings and conclusions of the evaluation:

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

Two different levels of recommendations need to be considered:

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

6 Expected Results

6.1 Output Level

By the consulting team:

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

By SDC:

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

6.2 Outcome Level

The evaluation "Emergency Relief" is expected to contribute:

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

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

7 Partners

7.1 Organisational Set-up and Respective Roles

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

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

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

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

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

7.2 Core Learning Partnership (CLP)

The Core Learning Partnership will consist of the following members:

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

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

8 Process

8.1 Methodology and Approach

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

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

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

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

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

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

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

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

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

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

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

The evaluation's target groups are:

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

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

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

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

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

Based on these inputs the evaluation team is expected:

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

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

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

8.2 Main steps – Schedule

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

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

8.3 Evaluation Team

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

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

The international evaluators are expected to have:

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

The case study evaluators are expected to have:

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

9 Reference Documents

9.1 SDC and Related

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

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

9.2 Other Publications

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

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

9.3 Resource People

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

10 Annex 1: Quality ratings and ratings principles²³

Descriptions of Quality Ratings:

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

Some Ratings principles:

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

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

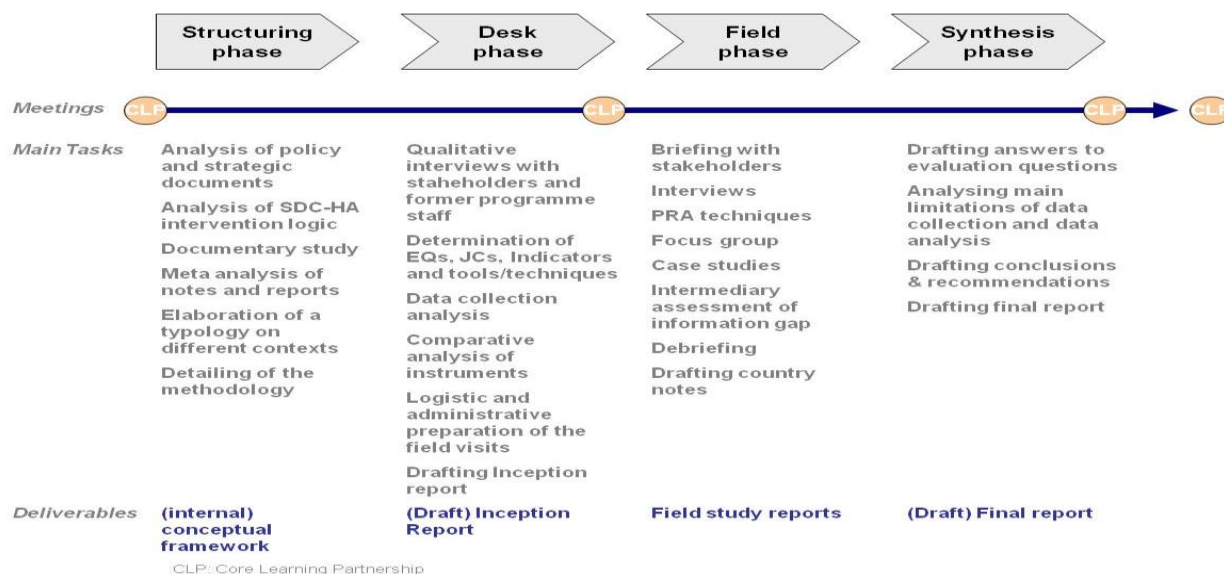
- Strengths and weaknesses should be briefly recorded in the DAC/ALNAP criteria comments column to capture the key issues in relation to the quality standards for that DAC/ALNAP criteria.

ANNEX 3: Detailed Methodology

Table of Contents

1	Steps	2
2	Selection of Case Studies	2
3	Documentation Review	2
4	Field Visits	3
5	Interviews	4
6	Community Focus Groups and Surveys	4
7	Questionnaire for quantified analysis	7

1 Steps



2 Selection of Case Studies

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

3 Documentation Review

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

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

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

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

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

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

4 Field Visits

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

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

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

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

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

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

5 Interviews

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

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

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

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

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

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

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

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

6 Community Focus Groups and Surveys

In Gaza, four focus group meetings using open-end questions targeting a total of 50 beneficiaries (19 female and 31 male) were organized to evaluate the perceived outcomes of three types of interventions: distribution of hygiene kits with Sharek and PARC, distribution of plastic sheets with PARC and rehabilitation of water irrigation wells with NDC.

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

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

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

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

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

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

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

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

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

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

Regarding the water distribution, other considerations were necessary:

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

7 Questionnaire for quantified analysis

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

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

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

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

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

ANNEX 4: List of documents reviewed

Table of Contents

- 1. General documentation 2
- 2. Gaza 7
- 3. Haiti12
- 4. Sudan.....15
- 5. Sumatra17

1 General documentation

1. ALNAP 2006. Evaluating humanitarian action using the OECD-DAC criteria - An ALNAP guide for humanitarian agencies.
2. ALNAP 2008. Responding to earthquakes 2008 Learning from earthquake relief and recovery operations.
3. ALNAP 2009. Real-time evaluations of humanitarian action - An ALNAP Guide.
4. AusAID 2006. Cooperation Agreements for Emergency Response (CAER) - Cluster Evaluation Pakistan Earthquake.
5. Commission de gestion du Conseil des Etats 2008. Aide humanitaire de la Direction du développement et de la coopération (DDC) au Sri Lanka après le tsunami : Constats et recommandation.
6. Conseil Fédéral 1977 Décembre Ordonnance concernant la coopération au développement et l'aide humanitaire internationales.
7. Conseil Fédéral 1988. Ordonnance concernant le Corps suisse d'aide humanitaire.
8. Conseil Fédéral 2001. Ordonnance sur l'aide en cas de catastrophe à l'étranger (OACata).
9. Conseil Fédéral 2006 – 29 Novembre. Message concernant la continuation de l'aide humanitaire internationale de la Confédération.
10. Conseil Fédéral 1976 - 10 Mars. Loi fédérale sur la coopération au développement et l'aide humanitaire internationales.
11. Consortium of Swiss Organisations, 2008. External Evaluation of the Swiss Consortium's Cash for Repair and Reconstruction Project in Sri Lanka 2005-08 - Final Report.
12. Consortium of Swiss Organisations, 2009. Management response to the external evaluation.
13. Civil Aviation Authority of New Zealand, July 2002. Safety around helicopters.
14. DEZA, 2005. Einsatzkonzept SKH 2005.
15. DEZA, März 2010. Jahresprogramm 2010 Sektion Ausrüstung und Logistik H.
16. DEZA, September 2010. Eine Welt. Nr. 3. September 2010. Ernährungssicherheit und Haiti.
17. DFID 2010. Evaluation Framework.
18. DFID 2010. Evaluation ToR.
19. FDFA 2010. Security Risk Management FDFA for Staff, Assets & Activities.
20. Fund for Peace. 2009. Failed state index 2009. Fund for Peace. http://www.fundforpeace.org/web/index.php?option=com_content&task=view&id=391&Itemid=549.
21. GHD 2003. Principles and Good Practices of Humanitarian Donorship.
22. http://www.oecd.org/document/48/0,3343,en_2649_33693550_35233262_1_1_1_1_00.html.
23. ICRC 2009. Update 9 March 2009. Water and sanitation: responding to a critical health issue in the Palestinian territories.

24. ICRC 2010. Financial data:
 - a. Evolution of ICRC HQ & Field budgets (1996-2010)
 - b. Switzerland contribution to ICRC (1992-2010) as of 21-07-2010
 - c. 20 Major donors in 2010 as of 21-07-2010
 - d. Emergency Appeals 2010 per program
 - e. Emergency Appeals 2010 per region
 - f. Hard Pledges Switzerland 2010.
25. ICVA, 2010. Principles and Good Practice of Humanitarian Donorship.
26. IFRC 2008. Présentation des Lignes Directrices relatives à la facilitation et à la réglementation nationales des opérations internationales de secours et d'assistance au relèvement initial en cas de catastrophe.
27. Lancet 2010 Editorial: Growth of aid and the decline of humanitarianism www.thelancet.com Vol 375 January 23, 2010.
28. OCHA 2010. Personal communication. Funding by type or recipient, decision date and inside/outside appeal for Haiti 2010, Sumatra 2009, Gaza 2009, and Sudan 2009.
29. OECD 2009. DAC Peer Review of Switzerland.
30. OECD/DAC 1999 Guidance for evaluating Humanitarian Assistance in Complex Emergencies <http://www.oecd.org/dataoecd/9/50/2667294.pdf> .
31. OECD/DAC 2007. Principles for Good International Engagement in Fragile States. http://www.oecd.org/document/48/0,3343,en_2649_33693550_35233262_1_1_1_1_00.html.
32. Rice, S.E., and S. Patrick. 2008. Index of state weakness in the developing world. Washington D.C.: The Brookings Institution. http://www.brookings.edu/~media/files/rc/reports/2008/02_weak_states_index/02_weak_states_index.pdf.
33. SDC 2005 (updated 2008). Pflichtenheft Rapid Response. SDC 2005 (updated 2008). Rapid Response – Pikett Dienst HH/SKH. UNDAC request Air transportation.
34. SDC 2007 General Task list for Rapid Response Core Team members.
35. SDC 2007. Cash Workbook. A practical User's Guide for the Preparation and Implementation of Cash Projects.
36. SDC 2007 (updated 2009). Sofort Einsatz Team (SET) Konzept.
37. SDC 2007. Anhänge Managementhandbuch - Rapid Response with annexes.
38. SDC 2007. Humanitarian Aid Strategy 2007-2010.
39. SDC 2008 Presentation on Rapid Response: Organization in HQ and Duty Service.
40. SDC 2008. Material-Behelf für die RESCUE UNIT. SDC 2008. Evaluation policy of the Swiss Agency for Development and Cooperation (SDC).
41. SDC 2008. External Review: SDC's Post-Tsunami Relief and Rehabilitation Assistance for Fishing communities of Ko Phra Thong and Ko Kho Khao Khura Buri District, Thailand. http://www.sdc.admin.ch/en/Dossiers/Humanitarian_Aid_out_on_mission/Seaquake_and_tsunamis_in_South_Asia.

42. SDC 2008. Independent Evaluation of the Construction Works of Four Schools in Matara District, Sri Lanka.
http://www.sdc.admin.ch/en/Dossiers/Humanitarian_Aid_out_on_mission/Seaquake_and_tsunamis_in_South_Asia.
43. SDC 2008. Inhalt Piketthandbuch RR / various contingencies Check Lists (German).
44. SDC 2008. PowerPoint Presentation Rapid Response by Duty Service HA-SHA.
45. SDC 2008/1 Evaluation SDC Humanitarian Aid in Angola 1995-2006.
46. SDC 2009 Mandat Organisationseinheit Rapid Response (RR).
47. SDC 2009 Jahresprogrammen 2010 (Abteilung Afrika, Europa und Mittelmeerraum, Asien und Amerika and Multi, Sektion Ressourcen Feld H).
48. SDC 2009. Evaluation 2009/4 Switzerland's Bilateral and Multilateral Cooperation: To what extent do operational synergies exist?
49. SDC 2009. Rapid Response - Minimal Standards Coof.
50. SDC 2009. Reorganization of SG Water and Environmental Sanitation.
51. SDC 2009. Vorlage Standard-Pflichtenheft für SET Einsätze.
52. SDC 2009: Mandat Organisationseinheit Rapid Response (RR).
53. SDC 2010 Management tools used by SG WES June 2010.
54. SDC 2010 Rapport d'activités et plan du FG Water and Environmental Sanitation (WES).
55. SDC 2010 Yearly Program 2010 Directorate H / Multi-H Division.
56. SDC 2010. Core Contribution Management (CCM) CCM UNOCHA SHEET (Draft).
57. SDC 2010. Evaluation 2010/1 SDC's Research Related Activities.
58. SDC 2010. Organization Chart.
59. SDC Controlling – Valérie Rossi, August 2010. End on Mission Workshop.
60. SDC Controlling – Valérie Rossi, July 26th, 2010. Evaluation “SDC Humanitarian Aid: Emergency Relief”. First CLP on Inception Report, Bern.
61. SDC, January 2010. Security: Organisational set-up.
62. SDC, Juin 2010. Un seul monde. Suissitude. Que fait la Suisse mieux que les autres?
63. SDC, July 2010. Security Risk Management FDFA for Staff, Assets & Activities (Concept).
64. SDC. IN-CASH Support. An Appropriate Tool for Humanitarian Aid.
65. SDC. Swiss Rescue:
http://www.deza.admin.ch/en/Home/Activities/Humanitarian_Aid/Swiss_Rescue
66. SDC/Finances 2010. Ausgaben Humanitäre Hilfe 2009 nach Aufgabenfelder (PowerPoint).
67. SDC/Finances 2010. Distribution funding 2007-2009 per type of beneficiaries.
68. SDC/RR 2005-2009. HQ Management guidelines (Führungshandbuch Einsatzleitung Zentrale) – 8 documents.
69. SPHERE Project 2010. Sphere Handbook. Chapter 2: Minimum Standards in Water Supply, Sanitation and Hygiene Promotion p 63.

70. SPHERE Project 2010. What is new in the 2011 edition of the Sphere Handbook.
71. Swiss Rescue 2008: Organigramm Rettungskette bis Ende 2010.
72. Transparency International. 2009. Corruption perception index. http://www.transparency.org/policy_research/surveys_indices/cpi/2009.
73. UNEG 2005. Norms for Evaluation in the UN System.
74. UNEG 2005. Standards for Evaluation in the UN System.
75. UNEG 2010. UNEG Quality Checklist for Evaluation Reports.
76. UNEG 2010. UNEG Quality Checklist for Evaluation Terms of Reference and Inception Reports.

Additional documentation received after CLP meeting on 15 November 2010:

77. Convention de collaboration relative aux activités médicales humanitaires 2008-2010 entre les Hôpitaux Universitaires de Genève et La Direction du Développement et de la Coopération DDC (2008).
78. INSARAG (2010). INSARAG Haiti earthquake after action review meeting Geneva, Switzerland 02-03 June 2003 – Recommendations Report.
79. INSARAG (2010). Medical Working Group Kobe, Japan 13-17 September 2010 – Chairman’s Summary.
80. SDC (2005). Pflichtenheft Arzt/ Apotheker Nothilfeinsatz Indonesien 2005.
81. SDC (2008). Auswertung IEC Klassifikation Swiss Rescue (excel sheet).
82. SDC (2009). Auswertungsbericht Einsatz Indonesien, Oktober 2009.
83. SDC (2009). Basic Information Minimal Standards Rapid Response (French).
84. SDC (2009). Basic Information Minimal Standards Rapid Response (German).
85. SDC (2009). Fact Sheet Soforteinsatzteam SET und Rettungskette Schweiz.
86. SDC (2009). Management Handbuch Rapid Response.
87. SDC (2009). Projet Module SET “Mother-Child – Medical Unit”. Introduction. Draft.
88. SDC (2009). Rapid Response. Grundlagen Minimal Standards (German).
89. SDC (2009). Rapid Response. Normes minimales – Fondement (French).
90. SDC (2009). Swiss Rescue Team Report Sumatra earthquake deployment 2009.
91. SDC (2009). UNICEF/ SDC partnership for the construction of schools in NWFP, Pakistan.
92. SDC (2010). Ablauf Ausbildung Krisenmanagement 2011.
93. SDC (2010). Beispiel SET Ausbildung – SET Information day 02.12.2010 Programm.
94. SDC (2010). Draft SET Module Mother-Child.
95. SDC (2010). Erdbeben Haiti, 2010. Rapid Response Operation vom 12. Januar bis 31. März 2010. Ablauf und Auswertung.
96. SDC (2010). Erkenntnisse Einsatz SET in Haiti (draft version September 2010, excel sheet).
97. SDC (2010). Food security in humanitarian aid. Orientation paper.
98. SDC (2010). Kursinformation Krisenmanagement für Führungskräfte.

99. SDC (2010). Organigramm Rettungskette Schweiz (ab 01.01.2011) (excel sheet).
100. SDC (2010). Pakistan Cash For Housing Monthly Report October 2010.
101. SDC (2010). Potential terms of reference for a SDC secondment to WFP Latin America & Caribbean Regional Office as a regional cash project advisor/ expert, 2011-2012.
102. SDC (2010). Summary Cash in Emergencies.
103. SDC (2010). Une alliance stratégique pour la reconstruction d'écoles. In : Un seule monde 02/2010.
104. SDC (2010): Auszug Präsentation Übungskette RK Schweiz 2011 ACHILLES.
105. SDC Oficina de Cooperación Suiza en Perú. GIAR: Local Rapid Response Team in South America.
106. UN OCHA (2010). INSARAG external classification checklist (version 2010).
107. UN OCHA Field Coordination Support Section (INSARAG Secretariat) (2008). INSARAG guidelines and methodology.

2 Gaza

1. Alex Melzer, July 2009. External Review of SDC's occupied Palestinian territory Programmes.
2. ALNAP, Deepening Crisis in Gaza: Lessons for Operational Agencies.
3. AusAID, July 2006, CAER Cluster Evaluation Pakistan Earthquake.
4. Bonn International Center for Conversion (BICC), August 2010. Der Gaza-Krieg im Bild, Occasional Paper.
5. Caritas Switzerland 2008. Services offered by the NECC Clinic in Shija'ia. 2008 Annual Report.
6. Caritas Switzerland 2009- Palestine: The mother child clinic in Shika'ia is being re-established.
7. Caritas Switzerland 2009. Annex I. Budget for The re-establishment of the NECC clinic in Shija'ia.
8. Caritas Switzerland 2009. Annex II. Pontifical Mission – Jerusalem. To enhance the services of NECC Clinics in Gaza.
9. Caritas Switzerland 2009. Intermediate Report for SDC and Modification.
10. Caritas Switzerland 2010. Intermediate Report for SDC and Modification.
11. Caritas Switzerland. Expenditure for NECC Clinic Shija'ia. During initial project period (Phase I).
12. DEZA, Human Resources Field, Januar 2010. Personalaufstellung SET 1 Gaza, SET 2 Gaza-Ägypten, SET 3/Tango.
13. DEZA, März 2009. Protokoll Debriefing vom 6. März 2009. Auswertebereicht Einsatz Gaza, Januar 2009.
14. DPG 2009. Humanitarian OpCom/ Development OpCom.
15. DPG 2009. Humanitarian OpCom/Developement OpCom.
16. El-Yousef, Sani 2009. Personal account- visit to Gaza 2009.
17. European Union. 2009. The European Union's Pegase Mechanism: At the service of the Palestinian population, open to all donors.
18. GCMHP 2009. The Impact of therapeutic intervention on increasing capabilities and efficiency of patients referred to Gaza Community Mental Health Center.
19. GCMHP 2009. Trauma, grief, and PTSD in Palestinian children victims of War on Gaza.
20. GCMHP 2010. Crisis Intervention, Main Achievements.
21. GCMHP January-June 2009. Semi-Annual Report – ANNEXES.
22. GCMHP January-June 2009. Semi-Annual Report.
23. Humanitarian Country Team 2009. Framework for the Provision of Humanitarian Assistance in Gaza.
24. IASC 2007. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
25. ICRC 2009. Humanitarian Crises and unsolicited medical donations: good intentions, bad practice. Lessons learnt from the Gaza Strip.

26. ICRC 2010. Land Rehabilitation Projects in Gaza 2010.
27. ICRC, August 2010. Fact Sheet, ICRC Activities in the Gaza Strip. ICRC and the Protection of Civilians in the Gaza Strip.
28. Israel Ministry of Defense 2010. The Civilian Policy towards the Gaza Strip.
29. Israel Ministry of Foreign Affairs 2010. Gaza. List of Controlled Entry Items.
30. Logistic Cluster 2009. Gaza Crisis Consolidated SITREP.
31. Middle East Council of Churches, 2010. Annual Report 2009.
32. NGO Development Center 2009. Rapid Needs Assessment of the NGO Sector to Respond to Repercussions of Israel's Offensive on the Gaza Strip.
33. NGO Development Center 2009. Wells Rehabilitation in the Gaza Strip Project. First Progress Report May 14, 2009 – June 30, 2009.
34. NGO Development Center 2009. Wells Rehabilitation in the Gaza Strip Project. Second Progress Report. July 1- September 31, 2009.
35. NGO Development Center 2009. Wells Rehabilitation in the Gaza Strip Project. Third Progress Report. October 1- December 31, 2009.
36. NGO Development Center and SDC 2009. Progress Report on the "Rehabilitation of Water Wells" Project in Gaza City and North of Gaza- As of 31/12/2009.
37. OCHA 2009. Situation Report on the Humanitarian Situation in the Gaza Strip – No. 18.
38. OCHA 2009. Special Focus. Locked in: The Humanitarian Impact of two Years of Blockade on the Gaza Strip.
39. Palestinian National Authority 2009. The Palestinian National Early Recovery and Reconstruction Plan for Gaza 2009-2010.
40. Palestinian National Authority and European Union 2009. Letter to colleagues.
41. Paltrade 2009. Gaza Private Sector. Post-War Status and Needs.
42. PARC 2009. An appeal to a co-financing program to response to the humanitarian situation in the Gaza strip.
43. PARC 2009. Programme Title: Poor Farmers to Poor Families. Progress Report For the Period From January 1, 2009 to Oct. 31, 2009.
44. PARC 2009. Project Financing Schedule.
45. PARC-Gaza. 2009. From Poor Farmers to Poor Families. Mid-term Report.
46. Pontifical Mission. The Papal Agency for Middle East relief and development.
47. Rapid Response 2008. Ereignis: Gaza, Konfliktsituation.
48. SDC 2007. Cooperation Strategy (CS) 2006-2010. For the Occupied Palestinian Territory (OPT).
49. SDC 2009. «Gaza 2009» Program.
50. SDC 2009. Änderung der Laufzeit eines Kredites No. 7F-06940.01.
51. SDC 2009. ANTRAG ZUSATZKREDIT mit Phasenverlängerung. Proposition d'un crédit supplémentaire avec prolongation de la durée. No. 7F-06828.01.01.
52. SDC 2009. Armed Conflict in Gaza: Humanitarian Crisis.
53. SDC 2009. Concept for impact assessment set-up for field tests. Short version.

54. SDC 2009. Conference in Support of the Palestinian Economy for the Reconstruction of Gaza.
55. SDC 2009. Credit Proposal No 7F- 06234.01.
56. SDC 2009. Credit Proposal No 7F- 06962.33.
57. SDC 2009. Credit Proposal No. 7F- 06236.01.
58. SDC 2009. Credit Proposal No. 7F- 06727.01.
59. SDC 2009. Credit Proposal No. 7F- 06828.01.
60. SDC 2009. Credit Proposal No. 7F- 06834.01.01.
61. SDC 2009. Credit Proposal No. 7F- 06962.33.
62. SDC 2009. Credit Proposal No. 7F-06835.01.01.
63. SDC 2009. Credit Proposal No. 7F-06940.01.
64. SDC 2009. Das Engagement der DEZA in Gaza und in der Westbank.
65. SDC 2009. Gaza's Farmers Unable to Recover from Operation Cast Lead. Despite pledges, agriculture community still suffers from lack of funding, inputs, movement and cash.
66. SDC 2009. Humanitäre Hilfe Gaza.
67. SDC 2009. Informationsnotiz. Int. Konferenz zur Unterstützung der palästinensischen Wirtschaft und des Wiederaufbaus des Gazastreifens.
68. SDC 2009. International Conference in Support of the Palestinian Economy for the Reconstruction of Gaza, Sharm el Sheikh.
69. SDC 2009. Monitoring Report. On relief goods distributed in the Gaza Strip.
70. SDC 2009. Pflichtenheft SET 1 Gaza.
71. SDC 2009. Pflichtenheft SET 2 Gaza.
72. SDC 2009. Pflichtenheft SET Tango Gaza via Rafah.
73. SDC 2009. Politikfragen 10. Dezember 2009. Traktandum 2: Strategic Framework Middle East 2010-2014.
74. SDC 2009. Proposition d'un crédit supplémentaire No. 7F-02784.05.61.
75. SDC 2009. Protokoll Debriefing vom 6. März 2009. Auswertebereicht Einsatz Gaza, Januar 2009.
76. SDC 2009. Protokoll Politikfragen. Traktandum: Strategic Framework Middle East 2010-2014.
77. SDC 2009. Rapid Response Team 2 (Cairo) Emergency help for people in Gaza strip bz SDC ex Cairo.
78. SDC 2009. SDC's Program «Gaza 2009» Implementing the continuum: from Early Recovery to Development.
79. SDC 2009. SDC's Programm «Gaza 2009». Implementing the continuum: From Early Recovery to Development.
80. SDC 2009. Swiss Humanitarian Aid during the Gaza Crisis.
81. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports SET 1 13.01.2009 – 02.02.2009.

82. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports SET 2 16.01.2009 - 09.02.2009.
83. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports SET Tango 23.01.2009 – 24.01.2009, 29.01.2009.
84. SDC 2010. Credit Proposal No. 7F-06835.01.01.
85. SDC 2010. Jahresprogramm 2010. Abteilung Europa und Mittelmeerraum.
86. SDC, 15.12.2009. External Review of SDC Programme in the occupied Palestinian territory (oPt). Management Response – E/MM Division.
87. SDC, 2009. Swiss Cooperation Office in Jerusalem. Cooperation Strategy oPt 2010-2014 (Concept Note).
88. SDC, 2010. SDC Cooperation Strategy for oPt 2010-2014 at a Glance.
89. SDC, 2010. Terms of Reference External Evaluation of Gaza Community Mental Health Programme 2010.
90. SDC, February 2009. Rapid Response Team 2 (Cairo). Emergency help for people in Gaza strip by SDC ex Cairo.
91. SDC, June 2010. Terms of Reference für Daniel Kessler. Auswertung Pilot E/MM auf institutioneller und programmatischer Ebene.
92. SDC. Overview: SDC response to Gaza Crisis 2008/2009.
93. SDC. SDC Strategic Framework for the Middle East 2010-2014.
94. Sharek Youth Forum 2009. “30,000 Campaign” – Emergency Response & Early Recovery in the Gaza Strip. The International Conference in Support of the Palestinian Economy for the Reconstruction of Gaza. 2009. Conclusions by the Chair.
95. Sharek Youth Forum 2009. Emergency Relief Gaza. Intermediate Operations Report. February 1 – March 15.
96. The Private Sector Coordination Council. 2009.
97. The World Bank Group 2009. International Conference In Support Of The Palestinian Economy For The Reconstruction Of Gaza.
98. UN World Food Programme 2009. Situation Report on the crisis in Gaza.
99. UNDP 2009-2010, Programme of Assistance to the Palestinian People.
100. UNDP. ONE Year After. Report. GAZA. Early Recovery and Reconstruction Needs Assessment.
101. UNEP 2009. Environmental Assessment of the Gaza Strip. Following the escalation of hostilities in December 2008 – January 2009.
102. UNFPA and Fafo. Living conditions in the Gaza Strip. During Israel’s military campaign in the winter 2008/2009. Evidence from interviews with 2,000 households.
103. United Nations. Voicing the needs of Women and Men in Gaza. Beyond the aftermath of the 23 day Israeli military operations.
104. UNRWA. Updates Quick Response Plan for Gaza: An Assessment of Needs Six Months After the War.
105. URD 2009. Evaluation of the DG ECHO Partnership with UNRWA.
106. WASH Cluster, 2010. WASH interventions in the Gaza strip – 1 Jan -15 July 2010.

107. WFP 2010, The humanitarian impact of Israeli-imposed restrictions on access to land and sea in the Gaza strip (Aug 2010) WFP 2010. Basic Fact Sheet – WFP Operations in the Gaza Strip: EMOP 10817.0.
108. WHO 2009. Initial Health Needs Assessment. Executive Summary.
109. WHO 2009. Medical equipment in Gaza's hospitals. Internal management, the Israeli blockade and foreign donations.

3 Haiti

1. ALNAP 2010. Haiti Earthquake Response - **Context Analysis** July 2010 <http://www.alnap.org/pool/files/haiti-context-analysis-final.pdf>.
2. CARICOM 2010. Press release: CARICOM in comprehensive disaster response to Haiti 10 Feb 2010. http://www.cdera.org/cunews/news/guyana/article_2456.php.
3. CCR 2010. Presentation on the Competence Centre for Reconstruction
4. CUF et al 2010. Mission conjointe d'évaluation de la CF, VNG et FCM – Région des Palmes.
5. DARA, 2010. The Humanitarian Response Index. Donor Accountability in Humanitarian Action.
6. DEZA, Januar 2010. Aufgaben Sicherheit (Port au Prince).
7. FDFA 2010. Haïti organisation de crise du DFAE.
8. Government of Haiti 2010. Haïti: PDNA du Tremblement de Terre Evaluation des dommages, des pertes et des besoins généraux et sectoriels (French).
9. Government of Haiti 2010: Executive Summary of the PDNA after the Earthquake - Sector Evaluation of Damage, Losses and Needs - The Disaster and its Impacts (English).
10. Hagon, Oliver (SDC) 2010. Mission report to Haiti from 3 till 9 March 2010.
11. HANDICAP International. 2010. Preliminary findings about persons with injuries. Greater Port au Prince Area.
12. IASC 2010. Response to the Humanitarian Crisis in Haiti Following the 12 January 2010 Earthquake : *Achievements, Challenges and Lessons To Be Learned*.
13. INSEAD HUMANITARIAN RESEARCH GROUP 2010. An Analysis of the Relief Supply Chain in the First Week after the Haiti earthquake. Le Nouvelliste 2010. Edition spéciale (French).
14. IOM 9/2/2010. IOM Haiti Earthquake Disaster Response Bulletin, <http://www.iom.int/jahia/Jahia/haiti>;
15. OCHA 2010 Humanitarian Civil-Military Coordination – Lessons observed on the Haiti Earthquake Response.
16. OCHA Haiti 18 August 2010. Cluster Coordinators/OCHA Contact list.
17. OCHA Haiti. Haiti Earthquake Humanitarian Relief Cluster Meeting Schedule 16 August – 21 August 2010.
18. OECD/DAC Evalnet-UNEG-ALNAP Roundtable Meeting, May 2010. Evaluation Collaboration: Opportunities and Challenges.
19. OFDA 2010 Report Interagency Workshop on Lessons Learned, June 2010.
20. SDC / Coof 2010. Cadrage du CCR.
21. SDC 2006. Programme humanitaire Suisse pour Haïti 2006 – 2008.
22. SDC 2010 Rapport de l'évaluation du Projet Tentes a la Place Saint Pierre.
23. SDC 2010. Contracts between SDC and ICRC, WFP and OCHA respectively.
24. SDC 2010. Cooperation Agreements between SDC and ICRC, WFP, IKRK.
25. SDC 2010. Credit proposals (SHA/RRT, ICRC, WFP –cash and secondments, OCHA, Sani_Suisse and CESVI).

26. SDC 2010. Current information (list of URL and Docs).
27. SDC 2010. EDA Sprachregelung Erdbeben Haiti vom 3. Februar 2010.
28. SDC 2010. Entscheidungskriterien Einsatz RK (Zeitlicher Ablauf) PowerPoint.
29. SDC 2010. Erkenntnisse Einsatz SET in Haiti.
30. SDC 2010. Fact Sheet Earthquake Haiti Summary end of Mai 2010 (German and French).
31. SDC 2010. Factsheets Erdbeben Haiti. 16.01.2010 – 11.03.2010.
32. SDC 2010. Lagekarten Erdbeben Haiti. 17.01.2010 – 03.02.2010.
33. SDC 2010. Note conceptuelle: Contribution de la Suisse pour la réhabilitation économique, sociale et politique de Haïti pour les années 2010 à 2012.
34. SDC 2010. Séisme Haïti 2010 -*situation mercredi 24 février 2010, 12h00*.
35. SDC 2010. Situation Report No° 21 (January – March 2010).
36. SDC 2010. Statistik Erdbeben 2010.
37. SDC 2010. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports 16.01.2010 – 29.01.2010.
38. SDC 2010. ToR – Mission Haiti, January 2010 for Beat Kehrer, Bernhard Bossard, Cjristoph Schild, Christoph Schwager, Gabriela Friedl, Gerard Luyet, Rolf Grossenbacher, Urs Braun, Jean Philippe Jutzi, Peter Lehmann.
39. SDC, 20.01.210. Security Guidelines Emergency Operation Haiti by P. Lehmann, Head of Security SDC.
40. SDC, 21.01.2010. InterAction Security Coordination Unit, SitRep.
41. SDC, 21.01.2010. Medical Response Plan.
42. SDC/AA 2010. Haiti Earthquake – Challenges to the humanitarian response and reconstruction –Power-Point presentation by Eliane Kiener / Lukas Hunzinger.
43. SDC/DDC COOF Haïti 01/07/2010. Draft Organigramme Bureau de Coopération Suisse en Haïti.
44. SDC/DDC COOF Haiti 02.09.2010. Hilfsgueter Haiti 2010, Distribution to Partner Organisations.
45. SDC/DDC COOF Haiti 24/02/2010. Intervention des ONG Suisse après le tremblement de terre du 12 Janvier 2010.
46. SDC/DDC COOF Haiti August/September 2010. Liste des ONG Suisses.
47. SDC/DDC COOF Haiti, August 2010. Haïti – Programme de Reconstruction Post Séisme. Proposition de plan type pour la construction d'infrastructures scolaires aux normes parasismiques et paracycloniques.
48. SDC/DDC COOF Haiti, Programme de Rehabilitation des Infrastructures Sociales, Aout 2010. Ecole Nationale de Dessources, Léogane, Dossier de Demande d'Autorisation de Construire (provisoire).
49. SDC/DDC COOF Haiti, Programme de Réhabilitation des Infrastructures Sociales, 28.08.2010: Ecole Nationale de Sacre-Coeur, Petit-Goâve, Dossier de Demande d'Autorisation de Construire (provisoire).
50. SDC/Finances 2010. Credit Proposals / Financial Overview SDC-HA Contributions Earthquake Haiti.

51. SDC/HA 2010. Earthquake Haiti 12 January 2010 - PowerPoint Presentation.
52. SDC/HA 2010. Humanitäre Hilfe und SKH Wirkungsbericht Material Erdbeben Haiti 2010.
53. SDC/HAITI 2010 Contrat entre la DDC et SaniSuisse.
54. SDC/HAITI 2010 Handover protocol - Réhabilitation des Kiosques 'eau Miracle'.
55. SDC/HAITI 2010 Handover protocols entre la DDC et L'Hôpital Universitaire (HUEH).
56. SDC/RR 2010 Ereignisjournal Erdbeben Haiti.
57. SDC/RR 2010 Rapport d'évaluation du Projet 'Distribution des 'Shelter Kits' à Petit Goâve et Grand Goâve.
58. Stifting Entwicklung und Frieden, April 2010. Policy Paper 32, Humanitäre Hilfe – Instrument zur Schaffung geordneter Staatlichkeit? Handlungsempfehlungen vor dem Hintergrund der Haiti-Katastrophe.
59. Tearfund 2010. Haiti Earthquake Response – Real Time Evaluation – May 2010.
60. UNDP, 2009. Human development report 2009: Haiti. UNDP, New York. [http://hdrstats.undp.org/en/countries/country_fact_sheets/cty fs HTI.html](http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs HTI.html).
61. URD 2010. Real-time evaluation of the response to the Haiti earthquake of 12 January 2010 Mission report: 9 – 23 February 2010.
62. URD 2010. Inter-agency Real Time Evaluation – 3 month after.
63. URD/GPPi. Inter-agency real time evaluation in Haiti: 3 months after the earthquake; June 14th, 2010.
64. WB/IEG 2010. WBG Response to the Haiti Earthquake: Evaluative Lessons.

4 Sudan

1. FAO 2009. Office Memorandum. Sudan EMOP 200027 «Food Assistance to Populations Affected by Conflict».
2. HACGovernment of Sudan, WFP, UNICEF, CDC, and FAO. (2008). Food Security and Nutrition Assessment of the conflict-affected population in Darfur, Sudan, 2007 , p. 114HAC, Ministry of Agriculture and Forestry of Sudan, WFP, FAO 2009. 2008 Darfur Food Security and Livelihood Assessment. Final Report.
3. Multinational Partners Group Sudan 2010. Profiles of Assistance to Sudan.
4. Oumow, Serge (SDC) 2010. Internal Monthly Report for SHA. Reporting Period April-May 2010.
5. Oumow, Serge (SDC) 2010. Internal Monthly Report for SHA. Reporting Period 12-31 January 2010.
6. Rohner, Raymond (SDC) 2010. End of Mission Report.
7. SDC 2006. Standards Governing the Use of Dairy Products in the Context of Food Aid.
8. SDC 2008, 2009 and 2010, Funding to WFP Sudan.
9. SDC 2008. Credit Proposal No. 7F-02041.09.
10. SDC 2008. Credit Proposal No. 7F-06392.01.
11. SDC 2008. Monitoring System for Development-Relevant Changes MERV (Oct. 2008).
12. SDC 2008. Monitoring System for Development-Relevant Changes.
13. SDC 2008. Objectives and priorities of SDC's collaboration with WFP.
14. SDC 2009. Credit Proposal No. 7F-02041.10.
15. SDC 2009. Humanitarian mid-term program. Sudan 2007 – 2009.
16. SDC 2009. Internal Review MTP Sudan 2007-09. Results and Consequences for the Future Engagement of SDC-HA in Sudan.
17. SDC 2009. Kreditantrag No. 7F-06694.02.01.
18. SDC 2009. Medium Term Programme Sudan 2010-2012.
19. SDC 2009. Monitoring System for Development-Relevant Changes MERV (Apr 2009).
20. SDC 2009. Monitoring System for Development-Relevant Changes MERV (Oct. 2008).
21. SDC 2009. Monitoring System for Development-Relevant Changes SUDAN North (Nov 2008-Oct. 2009).
22. SDC 2009. SDC-HA Sudan Strategy Workshop. Review of MTP 2007-09 and outline of MTP 2010-12. 08-10 May 2009, Khartoum.
23. SDC 2009. WFP World Food Programme. Fact Sheet 2009.
24. SDC 2010. Credit Proposal No. 7F-02041.11.
25. SDC 2010. Kreditantrag. No. 7F-06694.04.01.
26. SDC 2010. Northern Sudan/ SDC Programme Office Khartoum. Situation Report No 7/2010. (January-March 2010).

27. SDC 2010. SDC Programme Office Juba, Southern Sudan. SITREP January – March 2010.
28. SDC and MTP 2009. Annual Report. Sudan (North) 2009.
29. SDC Monitoring visit to Jonglei and MTP Central Equatorial, September 2009. Annual Report.
30. SDC Situation Reports and Monitoring Missions: HA-Juba March-June 2010; April-June 2010 North Sudan (South); July- September_2010_North Sudan; Jul-Sept 2010 WFP report on SDC monitoring visit, September 2009; mission report.doc (267KB);
31. SDC Sudan Fact Sheet: Methodological Approach, April 2010.
32. Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation”, John Cosgrave, Hugh Goyder and Annemarie Hoogendoorn, July 2010. UN 2009. Strategic goals (powerpoint presentation).
33. UN Mission in Sudan (UNMIS) 2010 Darfur Humanitarian Profile No. 34.
34. United Nations World Food Programme 2008. Standard Project Report 2008.
35. United Nations World Food Programme 2008. Standard Project Report 2008. Sudan. Provision of Humanitarian Air Services in Sudan.
36. United Nations & Partners 2010. Work Plan for Sudan.
37. VAM, WFP 2010. Darfur Food Security Monitoring. West Darfur Round 6. May 2010.
38. Voegtli, Peter 2008. Mission Report, South Darfur, Sudan, 17.12.2006 – 31.10.2008.
39. WFP 2008. Standard Project Report 2008.
40. WFP 2008. Standard Project Report 2008. Sudan. Provision of Humanitarian Air Services in Sudan.
41. WFP 2009. Emergency Operation (EMOP) 2009. Food assistance to populations affected by conflict.
42. WFP 2009. Monitoring Strategy: Blanket Supplementary Feeding Programme (BSFP) in Darfur.
43. WFP 2009. Monitoring Strategy: Blanket Supplementary Feeding Programme (BSFP) in Darfur.
44. WFP 2009. Standard Project Report. Food Assistance to Conflict-Affected Population in Sudan Population in Sudan.
45. WFP 2010. Basic Fact Sheet Cluster 4. Prevention of and mitigation in food crisis.
46. WFP 2010. Methodological Approach.
47. WFP Emergency Operation (EMOP) 2009. Food assistance to populations affected by conflict.
48. WFP Sudan Monthly Situation Report - August 2010.
49. WFP Sudan Monthly Situation Report - July 2010.
50. WFP Sudan Monthly Situation Report - June 2010.
51. WFP Sudan Monthly Situation Report, May 2010.
52. WFP. WFP NORTH DARFUR AREA OFFICE. WFP BLANKET SUPPLEMENTARY FEEDING PROGRAMME (BSFP). Young, H., and Maxwell, D. (2009). Targeting in Complex Emergencies: Darfur Case Study. Medford: Feinstein International Centre.

5 Sumatra

1. Agence France Presse (AFP), Oct. 2, 2009. Indonesia calls for quake help as bodies rot in heat.
2. Agence France Presse (AFP), Oct. 2, 2009. Thousands likely dead in Indonesia.
3. AlertNet, 29 Oct. 2009. Aid finally reaches isolated villages in Indonesia earthquake region.
4. Brookings – Bern Project on Internal Displacement, Oct. 2, 2009. Natural disasters – Thinking beyond immediate response.
5. Deutsche Presse Agentur (DPA), 2. Oct. 2009. Searches under way as some 3,000 missing in Sumatra quake.
6. Deutsches Zentrum für Luft- und Raumfahrt/German Aerospace Center (DLR), 2009. Padang Report, Damages, Oct. 1st, 2009.
7. Deutsches Zentrum für Luft- und Raumfahrt/German Aerospace Center, 2. Oct., 2009. Indonesia – Padang Reported Damages – Overview.
8. DEZA, August 2003. Die Rettungskette Schweiz.
9. Earthquake Engineering Research Institute (EERI), 2009. Special Earthquake Report – December 2009, Learning from Earthquakes – The Mw 7.6 Western Sumatra Earthquake of Sept. 30, 2009.
10. European Commission, DG Humanitarian Aid, 16 Jul 2010. Commission decision of on the financing of a small scale humanitarian response to disasters from the general budget of the European Union.
11. European Commission, Oct. 1, 2009. Sumatra Earthquakes (30 Sept. – 1 Oct., 2009).
12. Fekrynur, 20. Okt. 2009. Monitor Pariamen, Tuesday 20. Oct. 2009.
13. IFRC, Oct. 1, 2009. West Sumatra Earthquakes DREF Operation No. MDRID004.
14. IFRC, Sept. 2010. West Sumatra earthquake one year on: a better response from lessons learned.
15. Jakarta Post, 2. Oct. 2009. Evacuation of quake victims to resume Saturday.
16. Jakarta Post, 4. Oct. 2009. Government declares two-month emergency in Sumatra.
17. Jakarta Post, Oct. 1, 2009. Aid for quake relief welcome – Yudhoyono.
18. Jakarta Post, Oct. 1, 2009: Evacuation of victims top priority.
19. Jakarta Post, Oct. 6, 2009. “Sunday” rescue was called off!
20. Japanese International Cooperation Agency (JICA), 5. Oct. 2009: Japan rescuers comb wreckage of hotels.
21. Kepla Badan Kesbang POL & UNIMAS, 23.10.2009. Recapitulation of Disater Impact West Sumatra Earthquake.
22. MapAction, 17. Oct. 2009. Indonesia: Suamtra Earthquake – affected people and severely damaged houses (as of 14 Oct 2009).
23. OCHA 2009. Indonesia. Situation Report #3.
24. OCHA 2009. Indonesia. Situation Report #4.
25. OCHA 2009. Indonesia. Situation Report #5.

26. OCHA, 2009. SitReps on Sumatra Earthquake No. 1 – 18.
27. OCHA, 2010. International Search and Rescue Advisory Group (INSARAG).
28. OCHA, 2010. UNDAC Handbook 2006 edition, Urban Search and Rescue.
29. OCHA, Oct. 2, 2009. West Sumatra Earthquake Casualties.
30. OCHA/IRIN, 27 Aug. 2010. Indonesia/Haiti: Lessons for earthquake recovery.
31. OCHA/IRIN, Oct. 1, 2009. Indonesia – Rescuers struggle to reach Sumatra quake victims.
32. Office of the UN Resident and Humanitarian Coordinator for Indonesia, Oct. 2, 2009. The UN mobilizes relief effort to West Sumatra.
33. Reuters – AlertNet, 2. Oct. 2009. Frantic search as Indonesia quake toll tops 1,000.
34. Reuters – AlertNet, Oct. 2, 2009. Aid trickles in as Indonesia quake tops 1,000.
35. Reuters – AlertNet, Oct. 2, 2009. Factbox – Foreign Aid for Indonesia quake.
36. SDC 2009. Auswertungsbericht Einsatz Indonesien, Oktober 2009.
37. SDC 2009. Credit Proposal No. 7F- 07181.01. Indonesien Erbeben Padang Rettungskette.
38. SDC 2009. Daily Situation Report No 1. (October 3rd 2009, 11h loc. time). Indonesia.
39. SDC 2009. Daily Situation Report No. 4 (9. October 2009).
40. SDC 2009. Ereignisjournal Sumatra. Erdbeben Padang.
41. SDC 2009. Factsheets Nothilfe für Indonesien, Sumatra 02.10.2009 – 28.10.2009.
42. SDC 2009. Flyer The Humanitarian Aid of the Swiss Confederation: Rapid Response, Swiss Rescue, Rapid Response Teams (RRT).
43. SDC 2009. Indonesia – Earthquake Padang, Sumatra 2009. Summary Report of the Swiss Humanitarian Aid (SHA) (1 – 19 Oct. 2009).
44. SDC 2009. Indonesia – Earthquake Padang, Sumatra, 2009. Summary Report of the Swiss Humanitarian Aid (SHA). 1-19 October 2009.
45. SDC 2009. Indonesien 2009. SET Erdbeben Padang. Schlussbericht.
46. SDC 2009. Indonesien Erdbeben 2009, Bestätigung bzgl. Hilfsangebot an Botschaft.
47. SDC 2009. Indonesien Erdbeben 2009, Hilfsangebot an Botschaft/National Disaster Management.
48. SDC 2009. Matrix 16.10.2010. Sofort – Überlebenshilfe, USAR – Chart-Templates.
49. SDC 2009. Official Offer of Aid from the Government of Switzerland to Ambassador of Indonesia to Switzerland and BNPB (Badan Penanggulangan Bencana Nasional - National Disaster Management Agency).
50. SDC 2009. Recapitulation of Disaster Impact. West Sumatra Earthquake.
51. SDC 2009. Shelter Coordination Group – Agency Reporting Template (Distribution Lists).
52. SDC 2009. Shelter Coordination Group – Agency Reporting Template.
53. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports 03.10.2009 – 17.10.2009.
54. SDC 2009. Swiss Rescue Situation Report 2, 03.10.2009 um 20.30 Uhr.

55. SDC 2009. Swiss Rescue Situation Report 3, 04.10.2009 um 24 Uhr.
56. SDC, 1. Oct. 2009. Earthquake in Indonesia – Switzerland offers support and sends an emergency team.
57. SDC, 2009. Erdbeben in Indonesien, Padang.
58. SDC, 2009. Swiss Rescue Team Report, 23.10.2009, Sumatra Earthquake deployment 2009.
59. SDC, Okt. 2009. Erdbeben in Indonesien: Rückkehr der Schweizerischen Rettungskette, Press Release Draft.
60. SDC/SET 2009. Daily SitRep 1 – 12, Indonesia Earthquake in October 2009.
61. SDC/SET Indonesia. SET Assessment Concept, 08.10.2009.
62. SDC/SET Indonesia. SitRep 8. Oct. 2009.
63. SDC/SET Indonesia. Tabelle Ausgaben Kosten, Oct. 2009.
64. SDC/SET Indonesia. WATSAN Short Summary, SR (1 – 6 Oct. 2009) and RRT (7 – 10 Oct. 2009).
65. SDC/SET Studer/Schalcher, 8. October 2009. Report of October 8th, 2009.
66. SDC/SET, Hans Keller, Okt. 2009. Fragen zum weiteren Engagement.
67. SDC/SET, Stephanie Schalcher, 12. Oct. 2009. Report on Monitoring, Needs Assessment & OCHA Coordination.
68. SDC/SHA 2008. INSARAG Classification Swiss Rescue, 17 – 21. November 2008.
69. SDC/SHA 2009. Oberli, Schwegler 2009. Swiss Rescue – Mission to Indonesia Padang, Assessment Mission o Pariamen, Oct.3, 2009.
70. SDC/SHA, Beat von Däniken, Oct. 2009. Teamleader's feedback...in a "nutshell".
71. SDC/SHA, Hans Keller, 20.10.2009. Indonesien 2009, SET Erbeben Padang Schlussbericht.
72. SDC/SR, Greg. A. Schwegler Oberli, 3. Okt. 2009. Swiss Rescue – Mission to Indonesia.
73. SDC/SR, Okt. 2009. Einsatzgebiet Sumatra SR.
74. SDC/SR, Okt. 2009. Interventionszonen der Schweizerischen Rettungskette.
75. Swiss Red Cross, Oct. 1, 2009. Aide d'urgence après le séisme en Indonésie.
76. UNEP/OCHA, Oct. 1, 2009. Hazard Identification Tool – Earthquake – Sumatra, Indonesia.
77. USAID, 2009. USG Humanitarian Assistance to Indonesia Earthquake, Sept. 30th, 2009.
78. WATSAN 2009. Short summary, Swiss Rescue Team (1-6 October 2009) and Rapid Response Team (7-10 October 2009). Padang Region, West Sumatra, Indonesia.
79. WHO, 27 Sept. 2010. Community Resilience in Disasters: How the Primary Health Care approach made a difference in recent emergencies in the WHO South-East Asia Region.
80. WHO, Oct. 2, 2009. Earthquake in Padang, W-Sumatra, Provincial Emergency SitRep (ESR 3).
81. Wikipedia, 06.10.2010. 2009 Sumatra earthquakes.

82. Xinhua News Agency, 3. Oct. 2009. Foreign rescuers help rescue Indonesia's quake victims.
83. Xinhua News Agency, Jakarta 14. Oct. 2009. Death Toll at 1,117...

ANNEX 5: List of contacts

Table of Contents

Gaza2

Haiti5

Other countries.....10

Gaza			
ABDELHADI, Munther	NGO Development Center (NDC)	Program Officer	mabdelhadi@ndc.ps
ABDELRAHMAN, Samah	ICRC Gaza	Field Officer	Gaz_gaza@icrc.org
ABUAMERA, Youseif	SHAREK	Field Coordinator	Youseif.amra@sharek.ps
ABUATTA, Neda'a	Palestinian Agriculture Development Association (PARC)	External Relation Department	iraqstinienne@hotmail.com
ABUJEYAB, Ibrahim	PARC	Human Recourses & Financial Manager	ebrahim@pal-arc.org
ABUHAMAD, Bassam	Free lance	Evaluation Consultant for GCMHP	ghsrc@yahoo.com
ABUSHAHLA, Hussein	PARC	Accountant	Hussein@pal-arc.org
Abu Shammaleh, Ahmed	UN OCHA	Humanitarian Affairs Assistant	abushammaleha@un.org
ABUTAWAHINA, Ahmed	Gaza Community Mental Health Programme	Director General	amal@gcmhp.net
AL-Bayari, Hamada A.	UN OCHA	Humanitarian Affairs Analyst – Gaza	Al-bayari@un.org
ALSAADONI, ashraf	ICRC Gaza	Field Officer	Gaz_gaza@icrc.org
AMSTAD, Barbara	ICRC	Head of mission, Jerusalem	Jer_jerusalem@icrc.org
BAYYARY, Hamada	OCHA		al-bayari@un.org
BEYTRISON, Stephane	ICRC	Head of sub-delegation	sbeytrison@icrc.org
BOULATA, Terry	SDC	National Program Officer	Terry.boullata@sdc.net
CAIVEAU, Hervé	ECHO	Head of Office	Herve.calveau@echo-jerusalem.org
CARERA, Mario	FDFA	Office of the Special Representative for the Middle East	mario.carera@eda.admin.ch
CLARKE, Kirrily	ICRC	Health Program Officer	Gaz_gaza@icrc.org
DABAGH, Constantine S.	Near East Council of Churches (NECC)	NECC Executive Director	necc@neccgaza.org

DAHER, Mahmoud	World Health Organization	National Health Officer, OiC for Gaza sub-office	mda@who-health.org
De Picciotto, Giancarlo	SDC COOF	Coordinator	Giancarlo.Depicciotto@sdc.net
GENTILE, Jean Noël	World Food Program	WFP Gaza Head of office	Jean-Noel.Gentile@wfp.org
GHALEENY, Alaa	NGO Development Center (NDC)	Gaza Program Manager	aghalayini@ndc.ps
GHAZALI, Youseff	GCMHP	Finance Officer	yousef@gcmhp.net
HABOSH, Mohammed	SDC	Logistics Officer during the emergency	Jamal@JamalSons.com
HAFFNER, Walter	Swiss Embassy, Tel Aviv	Ambassador	Walter.haffner@eda.admin.ch
HANTZ, Olivia	WFP / Jerusalem	Head of External Relations	Olivia.hantz@wfp.org
LAURANCE, Tony	WHO/Jerusalem	Representative	tla@who-health.org
MAHMUTI, Bekim	WFP	WFP oPt Head of Logistics	Bekim.Mahmuti@wfp.org
MANNA, Elyyas	Near East Council of Churches (NECC)	NECC Chairman of the Board	necc@neccgaza.org
MARION, Laurent	UNDP	Early Recovery Advisor	Laurent.marion@undp.org
NOUNOU, Husam	GCMHP	Public Relations Coordinator	pr1@gcmhp.net
O'LEARY, Aiden	UNRWA	Deputy Director, Operations	a.o'leary@unrwa.org
RAMADAN, Mohamed	ICRC	Health Field Officer	Gaz_gaza@icrc.org
RUTTIMAN, Lukas	SDC	Deputy Head of Office	Lukas.ruettimann@sdc.net
SALEM, Ebtisam	PARC	Project Manager	etbsal@hotmail.com
SANDOUKA, Rana Warrad	SDC	National Program Officer	Rana.sandouka@sdc.net
SEQLI, Ala'	PARC	Information Office	alaa@pal-arc.org
SEVEKARI, Prasad	UNICEF	WASH Cluster Coordinator , Jerusalem	psevekari@unicef.org
SHAATH, Moheeb	SHAREK	Gaza Executive Director	moheeb.shath@sharek.ps
SHAATH, Said	ICRC	Field Officer	Gaz_gaza@icrc.org
SHAQOURA, Mazen	SDC	National Programme Officer	Mazen.Shaqoura@sdc.net

SHAWA, Arafad	Palestinian NGO Network (PNGO)	Director General	pngopal@hotmail.com
SHURAFSA, Alaa	NGO Development Center (NDC)	Program Officer	ashurafa@ndc.ps
SOURANI, Ahmed	PARC	External Relation Officer	a.sourani@ids.ac.uk
TARAZI, Issa	NECC	NECC Treasurer	necc@neccgaza.org
TRIVES, Sebastien	UNRWA	Emergency Operations	s.trives@unrwa.org
WILLEY-AL'SANAH, Rosemary	OCHA	Head of Field and Coordination Unit	Willey-alsanah@un.org
YAGHI, Aed	Palestinian Medical Relief Committee	Director of PMRC	Pmrs.gaza@gmail.com
YOUNIS, Issam	Al Mezan Centre for Human Rights	Director General	issam@mezan.org
ZOLL, Patrick	SDC/OCHA (Formerly)	Seconded for Reporting	pzo@who-health.org

Haiti			
ABU-SADA, Caroline	MSF Suisse	Coordinatrice de Recherche	caroline.abu-sada@geneva.msf.org
AIME, Guerty	Terre Des Hommes - Suisse	Coordinator	guertya@tdh-geneve.ch
ANGERVILLE, Ruth	DINEPA	Studies and Planning Officer	Ruth.angerville@gmail.com
AUGUSTE, Jonas	Pou Ayiti / Tierra Incognita	Responsable de suivi	jonasauguste@gmail.com
BAPTISTE, Katleen	SDC	Administrative Assistant	
BECHER, Heidi	MSF- Swiss	Field coordinator	msfch-leogane-fieldco@geneva.msf.org
BENASSI, Philippe	DARA	Evaluator	pbenassi@daraint.org
BERNER, Urs	Swiss Embassy	Ambassador	Ppc.vertretung@edaadmin.ch
BERRENDORF, Damien	ECHO	Head of Office	Damien.berrendorf@echohaiti.eu
BOMMELI, Peter	UNICEF/SDC	Chief, Reconstruction Unit	pbommeli@unicef.org
BOUCHON, Antoine	SDC Petit Goâve	Logistician	
BRUGGER, André	EPER	Responsable Administratif & Financier	andre.eperhaiti@yahoo.com
BRUNNER, Martin	MSF-Swiss	Logistic Coordinator	msfch-haiti-logco@geneva.msf.org
CASSANI, Giovanni	IOM	CCCM Cluster Coordinator	gcassani@iom.int
CAZEAU, Johnny	CESVI	Engineer	
CHAMOUILLET Dr., Henriette	PAHO/WHO	Representative	chamouihen@hai.ops-oms.org
CHANTEFORT, Igor	IOM	Shelter/NFI Program Manager	ichantefort@iom.int
COLIMON, Adrien Jessy	HUEH	Head, Paediatric Department	jessycolimonadrien@yahoo.com
CONTI, Riccardo	ICRC	Head of Delegation	rconti@icrc.org

CYR, Mario	WHO/PAHO	Consultant for WHO/Coordinator Hospital/Health Care Facilities Reconstruction	cymario@msn.com
DESMANGLES, Philippe	Ministry of Health	Disaster coordinator	
DESSIMOZ, Sandra	ICRC	Deputy Head of the Delegation	Poa_portauprince@icrc.org
DOUMBIA, Bakary	IOM	Post Earthquake Operations and Field Coordinator	bdoumbia@iom.int
DURAN, Luis Rolando	PNUD	Disaster Risk reduction Consultant	rolandodv@me.com
EDME, Phane	SDC	Administrative Assistant	edme.phane@eda.admin.ch
FLEURIME, Charles Paul	APBD	Coordinator	
FLEURISSAINT, Yonel Mathieu	Nouvelle Planète / EIRENE	Coordinator	fleurissaintyonel@hotmail.com
FORTIER, Christian	WFP	Chief, Logistic Unit	Christian.fortier@wfp.org
FORTIER, Marcel	IFRC	Country Representative	Marcel.fortier@ifrc.org
GAILLIS, Brigitte	IFRC	Movement Coordinator	Brigitte.Gaillis@ifrc.org
GEDEON, Michaèle Amédée	Haitian Red Cross	President	m.amedee-gedeon@croixrouge.ht
GEFFRARD, Dodley	Nouvelle Planète	Coordinator	d.geffrard@nouvelle-planete.ch
GIASSON, Isabelle	IOM	CCCM Program Manager	igiasson@iom.int
GITAU, Rosalia	IOM	Liaison Officer	rgitau@iom.int
GLAUSER, Philippe	WFP/SDC	Chief, Logistics Les Cayes	Philippe.Glauser@wfp.org
GONZALEZ PENA, Alvaro	WFP Logistics/UNHAS	Logistics Officer	Alvaro.gonzalezpena@wfp.org
GRULOOS-ACKERMANS, Françoise,	UNICEF	Representative	fgruloos@unicef.org
HENRY, Ariel	MSPP	Chief of Cabinet	ahenry@mspp.gouv.ht
HENRYS, Daniel		Consultant	tidanyh@yahoo.fr
HUCK, Catherine	OCHA	Deputy Chief	huck@un.org

HUGGEL, Felix	Swiss Red Cross	Country representative a.i.	Felix.huggel@redcross.ch
JENNINGS, Elizabeth	WFP	External Relations Officer	Elizabeth.jennings@wfp.org
JOSEPH, Edner	CESVI	Field engineer	
JUNCA, Marion	Terre des Hommes	Coordinator (not yet met as of Sept.4 th),	mju@tdh.ch
JURJI, Zaid	UNICEF	Deputy Representative	zjurji@unicef.org
JUSTALE, Marc Roland	City Hall of Petit Goâve	Mayor	509-3602-7208
KAULARD, Myrta	WFP	Representative and Country Director	Myrta.kaulard@wfp.org
LAROCHE, Sophie Anne	PAHO/WHO	Advisor Pharmaceutical Policy & Regulation/HSS	laroches@hai.ops-oms.org
LASSEGUE, Alix	HUEH	Director	alixlassegue@hotmail.com
LEFLAIVE, Bernard	OCHA	Donor Relations	leflaive@un.org
LENTINI, Azzura	CESVI	Project manager	
LINDOR, Yves	City Hall of Petit Goâve	Second Mayor	509-3602-7082
LOCHARD, Nadja	Direction Protection Civile	Coordinatrice Technique Gestion des Risques et des Desastres	
LUBIN, Irdèle	IAMANEH	Coordinatrice des activités	ilubin@hotmail.com
MANAUD, Hervé	Terre des Hommes	Coordinator Health / Nutrition	hma@tdh.ch
MANISHA, Thomas	ICVA	Policy Officer	manisha@icva.ch
MARCKENZY, Antoine	SDC	Logisticien	
MOFILING, Jean-Bosco	OCHA	Coordinator, Petit Goâve	mofiling@un.org
MONCY, Abdallah	City Hall of Petit Goâve / DPC	Director of the City Hall	
MWANGI, Samson	WFP Logistics/UNHAS	Head of UNHAS	Samson.mwangi@wfp.org
NALL, William	WFP	Head, Cash / food for work program	William.nall@wfp.org
OVERVEST, Eric	UNDP	Director	Eric.overvest@undp.org

PARCO, Kristin	IOM	Health Project Manager	kparco@iom.int
PERRONE, Edmondo	WFP	Cluster Coordinator Logistics	Edmondo.perrone@wfp.org
PHANORD, Claude	HELVETAS	Directeur Adjoint	claud.phanord@helvetas.org
PIERRE, Luckson	APBD	Responsible for financial affairs	
PIERRE, Michou	SANI SUISSE	Responsible of Logistic	
POUCHON, Antoine	SDC	Coordinator in Petit Goâve	pouchonantoine@yahoo.com
PREVOST, Philippe (phone)	MINUSTAH	Col. Chief of Operations	
REYNIER, Stéphane	MSF Suisse	Chef de Mission	msf-haiti-hom@geneva.msf.org
ROCHAT, Pierre-Yves	DINEPA	Rural Sector Officer	Pierreyves.rochat@dinepa.gouv.ht
ROSENTHALER, Sabine	SDC	Assistante au Directeur DDC	Sabine.rosenthaler@sdc.net
ROVIRA, Louis	WFP/SDC	Food and Cash Program n Officer	Louis.rovira@wfp.org
RÜEGG, Paul	SDC/Swiss Red Cross	SRC Country Representative	Paul.rueegg@redcross.ch
SAINT JEAN, Ricot	APBD	Vice coordinator	
SAINT-CYR, Ronsard	MSF Suisse	Chef de Mission Adjoint	leonronsard@yahoo.com
SCHAERLIG, Marie	UNICEF/SDC	Deputy Chief Reconstruction Unit	mschaerlig@unicef.org
SUGIMOTO, Kiyoshi	MSF/Swiss	Medical team (generalist)	sugimoto@gmx.ch
URS, Berner	Swiss Confederation	Ambassador	Ppc.vertretung@eda.admin.ch
VAL, Harry	CESVI	Engineer	
VANRECHEM, Regis	Terre Des Hommes - Lausanne	Coordinateur / Logistique	rva@tdh.ch
WEIERSMUELLER, Martin	SDC	Coordinator CoOf	martin.weiersmueller@sdc.net
WIGUENS, Ilorme	HUEH	Resident, Pediatric Department	wiguens@hotmail.com
WIRZ, Alfred	UNICEF/SDC	WASH Officer, Leogane	awirz@unicef.org
ZAMPARINI, Francois	Medecin du Monde	General Coordinator	mdm.haiti@gmail.com

ZAUGG, Bernard	SDC/(CCR)	Director Centre de Competences Reconstruction (CCR)	bernard.zaugg@sdc.net
ZEHNDER, Harry	SANI SUISSE	CEO	Sanisuisse03@yahoo.fr

Other countries			
BOAS, Simon	FAO	Gaza Emergency Programme Officer	Simon.boaz@fao.com
BOURQUIN, Véronique	SDC/ Division Europe & Middle East	Program Officer Gaza	veronique.bourquin@deza.admin.ch
BOUVIER, Paul	ICRC	Senior Medical Advisor	Pbouvier.gva@icrc.org
BÜNZLI, Marc-André	SDC/SHA	Head Group Water Specialists	marc-andre.buenzli@deza.admin.ch
BUHLER, Marianne	SDC	Finance Officer	marianne.buehler@deza.admin.ch
BUTTERFIELD, Alan	OCHA	Civil Military Coordination Section	butterfielda@un.org
CASSARD, Vincent	ICRC	Dty Head, Operations, Middle East	Vcassard.gva@icrc.org
CHAKKALAKAL, Werner	FAO	Senior Project Coordinator	Werner.chakkalakal@fao.org
CHANG, Winston	OCHA	Field Coordination Support Section (INSARAG)	changw@un.org
COLLYMORE, Jeremy (email)	CDEMA	Executive Director	jc@caribsurf.com
CONWAY, Matthew	OCHA	Environmental Emergencies Unit	conwaym@un.org
CRAWFORD, Nicholas	WFP	Chief, Humanitarian Policy and Transitions Service	Nicholas.crawford@wfp.org
DAMIANI, Federica,	FAO	Operations Officer, Latin America and Haiti	Federica.damiani@fao.org
DÄTWYLER SCHEUER, Barbara	SDC	Head of Division Europe and Mediterranean Region E/MM	Barbara.daetwyler@deza.admin.ch
DENIS, Michel	WFP	Programme Officer, Gaza, oPt	Michel.dennis@wfp.org
DUSSEY, Christian	FDFA / Political Direction	Ministre, Crisis Management and advise to travellers	Christain.dussey@eda.admin.ch
EBERHART, Heinz	SHA	Chief of Support SR Sumatra	eberhart@bauleitungen.ch
ETIENNE, Yves	ICRC	Responsible Training (HELP Course)	yetienne@gmail.com
FERRAND, Cyril	FAO	Senior Emergency and Rehabilitation Office, TCE, Haiti	Cyril.ferrand@fao.org

FLEISHER, Corinne	WFP, Sudan	Deputy Country Representative	Corinne.fleisher@wfp.org
FOUGERY, Ysabel	OCHA	CAP Section	Fougery@un.org
FREY, Thomas	SDC	Chief West Africa Desk	thomas.frey@deza.admin.ch
FRISCH, Tony	SDC / SHA	Ambassador, Deputy Director General, Head of Department Humanitarian Aid	Tony.frisch@deza.admin.ch
GRATZL, Pierre	ICRC	Head of Health Unit	Pgratzl.gva@icrc.org
GRUNEWALD, Francois (phone)	URD	Team Leader RTE Haiti	fgrunewald@urd.org
GUHA-SAPIR, Debarati (phone)	Research Center on Epidemiology of Disasters (CRED)	Team Leader, Evaluation of the US response	sapir@esp.ucl.ac.be
HAGON, Olivier	SDC/SHA	Director Medical Unit SHA	Olivier.hagon@sdc.net
HARNISCH, Christoph	ICRC	Head, External Resources Division	Charnisch.gva@icrc.org
HEIDER, Caroline	WFP	Director, Office of Evaluation	Caroline.heider@wfp.org
HISCHIER, Markus	SDC	Chef Sektion Ausrüstung und Logistik	Markus.hischier@deza.admin.ch
HOLENSTEIN, Rene	SDC	Head of the multilateral Division	Rene.holenstein@deza.admin.ch
HOLMER LUND, Jesper	OCHA	Field Coordination Support Section (UNDAC/INSARAG)	lund@un.org
HUWILER, Bernhard	SDC / SHA	Head of Division Africa, Team leader SET Haiti	Bernhard.huwiler@deza.admin.ch
INDERMUHLE, Beatrice	SDC	Food Security	Beatrice.uindermuhle@deza.admin.ch
JAGGI, Martin ,	SDC	Chief Central Africa Desk / Program Officer Sudan	Martin.jaggi@DEZA.admin.ch
KIENER, Eliane	SDC/Division Asia & America	Program Officer - Central America and Caribbean	eliane.kiener@deza.admin.ch
KIRSH, Tom (By phone)	John Hopkins University , USA	Evaluation of the US response	tkirsch1@jhmi.edu

KRÄULIGER, Alisha	SDC		
LANG, Lisa	SDC	Head of Division Human Resources Field (50%)	Lisa.lang@deza.admin.ch
LEHMANN, Peter	SDC	Senior Security Advisor	Peter.lehmann@eda.admin.ch
MAURON, Yves	SDC / Evaluation & Controlling	Head Quality Assurance	Yves.mauron@deza.admin.ch
MEIER, Michael	FDFA	Permanent Mission, Geneva	Michael.meier@eda.admin.ch
MEILE, Cornelia	SDC	Head of Division Human Resources Field (50%)	Cornelia.meile@deza.admin.ch
MÜLLER, Hans	SDC	Head of Finance Management	Hans.mueller@deza.admin.ch
MUELLER, Ulrich,	SDC Cooperation Office Juba	Coordinator, Counselor for Humanitarian and Development Affairs	Ulrich.mueller@wfp.org
NEGRO, Giorgio	ICRC	Dty Head Operations, Latin America Caribbean	Gnegro.gva@icrc.org
NIGGEMANN-PUCELLA, Hildegard	FAO	Senior Operations Officer, Emergency Operations Service	Hilde.niggemann@fao.org
NIJENHUIS, René	OCHA	Environmental Emergencies Unit	Nijenhuis@un.org
OLIVEIRA, Evaristo	ICRC	Chef de Secteur, Eau & habitat	eoliveira@icrc.org
OLSSON, Patrick	SDC, Swiss Consulate, Sudan	Counselor for Humanitarian and Development Affairs, Khartoum	patrik.olsson@sdc.net
OUMOW, Serge	SDC, WFP Khartoum , Sudan	Secondment to WFP, Cooperating Partners Focal Point, Field Coordinating Unit (2010)	Serge.Oumow@wfp.org
PAETH, Wendy	WFP	Government Donor Relations Officer, External Relations Department	Wendy.paeth@wfp.org
PILGRIM, Jo	WFP	Standby Partner Officer ALITE/ODLT - Logistics Division	Jo.pilgrim@wfp.org
REARIO, Ronaldo	OCHA	Civil Military Coordination Section	rearior@un.org
ROHNER, Raymond	Former SDC	Secondment to WFP in Sudan, 2009	Rohner@heks.ch
SAKHAROV, Vladimir	OCHA	Chief, Environment Unit	Sakharov@un.org

SCHILD, Christoph	SDC / SHA	Division Human Resources Field, Training (SET member Haiti)	Christoph.schild@deza.admin.ch
SCHLACHTER, Roland	SDC / Division Asia & America	Program Officer Caribbean	Roland.schlachter@deza.admin.ch
SCHILD, Christoph	SDC/SIC		
SEMOROZ, Nathalie	SDC	Deputy Head Division Asia and Americas	Nathalie.semoroz@deza.admin.ch
SIEGFRIED, Gerhard	SDC / Evaluation & Controlling	Controlling Section	Gerhard.siegfried@deza.admin.ch
STRICKER, Agathe	ICRC	External Resources Division	astricker@icrc.org
THEVENAZ, Franklin	FDFA, Rome Italy	Counselor, Deputy Permanent Representative; Permanent Representation of Switzerland to FAO, IFAD and WFP	Franklin.thevenaz@eda.admin.ch
THIEREN, Michel	WHO / Cambodia	Health expert in Haiti	thierenm@wpro.who.int
THOMAS, Laurent	FAO	Director, Emergency Operations and Rehabilitation Division (TCE)	Laurent.thomas@fao.org
THRONE-HOLST, Marina	OCHA	Donor Relation	Throne-holst@un.org
TIBERI, Laura	FAO	Operations Officer, TCE, Gaza	Laurajane.tiberi@fao.org
TWINCH, Elizabeth	ICRC	Head, Assistance Division	Etwinch.gva@icrc.org
VAAGE, Linda	WFP	Standby Partner Officer ALITE/ODLT - Logistics Division	
Van ALPHEN, Dana (Phone-Email)	Pan American Health Organization	Haiti Cluster Coordinator	vanalphe@paho.org
VINET, Rodrigue	FAO	Senior Operations Coordinator, TCE Sudan	Rodrigue.vinet@fao.org
VOGLI, Peter	SDC, Sudan	(Former) Secondment to WFP, 2005-2008	
Von DANIKEN, Beat	SDC	Deputy Head of Directorate Humanitarian Aid and SHA; Chief of Staff Humanitarian Aid and SHA	Beat.vondaeniken@deza.admin.ch

WABBES, Sylvie	FAO	Agronomist, Operations Officer, Tsunami Recovery, Emergency Operations Service	Sylvie.Wabbescandotti@fao.org
WEINGÄRTNER, Lioba	Channel Research	Team Leader, Evaluation German Humanitarian Aid in Haiti	Lioba.Weingaertner@t-online.de

ANNEX 6: Haiti Field Visit Report



Evaluation “SDC Humanitarian Aid: Emergency Relief”

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

Final Version

Commissioned by:

Swiss Agency for Development and Cooperation (SDC)

Claude de Ville de Goyet claudedevilledegoyet@gmail.com

Petra Scheuermann petrascheuermann@yahoo.com

Alain Thermil althermil@gmail.com

February, 2011

Table of Contents

1	Introduction.....	5
1.1	Background.....	5
1.2	Relief Instruments of the Swiss Development Cooperation.....	5
1.3	SDC Interventions in Haiti.....	6
1.3.1	Direct bilateral operations.....	6
1.3.2	Multilateral commitment.....	7
1.3.3	The Swiss contribution in perspective.....	8
2	Methodology	9
2.1	Selection of this Case Study	9
2.2	Documentation Review	10
2.3	Field Visits	10
2.4	Interviews	11
2.5	Community Focus Groups and Surveys.....	11
2.6	Questionnaire for quantified analysis	12
2.7	Reporting	13
3	Findings.....	14
3.1	Coherence (Coordination).....	14
3.1.1	The coordination of SDC direct partners.....	14
3.1.2	Integrating the Swiss response into the global effort.....	14
3.1.3	The civil–military coordination.....	15
3.2	Relevance / appropriateness	15
3.2.1	Immediate medical assistance.....	16
3.2.2	Water distribution.....	17
3.2.3	Shelters	18
3.2.4	Multilateral support	19
3.2.5	Adaptability to change	20
3.3	Effectiveness	20
3.3.1	Immediate medical Assistance	20
3.3.2	Water distribution.....	21
3.3.3	Shelter/NFIs	21
3.3.4	Support to multi-lateral organizations.....	22

3.4	Connectedness.....	23
3.4.1	Strengthening SDC local partners	23
3.4.2	Strengthening national/ regional Institutions	24
3.4.3	LRRD	24
4	General Conclusions and Recommendations	26
4.1	Relevance/Effectiveness.....	26
4.2	Support to local authorities.....	27
4.3	Coordination with other external actors	28
5	Performance Evaluation	29
6	Annex 1: List of Acronyms.....	32
7	Annex 2: Map of Haiti.....	35
8	ANNEX 3: List of documents reviewed.....	36
9	ANNEX 4: List of contacts	39
10	Annex 5: Calendar of Swiss Humanitarian Assistance	43
11	Annex 6: Results of the Focus Groups on water supply	45
11.1	Situation before the earthquake	45
11.2	Analysis of the situation after the earthquake.....	45
11.2.1	Plastic bladder	45
11.2.2	Kiosks.....	46
12	ANNEX 7: Survey on Shelter kits distribution.....	47
13	Annex 8: Global Questionnaire and its results in Haiti	52
14	Annex 9: Programs of the workshops.....	55
14.1	Atelier de Briefing pour les partenaires de la DDC	55
14.2	Présentation des résultats.....	56

Acknowledgement

The Evaluation team would like to express its gratitude to all interlocutors met during our field mission in Haiti and those addressed in Berne and Geneva, who provided us with insight views and shared their valuable ideas.

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

Especially, we would like to thank the Port au Prince team of the SDC Cooperation Office and in particular, the Coordinator Martin Weiersmüller, Sabine Rosenthaler and Phane Edmé, who have not only welcomed us in a very kind manner, but have hosted us as colleagues and provided us with logistical and administrative support as well as overall orientation. Their constructive openness and fruitful cooperation is highly appreciated and contributed essentially to the success of our mission.

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

1 Introduction¹

1.1 Background

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

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

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

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

1.2 Relief Instruments of the Swiss Development Cooperation

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

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

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

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

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

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

1.3 SDC Interventions in Haiti

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

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

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

1.3.1 Direct bilateral operations

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

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

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

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

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

- **Medical assistance**⁵

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

- **Shelter**

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

- **Water**

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

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

1.3.2 Multilateral commitment

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

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

⁵ According reporting of Medical Specialized Group.

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

1.3.3 The Swiss contribution in perspective

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

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

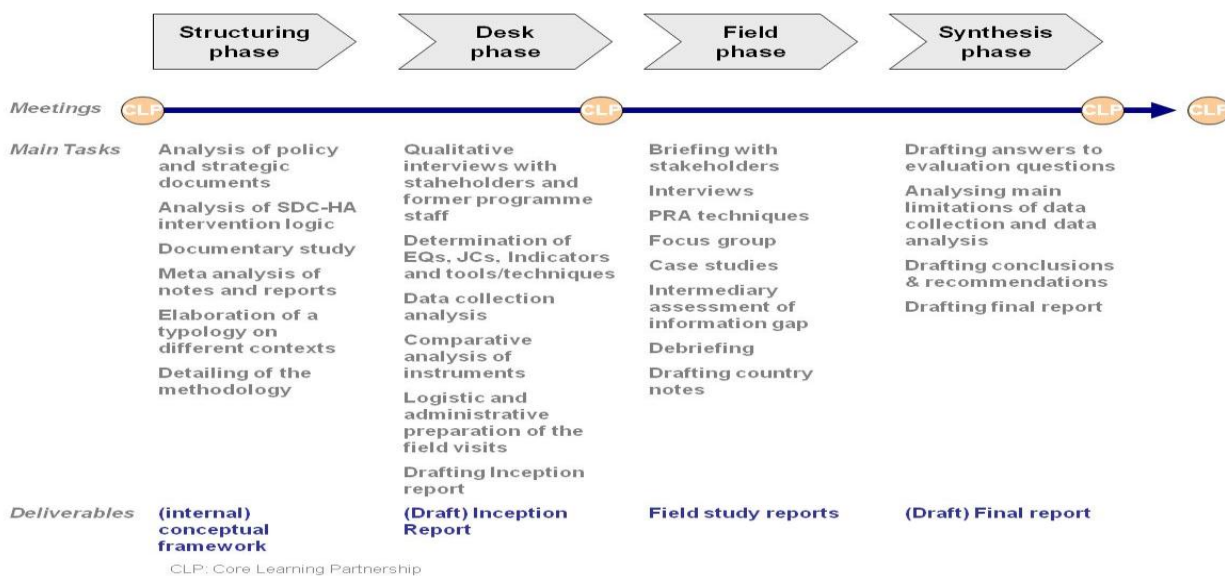
Reported contributions from the private sector amounted to 1,217 Millions, i.e. over 37%. It includes the private contributions (app. 65 USD Mio.) to the “*Chaîne du Bonheur*”, a Swiss fund raising initiative as well as donations (Cash and Kind) from Novartis estimated at USD 3,5 Mio.

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

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

2 Methodology

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



2.1 Selection of this Case Study

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

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

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

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

2.2 Documentation Review

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

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

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

2.3 Field Visits

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

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

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

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

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

2.4 Interviews

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

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

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

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

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

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

2.5 Community Focus Groups and Surveys

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

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

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

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

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

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

Regarding the water distribution, other considerations were necessary:

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

2.6 Questionnaire for quantified analysis

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

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

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

2.7 Reporting

The draft report, amended following the debriefing and the comments from SDC staff in the country, was circulated for further comments and suggestions to all interlocutors following the departure from the country. This step was clearly spelled out in the Inception Report and is considered as essential for feedback and also courtesy to interlocutors which shared their time with the team. One significant comment raising new issues was received from OCHA/Petit Goâve. The critical comments were shared with SDC/PaP for reaction and response. Appropriate change was made to the report. The country report received also an extensive review from SDC HQ leading to substantive improvements in the format and content. Thematic and methodological support has also been constantly provided by the Particip backstoppers.

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

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

¹² Overall rate for the evaluation is 52.6%.

3 Findings

3.1 Coherence (Coordination)

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

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

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

3.1.1 The coordination of SDC direct partners

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

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

3.1.2 Integrating the Swiss response into the global effort

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

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

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

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

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

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

3.1.3 The civil–military coordination

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

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

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

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

Coordination with national authorities will be discussed under Connectedness

3.2 Relevance / appropriateness

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

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

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

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

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

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

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

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

3.2.1 Immediate medical assistance

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

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

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

¹⁸ According INSARAG Global Meeting Kobe 2010.

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

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

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

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

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

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

3.2.2 Water distribution

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

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

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

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

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

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

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

3.2.3 Shelters

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

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

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

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

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

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

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

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

3.2.4 Multilateral support²⁵

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

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

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

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

Funding:

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

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

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

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

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

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

²⁶ As per the IFRC-ICRC Seville Agreement.

Secondments of Swiss Experts:

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

3.2.5 Adaptability to change

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

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

3.3 Effectiveness

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

3.3.1 Immediate medical Assistance

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

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

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

3.3.2 Water distribution

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

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

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

Both approaches addressed distinct population groups and overlapping time periods.

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

3.3.3 Shelter/NFIs

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

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

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

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

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

The effectiveness of SDC distribution of tents is more complex:

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

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

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

3.3.4 Support to multi-lateral organizations

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

- OCHA

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

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

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

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

- **WFP**

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

- **UNICEF**

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

3.4 Connectedness

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

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

3.4.1 Strengthening SDC local partners

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

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

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

This partnership was mutually beneficial and very effective.

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

3.4.2 Strengthening national/ regional Institutions

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

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

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

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

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

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

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

3.4.3 LRRD

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

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

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

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

Right from the beginning of the RRT deployment SDC looked carefully into assessing opportunities for a longer term commitment beyond early recovery. Already in the first days of the deployment of a RRT to the rural affected areas, was the hospital in Petit Goâve identified for a later reconstruction effort.

The coordination mechanism with local, regional and national authorities in this regard seem to be controversial and leave some partners involved without updated information, even though the planning phase is in full action on SDC COOF level.

In the water sector, the humanitarian response was immediate and still bore a connectedness to early recovery, rehabilitation and longer term use through the reliance of existing water supply systems and investing in their restoration to the benefit of the local population and long time client of the targeted water kiosks/distribution points.

Provided shelter kits protected in an immediate instant and furthermore allowed a contribution to early recover efforts by benefiting from reusable material provided. The benefit for the entire shelter sector could have been increased by making available additional expertise to relevant organisations and institutions. The feedback throughout relevant stakeholders in the international community was clear, that the Swiss Cooperation/Humanitarian Corps well-known, recognized and respected for the shelter construction know-how are direly missed in the humanitarian community.

The secondment of Swiss experts to UNICEF and WFP targeted both the early recovery and the reconstruction.

4 General Conclusions and Recommendations

The conclusions will cover first the relevance/effectiveness and then the support/collaboration with national authorities and finally the overall coordination and link with rehabilitation/reconstruction.

4.1 Relevance/Effectiveness

SDC based its strategic decisions on intelligence received mostly from its own channels and from well informed Swiss partners in Haiti.³⁵ It does not appear that UNDAC is in position to provide sufficient guidance in sudden onset disasters before major options have been decided upon by actors with solid local intelligence contacts... It is not an argument however to decrease support to UNDAC mechanism which could play a more effective role in advising smaller and more numerous actors on what to do and more importantly what NOT to do. **SDC support to UNDAC should be strengthened**

The emergency relief from SDC, with very few exceptions, was very timely, appropriate to the needs, well received by beneficiaries and efficiently delivered. In particular the decision not to send the Swiss Rescue was courageous and precedent setting. Shifting SDC limited resources to medical care saved many more lives than could have been saved by USAR teams 4 days after the impact. Similar approach should be considered in future remote earthquakes. Speed would have enhanced if SDC had regional stocks of bulky relief supplies at regional level. Given the vulnerability of Haiti and other countries in the region, **SDC should consider using the joint Red Cross / UN humanitarian warehouse in Panama.**

The strengths of the rapid response from SDC is its readiness, organization and in one word professionalism. Modularity of the Swiss assistance was also a major asset but this does not seem to apply to the Swiss Rescue (SR). It is presently a self sustained mechanism leading perhaps to an all or nothing dilemma. The issue will be dealt in detail in the global evaluation report.

Donation of medicines and equipment is a traditional area of criticism of the international assistance. In the case of Haiti, should donations be handed over to the health system or any NGO (i.e. if PROMESS did not exist), the donation of Novartis, which clearly was not requested, would have been wasted and turned into an example of mismanagement, embarrassing SDC and the country. This applies also to the sanitary surgical container. The evaluators recommend that **SDC should not endorse and provide transport to unrequested health donations** without duly checking with WHO or the ministry of health locally whether the donation is useful and can be absorbed. **The decision should not be left to the pharmaceutical industry alone.**

Working through private (commercial) providers of water raised some questions. However, water provision should be seen as a service as transport and security are. The only criterion is value (for beneficiaries) for money (SDC cost). Subject to local circumstances, a similar **private-SDC partnership can be repeated and cautiously extended.**

³⁵ This has been observed to apply to the main donors or actors in large emergencies.

Support to multilateral partners is an indispensable part of any strategy. It should be maintained and strengthened. It may be desirable to tune up more finely its scope **prioritizing what is known to be the major problems** in earthquakes, coordination, joint logistics and cash projects rather than food assistance.

The priority of a CHF 1 M. contribution to WFP EMOP 200110 for food assistance is more questionable as earthquakes are not known to affect food stocks and crops but rather affect food security through disruption of distribution networks (logistics) and loss of income (cash assistance).

Logistical support to the overall international effort is not funded under EMOPs. At this point in time, the promotion of cash programs is being initiated and cannot be evaluated.

Finally, it should be noted that many if not most of the findings and conclusions of this evaluation have already been identified by SDC in its debriefing and lessons learned exercises. What deserves further investigation in this global evaluation is the effectiveness of SDC mechanism, if any, to ensure that errors or success are benefiting future operations in Haiti or other countries. Institutional amnesia is a major shortcoming of the humanitarian community at large. A first step for SDC would be to **translate its excellent internal after action report** from German into French and English and post all three versions in its public website.³⁶

4.2 Support to local authorities

In the case of a natural disaster, national coordinating authorities are occasionally overwhelmed or even marginalized by a massive humanitarian response. In Haiti, the command structures, notoriously weak before the impact, were severely affected and unable to assume leadership in the immediate response.

The conclusions are mixed in regard to SDC support to national authorities.

- Coordination with local authorities (director of the HUEH) or civil society (APBD) was outstanding. Few medical teams integrated the Haitian health staff in their field operations. This was a major strength of SDC RR in Haiti. Collaboration, information sharing with higher authorities left room for improvement.
- Support to the coordinating role of OCHA was commendable but could (or perhaps should) have been complemented by a proactive early support (logistics, communication, secondment) to the Direction of Civil Protection. Channeling the support to the international coordination mechanism only contribute to perpetuating the unbalance of resources and dependency of national structures. It is however unclear if and when DPC could have absorbed and benefitted from this support.³⁷

SDC should adopt the integration of its medical team within the hospital structure as a model in future operations. It should also consider systematically channeling some of its logistic and expert support to the national coordinating body (Civil Protection) possibly under the umbrella and through OCHA or a regional institution such as CDEMA. The

³⁶ Humanitäre Hilfe und SKH Wirkungsbericht Material Erdbeben Haiti 2010.

³⁷ There are few examples of immediate bilateral support to national coordination mechanisms. One is the assignation by a small European country of one military aircraft for exclusive use of the local relief authorities in the aftermath of the Guatemala earthquake (1976).

Swiss Civil Protection could provide expertise and human resources to SDC in this liaison function.³⁸

4.3 Coordination with other external actors

SDC may not be a heavy league donor in monetary terms but it has a definite prestige and acceptability (Neutrality is a Swiss trademark). In Haiti, operational and strategic coordination was limited to the Swiss partners. The leadership of SDC in this important group is noted by the evaluators.

It is surprising to see how little is known of the high quality Swiss Contribution and how absent was SDC from the core groups of thinkers and trend setters outside the Swiss humanitarian community. An opportunity has been lost to use this reputation to contribute influencing positively the overall effort.

In future large scale disasters, SDC and the Swiss Government should assign one a specific liaison position with clear TORs which are well understood in the RTT setup to participate actively in a sustained manner in clusters and in select donors groups such as the one convened by ECHO in Haiti. This function is distinct from the present Public Information officer liaising with the media.

SDC may also consider preparing to play a supportive role to the UN Lead agencies in developing training for the function of clusters coordinators for selected members of its SHA.

³⁸ It is understood that the Swiss CP has limited contacts with other CP in developing countries. It is definitely NOT suggested that it should develop its own parallel cooperation and response but it could second an expert to liaise between the RRT and the national authorities when such liaison is desirable. The few actors which attempted to liaise and coordinate **early** with the DPC in Haiti were mostly the Civil Protection of donor European countries and the Member States of CDEMA, the Caribbean disaster organization to which Haiti is a member.

5 Performance Evaluation

SDC Quality standards	SCORE
Coherence (coordinated)	
International coordination mechanisms are established.	HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened.	U
The joint position on issues linked to the humanitarian crisis is agreed among international/national partners.	S
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with international action.	HS
Relevance/appropriateness (targeted and rapid)	
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities.	HS
The response strategy (instruments and means) has been decided and implemented timely.	HS
The response strategy (instruments and means) has been targeted to those in the most need of support.	HS
The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.	S
The response strategy (instruments and means) is in line with the context (geographic area, type of emergency and historical, social, economic, political and cultural factors).	HS
The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation and has realistic objectives.	HS
Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly.	HS
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	S
SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned.	S
Effectiveness of Emergency Response	
Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively.	HS
Persons of concern – particularly children, , women, older and disabled – are safe from acts of violence, abuse and exploitation.	S
Persons of concern have access to proper sanitation services.	HS
Persons of concern have access to adequate housing (SHELTER).	S
Persons of concern have sufficient and quality of food.	S
Persons of concern have access to primary curative and preventive healthcare services as well as health education, according to their age and physical conditions.	HS
Persons of concern have access to basic domestic and hygiene items.	HS

Persons of concern have access to safe and drinkable water.	HS
The contributions made (commodities distributed, services provided) were of suitable quality.	HS
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	S
Connectedness (modus Operandi)	
The response strategy has lead to strengthening the work of national partners and local activity partners over the longer term.	HS
A strategy was outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD).	S

Performance	DAC/ALNAP criteria	HAITI crisis situation	
		Rating	
Performance Dimension: “Planned Response”	i) Coherence (<i>coordinated</i>)	S	HS
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)	HS	
Performance Dimension: “Implementation Performance”	iii) Effectiveness of emergency response (<i>effective</i>)	HS	HS
	iv) Connectedness (<i>modus operandi</i>)	HS	

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

Justification for overall ratings:

Summary of strengths	Summary of weaknesses
<p>Selection of instruments was appropriate and politically courageous.</p> <p>Interventions were relevant, efficient and effective given the magnitude of the needs.</p> <p>Logistic capacity is impressive leading to a very timely response.</p> <p>Coordination of the Swiss partners was very effective and appreciated.</p> <p>Linkage with early recovery and reconstruction was a priority and went smoothly.</p>	<p>The main weakness is the lack of coordination with other main international actors outside the Swiss partners.</p> <p>Sharing information with local authorities other than those involved directly at field level with SDC needs attention.</p> <p>Support to national coordination was not considered as an early option.</p>

6 Annex 1: List of Acronyms

ACTED	Agence d'Aide à la Coopération Technique et au Développement
ALNAP	Active Learning Network for Accountability and Performance
APBD	Association des Paysans de Bas-Douzième
CARICOM	Caribbean Community
CCCM	Camp Coordination Camp Management
CCR	Competence Centre for Reconstruction
CESVI	Cooperazione e Sviluppo – Volontariato
CHF	Swiss Franks
Coof	Cooperation Office of SDC
DAC	Development Assistance Committee (OECD)
DDC	Direction du Développement et de la Coopération (SDC en français)
DINEPA	Haitian National Directorate of Water and Sanitation/Direction Nationale de l'Eau Potable et de l'Assainissement
DPC	Haitian National Directorate of Civil Protection/Direction de la Protection Civile
EC	European Commission
Eirene	International Christian Service for Peace
EMOP	Emergency Operation (WFP)
EPER/HEKS	Swiss NGO operational in Haiti/SDC partner
EU	European Union
GRET	Haitian NGO/SDC Partner
GoH	Government of Haiti
HA	Humanitarian Assistance
HAC	Humanitarian Aid Committee
HQ	Headquarters
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent Movement
IAMANEH	Swiss NGO operational in Haiti/SDC partner
INSARAG	International Search and Rescue Advisory Group
IOM	International Organization of Migration
ISO	International Organization for Standardization

LRRD	Linkage between Relief, Rehabilitation and Development
MSF	Médecins sans Frontières
MIC	Monitoring and Information Center on Civil Protection of European Commission
MINUSTAH	United Nations Stabilization Mission in Haiti
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
PAHO	Pan-American Health Organization
PAP/PaP	Port au Prince
PDNA	Post Disaster Needs Assessment and Recovery Framework by UN
PROMESS	WHO/PAHO Program on Essential Medicine and Supplies in Haiti
RR	Rapid Response
RRT /SET	Rapid Response Team (equivalent to SET) / Soforteinsatzteam
RTE	Real Time Evaluation
SDC	Swiss Agency for Development Cooperation
SDI	Secours Dentaire
SET/RRT	Sofort <i>Einsatz Team equivalent to RRT</i>
SHA	Swiss Humanitarian Corps
SR	Swiss Rescue
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TOR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Program
UNHCR/HCR	United Nations High Commission for Refugee
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees
US/USA	United States of America
USAID	United States Agency for International Development
USAR	Urban Search and Rescue
USD	United States Dollar

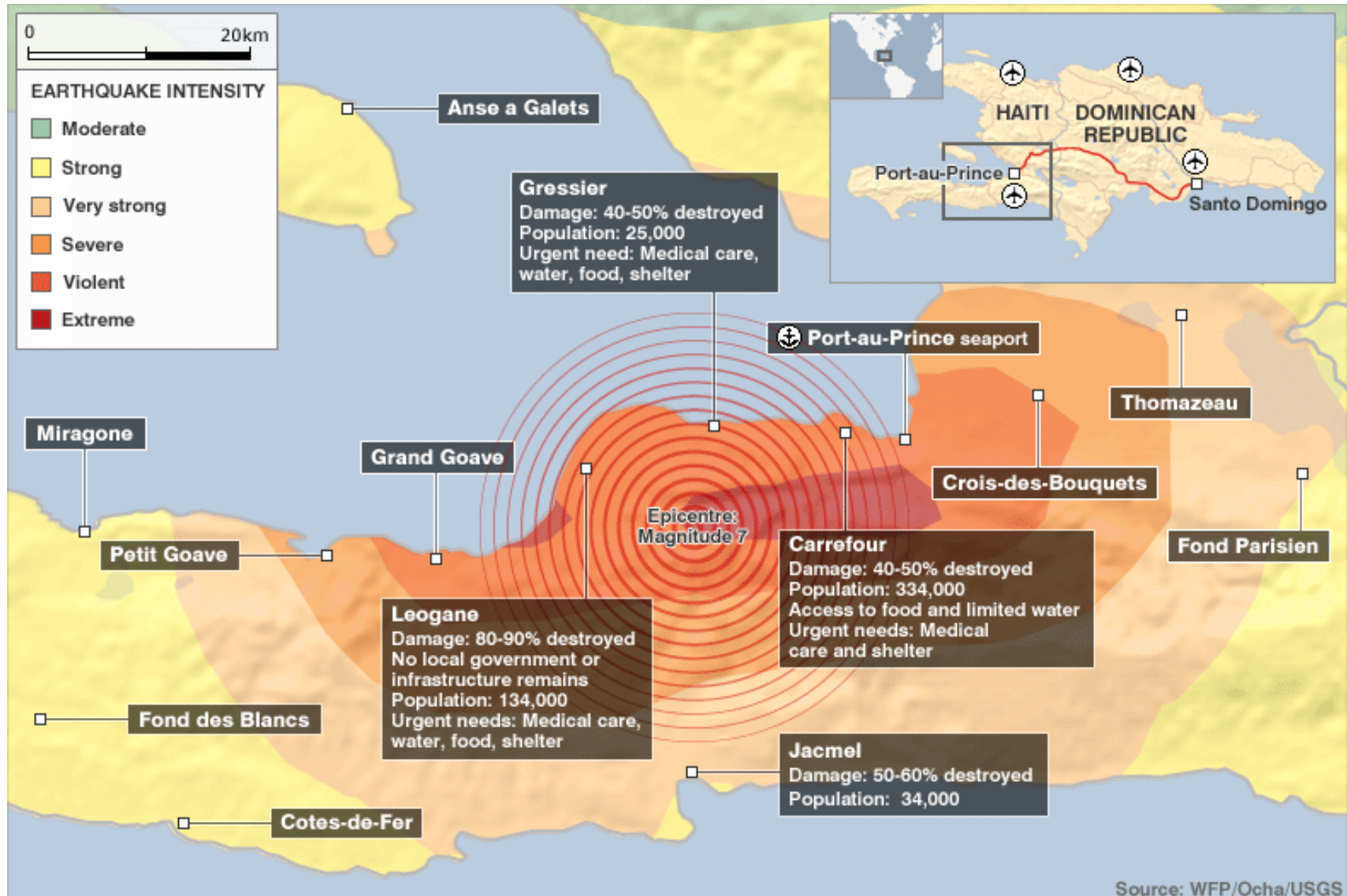
WASH	Waster, Sanitation & Hygiene
------	------------------------------

WB	World Bank
----	------------

WFP	World Food Program
-----	--------------------

WHO	World Health Organization
-----	---------------------------

7 Annex 2: Map of Haiti



8 ANNEX 3: List of documents reviewed

1. ALNAP 2010. Haiti Earthquake Response - **Context Analysis** July 2010 <http://www.alnap.org/pool/files/haiti-context-analysis-final.pdf>.
2. CARICOM 2010. Press release: CARICOM in comprehensive disaster response to Haiti 10 Feb 2010. http://www.cdera.org/cunews/news/guyana/article_2456.php.
3. CCR 2010. Presentation on the Competence Centre for Reconstruction.
4. CUF et al 2010. Mission conjointe d'évaluation de la CF, VNG et FCM – Région des Palmes.
5. FDFA 2010. Haïti organisation de crise du DFAE.
6. Government of Haiti 2010. Haïti: PDNA du Tremblement de Terre Evaluation des dommages, des pertes et des besoins généraux et sectoriels (French).
7. Government of Haiti 2010: Executive Summary of the PDNA after the Earthquake - Sector Evaluation of Damage, Losses and Needs - The Disaster and its Impacts (English).
8. Hagon, Oliver (SDC) 2010. Mission report to Haiti from 3 till 9 March 2010.
9. HANDICAP International. 2010. Preliminary findings about persons with injuries. Greater Port au Prince Area.
10. IASC 2010. Response to the Humanitarian Crisis in Haiti Following the 12 January 2010 Earthquake : *Achievements, Challenges and Lessons To Be Learned*.
11. INSEAD HUMANITARIAN RESEARCH GROUP 2010. An Analysis of the Relief Supply Chain in the First Week after the Haiti earthquake Le Nouvelliste 2010. Edition spéciale (French).
12. IOM 9/2/2010. IOM Haiti Earthquake Disaster Response Bulletin, <http://www.iom.int/jahia/Jahia/haiti>.
13. OCHA 2010 Humanitarian Civil-Military Coordination – Lessons observed on the Haiti Earthquake Response.
14. OCHA Haiti 18 August 2010. Cluster Coordinators/OCHA Contact list.
15. OCHA Haiti. Haiti Earthquake Humanitarian Relief Cluster Meeting Schedule 16 August – 21 August 2010.
16. OFDA 2010 Report Interagency Workshop on Lessons Learned, June 2010.
17. SDC / Coof 2010. Cadrage du CCR.
18. SDC 2006. Programme humanitaire Suisse pour Haïti 2006 – 2008.
19. SDC 2010 Rapport de l'évaluation du Projet Tentes a la Place Saint Pierre.
20. SDC 2010. Contracts between SDC and ICRC, WFP and OCHA respectively.
21. SDC 2010. Cooperation Agreements between SDC and ICRC, WFP, IKRK.
22. SDC 2010. Credit proposals (SHA/RRT, ICRC, WFP –cash and secondments, OCHA, Sani_Suisse and CESVI).
23. SDC 2010. Current information (list of URL and Docs).

24. SDC 2010. EDA Sprachregelung Erdbeben Haiti vom 3. Februar 2010.
25. SDC 2010. Entscheidungskriterien Einsatz RK (Zeitlicher Ablauf) PowerPoint.
26. SDC 2010. Erkenntnisse Einsatz SET in Haiti.
27. SDC 2010. Fact Sheet Earthquake Haiti Summary end of Mai 2010 (German and French).
28. SDC 2010. Factsheets Erdbeben Haiti. 16.01.2010 – 11.03.2010.
29. SDC 2010. Lagekarten Erdbeben Haiti. 17.01.2010 – 03.02.2010.
30. SDC 2010. Note conceptuelle: Contribution de la Suisse pour la réhabilitation économique, sociale et politique de Haïti pour les années 2010 à 2012.
31. SDC 2010. Séisme Haïti 2010 -*situation mercredi 24 février 2010, 12h00*.
32. SDC 2010. Situation Report No° 21 (January – March 2010).
33. SDC 2010. Statistik Erdbeben 2010.
34. SDC 2010. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports 16.01.2010 – 29.01.2010.
35. SDC 2010. ToR – Mission Haiti, January 2010 for Beat Kehrer, Bernhard Bossard, Cjristoph Schild, Christoph Schwager, Gabriela Friedl, Gerard Luyet, Rolf Grossenbacher, Urs Braun, Jean Philippe Jutzi, Peter Lehmann.
36. SDC/AA 2010. Haiti Earthquake – Challenges to the humanitarian response and reconstruction –Power-Point presentation by Eliane Kiener / Lukas Hunzinger.
37. SDC/DDC COOF Haïti 01/07/2010. Draft Organigramme Bureau de Coopération Suisse en Haïti.
38. SDC/DDC COOF Haiti 02.09.2010. Hilfsgueter Haiti 2010, Distribution to Partner Organisations.
39. SDC/DDC COOF Haiti 24/02/2010. Intervention des ONG Suisse après le tremblement de terre du 12 Janvier 2010.
40. SDC/DDC COOF Haiti August/September 2010. Liste des ONG Suisses.
41. SDC/DDC COOF Haiti, August 2010. Haïti – Programme de Reconstruction Post Séisme. Proposition de plan type pour la construction d'infrastructures scolaires aux normes parasismiques et paracycloniques.
42. SDC/DDC COOF Haiti, Programme de Rehabilitation des Infrastructures Sociales, Aout 2010. Ecole Nationale de Dessources, Léogane, Dossier de Demande d'Autorisation de Construire (provisoire).
43. SDC/DDC COOF Haiti, Programme de Réhabilitation des Infrastructures Sociales, 28.08.2010: Ecole Nationale de Sacre-Coeur, Petit-Goâve, Dossier de Demande d'Autorisation de Construire (provisoire).
44. SDC/Finances 2010. Credit Proposals / Financial Overview SDC-HA Contributions Earthquake Haiti.
45. SDC/HA 2010. Earthquake Haiti 12 January 2010 - PowerPoint Presentation.
46. SDC/HA 2010. Humanitäre Hilfe und SKH Wirkungsbericht Material Erdbeben Haiti 2010.

47. SDC/HAITI 2010 Contrat entre la DDC et SaniSuisse.
48. SDC/HAITI 2010 Handover protocol - Réhabilitation des Kioskes 'eau Miracle'.
49. SDC/HAITI 2010 Handover protocols entre la DDC et L'Hôpital Universitaire (HUEH).
50. SDC/RR 2010 Ereignisjournal Erdbeben Haiti.
51. SDC/RR 2010 Rapport d'évaluation du Projet 'Distribution des 'Shelter Kits' à Petit Goâve et Grand Goâve.
52. Tearfund 2010. Haiti Earthquake Response – Real Time Evaluation – May 2010.
53. UNDP, 2009.. Human development report 2009: Haiti. UNDP, New York. http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs HTI.html.
54. URD 2010. Real-time evaluation of the response to the Haiti earthquake of 12 January 2010 Mission report: 9-23 February 2010.
55. URD 2010. Inter-agency Real Time Evaluation – 3 month after.
56. URD/GPPi. Inter-agency real time evaluation in Haiti: 3 months after the earthquake; June 14th, 2010.
57. WB/IEG 2010. WBG Response to the Haiti Earthquake: Evaluative Lessons.

9 ANNEX 4: List of contacts

Haiti			
ABU-SADA, Caroline	MSF Suisse	Coordinatrice de Recherche	caroline.abu-sada@geneva.msf.org
AIME, Guerty	Terre Des Hommes - Suisse	Coordinator	guertya@tdh-geneve.ch
ANGERVILLE, Ruth	DINEPA	Studies and Planning Officer	Ruth.angerville@gmail.com
AUGUSTE, Jonas	Pou Ayiti / Tierra Incognita	Responsable de suivi	jonasauguste@gmail.com
BAPTISTE, Katleen	SDC	Administrative Assistant	
BECHER, Heidi	MSF- Swiss	Field coordinator	msfch-leogane-fieldco@geneva.msf.org ; msfch.haiti.hom@geneva.msf.org
BENASSI, Philippe	DARA	Evaluator	pbenassi@daraint.org
BERNER, Urs	Switzerland	Ambassador	Ppc.vertretung@edaadmin.ch
BERRENDORF, Damien	ECHO	Head of Office	Damien.berrendorf@echohaiti.eu
BOMMELI, Peter	UNICEF/SDC	Chief, Reconstruction Unit	pbommeli@unicef.org
BOUCHON, Antoine	SDC Petit Goave	Logisticien	
BRUGGER, André	EPER	Responsable Administratif & Financier	andre.eperhaiti@yahoo.com
BRUNNER, Martin	MSF-Swiss	Logistic Coordinator	msfch-haiti-logco@geneva.msf.org
CASSANI, Giovanni	IOM	CCCM Cluster Coordinator	gcassani@iom.int
CAZEAU, Johnny	CESVI	Engineer	
CHAMOUILLET Dr., Henriette	PAHO/WHO	Representative	chamouihen@hai.ops-oms.org
CHANTEFORT, Igor	IOM	Shelter/NFI Program Manager	ichantefort@iom.int
COLIMON, Adrien Jessy	HUEH	Head, Pediatric Department	jessycolimonadrien@yahoo.com
CONTI, Riccardo	ICRC	Head of Delegation	rconti@icrc.org
CYR, Mario	WHO/PAHO	Consultant for WHO/Coordinator Hospital/Health Care Facilities Reconstruction	cymario@msn.com
DESMANGLES, Philippe	Ministry of Health	Disaster coordinator	
DESSIMOZ, Sandra	ICRC	Deputy Head of the Delegation	Poa_portauprince@icrc.org

DOUMBIA, Bakary	IOM	Post Earthquake Operations and Field Coordinator	bdombia@iom.int
DURAN, Luis Rolando	PNUD	Disaster Risk reduction Consultant	rolandodv@me.com
EDME, Phane	SDC	Administrative Assistant	edme.phane@eda.admin.ch
FLEURIME, Charles Paul	APBD	Coordinator	
FLEURISSAINT, Yonel Mathieu	Nouvelle Planète / EIRENE	Coordinateur	fleurissaintyonel@hotmail.com
FORTIER, Christian	WFP	Chief, Logistic Unit	Christian.fortier@wfp.org
FORTIER, Marcel	IFRC	Country Representative	Marcel.fortier@ifrc.org
FRISCH, Toni	SDC	Ambassador SDC/Delegate for Humanitarian Assistance	Toni.frisch@sdc.net
GAILLIS, Brigitte	IFRC	Movement Coordinator	Brigitte.Gaillis@ifrc.org
GEDEON, Michaèle Amédée	Haitian Red Cross	President	m.amedee-gedeon@croixrouge.ht
GEFFRARD, Dodley	Nouvelle Planète	Coordinateur	d.geffrard@nouvelle-planete.ch
GIASSON, Isabelle	IOM	CCCM Program Manager	igiasson@iom.int
GITAU, Rosalia	IOM	Liaison Officer	rgitau@iom.int
GLAUSER, Philippe	WFP/SDC	Chief, Logistics Les Cayes	Philippe.Glauser@wfp.org
GONZALEZ PENA, Alvaro	WFP Logistics/UNHAS	Logistics Officer	Alvaro.gonzalezpena@wfp.org
GRULOOS-ACKERMANS, Françoise,	UNICEF	Representative	fgruloos@unicef.org
HENRY, Ariel	MSPP	Chief of Cabinet	ahenry@mspp.gouv.ht
HENRYS, Daniel		Consultant	tidanyh@yahoo.fr
HEIZMANN, Franziska	SDC	Head of Security Section SHA	Franziska.heizmann@sdc.net
HISCHIER, Markus	SDC	Head of Equipment and Logistics Unit	Markus.hischierhischierhischier@sdc.net
HAGON, Olivier	SDC	RRT/SHA Member, Medical Head of RRT Intervention	Olivier.hagonhagonhagon@sdc.net
HOLENSTEIN, Rene	SDC	Head of Multilateral Unit	Rene.holenstein@sdc.net
HUCK, Catherine	OCHA	Deputy Chief	huck@un.org
HUGGEL, Felix	Swiss Red Cross	Country representative a.i.	Felix.huggel@redcross.ch
HUWILER, Bernhard	SDC	Head of Unit Africa, member of SHA	Bernhard.huwiler@sdc.net
JENNINGS, Elizabeth	WFP	External Relations Officer	Elizabeth.jennings@wfp.org

JOSEPH, Edner	CESVI	Field engineer	
JUNCA, Marion	Terre des Hommes	Coordinator (not yet met as of Sept.4 th ,)	mju@tdh.ch
JURJI, Zaid	UNICEF	Deputy Representative	zjurji@unicef.org
JUSTALE, Marc Roland	City Hall of Petit Goâve	Mayor	509-3602-7208
KAULARD, Myrta	WFP	Representative and Country Director	Myrta.kaulard@wfp.org
KIENER, Eliane	SDC	Desk Officer Haiti	Eliane.Kiener@sdc.net
LANG, Lisa	SDC	Head of Field Resources Unit	Lisa.lang@sdc.net
LAROCHE, Sophie Anne	PAHO/WHO	Advisor Pharmaceutical Policy & Regulation/HSS	laroches@hai.ops-oms.org
LASSEGUE, Alix	HUEH	Director	alixlassegue@hotmail.com
LEFLAIVE, Bernard	OCHA	Donor Relations	leflaive@un.org
LEHMANN, Peter	SDC	Head of Security Unit, member of SHA	Peter.lehmann@sdc.net
LENTINI, Azzura	CESVI	Project manager	
LINDOR, Yves	City Hall of Petit Goâve	Second Mayor	509-3602-7082
LOCHARD, Nadja	Direction Protection Civile	Coordinatrice Technique Gestion des Risques et des Desastres	
LUBIN, Irdèle	IAMANEH	Coordinatrice des activités	ilubin@hotmail.com
MANAUD, Hervé	Terre des Hommes	Coordinator Health / Nutrition	hma@tdh.ch
MANISHA, Thomas	ICVA	Policy Officer	manisha@icva.ch
MARCKENZY, Antoine	SDC	Logisticaen	
MEILE, Cornelia	SDC	Head of Field Ressources Unit	Cornelia.meile@sdc.net
MOFILING, Jean-Bosco	OCHA	Coordinator, Petit Goâve	mofiling@un.org
MONCY, Abdallah	City Hall of Petit Goâve / DPC	Director of the City Hall	
MUELLER, Hans	SDC	Head of Finances	Hans.mueller@sdc.net
MWANGI, Samson	WFP Logistics/UNHAS	Head of UNHAS	Samson.mwangi@wfp.org
NALL, William	WFP	Head, Cash / food for work program	William.nall@wfp.org
OVERVEST, Eric	UNDP	Director	Eric.overvest@undp.org
PARCO, Kristin	IOM	Health Project Manager	kparco@iom.int

PERRONE, Edmondo	WFP	Cluster Coordinator Logistics	Edmondo.perrone@wfp.org
PHANORD, Claude	HELVETAS	Directeur Adjoint	claud.phanord@helvetas.org
PIERRE, Luckson	APBD	Responsible for financial affairs	
PIERRE, Michou	SANI SUISSE	Responsible of Logistic	
POUCHON, Antoine	SDC	Coordinator in Petit Goâve	pouchonantoine@yahoo.com
PREVOST, Philippe (phone)	MINUSTAH	Col. Chief of Operations	
REYNIER, Stéphane	MSF Suisse	Chef de Mission	msf-haiti-hom@geneva.msf.org
ROCHAT, Pierre-Yves	DINEPA	Rural Sector Officer	Pierreyves.rochat@dinepa.gouv.ht
ROSENTHALER, Sabine	SDC	Assistante au Directeur DDC	Sabine.rosenthaler@sdc.net
ROVIRA, Louis	WFP/SDC	Food and Cash Program n Officer	Louis.rovira@wfp.org
RÜEGG, Paul	SDC/Swiss Red Cross	SRC Country Representative	Paul.rueegg@redcross.ch
SAINT JEAN, Ricot	APBD	Vice coordinator	
SAINT-CYR, Ronsard	MSF Suisse	Chef de Mission Adjoint	leonronsard@yahoo.com
SCHAERLIG, Marie	UNICEF/SDC	Deputy Chief Reconstruction Unit	mschaerlig@unicef.org
SCHILD, Christoph	SDC	Field Resource, Training/Capacity Building, Member of SHA	Christoph.schild@sdc.net
SUGIMOTO, Kiyoshi	MSF/Swiss	Medical team (generalist)	sugimoto@gmx.ch
VAL, Harry	CESVI	Engineer	
VANRECHEM, Regis	Terre Des Hommes - Lausanne	Coordinateur / Logistique	rva@tdh.ch
VON DAENIKEN, Beat	SDC	Deputy Head of Humanitarian Assistance	Beat.vondaeniken@sdc.net
WEIERSMUELLER, Martin	SDC	Coordinator CoOf	martin.weiersmueller@sdc.net
WEINGAERTNER, Lioba	Channel Research	Team Leader Evaluation of Germany's Humanitarian Response to Haiti	Lioba.weingaertner@t-online.de
WIGUENS, Ilorme	HUEH	Resident, Pediatric Department	wiguens@hotmail.com
WIRZ, Alfred	UNICEF/SDC	WASH Officer, Leogane	awirz@unicef.org
ZAMPARINI, Francois	Medecin du Monde	General Coordinator	mdm.haiti@gmail.com
ZAUGG, Bernard	SDC/(CCR)	Directeur Centre de Competence Reconstruction (CCR)	bernard.zaugg@sdc.net
ZEHNDER, Harry	SANI SUISSE	CEO	Sanisuisse03@yahoo.fr

10 Annex 5: Calendar of Swiss Humanitarian Assistance

Events/CH-Time	Tues. 12.01.	Wed. 13.01.	Thurs. 14.01.	Fri. 15.01.	Sat. 16.01.	Sun. 17.01.	Mon. 18.01.	Tues. 19.01.	Wed. 20.01.	Thurs. 21.01.	Fri. 22.01.	Sat. 23.01.	Sun. 24.01.	Mon. 25.01	February	March	April	May
Earthquake, M 7.3.	X																	
Alert Pikett 1 st RRT		X																
Flight RRT (7 members) + 1 UNDAC staff, Arrival in PaP			X															
Assessment RRT, Incl. ICRC Visit			X															
Medical Team in University Hospital					X													Till 6th
Potable Water Distrib.							X											Till 24 th
NFI/Tent & Shelter Kit Distribution								X										Till 31st
Helicopters to UNDAC/OCHA and WFP/UNHAS						X												
Relief Item Flights				X			X							X				
RRT Field Visit to Jacmel, Leogane, Grande Goave per Heli						X												

Coordination Meeting SDC with Swiss (funded) NGO								X (1 st)										
RRT Field Visit to Petit Goave, Grande Goave, Leogane																		
UN/Donor Haiti Coord.meeting Dom. Rep.								X										
Visit Admin Hospital Petit Goave, Expression of Interest/SDC Reconstruction											X							
Donors pledge a total of US\$9.9 billion																31 st		
UNDP launches the Haiti Reconstruction Platform																	22nd	
Project Planning & Presentation to Authorities of Model schools																		X
Project Planning & MoU with MS Reconstruction Hopital Petit Goave																	X	

11 Annex 6: Results of the Focus Groups on water supply

11.1 Situation before the earthquake

The water situation in Haiti was not ideal before the earthquake. Even in Port-au-Prince it was common to see people, mostly women and kids working distances to reach a water source point. However, since 7 years or so, there have been several networks of potable water suppliers. Using the reverse osmosis technology people living in cities, in particular in Port-au-Prince have a better access to potable water. Even though, there has been certain improvement in potable water supply in Haiti, many people still face difficulties to access to water resources daily.

11.2 Analysis of the situation after the earthquake

This analysis is based on results found after 3 focus groups that have reunited over 35 persons living in different places in the Metropolitan Area of Port-au-Prince. These 3 places represent actions made in spontaneous camps, low income neighborhood and middle range income zones.

11.2.1 Plastic bladder

Days after the earthquake, SDC has started an assistance project to bring water to people who have survived the earthquake. In collaboration with the DINEPA and SaniSuisse, SDC has provided potable water in 4 sites in Port-au-Prince area. The water was distributed for free throughout plastic bladder of 10,000 liters in capacity. These bladders were filled out every day by Sanisuisse tanker. According to the people in the focus group, water quality has been very good during all the distribution period that last from January 25 to May 15, 2010. No case of water drink related diseases were ever reported at this time.

11.2.1.1 Water distribution

Even though there was no direct implication of SDC in the distribution, locally the persons in charge have established certain rules. Among the main ones: priority has been given to elder, pregnant women and kids; everyone has been put in line in a way to receive water; every person could have 1 to 5 gallons of water. To control trouble makers, the persons in charge have relied on group pressure by stopping distribution. They said that measure has proved its efficacy.

At the HENFRAHSA camp at Delmas 33, the bladder was filled out in a daily basis. However, at the beginning the bladder has been filled out up to 3 times a day (3 tankers of 3,000 gallons more or less than 10,000 liters). The population of beneficiaries is difficult to estimate because people in other neighborhood have come after some water too. The number could have gone up to 6,000 persons according to the focus group. However, in the case of 9,000 gallons have been consumed during peak time and after considering that a person has allowed to fill out 5 gallons, the number of the people would have been under 2,000.

According to other sources like Sanisuisse, water was delivered on a daily basis to camps equipped with bladders. Camps were selected by the DINEPA and Sanisuisse was the water provider unit for some sites.

11.2.1.2 Global satisfaction

In general, everyone was said they were satisfied with this initiative. Back this period, this aid was essential for people survival. The quality was very good and the distribution was free and well done. No illness related to water consumption were reported during this

period. They have agreed to give an 8 on a scale of 10 for the whole process supported by SDC and its partners. The only bad thing is the fact this program did not last long enough because people still have big water need.

11.2.2 Kiosks

The earthquake has damaged several water kiosks. SaniSuisse throughout in Eau Miracle network has had several partners in this difficult situation. A proposal has been introduced to SDC stating that kiosk owners would be agreed to distribute water for free after receiving financial support from SDC to make their unit fully functional.

11.2.2.1 Water distribution

The main advantage has been the fact that these water source points were known before the earthquake. In other words, people were familiar to the vendor for most of them. Even with this particularities, there have certain rules established to guide the distribution. People were put in line, priority was given to elder, pregnant women and kids. People were able to fill out their recipient of a reasonable size, like 5 gallons (20 liters) at a time for the most.

This initiative should have last for 2 months. However, in both site it has last for less than that. In one place water has been available freely for 1.5 month and at the other place for less than one month. The delay came because of the time necessary to do the repairs and to enter the program. At the site where the distribution period was shorter the main reason was the fact of its position. Effectively, damages were not very important but access roads were clogged with rubbles that have made tanker drivers being reluctant to deliver water often there.

Both sites have storage capacity of 1,200 Gallons. During this period of free distribution³⁹, they have been able to supply water less than a day. If at the more accessible site water delivery has been done daily, on the other site deliveries have not been done daily. According to the focus group, people have passed 1 to 3 days before receiving a water tanker. In the meantime they have to walk several blocks to buy some treated water. After the free distribution, kiosks have been able to sale water half price during 2 more weeks before the end of the program, from April 25 to May 10.

Among the constraints expressed by the people we have: main water source, that means they have been forced to use treated water for external usage; some irregularities with water deliveries. At the more accessible site, they have had the opportunities to have water for external usage from a tanker coming from the Dominican Republic too but not on a regular basis.

11.2.2.2 Global satisfaction

This initiative has been kindly appreciated. In both places they did not give a solid 10 because the program has not last long enough. The appreciation varies from 6 to 9.5 in the more accessible site and from 7 to 8 at the other site.

Information of interest that puts out of the focus group is water sales. According the both managers, the amount of water sold has nearly dropped about half actually compared to before the earthquake. Some of the explanations could be the lack of money among people; people migration or simply concurrence by other competitor and free distribution by other so-called humanitarian institutions.

³⁹ March 28, 2010 to April 25, 2010.

12 ANNEX 7: Survey on Shelter kits distribution

80 beneficiaries were interviewed using a formal questionnaire. The sample has the population main characteristics like: regional (urban, rural and rural/urban); gender and so on. Individuals were chosen randomly with the help of local partners of SDC.

Table 1: Population distribution by gender

			Area			Total
			Rural	Urban PAP	Rural PAP	
Gender	Male	Count	13	26	4	43
		% of Total per area	52%	57,8%	40%	53,8%
	Female	Count	12	19	6	37
		% of Total	48 %	42,2%	60%	46,3%
Total	Count		25	45	10	80
	% of Total		100%	100%	100%	100,0%

The sample is made of 46.3% of woman and almost 70% of the interviewees come from the Metropolitan areas. More than 3/4 of the persons said they owned their house.

The unemployment rate is more important among female respondents than males (Table 1a). Also, the global unemployed rate is 17.5% of the respondents. The percentage could be higher if we consider the 8.8% of the non respondents.

Table 1a: Main occupation by gender

			Main occupation					Total
			Small entrepreneur	Employed	Farmer	No activity	no answer	
Gender	Male	Count	14	16	8	3	2	43
		% of Total	32,6%	37,2%	18,6%	6.9%	4,6%	
	Female	Count	15	3	3	11	5	37
		% of Total	40,5%	8,1%	8,1%	29,7%	13,5%	
Total	Count		29	19	11	14	7	80
	% of Total		36,3%	23,8%	13,8%	17,5%	8,8%	100,0%

SDC actions analysis.

1. Coherence and relevance. (Table 2)

Even though there were a lot of actors on the field providing assistance to victims, the SDC seems to have been among the first to reach people mostly in rural areas. According to the survey, 38.8% of the people have received tent/shelters in February.

The priority placed by SDC on rural areas is illustrated by the fact that by March, all rural beneficiaries have received their assistance in term of tent or shelter kits while in PAP distribution continued after end of March

Table 2: Reaction time by areas

			How long after the earthquake the aid arrived?			Total
			After March (31)	March	February	
Area	Rural	Count	0	10	15	25
		% of Total	0%	40%	60%	
	Urban PAP	Count	11	20	14	45
		% of Total	24,4%	44,4%	31,1%	
	Rural PAP	Count	1	1	8	10
		% of Total	10%	10%	80,0%	
Total	Count		12	31	37	80
	% of Total		15,0%	38,8%	46,3%	100,0%

In rural Petit Goâve and Grand Goâve, SDC has worked with APBD and TDH-L respectively. The SDC has reached 1,591 families more or less in this region regarding the reports. Distribution has started as soon as February 11, 2010 up to March 27, 2010. In the Metropolitan area of Port-au-Prince, distribution has lasted for a longer period.

The degree of satisfaction was high. According to the survey, 77.2% of the respondents have a satisfactory level from good to very good (Table 3).

Table 3: Satisfaction level by areas

			Needs satisfaction level				Total
			Average	Good	Very good	Don't know	
Area	Rural	Count	11	10	3	1	25
		% of Total	13,9%	12,7%	3,8%	1,3%	31,6%
	Urban PAP	Count	0	7	37	1	45
		% of Total	,0%	8,9%	46,8%	1,3%	57,0%
	Rural PAP	Count	4	3	1	1	9
		% of Total	5,1%	3,8%	1,3%	1,3%	11,4%
Total	Count		15	20	41	3	79
	% of Total		19,0%	25,3%	51,9%	3,8%	100,0%

However, in rural areas the satisfactory level tends to shift from very good to average. That is the opposite for urban people.

Another aspect that should be considered is the 87.5% of the respondents have said they did not receive tent/shelter kits from other institutions. Only in rural Grand Goâve, other institution has provided shelters to the SDC's beneficiaries (Table 4). These additional shelters have a more permanent use first, and second they have arrived after the emergency period.

Table 4: Duplication of aid regarding areas

			Did you receive same kind of aid from other institutions?		Total
			No	Yes	
Area	Rural	Count	15	10	25
		% of Total	18,8%	12,5%	31,3%
	Urban PAP	Count	45	0	45
		% of Total	56,3%	0%	56,3%
	Rural PAP	Count	10	0	10
		% of Total	12,5%	0%	12,5%
Total	Count		70	10	80
	% of Total		87,5%	12,5%	100,0%

2. Effectiveness

SDC, with the help of its partners has been able to bring assistance to people shortly after the earthquake. Days after the catastrophe, SDC and its partners have done an assessment to identify victims and to evaluate damages. People names have been put on a list that has served later for the distribution (Table 5).

Table 5: Distribution accessibility regarding areas

			Being part of the program				Total
			From a list	From a friend	Paid someone	not answered	
Area	Rural	Count	21	1	0	3	25
		% of Total	26,3%	1,3%	0%	3,8%	31,3%
	Urban PAP	Count	43	2	0	0	45
		% of Total	53,8%	2,5%	0%	0%	56,3%
	Rural PAP	Count	8	1	1	0	10
		% of Total	10,0%	1,3%	1,3%	0%	12,5%
Total	Count		72	4	1	3	80
	% of Total		90,0%	5,0%	1,3%	3,8%	100,0%

According to the respondents, 90.0 % of them have stated being part of list to receive assistance.

3. Efficiency

The strategy adopted by the SDC seems to have worked. SDC has used its partner's networks to assist beneficiaries. All of the partners have provided lists of beneficiaries that have been verified by SDC agent on the field in many cases. According to the respondents, 95.0% have said that being on a list has been one condition to receive tents or shelter kits.

Table 6: Conditions to receive tent/shelter kits regarding SDC-Partners

			Conditions to receive tent/shelter materials				Total
			From a list	From a friend	Paid someone	not answered	
SDC-Partners	APBD	Count	11	0	0	0	11
		% of Total	13,8%	0%	0%	0%	13,8%
	TDH-L	Count	14	0	0	0	14
		% of Total	17,5%	0%	0%	0%	17,5%
	Helvetas	Count	14	0	0	1	15
		% of Total	17,5%	0%	0%	1,3%	18,8%
	EPER	Count	29	1	0	0	30
		% of Total	36,3%	1,3%	0%	0%	37,5%
	TDH-S	Count	8	1	1	0	10
		% of Total	10,0%	1,3%	1,3%	0%	12,5%
Total		Count	76	2	1	1	80
		% of Total	95,0%	2,5%	1,3%	1,3%	100,0%

Also, another way to appreciate the efficiency is throughout respondents' perception over the distribution. And according to the survey, respondents have considered distribution from average to very good in term of organization (Table 7). In other words, SDC and partners have used satisfactory approach to reach beneficiaries.

Table 7: Aid distribution evaluation regarding SDC-Partners

			Aid distribution evaluation				Total
			Average	Good	Very good	Don't know	
SDC-Partners	APBD	Count	0	1	10	0	11
		% of Total	0%	1,3%	12,5%	0%	13,8%
	TDH-L	Count	2	2	9	1	14
		% of Total	2,5%	2,5%	11,3%	1,3%	17,5%
	Helvetas	Count	0	2	13	0	15
		% of Total	0%	2,5%	16,3%	0%	18,8%
	EPER	Count	2	13	15	0	30
		% of Total	2,5%	16,3%	18,8%	0%	37,5%
	TDH-S	Count	4	4	2	0	10
		% of Total	5,0%	5,0%	2,5%	0%	12,5%
Total		Count	8	22	49	1	80
		% of Total	10,0%	27,5%	61,3%	1,3%	100,0%

4. Durability

In term of durability, SDC action could be qualified as strictly emergency humanitarian. Tents and shelters kits that have been done did not offer a permanent protection both, in term of time and against the elements. Most of the shelters given have been rehabilitated

by their owners. Original materials that have acted as walls have been replaced after 3 to 4 months. By the time of the external evaluation, 6 months after the distribution, shelters with this original material were barely seen. On the other hand, tents seem to have resisted longer. According the survey results, the kind of protection offered by tents/shelters goes from good to average (Table 8).

Table 8: Tent/shelter protection against sun and rain regarding areas

			How did tent/shelter protect against wheater ??				Total
			Very bad	Bad	Average	Good	
Area	Rural	Count	4	7	12	2	25
		% of Total	5,0%	8,8%	15,0%	2,5%	31,3%
	Urban PAP	Count	0	6	20	19	45
		% of Total	0%	7,5%	25,0%	23,8%	56,3%
	Rural PAP	Count	4	2	4	0	10
		% of Total	5,0%	2,5%	5,0%	0%	12,5%
Total	Count		8	15	36	21	80
	% of Total		10,0%	18,8%	45,0%	26,3%	100,0%

Another aspect to consider is the level of dependency expressed by beneficiaries. According to responses, 68.8% of the people have considered being more depending on aids. In other words, people are waiting for more assistance (Table 9).

Table 9: Tends of dependency regarding areas

			With SDC humanitarian action, did you feel more or less dependent from aids?					Total
			Less dependent	no change	more dependent	don't know	not answered	
Area	Rural	Count	0	0	22	0	3	25
		% of Total	0%	0%	27,5%	0%	3,8%	31,3%
	Urban PAP	Count	7	6	25	3	4	45
		% of Total	8,8%	7,5%	31,3%	3,8%	5,0%	56,3%
	Rural PAP	Count	1	0	8	0	1	10
		% of Total	1,3%	0%	10,0%	0%	1,3%	12,5%
Total	Count		8	6	55	3	8	80
	% of Total		10,0%	7,5%	68,8%	3,8%	10,0%	100,0%

Once more the pattern is different whether you are in rural setting or in urban places.

13 Annex 8: Global Questionnaire and its results in Haiti

Out of the 77 persons met, only 38 felt familiar enough or authorized to fill in the questionnaire. It reflects the rapid turnover of staff among agencies and also the rather low profile of SDC assistance among the international community.

	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Sub total	No answer
1	Clear definitions and concepts	13	14	8	0	0	35	3
2	Clear criteria to determine strategy	7	13	4	2	0	26	12
3	Good cooperation between SDC, partners and Multi	6	21	3	1	0	31	7
4	Consultation prior making key decisions	4	13	4	3	0	24	14
5	Consultation is NOT essential for life saving response	5	1	8	11	7	32	6
6	Decisions based on needs assessments	4	16	7	1	0	28	10
7	NO other agency could provide services delivered by SDC	0	4	9	15	1	29	9
8	The response was timely	8	13	5	4	0	30	8
9A	Rapid Response was appropriate in general	6	13	5	1	0	25	13
9B	Medical assistance	9	10	4	0	0	23	15
9C	WASH	5	11	6	3	0	25	13
9D	Food assistance	4	6	8	1	0	19	19
9E	NFI/Shelters	4	10	7	0	0	21	17
10	Monitoring using written standards	1	12	12	2	0	27	11
11	Strengthening the capacity of authorities	3	13	15	4	0	35	3
12	Strengthening the capacity of local NGOs	5	15	11	3	0	34	4
13	Planning for early recovery/ rehab is a priority from the start	6	17	6	2	0	31	7

77% of the respondents strongly agreed that SDC has clear concepts and clear criteria to determine its strategy. None disagreed regarding concepts and definitions while 2 disagreed regarding the use of criteria for selection of strategies and/or target groups.

88% (27 out of 31 respondents) strongly agreed or agreed that SDC cooperation within or with multilateral was beneficial, this statistics does not match the frequently heard of complaints of lack of contact or information.

70% (17 out of 24) believe that SDC is consulting stakeholders prior to making decisions. Three however strongly disagreed while a large proportion did not respond. Similarly 71% (20 of 28) agreed or strongly agreed that SDC is basing its decision on a needs assessment.

Appropriateness of SDC Rapid Response	Agreed or strongly agreed	Neutral	disagreed	Number of responses
in general	19 (76%)	5	1	25
Medical assistance	19 (83%)	4	0	23
WASH	16 (64%)	6	3	25
Food assistance	10 (53%)	8	1	19
NFI/Shelters	14 (67%)	7	0	21

Only 4 out of 29 (14%) believed that no other agency could have offered the services provided by SDC. This is not surprising considering the large number of actors.

Regarding the appropriateness of the Rapid Response, there is a strong support and appreciation of SDC assistance. A very large number did not reply or were neutral. There was no disagreement regarding the appropriateness of the medical assistance, one for food but three for WASH, the latter has the lowest positive score.

Only 2 disagreed that SDC had written standards for monitoring of its activities. The rest of the 38 questionnaires were almost evenly split between no reply, neutral and agreeing (13 out 27 responses, 48%).

SDC performance in strengthening authorities (national, regional or local) and local NGOs is seen positively (46% and 59% of respondents respectively). “No reply” or neutral opinions are rather high (50% and 45%) A few (4 and 3 respondents) disagreed. It should be noted that the

interviewees differentiated very clearly between the local authorities (satisfactory) and national ones (less satisfactory). This is not reflected in the written question.

Finally, a large proportion of respondents praised the LRRD “concept” in SDC (23 out of 31, i.e. 74%) if not in its actual implementation as development was not initiated yet.

14 Annex 9: Programs of the workshops

14.1 Atelier de Briefing pour les partenaires de la DDC

Jeudi 2 Septembre 2010 – de 14:00 à 16:00

Were present : EPER, HELVETAS, IAMANEH, MSF Suisse, Nouvelle Planète, Pou Ayiti / Tierra Incognita, Terre Des Hommes - Lausanne and Terre Des Hommes – Suisse

- 14h 00 Ouverture de la réunion par le coordinateur de la DDC en Haïti, M. Martin Weiersmueller.
- 14h.10 Brève présentation par les agences participantes de leurs activités de réponse immédiate et de réhabilitation entreprises en collaboration avec la DDC
- 14 :40 Présentation des objectifs et méthodologie de l'évaluation par le team leader de l'équipe d'évaluation : Dr. Claude de Ville de Goyet
- 15 : 15 Discussion et questions
- 15 :50 Résumé des discussions et points principaux à couvrir dans cette évaluation (Team leader)

14.2 Présentation des résultats

Lundi 13. Septembre 2010
au KINAM II
Impasse des Hôtels

- 09 : 00 Ouverture de la réunion et présentation de l'équipe d'évaluation par le Coordinateur de la DDC en Haïti M. Martin Weiersmueller.
- 09 :10 Présentation des participants
- 09 :20 Présentation du programme et des objectifs de la réunion
- 09 :25 Vidéo « Disaster Myths and Realities » de l'OMS (WHO)
- 09 :45 Objectifs, méthodologie et résultats de l'évaluation
- 10 :30 Pause café
- 10 :45 Discussion et questions (Modération par Petra Scheuermann)
- 11 :45 Résumé des discussions et autres points à considérer dans l'évaluation globale (Claude de Ville de Goyet)
- 12:30 Conclusion par SDC Coordinateur et déjeuner

ANNEX 7: Gaza Field Visit Report



Evaluation “SDC Humanitarian Aid: Emergency Relief”

Gaza Field Visit Report
(September 19 – 29, 2010)

Final Version

Commissioned by:

Swiss Agency for Development and Cooperation (SDC)

Claude de Ville de Goyet claudedevilledegoyet@gmail.com

Petra Scheuermann petrascheuermann@yahoo.com

Reham Al Wehaidy reham.wehaidy@gmail.com

February, 2011

Table of Contents

1	Introduction.....	5
1.1	Background.....	5
1.2	Relief Instruments of the Swiss Agency for Development and Cooperation	5
1.3	SDC Interventions in Gaza.....	6
1.3.1	Bilateral interventions	7
1.3.2	Multilateral interventions	8
1.3.3	The Swiss contribution in perspective.....	9
2	Methodology.....	10
3	Findings.....	11
3.1	Coherence (Coordination).....	11
3.1.1	The coordination of SDC direct partners.....	11
3.1.2	Coordination with multilateral and other partners.....	11
3.2	Relevance / appropriateness	12
3.2.1	Rapid Response Teams (RRT).....	12
3.2.2	Health assistance:	13
3.2.3	Food and Non-Food Items.....	14
3.2.4	Livelihood	15
3.2.5	Multilateral support	15
3.2.6	SDC Adaptability to change.....	16
3.3	Effectiveness	16
3.3.1	Rapid Response Teams	16
3.3.2	Health Assistance.....	17
3.3.3	Food and NFI	18
3.3.4	Livelihood	18
3.3.5	Multilateral support	19
3.4	Connectedness.....	19
3.4.1	Strengthening SDC local partners	20

3.4.2	Strengthening local Government Institutions.....	20
3.4.3	LRRD	20
4	General Conclusions and Recommendations	22
4.1	The decision regarding the strategy and mix of means (Q 8 & 9)	22
4.2	The coordination/consultation process (internal + external) (Q 3, 4 & 5) ...	22
4.3	Selection of beneficiaries	22
4.4	Selection and capacity building of implementing partners	23
4.5	Immediate response Vs development	23
4.6	Monitoring and reporting	23
4.7	Preparedness	24
5	Performance Scoring.....	25
6	Annex 1: List of Acronyms.....	28
7	Annex 2: Map of Gaza.....	30
8	Annex 3: List of documents reviewed	31
9	Annex 4: List of contacts	36
10	Annex 5: Chronology of events	40
11	Annex 6: Results of the Focus Groups	41
12	Annex 7: Global Questionnaire and its results in Gaza	44
13	Annex 8: Program of the workshop.....	45
14	Annex 9: Transition and coexistence of instruments in SDC's oPt Program in view of Gaza.....	46

Acknowledgement

The Evaluation team would like to express its gratitude to all interlocutors met during our field mission in Jerusalem and the Gaza Strip as well those interviewed in Bern and Geneva, who provided us with insight views and valuable ideas.

To those, who shared their vivid memories of living the conflict and its immediate aftermath, we extend our recognition, respect and sympathy.

Especially, we would like to thank the team of the SDC Cooperation Office and in particular, the Coordinator Giancarlo de Picciotto and Lukas Ruettimann in Jerusalem as well as Mazen Shaqoura in Gaza, who have not only welcomed us in a very kind manner, but have provided us with logistical and administrative support as well as overall orientation. Their constructive openness and fruitful cooperation are highly appreciated and contributed essentially to the success of our mission.

1 Introduction

1.1 Background

“Following the Hamas takeover of the Gaza Strip in June 2007, Israel has imposed an unprecedented blockade on all border crossings in and out of the Gaza Strip.¹ The blockade has ‘locked in’ 1.5 million people in what is one of the most densely populated areas on earth, triggering a protracted human dignity crisis with negative humanitarian consequences. At the heart of this crisis is the degradation in the living conditions of the population, caused by the erosion of livelihoods and the gradual decline in the state of infrastructure, and the quality of vital services in the areas of health, water and sanitation, and education”.¹ Furthermore significant food insecurity is reported leading to threats of increased malnutrition.

On 27th December 2008, Israel started an extensive military operation of bombardment and land incursions into the Gaza Strip with the stated aim of suppressing Hamas’s rocket attacks on Israel. The fighting ended on 18th January 2009, after Israel and Hamas separately declared unilateral ceasefires.²

According to the Palestinian Ministry of Health figures, 1,326 Palestinians were killed during this period, including 318 children (24% of the total deaths), 108 women (8%), 127 elderly people (9%) and 210 (16%) policemen and security apparatus members killed while performing their regular duties and were not involved in fighting³. More than 5,000 Palestinians were reported wounded, a large number of them civilians and many of them seriously. The 23 days of Israeli military operation in the Strip has exacerbated the deterioration of livelihood already affected by the prolonged closure regime before the war. Having lost their life-long savings, homes, and productive assets, previously self-reliant families have joined the ranks of the destitute and find themselves completely reliant on assistance.

1.2 Relief Instruments of the Swiss Agency for Development and Cooperation

The Swiss Agency for Development and Cooperation (SDC) has five instruments to offer humanitarian assistance in natural disasters or crises contexts⁴:

- **Swiss Rescue:** Swiss Rescue is the operational unit which can be immediately deployed abroad, primarily following earthquakes, for the purpose of locating, rescuing, and providing first aid to victims trapped and buried under the rubble.
- **Rapid Response Team (RRT/SET):** The Rapid Response Teams are deployed in crisis situations, in the aftermath of natural disasters, and in conflict situations. Their mission is to conduct an assessment of the humanitarian needs on site and to rapidly initiate urgent relief measures in the crisis or disaster-stricken area. The Rapid Response Teams are composed of experts from the Swiss Humanitarian Unit (SHA), and experts from SDC Headquarters.

¹ OCHA/oPt 2009 Special Focus.

² SDC’s Program “Gaza 2009” Implementing the continuum: from Early Recovery to Development.

³ Al Mezan News briefing-7 March 2009: List of Palestinians Killed by the IOF during the Israeli “Cast Lead” Operation in Gaza.

⁴ See i.e. SDC, Rapid Response Minimal Standards 15.05.2009.

- **Financial Contributions** to United Nations organizations (such as WFP, OCHA, UNHCR, UNRWA), the International Committee of the Red Cross (ICRC), state agencies, intergovernmental organizations and non-governmental organizations (NGOs).
- **Material Assistance and Food Supplies:** In addition, to basic foodstuffs, the supplies may consist of tents and other shelters, medical supplies, mobile drinking water laboratories and various other materials essential for survival.
- **Secondments:** experts from the Swiss Humanitarian Unit (SHA) are made available on secondment mainly to UN organizations.

1.3 SDC Interventions in Gaza

The Swiss Development Cooperation mobilized all these instruments with the exception of the Swiss Rescue (Urban Search and Rescue capacity). It included direct operational action as well as support to multilateral institutions

SDC worked in closed cooperation with its NGOs partners in Gaza:

- Al Dameer Association For Human Rights
- Al Mezan Center for Human Rights
- Al Qattan Child Center
- Culture and Free Thought Association
- Gaza Community Mental Health Programme (GCMHP)
- NGO Development Center (NDC)
- Palestinian Agriculture Development Association (PARC)
- Palestinian Human Rights Center
- Palestinian Independent Commission for Human Rights- Gaza
- Palestinian NGO Network (PNGO)
- Sharek Youth Forum, Gaza

SDC response to the crisis in Gaza includes the dispatch of Rapid Response teams, the bilateral assistance (health field, distribution of food and Non Food items as well as initiative to restore the livelihood) and multilateral support. The various contributions are listed in the table below.⁵ A transfer of 2 M. to ICRC is not listed as it is not an additional contribution but an advanced payment.

⁵ Adapted from a presentation by Giancarlo de Picciotto: Gaza 2009 Program.

SDC Financial Contribution to Gaza Crisis		
Response Phase	Funding/Contribution	CHF⁶
Emergency Response	Rapid Response Teams (SET)	200,000
	Relief Items	1,000,000
	UNRWA	3,000,000 ⁷
	PARC (NFI distribution during 'Cast Lead')	52,500
	Sharek Youth Forum (30,000 Campaign, NFI distribution)	47,250
	External Fixators ⁸	333,000
	WFP Secondment to Logistics Unit	61,000
	OCHA Secondment Reporting/CAP/Information Management (first six months)	128,000
	Emergency Response	
Early Recovery	OCHA Secondment Reporting/CAP/Information Management (Prolongation)	128,000
	Contribution to Caritas Suisse channeled through Pontifical Mission to Near Eastern Council of Churches for Rehabilitation/Reconstruction of Women Health Center	400,000
	Financial Support to PARC for re-equipping its Gaza office	52,500
	(part of running program) PARC land rehabilitation	373,800
	PARC Additional early Recovery Component/land rehabilitation	446,974.50
	PARC 'Poor farmers to poor families'	399,000
	NDC Wells Rehabilitation	950,000
	(part of running program) Palestinian Farmer Union	10,762.50
	GCMHP Recovery/Rehabilitation Component	210,000
	Emergency Response & Early Recovery in CHF	

1.3.1 Bilateral interventions

- **Rapid response Teams**

Altogether three Rapid Response Teams have been mobilized and subsequently deployed to Jerusalem (1) and to Cairo and Egyptian border crossing points (2) for an immediate needs assessment in cooperation with the COOF in Jerusalem and the SDC partners in Gaza, as well as to further on initiate first humanitarian response and 'earliest' recovery measures. The Rapid Response Teams were recruited out of the Swiss Humanitarian Unit and SDC

⁶ Original Amounts in US \$ have been converted into CHF with factor 1.05.

⁷ Contribution to UNRWA consisted of CHF 2 M. to Emergency Appeal and CHF 1 M. of regular unearmarked funding.

⁸ In kind donation to Al Schifa Hospital in Gaza made available through Swiss DPSS.

Headquarters. Each team consisted of 3 members with logistical, medical and security advisor background. The presence of the team members varied from 11 to 20 days.

- **Health assistance**

Following a rapid assessment by a medical expert, external fixators for bone fractures provided by DDPS⁹ and private companies were supplied to Al Shifa hospital in Gaza (CHF 330'000) in January 2009.¹⁰

Support was channeled to Caritas for the rehabilitation of one Family Health care Clinic destroyed by the Israeli bombing. Funding was provided to the Gaza Community Mental Health Program (GCMHP) and SHAREK Youth Forum for psycho-social assistance to persons affected by the war.

Health institutions received also non medical assistance in the form of plastic sheeting, tarpaulin, etc. This latter assistance will be treated under the next section (NFI)

- **Distribution of Food and Non-Food Items (NFI)**

In cooperation with local partner NGOs and their network of grass-roots, SDC has distributed basic humanitarian items to needy people across the Gaza Strip with more focus on the most hit locations in the North and Gaza City for an amount of 1 M. CHF. Distributed items included 8000 Food parcels, 7500 Hygiene kits, 2000 Plastic rolls/tarpaulins and 7500 Blankets.

- **Restoration of Basic Livelihood**

This is actually the link to early recovery and bridges the transition from emergency assistance

Two projects fall under this category: The PARC program of fresh food basket distribution named From Poor Farmer to Poor Family funded by SDC (400,000 CHF) and the NDC rehabilitation/repair of irrigation wells systematically destroyed by the military incursion (945,000 CHF).

1.3.2 Multilateral interventions

Early 2009, a CHF 3 M. contribution was made to UNRWA (1 M. on the 2008 budget, 2 M. for the Emergency Appeal).¹¹ No emergency financial contribution was made to other international actors in the early response phase, although CHF 2 M. of the SDC regular contribution to ICRC has been paid earlier to facilitate its rapid response (on the second day of the conflict - 29th December, 2008).

Two Swiss experts were seconded, respectively to OCHA and WFP.

⁹ Federal Department of Defense, Civil Protection and Sports.

¹⁰ According to SDC reports, internal fixators were provided in March.

¹¹ UNRWA appealed for USD 350 M. and received 270 M.

1.3.3 The Swiss contribution in perspective

Funds committed by country / institution (USD Millions as reported to OCHA FTS)	
Country	Amount committed/Contributed
Belgium	8.15
European Commission	108.79
France	11.48
Germany	10.51
Italy	17.06
Norway	20.66
Switzerland	19.40 (2.4%)
Spain	15.98
UK	30.79
USA	108.79
All sources	791.86

Although relatively generous in relation to the size of the country, the Swiss contribution represents only a small proportion of the total assistance directed to the Gaza Crisis. For instance, the 3 M. given to UNRWA is part of the total of 270 M. raised for this specific crisis.

According to the data reported to OCHA, the Swiss contribution to the Gaza crisis in 2009 would be app. USD M. 19.9 (i.e. 2.4% of the total contribution of USD M. 791) However, the amounts included in OCHA financial Tracking Services (FTS) as Swiss relief for the 2009 Crisis seems to include a substantial amount of development cooperation activities or contributions which would have occurred independently of the crisis. It is unclear how those figures were made available to OCHA. However, the FTS remains the most effective tool to compare relative contributions among donors, assuming errors in reporting from other donors are similar. Using the total of app USD M. 6.5 as compiled by the evaluators would decrease the Swiss contribution share to 0.8%.

2 Methodology

This evaluation of the Gaza response represents a case study of a broader evaluation of the Swiss Emergency Relief globally.

This case study includes an extensive review of 95 documents (Annex 3), interviews with contacts in Jerusalem, Gaza and Switzerland (Annex 4) and focus groups with beneficiaries. Findings and conclusions have been elaborated through triangulation of received information.

A total of 50 persons have been met individually or in small groups. A standardized global questionnaire (Results in Annex 7) sought the personal opinion of the interlocutors. 26 completed this questionnaire, other felt that they were not familiar with SDC work or were not willing to respond. The turnover of humanitarian personnel (UN or NGOs) was a major obstacle for evaluating the immediate response provided 18 months ago.

Type of agency	Number
SDC	8
UN Agencies	14
NGOs	18
ICRC	7
Others	3
Total	50

Tasks were distributed among the expert team who carried out jointly the interviews with senior officials of the many actors present in oPt with field visits to rural and urban affected areas. In addition, the national expert undertook extensive interviews and focus groups with beneficiaries (in Arabic). Four focus group meetings using open-end questions targeting a total of 50 beneficiaries (19 female and 31 male) to evaluate the perceived outcomes of the SDC supported initiatives at the beneficiary level. Findings of the focus groups are presented in Annex 6

One end of mission workshop was organized for debriefing and discussion of the conclusions where Jerusalem based agencies interviewed were invited and SDC staff and partners in Gaza participated by video conference. The program of the workshop is attached in Annex 8.

One important limitation should be mentioned: The long period of time elapsed since the initial emergency relief (early 2009) made a selection of beneficiaries directly by the evaluators very difficult. Considering the relatively modest and short lived nature of the commodities distributed, the cooperation of the implementing partners in selecting whom to interview was required. This may add the possibility of bias in sample selection for our focus groups. The evaluators are however confident the opinions expressed were fairly reflecting the general consensus.

3 Findings

The overall Swiss response strategy to the Gaza Crisis was determined by its clear political will to express solidarity with the Gaza population and to claim humanitarian space for access to the people in need. Demanding the respect of the International Humanitarian Law by the Israeli Defense Forces was a humanitarian imperative. To underline this appeal, SDC chose to activate its humanitarian instrument, the Rapid Response Team (RRT) in a threefold way in combination with own provision of material assistance and food supplies to require access into Gaza from various border points.¹²

3.1 Coherence (Coordination)

Coherence: taking into account the intra- and inter-agency partnerships.

3.1.1 The coordination of SDC direct partners

SDC chose to build on existing partnerships with local partners through focusing on fields where they had expertise in and/or access to. In spite of the challenging operating environment, SDC utilized available means for communication and coordination with its partners, including: telecommunication, meetings and visits. There is a high level of satisfaction among SDC local partners and an acknowledged sense of partnership characterized by high level of permanent dialogue and consultation.

However, this coordination was done on one-to-one basis. At the end-of-mission meeting organized to present and discuss the findings, some of the partners expressed the wish to have periodic meetings among all SDC partners in Gaza.

3.1.2 Coordination with multilateral and other partners

International coordination mechanisms were set up in Gaza and Jerusalem due to travel restrictions and communication difficulties.¹³ UNRWA took the operational lead in coordinating the humanitarian assistance and circulated lists of essential items needed for guidance towards an adequate response.

On operational level, SDC consulted closely with UN partners (WHO, UNRWA, OCHA, WFP etc.) and referred to UNRWA guidance for assembling its direct bilateral donation of relief items. Information sharing has been also pursued with ICRC on a general level, however not for orientation on planned medical assistance.

On the political level (advocacy), Switzerland supported the joint international position to protest against the “Cast Lead Operation” of the Israeli Defense Forces by claiming humanitarian space through access to Gaza and requesting the respect of the International Humanitarian Law. Establishing a humanitarian corridor into Gaza became vital for providing support to the Gaza population.

SDC’s strategy for its humanitarian response to the Gaza crisis was in line with the international position.

¹² 3 press releases were produced in the early days of the conflict by the FDFA. These would support the statement that Switzerland sought to protect the humanitarian space.

¹³ According to UNICEF, the cluster system was only established after the cease fire on January 18th.

Furthermore, Switzerland's participation and declaration in the Sharm el Sheik International Conference in Support of the Palestinian Economy for the Support of the Reconstruction of Gaza 2009 – 2010 on March 2nd, 2009 underlined its firm position. The Swiss requested the establishment of an impartial commission of enquiry tasked to examine all alleged violations of international law committed by all parties to the conflict and announced additional support to international humanitarian organisations like UNRWA, WFP and the ICRC. Switzerland committed to continuing its USD 20 M per year program for development and humanitarian actions in the Occupied Palestinian Territory. Also, Switzerland expressed readiness to engage in and contribute to the proposed creation of a monitoring system to allow humanitarian goods “unhindered” into Gaza.

Coordination with national/local authorities will be discussed under Connectedness.

3.2 Relevance / appropriateness

Relevance/appropriateness: assessing whether the projects/programs/contributions are in line with local needs and priorities, and tailored accordingly. This issue is related to the tension between the need for pre-positioning/responsiveness and the need to be context driven/culturally appropriate.

The chronology of events and response is shown in Annex 5.

3.2.1 Rapid Response Teams (RRT)

- **Timeliness:**

The decision to deploy Rapid Response Teams (RRT) was taken rapidly on January 8th, 2009. The first Rapid Response Team (RRT or SET) arrived on January 12th, 2009 in Jerusalem and could enter Gaza only starting on January 23rd as soon as Israeli Defence Forces allowed access to Gaza. A second RRT tried to enter Gaza through Rafah. The 3rd RRT, based in Cairo was assigned to a logistical support mission for the procurement and provision of relief items, such as food packages, hygiene kits, blankets, tarpaulin and plastic sheeting. With the support of the Swiss Ambassador to Israel, the RRT succeeded on January 31st to have 5 trucks with relief items enter Gaza. **This was on one side very timely compared to other external humanitarian actors but on the other side much delayed compared to other crises.**

- **Appropriateness:**

The RRTs were not familiar with the local political crisis context, but have been selected in line with the usual profile of a RRT team: logistics/communication, medical expertise and humanitarian response/early recovery measures. Both the set up of the teams and the approach they adopted initially might not have been the most relevant to the context.

According to various feedbacks from SDC HQ, Swiss embassy, the Cooperation office (COOF) in Jerusalem and local office in Gaza, the integration of the RRT into the existing SDC long-term set up of in Jerusalem was not smooth. Perceived lack of RRTs experience in the crisis context, reservations toward the ‘parachuting’ of external teams, unclear distribution of responsibilities among Coof and RRT and competing pressures to get relief moving fast and visibly versus the preservation of existing activities and relations led to tensions and frictions.

- ***The response strategy:***

The strategy developed through the RRT and the COOF in cooperation with its local and multilateral partners has been relevant and appropriate, as it took into consideration needed relief items as well as unavailable products in the Gaza markets. It was based on assessment carried out by partners and UNDP.

3.2.2 Health assistance:

The conflict has caused severe health problems. The number of war casualties was estimated over 5000 by the UN. An undetermined but significant number were open fractures requiring external fixation. In addition, facilities have been destroyed and, as in every acute crisis, psycho-social trauma needed attention.

- ***Donation of medical supplies:***

How the needs for medical equipment has been assessed and decision made by SDC: From the interview, it appears that over 100 essential medical items were in very short supply at the beginning of the conflict. Among those were the fixators. The selection of this particular item was made locally by RRT in consultation with the Hospital authorities, WHO and partners. The Director of the Al Shifa hospital, the beneficiary of the donation, confirmed that he had requested SDC to focus on this particular item.

Considering the total closure of the entry points, the arrival of those fixators on the 26 and 29 January is regarded by all as very timely. It was the earliest delivery of this type of equipment. Both the decision and its implementation were relevant and timely.

The Hospital director is unaware of any follow up visit made by SDC to monitor the adequacy and use of the equipment.¹⁴

- ***Family Health Center Rehabilitation:***

The initiative of providing funding to CARITAS for rehabilitating the Shijaía Family Health Care Center run by the Near East Council of Churches (NECC) was initiated in Bern. Although, the need and relevance of the project was endorsed locally by SDC, questions on the selection of the channel (CARITAS) were raised. A suggestion of direct local SDC agreement with the NECC was reportedly turned down. The evaluators conclude that the rehabilitation itself was relevant and timely but that the mandated selection of CARITAS did bring limited added value as this NGO forwarded the contribution to a fund managed by the Pontifical Mission in Jerusalem and, according the Health Center director, CARITAS did not assume any further technical role itself. This problem most probably reduced the level of monitoring by SDC/Gaza that was not directly involved in the project.

- ***Psychosocial assistance:***

The need for professional psychological support and, in fewer instances, medical treatment for mental health trauma following acute disasters or wars is well recognized. However, in spite of the existence of a strong mental health expertise in the Gaza Community Mental Health Programs, at the time of the visit in Gaza, no data was made available to the

¹⁴ Two attempts by a specialized Swiss physician to organize a follow-up visit aborted because of logistical problems.

evaluators, be it from GCMHP or other sources, on the extent of those needs before or after the crisis¹⁵ (See paragraph on IASC guidelines).

The proposed activities (mainly home counseling and medical referral as needed)¹⁶ corresponded to the anticipated (but not assessed) need. In principle, the selection of GCMHP, a professionally reputed Mental Health NGO, was the most appropriate.

Emergency support to Sharek Youth Forum for “Arts, Acting and literature therapy” can also be seen as relevant due their active involvement with children and the simple nature of the proposed activities.

The activities were timely.¹⁷ No reference was made in the projects to the IASC/WHO “guidelines for mental health and psychosocial support in emergency settings”. Some of the observations in these guidelines would have been pertinent to these research studies and projects.¹⁸ The application of these extensive guidelines for minimum response may require a multi-year approach.¹⁹

3.2.3 Food and Non-Food Items

SDC distributed relief supplies through its local partners. The partners’ experience, local network and community relations helped SDC to intervene at an early stage of the emergency. Most of the distributed F&NFIs were considered both relevant and appropriate. They have met the people’s immediate needs and were appreciated by the interviewed beneficiaries in the focus groups. The fact that the received assistance arrived at the start of the emergency (mainly distribution of hygiene kits at shelters and plastic sheeting to farmers) has contributed to SDC’s quick response. SDC was recognized locally to be the first to support the rehabilitation of green houses via distributing plastic sheeting. Interviewed beneficiaries have raised some concerns about distributed NFI; however, said concerns were a general feature of the overall emergency response carried out by various aid organizations and not SDC’s response in specific. The concerns were: 1) oversupply and undersupply that occurred in some locations, 2) assessments that were carried out in the same location by

¹⁵ After circulation of the first draft report, the evaluators received two unpublished “research studies” completed March, 2009. The first study entitled “*War on Gaza... Trauma, grief, and PTSD in Palestinian children victims of War on Gaza*” conducted on a sample of 374 children aged 6-17 years in areas exposed to war across the Gaza Strip. The second study entitled “*Death anxiety, PTSD, Trauma, grief, and mental health of Palestinians victims of War on Gaza*” on a sample of 374 adults aged from 22 to 65 years. See IASC comments on limitations of surveys.

¹⁶ In addition to three lines of free telephone counseling services benefiting 2489 beneficiaries, capacity building of 81 school counselors, establishment of counseling units at 6 schools in the affected areas and implementing 9 summer camps.

¹⁷ For GCMHP, the emergency contribution was CHF 210,000 in addition to the 3 years core funding of CHF 2.250.000 and for Sharek CHF 47.250 in addition to the CHF 1.7 M core 3 years contribution. The cost of those psychosocial activities cannot be determined precisely as the extra support to both partners included the refurbishing and repair of their own offices damaged by the war or looted.

¹⁸ For instance “*the wide range of opinion among agencies and experts on the positive and negative aspects of focusing on traumatic stress*” and “*the vast majority of surveys have been unsuccessful in distinguishing between mental disorders and nonpathological Distress*” (p 30). *The instruments used in such surveys have usually been validated only outside emergency situations in help-seeking, clinical populations, for whom distress is more likely a sign of psychopathology than it would be for the average person in the community in an emergency. As a consequence, many surveys of this type appear to have overestimated rates of mental disorder, suggesting incorrectly that substantial proportions of the population would benefit from clinical psychological or psychiatric care.*

¹⁹ ECHO is strongly encouraging of the application of these guidelines and is planning a three-year funding for psychosocial and mental health response.

different organizations which have raised the expectations of the beneficiaries, and 3) the quality of distributed items such as detergents and diapers.²⁰

Beneficiaries' selection was done by implementing partners, in accordance with present selection criteria and in coordination with Ministry of Interior.

3.2.4 Livelihood

Regarding the rehabilitation of irrigation wells, the assessment was made systematically of approximately 200 wells damaged by the war through the NGO Development Center (NDC). The Ministry of Agriculture and the implementing NGOs carried out their own assessments.

77% of the participants in the focus groups (see Annex 6) were owners of totally damaged water irrigation wells as a result of the last war on Gaza. All beneficiaries found the received assistance highly relevant and appropriate as it met an urging need. The evaluators reached the conclusion that this activity was highly relevant in terms of economics and food security. They recognized the importance of those benefits for Gaza strip but have some reservation regarding its relevance in term of meeting the humanitarian needs of the most vulnerable (See general conclusions/selection of beneficiaries).

The PARC program (From Poor Farmers to Poor Families) aimed to assist farmers to market their product and at the same time to provide fresh products to the poorest families. Its relevance is recognized by independent interlocutors: ECHO emulated SDC by funding CARE in a similar initiative.

3.2.5 Multilateral support

The emergency relief multilateral contribution (3 M. CHF to UNRWA) represented 70 % of the overall emergency commitment by SDC. The balance was allocated to direct bilateral action (RRT teams and projects with Partners). This proportion is compatible with the overall SDC pattern of about one-third of Humanitarian Aid budget being spent on financing its direct bilateral operations and for programs conducted by Swiss NGOs, the remaining two-thirds being used for funding international organizations such as the UN and the ICRC. In the case of Gaza crisis, no additional but an earlier in time contribution was made to ICRC.

Responding to an emergency appeal from UNRWAs is an appropriate and even indispensable contribution in this crisis. UNRWA provided assistance to 80% of the population including non refugees displaced and sheltered in UNRWA schools. In fact, UNRWA and other multilateral partners present in Gaza are particularly well equipped to provide assistance. Their large staff, logistic capacity and familiarity with the complex situation are assets that the Swiss Rapid Response teams could not emulate.

The process for the secondment of a logistic officer to WFP was somewhat unclear. There is conflicting evidence whether the post was requested by WFP at HQ level or it was an SDC offer difficult to turn down. Although documents from SDC suggest a request from WFP, the WFP field supervisors in Gaza and oPt indicated that they did not express or feel the need for external staff. The ToR were slow to come.

The secondment to OCHA/oPt appeared to be the result of a consultation process. However, the tasks of this secondee had little relation with the immediate response to the crisis in

²⁰ Mainly the SDC provided blankets and some hygiene products.

Gaza. It aimed to improve the general reporting.²¹ Its extension beyond the emergency relief phase contributed in addition to increase the fundraising capacity of this key UN partner by his support to the CAP.

3.2.6 SDC Adaptability to change

Although there were some examples of administrative flexibility in the management of the response, the local response of the RRT/SET seems to have been marked by a lack of adaptation to the politically complex and unfamiliar nature of the situation. The most difficult challenge faced by the RRT was not in arranging procurements or transporting supplies (there were reportedly many commercial suppliers for those services) but in negotiating with Israel Authorities and understanding the peculiar mix of sustained dependency, pride and sense of entitlement as “victim” of the beneficiaries.²²

Positive examples include the verbal commitment to one local partner for the amount of USD 50,000 allowing the local purchase of food and hygiene items well before the cease fire and resulting in the early arrival of the relief directly at beneficiary level. This early assistance has been highly appreciated.

A negative example was the decision to channel all external fixators to one single hospital on the excuse that was the original plan and commitment. Greater benefit would have been achieved if, as reportedly suggested by Coof/Gaza, all health facilities providing trauma care had an early access to the first consignment of this material.

3.3 Effectiveness

Effectiveness: assessing the results achieved considering the intra- and inter-agency coordination, and considering the tension between the pre-positioning/responsiveness and the local needs and priorities.

3.3.1 Rapid Response Teams

The supplies mobilized by the RRTs, especially the one based in Cairo were particularly effective. NFIs for hygiene and shelter needs as well as canned food have been identified, purchased, packed and transported to Gaza. The personal presence of the Swiss Ambassador expedited the clearance. As a result, food parcels and hygiene kits were distributed to 7,500 families (around 40,000 people), 2,800 families received one mattress and about 1'900 plastic sheeting rolls and 1320 tarpaulins helped an undetermined number of private people with damaged houses, schools, public health institutions and farmers (greenhouses).²³ The assistance, however delayed it may have been by the Israel blockage, contributed to cover the existential needs of the population and helped to bridge the gap till commercial markets were able to resume its functions towards the end of February 2009 only.

²¹ The Situation Reports, its expected task, were discontinued.

²² The evaluators shared the observations of several actors that the Gaza population is at the same time remarkably able and proud entrepreneurs, highly dependent, and increasingly so, on external support to which they feel entitled due to perceived western responsibility in the conflict. As a result, they expect the same high quality of relief services than most developed countries.

²³ Numbers provided in some reports were not verified or even discussed by the evaluators. They will not be mentioned.

In the extent that bilateral delivery of supplies was necessary, the additional human resources especially in Cairo, were effective. If what mattered was on the actual delivery of relief and not who did it ("Swissness"), increasing SDC support to UNRWA or WFP would have been as (or more) effective considering their experience, logistic resources and continuing access to Gaza.

The RRT was less effective in view of identifying early recovery measures, due to the short time spent in Gaza and the lack of knowledge of local contexts and feasibility of proposed measures. All SDC envisaged cash interventions were finally abandoned, as either inappropriate to local customs (cash to host family) or being set up by larger actors (UNDP and UNRWA that were strongly performing in this sector). In some extent, that reflects SDC capacity to thoroughly assess options/risks before embarking on a project. Ultimately, early recovery and rehabilitation activities were those presented by the traditional development partners of SDC.

The very short duration of single RRT members have reduced the effectiveness of this humanitarian response instrument. Overlapping to introduce successors into their tasks and the overall context was not always guaranteed and handing over not always been provided. This is particularly detrimental in a complex political environment.

3.3.2 Health Assistance

- ***Distribution of medical equipment:***

On a purely medical ground, gaining access to the external fixators weeks after the occurrence of the trauma reduced its benefits for the war wounded. The immediate impact would have been wider if the RRT team had shown better judgment in distributing the first consignment among all hospitals treating war victims²⁴. The number of war injured having actually benefitted from the use of the 200 Swiss external fixators is not known but is likely to be relatively low. However, being the only such equipment available in Gaza until other donors inundated the health facilities with similar donations, the effectiveness of SDC donation was satisfactory.

- ***Family health care center:***

The rehabilitation of the Shiji'a center funded by several donors has provided primary health care to women and children. Our visit permitted to confirm the high attendance, and the quality of care and supporting services. In 2009, 2238 families were registered and 7082 patients were examined by a doctor. This multi-donor rehabilitation activity was effective and directed to vulnerable groups.

- ***Psychosocial assistance:***

The impact of the psychosocial assistance programs is unknown. Compared to other crisis contexts, this kind of punctual interventions can only have a limited impact in the experience of the senior public health expert in the team.²⁵ The evaluators raised some questions regarding the statistics offered by the GCMHP. There were neither clear criteria for inclusion

²⁴ Al Shifa hospital has still a large unused stock 18 months after. The evaluator was shown several boxes of unused material as example and told that more was in the warehouse. As there is no expiration date, they are now well equipped for a next crisis! Sharing among facilities is not common practice in Gaza.

²⁵ Conversation with one PH expert, evaluating GCMHP indicated a lack of criteria for selecting people in need, training and monitoring the volunteers and evaluating the results.

in the program nor statistics according to symptoms and psychological problems of the beneficiaries.

²⁶ The concept of “direct and indirect beneficiaries” could not be clarified: 9440 direct beneficiaries in 2320 home visits indicate that there would be 4 persons in need of psychosocial assistance in each household! The evaluators are in no position to ascertain the number of persons whose psychological status has improved as a result of this project. A distinct evaluation of GCMHP tends to confirm the need for greater monitoring and accountability.

12 months after the projects ended, the evaluators were also not either in position to verify the benefits of the psychosocial assistance provided by Sharek. However, the services offered were simpler and less ambitious (acting, drawing, writing) and the number of claimed beneficiaries is in line with the modest resources allocated by SDC.

It is finally worthwhile to note that ECHO and IFRC sponsored the development by Columbia University of 5 indicators to measure annually the effectiveness of their emergency psychosocial projects running over a multi-year period.

3.3.3 Food and NFI

SDC did not carry out any formal assessments but relied on the assessments and feedback obtained from field-based staff of partner organizations. Through this approach, SDC was

Item	Families benefitting	Individuals benefitting
Hygiene Kit	7488 (+ 1000 ²⁷)	over 55,000
Food Parcel	7220	Appr. 52,000 (3 days)
Blankets	7331	7331
Mattresses	2760	5520

able to assess the needs and design the response accordingly. The adopted method of involving local partners in the distribution process and involving community leaders in the verification of beneficiaries ensured that F&NFIs reached those in need. See table.

For example, during the first week of February 2009, PARC distributed locally purchased hygiene items to needy and displaced people at UNRWA shelters (estimated 1000 families). This took place during a time were most aid organizations have focused on the distribution of food supplies, while sanitation and hygiene issues were a more pressing need. It is worth noting that the distributed hygiene kits were gender-sensitive as they included sanitary towels for women as well as undergarments.

3.3.4 Livelihood

Three of the 41 wells repaired with SDC funding were visited. The irrigation and cultivation have been made possible reducing the food insecurity in Gaza. 245 farmers are clearly benefitting from this sizable investment (CHF 25,000 per well serving in average 6 farmers). The only concern is that the direct beneficiaries are definitely not among the poorest, the usual target of SDC humanitarian assistance. Each farmer was owner of an average of 1 Ha

²⁶ GCMHP states that “the main criterion for intervention was targeting families in the areas of military operations, putting high priority for displaced people in temporary shelters. Despite the fact that it was difficult to assess the impact of home visits intervention, GCMHP tried to record the number of beneficiaries from the community intervention.”

²⁷ SDC funded hygiene items and detergents purchased locally by PARC before the cease fire.

of irrigated land. In this case, the objective was food security and production strategy rather than emergency relief (that is humanitarian assistance to people in direct need).²⁸ The number of direct beneficiaries (individuals of families owning land) is estimated at 1700. The indirect beneficiaries are many more and include all those benefitting of the food production, marketing and consumption.

The USD 400,000 contribution to PARC for its ongoing program “From Poor Farmers to Poor Families” permitted this agency to continue its support to farmers by purchasing part of their fresh or processed products to be distributed free of cost to poor families. As indicated earlier, this successful Swiss idea had been emulated in larger scale by CARE with the funding from ECHO.

3.3.5 Multilateral support

All interviews lead the evaluators to appreciate the performance of UNRWA and the benefits for its Refugee population and most IDPs from the conflict. The contribution from SDC is appreciated for its flexibility (not earmarked) and was, in our opinion, very effective. The loss in “Swissness” and visibility may be well offset by the greater efficiency and reach of this agency.

The secondment to WFP did not work to the satisfaction of all parties and was interrupted as his expertise did not match the needs of the Agency. The expert seconded to OCHA to assist in reporting was initially tasked the preparation of the Situation reports, an important contribution. However, his reporting to duty was possible only in March and already two months later the daily Sit Reps were discontinued. For the rest of his 12 months assignment, he assumed, with success, different tasks to support OCHA role in oPt but with limited direct impact on the emergency response to the Gaza crisis, however contributing to the overall performance of OCHA.

In summary, the relevance, appropriateness and effectiveness of the single elements of the Swiss response were evaluated in the paragraphs above. However on a more global level, the strategy itself may be questioned according to the intended result under review: alleviating the sufferings. A more intensified support to its multilateral (UNRWA, ICRC etc.) and bilateral (local NGOs) partners could have been serving its purpose possibly even more adequately and more effectively without deploying the RRT/SET. The underlining of not gaining humanitarian access to Gaza through 3 RRTs requesting it at different border crossings with the personal intervention of the Swiss Ambassador was impressive and as such a case was made in terms of political pressure by the Swiss Government to show the need for establishing a humanitarian corridor into Gaza, if not to lift the blockade.

3.4 Connectedness

Connectedness: ensuring that short-term Emergency Relief is carried out taking systemic, longer-term issues into account. Assess how SDC HA expertise shifts from one proceeding (modus operandi) to another in changing contexts and transition periods.

- Strengthening the work of national and local partners.
- Turning from relief to reconstruction/rehabilitation and to development (LRRD).

²⁸ The evaluators do no question the importance to reduce the deficit in food production created by the ongoing conflict.

3.4.1 Strengthening SDC local partners

One noticeable achievement is the early strengthening of the development partners of SDC through immediate contact, funding for rehabilitating their office and equipment lost during the conflict, their selection as implementing partners (in lieu of INGO or Swiss organizations such as Terre des Hommes or other who might have been enticed to intervene). This support was particularly important in view of the severe attempt by Hamas to control or curtail the activities of some NGOs.

Preserving the civil society is probably a most effective form to assist Gaza in the long term.

3.4.2 Strengthening local Government Institutions

Strengthening the Gaza de facto authorities was not an objective of this humanitarian assistance. However, a working relationship was necessary for the delivery of humanitarian assistance. SDC implementing partners established contact with the municipalities (or Social Ministry in the case of SHAREK) to verify the list of beneficiaries and avoid duplication or gaps.

Medical care in Gaza is provided by government facilities. Second hand information was received that the Ministry of Health (MOH) considered that the external fixators should have been given to its Central Store which would have redistributed them to all facilities according to need. The MOH external relation office consulted on this matter did not express concern for this direct distribution but focused its attention and praise on the strong political position taken by the Swiss Government against the blockade. He recognized that this store was overwhelmed by the flow of donations and had no updated inventory/distribution system. The evaluators concluded that for sake of efficacy, direct donation by SDC was preferable.

3.4.3 LRRD

The SDC humanitarian response was based already on long-term partnerships with local and multilateral partners in Gaza. The trustworthy collaboration enabled not only a locally procured relief effort, but also a highly targeted response to mostly affected population, due to relying on well-rooted actors in a known context. SDC partners in this emergency are more development oriented.²⁹ As a consequence, a linking of relief, rehabilitation and development was a natural matter and it looks like sliding from one phase of response into another was successful.³⁰

However the distinction between early recovery and development actions was not always clearly stated. For example the costly rehabilitation of 41 irrigation wells of private farmers³¹ is in fact a reconstruction or development project, but is regarded as early recovery measures.

SDC/Coof invested considerable and early attention to the continuum from recovery to development.³² The cooperation with local development-oriented partners such as PARC and Sharek Youth Forum or GMCHP, but also UNRWA and ICRC contributed to a smooth

²⁹ Speaking of development in Gaza is in itself a contradiction due to the constant destruction and need for repeated restoration. The term of "reverse development" seems to be appropriate. "Damage control" may also be used.

³⁰ Annex 9 Transition and coexistence of instruments in SDC's oPt Program).

³¹ Due to the high level of destruction caused by Israeli Defense Forces while withdrawing from Gaza in January 2009.

³² SDC 2009, SDC's Program "Gaza 2009" Implementing the continuum: from Early Recovery to Development.

transition between the various activities of humanitarian assistance to early recovery and development.

In this regard, SDC followed the cluster working group on early recovery in Gaza (CWGER) recommendation to support a self-sustaining approach towards longer term reconstruction and development.

4 General Conclusions and Recommendations

The conclusions will address also some of key questions listed in the Inception Report and applicable to this specific case study.

4.1 The decision regarding the strategy and mix of means (Q 8 & 9)

The objective of the deployment of the Swiss response appeared to be in great part to express solidarity with the Gaza population and to require the respect of human rights and International Humanitarian Law. The strategy was above all political (advocacy) to increase humanitarian access. SDC or other external actors were in weaker position to directly save lives compared to trusted agencies such as ICRC and UNRWA who could, in a limited extent, enter personnel and resources into Gaza during the actual conflict.

In oPt context; SDC means especially the response teams and logistic support needed considerable flexibility and adjustment to achieve both objectives (advocacy and providing support). This has not always been present. The diplomatic interventions by the Ambassador were more effective in getting both the message and the goods through.

Members of the Rapid Response team (SET) should be selected on their adaptability to Middle East peculiar context and should include diplomatic reinforcement for the Embassy.

4.2 The coordination/consultation process (internal + external) (Q 3, 4 & 5)

Most key decisions, particularly the dispatch of the RRTs and their composition, were made in Bern with limited consultation with the COOF and Embassy. Cooperation with and input from local (national or international) staff was seen as limited. This is a rather standard procedure in RRT dispatch but was aggravated in Jerusalem by the uneasy cooperation between the incoming and local teams. The absence of the RRT from Gaza made also difficult to partners to appraise their contribution.

In politically sensitive situations, SDC Rapid Response teams should strive to work through and support the local cooperation office. The latter, more oriented towards long term development, should accept the necessity of high profile humanitarian interventions and should collaborate fully while preserving a long term view. The joint action of COOF and RRT should become the rule. Local SDC structure needs to be prepared to better support and absorb the emergency instruments.

4.3 Selection of beneficiaries

The horizontal issues of gender, vulnerability, poverty were only partially attended. Health needs of women were particularly well addressed with the rehabilitation of a Family Health Care clinic. Children benefitted directly from SDC support to Sharek Youth Forum's "30,000 Campaign". Also, distributed hygiene kits were gender-sensitive as they included sanitary towels for women as well as undergarments.

The selection of beneficiaries seems to have been systematic, with double check and monitoring by SDC local partners and cross check with the Ministry of Social Affairs. However, the criteria did not take into account the degree of poverty and vulnerability but only the extent of physical damage incurred from the military conflict. Landowners with sizable agricultural holdings obviously more visibly affected than a homeless / landless widow. The

irrigated land was rarely more than 1 Ha / family, the owners were comparatively better off than many others.

The evaluators have also observed the high level of sustained dependency on the external assistance paired with an acute sense of individual entitlement to the best quality assistance possible.³³ Collective social sharing (beyond the extended family) is weak. Accommodating this situation may not be in the long term interest of any of the parties.

The evaluators recognize the strategic importance of re-establishing food security through restoration of green houses, wells and land. However, the beneficiaries are far from being among the poorest and will draw commercial profit from this assistance.

A token contribution should be requested from the beneficiaries whenever the assistance is far beyond the alleviation of personal suffering. This assistance may be in kind (part of the crop for instance) and directly allocated to the most vulnerable among the same community.

4.4 Selection and capacity building of implementing partners

This is one of the strong points of the Swiss contribution as the capacity and assets of several local NGOs were affected physically by the Israel incursion as well as by harassment from the Gaza Government.

When possible SDC should continue to give preference to development oriented local NGOs and to pursue its practice of including capacity building support in its contribution.

4.5 Immediate response Vs development

Experts stationed in OPt stress the point that Gaza is in a permanent state of emergency and conflict, which is sporadically becoming more acute and visible.

The line between immediate response, early recovery, and development is at best blurred in Gaza. Different and conflicting classifications of projects have been offered in various SDC documents, Does for instance the continuing food assistance fall under “survival assistance” as in the case of Darfur? Or under development due to its chronic nature? Standards and criteria are not comparable³⁴. The evaluators did not attempt to offer their own classification with the risk of further complicating the picture. The views of the Coof in Gaza/West Bank are illustrated in Annex 7. They can only agree with the authors of the external review (see foot note) that considerable flexibility (elasticity in their term) is required. The evaluators noted that, in general, SDC approach is rather pragmatic.

4.6 Monitoring and reporting

The evaluators noted a lack of capacity to monitor both the quantity and quality of relief items distributed to beneficiaries through local partners. Although the partners reported with appreciation the periodic visits of the national officer, the extent of the programs did not

³³ Several comments by beneficiaries and national interlocutors were made regarding the tacit political responsibility of the western donors in the conflict and their obligation to assist.

³⁴ The “External Review of SDC’s occupied Palestinian territory Programmes” (July 2009) introduced the concept of de-development to emphasize the continuing deterioration of the situation in Gaza (the opposite of a sustainable result).

permit supervision as close as necessary with the existing human resources in Gaza. Difficult access from Jerusalem was also a factor.

The evaluators did not find evidence that monitoring was done based on a plan or minimum standards that are coherent across various activities. However, an evaluation of the distribution by Sharek was done in March 2009 and the report shared with the evaluators.

Consistency in reporting of amounts expended needs also some attention. Determining precisely how much has been spent by SDC for the emergency response to the crisis in Gaza has been particularly difficult. Official documents include different projects or contributions; some of which were planned before and would have taken place independently of the Israeli military operation.

In future situations in Gaza, some of the human resources of the RRT teams should be posted for a sustained period of time in Gaza to assist in the monitoring of the selection of beneficiaries and the supervision of the distribution.

4.7 Preparedness

The Israeli Cast Lead Military Operation started on December 27 2008 but did not come as a surprise to most of our interlocutors. What was not anticipated was its extent and scope.

In the extent that an acute conflict was expected, it is surprising that no concrete planning and preparedness measures have been taken in advance by SDC or by many local national and international partners, including ICRC. Could suppliers have been identified and material be donated prior to the closure of the access for most of the actors? Could scenarios and the need for one or several RRT teams have been discussed with local offices (Coof and Embassy) when situation deteriorated and conflict was anticipated? With hindsight, it may be easier but not necessarily constructive for external evaluators to answer those questions.

Conflicts may still burst in Gaza. SDC should increase its preparedness jointly with its implementing partners. Scenarios should be discussed.

It should also consider negotiating with UNRWA how to contribute to its stockpiling of basic items and arranging for its bilateral distribution with appropriate marking by SDC own partners. This low cost approach would reduce the need for late dispatching of SET teams and ensure rapid response and visibility.

5 Performance Scoring

SDC Quality standards	SCORE
Coherence (coordinated)	
International coordination mechanisms are established.	HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened.	S
The joint position on issues linked to the humanitarian crisis is agreed among international/national partners.	HS
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with international action.	HS
Relevance/appropriateness (<i>targeted and rapid</i>)	
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities.	S
The response strategy (instruments and means) has been decided and implemented timely.	S
The response strategy (instruments and means) has been targeted to those in the most need of support.	U
The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.	HS
The response strategy (instruments and means) is in line with the context (geographic area, type of emergency and historical, social, economic, political and cultural factors).	U/S
The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation and has realistic objectives.	S
Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly.	U
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	S
SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned.	S

Effectiveness of Emergency Response	
Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively.	S
Persons of concern – particularly children, , women, older and disabled – are safe from acts of violence, abuse and exploitation.	S
Persons of concern have access to proper sanitation services.	NA
Persons of concern have access to adequate housing (limited to provision of Plastic sheeting and Tarpaulin).	S
Persons of concern have sufficient and quality of food.	S
Persons of concern have access to primary curative and preventive healthcare services as well as health education, according to their age and physical conditions.	HS
Persons of concern have access to basic domestic and hygiene items.	HS
Persons of concern have access to safe and drinkable water.	NA
The contributions made (commodities distributed, services provided) were of suitable quality.	S
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	U
Connectedness (modus Operandi)	
The response strategy has lead to strengthening the work of national partners and local activity partners over the longer term.	HS
A strategy was outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD).	HS

Performance	DAC/ALNAP criteria	GAZA crisis situation	
		Rating	
Performance Dimension: “Planned Response”	i) Coherence (<i>coordinated</i>)	S	S
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)	S	
Performance Dimension: “Implementation Performance”	iii) Effectiveness of emergency response (<i>effective</i>)	S	S
	iv) Connectedness (<i>modus operandi</i>)	HS	

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

Justification for overall ratings:

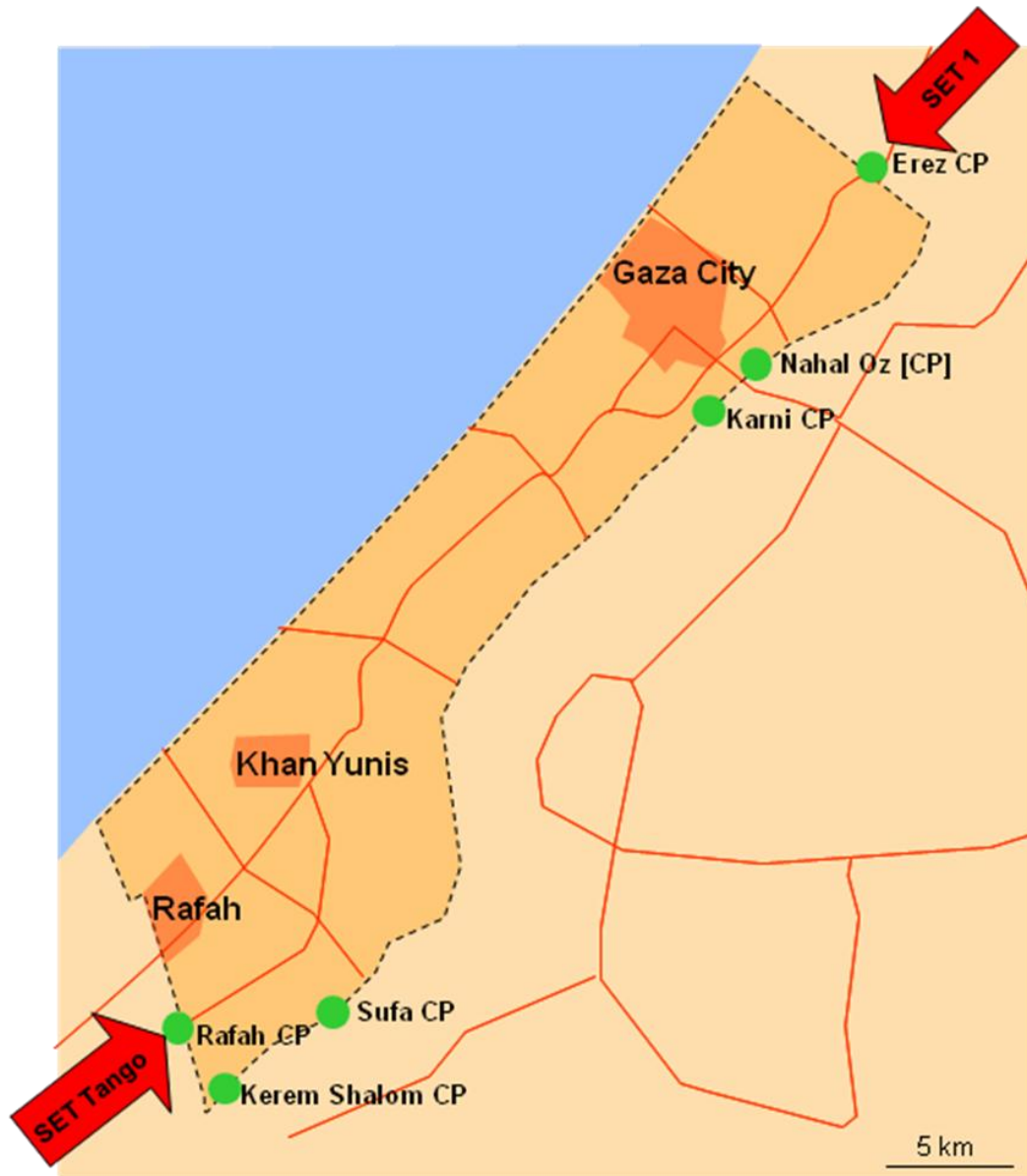
Summary of strengths	Summary of weaknesses
<p>Good coordination internationally.</p> <p>Goods were delivered relatively early compared to other donors.</p> <p>Political signals sent for respect of IHL and Human Rights due to strong support from Embassy.</p> <p>LRRD.</p> <p>Strong support to local partners.</p>	<p>RRT: lack of expertise/flexibility to crisis context.</p> <p>Absorption capacity of COOF to collaborate with RRT (poor internal coordination).</p> <p>Multilateral partners were better equipped to provide material support.</p> <p>Insufficient resources for monitoring at field level.</p>

6 Annex 1: List of Acronyms

ALNAP	Active Learning Network for Accountability and Performance
CAP	Consolidated Appeal of OCHA
CHF	Swiss Franks
Coof	Cooperation Office of SDC
CWGER	Cluster/Working Group on Early Recovery (UNDP lead)
DAC	Development Assistance Committee (OECD)
DDPS	Swiss Department for Defense Civil Protection and Sports
EC	European Commission
ECHO	European Commission Directorate General for Humanitarian Aid
EMOP	Emergency Operation (WFP)
EU	European Union
FTS	Financial Tracking System of OCHA
GCMHP	Gaza Community Mental Health Program
HA	Humanitarian Assistance
HAC	Humanitarian Aid Committee
HQ	Headquarters
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDP	Internally Displaced Person
IDF	Israeli Defense Forces
ISO	International Organization for Standardization
LRRD	Linkage between Relief, Rehabilitation and Development
NECC	Near East Council of Churches
NDC	NGO Development Center
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
oPt	Occupied Palestinian Territory
PA/PNA	Palestinian authority, Palestine National Authority
PARC	Palestinian Agriculture Development Association
PNGO	Palestinian NGO Network
RR	Rapid Response
RRT /SET	Rapid Response Team (equivalent to SET) / Soforteinsatzteam

SDC	Swiss Agency for Development Cooperation
SET/RRT	Sofort <i>Einsatz Team</i> equivalent to RRT
SHA	Swiss Humanitarian Corps
SR	Swiss Rescue
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TOR	Terms of Reference
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Program
UNHCR/HCR	United Nations High Commission for Refugee
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees
USAR	Urban Search and Rescue
USD	United States Dollar
WASH	Waster, Sanitation & Hygiene
WFP	World Food Program
WHO	World Health Organization

7 Annex 2: Map of Gaza



Access limited:

- **Rafah (Egypt):** Medical goods and personnel only
- **Erez:** Personnel only
- **Kerem Shalom:** non-medical goods (via Aouga / Nitzani for goods from Egypt)
- Nahal Oz, Karni, Sufa: closed

8 Annex 3: List of documents reviewed

1. Alex Melzer, July 2009. External Review of SDC's occupied Palestinian territory Programmes.
2. ALNAP, Deepening Crisis in Gaza: Lessons for Operational Agencies.
3. AusAID, July 2006, CAER Cluster Evaluation Pakistan Earthquake.
4. Bonn International Center for Conversion (BICC), August 2010. Der Gaza-Krieg im Bild, Occasional Paper.
5. CAP Consolidated Appeals Process (CAP) oPt 2011 Needs Assessment: MHPSS Sub Cluster.
6. Caritas Switzerland 2008. Services offered by the NECC Clinic in Shija'ia. 2008 Annual Report.
7. Caritas Switzerland 2009- Palestine: The mother child clinic in Shika'ia is being re-established.
8. Caritas Switzerland 2009. Annex I. Budget for The re-establishment of the NECC clinic in Shija'ia.
9. Caritas Switzerland 2009. Annex II. Pontifical Mission – Jerusalem. To enhance the services of NECC Clinics in Gaza.
10. Caritas Switzerland 2009. Intermediate Report for SDC and Modification.
11. Caritas Switzerland 2010. Intermediate Report for SDC and Modification.
12. Caritas Switzerland. Expenditure for NECC Clinic Shija'ia. During initial project period (Phase I).
13. DPG 2009. Humanitarian OpCom/ Development OpCom.
14. DPG 2009. Humanitarian OpCom/Developement OpCom.
15. El-Yousef, Sani 2009. Personal account- visit to Gaza 2009.
16. European Union. 2009. The European Union's Pegase Mechanism: At the service of the Palestinian population, open to all donors.
17. GCMHP 2010. Crisis Intervention, Main Achievements.
18. GCMHP January-June 2009. Semi-Annual Report – ANNEXES.
19. GCMHP January-June 2009. Semi-Annual Report.
20. Humanitarian Country Team 2009. Framework for the Provision of Humanitarian Assistance in Gaza.
21. IASC 2007. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
22. ICRC 2009. Humanitarian Crises and unsolicited medical donations: good intentions, bad practice. Lessons learnt from the Gaza Strip.
23. ICRC 2010. Land Rehabilitation Projects in Gaza 2010.

24. ICRC, August 2010. Fact Sheet, ICRC Activities in the Gaza Strip. ICRC and the Protection of Civilians in the Gaza Strip.
25. Israel Ministry of Defense 2010. The Civilian Policy towards the Gaza Strip.
26. Israel Ministry of Foreign Affairs 2010. Gaza. List of Controlled Entry Items.
27. Logistic Cluster 2009. Gaza Crisis Consolidated SITREP.
28. Middle East Council of Churches, 2010. Annual Report 2009.
29. NGO Development Center 2009. Rapid Needs Assessment of the NGO Sector to Respond to Repercussions of Israel's Offensive on the Gaza Strip.
30. NGO Development Center 2009. Wells Rehabilitation in the Gaza Strip Project. First Progress Report May 14, 2009 – June 30, 2009.
31. NGO Development Center 2009. Wells Rehabilitation in the Gaza Strip Project. Second Progress Report. July 1- September 31, 2009.
32. NGO Development Center 2009. Wells Rehabilitation in the Gaza Strip Project. Third Progress Report. October 1- December 31, 2009.
33. NGO Development Center and SDC 2009. Progress Report on the "Rehabilitation of Water Wells" Project in Gaza City and North of Gaza- As of 31/12/2009.
34. OCHA 2009. Situation Report on the Humanitarian Situation in the Gaza Strip – No. 18.
35. OCHA 2009. Special Focus. Locked in: The Humanitarian Impact of two Years of Blockade on the Gaza Strip.
36. Palestinian National Authority 2009. The Palestinian National Early Recovery and Reconstruction Plan for Gaza 2009-2010.
37. Palestinian National Authority and European Union 2009. Letter to colleagues.
38. Paltrade 2009. Gaza Private Sector. Post-War Status and Needs.
39. PARC 2009. An appeal to a co-financing program to response to the humanitarian situation in the Gaza strip.
40. PARC 2009. Programme Title: Poor Farmers to Poor Families. Progress Report for the Period from January 1, 2009 to Oct. 31, 2009.
41. PARC 2009. Project Financing Schedule.
42. PARC-Gaza. 2009. From Poor Farmers to Poor Families. Mid-term Report.
43. Pontifical Mission. The Papal Agency for Middle East relief and development.
44. Rapid Response 2008. Ereignis: Gaza, Konfliktsituation.
45. SDC 2007. Cooperation Strategy (CS) 2006-2010. For the Occupied Palestinian Territory (OPT).
46. SDC 2009. «Gaza 2009» Program.
47. SDC 2009. Änderung der Laufzeit eines Kredites No. 7F-06940.01.

48. SDC 2009. ANTRAG ZUSATZKREDIT mit Phasenverlängerung. Proposition d'un crédit supplémentaire avec prolongation de la durée. No. 7F-06828.01.01.
49. SDC 2009. Armed Conflict in Gaza: Humanitarian Crisis.
50. SDC 2009. Concept for impact assessment set-up for field tests. Short version.
51. SDC 2009. Conference in Support of the Palestinian Economy for the Reconstruction of Gaza.
52. SDC 2009. Credit Proposal No 7F- 06234.01.
53. SDC 2009. Credit Proposal No 7F- 06962.33.
54. SDC 2009. Credit Proposal No. 7F- 06236.01.
55. SDC 2009. Credit Proposal No. 7F- 06727.01.
56. SDC 2009. Credit Proposal No. 7F- 06828.01.
57. SDC 2009. Credit Proposal No. 7F- 06834.01.01.
58. SDC 2009. Credit Proposal No. 7F- 06962.33.
59. SDC 2009. Credit Proposal No. 7F-06835.01.01.
60. SDC 2009. Credit Proposal No. 7F-06940.01.
61. SDC 2009. Das Engagement der DEZA in Gaza und in der Westbank.
62. SDC 2009. Gaza's Farmers Unable to Recover from Operation Cast Lead. Despite pledges, agriculture community still suffers from lack of funding, inputs, movement and cash.
63. SDC 2009. Humanitäre Hilfe Gaza.
64. SDC 2009. Informationsnotiz. Int. Konferenz zur Unterstützung der palästinensischen Wirtschaft und des Wiederaufbaus des Gazastreifens.
65. SDC 2009 Report On external and internal fixation (M. Haboush and S. Borel) March 2009.
66. SDC 2009. International Conference in Support of the Palestinian Economy for the Reconstruction of Gaza, Sharm el Sheikh.
67. SDC 2009. Monitoring Report. On relief goods distributed in the Gaza Strip.
68. SDC 2009. Pflichtenheft SET 1 Gaza.
69. SDC 2009. Pflichtenheft SET 2 Gaza.
70. SDC 2009. Pflichtenheft SET Tango Gaza via Rafah.
71. SDC 2009. Politikfragen 10. Dezember 2009. Traktandum 2: Strategic Framework Middle East 2010-2014.
72. SDC 2009. Proposition d'un crédit supplémentaire No. 7F-02784.05.61.
73. SDC 2009. Protokoll Debriefing vom 6. März 2009. Auswertebereicht Einsatz Gaza, Januar 2009.

74. SDC 2009. Protokoll Politikfragen. Traktandum: Strategic Framework Middle East 2010-2014.
75. SDC 2009. Rapid Response Team 2 (Cairo) Emergency help for people in Gaza strip bz SDC ex Cairo
76. SDC 2009. SDC's Program «Gaza 2009» Implementing the continuum: from Early Recovery to Development.
77. SDC 2009. SDC's Programm «Gaza 2009». Implementing the continuum: From Early Recovery to Development.
78. SDC 2009. Swiss Humanitarian Aid during the Gaza Crisis.
79. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports SET 1 13.01.2009 – 02.02.2009.
80. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports SET 2 16.01.2009 - 09.02.2009.
81. SDC 2009. Swiss Humanitarian Aid of the Swiss Confederation. Daily Situation Reports SET Tango 23.01.2009 – 24.01.2009, 29.01.2009.
82. SDC 2010. Credit Proposal No. 7F-06835.01.01.
83. SDC 2010. Jahresprogramm 2010. Abteilung Europa und Mittelmeerraum.
84. SDC. Overview: SDC response to Gaza Crisis 2008/2009.
85. SDC. SDC Strategic Framework for the Middle East 2010-2014.
86. Sharek Youth Forum 2009. "30,000 Campaign" – Emergency Response & Early Recovery in the Gaza Strip. The International Conference in Support of the Palestinian Economy for the Reconstruction of Gaza. 2009. Conclusions by the Chair.
87. Sharek Youth Forum 2009. Emergency Relief Gaza. Intermediate Operations Report. February 1 – March 15.
88. Thabet, A. et al 2009. Effectiveness of counseling settings in reduction of the emotional reactions and psychological violence among children in the Gaza Strip (abstract in English).
89. Thabet, A. et al 2010 "Death anxiety, PTSD, Trauma, grief, and mental health of Palestinians victims of War on Gaza".
90. Thabet A. et al 2010. Trauma, grief, and PTSD in Palestinian children victims of War on Gaza.
91. Thabet, A. et al 2010 The Impact of therapeutic intervention on increasing capabilities and efficiency of patients referred to Gaza Community Mental Health Center January 2009- December 2009.
92. The Private Sector Coordination Council. 2009.
93. The World Bank Group 2009. International Conference In Support Of The Palestinian Economy For The Reconstruction Of Gaza.
94. UN World Food Programme 2009. Situation Report on the crisis in Gaza.

95. UNDP 2009-2010, Programme of Assistance to the Palestinian People.
96. UNDP. ONE Year After. Report. GAZA. Early Recovery and Reconstruction Needs Assessment.
97. UNEP 2009. Environmental Assessment of the Gaza Strip. Following the escalation of hostilities in December 2008 – January 2009.
98. UNFPA and Fafo. Living conditions in the Gaza Strip. During Israel's military campaign in the winter 2008/2009. Evidence from interviews with 2,000 households.
99. United Nations. Voicing the needs of Women and Men in Gaza. Beyond the aftermath of the 23 day Israeli military operations.
100. UNRWA. Updates Quick Response Plan for Gaza: An Assessment of Needs Six Months After the War.
101. URD 2009. Evaluation of the DG ECHO Partnership with UNRWA.
102. WASH Cluster, 2010. WASH interventions in the Gaza strip – 1 Jan -15 July 2010.
103. WFP 2010, The humanitarian impact of Israeli-imposed restrictions on access to land and sea in the Gaza strip (Aug 2010) WFP 2010. Basic Fact Sheet – WFP Operations in the Gaza Strip: EMOP 10817.0.
104. WFP 2010. SUMMARY Evaluation report OCCUPIED PALESTINIAN TERRITORY PROTRACTED RELIEF AND RECOVERY OPERATION 103871 submitted at the WFP Executive Board.
105. WHO 2009. Initial Health Needs Assessment. Executive Summary.
106. WHO 2009. Medical equipment in Gaza's hospitals. Internal management, the Israeli blockade and foreign donations.

9 Annex 4: List of contacts

Name	Organisation	Position	Contact
ABDELHADI, Munther	NGO Development Center (NDC)	Program Officer	mabdelhadi@ndc.ps
ABDELRAHMAN, Samah	ICRC Gaza	Field Officer	Gaz_gaza@icrc.org
ABUAMERA, Youseif	SHAREK	Field Coordinator	Youseif.amra@sharek.ps
ABUATTA, Neda'a	Palestinian Agriculture Development Association (PARC)	External Relation Department	iraqstinienne@hotmail.com
ABUJEYAB, Ibrahim	Palestinian Agriculture Development Association (PARC)	Human Recourses & Financial Manager	ebrahim@pal-arc.org
ABUHAMAD, Bassam	Free lance	Evaluation Consultant for GCMHP	ghsrc@yahoo.com
ABUSHAHLA, Hussein	Palestinian Agriculture Development Association (PARC)	Accountant	Hussein@pal-arc.org
ABU SHAMMALEH, Ahmed	UN OCHA	Humanitarian Affairs Assistant	abushammaleha@un.org
ABUTAWAHINA, Ahmed	Gaza Community Mental Health Programme	Director General	amal@gcmhp.net
AL-BAYARI, Hamada A.	UN OCHA	Humanitarian Affairs Analyst – Gaza	Al-bayari@un.org
ALSAADONI, Ashraf	ICRC Gaza	Field Officer	Gaz_gaza@icrc.org
AMSTAD, Barbara	ICRC	Head of mission, Jerusalem	Jer_jerusalem@icrc.org
BAYYARY, Hamada	OCHA		al-bayari@un.org
BEYTRISON, Stephane	ICRC	Head of sub-delegation	sbeytrison@icrc.org
BOULATA, Terry	SDC	National Program Officer	Terry.boullata@sdc.net

CAIVEAU, Hervé	ECHO	Head of Office	Herve.caiveau@echo-jerusalem.org
CARERA, Mario	FDFA	Office of the Special Representative for the Middle East	mario.carera@eda.admin.ch
CLARKE, Kirrily	ICRC	Health Program Officer	Gaz_gaza@icrc.org
DABAGH, Constantine S.	Near East Council of Churches (NECC)	NECC Executive Director	necc@neccgaza.org
DAHER, Mahmoud	World Health Organization	National Health Officer, OiC for Gaza sub-office,	mda@who-health.org
DE PICCIOTTO, Giancarlo	SDC COOF	Coordinator	Giancarlo.Depicciotto@sdc.net
GENTILE, Jean Noël	World Food Program	WFP Gaza Head of office	Jean-Noel.Gentile@wfp.org
GHALEENY, Alaa	NGO Development Center (NDC)	Gaza Program Manager	aghalayini@ndc.ps
GHAZALI, Youseff	Gaza Community Mental Health Programme (GCMHP)	Finance Officer	yousef@gcmhp.net
HABOSH, Mohammed	SDC	Logistics Officer during the emergency	Jamal@JamalSons.com
HAFFNER, Walter	Swiss Embassy, Tel Aviv	Ambassador	Walter.haffner@eda.admin.ch
HANTZ, Olivia	WFP / Jerusalem	Head of External Relations	Olivia.hantz@wfp.org
LAURANCE, Tony	WHO/Jerusalem	Representative	tla@who-health.org
MAHMUTI, Bekim	WFP	WFP oPt Head of Logistics	Bekim.Mahmuti@wfp.org
MANNA, Elyyas	Near East Council of Churches (NECC)	NECC Chairman of the Board	necc@neccgaza.org
MARION, Laurent	UNDP	Early Recovery Advisor	Laurent.marion@undp.org

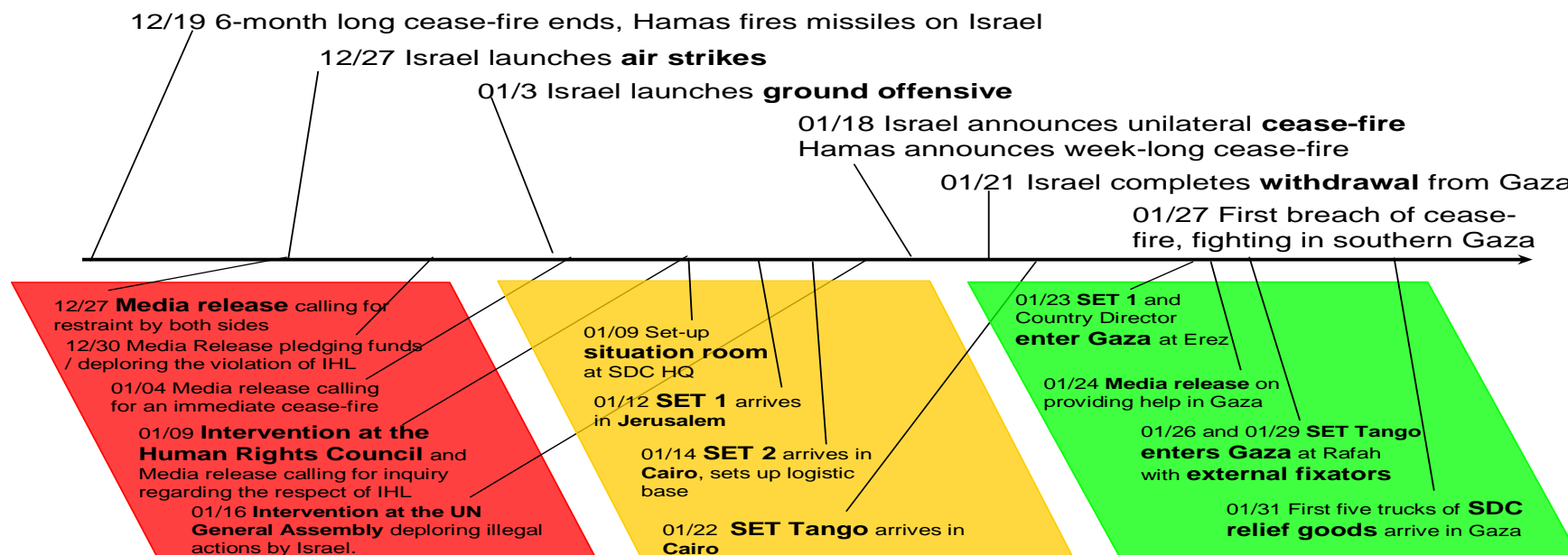
NOUNOU, Husam	GCMHP	Deputy Director General for Administration	pr1@gcmhp.net
O'LEARY, Aiden	UNRWA	Deputy Director, Operations	a.o'leary@unrwa.org
RAMADAN, Mohamed	ICRC	Health Field Officer	Gaz_gaza@icrc.org
RUTTIMAN, Lukas	SDC	Deputy Head of Office	Lukas.ruettimann@sdc.net
SALEM, Ebtisam	PARC	Project Manager	etbsal@hotmail.com
SANDOUKA, Rana Warrad	SDC	National Program Officer	Rana.sandouka@sdc.net
SEQLI, Ala'	PARC	Information Office	alaa@pal-arc.org
SEVEKARI, Prasad	UNICEF	WASH Cluster Coordinator , Jerusalem	psevekari@unicef.org
SHAATH, Moheeb	SHAREK	Gaza Executive Director	moheeb.shath@sharek.ps
SHAATH, Said	ICRC	Field Officer	Gaz_gaza@icrc.org
SHAQOURA, Mazen	SDC	National Programme Officer	Mazen.Shaqoura@sdc.net
SHAWA, Arafad	Palestinian NGO Network (PNGO)	Director General	pngopal@hotmail.com
SHURAFI, Alaa	NGO Development Center (NDC)	Program Officer	ashurafa@ndc.ps
SOURANI, Ahmed	PARC	External Relation Officer	a.sourani@ids.ac.uk
TARAZI, Issa	NECC	NECC Treasurer	necc@neccgaza.org
TRIVES, Sebastien	UNRWA	Emergency Operations	s.trives@unrwa.org
WILLEY-AL'SANAH, Rosemary	OCHA	Head of Field and Coordination Unit	Willey-alsanah@un.org

YAGHI, Aed	Palestinian Medical Relief Committee	Director of PMRC	Pmrs.gaza@gmail.com
YOUNIS, Issam	Al Mezan Centre for Human Rights	Director General	issam@mezan.org
ZOLL, Patrick	SDC/OCHA (Formerly)	Seconded for Reporting	pzo@who-health.org

10 Annex 5: Chronology of events



Chronology of Events



11 Annex 6: Results of the Focus Groups

1. The context

Between 27 December 2008 and 18 January 2009, Israel conducted the most destructive military assault in Gaza's history. Tens of thousands lost their homes and livelihoods in the bombardment and the subsequent ground force invasion. The assault followed an 18-month closure of Gaza's borders, which was itself an extreme manifestation of a policy of access and movement restrictions that the Israeli Government has imposed upon Palestinians since the early 1990s. The closures had crippled the Gaza Strip, leading to unprecedented rates of poverty (80%), unemployment (46%)³⁵, and hardship amongst Gaza's 1,500,000 residents. In that context, the delivery of humanitarian assistance, quick response plans and emergency response projects became a pressing priority to mitigate the worst impacts of the crisis and to assist and protect those in need, including targeted support for particularly vulnerable groups.

2. Methodology

Four focus group meetings using open-end questions targeting a total of 50 beneficiaries (19 female and 31 male) to evaluate the perceived outcomes of the SDC supported initiatives at the beneficiary level. Three types of interventions were identified: distribution of hygiene kits with Sharek and PARC, distribution of plastic sheets with PARC and rehabilitation of water irrigation wells with NDC. Projects selection was organized in consultation with SDC. Identification of F&NFIS beneficiaries was only possible through cooperation from partners due to the long period of time elapsed since the initial emergency relief (early 2009). This might have added the possibility of some bias in sample selection for focus groups. When possible, a special attention was given to having a gender-balanced representation in each focus group.

	FG 01	FG 02	FG 03	FG 04
Date	Sept. 22,2010	Sept. 23,2010	Sept. 23,2010	Sept. 23,2010
Location	North Gaza	North Gaza	Gaza	Gaza
Support received	Distribution of hygiene kits	Distribution of hygiene kits	Distribution of Plastic Sheets	Rehabilitation of water wells
Partner	SHAREK Youth Forum	PARC	PARC	NDC
Participants	Total: 15 Female: 12 Male: 3	Total: 16 Female: 7 Male: 9	Total: 10 Female: 0 Male: 10	Total: 9 Female: 0 Male: 9

Needs Assessments and Beneficiaries Consultation

A. F&NFI Distribution: Overall, there were censuses among the participants in the FG on the fact that they were consulted and asked about their needs. This consultation was done through representatives and field-based staff of partner organizations and active community committees. The participants were not clear on the exact timing of these consultations, however most of them confirmed that they took place during the first two weeks of February as access and movement has improved.

B. Wells Rehabilitation: All the participants confirmed that they were subject to a thorough assessment done by the Ministry of Agriculture. Through these assessments encountered damages to their lands, crops and irrigation wells were documented. Later-on and prior to

³⁵ www.undp.ps/en/newsroom/publications/pdf/other/dtemp.pdf.

any work on the wells rehabilitation, the participants confirmed that they were visited by a team of engineers from implementing NGO partners (Palestinian Hydrology Group - PHG, Ma'an Development Center, and the Union of Agricultural Work Committees - UAWC). The visits aimed to re-assess their needs, estimate the magnitude of the damage and investigate eligibility to benefit from the project. Assessments were made against preset criteria that included among others the ownership of a legally registered well that was damaged during the war. All the participants were aware of the selection criteria.

Received assistance relevance and appropriateness

A. F&NFI Distribution: All the participants in the three FG confirmed that the provision of hygiene kits and plastic sheets were both relevant and appropriate. The direct distribution of NFI's was considered to be fair, met the beneficiaries' immediate needs and help ease some of the suffering. Overall the method for distribution received positive comments from the FG participants, as they found it to be timely, appropriate and the distributed items were overall of good quality. Reference was made to poor quality detergents, shampoo and diappers. Furthermore, the kits took into account female needs and included some children toys.

B. Wells Rehabilitation: 77% of the participants in the FG were owners of totally damaged water irrigation wells as a result of the last war on Gaza. All participants found the received assistance highly relevant and appropriate as it met an urging need and they were highly appreciative of the received assistance. With the exception for one participant, all participants have indicated that they would not have been able to rehabilitate their wells at that time due to financial difficulties, lack of access to required material and the high cost of rehabilitation.

Effectiveness of the received assistance and beneficiaries' satisfaction

A. F&NFI Distribution: Due to the lapse in time and the massive number of agencies that had provided F&NFIs during the war, some of the participants in the FG had some difficulty in recalling the distributed kits (mainly those for the food items). However, the participants of both FG for beneficiaries of hygiene kits said that the quality of the provided items was good (with the exception for the detergents and shampoo) and met their needs. The inclusion of "Dettol" an antiseptic liquid disinfectant and sanitary towels for women were highly apprized by the beneficiaries mainly those at the UNRWA shelters. This was highly appreciated by the beneficiaries as very few organizations were distributed such highly needed items.

Some (less than 4% and all men) of the participants in the FGs said that they would have preferred vouchers or money rather than direct distribution F&NFIs as it would have allowed them more freedom to purchase items that that they needed. The vast majority of the participants indicated that they have preferred the direct distribution as at the time of distribution, many of the items included in the kits were either not found in the market or highly expensive and they could not have afforded buying them.

The beneficiaries of the plastic sheets were highly appreciative of the received assistance. The provided plastic sheets used for rehabilitating their green houses, chicken coops and in some cases broken windows in their homes came at a time were no other aid organization was distributing such materials. The participants indicated that the provision of these plastic sheets enabled them to plant for the next season, contributed to securing their livelihoods and allowed them to focus their limited resources on other important activities.

B. Wells Rehabilitation: The participants of the FG indicated that they did not have the financial capacity to rehabilitate their damaged wells. Most of them were buying water by tanks to irrigate their plants which added a considerable financial burden as they had to

manually irrigate their lands which added labor and time cost. All the participants confirmed that the received assistance enabled them to save their lands from drought and secure livelihoods. Some has also indicated that due to the well rehabilitation they are now planning to plan and rehabilitate more land.

12 Annex 7: Global Questionnaire and its results in Gaza

Out of the 50 persons met, only 26 felt familiar enough with SDC activities or authorized to fill in the questionnaire.

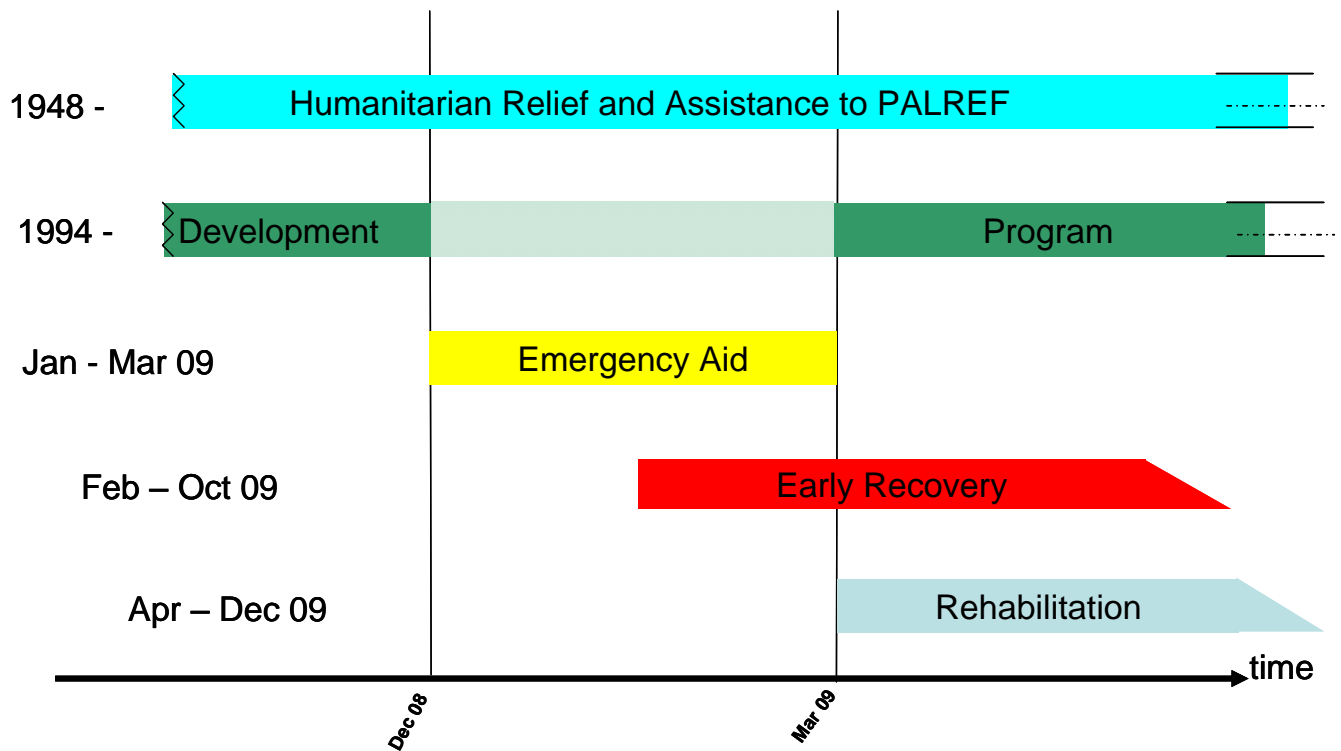
	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Sub total	No answer
1	Clear definitions and concepts	9	15	0	1	0	25	2
2	Clear criteria to determine strategy	4	15	4	0	0	23	4
3	Good cooperation between SDC, partners and Multi	9	13	1	1	0	24	3
4	Consultation prior making key decisions	5	15	3	2	0	25	2
5	Consultation is NOT essential for life saving response	1	5	4	7	7	24	3
6	Decisions based on needs assessments	5	15	4	1	0	25	2
7	NO other agency could provide services delivered by SDC	1	4	5	13	2	25	2
8	The response was timely	8	13	3	0	0	24	3
9A	Rapid Response was appropriate in general	4	9	2	0	0	15	12
9B	Medical assistance	1	11	4	0	0	16	11
9C	WASH	1	9	6	1	0	17	11
9D	Food assistance	5	13	2	0	0	20	7
9E	NFI/Shelters	6	10	4	0	0	20	7
10	Monitoring using written standards	4	9	7	1	0	21	6
11	Strengthening the capacity of authorities	7	7	7	1	1	23	4
12	Strengthening the capacity of local NGOs	10	9	6	1	0	26	1
13	Planning for early recovery/ rehab is a priority from the start	10	12	1	1	0	24	3

13 Annex 8: Program of the workshop

Tuesday 28 September 2010

09:15 – 09:20	Opening of the meeting by Giancarlo de Picciotto
09:20 – 09:35	Short presentation of the Participants and of their agency activities in the aftermath of the Gaza Crisis
09:35 – 09 45	SDC Approach to Evaluation by Valérie Rossi
09:45 – 10:30	Presentation of the methodology and results of the evaluation
10:30 – 10:45	Coffee Break
10:45 – 11h45	Discussions
11:45 – 11:50	Wrap up
11:50 – 12:00	Closure by Giancarlo de Picciotto

14 Annex 9: Transition and coexistence of instruments in SDC's oPt Program in view of Gaza³⁶



³⁶ SDC 2009, SDC Gaza 2009 - Implementing the continuum: from Early Recovery to Development.

ANNEX 8: Desk Study Sumatra

Table of Contents

1	Coherence (Coordination)	2
2	Relevance / Appropriateness	4
3	Effectiveness	8
4	Connectedness	10
5	Conclusions	11

1 Coherence (Coordination)

Coordination mechanisms are established

The Swiss Response to the Padang Earthquake in Sumatra, Indonesia was coordinated with UNOCHA and its relevant disaster instruments UNDAC and INSARAG right from the beginning following the first alerts after the earthquake hit. Decision on the deployment of the Swiss Rescue was based on coordination with UNOCHA. Through logistical support provided¹, the UNDAC Coordinator reached rapidly the disaster site and was enabled to timely set up the OSOCC. SDC provided substantial support to the UN coordination system complementing the Indonesian Government's lead in coordinating emergency response efforts.

As a soon as the Cluster System was put in place, SR members and the dissected RRT/SET participated actively, contributing to the UN coordination efforts.

The coordination with partners:

- *Was the coordination/cooperation with local and Swiss partners strengthened?*

Local partnerships were only built up during the Sumatra response through the deployed SR and the RRT/SET. Following the Swiss Search and Rescue mission, the Government of Indonesia has been seeking support by SDC for capacity building of their own USAR capacities.²

The activation and deployment of the Swiss Rescue has significantly strengthened the partnership of all Swiss partners being part of this "rescue chain", such as the Swiss Seismological Service SED, the Swiss Air Rescue REGA, the Swiss Search and Rescue Dog Association REDOG, Swiss Army/Rescue Troops, the Swiss Red Cross SRC, Swiss International Airlines and Airport Zurich AG as well as the Swiss Humanitarian Aid Unit SHA.

- *Was the coordination/cooperation with multilateral partners strengthened?*

As mentioned above the coordination and cooperation with UNOCHA and its elements UNDAC and INSARAG could be especially strengthened in the Sumatra earthquake response. Exchange with IFRC holding the lead in the disaster response of the Red Cross and Red Crescent Movement has been sought on a regular coordination level.

Joint position with international community

Was the joint position on issues linked to the humanitarian crisis agreed among international/national partners?

In Sumatra, the Swiss Rescue jointly ceased with all present international USAR teams activities according to INSARAG guidelines and following the decision of the Government of Indonesia to stop search activities.

¹ UNDAC Coordinator Winston Chang was on board the REGA flight with the advance detachment of the SR reaching Padang on October 2nd, 2010 as first search & rescue team (The entire Japanese USAR team arrived in between the Swiss advance detachment and the full size staff SR some hours later).

² Negotiations between SDC and Government of Indonesia are still pending, also due to already bound capacities for training and certification of other national USAR teams.

SDC action in line with international action

Was SDC response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) in line with international action?

The Swiss response to the Sumatra earthquake complied with the international action with the chosen strategy of deploying its USAR capacities as well as spinning off a RRT/SET for conducting needs assessments in the rural areas outside Padang and providing relief items for survival assistance.

2 Relevance / Appropriateness

Response to needs

Is the response strategy (i.e. the instruments chosen, the mix of bilateral and multilateral actions and means deployed) in line with local needs and priorities?

Responding to the earthquakes in Sumatra was driven out of the will to save lives and show solidarity with the affected population. Deploying the Swiss Rescue to contribute to and complement the local search and rescue efforts were in line with the pressing immediate needs on site in the hit area in Padang. It was relevant based on the information available upon decision making to mobilize the SR to provide support and hope to the people in need, presumed buried alive in the rubble. Priorities were set rightly trying to rescue people, but also in its decision to cease SAR and withdraw once necessary and requested.³

Timeliness

Was the response strategy decided and implemented timely?

Timeliness is a relative concept depending on the urgency and short life of the needs. USAR is the most time sensitive activity with a fast diminishing return.

The decision to deploy the SR for a Search and Rescue mission to the Earthquake affected Padang in Sumatra was taken less than 20 hours after the first earthquake hit. A certain delay derived from the inconsistent state of information from the site as well as due to the hesitation of the Indonesian Government to appeal for international assistance. SDC offered its ISO certified USAR to Indonesian representatives, which was accepted and appreciated due to this quality standard. The small advance detachment of the SR arrived as first international USAR team on the spot. Accompanied by the UNDAC coordinator, who could set up immediately the OSOCC in coordination with LEMA (Local Emergency Management Authority, here the Governor of West Sumatra), the advance SR unit could provide during their 1st needs assessment conducted technical advice to a local rescue team, leading to the rescue of one person alive.

47 hours after the earthquake the first search team was operational at an allocated site, the first rescue team became operational after 51 hours. Certain obstacles had to be overcome in importing the rescue material. Given the administrative, diplomatic and logistical adversity, the relatively short time in which the SR was mobilized, deployed and operational is impressive and outstanding. The SDC set standard to deliver assistance within 72 hours following an emergency was well respected. However, the crucial time for rescuing people alive out of the rubble within the first 50 hours after being buried in the debris could only scarcely be achieved. The consequence was for all of the international USAR teams on the spot the same, no person was rescued alive and only few corps could be recovered.

Relief assistance delivered by the SDC RRT/SET was timely as it was among the first in the selected location of Pariamen.

³ The further rapid response provided by the RRT/SET is beyond the scope of this evaluation as defined by the Approach Paper.

Targeting those most in need

Were the instruments and means targeted to the “injured” in the most need of support?

Within the Sumatra earthquake response, the SR operation was targeting naturally and initially the people most in need for assistance, being those trapped under the rubble. Coming to rescue those buried presumed alive under the debris is not only a potential chance for this primary beneficiaries, but also for those being affected as family, friends and neighbors. The arrival of a USAR team in the zone of disaster purely provides a glimpse of hope and support to the affected population as a whole.

For relief efforts, following the search and rescue activities, the most vulnerable households have been identified by Indonesian authorities to which relief items have been transferred by the RRT/SET. Medical support (IDA emergency kit) reached a regional referral hospital in dire need for basic medical equipment.

Crosscutting issues

The pertinence of cross-cutting issues is generally not given for a USAR operation such as in the aftermath of the Sumatra earthquake. The protection of the Chinese minority became an issue, as Government officials and USAR teams were blamed to disregard their quarter for search and rescue activities. Subsequent relief efforts were implemented through local authorities and organizations targeting the most vulnerable households. Available reporting however does lack an acknowledgement of considering cross-cutting issues.

Adaptability to context

Was the response strategy in line with the context (Geographic area, type of emergency and historical, social, economic, political and cultural factors)?

Despite the climatic challenges, the Swiss Rescue could well operate in the local context of the Sumatra earthquake. The SR adapted easily to the local structures and immediately coordinated well with the Government officials leading the emergency relief efforts. Once LEMA has called off the search and rescue, SR ceased its activities, withdrew and dismantled within shortest time. The flexible SDC logistics and Swiss Air enabled a rapid departure of the entire SR team.

The spin off of the RRT/SET out of the SR in light of the lingering chance to rescue persons alive expressed a necessary adaptability to the context. The RRT/SET could not only conduct a needs assessment in the medical, shelter as well as water & sanitation field, but was capable to initiate first relief measures as a survival assistance. SDC was able to not only provide USAR capacities, but also deliver actually assistance required.

SR and RRT are considered as two different instruments of the response strategy, with different activations mechanisms and criteria. The experience in Sumatra is suggesting that maintaining a strict distinction may not be opportune.

Explicit objectives and realistic selection of beneficiaries

Did the response strategy (instruments and means) explicitly identify beneficiaries in number, type and allocation and has realistic objectives?

When taking the decision to mobilize the SR for the population being affected by the earthquake in Sumatra, the objective for the deployed SR team was clearly first to save lives while secondarily expressing solidarity and humanity of the Swiss population. The realism of expecting significant number of persons being saved by for foreign rescue teams in distant countries can be questioned in light of the poor return from past international operations. For decades, almost all persons rescued alive have been saved by relatives, neighbors or local rescue services. Those local services have improved dramatically in many countries thanks to the example and support from those foreign teams.

The objective to provide certain survival assistance through the RRT/SET appears also to be realistic, as basic needs for a targeted population could be covered in medical, shelter and NFI perspective. It is not, however, part of this evaluation focusing in Sumatra on one single instrument: the SR.

Adaptability to change

Were changes in the context monitored and the response strategy (instruments and means) adjusted accordingly?

Due to the short duration of the USAR activity, this question is not applicable for the evaluation of one single instrument. However, SDC has proven its overall adaptability to change, given the decision to deploy a RRT/SET to conduct needs assessments and initiating first survival assistance measures outside of Padang (in Pariamen) taking into consideration the number of international humanitarian actors in Padang and the diminishing chance to rescue persons alive. The full size deployment of the SR enabled such a decision, while still being fully operational for the search and rescue activities.

Monitoring and evaluation

Did the M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance?

Within the ongoing search and rescue activities of the deployed SR team in Sumatra, monitoring was considered as part of quality control.

Lessons learned

Did SDC ER policies, organisational structure, culture and M&E, systems favour change/willingness to innovate in response to lessons learned?

The rare occasions of activating the costly SR are considered while concentrating more and more on capacity building of local rescue teams, assisting them in their certification.⁴ This capacity building function can only be pursued while holding an own functional USAR team. It is well understood that the SR holds a certain insurance character comparable those to the communal fire brigade.

⁴ SDC has already approved capacity building measures of the USAR teams in China, Turkey, India, Jordan, Pakistan, Peru and Morocco.

Nevertheless, it seems like that the size of the SR, its maintenance costs considering on one side the rare deployment (Sumatra in 2009 was the first one following the Algeria earthquake in 2003) and on the other side the secondary benefits as well as its increasingly low anticipated effectiveness are openly accepted as a matter of discussion within SDC.

The humanitarian requirement to ensure also a transition from search and rescue to relief efforts has been acknowledged and will be further on considered.

Necessary measures identified to improve the operational capacities of the SR have been reported already taken within the immediate scope of the mission in Sumatra. The multi-sector functionality of the advance detachment will be enhanced as well as the lived necessity to deploy an independent RRT/SET with an SR team to ensure alongside needs assessment to be conducted and immediate assistance delivered to those vulnerable ones having survived the disaster.

3 Effectiveness

Lives and sufferings alleviated

In what extent lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively?

Within the Sumatra context, it has to be clearly stated that lives could not be saved by the deployed SR or by any other international USAR, however recognizing that already a brief technical advice by the SR advance detachment led to the rescue of one person alive through local rescuers. Expressed solidarity and humanity by experiencing international search and rescue assistance cannot be disregarded, as it fosters hope and confidence for the entire affected population of being supported and not left alone when disaster strikes. The psycho-social benefit for the survivors is significant.

An important consideration is that in Sumatra, there was no life saving alternative for the international community as, in among other things, the level of medical services in the province was acceptable.

The relief efforts enrolled by the RRT/SET could contribute to an alleviation of suffering of survivors in the target area of Pariaman.

Safety from abuses

In what extent persons of concern – particularly children, women, older and disabled – are safe from acts of violence, abuse and exploitation?

This is non-applicable for the earthquake context in Sumatra.

Access to sanitation services

In which extent, persons of concern have access to proper sanitation services

This is non-applicable for the USAR context in Sumatra.

Access to housing

In which extent, the persons of concern have access to adequate housing (in this case temporary shelter)?

This is non-applicable for the USAR context in Sumatra, the only aspect and instrument covered by this evaluation. However, for sake of information, more than 135,000 houses⁵ have been severely damaged, leaving equivalent numbers of families/persons homeless. The distribution of some 4,000 plastic sheeting and the tools for approximately 300 households through the RRT could at a very early stage provide support in improving the housing situation. The deployment of the SR with a certain quantity of relief items (among others plastic sheeting) enabled an immediate response to the people in need for transitional shelter.

Access to food

In which extent, the persons of concern have sufficient and quality of food?

This is non-applicable for the USAR context in Sumatra.

⁵ Xinhua News Agency, Jakarta, October 14th on Death Toll from Indonesia quake put at officially 1,117.

Access to health care

In which extent persons of concern have access to primary curative and preventive healthcare services as well as health education, according to their age and physical conditions?

This is non-applicable for the USAR context in Sumatra, however it has to be reported, the donation of an IDA emergency kit to the Hospital in Pariamen by the RRT/SET in the Sumatra earthquake response, providing emergency health care for up to 10,000 patients, did significantly contribute to increasing health care for a certain time.

Access to hygiene items

In which extent, persons of concern have access to basic domestic and hygiene items?

This is non-applicable for the USAR context in Sumatra, however the relief efforts in Sumatra included the one time distribution of 2,000 hygiene sets and 3,200 jerry cans to vulnerable households. Its effectiveness was not evaluated.

Access to safe water

In which extent persons of concern have access to safe and drinkable water?

This is non-applicable for the USAR context in Sumatra, however The need for cleaning and purification of damaged wells was identified by the RRT in the Sumatra earthquake context, however not pursued as a Swiss response activity but proposed to the local water authority, who were not too enthusiastic about it, but rather expressed need for support improving the water supply system through water pipes.

Quality of contributions

Were the contributions made (commodities distributed, services provided) were of suitable quality?

The SR deployed to the Sumatra Earthquake has been certified for its quality of performance with the ISO seal in 2007 and is accepted or requested for its service due to this quality proof.

Monitoring and evaluation of the performance

Did the M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance?

Please refer to section 3.2.8. of the main report.

4 Connectedness

Strengthening SDC local partners

Has the response strategy lead to strengthening the work of national partners and local activity partners over the longer term?

The need to build up further local search and rescue capacities became obvious in the Sumatra context. The Indonesian Government is appealing for a relevant support through the Swiss Rescue and SDC. Up to now only expression of interests are placed but no further actions have been taken so far, also due to a high demand and level of commitment to other national USAR teams in training or certification with support of SDC.

LRRD

Was a strategy outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD)?

In general, this is non-applicable for the USAR context in Sumatra.

The expression of linking phases of relief with subsequent necessary actions might be extended for the need to link also search and rescue activities, when relevant, with survival assistance. This was achieved in the Sumatra context, as Swiss Rescue could extend its services to relief measures. Unanimously this has been identified as a crucial requirement for all further SR operations, to deploy with an independent RRT capable conducting needs assessment and initiating immediate available survival assistance. This intervention contributed, perhaps constructively, to blur the artificial distinction between SR and RRT as two distinct instruments.

5 Conclusions

Diversity of instruments

The impact of the Emergency Relief cannot be ensured by SR only due to its very low effectiveness in past years. However, it can be increased when deploying simultaneously an independent RRT for conducting needs assessment of the surviving population and providing first relief measures for survival assistance, ensuring the transition from rescue to relief. The flexibility shown to change the status of the advance SR team to an advance RRT shows the potential for adaptability of a multi-purpose set of experts of poly-faceted complimentary backgrounds.

Local response capacities for search & rescue

Timeliness is crucial for any USAR operation, however cannot always be maintained due to distance or lacking/delaying of host governmental approval prior to departure. Only local search and rescue capacities can ensure an immediate deployment when disaster strikes and increase the chance for survivors buried in the rubble.

The INSARAG classification of the SR as heavy USAR guarantees the required quality for multiple disasters and is the best reference for sharing expertise and know how.

This is not only for the benefit of local response capacities being built up, but provides some justification for the SR “machinery”, costly in maintenance, rare in deployment and low in impact.

SR is a Swiss Brand Name

The Swiss Rescue is label of national pride and recognized instrument for solidarity and humanity. Activation and deployment is immediately considered whenever a natural disaster, especially earthquakes, strikes wherever by SDC, its partner in the SR but most and for all by the Swiss taxpaying public. Deployment realized or rejected is seriously discussed in the media, appreciated or questioned.

An open discussion on multiple use within its undeterminable waiting times and is unpredictable outcome is needed to remain accountable to arising costs and public expectations.

Geographical lead of Crisis Management Cell (Einsatzleitung) ensures ownership and fosters cooperation

Whenever disaster or crisis strike, a crisis management cell (Einsatzleitung) is set up for an analysis of the situation, decision making of chosen mix of instruments and management of all assistance measures to take. A geographical lead of the Einsatzleitung can not only ensure ownership for all subsequent activities with a necessary linking to ongoing activities in the country of disaster/crisis in HQ and on the ground, but also foster immediate cooperation for all involved and ensures local knowledge. It is an example of structured and formal reaching in and out of SDC, which could be expanded to other emergency relief activities including medical care or general RR.

Required information level for deployment of SR

One hazard may create a multitude of different disasters and crisis. Sufficient and reliable information is required for definite decisions needed for a suitable orientation and subsequent action to be taken. This information is not often available from Mass Media. Commanding a halt to the mobilized SR in the Haiti earthquake context was possibly influenced by the not so effective SR operation in Sumatra, where actual severity was far less than announced on TV and where time constraints undermined rescue efforts.

Emergency response agreements with relevant host countries of disaster

Both in Haiti and in Sumatra, the lack of signed emergency response agreement may have contributed to delays in deployment of adequate response capacities awaiting the approval of the relevant government. These administrative obstacles need to be minimized to ensure shorter delays in providing relevant and effective assistance to affected populations. Some consultation and prior approval will however remain the rule in most cases but may be expedited if an awareness and information campaign was conducted in the potential recipient countries.

ANNEX 9: Desk Study Sudan

Table of Contents

1	Introduction	4
1.1	Background	4
1.2	SDC Interventions in Sudan.....	5
1.2.1	SDC Major Programs	5
1.2.2	The Swiss contribution to WFP.....	6
2	Methodology	9
3	Findings	10
3.1	Relevance / Appropriateness	10
3.1.1	Strategy.....	10
3.1.2	Assessments and Beneficiary Selection	11
3.1.3	Food Security and Livelihoods.....	11
3.1.4	Secondments	13
3.1.5	SDC Adaptability to change:.....	14
3.2	Coherence (Coordination).....	15
3.2.1	WFP and Cooperating Partners and the Role of SDC Secondments.....	15
3.2.2	WFP Coordination with multilateral and other partners	15
3.2.3	SDC adaptability to change	16
3.3	Effectiveness	16
3.3.1	Monitoring Food Security and Livelihood	17
3.3.2	Food Security and Livelihood.....	17
3.3.3	Secondments	18
3.3.4	SDC Adaptability to change.....	18
3.4	Connectedness.....	19
3.4.1	Strengthening SDC local partners	19
3.4.2	Strengthening local Government Institutions.....	19
3.4.3	LRRD	19
3.4.4	SDC Adaptability to change:.....	20
4	General Conclusions and Recommendations	21
5	Annex 1: List of Acronyms	24
6	Annex 2: List of Contacts	26

7	Annex 3: List of Documents (see Main Report ANNEX 4).....	28
8	Annex 4: WFP Operation Fact Sheet	28

Acknowledgements

The author would like to thank those who planned and facilitated the visit of the evaluators to Rome and Bern in September 2010. The author is grateful to Franklin Thevenaz in Rome for his gracious assistance to set up appointments and provide logistical assistance for the WFP and FAO meetings. Thanks are due to Valerie Rossi and Sabine Bruschweiler, for their fastidious assistance in ensuring that all arrangements were efficiently made for the entire trip. Sincere appreciation is extended to the past and present SDC secondees to WFP in Sudan who participated in phone interviews as well as the SDC, WFP and FAO staff who gave of their time to contribute to the evaluation.

1 Introduction

1.1 Background¹

The humanitarian operation in Sudan is the largest in the world. Overall Sudan continues to move towards peace and recovery, but the humanitarian situation is complex with wide variations in vulnerability and needs. The Darfur conflict is now in its seventh year and in the south, security remains precarious. The Government of National Unity (GoNU) and the humanitarian community have undertaken a constructive approach since mid-2009 through an expanded High-Level Committee (HLC).² The Government of South Sudan (GoSS) has been unable to take over the delivery of health and other services currently provided by NGOs and UN agencies due to budget cuts, leaving humanitarian organisations to provide over 85% of health services and virtually all other key elements of the safety net.³

The main events of 2009-2010 and their humanitarian impacts included the following:

Humanitarian expulsions - In March 2009, the Sudanese government expelled 13 international organizations operating in Northern Sudan particularly in Darfur. The expulsions also affected the Three Protocol Areas⁴ and Eastern Sudan where there were major gaps in the delivery of basic services. Southern Sudan was not affected.

Population movements – Across Sudan, the number of successful returns since the peace agreement in 2005 until the end of June 2009 was estimated at 2.3 million returnees.⁵ The states estimated to have received the largest number of returnees are Northern Bahr el Ghazal in Southern Sudan, followed by Southern Kordofan. In October, the HLC endorsed a Joint Verification Mechanism on Returns and Terms of Engagement.⁶

The number of internally displaced people (IDPs) in Darfur was estimated to be 2.7 million people in 2009.⁷ In addition, 2 million people continued to be directly affected by the conflict.⁸ In early 2009, intense military confrontations resulted in the displacement of tens of thousands of people and put pressure on all services to the IDP camps, and induced a life saving emergency situation. There have been few returns of the affected people to their original lands.

In Southern Sudan, an estimated 350,000 people were forced to flee their homes due to attacks by the Lord's Resistance Army (LRA) and inter-tribal clashes. The operating

¹ Compiled from: UN 2010 Sudan Workplan; SDC "Medium Term Programme", 2010-2012; Swiss Humanitarian Aid of the Swiss Confederation Situation Report No 7/2010 (January-March 2010) Northern Sudan, SDC Programme Office Juba, Southern Sudan, SITREP January – March 2010.

² The HLC is a forum for the humanitarian community and GoNU to discuss issues related to Darfur and humanitarian action.

³ Southern Sudan Health Situation Briefing, NGO Health Forum, 2008. the Government of National Unity (GNU) - the National Congress Party (NCP) and Sudan People's Liberation Movement (SPLM) formed a power-sharing government under the 2005 Comprehensive Peace Agreement (CPA).

⁴ The Three Areas are the three parts of Sudan that are claimed both by the north and the south. They are *Abyei*, Blue Nile, and southern *Kordofan*.

⁵ UNMIS Return, and Reintegration and Reintegrations Section (RRR), August 2009.

⁶ "Voluntary" returns refer to returns that are undertaken by the returnee without coercion. "Appropriate" returns refer to returns to areas that are believed to possess the necessary conditions to receive returning populations (i.e. basic infrastructure, reliable food supplies, etc.).

⁷ Darfur Humanitarian Profile No. 34.

⁸ Ibid.

environment is challenged in many places by uneven access to people in need, weak infrastructure and poor security.

Food security - The recent global financial crisis caused food prices to rise across Sudan, and many parts of the country, including the south and the east, experienced below-average rainfall in 2009, meaning that poor crop yields could impact wellbeing in affected areas. In Southern Sudan the ANLA (Annual Needs and Livelihoods Assessment) conducted in 2009 reported over 50 % (4.3 million persons) as food insecure in 2010, a number which quadrupled over the period of a year.

1.2 SDC Interventions in Sudan

1.2.1 SDC Major Programs

The Swiss Development Cooperation works in Sudan through offices in Khartoum and Juba. Although Sudan is not an SDC priority country, due to the political transition, Switzerland combines emergency and reconstruction aid (SDC-HA, which has been working in Sudan since 1994), development assistance (SDC-RC), peace-building (PDIV) and Security Sector Reform (DDPS). The 2010-2012 SDC Medium Term Plan covers the portfolios of SDC-HA and the one of SDC-RC which focuses only on Southern Sudan. In addition to Humanitarian Aid other Swiss government actors within the Federal Ministry of Foreign Affairs make contributions to Sudan. A joint strategy for all concerned Swiss government partners in Sudan does not exist.⁹

SDC's overall goal in Sudan is to further improve the political environment in order to strengthen the human security situation. For the period 2010-12, the main challenges are the sustainable return of some 2.5 million displaced persons, the sharply increasing interethnic violence since 2009 as well as the creation of functioning state structures. The main humanitarian challenges in Darfur are the survival of about 4.5 million persons affected by conflict, including about 2.7 million displaced and to promote early recovery and recovery processes in a volatile and highly insecure context.

√	SDC Modalities of Assistance ¹⁰	%
x	Multilateral grant assistance through UN Agencies and ICRC	60%
x	Grant assistance to International organizations, local NGOs or Community Based Organisations	25%
x	Others (Secondment of Experts to UN Agencies; in kind contribution of Milk powder to WFP and NGOs)	15%

⁹ SDC Medium Term Program Sudan 2010-1012.

¹⁰ Profiles of Assistance to Sudan, Multinational Partners Group Sudan, 2010.

SDC's major programs (implementing partners, region, scale, year etc)
--

Emergency Assistance and Protection 2008-2009

Sectors Protection, Food security and Livelihood, Health, Water and Sanitation, Coordination

Partners ICRC, WFP, OCHA, UNHCR, UNHAS, TdH-L, MSF-CH, Medair, Fondation Hironnelle

Geographical Area: Darfur / South Kordofan

Total Funding 5.6 Million Swiss Francs annually

Return and Reintegration 2008-2009

Sectors Food security and Livelihood, Health, Water and Sanitation, Protection

Partners ICRC, UNHCR, WFP, ACF, VSF, MSF-CH, Medair, Fondation Hironnelle, Local NGOs

Geographical Area South Kordofan / Northern Bahr el Ghazal

Total Funding 3.4 Million Swiss Francs annually

Planned assistance (approximate) for 2010		
Mode of implementation	CHF / year	Share
Office Structure (Khartoum and Juba)	1'100'000	7.4%
Direct Implementation and Secondments	1'800'000	12.6%
Contributions to NGOs	3'450'000	23.6%
Multilateral Contributions (to UN and ICRC)	8'400'000	56.4%
Total	14'750'000	100%

1.2.2 The Swiss contribution to WFP

The SDC has been supporting the World Food Program's emergency operation in Sudan, which is the most costly WFP operation worldwide, since 2003. SDC's intervention supports the Emergency Operations (EMOPs) with in-kind dairy aid (milk powder), and financial contributions and secondments to WFP operations. SDC's contribution to WFP comprised over half of the SDC contribution in Sudan in 2009. The value of SDC's contribution to WFP constitutes a very small proportion of WFP's total funding, less than 1%, but when viewed in terms of beneficiaries, it helps nearly 60,000 people. Notably, the Swiss government's dairy aid, stands out by providing all the milk powder for the Blanket Supplementary Feeding Programme which aims to reach 280,000 children for part of the year. In terms of secondments, SDC provides one position to WFP in Sudan while WFP uses numerous secondments from other sources. The relative perspective of the SDC contributions is of some importance when viewing the differences that SDC can make in Sudan through its contributions to WFP and its monitoring efforts.

WFP operates food distribution networks through Cooperating Partners (CPs) and initiated the Darfur Food Security Monitoring System (DFSMS) in 2008. The WFP had a project in north Darfur, addressing chronic food insecurity there, even prior to the outbreak of hostilities in 2003 when the EMOPs began. The expulsion of humanitarian organizations in 2009 included four of WFP's main CPs, ACF, CARE, Save the Children-US, and *Solidarité*, which significantly impacted WFP's program capacity. However, WFP directly implemented the distributions for most of the remainder of 2009 and into 2010. In 2009, Darfur accounted for 76 percent of the planned tonnage in the EMOP (with 15 percent for the south and 9 percent for the Centre, east and the Three Areas).¹¹ In the south, WFP has responded to 27 emergencies in 2009 related to outbreaks of violence and food shortages due to lack of rain.

SDC Funding for WFP Sudan EMOP and UNHAS in CHF						
	2008	Share*	2009	Share	2010 Plan	Share
Multi/Bi	2,000,000		1,750,000		1,500,000	
Secondment	168,579		191,644		224,760	
Dairy Products	2,993,811		5,889,002		4,795,012	
UNHAS	200,000				200,000	
Total Budget SDC-HA Sudan	12,401,481	43% (of total SDC)	7,830,646	52%	6,719,772	46%
Total EMOP WFP	773,790,397	0.69%	868,703,279	0.90%	863,435,401	0.78%
Total UNHAS WFP	77,143,809	0.26%	59,030,899	0.00%	59,544,053	0.34%
Total UNHAS and EMOP	850,934,206		927,734,178		922,979,454	
Total beneficiaries EMOP	6,125,976	42,453	6,553,063	59,070	6,400,000	49,809
Total Beneficiaries UNHAS	150,000	389	75,279		96,000	322

*Percentage of total cost covered by SDC

The Swiss government gives SDC "credits" for in-kind milk donations. SDC is the largest donor to WFP of the powder and since 2006 1/3 of the milk powder has gone to WFP, but now the Swiss NGOs receive a greater share, the rationale being that they make a long term difference where they work. There are very strict standards both on the part of the Swiss government and the recipient organizations for use of the milk powder and they have had

¹¹ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

some problems with misuse in the past but very few. WFP's BSFP targets children under five during the hunger gap seasons with a premixed ration of Corn Soya Blend, dried skimmed milk, sugar and separately distributed vegetable oil. The BSFP is accompanied by a large scale sensitization strategy to with key messages for mothers, community workers and food management committees.

When the Darfur crisis became full-fledged in 2003-2004, SDC immediately supported WFP with seconded staff to help build up field presence. WFP uses approximately 18 sources of secondees and considers SDC to be among the top five in terms of the main partners that they use. To place secondments, WFP sends a request to all partners, including a TOR and makes a selection typically within 48-72 hours. The secondees typically fill the positions for the SURGE (WFP's emergency response team), and for specific capacities that WFP does not have, including for example, those with cash/voucher expertise. Secondees fall under the UN security umbrella for "Experts on Mission". The "Cooperating Partners Focal Point" for Darfur has been filled by three successive Swiss secondments since 2004. Other Swiss secondments in Sudan have included staff for UNHCR, OCHA and UNICEF.

2 Methodology

This case study of SDC support for WFP's response to the Sudan emergency contributes to the broader evaluation of Swiss Emergency Relief globally. Other case studies include responses in Haiti, Gaza and Sumatra. The rating of SDC performance standards (Section 5) is rating SDC rather than WFP. It indicates whether SDC did its best to monitor, influence and improve WFP's performance.

No visit was made to Sudan, thus the study focused on secondary sources. Interviews were conducted with key informants including past and present SDC secondees to WFP, and staff of the Swiss Government, WFP and FAO during visits to Rome and Bern from 16 to 22 September. A total of 30 persons were interviewed. Questionnaires were distributed to the interviewees and those returned were tallied with others received during the course of the evaluation. Findings and conclusions have been elaborated through triangulation of received information.

Type of agency	Number
Swiss Government	13
WFP	8
FAO	9
Total	30

Constraints to data collection included: limited time to interview key informants also due to the limited availability of some who had moved on or were traveling at the time. For the protracted emergency in Sudan, responsible staff had changed over the past years both in-country and in backstopping positions at headquarters. A major constraint was the lack of interviews of WFP cooperating partners and WFP beneficiaries. Compared to the North (Darfur), there is relatively little independent analysis/evaluation on the situation in South Sudan. To ease the constraints, the evaluator relied heavily on documentation, seeking the confirmation of data with key informants and collecting their analyses of the situation.

3 Findings

While taking into consideration the WFP operation as a whole, this case study focuses mainly on several areas since the WFP program is extremely large and complex in Sudan. These are:

- SDC's support of WFP's strategy in Sudan
- WFP's contribution to food security in emergencies
- SDC Secondees to WFP

SDC generally separates reports on Sudan by North and South, reporting from the Khartoum and Juba offices respectively. This report follows that method where appropriate since the food security situations and response operations differ significantly.

3.1 Relevance / Appropriateness

Relevance/appropriateness: determines if the assistance is perceived as useful by the beneficiaries, appropriate to the context and needs identified as well as pertinent to the objective of saving lives. In terms of rapid response, the benefits of standardized packages (skills and supplies) and procedures need to be balanced with the importance of adjusting cultural context of the population.

3.1.1 Strategy

In 2009, the EMOP 10760 was the largest of six WFP operations in Sudan, the other five consisted of the country program and four special operations, three of which were relevant to Darfur. The total EMOP 10760 budget was US\$868.7 million for 2009. WFP revised the EMOP three times during 2009. The first EMOP budget revision in April 2009 was an overall 10 percent reduction in budget with: Reduced tonnages due to security constraints and reduced need for rations for IDPs and missed communities following a good harvest and growing livelihoods. The reduction was based on both learning from the 2008 Darfur food security and livelihood assessment as well as the first round of the DFSMS. The second budget revision addressed a minor administrative issue. The third revision in November 2009 served to cover increased needs in the south, and a pilot voucher scheme in Kordofan.

The overarching goal of the EMOP is: "Save lives and protect livelihood in emergencies" which is also the prime objective of SDC. However, the livelihood objective had no indicator for in 2009 and previously. The logical framework for the follow-on EMOP in 2010 (EMOP 200027) has added a livelihood indicator.

The Operations Evaluation of the EMOP 10760, for 2009 and focusing on Darfur, concluded that the strategic objectives for the EMOP were fully coherent with WFP's policies.¹² They were also coherent with SDC goals. Due to expulsion of some of WFP's cooperating partners (CPs) in March 2009 and hence the need for WFP to manage the distributions by itself with a limited number of partners, WFP developed a special operation (SO) 10845 to support logistics in order to increase the number of locations where WFP staff could work, which also increased the cost of the operations.

¹² WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

WFP enhanced its understanding of the complex dynamics in Darfur by investing in research to help develop its program and was able to incorporate some important lessons from the past. One example of this was the consultation of WFP staff with four experts on Darfur in February 2009 on reasonable expectations for the program.¹³ WFP is planning research in 2010 that will investigate links between livelihoods and household food security.

3.1.2 Assessments and Beneficiary Selection

North – Following the expulsions in March 2009, the Government of Sudan (GoS) and the humanitarian community conducted a joint assessment to determine how best to strengthen service delivery. The expulsion affected approximately 1.1 million people who were receiving food assistance; there were also serious shortcomings in water and sanitation and hygiene and in early warning reporting. Hard to reach groups in remote areas were particularly affected. Many trouble spots were only accessible by air, leading to a reduced humanitarian presence and higher delivery costs.

WFP attempted to reconcile distribution lists in 2009 because they contained people who should not be on the list (not members of the affected population) double registrations, those who may have livelihoods and do not require food assistance, and in order to add births, deaths, and new arrivals since 2005. The 2007 Food Security and Nutrition Assessment estimated that 11 percent of food aid recipients may have represented inclusion errors.

¹⁴ Attempts to re-register beneficiaries met with great resistance by sheiks, who typically collect taxes on the food, in 2009 and were not completed. WFP is now conducting a re-verification exercise with Cooperating Partners in all three Darfur states which will not be completed until end-2011.¹⁵ The final agreed numbers will have a bearing on the FLAs which are managed by the SDC secondee to WFP.

South – The Annual Needs and Livelihoods Assessment (ANLA) conducted in 2009 reported over 50% (4.3 million persons) of the population to be food insecure in 2010. There is some dispute among assistance organizations regarding the figure as the assessment team only visited half of the ten states and the number is thought to be too high.

SDC in general sticks to WFP's criteria for beneficiary selection. While interviewees acknowledge that there are overwhelming numbers of people who required food assistance and that security issues are serious constraints, some interviewees felt that WFP did not move assertively enough to ascertain the beneficiary numbers earlier. Rations were limited for most of 2009, yet the nutritional status of the affected populations was not adversely affected. To some, this indicated that there was surplus food in circulation, and/or people on distribution lists had alternative resources and livelihoods that were not properly assessed. (See discussion on targeting below).

3.1.3 Food Security and Livelihoods

The most important distribution method used by WFP was General Food Distribution (GFD, a food basket targeted to all affected people). WFP supports a number of targeted food assistance tools such as food for work (FFW), education (FFE), training (FFT), etc. WFP had planned to change to greater use of non-GFD mechanisms in 2009 this was derailed by

¹³ The four experts were Helen Young, Dan Maxwell, Susanne Jaspers and Margie Buchanan-Smith. "Aide Memoire, Expert Panel on Key Issues" February 2009.

¹⁴ Government of Sudan *et al.*, 2008, page 114.

¹⁵ WFP Operational Strategy for Darfur, update September 2010.

expulsion of the cooperating partners, however, it did increase some non-GFD mechanisms such as FFE, the Supplementary Feeding Program and the Blanket Supplementary Feeding Program (BSFP); 119,404 MT or 19.3% was designated to various programs.¹⁶ (See list of all non-GFD mechanisms on the EMOP 10760 factsheet in Annex 4)

Reasons for reducing GFD/increasing household targeting in Sudan: The Operations Evaluation of the EMOP 10760 and interviewees mentioned the following reasons for reducing the GFD:

- Families have differential access to food due to reasons of gender, human and material resources, skills and size and location of the camp. In a protracted situation where livelihoods provide part of the food requirements it would be ideal to move to more self-targeting modalities
- Claims to food become politicized and manipulated outside the control of WFP: bloated ration rolls and duplicate ration cards, diversion of food by sheiks or elites, and transfer or sales of food by intended beneficiaries to armed groups.¹⁷
- Sudan is a very expensive country for WFP to operate in due to the Special Operations (SOs) which are essential to facilitate the EMOP, which in 2009 were almost half of the total of all WFP SO globally for that year.¹⁸ Reducing the GFD could reduce the overall costs.

Reasons for continuing GFD/not targeting: The Operations Evaluation of the EMOP 10760 and interviewees mentioned the following reasons.

- Targeting within the community to reach those most in need has not been successful. A 2009 targeting study noted that: "the accepted basis of entitlement of food assistance in Darfur is based on group status (IDP, host/resident, rural), not need (food insecurity)" ... *As long as food aid entitlements are so closely linked with wider and more highly politicized claims, there remains very limited potential for community-based targeting in this complex setting"*¹⁹
- Beneficiaries interviewed for the Operation Evaluation, while acknowledging that there were differences between households were very strongly opposed to any changes to the ration rolls
- The use of non-GFD requires planning, funding and community collaboration for accompanying needs such as tools, equipment and trainers and these were not widely available due to the limited operational capacity of partners.

Darfur is normally a food insecure area and there is a history of malnutrition in some areas. When the Darfur operation began in 2003, all conflict-affected people required food assistance. The July 2010 draft Operation Evaluation of the EMOP 10760 assistance to

¹⁶ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft.

¹⁷ Sources: Interviews, SDC Annual Report Sudan 2009 and WFP draft Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

¹⁸ The average cost per MT of food for EMOPs (excluding Sudan, but including other high-cost locations like Somalia) in 2009 was estimated to be just over 1,000 US\$ per MT. The WFP Sudan Darfur cost per metric tonne is \$1004, reduced recently to \$984 (source: WFP staff in Khartoum who consider this to be reasonable).

¹⁹ Young and Maxwell, 2009, page viii).

Darfur²⁰ concluded that many affected people have contrived livelihoods since 2003 but most are inadequate and some are mal-adapted and unsustainable. Without WFP food the affected population and IDPs in particular, would have been forced to engage in alternative livelihood strategies at greater risk to their safety.²¹

The Operations Evaluation of the EMOP 10760 has recommended that WFP should 1) continue with GFD in Darfur in 2010, but should 2) reduce the GFD ration level; 3) extend the DFSMS; 4) adapt the single ration to a menu of rations appropriate for the location; 5) consider introducing a targeted ration especially for vulnerable cases, and 6) suspend distributions where the communities refuse to accept re-registration. WFP management has accepted the recommendations but wishes to discuss the feasibility of #4 with its partners.

In the south, the Humanitarian Country Team which includes SDC is pressuring WFP to reduce GFD and use more non-GFD to promote livelihood recovery in order to stop the cycle of food security emergencies.

3.1.4 Secondments

For WFP, the advantages of working with SDC secondments include: a) excellent exchange and dissemination of information and feedback to WFP; b) an extremely pro-active role by SDC staff at field office levels; c) a much more liberal definition of what SDC will support, for example, SDC secondments are longer than average and SDC will extend them as needed. Secondments to WFP in Sudan for the past several years have generally been in similar posts, one for the north, "Cooperating Partners Focal Point" which has been filled by three successive people who are responsible for field level agreements (FLA) with cooperating partners in Darfur. On the whole they helped to strengthen cooperation between SDC and WFP, although the secondees varied in their accomplishments often depending on their adaptability, skills and the length of time spent in Sudan. WFP has continued to request secondees in this role but WFP did not always facilitate their TORs, in particular the time they needed to spend in Darfur.

SDC reacts to the requests from WFP and other organizations and it is difficult to ascertain whether SDC has a clear strategic direction for influencing WFP through the seconded staff, other than experience sharing. Requests are currently pending for secondees for UNHCR and UNICEF in the south (there is currently one protection officer working for UNHCR).

SDC field interlocutors consider that SDC is able to wield only a mild degree of influence on WFP's strategy through secondees as the position they are brought in for with relation to Darfur has been mainly administrative. The degree of influence depends very much on the person who assumes the position and what they are allowed to do. It was suggested by interviewees that SDC needs to place secondees where they will have greater influence. Some suggestions are to hire secondees who are at a P5 level or higher and place them in positions where the Swiss can have more influence as this would be good for publicity and the taxpayers' satisfaction. Interviewees thought that the Swiss can add value in managing: operations, soft ware, protection, gender, and natural disaster management. In Sudan, there would be value in a secondee who could lead or co-lead the cluster. WFP prefers to assign

²⁰ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

²¹ Ibid, page 24.

its own staff to do this but this policy may change since the food cluster has become a food security cluster.

3.1.5 SDC Adaptability to change:

There were a number of changes indicated through assessment and operations for the WFP program in 2009 such as the need to find new partners and to develop capacity of partners, the need to rectify the numbers of beneficiaries (not done since 2005), the need to clarify the food security situation in the south with regard to impact of the drought. Overall the question is whether WFP's program has been relevant to a protracted emergency in Darfur where some food aid has been misused for years and progress towards peace is still uncertain.

The SDC tries to influence WFP's strategy to ensure that it meets humanitarian principles and SDC's principles, through participating in dialog in coordination forums and through the actions of the seconded staff. However, SDC generally does not make firm contributions to WFP's long term strategy in Sudan. While WFP and SDC hold a mutual respect, other donors who contribute more to WFP are likely to have much greater influence. The question is thus how and where can Swiss contributions be the most relevant to the assistance needs in Sudan in addition to enhancing the Swiss visibility? In terms of its contributions to WFP, the dairy aid is likely to be the most visible, being delivered in marked bags.

Some interviewees thought that SDC should promote a greater protection focus in Sudan which could lead to reduction of the root causes of food insecurity and strengthening human security which is SDC's main goal.²² Some of the reasons for doing this include, among others: a) the major protection organizations were expelled from Darfur and their services are yet to be completely replaced, and b) protection problems in the south are also substantial and do not receive the media attention that Darfur does but attention upon them is critical to reach goals concerning lasting peace and return of displaced persons. Observers of WFP note that WFP is changing some of its ways of doing business, e.g. by focusing less on kcals/tonnage and more on creating a protective environment but the changes are very slow. SDC has considerable experience within its staff for protection and might invest in protection secondees and give more support to organizations that can provide a protection lens to all aspects of assistance.

²² (The Permanent Representation of Switzerland to FAO, IFAD and WFP (WFP's Humanitarian Policy and Transitions Service) sponsored a second conference in Rome in September 2010 on protection of civilians in armed conflict.).

3.2 Coherence (Coordination)

Coherence: taking into account the intra- and inter-agency partnerships

The SDC aligns its engagement in Sudan with the United Nations and Partners Work Plans for Sudan (corresponding to the CAPs) as well as with the United Nations Development Assistance Framework 2009-2012 which both are based on the corresponding development plans of the Government of Sudan. The UN 2010 Work Plan devotes 55% of the funding requirements to Darfur; 27% for Southern Sudan and 18% for Three Protocol Areas, the east, and the north. SDC supports WFP as the key player of the Food Security and Livelihoods cluster in the UN Work Plan.

3.2.1 WFP and Cooperating Partners and the Role of SDC Secondments

The 2009 Operations Evaluation notes that one of the biggest constraints for WFP continued to be the limited number of Cooperating Partners (CPs) and the low capacity of partners, partly due to the difficulty of finding staff to work in Darfur. When WFP took over distributions following the expulsions, weaknesses in partner capacities became more apparent. However, loss of the partners also represented a loss of experience in transitioning to recovery programs. The limited number of partners has also made negotiations with potential CPs difficult.

Since 2003, three SDC secondees (successively) administrated and monitored field level agreements (FLAs) with CPs) for WFP's Darfur operation. The Swiss secondments to WFP have been working on systematizing the relationship between WFP and its cooperating partners, which includes national and international NGOs, and the National Red Crescent Society. The work of the secondees in strengthening the FLA process has helped significantly to clarify working relationships between CPs and WFP, however, the recent independent evaluation of the Darfur operation has concluded that the terms of the relationship requires more flexibility.²³

The Operations Evaluation devotes a large section of the report to discussing the issues of partnerships. Essentially WFP and partners had numerous criticisms of each other, but the largest issue concerned the FLAs which partners felt obliged them to take unacceptable financial risks. The Operations Evaluation recommended that WFP should try to avoid direct distribution if at all possible. This may involve developing cooperating partner capacity for sites where no acceptable distribution partner has yet been found. The evaluation also recommended that WFP needs to develop its mechanisms for negotiating costs with partners, to make them more appropriate to the concept of partnership. While WFP agreed to develop partners' capacity, it was less willing to compromise the negotiations for the FLAs.²⁴

3.2.2 WFP Coordination with multilateral and other partners

In Sudan, the protracted emergency since 2003 in Darfur, and longer in South Sudan has resulted in strongly established mechanisms of coordination. The cluster approach was initiated in 2008 in Khartoum for the North but in the South, it has only been initiated over the past several months. The relevant cluster for WFP is the Food Security and Livelihoods cluster. Since the WFP operation is the largest humanitarian intervention in Darfur, it provides

²³ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.Recommendation 8.

²⁴ There are no Swiss implementing partners for WFP in Sudan.

a framework for others to complement but there were only a small number of complementary activities, such as for health, nutrition, and water supply and sanitation.

Appeals are launched in advance through the CAP leaving substantial time for consultations. The SDC participates in the Humanitarian Country Team meetings. Attendance of SDC staff in the cluster system such as in the Food Security cluster was seen as in need of improvement.²⁵

3.2.3 SDC adaptability to change

Overall, SDC needs to continually analyze the reasons why the UN coordinated strategy meets with problems in promoting the needed peace and food security in Sudan and how best SDC can invest to promote those goals. SDC has saved money for WFP in negotiating with partners, but the playing field is now different after the expulsions and more compromise and capacity building is needed to ensure strong and productive partnerships and a fair cost for WFP operations. Lessons can be learned from the previous issues with partnership that WFP discovered when it had to take over operations and in regard to how best to deal with the difficult circumstances in food distribution. SDC secondees and monitoring missions should insist in visiting the CPs in their Sudan headquarters and particularly where they work in the distribution areas to understand the issues more deeply, interviewing their staff with an unbiased attitude (not favoring or disfavoring WFP or CPs to begin with). In particular the CP and other agencies potential to move the affected people closer to self-sufficiency and food security is critical – WFP is able to do this to a limited degree and there are not enough agencies to complement its activities. Any shortcomings in water and sanitation and health, for example, impact food security to some degree.

3.3 Effectiveness

Effectiveness: assessing the results achieved considering the intra- and inter-agency coordination, and considering the tension between the pre-positioning/responsiveness and the local needs and priorities.

WFP supported independent evaluations of the Darfur operation in 2007 (conducted in 2006) and in 2010 (on the 2009 EMOP). The same team leader headed each evaluation lending continuity to the analysis. The 2009 evaluation concluded that in view of the extremely difficult circumstances, WFP had done a good job in Darfur given the constraints and recommended a number of changes to the distribution rationale and modalities. (See section on Relevance.)

The Operations Evaluation concluded: *“It is simply very difficult to determine, with certainty, if lives have been saved by the provision of food aid, especially in a context like Darfur where food-aid is only one part of the overall food security resource of the affected population. The indicators selected in the EMOP such as CMR (crude mortality rate) and the under 5 acute malnutrition rate can be difficult to establish, especially when the population size (the denominator for calculating rates) is uncertain.”*

²⁵ Multilateral partners with which SDC-HA actively collaborates in Sudan are ICRC, WFP, UNHCR, OCHA and UNICEF. SDC-HA offices’ representatives in Khartoum and Juba conduct a sustained institutional dialogue which includes field monitoring visits with these partners, focusing on needs analysis and achieved results.

3.3.1 Monitoring Food Security and Livelihood

SDC uses a variety of monitoring tools to evaluate WFP's performance. These include: a) the SDC annual report which assesses results on the log frame matrix; b) Final and monthly reports of secondees to WFP; c) SDC monitoring visits to WFP operations; d) WFP project reports; and e) bi-lateral meetings with WFP management in Khartoum and Juba. WFP finds that SDC monitoring reports are useful tools for learning for both organizations.

WFP established a new monitoring system for Darfur, the Darfur Food Security Monitoring System (DFSMS), which has produced extremely valuable data on the population. The Operations Evaluation discussed issues with indicators used by WFP to gauge impact. WFP has used the Global Acute Malnutrition (GAM) and CMR to indicate effectiveness. The GAM and CMR are useful as alarm signals but both have multiple causes, not just the availability of food aid. Household Food Consumption Scores (HFCS) are better indicators for managing the programme and for preventing the creating of situations where GAM and CMR generate alarm signals. To rely on the GAM and CMR create a false program logic. (This is a corporate indicator and as such not an issue specific to Sudan, but is important in terms of how results are interpreted for Sudan.) The logical framework for the follow-on EMOP in 2010 (EMOP 200027) drops CMR as an indicator, but maintains the GAM indicator, as well as adding the HFCS indicator. HFCS is now included in WFPs Strategic Framework.

The Blanket Supplementary Food Programme (BSFP) is intended to stem the GAM rates in Darfur of children under the age of five during the pre-harvest season and is used as a preventative measure. In September 2009, WFP clarified the monitoring strategy as being the testing of Middle Upper Arm Circumference (MUAC) of the same group of children during each distribution round. WFP is seeking a more robust methodology to assess the overall impact of the BSFP,²⁶ which is important to SDC as the Swiss dairy products form a key component of the BSFP. As of mid-2010, malnutrition rates in Darfur remain above the emergency threshold of 15 percent and the BSFP will be expanded. In its Strategic update, WFP gives no explanation for the high rate of malnutrition.²⁷

3.3.2 Food Security and Livelihood

Reporting on distribution numbers may not reveal the true value of the food to the affected people. The Operations Evaluation discusses the "notional ration" where the commodities planned for the food basket were not all provided due to pipeline breaks, and factors such as milling losses, milling costs, transport costs, taxes to sheiks, and need to sell some of it to buy other goods, reduced it further. WFP piloted milling vouchers in North Darfur which was considered to be an excellent initiative in order to retain more food for consumption or sales. In 2010, WFP has significantly expanded its milling voucher program to ultimately reach 700,000 people across Darfur.

Although WFP food was slightly less important than other livelihood sources overall, it was still a very important source of income for conflict-affected population. In north Darfur, IDPs depended on food aid for almost 80 percent of their cereal intake (WFP, 2009d, p. 5). Although WFP had supported the Government priority for return of the IDPs, very few have permanently returned and it is estimated that only about 30% will return when it is safe to do so. WFP played the key humanitarian role in the wider context by logistical support to the broader humanitarian operation. The humanitarian crisis in Darfur, as measured by the

²⁶ WFP Blanket Supplementary Feeding Programme"; "Monitoring Strategy: BSFP in Darfur".

²⁷ WFP Operational Strategy for Darfur, update September 2010.

conventional indicators of large-scale excess mortality or malnutrition, has been over since late 2005, however given the large food deficit in Darfur, a return of the crisis would be likely without WFP assistance.

The Operations evaluation concluded that “WFP reached the affected population in Darfur very effectively, delivering 107 percent of the funded tonnage to 95 percent of the number of beneficiaries planned in the EMOP.” In terms of output, WFP responded very well to the challenged posed by the sudden loss of distribution capacity with the expulsion of cooperating partners. In terms of outcome (number of people attended) the numbers may be deceiving as the beneficiary numbers have not been verified. In terms of impact, the situation is still more difficult as the nutritional status does not appear to have deteriorated in spite of the reduced rations but the nutritional situation for under five children is still over 15%, which is an emergency situation.

South – The outcome of WFP in the South is seen to be mixed by interviewees. WFP reached 2.45 million IDPs with about 84,000 MT of food responding to all emergency situations (27) and assisted 100,000 vulnerable people, 60% of them conflict-affected. The overall food insecurity of IDPs and vulnerable people was reduced in 2009 but is currently reaching a serious level according to the Annual Needs and Livelihoods Assessment (ANLA), over 50% of the population, 4.3 million, is food insecure in 2010 up from 1 million in 2009 and in February 2010, WFP was only able to reach 55% of the targeted population. This gap is due to delayed implementation by WFP’s Cooperating Partners and in some cases lack of partners.²⁸

3.3.3 Secondments

Both WFP and other interviewees describe the secondments as building the capacity of both organizations. In terms of quality of secondees from WFP’s perspective, there is a performance report completed by supervisors but WFP in general does not exert quality control. WFP provides induction training for potential secondees, in another location in Italy, and some of the training is for the cluster, to expand the use of the cluster, but WFP staff so far lead the cluster, they have not seconded it out, this is someone at the P5 level although they may have cluster observers who are secondees.

Potential expansions for the future include the need for non-food expertise and longer secondments to 12 months or more. However, SDC has not always been able to fill these positions expeditiously from its pool and readying a secondee may take up to six months before they are able to be deployed. Once deployed, the secondees may need another six months to familiarize themselves with the situation and gain trust of the WFP staff, CPS and other external actors.

3.3.4 SDC Adaptability to change

SDC produces monitoring and annual reports which present very detailed backgrounds and updates on the outcomes on all of SDC’s program indicators, however, SDC could scrutinize the deeper implications of the WFP indicators and program numbers to make a more in-depth analysis of program effectiveness. Interviews conducted for this evaluation revealed some deeper analysis by SDC staff which does not always appear in SDC reports. SDC staff should move beyond the data provided in WFP reports for example, and offer their own overarching analysis of the situation.

²⁸ SDC Programme Office, Juba, Southern Sudan, Sitrep, January to March 2010, page 4.

As mentioned above, monitoring by the SDC might benefit from more field visits to camps and conflict affected people by secondees and SDC staff. SDC gave WFP an “A” for 100% response to emergencies in 2009 in the South, yet WFP did not reach many of the needy people with the intended rations, so coverage was an issue and the root causes and possible solutions for so many emergencies might have figured more prominently in the SDC report. WFP’s transparency and willingness to allow external people to view operations may be questioned but the territoriality and work burdens of staff also need to be addressed. Interviews of staff (SDC or secondees) familiar with the operations suggest a definite level of concern in this regard.²⁹

3.4 Connectedness

Connectedness: ensuring that short-term Emergency Relief is carried out taking systemic, longer-term issues into account. Assess how SDC HA expertise shifts from one proceeding (modus operandi) to another in changing contexts and transition periods.

- Strengthening the work of national and local partners
- turning from relief to reconstruction/rehabilitation and to development (LRRD)

3.4.1 Strengthening SDC local partners

WFP’s only national CP was the Sudanese Red Crescent, which distributed nearly 24% of WFP’s food assistance. (See previous section on Cooperating Partners.) The degree to which WFP reached out to civil society is not well documented. In general, critics have argued that civil society organizations in Darfur could be more instrumental in helping to bring about peace.³⁰

3.4.2 Strengthening local Government Institutions

In Sudan, there is sensitivity regarding supporting parties to a conflict. The capacity building of authorities is generally conducted indirectly and not systematically in most cases. The Operations Evaluation of the 2009 operation stated that WFP had cooperated closely with relevant ministries, including the Ministry of Health for supplementary feeding and the Ministry of Education for FFE. WFP has included government staff in its training programs such as for capacity development for WFP’s Cooperating Partners. In the south, WFP is attempting to radically shift the program and help the government to strengthen the safety nets, make an integration plan for the returnees and build a grain reserve.

3.4.3 LRRD

WFP has been able to take limited steps to promote livelihoods and until 2010 has not recorded impact in terms of livelihoods as there was no designated indicator. In 2010, the proportion of beneficiary household expenditures devoted to food will be used as an indicator. The loss of partners and other organizations that may have been able to promote livelihood development is also regrettable. An evaluation of WFP’s livelihoods interventions found that WFP needed “a more tightly defined recovery role with clearer exit strategies which focuses

²⁹ A similar subjective observation has been made by the evaluators in the countries visited. WFP transparency and openness to outside influence appeared limited.

³⁰ Jerome Tubiana and Theo Murphy, the authors of *Civil Society in Darfur: The Missing Peace*, recently published by the US Institute for Peace.

more carefully on where food assistance is most appropriate.”³¹ The report made more than 40 recommendations for strengthening WFP’s role.

SDC should share its orientation paper “Food Security in SDC Humanitarian Aid” (August 2010) with WFP and other actors in Sudan. It highlights changes in SDC thinking regarding food security in emergencies. Food Security was formerly thought of as a long term development cooperation issue but strict thematic separation between development and crisis prevention is no longer considered to be meaningful. Main points include the following.

- Supporting food security during times of crisis is not only equated with food aid
- Securing the food supply is part of emergency relief and recovery, such as through restarting of agricultural production
- Food insecurity and undernourishment makes people vulnerable to disasters and future need for emergency relief.³²

3.4.4 SDC Adaptability to change:

Noting the modest levels of interaction with local groups and government and in view of the Sphere standards recommendation that capacity development should be incorporated in emergency response, SDC might investigate how more engagement might be possible. Some interviewees suggested that ensuring that Swiss NGOs have adequate funding would be one measure. Others thought that working with organizations which provide food security inputs, such as FAO and NGOs could promote agricultural and livelihood recovery. Interviewees in general, particularly those who had worked in Sudan, felt that not enough was being done to connect food assistance with longer term food security which was contributing to the cycle of need for emergency response. SDC should advocate with other actors to place more pressure on the entire system to reverse this vicious cycle.

³¹ “Strategic Evaluation of the Effectiveness of WFP’s Livelihood Interventions”, March 2009.

³² SDC Orientation paper “Food Security in SDC Humanitarian Aid” (August 2010).

4 General Conclusions and Recommendations

The SDC investment in WFP is mainly effective in meeting the immediate food needs of conflict affected people, however, recovery and livelihood aspects need stronger attention and without this, the vicious cycle of emergencies and resultant suffering is likely to occur. In view of the minimal amount of influence that SDC is able to have on the WFP strategy, SDC needs to examine whether SDC contributions are providing the optimum clout in terms of helping affected people to become self-sufficient and to help make their environment more secure. SDC should wield more influence in the following ways.

1. Promoting recovery of livelihoods as part of food security

- SDC should pressure WFP to target households through non-GFD assistance as soon as possible.
- SDC could take a more holistic view of livelihoods recovery in emergencies promoting the SDC food security orientation. One means might be to exchange staff in the humanitarian aid pool with development staff. Another may be to establish MOUs with other organizations who work in livelihood recovery so they can request funds and secondments.
- SDC might consider earmarking funds to activities undertaken by WFP or other organizations that aim to secure the food supply.
- SDC could experiment with Swiss NGOs in using alternative methods such as voucher systems.
- SDC could promote pilot livelihood projects in Darfur and generalized livelihood opportunities.
- SDC should take an active role in the livelihood cluster and coordination of NGOs.

2. Strengthening the impact of secondments in Sudan to promote visibility and influence to a P5 level or higher and expanding the potential for other types of secondments to WFP in the Swiss areas of comparative advantage such as managing operations, soft ware, protection, nutritionists, gender, and natural disaster management and in new positions such as cluster leadership. Seconded positions need to have Log Frames in addition to a TOR, so that WFP and SDC agree on what is to be accomplished by the secondee and the support that needs to be provided by WFP for the position.

3. Contributing a larger proportion of Swiss funds to organizations which can promote objectives which will underpin long term changes for peace and security and sustainable return. This may include a greater focus on protection activities and on programs that complement WFP's input such as for health and water and sanitation.

4. Promoting change in the way WFP does business in Sudan by moving away from GFD as determined in the Operations evaluation, using logical program indicators, and following recommendations for livelihood interventions.

5. Strengthening SDC reporting to include more analysis of causal issues, whether the approaches being used are effective and making recommendations for steering SDC's course of action.

Performance Rating – SDC Support to Sudan WFP Operations 2009 into early 2010

SDC Quality standards – Related to Support for the WFP Programme	RATING
Coherence (coordinated)	
International coordination mechanisms are established.	HS
The coordination/cooperation with partners (international and local, intra- and inter-agency coordination) is strengthened	S
The joint position on issues linked to the humanitarian crisis is agreed among international/national partners.	HS
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with international action.	HS
Relevance/appropriateness (targeted and rapid)	
The response strategy (instruments chosen, mix of bilateral and multilateral actions and means deployed) is in line with local needs and priorities.	HS
The response strategy (instruments and means) has been decided and implemented timely.	S
The response strategy (instruments and means) has been targeted to those in the most need of support.	S
The response strategy (instruments and means) address cross-cutting issues such as gender, environment, HIV/AIDS and “Do-No Harm” strategy.	HS
The response strategy (instruments and means) is in line with the context (geographic area, type of emergency and historical, social, economic, political and cultural factors).	S
The response strategy (instruments and means) explicitly identifies beneficiaries in number, type and allocation and has realistic objectives.	S
Changes in the context were monitored and the response strategy (instruments and means) adjusted accordingly.	S
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	S
SDC ER policies, organisational structure, culture and M&E systems favour change/willingness to innovate in response to lessons learned.	HS
Effectiveness of Emergency Response	
Lives and suffering of persons of concern –refugees, displaced, homeless - are being saved and mitigated respectively.	HS
Persons of concern – particularly children, women, older and disabled – are safe from acts of violence, abuse and exploitation.	S
Persons of concern have access to proper sanitation services.	NA
Persons of concern have access to adequate housing.	NA
Persons of concern have sufficient and quality of food.	HS
Persons of concern have access to primary curative and preventive healthcare services as well as health education, according to their age and physical conditions.	NA
Persons of concern have access to basic domestic and hygiene items.	NA

Persons of concern have access to safe and drinkable water.	NA
The contributions made (commodities distributed, services provided) were of suitable quality.	HS
The M&E and reporting systems ensure timely and objective information with regard to the context, the outputs and the overall performance.	S
Connectedness (modus Operandi)	
The response strategy has led to strengthening the work of national partners and local activity partners over the longer term.	S
A strategy was outlined, and implemented, for turning from relief to reconstruction/rehabilitation and to development (LRRD).	S

Performance –	DAC/ALNAP criteria	Sudan crisis situation	
		Rating	
Performance Dimension: “Planned Response”	i) Coherence (<i>coordinated</i>)	HS	S
	ii) Relevance/appropriateness (<i>targeted and rapid</i>)	S	
Performance Dimension: “Implementation Performance”	iii) Effectiveness of emergency response (<i>effective</i>)	S	S
	iv) Connectedness (<i>modus operandi</i>)	S	

Quality Ratings: HS = Highly Satisfactory; S = Satisfactory; U = Unsatisfactory; HU = Highly Unsatisfactory

Justification for overall ratings:

Summary of strengths	Summary of weaknesses/areas to be improved
Assessment Strategy Secondments Partial Partnership arrangements Milk powder usage in BFSP Monitoring, use of DFSMS Delivery of food, logistics Cross cutting issues Coordination	Ascertaining beneficiary numbers Targeting Partial Partnership arrangements Monitoring - use of indicators Coverage Livelihoods Recovery LRRD

5 Annex 1: List of Acronyms

ALNAP	Active Learning Network for Accountability and Performance
ANLA	Annual Needs and Livelihoods Assessment
BSFP	Blanket Supplementary Feeding Programme
CAP	Consolidated Appeal of OCHA
CHF	Swiss Franks
Coof	Cooperation Office of SDC
CPs	Cooperating Partners
CMR	Crude Mortality Rate
DAC	Development Assistance Committee (OECD)
EC	European Commission
ECHO	European Commission Directorate General for Humanitarian Aid
EMOP	Emergency Operation (WFP)
EU	European Union
FFW	Food for Work
FFE	Food for Education
GFD	General Food Distribution
GoNU	Government of National Unity
GoS	Government of Sudan
HA	Humanitarian Assistance
HLC	High Level Committee
HQ	Headquarters
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross and Red Crescent Movement
IDP	Internally Displaced Person
LRA	Lord's Resistance Army
LRRD	Linkage between Relief, Rehabilitation and Development
MUAC	Mid Upper Arm Circumference
NFI	Non Food Items
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
PDIV	Peace Building (SDC)
SDC	Swiss Agency for Development Cooperation
SHA	Swiss Humanitarian Corps

SR	Swiss Rescue
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TOR	Terms of Reference
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNHCR/HCR	United Nations High Commission for Refugee
UNICEF	United Nations Children’s Fund
USD	United States Dollar
WASH	Waster, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization

6 Annex 2: List of Contacts

Name	Organisation	Position	Contact
BOAS, Simon	FAO	Gaza Emergency Programme Officer	Simon.boaz@fao.com
CHAKKALAKAL, Werner	FAO	Senior Project Coordinator	Werner.chakkalakal@fao.org
CRAWFORD, Nicholas	WFP	Chief, Humanitarian Policy and Transitions Service	Nicholas.crawford@wfp.org
DAMIANI, Federica,	FAO	Operations Officer, Latin America and Haiti	Federica.damiani@fao.org
DENIS, Michel	WFP	Programme Officer, Gaza, oPt	Michel.dennis@wfp.org
FERRAND, Cyril	FAO	Senior Emergency and Rehabilitation Office, TCE, Haiti	Cyril.ferrand@fao.org
FLEISHER, Corinne	WFP, Sudan	Deputy Country Representative	Corinne.fleisher@wfp.org
FREY, Thomas	SDC	Chief West Africa Desk	thomas.frey@deza.admin.ch
GUHA, Stephanie	SDC	Program Officer (formerly Counselor Sudan)	stephanie.guha@deza.admin.ch
HEIDER, Caroline	WFP	Director, Office of Evaluation	Caroline.heider@wfp.org
HOLENSTEIN, Rene	SDC	Head of the multilateral Division	Rene.holenstein@deza.admin.ch
INDERMUHLE, Beatrice	SDC	Food Security	Beatrice.uindermuhle@deza.admin.ch
JAGGI, Martin	SDC	Chief Central Africa Desk	Martin.jaggi@DEZA.admin.ch
MUELLER, Ulrich,	SDC Coof Juba	Coordinator, Counsellor for Humanitarian and Development Affairs	Ulrich.mueller@wfp.org
NIGGEMANN-PUCELLA, Hildegard	FAO	Senior Operations Officer, Emergency Operations Service	Hilde.niggemann@fao.org
OLSSON, Patrick	SDC, Swiss Consulate, Sudan	Counselor for Humanitarian and Development Affairs, Khartoum	patrik.olsson@sdsc.net
OUMOW, Serge	SDC, WFP Khartoum , Sudan	Secondment to WFP, Cooperating Partners Focal Point, Field Coordinating Unit (2010)	Serge.Oumow@wfp.org

PAETH, Wendy	WFP	Government Donor Relations Officer, External Relations Department	Wendy.paeth@wfp.org
PILGRIM, Jo	WFP	Standby Partner Officer ALITE/ODLT - Logistics Division	Jo.pilgrim@wfp.org
ROHNER, Raymond	Former SDC	Secondment to WFP in Sudan, 2009	Rohner@heks.ch
ROSSI, Valerie	SDC	Controlling section	valerie.rossi@deza.admin.ch
SIEGFRIED, Gerhard	SDC	Controlling Section	Gerhard.siegfried@deza.admin.ch
THEVENAZ, Franklin	FDFA, Rome	Counselor, Deputy Permanent Representative; Permanent Representation of Switzerland to FAO, IFAD and WFP	Franklin.thevenaz@eda.admin.ch
THOMAS, Laurent	FAO	Director, Emergency Operations and Rehabilitation Division (TCE)	Laurent.thomas@fao.org
TIBERI, Laura	FAO	Operations Officer, TCE, Gaza	Laurajane.tiberi@fao.org
VAAGE, Linda	WFP	Standby Partner Officer ALITE/ODLT - Logistics Division	
VINET, Rodrigue	FAO	Senior Operations Coordinator, TCE Sudan	Rodrigue.vinet@fao.org
VOGLI, Peter	SDC, Sudan	(Former) Secondment to WFP, 2005-2008	
WABBES, Sylvie	FAO	Agronomist, Operations Officer, Tsunami Recovery, Emergency Operations Service	Sylvie.Wabbescandotti@fao.org
Von DANIKEN, Beat	SDC	Directorate Humanitarian Aid and SHA	Beat.vondaeniken@deza.admin.ch

7 Annex 3: List of Documents (see Main Report ANNEX 4)

8 Annex 4: WFP Operation Fact Sheet

Operation Fact Sheet	Food assistance to populations affected by conflict
Title of the Operation	
Number of the Operation	EMOP 10760
Approval Date	September 2008. Budget Revisions in June 2009, again in June 2009, and November 2009.
Objectives	The overarching goal of this operation is to save lives and reduce food insecurity, and to restore the livelihoods of conflict-affected and vulnerable populations in Sudan.

Operation specs	Start Date	End Date	Beneficiaries¹	Metric tons	US\$ million
Approved design	10 1.09	31 1.09	5,900,000	677,991	921.3
At the time of the evaluation	10 1.09	31 1.09	6,175,000	659,830	868.7

Activities:	Beneficiaries	Metric tons
Total GFD	4,650,500	525,729
Demobilization	59,500	7,736
Food for Work	172,500	17,110
Food for Recovery	255,000	29,245
Food for Education	1,000,500	46,642
Food for Training	54,200	6,777
Supplementary Feeding	551,000	13,371
Therapeutic Feeding	6,100	196
Institutional feeding	59,500	13,023

Main Partners

(in Darfur)

Government

Ministry of Education (1.3% of all food distributed), Ministry of Health, Ministry of Agriculture

NGO

Africa Humanitarian Action 8.3%, Care International - Sudan 9.2%, Catholic Relief Services (US) 7.4%, Danish Refugee Council 4.3%, Germany Agro Action 13.0%, Samaritans Purse 3.0%, Save The Children (US) 3.1%, Sudan Popular Committee For Relief & Rehabilitation 2.6%, Sudanese Red Crescent (23.9% of all food distributed). World Vision 8.4%,.

Multilateral

WFP Distribution Team 12.3%, UNICEF

Main Donors

Canada 3%, Carryover 14%, CERF, CFH and agencies 2%, European Commission 10%, Japan 2%, US 64%,

Other ongoing WFP Operations in Sudan

CP 10105.0 US\$43.7 million, SO 10845.0 US\$27.3 million, SO 10342.2 US\$23.0 million, SO 10368.0 US\$265.4 million, SO 10181.5 US\$89.0 million

ANNEX 10: SDC Food Security Issues in Emergencies

Written for “Evaluation - SDC Humanitarian Aid; Emergency Relief”

By Sheila B. Reed

The orientation paper “Food Security in SDC Humanitarian Aid” (August 2010) highlights changes in SDC thinking regarding food security in emergencies. Food Security was formerly thought of as a long term development cooperation issue but strict thematic separation between development and crisis prevention is no longer considered to be meaningful. Main points include the following:

- Supporting food security during times of crisis is not only equated with food aid
- Securing the food supply is part of emergency relief and recovery, such as through restarting of agricultural production
- Food insecurity and undernourishment makes people vulnerable to disasters and future need for emergency relief.¹

However, the concept of recovering food security in emergencies is not well accepted by some donors and donor countries. Various donors separate their funding sources and encourage providers of emergency food assistance such as WFP to stick to their roles. One motivation may be the significant media exposure given to disaster-affected people receiving bags of food, and some donors may have political reasons for not venturing into what may be seen as food production support in certain countries.² ECHO, for example, did not support agricultural recovery in Myanmar post-Cyclone Nargis which damaged the subsistence assets of 2.5 million people.³

The Specialized Group on Environment and Disaster Risk Reduction of the Swiss Humanitarian Aid Unit has set up a Food Security and Disaster Risk Reduction (DRR) Group to promote a) strengthening of crisis resilience and preparedness; b) emergency relief and recovery: securing the food supply; and c) reconstruction and transition towards sustainable development. The relationships between disasters and development have been well established since 1983⁴ but concepts that have been adopted by the international assistance community such as “Linking Relief to Development (LRRD)” have not always been successful partly due to reasons mentioned in the above paragraph. Recovery therefore in many emergencies is not satisfactory for the affected population in restoring them to pre-disaster situations, much less in meeting the “build back better” standards promoted after the Indian Ocean Tsunami of 2004.⁵

The recent EC communication on Food Security⁶ promotes “specific support to countries in transition and fragility using LRRD principles.” FAO’s (with WFP) recent publication

¹ SDC Orientation paper “Food Security in SDC Humanitarian Aid” (August 2010).

² Opinions of interviewees from this evaluation.

³ Interview with ECHO in Yangon, Myanmar, March 2010.

⁴ Disasters and Development, by Frederick Cuny, Oxford University Press, 1983.

⁵ Tsunami Evaluation Coalition report main points: “In general it was found that affected people were satisfied with the initial relief assistance, but became increasingly less satisfied with the assistance to help them recover, particularly with regard to re-establishing their livelihoods”, page 2.

⁶ Communication from the Commission to the Council and the European Parliament: An EU policy framework to assist developing countries in addressing food security challenges; SEC(2010)379, page 9.

regarding food security⁷ indicates that countries in protracted crisis, such as Sudan, Gaza and the West Bank and Haiti, generally show high levels of food insecurity, and although on average countries in protracted crisis receive 22% more assistance, this assistance is typically similar to what is offered in short-term crises and not sufficiently flexible.⁸ A key message is that “*improving food security in protracted crises requires going beyond short-term responses and protecting and promoting people’s livelihoods*”.⁹

In Sudan, approximately 80% most of WFP’s food assistance was through General Food Distribution (GFD, a food basket targeted to all affected people) in 2009. GFD particularly from external food sources in Sudan is extremely expensive.¹⁰ WFP supports a number of food assistance tools such as food for work (FFW), education (FFE), training (FFT), etc. but these tend to form a smaller proportion of the total food assistance provided.

Advantages of general food distribution (as per the Sudan evaluation report):

1. Acts as immediate solution to meet daily requirements for kcals and nutrients
2. Establishes or streamlines logistics networks that reach remote populations and this can allow other programs to be launched to benefit affected populations
3. Promotes data collection on affected populations regarding nutritional status and addresses undernourishment, particularly of women and children, through distribution of supplementary foods (SDC contributes all the milk powder which is used in the Blanket Supplementary Feeding Program – BSFP.)

Disadvantages of general food distribution (as per the Sudan evaluation report):

1. Contributes to situations that are beyond the control of assistance organizations, donors and the government. Sudan provides an example that is also seen in other countries such as the DRC: bloated ration rolls and duplicate ration cards, diversion of food by sheiks or elites, and transfer or sales of food by intended beneficiaries to armed groups.¹¹
2. Reporting on distribution numbers may not reveal the true value of the food to the affected people, e.g. in Sudan, the idea of a “notional ration” where the commodities planned for the food basket were not all provided due to pipeline breaks, and factors such as milling losses, milling costs, transport costs, taxes to sheiks, and need to sell some of it to buy other goods, reduced it further.¹²
3. May mask or fail to assess the receptivity of the affected people for livelihood development support.
4. Once GFD is an accepted service to communities and/or there is a culture of sharing equally in communities, there may be resistance to targeted approaches.

Most of the disaster affected families in developing countries tend to depend on farming and fishing. The main actors in food and agriculture, WFP, FAO and IFAD, were criticized at the World Food Summit for their weak cooperation among themselves. However, they did work together as a Task Force in February 2010 to support the Government of Haiti to develop a joint plan of action for food security.

⁷ Food and Agricultural Organization (with WFP), “The State of Food Security in the World – Addressing Food Security in Protracted Crises”, 2010.

⁸ Ibid, page 17.

⁹ Ibid, page 18.

¹⁰ WFP Sudan Darfur cost per metric tonne is \$1004, reduced recently to \$984; the global average is \$1000/MT but the Special Operations required to support the EMOP add significant costs.

¹¹ Sources: Interviews, SDC Annual Report Sudan 2009 and WFP draft Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary

¹² WFP draft Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary, page 4.

Country examples – Food Assistance, Food Security and Recovery

Haiti – The evaluation draft Haiti report states: “The most striking illustration of the will to link relief to recovery and rehabilitation is the inclusion of the requirement to prepare early recovery projects in the Terms of Reference of the RR team (RRT).” Discussions are ongoing on merging the Agriculture and Food Aid Clusters into a Food Security Cluster.

Gaza – The September 2010 evaluation¹³ of WFP’s PRRO through the major conflict of 2008 indicated that recovery components particularly FFW interventions had not reached their targets, because of financial shortfalls leading to prioritization of relief interventions, capacity limitations among collaborating partners and restrictions on the use of some donor’s contributions. The report concludes that in the oPt: “food aid is generally not the most effective or efficient means of meeting food security needs.” Recommendations included replacing GFD with voucher-based or cash-based schemes and expanding partnerships for FFW and FFT. FAO started a program to develop fuel efficient stoves and later WFP started a similar program, and despite efforts by FAO to coordinate, this did not occur.¹⁴

Sudan – The July 2010 draft evaluation of the EMOP 10760 assistance to Darfur¹⁵ concluded that many affected people have contrived livelihoods since 2003 but most are inadequate and some are mal-adapted and unsustainable. WFP jumped in to distribute food when partners were expelled in March 2009. Reducing the ration in late 2009 had no negative impact on food security, indicating that some people may have alternative livelihoods. One of WFP’s strategic objectives in Darfur was to “save lives and protect livelihoods...” but the livelihood objective had no indicator for 2009 although one was added in 2010. The Operations Evaluation report contends that it would have been ideal to move to more self-targeting modalities such as FFW in 2009 but it was not an option due to limited capacity of cooperating partners and community resistance to targeting. WFP piloted milling vouchers in North Darfur which was considered to be an excellent initiative.

Conclusions: SDC’s orientation in support of securing the food supply in emergencies is well founded and rests on evidence from recent emergencies that livelihood support and food security inputs are often inadequate or underemphasized for recovery and/or timely reduction of GFD. The 2010-2012 objectives for medium term support to Sudan indicate concrete action in the direction of securing the food supply in the emergency and recovery field of action.

The LRRD concept/principles may not be strong enough to make the needed impact to recover food security efficiently and effectively, rather using food aid for recovery and other means to strengthen food security with emergency funds may better serve the affected people. WFP’s way of doing business is to largely use GFD; efforts to target while improving livelihoods through FFW and other options are generally constrained by capacity problems. FAO’s emergency agricultural inputs can be an asset to food security recovery but its efficiency requires strengthening. FAO does not currently have an MOU with SDC for secondments and this might be an option for collaboration.

¹³ WFP, “Summary Evaluation Report Occupied Palestinian Territory Protracted Relief and Recovery Operation 103871, Executive Summary, pages 3-5.

¹⁴ Email messages documenting exchange between FAO and WFP.

¹⁵ WFP, Sudan EMOP 10760.0: Food assistance to populations affected by conflict: An Operation Evaluation; July 2010 Draft, Executive Summary.

Suggestions

SDC should:

- Continue to advocate for securing the food supply during emergencies among donors and policy makers to ease barriers to broader use of donor funds for recovery and DRR in emergencies, and to promote collaboration between WFP, FAO and IFAD and other organizations working on food security.
- Invest in and support organizations which have the capacity to help recover food security during emergencies, by planning, implementing and monitoring activities that improve access to markets, repair farming and fishing infrastructure, and distribution of seeds, farm animals and tools, etc.
- Promote with WFP or other organizations earlier inclusion of recovery activities, such as FFW, and earlier reduction of general food distribution if feasible; promote the use of milling and other vouchers to increase the amount of food people can consume from the food basket; If feasible earmark contributions for such activities.
- Promote consultation with affected people continuously in the emergency about their priorities and responding in a timely manner to their readiness to restore their food security.
- Plan SDC evaluations not only to cover emergency relief in its classic “service oriented” form but to examine the factors affecting recovery and the general protective environment.

ANNEX 11: Global Questionnaire and its results

Out of the 211 persons met, only 111 felt familiar enough with SDC activities or duly authorized to fill in the questionnaire.

	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Sub total	No answer
1	Clear definitions and concepts	38	53	11	2	0	104	7
2	Clear criteria to determine strategy	26	51	13	2	0	92	19
3	Good cooperation between SDC, partners and Multi	37	51	10	2	0	100	11
4	Consultation prior making key decisions	24	47	15	7	0	93	18
5	Consultation is NOT essential for life saving response	7	10	18	40	25	100	11
6	Decisions based on needs assessments	20	56	17	3	0	96	15
7	NO other agency could provide services delivered by SDC	3	14	28	40	6	91	20
8	The response was timely	32	47	11	4	0	94	17
9A	Rapid Response was appropriate in general	18	46	9	1	0	74	37
9B	Medical assistance	20	36	15	0	0	71	40
9C	WASH	11	38	18	5	0	72	39
9D	Food assistance	16	29	22	3	0	70	41
9E	NFI/Shelters	17	35	22	1	0	75	36
10	Monitoring using written standards	9	44	29	5	0	87	24
11	Strengthening the capacity of authorities	20	35	35	10	1	101	10
12	Strengthening the capacity of local NGOs	24	37	35	6	0	102	9
13	Planning for early recovery/ rehabilitation is a priority from the start	30	49	13	6	0	98	13

From the response rate, it appears that few interlocutors were familiar enough with SDC activities to share an opinion. The large majority of the respondents were either from SDC or partners (UN a, NGOs, ICRC) cooperating directly with SDC.

Type of Agency	Number Interviewed	Number of questionnaires
SDC/FDFA	58	37 (63.8%)
UN	64	35 (54.7%)
NGO	43	23 (53.5%)
Red Cross	22	8 (36.4%)
Others	24	8 (33.3%)
Total	211	111 (52.6%)

For each question, the analysis was done according to place interview: HQs (44), Haiti (41) or Gaza (26) and type of agency: SDC (37), UN (35), NGOs (31 including 8 from Red Cross) and others (8). (See table).

Two questions (5 and 7) required a negative answer (coordination is not required for immediate assistance and No other agency could have provided the assistance offered by SDC). It served also as a quality control to detect pattern of blind agreement.

Agreeing with other questions reflected a positive view of SDC action. The level of positive perception varied: Responses from interlocutors in Haiti were clearly less positive than average in contrast to Gaza contacts who hold a better opinion of SDC than others. HQs (SDC and other agencies) tended to strongly agree more often.¹ This discrepancy was not always matching the conclusions of the evaluators. It may suggest that the overall chaotic (and competitive) context of the international response in Haiti made our interviewees more critical or perhaps that those in Gaza appreciated the human rights principles and solidarity behind the response more than its impact.

Place of Interviews	Strongly agreeing	Agreeing	No opinion	Critical (disagreeing)	Total replies ²
Gaza	87 (27.9%)	165 (52.9%)	51 (16.3%)	9 (2.9%)	312
Haiti	89 (19.5%)	222 (48.7%)	116 (25.4%)	29 (6.4%)	456
HQs	166 (29.6%)	267 (47.6%)	108 (19.3%)	20 (3.6%)	561
All	342 (25.7%)	654 (49.2%)	275 (20.7%)	58 (4.4%)	1329

¹ Chi Square test: 0.000148.

² Excluding NO Answer for each question.

1. Existence of clear concepts:

91 out of those 104 who responded believed that SDC has clear concepts regarding the various phases. Only two disagreed (UN and SDC, both in HQs). The evaluators agree with this finding but noted that the understanding of the various phases of a disaster was varying from one case study to the other. In Gaza, concepts of what is emergency relief, recovery and rehabilitation remained inconsistent.

2. Criteria are used to determine strategy and select target groups

77 out of 92 replies (83.7%) agreed while two disagreed (NGOs) and 13 were neutral.

3. Cooperation between SHA (in HQ), Coof and multilateral is beneficial

88 out 100 replies were positive. 10 remained neutral while 2 disagreed. SDC interviewees had a more positive opinion than UN (86% and 77.1%).³ Similarly Gaza was more positive than Haiti (91.3% and 85%).

4. Consultation with partners prior to making decisions

71 out of 93 (76.3%) agreed or strongly agreed. No significant difference was detected according to location or type of agency.

5. Coordination is not essential for life saving response

65 out of 100 disagreed (25 of them strongly) to this statement. A large number (18) remained neutral while only 11 opted not to respond at all. Only 17 agreed at all. This question requiring disagreeing with a negative sentence (a double negation) was confusing in some cultures and probably explained some positive opinions.

6. Decision is based on needs assessment

76 out of 96 agreed (79%). 2 out of the 3 dissent voices were in Haiti. There is no statistical difference between Haiti and Gaza.

7. There no other agency able to provide the services delivered by SDC in the first two month.⁴

This question is meant to support the “what if” discussions: whether anyone could or would have provided the services if SDC had decided not to offer them.

46 out 91 (practically half of the replies) felt that there were other agencies willing and capable to offer the same services. 40 opted to remain “neutral”. Only 17 felt that there was no alternative source for SDC assistance.

The distribution of no reply or neutral answers is interesting. UN interlocutors were clearly reluctant to express an opinion compared to other agencies (CHI sq 0.03). It seems a cultural feature as NGOs, more dependent on SDC funding than the UN, were more forthcoming.

³ 32 of 37 and 27 of 35.

⁴ Again a double negation confusing for Arabic cultures.

Type of Agency	Expressed an opinion	Did not reply or remained neutral	Total
SDC	25 (67.6%)	12 (32.4%)	37
NGOs/Red Cross	20 (64.5%)	11 (35.5%)	31
UN agencies	14 (40%)	21 (60%)	35
All agencies	59 (57.3%)	44 (42.7%)	103

8. Timeliness

The survey confirmed 84% positive appreciation (79) from those 94 who responded reflecting some familiarity with SDC operations. 29/111 opted not to reply to this question or had no opinion. Four disagreed, all of them in Haiti.

9. SDC assistance appropriateness to the needs

The question was addressing: the general assistance as well as the medical, WASH, food and NF assistance. For all sub-questions, the rate of no reply or no opinion was high (ranging from 46 to 63 out of 111 questionnaires).

64 of 74 interlocutors i.e. 86.5% considered that in general SDC assistance was appropriate. Among the thematic areas, the medical assistance received the highest rate of approval (78.9%) and the food the lowest (64.3%). Seven interlocutors considered some form of assistance as non appropriate to needs (for a total of 10 negative opinions, half of them were on the WASH program). None were critical of the medical assistance.

Theme	Agree or strongly agree	Neutral	Disagree ⁵	Subtotal	NO reply
General	64 (86.5%)	9	1	74	37
Medical	56 (78.9%)	15	0	71	40
Wash	49 (68.1%)	18	5	72	39
Food	45 (64.3%)	22	3	70	41
Non Food	52 (69.3%)	22	1	75	36

No statistically significant difference was noted between Haiti and Gaza opinions.⁶

10. Effectiveness is monitored using written standards

The same number (53) agreed or abstained giving an opinion. Five were disagreeing (3 from SDC, one from NGO and one from Haitian Government).

⁵ There was no strong disagreement.

⁶ Due to high no reply rate, the samples were small.

11. SDC strengthened the capacity of national, regional or local government

55 out of 101 agreed, a modest endorsement compared to other questions. More revealing is the number of negative replies (10 disagreeing, one strongly so). Five were in interviews in Haiti, two in Gaza and four in HQs. It is by far the highest rebuttal for any question.

12. Strengthening local NGOs

61 out of 102 approved this statement: A better endorsement but only modestly so. Only six disagreed. Two of the 6 are from NGOs, others from SDC.

13. Planning for early recovery and rehabilitation is a major priority for SDC

79 out of 98 (81%) felt that it was indeed a major priority for SDC. Six disagreed (3 of them in SDC HQs).

The results by large coincide with the much more numerous interviews. There are some discrepancies. For instance, the evaluators concluded that strengthening the capacity of NGOs has been SDC noticeable achievement. They also consider that concepts and monitoring standards are not as effective as believed or presented in the questionnaires. Occasionally, written replies were not consistent with the interviews. The interlocutors were never probed further as the questionnaires were anonymous and filled at the closure of the meeting.

ANNEX 12: Questionnaire for quantified analysis

Country						
Agency						
Title						
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	SDC and its partners have clear definitions of concepts such as immediate assistance, life saving, early recovery, rehabilitation, reconstruction... and they are using them.					
2	SDC applied clear criteria to determine the best strategy of Rapid Response and in particular the selection of target groups					
3	The cooperation between SDC humanitarian and cooperation offices and the Multilateral partners is benefitting your activities					
4	SDC is consulting with key Stakeholders before making important strategic or financial decisions					
5	For life saving immediate response, prior coordination with others is not essential					
6	Swiss Humanitarian Aid decisions are based on the findings of needs assessment by SDC or partners staff					
7	There was <u>no</u> other agency willing and able to provide the services delivered by SDC in the first two months					
8	SDC immediate relief assistance was timely given the logistic constraints					
9	SDC Rapid Response (services or supplies) was appropriate to the situation and needs in general					
	The medical assistance					
	The water and sanitation assistance					
	The food assistance					
	Other Non Food assistance (incl Shelters)					

10	SDC monitored Aid effectiveness using written standards of quality					
11	The SDC response contributed to strengthen the capacity of the authorities (national, regional or local)					
12	The SDC response contributed to strengthen the capacity of the local NGOs					
13	Planning for early recovery and rehabilitation is a major SDC priority from the start of the Rapid Response					
Additional comments:						

SDC: Swiss Development Cooperation