



‘Standing On Our Own Feet’
CARE International in Myanmar’s
Cyclone Nargis Operation
2008-2013
Ex-Post Evaluation



DEBORAH RHODES AND MARIANNE JAGO-BASSINGTHWAIGHTE, INDEPENDENT CONSULTANTS

May 2014

**The title of the report ‘Standing On Our Own Feet’ reflects both the voices of some community participants in this evaluation as well as the ultimate goal of CARE’s response to Cyclone Nargis*

Acknowledgements

The evaluators acknowledge the assistance of all those who generously gave their time and effort with a view to ensuring this evaluation is as insightful and useful as it can be. Specifically, we thank current and former CARE Country Office staff listed in Annex 4, especially those who participated with such enthusiasm in the Theory of Change workshop. We thank Brian Agland, Philippa Beale, Tala Deaton, Myat Htet Aung Min, Nang Phyu Phyu Lin and Peter Hounng Ning from the CARE Myanmar Office. We particularly thank Dr Koko Hlaing and the very capable evaluation team members from Smart Surveys Myanmar as well as translators, Moe Moe and Thin Thin Aye. The evaluation teams captured village perspectives with great respect, skill and sensitivity. We also thank all support staff who took great care of us, especially during field work.

Above all, we thank communities in the Ayeryawaddy Delta for all that they shared, in the hope of benefiting and protecting other communities in Myanmar and globally. We dedicate our findings especially to the many for whom recovery from the impacts of Cyclone Nargis will remain a life-long journey.

Finally we thank Craig Miller for technical assistance with data extraction, and Digital Tao for generating the Theory of Change diagram in electronically useable format. We also thank Josie Huxtable and Andrew Rowell for their dedicated oversight of this evaluation.

Table of Contents

ACKNOWLEDGEMENTS.....	II
ABBREVIATIONS	V
EXECUTIVE SUMMARY	1
1.0 INTRODUCTION.....	6
1.1 OVERVIEW AND PURPOSE.....	6
1.2 OBJECTIVES	6
2.0 CONTEXT.....	9
2.1 CYCLONE NARGIS IN MYANMAR.....	9
2.2 DEFINITIONS OF RESILIENCE	10
2.3 EFFECTIVE PRACTICE IN THE PROMOTION OF RESILIENCE.....	11
3.0 METHODOLOGY.....	11
3.1 STAGES AND TOOLS.....	11
3.2 LIMITATIONS.....	12
3.3 THEORY OF CHANGE	13
4.0 THE CYCLONE NARGIS OPERATION	14
4.1 THE OVERALL RESPONSE	14
4.2 CARE'S PROGRAM IN RESPONSE TO CYCLONE NARGIS	15
5.0 EVALUATION FINDINGS.....	16
5.1 RELEVANCE AND APPROPRIATENESS	17
5.1.1 ALIGNMENT WITH MYANMAR FRAMEWORKS	17
5.1.2 RESPONSIVENESS TO LOCAL PRIORITIES, INCLUDING RESILIENCE AND SELF-SUFFICIENCY	17
5.1.3 TO WHAT EXTENT DID CARE'S RESPONSE CONSIDER THE DIFFERING NEEDS AND VULNERABILITIES OF TARGET GROUPS WITHIN COMMUNITIES?	20
5.2 EFFECTIVENESS	21
5.2.1 EFFECTIVENESS ACROSS SECTORS	21
5.2.2 TO WHAT EXTENT HAVE COMMUNITIES RECOVERED?	23
5.2.3 TO WHAT EXTENT HAVE THE OUTCOMES CONTRIBUTED TO INCREASED LEVELS OF RESILIENCE?.	25
5.2.4 EFFECTIVENESS OF TARGETED DELIVERY.....	25
5.2.5 PARTICIPATORY PLANNING AND MONITORING.....	25
5.2.6 MANAGEMENT EFFECTIVENESS.....	26
5.2.7 RESPONSIVENESS TO REFLECTION AND EVALUATION FINDINGS.....	27
5.3 GENDER AND DISABILITY	28
5.3.1 GENDER.....	28
5.3.2 PEOPLE WITH DISABILITY	30
5.4 EFFICIENCY	30
5.4.1 PROGRAM EFFICIENCY	30
5.4.2 RESOURCE ALLOCATIONS.....	30
5.5 QUALITY AND SUSTAINABILITY	31
5.5.1 TO WHAT EXTENT WAS LONGER TERM RECOVERY, AND A CONSIDERATION OF RESILIENCE, PRESENT THROUGHOUT ALL PHASES?	31

5.5.2 WAS THE ASSISTANCE PROVIDED ALIGNED WITH CARE HAF, SPHERE, DAC AND OTHER GOOD PRACTICE STANDARDS?.....	32
5.5.2 HOW SUSTAINABLE WAS THE ASSISTANCE?	32
5.6 ACCOUNTABILITY	35
5.6.1 ACCOUNTABILITY TO COMMUNITIES	35
5.7 IMPACT.....	36
<u>6.0 SUMMARY OF FINDINGS AGAINST KEY EVALUATION QUESTIONS.....</u>	<u>38</u>
6.1 HOW RESILIENT ARE COMMUNITIES?	38
6.2 WHAT DID CARE DO ACROSS PHASES TO INCREASE RESILIENCE?	40
6.3 TO WHAT EXTENT WERE CARE'S EFFORTS ALIGNED WITH OECD DAC AND EVALUATION CRITERIA?	40
6.4. WHAT IS THE LINK BETWEEN WHAT CARE DID AND THE CURRENT LEVELS OF RESILIENCE IN EVALUATION TARGET AREAS?	40
6.5 WHAT LESSONS LEARNT AND GOOD PRACTICES HAVE BOLSTERED RESILIENCE AND REDUCED VULNERABILITY TO FUTURE DISASTERS?	41
<u>7.0 RECOMMENDATIONS.....</u>	<u>43</u>
ANNEX 1 EVALUATION TORS.....	44
ANNEX 2 TRANSECT SURVEY RESULTS.....	50
ANNEX 3 EVALUATION TOOLS.....	56
QUESTIONS FOR FOCUS GROUP DISCUSSIONS AT VILLAGE LEVEL	57
GUIDING QUESTIONS FOR PREVIOUS AND CURRENT STAFF OF CARE.....	58
GUIDING QUESTIONS FOR REPRESENTATIVES OF DONOR AGENCIES	59
GUIDING QUESTIONS FOR REPRESENTATIVES OF GOVERNMENT AND OTHER AGENCIES.....	60
ANNEX 4 STAKEHOLDERS/INTERVIEWEES	61
ANNEX 5 THEORY OF CHANGE.....	64
ANNEX 6 SAMPLING APPROACH AND FINAL SCHEDULE	66
ANNEX 7 REFERENCES/LITERATURE/EVALUATIONS	68

Abbreviations

ACRONYM	FULL NAME
ALNAP	Action Learning Network for Accountability and Performance
ASEAN	Association of South East Asian Nations
CfW	Cash for Work
CD	Country Director
CI	CARE International
DOA	Department of Agriculture
DOF	Department of Fisheries
DRR	Disaster Risk Reduction
FAO	United Nations Food and Agricultural Organisation
FHH	Female Headed Household
FGD	Focus Group Discussion
GenCap	Gender Standby Capacities
GNI	Gross National Income
GoUM	Government of the Union of Myanmar
HAF	Humanitarian Assistance Framework
ILP	Integrated Livelihoods Programme
IG	Income Generation
INGO	International Non-Government Organisation
LBVD	Livestock Breeding and Veterinary Department
MAS	Myanmar Agricultural Services
MHH	Male Headed Household
MTR	Mid-Term Review Evaluation
ODI	Overseas Development Institute

OECD DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PCW	Protection of Children and Women (Cluster)
PONJA	Post-Nargis Joint Assessment
PONREPP	Post-Nargis Recovery and Preparedness Plan
ProCap	Protection Standby Capacity
PSS	Psycho-Social Support
SCIM	Save the Children in Myanmar
TCG	Tri-Partite Core Group (GoUM, ASEAN, UN)
TOC	Theory of Change
TOR	Terms of Reference
UNDP	United National Development Program
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
WASH	Water Sanitation and Hygiene
WFP	World Food Programme

Myanmar Term	English Translation
<i>Kan iy shi-la</i>	to anticipate, and recover
<i>Kyaw hlwar</i>	to overcome
<i>Thani</i>	Palm Leaf (for thatch)
<i>Ya Mi Ya Pa</i>	Village Grandmother Village Grandfather (Village Elders)
<i>Yin Saing Kyaw Hlwar</i>	to face

Executive Summary

Cyclone Nargis, which made landfall in Southern Myanmar on 2 May, 2008, was a catastrophic climatic event which caused the deaths of 140,000 people, the displacement of 800,000 people, and severely affected the lives of 2.4 million more. CARE was one of many international and local organisations which responded to communities’ emergency and recovery priorities after the Cyclone. CARE commissioned an evaluation of its response, five years after the event (2013). This report is provided for CARE management and staff, and practitioners who strive to meet humanitarian and development objectives.

This evaluation provides evidence on the quality and impact of CARE’s response and recovery programming, with a view to better understanding local resilience to future disasters in Southern Myanmar. The evaluation was undertaken in affected areas during December 2013, and focused on five key questions. The evaluation was designed by two independent consultants and implemented alongside a team of 12 highly skilled Myanmar evaluators/data collectors. The data collection process included interviews and focus group discussions with a wide variety of stakeholders at national, district and village levels, including nineteen villages. Analysis processes included a workshop to identify the theory of change underpinning CARE’s response and another workshop for the evaluation team as a whole to identify emerging themes related to the five key questions.

In summary, the evaluation found that over the five years since May 2008, communities in the affected areas have increased their levels of resilience, and that CARE’s efforts made a significant contribution to this. CARE’s work contributed to: saving lives in the emergency phase; steady recovery of livelihoods across phases; improved participation by women in village leadership; increased confidence among women and more respect for women’s role in decision-making at household and community levels; a perception of increased resilience, particularly among women and individual households; greater self-sufficiency at village level, through formation and support for Village Development Committees; and increased women’s and men’s empowerment, albeit mixed with low levels of increased dependency.

CARE’s efforts to build or re-build village infrastructure such as jetties, footpaths, bridges and roads have improved economic opportunities; cyclone shelters and reinforced housing construction have resulted in greater emergency preparedness; and positive behavior change around disaster risk reduction practices, are all critical to increased resilience, and were most often mentioned in village focus group discussions as CARE’s greatest contribution to local recovery from Cyclone Nargis. Most communities reported better access to markets and social services through improved local infrastructure. CARE’s early focus on livelihoods recovery, at the request of affected communities, saw sustained food security as well as economic recovery. CARE’s distribution of materials such as seeds/fertiliser/threshers and buffalo, combined with training on improved agricultural practices and techniques, were well-targeted and effective, although varying conditions across the Delta meant that some adjustments needed to be made. Farmers reported

improved farming practices (such as seed broadcasting and storage), which have promoted both livelihoods recovery as well as disaster preparedness. Other interventions such as pig and duck-rearing were successful and had been taken up by non-beneficiary communities. Tempering this impact, community leaders reported that livelihoods have not yet recovered to pre-Nargis levels, largely due to changed weather patterns since Nargis, and in some areas, lingering salination. Increased household debt levels post-Nargis continues to be an issue, despite the creation of a new government microfinance scheme to help address this.

Overall, CARE’s efforts have made a relevant, well-regarded and valuable contribution. CARE’s activities across food and water supply, livelihoods, infrastructure, disaster risk reduction and community development reached more than 288,000 people over four phases from May 2008 to June 2013. A total of US\$ 18,378,798 was allocated as follows:

Phase	Sectors	Dates	Total Funding	Location
Relief (Emergency Response)	<ul style="list-style-type: none"> Household asset replacement WASH Food Assistance (with WFP) Livelihoods 	May-Nov 2008	42%	11 Townships across Ayeryawaddy and Yangon Regions
Transition to Recovery	<ul style="list-style-type: none"> Livelihoods & tech training WASH Infrastructure Cross-cut focus on gender and psychosocial support DRR activities 	Dec 2008-Aug 2009	23%	6 Townships across Ayeryawaddy Yangon regions
Recovery	<ul style="list-style-type: none"> Livelihoods & tech training WASH DRR 	Sep 2009-Aug 2012	32%	2 Townships (Dedaye and Bogale: 41 villages)
Long term development	<ul style="list-style-type: none"> Infrastructure Livelihoods Village development 	Sept 2012 - June 2013	3%	Not specified

A number of positive features and emerging good practice were identified in terms of CARE’s approach, including an ability to incorporate lessons learned into programming; leadership by skilled local staff, accountability to communities, commitment to community decision-making systems and consideration of gender issues. CARE’s work has contributed to increased levels of resilience at the household level and to a lesser extent at the community level. CARE’s work involved a strong commitment to monitoring during implementation, which meant lessons learned were given adequate attention and applied to

ongoing activities over the five years from 2008 to 2013. This evaluation provided an opportunity to review CARE Myanmar’s operation in its entirety and to focus on sustainability and levels of resilience a few months after CARE’s programming in the affected area ceased.

Both men and women reported women’s empowerment among the most significant changes since Nargis and this was viewed positively in communities. CARE’s focus on women’s empowerment and increased women’s participation in village leadership has changed the social organization of villages as well as increased the effectiveness and accountability of village governance structures. In addition, women’s perceptions of their own ability to recover from another disaster are slightly higher than men’s. Noting that women were disproportionately affected by Nargis, this finding bears significant examination. CARE’s focus on gender and its effects in communities are among the most impressive and sustainable of CARE’s achievements in its post-Nargis efforts.

After an uneven and challenging start, not least due to initial restrictions on access by international agencies to affected sites, and with continued resourcing challenges, CARE globally appears to have learnt early lessons from its response to Cyclone Nargis, leading to revisions to its procedures. CARE’s ability to generate and sustain village level engagement in setting and responding to development priorities was a significant and important step towards increased agency and resilience. Broadly speaking, CARE focused on the right things across priority sectors and responded well to feedback and monitoring findings, through processes which were relevant and effective. It delivered integrated initiatives (livelihoods, WASH and DRR), an approach which was effective and promoted individual and community resilience. In addition CARE coordinated well with other stakeholders, including Government and other international and local organisations involved in the response, in a highly complex setting. It made appropriate use of international standards and guides, taking into account national and local contexts.

The sustainability of the impact of CARE’s efforts is not easy to gauge just a few months after the cessation of program funding, but there are clear signs of positive village level changes which are likely to continue to contribute to ongoing resilience in many, though not all villages. These include village committee structures, community funding systems such as VDFs, infrastructure and maintenance systems, warning systems, preparedness processes and others. Beyond communities’ own continuing efforts, the evaluation found that GoUM budgetary allocations for local government services were unchanged over the period covered and thus there are ongoing limitations in Government service delivery.

Coordination with the Government of the Union of Myanmar (GoUM), which played a critical leadership role in the response, and other local and international organisations, is an important element of efficiency in post-disaster settings. Having observed CARE’s participatory and responsive engagement with communities and the improvements that resulted, officials reported practicing ‘*the two way system*’ (mutual learning between

officials and villagers).¹ CARE engaged closely with local officials and contributed to their capacity within a donor environment that was initially hostile to government capacity building. This signals an effective and responsive engagement, with an eye on sustained improvements. Both officials and community participants in the evaluation noted they now had stronger mutual relationships and villagers were proactive in seeking advice and advocating for assistance. In this case, CARE played a positive and well-regarded role, appropriately applying lessons from previous experience and reflecting local knowledge and networks. Its ability to negotiate challenges is commendable.

Overall, the evaluation found that CARE is well-placed to make a valuable contribution to emergency and humanitarian efforts in future, reflecting its experience with the Cyclone Nargis response. CARE’s 2012 Humanitarian and Emergency Strategy provides a sound blueprint for future responses, although efforts to understand and engage local communities on their own perceptions of resilience need to be prioritised. The following suggested actions are made to CARE as a result of this evaluation:

Recommendations

Program approaches

1. Using its expertise and experience in gender, CARE should encourage and work with other Myanmar-based INGOs and engage with the Government of the Union of Myanmar (GoUM) to strengthen a focus on gender perspectives in disaster management.
2. In similar vein, CARE should continue to support networks of INGOs and local responders to ensure village perspectives are given their due, and to ensure equitable ownership of initiatives, for example through consultation and feedback mechanisms.
3. CARE should continue to strengthen disability inclusive approaches in its humanitarian and emergency responses.
4. When operating in contexts where Government services are limited, CARE should continue (and encourage others) to support processes which enable greater long-term access by communities to Governments’ technical expertise (e.g. agricultural extension, veterinary services).
5. CARE and other INGOs should place greater focus on engaging staff and likely stakeholder communities in determining the high level outcomes expected within each context, and at all stages. This should be done particularly, but not only, during preparedness work and scenario-planning, to define the scope of all stages of

¹ Bogale Officials’ Meeting, 13.12.13

response and support clearer articulation for all stakeholders about expected outcomes.

Program content

6. It is recommended that CARE give cash and voucher-based approaches increased consideration across sectors in future disaster responses, including targeting for at-risk groups including women (young mothers, young widows, and FHH), families with school aged children, the landless and people with disabilities. In particular, cash initiatives that help avoid the endemic indebtedness that has followed Cyclone Nargis should be considered in future responses to disaster in Myanmar.

1.0 Introduction

1.1 Overview and Purpose

The purpose of this evaluation is to analyse the extent to which target communities have recovered from Cyclone Nargis, and the extent to which they have become more resilient towards future shocks and hazards. This evaluation draws on OECD DAC and evaluation criteria to provide evidence on, and assess CARE’s Cyclone Nargis response and recovery programming. Although the relief and recovery program closed in mid-2013, this evaluation makes recommendations for future humanitarian work in Myanmar and elsewhere.

This evaluation can be considered as the final in a series of reviews that CARE conducted over the five years of CARE’s response to Cyclone Nargis. Drawing on a range of primary and secondary sources, it spans the five years of the program, with a focus on understanding what CARE did, how resilient affected communities are five years on, and CARE’s role in contributing to that resilience.

1.2 Objectives

The evaluation objectives included in the terms of reference (TORs) are as follows:

- to examine the impact and sustainability of CARE’s Cyclone Nargis response and recovery program achievements for both women and men during and since the period of implementation
- to assess key achievements and areas of success, as well as challenges and areas for improvement and make realistic recommendations to replicate or improve and inform future programming
- to map and identify lessons learnt and good practices for sharing with peer agencies
- to build the internal capacity of CARE to manage evaluations, in particular the use of evaluation methods and tools through interactive action learning approaches

Following the planning process, an agreed set of five over-arching evaluation questions was identified, along with guiding questions under each of them, for various stakeholders. These questions are listed in Table 1 below, against the specified evaluation criteria and sub-criteria which are drawn from international evaluation guidance (of the OECD’s Development Assistance Committee (OECD-DAC) and the Action Learning Network for Accountability and Performance (ALNAP)).

Table 1: Evaluation Criteria, Sub-criteria and Guiding Questions

Overarching Questions	Evaluation Question	DAC Criteria	Sub-criteria
1. How resilient are communities in evaluation target areas?	1.1 To what extent have communities recovered from Cyclone Nargis? Have women and men, girls and boys recovered in different ways?	Effectiveness	Gender and diversity
	1.2 How is resilience understood and defined in the Myanmar context?	Relevance and Appropriateness	Delivery on community needs
	1.3 To what extent do groups within communities report increased resilience post Cyclone Nargis?	Sustainability	Gender and diversity
2. What did CARE do across phases (relief, recovery and development) to increase resilience?	2.1 To what extent were affected women and men involved in planning, delivery, management and monitoring of CARE’s program?	Accountability	Targeting Participative planning, monitoring Coord effectiveness
	2.2 Was there coherence between the phases?	Efficiency	Coherence
	2.3 To what extent were long term sustainability and disaster risk reduction included in CARE’s planning and programming?	Sustainability Coordination	Sustainable planning
	2.4 To what extent did project objectives consider resilience?	Project effectiveness	level Sustainable planning
	2.5 To what extent did CARE’s response consider the differing needs and vulnerabilities of target groups within communities?	Relevance Accountability Sustainability beneficiaries	to Gender and diversity
	2.6 Did communities understand CARE’s targeting strategy?	Relevance	Targeting
	2.7 What unintended impacts (beneficial or otherwise) were related to CARE’s work?	Impact	
3. To what extent were CARE’s efforts aligned with OECD DAC, UN and CARE	3.1 To what extent was assistance relevant and useful, and targeted to vulnerable groups?	Relevance	Gender and diversity

HAF evaluation criteria?	3.2 Was the assistance provided aligned with CARE HAF and DAC good practice standards?	Quality	Product quality Compliance with CARE Emergency Protocols Quality assurance strategy
	3.3 Is there evidence of strengthened and inclusive local capacity to prepare for future shocks? (local systems, structures, networks, plans, mechanisms, motivation)	Effectiveness Accountability beneficiaries Impact	to Effectiveness of feedback channels
4 What is the link between CARE’s work and current levels of resilience in evaluation target areas?	4.1 Is there a plausible association between CARE’s work and current levels of resilience?	Impact	Impact on communities Impact on CARE in Myanmar
	4.2 What alternative explanations could there be for changed levels of resilience in target areas? I.e. what did others do? What did communities do themselves?	Impact	Impact on communities Impact on CARE in Myanmar
	4.3 Has CARE’s programming had an impact beyond its objectives? If so, why and how?	Impact	Wider impact beyond program areas
5. What more needs to be done to bolster resilience and reduce vulnerability to future disasters?	5.1 What good practices can CARE replicate and build upon?	Sustainability, Effectiveness	Adequacy of CARE exit strategy
	5.2 What can CARE do to improve its response to future complex and large-scale emergencies?	Effectiveness, Sustainability	Impact on CARE in Myanmar
	5.3 Do communities feel ready to meet another disaster?	Sustainability	Impact on communities
	5.4 What lessons from CARE’s experiences can be shown to other stakeholders for their own improved programming and approaches?	Sustainability	Impact on other stakeholders

2.0 Context

2.1 Cyclone Nargis in Myanmar

Cyclone Nargis has been estimated to be the eighth deadliest cyclone in history (including un-named storms). Following an unusual trajectory up the Bay of Bengal and veering east into Myanmar, rather than west into Bangladesh, the cyclone made landfall on the afternoon of 2 May 2008.

A distinct lack of preparedness within the densely populated Ayeryawaddy Delta was the chief contributor to the death toll. Locals aware of warnings had largely disbelieved, and therefore disregarded, them. Most of the estimated 140,000 casualties died from drowning and impact injuries as Cyclone Nargis sent tidal surges of up to four metres crashing across the low lying Ayeryawaddy Delta.

Out of the 7.35 million people in the 37 affected townships across the Ayeyarwady and Yangon Divisions, some 2.4 million were estimated to have been severely affected. An estimated 800,000 people were displaced. FAO estimated that 63% of Myanmar’s paddy fields had been negatively affected, many from salination. The Cyclone also destroyed homes and infrastructure, as well as food stocks and clean water reserves. Overall, it was estimated that Cyclone Nargis caused USD 4 billion in economic losses.

While there has been significant increase in political transparency and greater access to basic freedoms in Myanmar since 2008, there are persistent barriers to economic development and social change, particularly outside the capital city of Yangon. These factors affect the ability of communities’ preparedness for, and resilience to, disasters and will continue to do so for the foreseeable future.

Humanitarian actors involved in the response to Cyclone Nargis, including INGOs, operated in Myanmar within a highly dynamic and complex socio-political environment. Although some challenges have eased in the intervening period, many persist. These include on-going conflict and ethnic unrest, restrictions on freedom of expression, and irresponsible international investment and its impact on already insecure land tenure. Other persistent challenges include unequal access to economic opportunity, a lack of essential services, and rural seasonal labour shortages in a context of rapid urbanisation.² On the other hand, in this context, communities are highly independent in many ways, with a long history of relying on their own resources to achieve their own household and collective objectives. In the rich Ayeryawaddy Delta, the environment is generally conducive to agricultural production and self-reliance and other factors have enabled communities to thrive, change over time and respond to emerging challenges.

² See also Susan Garner, Lucia Nass, U Khin Maung Lwin & Daw Moe Moe, “PaungKu, Leading From Behind” Phase 2 Evaluation January 2013, p.9.

In 2008 Myanmar had one of the lowest rates globally of public funding for social services at around 5% of GNI. During field work for this evaluation, district officials told evaluators that funding allocations to their departments had not increased since Cyclone Nargis. Poverty is among the greatest contributors to vulnerability, and while local experience and good disaster preparedness can promote resilience, their impact is inevitably constrained in a context of chronic poverty and inequality. In contrast, the existing cultural values of collectivism, self-sufficiency and high power distance - reflected in respect for religious and community leaders – seem to have contributed greatly to the overall success of the response.³

Early difficulties of access for international humanitarian actors (including CARE Myanmar), also hampered initial responses. These pre-existing access challenges were exacerbated by the fact that Cyclone Nargis preceded by a matter of days a national referendum seeking agreement to constitutional amendment. The Myanmar Government was suspicious of potential foreign political influence on the Delta masquerading as humanitarian response, and delayed the referendum in affected areas for some days. It also excluded international humanitarian actors, largely by delaying the grant of permits to visit affected areas.

2.2 Definitions of resilience

The term ‘resilience’ is used widely and increasingly in disaster management and humanitarian and climate change contexts. The ECB definition (ECB 2013) is as follows: ‘Resilience refers to the capacity of an individual, household, population group or system to anticipate, absorb, and recover from hazards and/or effects of climate change and other shocks and stresses without compromising (and potentially enhancing) long term prospects. Resilience is not a fixed end state, but is a dynamic set of conditions and processes’.⁴

Questions in this evaluation included an emphasis on the extent to which resilience has been developed within target communities. During evaluation team orientation, the Myanmar enumerators and translators provided important understanding about the concept and definition of resilience in Myanmar language. The teams translated resilience as follows: *Kan iy shi-la* (to anticipate, and recover); *Yin Saing Kyaw Hlwar* (to face); *Kyaw hlwar* (to overcome). These elements are closely aligned with the ECB definition (above), although with a greater focus on ‘facing’, rather than ‘absorbing’ shocks. Participatory translation of the term ‘resilience’ into Myanmar language/s allowed a focus on continued functioning and

³ During presentation of early real time evaluation findings in Yangon in October 2008, Bob Turner, Jock Baker, Dr Zaw Myo Oo, and Naing Soe Aye observed a unique Burmese “culture of sharing” as critical to the success of the early response in particular. Their report is the “UN Interagency Real Time Evaluation of the Response to Cyclone Nargis” 17 December 2008, which provides helpful context and analysis of the early response.

⁴ For a review of current definitions of resilience in the humanitarian context, see Pain, Adam and Simon Levine, “A Conceptual analysis of livelihoods and resilience: addressing the “insecurity of agency”, HPG Working Paper, November 2012, p.3 <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7928.pdf>

effect on longer term prospects as provided for in the ECB definition. Locals’ own conceptions of anticipating, facing and recovering from disasters was at the heart of questioning aimed at understanding their resilience.

2.3 Effective practice in the promotion of resilience

Increased resilience is a growing focus of humanitarian and development work. Within the sector, most efforts supporting resilience tend to be focused on reducing vulnerability and addressing the underlying fragilities ‘that turn shocks and stresses into humanitarian crises’.⁵ However even with a clear and culturally resonant definition of resilience such as that set out above, according to the Overseas Development Institute (ODI) and others, it is still not clear how resilience can be built.⁶ Theory of Change work carried out for this evaluation suggests that resilience needs to be conceptualized as a means to an end, i.e. of a return to self-sufficiency and dignity.⁷ Consultations conducted for this evaluation suggest that self-sufficiency for Cyclone Nargis survivors is broadly socio-economic,⁸ within a context of safety, equity and participation.

3.0 Methodology

3.1 Stages and Tools

The evaluation comprised four overlapping stages: i) preparation and planning; ii) data gathering; iii) data analysis; and iv) report writing. During the first stage, CARE provided a large number of background documents which described and assessed the three phases of its response. A high proportion of these documents reported on early response project results (see Annex 7). The evaluators identified a representative sample, and drew on reports from across the phases. Some of these reports already contained assessment against relevant DAC criteria. Analysis of reports helped to inform the evaluation plan and selection of questions (Table 1 above). Once agreement was reached with CARE and the Evaluation Reference Group on the over-arching questions, the evaluators prepared questions to elicit evidence against these criteria for the various stakeholder groups. This approach was developed in accordance with CARE Australia's Evaluation Policy and CARE’s Gender Analysis Framework, and approved by CARE’s Quality and Impact Unit.

The evaluation team used a mix of methods for the in-country component:

- interviews with key stakeholders (CARE staff, present and past; representatives from other Myanmar and international NGOs; as well as other donors)

⁵ ODI, “Resilience and Humanitarian Action”, April 2011- March 2013, <http://www.odi.org.uk/projects/2359-resilience-humanitarian-livelihoods>

⁶ ODI, “Resilience and Humanitarian Action”, April 2011- March 2013.

⁷ Pain, Adam and Simon Levine, “A Conceptual analysis of livelihoods and resilience: addressing the “insecurity of agency”, HPG Working Paper, November 2012, p.3 <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7928.pdf>

⁸ See also Pain, A, et al, “A Conceptual analysis...”, p.3

- focus group discussions with separate groups of men and women in 18 communities where CARE provided assistance (see Annex 5 for discussion on sampling and final village visit schedule)
- interviews with men and women leaders (together) in the same 18 communities
- a simple survey focused on understanding resilience with 134 respondents (75 men and 59 women)

The Myanmar evaluation team members suggested that separate meetings be held with village elders (*Ya Mi* and *Ya Pa*) to ensure that less senior village members would feel comfortable to speak openly in focus group discussions. Questions for *Ya Mi* and *Ya Pa* were varied from the FGD questions, to suit the group. This approach ultimately yielded some more nuanced findings, for example about the accountability of the VDCs.

Prior to the field work and during the field trial, team members also clarified and amended some of the survey questions based on their knowledge, experience and language considerations. This helped to maximise cultural relevance of the survey process. Visits to affected townships were undertaken from 5 December (including field testing) to 10 December. There were *ad hoc* meetings in Set San Township on 9 December with a District Health Official and a Midwife, and on 10 December with former CARE staff (one female, two male), who provided invaluable insights, not least into their own capacity development through working on CARE’s response. The evaluators also met with officials from Myanmar Departments of Fisheries (DOF), Agriculture (DOA), Commerce and Trade as well as the Government Agriculture Bank, and the Livestock, Breeding and Veterinary Department (LBVD) in Bogale and Dedaye, on 11 and 12 December 2013 respectively (see Annex 4).

The analysis process included a combination of elements:

- critical analysis of CARE documents and related literature review
- joint analysis of key themes against evaluation questions by the entire evaluation team
- facilitation of a theory of change workshop for ex and current CARE staff to identify expected outcomes which underpinned CARE’s response to Cyclone Nargis
- analysis of quantitative survey data
- thematic analysis of qualitative data transcribed and summarized by Myanmar researchers and translators

The evaluation team provided invaluable insights and analysis based on their field work and local knowledge, in identifying key themes relevant to evaluation questions.

3.2 Limitations

The resources allocated for the evaluation was generous by INGO standards, but inevitably not sufficient to identify and address the full range of issues associated with such a complex

context and program. A five year evaluation can at best summarise and seek to draw together common themes (here, guided by the OECD DAC criteria), and broad observations.

The field work component for this evaluation was invaluable for three reasons:

- it provided an opportunity for communities to reflect on the five years since the Cyclone and consider their strengths in facing future disasters
- it provided evaluators with a sense of how affected communities understood their own recovery, and any divergence with staff and broader organizational responses
- it generated data, which when analysed, provides the basis for CARE’s own reflections about the links between its work and communities’ perceptions

Limitations of the methodology include:

- coincidence of field work with peak paddy harvest time, which resulted in lower than expected numbers of survey responses and higher rates of female participation
- challenges with a clash on several days between tidal flows and field work schedules, resulting in longer than planned travel times between communities, and the dropping of two villages from the schedule
- teams felt that focus group dynamics tended to limit frank discussion. Their feedback was that in the Myanmar context, one on one or survey discussions yielded less guarded observations, and were therefore important for triangulation of data
- after five years, there were difficulties associated with memory, changed perceptions of historical events, changes of staff across organisations, and village migration
- initial low level of interest among donor and other non-CARE key informants in terms of understanding the relevance of this evaluation to them
- children’s voices and the views of people with disability were not explicitly sought and questions did not address the situation of children

3.3 Theory of Change

Consistent with recent development evaluation practice, this evaluation process aimed to articulate a retrospective ‘theory of change.’ Findings are set out in detail at Annex 5, which includes layers of outcomes which CARE staff who were part of the Cyclone Nargis Program considered were underpinning the response. They found that the ultimate goal/high level outcome was to ‘*stand on our own feet.*’ Evaluators also heard this phrase from villagers participating in the evaluation, when they described their own aspirations for recovery. Significantly, teams characterized resilience as one of three contributing outcomes to this end (the other two were: Livelihood Security and Social Justice; and Strong (Village) Organisation and Coherence. The synergy between CARE and community expectations confirms that CARE’s approach was relevant and appropriately targeted. The sense of self-reliance that the idea invokes is a goal which is also aligned with both emerging good practice and with CARE’s own values and mission. Coincidentally, CARE staff valued the

opportunity to consider and understand the big picture associated with their activity-focused work. Staff felt this could be done continually through regular but not necessarily time-consuming reflective processes (like Theory of Change) throughout different phases of the operation. Needless to say, it should also form part of preparedness efforts, to ensure alignment between strategic and operational efforts.

Staff felt that throughout all phases including disaster preparedness, CARE should place greater focus on engaging staff and stakeholder communities in discussions around resilience. This is based on the experience of CARE staff that early and continuing reflective work would help to reduce, rather than add to, the overwhelming sense of burden and the difficulties of achieving strategic clarity that can accompany response and recovery to catastrophic disaster.

CARE and other INGOs should place greater focus on engaging staff and likely stakeholder communities in determining the high level outcomes expected within each context, and at all stages. This should be done particularly, but not only, during preparedness work and scenario-planning, to define the scope of all stages of response and support clearer articulation for all stakeholders about expected outcomes.

4.0 The Cyclone Nargis Operation

4.1 *The Overall Response*

Previous evaluations have noted that that most immediate life-saving activities were carried out by local actors, including affected villagers themselves, often before international agencies (including CARE) were able to gain access to affected areas.⁹ This reflects several factors, including: limited physical accessibility for others to reach the delta (e.g. isolated villages, damaged bridges, lack of boats); relatively high levels of social capital, self-reliance and community collaboration (which could be portrayed as low levels of reliance on any form of Government or external services); and restrictions imposed by GoUM. It is also important to note the life-saving role that international humanitarian actors, including CARE, also played, as mentioned repeatedly within village FGDs, particularly in the early provision of food, clean water and sanitation. Understanding the scope and dimensions of the local response is nevertheless an important aspect of evaluating communities’ capacity to meet, withstand, and recover from, natural disaster.

After some initial delays, GoUM agreed to the entry of international humanitarian responders into Myanmar. A UN Flash Appeal was issued in mid-May 2008. Its (revised) goal was to raise US\$ 482m for the first year. With an uncertain international funding base, donors gained Tri-Partite Core Group (TCG) agreement to the Post Nargis Joint Assessment (PONJA) being carried out, which formed the basis of the three-year Post Nargis Recovery and Preparedness Plan (PONREPP), finalized in December 2008. Periodic Reviews were

⁹ See Robert Turner et al, “Real Time Evaluation of the Response to Cyclone Nargis”, December 2008.

designed to contribute to the coherence and relevance of the response, and to guide the transition from relief to recovery. This was the strategic and funding framework in which CARE operated in the post-Cyclone Nargis context.

4.2 CARE’s program in response to Cyclone Nargis

CARE was among key relief and recovery responders in the immediate aftermath of the cyclone. Despite having a sizeable country presence and over 15 years operational experience in Myanmar, the sheer scale of the destruction and the resulting size, scale and programming scope of the response and recovery program presented a very great challenge to all responders, including CARE. At the outset there were also specific organizational challenges for both CARE International in Myanmar and the broader CARE confederacy - outlined in earlier evaluation work,¹⁰ and discussed further below.

Over the five year period covered by this evaluation, CARE Myanmar worked in a series of inter-linked broad program phases set out below, with a total of US\$ 18,378,798 allocated:

- i) Relief (emergency response): May to November 2008 (42% of total funding)
- ii) Transition to recovery: December 2008 to August 2009 (23%)
- iii) Recovery: September 2009 to June 2013 (32%)
- iv) Long-Term Development: September 2012 to June 2013 (3%)

CARE initially provided emergency assistance across 11 Townships in the Ayeryawaddy and Yangon Regions, partnering with local NGOs Pyi Gyi Khin and Charity Oriented Myanmar, and as a food distribution partner for WFP in 6 Townships.¹¹ CARE’s **emergency response** (i.e. 2008-2009) provided humanitarian assistance to over 160,000 direct beneficiaries of the six affected townships. The emergency program focused on direct household asset replacement, WASH and food assistance (in partnership with WFP) with an early focus on livelihoods recovery in some areas.

During 2009, with funding assistance from TRF (CARE USA) and the FRY Foundation, CARE transitioned to community-based **recovery programming**, focusing on backyard livestock (ducks and pigs), agriculture, home gardens and fisheries. CARE consolidated its efforts to Dedaye, Bogale and Pyapon (Ayeryawaddy) and Kawhmu, Twantay and Kungyangan townships – also among the hardest hit areas.

Activities addressed WASH priorities, rehabilitation of critical infrastructure, including through cash for work, livelihood recovery including technical training – in partnership with local authorities, and a cross-cutting focus on gender and psychosocial support.¹² In this phase, CARE initiated disaster mitigation activities with villagers. Their main aim was to

¹⁰ Ternstrom, B, Yamato, M, Myint S, and U Khin Maung Lwin, “Evaluation of CARE Myanmar’s Cyclone Nargis Response”, December 2008. <http://www.alnap.org/resource/5651.aspx>

¹¹ CARE International “Laying the Path, Setting a Future: CARE International in Myanmar’s Cyclone Nargis Response 2008-2013.” P.8

¹² CARE International “Laying the Path...” p.10

‘equip households with the knowledge and means to protect their families in the event of another disaster’.¹³

The **recovery phase** (September 2009 to August 2012) sought to address medium to long-term needs of selected vulnerable households from (initially) 98 villages in Bogale, Dedaye and Kungyangon Townships. CARE staff developed four projects to address objectives relating to agriculture, WASH, DRR and fisheries. During this phase CARE worked through VDCs and their sub-committees, many of which CARE mobilized. The aim was to enable communities to set their own development priorities and manage their own recovery¹⁴. Following a 2010 participatory livelihoods assessment, CARE designed a longer term livelihoods project. It was implemented from December 2010 to August 2012, and later extended to April 2013 to focus on community development activities.¹⁵ In this phase, CARE worked in 41 project villages (down from an initially planned 98 villages) and focused on only Dedaye and Bogale townships. These townships were the focus of December 2013 fieldwork undertaken for this evaluation. The rationale for this reduction in targeting was that the complexity and scale of needs in those villages, which were most affected by the Cyclone, required a more concerted and multi-dimensional intervention in order to sustain livelihoods and strengthen social recovery. The project reached a total of 25,602 beneficiaries, providing farming equipment (seeders, threshers, hand tractors), home garden supplies (tools, seeds, fertiliser) and livestock (buffalo, piglets, ducks). Training and technical support were also provided. CARE also sought to deepen the engagement of local stakeholders, i.e. local implementing partner (Swe Tha Har), VDCs, and respective Government Departments and local authorities, to contribute to the sustainability of the program. A total budget spent for the Integrated Livelihoods Project was USD 2,601,306.

CARE reached more than 288,000 people over the five years of the program.¹⁶ As the main aid organization in most villages, CARE’s approach was necessarily multi-sectoral with a variety of integrated components and a clear emphasis on livelihoods recovery.

5.0 Evaluation Findings

This section of the report is structured using a combination of the evaluation categories proposed by OECD-DAC and ALNAP as being relevant for humanitarian/emergency responses. Each of the categories and sub-categories has been interpreted by the evaluators to be relevant to the Myanmar post-disaster response context. Given its centrality to CARE’s vision, and within the Theory of Change process, ‘gender’ has been considered (along with ‘disability’) as a separate category, following ‘effectiveness’.

¹³ CARE International “Laying the Path...” p.10

¹⁴ CARE International “Laying the Path...” p.12

¹⁵ Khin Maung Lwin et al, “Integrated Livelihoods Project Evaluation Report”, May 2013, p.5.

¹⁶ CARE International “Laying the Path...” p1

5.1 Relevance and appropriateness

5.1.1 Alignment with Myanmar frameworks

CARE’s efforts formed part of a well coordinated humanitarian response, overseen by the TCG. There were early and serious challenges for CARE Myanmar - its lack of a realistic Emergency Preparedness Plan (because of absence of prior experience of disasters of this magnitude and the stage of CARE’s planning to date) and delays in establishing an effective supply chain have been discussed at length elsewhere.¹⁷

CARE was not operational in the Delta when Cyclone Nargis struck, and therefore initially had no existing MOU with government agencies in the Delta. Following local diplomatic efforts CARE was ultimately granted MOUs with 3 Government Agencies (DoA, LBVD, and DoF). It initially relied on UN WFP’s coordination mechanisms that were already in place in the Delta, and CARE staff worked within township coordination mechanisms initially overseen by GoUM Ministers (and fairly quickly overtaken by UN and INGO agencies). Many CARE staff had pre-existing relationship with local officials, which helped create very necessary relationships of trust for CARE in affected areas.

CARE participated actively in the UN cluster system, and other regular hub co-ordination meetings to avoid overlap and to share lessons. It adopted GoUM minimum standards (e.g. cross-bracing for shelter) unless there were compelling good practice reasons not to. CARE also participated actively in the post-cluster Recovery Hub Offices (RHOs) to support implementation of the Post Nargis Recovery and Preparedness Plan. CARE contributed information to the PONJA and PONREPP through the cluster system, and was a respected participant in larger TCG coordination processes.

5.1.2 Responsiveness to local priorities, including resilience and self-sufficiency

Over the three phases, projects demonstrated a high degree of relevance to the local context and communities. Project goals and objectives were responsive to immediate and longer-term priorities of affected communities and to varying degrees sought to engage with larger questions of how to plan for survival of, and recovery from, a similar scale disaster. In that sense, they were highly relevant to a resilience agenda. Communities considered most activities to have been implemented in a manner that was appropriate to local contexts, and reflecting community priorities.¹⁸

Once it was able to gain entry to affected communities, CARE assessed **emergency response** priorities and began delivery of relief items that were either locally procured or brought in through the air bridge from Thailand. CARE initially distributed directly from township bases, with village boats ‘lining up on the river bank’ to collect emergency supplies such as food

¹⁷ Ternstrom, B et al, “Evaluation of CARE Myanmar’s Cyclone Nargis Response”, Dec 2008, Introduction; Annex 4.

¹⁸ See, eg, Integrated Livelihoods Project Evaluation June 2013, p. 7. Evaluation FGD members also confirmed this view.

and clean water. Communities consulted during this evaluation remember this aid as life-saving. Initial delays led to some frustrations within communities however, once CARE’s relief effort was fully operational, it appears to have operated flexibly and considered longer term needs. CARE provided agricultural assistance (seeds, lime and hand tractors) as part of the response so that communities were able to plant a winter rice harvest straight away. During FGDs village leaders mentioned this as being critical and ‘relevant’ with statements such as *“without the seeds and lime we could not have planted our fields in time...to not have a winter harvest would have been the end”*.

An important aspect of CARE’s ability to respond appropriately was the use of highly skilled Myanmar staff who had a deep understanding of the context as well as a commitment to long-term outcomes (see 5.4). Local materials were used where possible across sectors (such as *thani* for roofing), with CARE’s use of glazed earthen pots for water storage and distilling particularly appreciated.

CARE’s focus in the **transition** and **recovery phases** on supporting increased village capacity to make their own development and recovery decisions, and set their own priorities (largely through VDCs and VDFs) was significant in a trajectory towards socio-economic empowerment that is at the heart of a resilience agenda. The inclusion of women in this process, and villagers’ positive responses to it, also demonstrated a highly relevant and equitable promotion of resilience.

Community members consulted for this evaluation, both gender separated and mixed, considered that assistance provided was relevant and useful. Women nominated family kits, fuel efficient stove-making training, livelihoods inputs and training, and food as most useful. Men nominated tool kits, tractors, tarpaulins, boats and fishing nets as most useful. Whilst ninety-five percent of survey respondents thought the first six months’ assistance was totally appropriate to their priorities, a more complex picture emerges as the response unfolds, with relevance of livelihoods assistance varying across Townships (see Effectiveness, below). For example, paddy seeders, harvesters and threshers were useful in some areas and not in others, and some were either sold with CARE’s permission or returned to CARE. VDFs were also used to purchase livelihoods assets. While in some cases raised platforms or shelters had been built for farm and other livelihoods assets, and for buffalo, in preparation for future disaster, this was by no means a uniform practice. In a discussion with one group of women for this evaluation, they noted that women headed households had been provided boats that many women could not operate, so they were re-distributed.

Psychosocial support, identified in early evaluations as a gap in the overall response¹⁹, was offered by the second phase. One severely affected village identified this type of support during evaluation field work as the most important assistance they had received. CARE’s

¹⁹ Robert Turner et al. Interagency Real Time Evaluation of the International Response to Cyclone Nargis, Dec 2008.

focus on community-identified priorities, such as funding for memorial and festival days, was highly appropriate and considered very helpful in communities’ recovery. During evaluation fieldwork, villagers nominated their new skills, learnt through psychosocial support activities, to talk and cry together as giving them a way to recover in future.

Integrated livelihoods program (ILP) key objectives were highly relevant to a recovery phase, with their focus on livelihood security of the most vulnerable and access to resources, markets and technologies objectives of poverty alleviation. While these activities did not include a specific overall objective of DRR, many activities reflect a DRR orientation.

Focus on issue of grants/cash-based programs

There is growing consensus amongst humanitarian actors, including Myanmar-based organisations²⁰ that post-disaster cash provision is preferable to goods provision where possible, and where local markets are functioning and can absorb the cash. Giving people the ability to prioritise their own needs is a critical step in a return to a sense of self-reliance and agency. Meta analysis from ODI describes cash as the most innovative of recent improvements in humanitarian response: “The question is no longer whether cash is an appropriate way to meet the needs of disaster-affected people, but how organisations, donors and governments can use cash transfers to best effect, in line with their missions and mandates”²¹.

CARE did undertake some cash transfer activities: in several FGDs the early provision of cash to female-headed households was considered among CARE’s most useful contributions to their livelihoods recovery. The size of these grants is not clear from CARE reporting, presumably it was within the range of that offered in other townships by Save the Children in Myanmar (SCiM), whose cash transfer program provided 28,000 households with cash grants of 50,000 kyats (approx. US\$50).²² CARE also provided cash-for-work initiatives such as pond cleaning and infrastructure construction (with a DRR focus).²³ In agreement with WFP, CARE provided cash for rice when it was readily available, and was careful to avoid exhausting local food stocks. To avoid risks associated with the physical movement of cash in the absence of effective banking facilities, CARE used an effective voucher system.

There nevertheless appears to be scope for a more significant use of cash in disaster response in Myanmar. The 2010 Mid Term Review (MTR) of CARE’s response to Nargis found that for livelihoods recovery, the main local coping mechanism was to borrow money or

²⁰ Gender Impacts Cyclone Nargis Final, July 2009 p.12. (cf SCiM evaluation findings that cash (though preferred) compared with in-kind *livelihoods* assistance showed little difference in outcome – see FN 27)

²¹ Paul Harvey and Sarah Bailey, “Cash Transfer Programming in Emergencies”, Humanitarian Practice Group, ODI, No.11, June 2011, p.1.

²² Sue Mark, “Save the Children’s Emergency Cash Transfer Programme in Myanmar”, Humanitarian Exchange Magazine, Issue 42, March 2009.

²³ CARE International “Laying the Path...” p.12.

advance-sell future paddy, fish or labour²⁴ or even farmland thereby increasing indebtedness. According to ODI findings, cash transfers have successfully been used to address indebtedness (endemic post-Nargis), although context-specific risks need to be examined.²⁵

Would cash and voucher-transfer schemes have delivered greater efficiency across sectors post-Nargis? Despite their relevance across sectors, these approaches saw limited use in Myanmar, in the livelihoods, shelter and food security sectors. The GoUM’s decision to shut down shelter grants, and its overall discomfort with cash grants may have limited their use as a humanitarian response mechanism. SCiM was nevertheless able to conduct significant cash transfer activities, focused on, but not limited to, livelihoods recovery. It found in the period July-August 2008 (two months after Cyclone Nargis made landfall) a high market tolerance, and certainly a community preference, for cash for livelihoods recovery,²⁶ and worked closely with local authorities so that the scheme could go ahead. In any case, successful cash transfer programs undertake rapid analysis of local market conditions, to avoid market distortion. Noting recent ODI studies showing i) the potential benefits that cash transfers across sectors post-disaster can offer affected communities, depending on needs, markets and other key context-specific factors, and ii) the increased use of cash and voucher-based approaches by key donor, UN and INGO agencies:

It is recommended that CARE give cash and voucher-based approaches increased consideration across sectors in future disaster responses, including targeting for at-risk groups including women (young mothers, young widows, and FHH), families with school aged children, the landless and people with disabilities.²⁷

5.1.3 To what extent did CARE’s response consider the differing needs and vulnerabilities of target groups within communities?

The concept of targeting assistance for those deemed as ‘vulnerable’ is widely used in disaster settings and is based on factors such as perceptions of ‘need’, ability of different sub-groups to recover and accountability for limited assistance. In collective societies like Myanmar, equality of distribution and access within communities or groups may be perceived as a preferred cultural norm, compared with approaches which limit assistance to particular individuals or households. Earlier evaluations have questioned the efficiency of targeting in a highly communitarian Myanmar context, noting that at least in the early phases of response, essential items were ‘shared back’ among villagers in accordance with

²⁴ Mid Term Review 2010, p.5

²⁵ Paul Harvey and Sarah Bailey, “Cash Transfer Programming in Emergencies”, Humanitarian Practice Group, ODI, No.11, June 2011, p.8.

²⁶ Sue Mark, “Save the Children’s Emergency Cash Program in Myanmar” Humanitarian Exchange Magazine (ODI), Issue 42, March 2009 <http://www.odihpn.org/humanitarian-exchange-magazine/issue-42/save-the-childrens-emergency-cash-transfer-programme-in-myanmar>

²⁷ Gender Impacts Cyclone Nargis Final, July 2009, p.18.

their own concepts of fairness which in their view had already considered vulnerability.²⁸ Several village representatives noted that landowners who had shared rice stocks with hungry villagers, for example, were excluded in initial emergency food distribution.

CARE’s township prioritization consolidated reporting (October 2008) noted ‘priority villages should be targeted as determined by UNHCR’, and that beneficiaries identified in the Cluster and partners should be targeted (female headed households, the elderly, the disabled).²⁹ Where they did not already exist, CARE oversaw the establishment of Village Development Committees (VDCs), responsible for determining and managing the distribution of goods in the communities and to serve as community representatives as well as focal points for CARE staff. CARE staff sought to ensure that women, landless labourers and other often marginalized groups were represented in these groups.

Although then still in draft, CARE’s Emergency Handbook gave staff clear guidance on targeting and the importance of addressing vulnerability from the outset, and how to undertake assessments. Other guidance included the Good Enough Guide, ALNAP standards (for which staff had recently received training) and *ad-hoc* phone advice from trusted contacts. Staff were provided with ‘daily sitrep’ templates setting out what data they needed to collect. Communities confirmed that CARE considered the differing needs and vulnerabilities of target groups within communities. They considered that CARE responded to community feedback on targeting in some cases, but in others the communities re-distributed items their own way. To some extent, this reflects good levels of local ownership, a desirable outcome of much development assistance.

5.2 Effectiveness

As noted earlier, CARE’s response encompassed four phases (relief, transition to recovery, recovery and long-term development). Its integrated response spanned all sectors of operation (Livelihoods, WASH, Food Security, and Disaster Risk Reduction) with a cross-cut focus on gender and psychosocial support. Overall, the response was effective, within a context of continuing uncertainty for many communities.

5.2.1 Effectiveness across Sectors

Overall **livelihoods** programming was effective, particularly given a context of persisting environmental and structural challenges post-Nargis. The Integrated Livelihoods Program (ILP) evaluation found that the project had successfully completed its targeted activities, and achieved its outputs against log-frame project indicators.³⁰ There were some caveats. The

²⁸ Sue Mark, “Save the Children’s Emergency Cash Program in Myanmar” Humanitarian Exchange Magazine (ODI), Issue 42, March 2009 <http://www.odihpn.org/humanitarian-exchange-magazine/issue-42/save-the-childrens-emergency-cash-transfer-programme-in-myanmar>, accessed 20.01.14.

²⁹ CARE Township prioritization - consolidated report, October 2008.

³⁰ ILP Evaluation Report June 13, p.5

MTR (2010)³¹ found that although CARE had helped communities address their key challenges, distributed livestock recommended by government experts were often not suitable. Cross-bred pigs in particular suffered from heat and insects, and so their use was discontinued. Their care - including feed requirements - required a degree of technical skill that the short term training was not able to impart. Once the right breed was introduced (in response to community feedback), pig-raising proved highly successful. One men’s FGD noted that: *“pig rearing is really beneficial for the community. The beneficiary households have got good income by selling the piglets and the activity remains sustainable”*.

Broader analysis about the context, as well as the ILP evaluations and recent field work, suggest that livelihoods recovery was among the most intractable of post-Nargis challenges. Villagers reported overall that earnings from various sources, such as fisheries, rice production and livestock have generally not returned to pre-Nargis levels. Discussants largely attributed this to unseasonal weather conditions since Nargis, climate change, and lingering salination.³² CARE’s efforts were nevertheless effective, and also helped align with village and local government priorities. Regional livestock officials told evaluators they had initially decided what assistance should be provided – which proved unsuitable - and CARE had worked with them to resolve the problems in villages that later arose.

It is clear that **improved infrastructure** such as raised water ponds and collection tanks, stronger bridges, jetties and roads have greatly increased village opportunities and access to markets, schools and in some cases, safe buildings. Almost all FGDs nominated improved infrastructure among the biggest improvements since Nargis. This positive result was also evident in the December 2013 evaluation, illustrated below:



Cyclone shelters and reinforced housing construction have resulted in greater emergency preparedness, and supported positive behavior change around disaster risk reduction practices. Together these signal increased resilience, and were frequently mentioned in village FGDs among CARE’s greatest contributions to local recovery from Cyclone Nargis.

³¹ Delta Program Mid Term Review Evaluation Report, September 2010.

³² See also ILP Report, pp.5-6.

For the **WASH** sector, the ILP evaluation identified that 84% of interviewees reported increased access to both drinking and domestic water, and 99% were satisfied with quality as well as quantity. During the December 2013 evaluation, FGDs nominated safe and clean drinking water, water ponds, and the fencing of ponds to keep livestock out as among the greatest improvements since Nargis. DRR considerations were evident, for example in the construction of earthen mounds around ponds to protect the latter from tidal intrusion during another cyclone. FGDs also noted rain water harvesting tanks and water storage pots as most useful of CARE’s assistance, though one village noted poor families of 3 (rather than the minimum of 4) missed out on water pots. Both men and women noted latrine use as among the biggest changes since Nargis, and most women’s FGDs nominated latrine provision among the three most important of CARE’s responses.

Gender and Psycho-social support proved to be much-needed (one FGD noted “the creek was flooded with blood” as the biggest change since Nargis), effective, and valued. Psycho-social support was deeply appreciated in both women and men’s FGDs, with one men’s FGD noting their “trauma has been released because of (CARE’s) supports” (see also 5.1.2 Responsiveness to local priorities). Gender training was also highly effective and valued, with both women’s and men’s FGDs noting changed gender roles and increased women’s village leadership as among the most significant changes since Nargis. (The effectiveness of gender training and gender considerate initiatives is addressed at length in sections 5.3 Gender and Disability, and 5.7 Impact).

As is evident, many of CARE’s activities reflected a **Disaster Risk Reduction** orientation. CARE also carried out targeted DRR training, intended to be shared back with the wider community (although it was not clear the extent to which that had occurred). FGDs suggest that men’s attendance was lower than women’s (see section 5.3 Gender and disability) at this training. CARE also established village DRR committees, which have increased local capacity and confidence (see section 5.7 Impact). DRR training was also carried out in conjunction with local partners including INGO and GoUM agencies (see section 5.5.2 Sustainability), with whom CARE continues to promote disaster preparedness in Myanmar.

In terms of overall effectiveness, reporting notes that most project outputs and outcomes met targets. It should be noted that the ILP evaluation attributed any low levels of satisfaction to limited knowledge and insufficient skills of households in new practices and methods. This suggests that a greater degree of meaningful engagement with communities in design and implementation was needed.³³

5.2.2 To what extent have communities recovered?

Communities have recovered in diverse ways and to widely divergent levels across the Ayeryawaddy Delta. There is evidence from all community participants in the evaluation that most women and men, boys and girls have recovered to a moderate extent and many

³³ ILP Evaluation Report, p. 6

households are managing well with their environmental, social and economic realities. For example, most communities indicated in FGDs that they are now confident in their ability to produce and store seeds for future planting seasons and in cases of emergency. Among women’s livelihoods initiatives, the raising and local sale of multiple litters of piglets, and the extension of duck farming to non-beneficiaries suggest significant economic recovery.

However, the evaluators’ assessment of the variety of data generated by the evaluation, particularly the perceptions of villagers’ themselves, is that poverty overall has not reduced and many complex interacting factors continue to negatively affect the day to day lives and livelihood prospects of communities in the region. In one village, leaders said *‘livelihoods have not recovered well here, as all households have relied on paddy and the weather has not been good and yields are lower.’* And in a second village, leaders said *‘livelihoods have not recovered here, even though the infrastructure is better than before Cyclone Nargis. Farmers here don’t have enough money and are borrowing more but they cannot increase the rates of repayment.’*

In around a quarter of the villages in the evaluation sample (i.e. 5 out of 18), stories of individuals severely affected psychologically by the events and losses associated with Cyclone Nargis, indicated that for them, chances of long-term recovery were low. Overall, at community levels, leaders as well as women and men community members identified that they had made good progress in their recovery, despite ongoing issues associated with access to resources/livelihoods, changing environmental circumstances and village-specific challenges. They largely considered that CARE’s assistance and the processes associated with it had contributed to their recovery.

There is some evidence of strengthened and inclusive local capacity to prepare for future shocks, reflected in the form of effective local decision-making systems, structures and networks. There was also some evidence of widely-understood plans and mechanisms for dealing with any future disaster. The survey of 134 villagers elicited widespread knowledge of village-level systems such as use of loud-speakers, agreements about safe buildings and access to higher ground. Only a small proportion said they were ‘not sure’ what to do. In most villages included in the evaluation, a sense of agency and motivation was observed, but it often sat alongside a sense of vulnerability. For example, most of those who attended FGDs were able to report on changes to their levels of observation/awareness, to the actions they would take in case of a future disaster and to their perception they could survive a disaster of a smaller scale than Cyclone Nargis, but several women in at least 3-4 villages said that they acknowledged they might die if another major disaster came, and more reported that they were not sure they could recover. Participants in FGDs were all able to identify community-based systems and CARE certainly made a substantial contribution to most of these systems during the various phases of the response.

5.2.3 To what extent have the outcomes contributed to increased levels of resilience?

The evaluation found significantly increased levels of resilience, and it is reasonable to conclude that CARE’s work contributed to this, as is noted below (see section 5.7, Impact). In summary, CARE’s work contributed to:

- saving lives in the emergency phase, and recovery of livelihoods in all phases
- greater emergency preparedness through construction of infrastructure such as cyclone shelters, footpaths and bridges and changes in behavior such as storing food and water ahead of time and protecting important assets and paperwork
- increased women’s confidence and participation in village leadership, and more respect for women’s role in decision-making at household and community levels
- a sense of increased resilience, particularly among women and individual households (81% of survey respondents report being better prepared than before)
- greater self-sufficiency at village level, through formation and support for VDCs (in approximately 50% of communities had leaders noted in general comment that their VDCs still met and provided contributions to village leadership).
- increased women’s and men’s empowerment, albeit mixed with low levels of increased dependency

Across sectors there is clear evidence that CARE made substantial and particular contributions, though challenges inevitably remain. For example, in the recovery of livelihoods activities, as described in Section 4.2, the majority of farmers reported that their ability to grow food crops and recover animal stocks was greatly assisted by CARE’s contributions, both in material and capacity development terms.

It is also clear that early and later responses by community members themselves (survivors), other NGOs, the business sector, monasteries and officials and leaders in GoUM, sit alongside the work of CARE in achieving the impacts summarized above. This confirms the critical importance of collaboration and coordination between organisations and contributors. As noted earlier, better understanding of what local communities did may give CARE and other professional responders a greater opportunity to support and bolster those local coping mechanisms.

5.2.4 Effectiveness of Targeted Delivery

Notwithstanding the discussion about targeting, CARE’s delivery processes were regarded within communities as highly effective. Previous reviews identified a number of issues associated with delivery, and overall, CARE has responded well to monitoring findings over the full five year period. The MTR for example, suggested a need for greater linkages with the Myanmar Agricultural Services (MAS) and this appears to have been undertaken.

5.2.5 Participatory planning and monitoring

CARE applied effective participatory approaches to its program planning and monitoring, and this was well regarded at many levels and contributed to effectiveness. Participants in FGDs in a number of villages noted the creation and successful operation of VDCs and village development funds (VDFs) as one of the most important differences since Nargis. Examples of this included VDCs which had continued to manage and maintain communal assets such as tractors and rice threshers, so that as many people as possible could benefit from them; and others which had sold assets and used the funds for a VDF which gave loans for micro businesses at 4% interest and provided funding for the salary of a teacher at a monastery school. The *Laying the Path* report also refers to individual and community benefits of VDCs and VDFs. In the village which reported that the VDF generated the salary for the school teacher, a community member said ‘prior to Cyclone Nargis, committees were not allowed to exist, then the CARE Committee was introduced and then the Government allowed committees at the community level to continue for administrative tasks.’ CARE oversaw the process of establishing and contributing to the capacity of VDCs and VDFs and provided some matched funding for VDC-agreed purchases (although their operation has been uneven - see Accountability). Aware that CARE’s Nargis program has closed, *Ya Mi Ya Pa* in one village commented that they had become more demanding of local authorities to help them meet their own development needs, and local authorities were largely responsive.

Local government officials in Bogale and Dedaye told evaluators in December 2013 that CARE - ‘better than most’ - had worked closely with, and taken the advice of local officials in stock and other agricultural livelihoods selection. CARE had also facilitated and funded the training that Myanmar departmental officers provided, and relationships were collaborative. They indicated that prior to Cyclone Nargis, their practice was to tell constituents what to do and what they needed, as a ‘lecture’. Having observed CARE’s participatory engagement with communities, and the improvements that resulted, officials learnt ‘the two way system’.³⁴ Both officials and FGD participants told us they now had stronger mutual relationships and villagers were proactive in advocating for assistance.

5.2.6 Management Effectiveness

CARE is a large and long-established INGO with sophisticated organisational structures, systems and processes as well as high quality staff with extensive humanitarian and development expertise. The response to Cyclone Nargis was managed by the CARE Myanmar office under CARE Australia’s oversight as “lead member”, with significant programming and technical support from the CARE International Emergencies Group. Funding, programming and personnel contributions were provided from multiple CARE International members. As is often the case in INGOs, coordinating resources across multiple CARE offices internationally was an issue in early phases of the response. Multiple

³⁴ Bogale Officials’ Meeting, 13.12.13

lines of accountability and reporting inevitably caused problems, confusion and additional time spent in negotiating agreements which led to delays and duplication.³⁵

Despite the lack of prior experience of major disasters in Myanmar, CARE Myanmar’s leadership, local knowledge and highly skilled local staff helped the organisation to navigate the inevitable complexities relatively well over the five year response. To manage the response, CARE Myanmar grew significantly in a very short time, raising human resource issues which appear to have been well handled overall.

On reflection, staff considered that emergency procedures and protocols (since changed) could have been stronger and coordination and reporting structures between CARE agencies could have been simpler.

Like other large INGOs, CARE set up offices in townships in which they were operating. This worked well and offices served as administrative hubs for recruitment, training and local staff management. There were some early staff losses when local CARE staff who had received training in disaster response were not permitted to transfer from development programs. Overall, staff felt CARE had supported them and turnover at CARE Myanmar was low. Two ex-CARE staff in Set San told evaluators that, using skills they learnt at CARE, they have recently established a local NGO focused on mangrove recovery in the Delta.

5.2.7 Responsiveness to reflection and evaluation findings

Earlier evaluations and discussions with staff suggest that CARE’s own global processes were unprepared for a disaster of the scale of Cyclone Nargis in Myanmar. However, CARE appears to have responded well to lessons learned from evaluative and reflective processes, including some confronting findings during the emergency phase. During the year prior to Cyclone Nargis, CARE International had established a new Strategic Direction (SD1) - revised in 2009 - which among other things established the CARE Emergency Group (CEG) in Geneva. The CEG played an important role in supporting the Myanmar Country Office, including through deployment of international staff to the response. CARE Myanmar staff are of the view that CARE globally has significantly improved its humanitarian action capacity since. Overall numbers of staff dedicated fully to CARE emergency activities has more than doubled since Cyclone Nargis.

Project documents reference early evaluation work, in particular the After Action Review and recommendations made by CARE International Myanmar’s Quality and Accountability adviser.³⁶ CARE’s Gender Adviser reported satisfaction that the recommendations of the Gender and Psychosocial Report had largely been taken up.³⁷ MTR suggestions around livelihoods appear to have been adopted in the recovery phase of the program (which

³⁵ Interview, CARE Staff, CARE Myanmar Office, Yangon, 3 December 2013.

³⁶ For example, CARE International in Myanmar, Cyclone Nargis Early Recovery and Transition Report, 3 May 2008

³⁷ Interview, Daw Phyu Phyu, CARE Gender and PSS Adviser, Yangon 13 December 2013

focused on livelihoods). Those recommendations that were not feasible, such as the suggested additional focus on poorly performing vermiculture projects, were not taken up.

5.3 Gender and disability

5.3.1 Gender

It is widely understood that disasters affect women and men, girls and boys, in sometimes profoundly different, context-specific ways. Women had higher mortality rates than men during Cyclone Nargis: a disproportionate number of these were lost from ‘productive’ and reproductive age groups.³⁸ On the whole the international emergency response did not include gender as a central focus,³⁹ which is of course disappointing given the availability of existing guidance on gender within international disaster policy rubrics,⁴⁰ and the emphasis that many donors did give from the outset to gender. Gender was nevertheless largely integrated in CARE’s response from the outset. In some cases – for example where baseline project data were not initially disaggregated - there was successful retrofitting of data collection processes and improved gender consideration during program delivery. CARE’s gender adviser noted in 2009 that data was also needed on pregnant women, lactating women, old age- widows and widowers, differently able people and stand-alone elders and children.⁴¹ CARE village profiles dated January 2010 include this data, and later reporting makes reference to it. Overall, CARE’s careful efforts on gender have yielded important longer term impacts for communities, particularly in the improved socio-economic position of women (see Impacts, below), thereby increasing community resilience to future shocks.

At the same time, reporting notes a belated targeting of women as beneficiaries, with heads of households, usually males, initially recorded in distribution lists, although CARE staff usually applied these flexibly⁴² (see Targeting above). This changed quickly in subsequent activities, with provision of supplies made for women and men. One beneficiary commented during the early response: *‘I am so surprise when I saw the family kit items. There is clothing for woman, girl, boy and man. Thanks for your profoundly consideration for all.’* (Widow from Kyone Thin village, Phya Pone Township). In some areas family kits did not include men’s longyis, an omission which was later rectified: during FGDs, men told us they wore tablecloths during this time. One group of women (who happened to be widows) in Yangon division noted early delays in food distribution, and that some women and girls had sold their hair to buy locally available rice and food.⁴³

³⁸ Gender Impacts Cyclone Nargis, July 2009. P.20.

³⁹ Cluster Evaluation 2010 p.31

⁴⁰ See for example: The Inter-Agency Standing Committee (2006), “Women, Girls, Boys and Men Different Needs Equal Opportunities, Gender Handbook in Humanitarian Action”.

⁴¹ Gender Impacts Cyclone Nargis, June 2009, p.31.

⁴² Gender Impacts Cyclone Nargis, June 2009, p.1, p.29.

⁴³ Nang Phyu Phyu Lin, Gender and Psychosocial Support Adviser, “Final Report on Rapid Gender and Psychosocial Support Assessment” (August 2008), pp.2-3)

Women were included in CARE established distribution committees (at least one or two of six to ten members) with one exception (Pya Pone Township) and VDCs were required to have half female membership. This has led to a significant increase in women’s leadership and participation in public village life. Both mixed and separate women’s FGDs noted, for example, the benefit of increased women’s participation in village financial management and development planning, and appreciated women’s ability to bargain, manage household income and food stocks, and to run their own business (e.g. small livestock such as pigs).

Interestingly, evaluation survey results demonstrate slightly higher levels of perceptions of resilience among women than men in affected communities. More women than men (85% and 75% respectively) reported that they felt better prepared than before (see Annex 2). This may be explained from FGD findings that suggest higher female attendance at CARE DRR trainings: FGD participants attributed men’s lower attendance to their more often being in the fields or waterways during trainings. Extra effort may be needed to ensure that men – particularly in rural areas, who are not in villages during the day - are also included in DRR training.

Reporting is uneven on domestic violence and sexual abuse, with the CARE Gender Impacts Paper reporting domestic violence and sexual harassment as ‘very rare.’⁴⁴ In contrast, UNICEF (2009) and Myanmar PCW Cluster reporting (2008) noted concerns regarding women’s safety in the community, including rape, violence and emotional abuse.⁴⁵ The Gender Impacts paper noted that women felt supported by village tract women’s affairs committees.⁴⁶ We are aware that there was inter-agency GBV training provided to those assisting with the emergency response.⁴⁷ The overall impression from material provided is one of limited analysis on this issue, suggesting low attention within program delivery.

CARE made significant efforts to build staff capacity on gender issues within disaster responses. CARE’s Gender Adviser provided gender and psychosocial training to all CARE staff and with affected communities. CARE also worked to support staff and community skilling around women’s leadership in particular, and in the appointment and training of gender focal points, some of whom were men. By their own assessment, training saw improved staff awareness and responsiveness to gender issues in program implementation through three phases. CARE’s organizational modeling of gender equity, including through gender balance in staffing, and training for staff, is an important aspect of its efforts.

⁴⁴ Gender Impacts Cyclone Nargis, July 2009, p. 30

⁴⁵ Gender Impacts Cyclone Nargis, July 2009, p. 17, citing PCW Cluster (2008) Initial Assessments: Child Protection in Emergencies Technical Working Group; and UNICEF (2009) UNICEF Humanitarian Action Report, New York. Response to Cyclone Nargis. Yangon, Myanmar: Internal Document, Protection of Children and Women Cluster.

⁴⁶ Gender Impacts Cyclone Nargis, July 2009, p. 30

⁴⁷ Gender Impacts Cyclone Nargis, July 2009, p.16.

Given the effectiveness and positive outcomes associated with CARE’s gender work, it is recommended that, using its expertise and experience in gender, CARE should work with other Myanmar-based INGOs and engage with the Government of the Union of Myanmar (GoUM) to strengthen a focus on gender perspectives in disaster management⁴⁸.

5.3.2 People with disability

Early targeting practices did not pay attention to people with disabilities or disability inclusive development practice, beyond their categorisation as vulnerable people and allocation of generic material support. However, over the life of the Cyclone Nargis response, there was growing awareness internationally of the importance of disability inclusive development. This influenced CARE’s program delivery and during the evaluation, some villagers identified that specific strategies for ensuring people with disabilities were included in emergency responses. This raised their own increased awareness of issues of accessibility and inclusion. In recent years, organisations of people with disability have increasingly lobbied for inclusive DRR and humanitarian response programs at global levels, and INGOs such as CARE are likely to strengthen their efforts in this regard.

It is recommended that CARE should continue to strengthen its disability inclusive approaches in humanitarian and emergency responses.

5.4 Efficiency

5.4.1 Program Efficiency

The short cycle of funding that emergencies tend to generate is a perennial issue for INGOs in a context of long-term community recovery. CARE’s initial response generated a significant number of projects and project documents, each with its own donor reporting and implementation requirements. INGOs and other implementing partners are to some extent at the mercy of their donors in this regard and yet the high administrative burden and other transaction costs that multiple small projects place on staff and communities seriously challenge the efficiency of humanitarian response. Myanmar CARE staff nominated this as the most inefficient aspect of the early response.⁴⁹ The greatly reduced number of projects through the subsequent phases saw much greater efficiencies achieved.⁵⁰ CARE also managed to source alternate funding and thereby limit its reliance on short funding cycles.

5.4.2 Resource Allocations

Human resource challenges associated with CARE’s programming response were enormous, with over 300 local staff recruited within the first month of full operation. The highly nationalized approach by CARE to managing the response to Cyclone Nargis appears to be a significant and positive feature, which helped make programs highly relevant, effective,

⁴⁸ Interview, Nang Phyu Phyu Lin, Gender and Psychosocial Support Adviser, CARE Office, Yangon, 13 Dec 2013.

⁴⁹ CARE staff interview, CARE office, Yangon, 3 December 2013.

⁵⁰ CARE International “Laying the Path, Setting a Future”, CARE International in Myanmar’s Cyclone Response 2008-2013, p. 20

efficient and highly accountable to communities. The CARE Myanmar Country Director who oversaw the operation stated, *‘I am so proud of way that national staff rose to the occasion and were able to demonstrate they could lead a response. They were in charge. In a major emergency... (involving massive procurement) they were the ones that made the decisions, they were the ones to identify the need to move quickly to recovery. They brought the development thinking and (ensured) participation of communities. We just provided the means, finances and systems. They led it and were determining what CARE did, within broad parameters. I am more proud of that than anything else’* (Interview).

As was the case for other INGOs, the great need for local staff essentially overwhelmed recruitment capacity.⁵¹ However, as noted above, highly skilled and experienced local staff were allocated to the response team and hundreds of new staff were recruited. A number of international specialists also joined the response. The human resources unit was greatly expanded to accommodate the increased workload. There were some glitches: some current and ex-CARE staff said they felt unable to take scheduled time off (without recompense for additional work) in the early response due to insufficient resourcing. ‘If we took the time off, the work would stop, and there was no one else to do it. We couldn’t stop.’⁵² This was even after guidelines were adjusted to make provision for time off.

The dedication of staff to their work over many weeks and months of very long hours in a pressured environment should not be taken for granted. Later evaluations show a continued inadequate resourcing of staffing: inefficiencies resulted from the lack of partner staff training and understanding of basic objectives of the ILP, for example. Implementing staff had limited understanding of the logframe and indicators, and focused on activities ‘rather than concentrating on the expected outcomes as beyond their capacity’.⁵³

5.5 Quality and Sustainability

5.5.1 To what extent was longer term recovery, and a consideration of resilience, present throughout all phases?

At the national level, CARE Myanmar’s initial emergency response included a five year plan, which considered a return to self-sufficiency for communities affected by Cyclone Nargis from the outset. Consideration was also given to CARE’s exit strategy from the outset. Staff repeatedly noted that their approach included development considerations and included a focus on self-reliance. They considered the CARE Emergency Handbook guidance on transition was useful but they had fleshed it out themselves: their early understanding that affected communities sought self-reliance influenced their approach. On reflection,

⁵¹ IFRC “After the Storm: Recovery, Resilience Reinforced”, Final Evaluation of the Cyclone Nargis Operation in Myanmar, 2008-2011, p.22.

⁵² FGD, CARE and ex-CARE staff, CARE Office, Myanmar, 3 December 2013.

⁵³ ILP Evaluation, June 2013, P.8

they considered this emphasis could have been stronger.⁵⁴ They sought to involve communities in as many steps as possible explicitly to help avoid welfare dependency. FGDs confirmed that self-reliance from communities was expected from early on and that VDFs were established based on a model of matched local contributions. CARE Myanmar’s Country Director confirmed that there was an explicit 5 year plan for the organisation to stay in the Delta region, through three phases, a commendable commitment to long term outcomes.

5.5.2 Was the assistance provided aligned with CARE HAF, Sphere, DAC and other good practice standards?

In the main, CARE’s response to Cyclone Nargis demonstrates a significant alignment with international evaluation standards and its own good practice guidance. By coincidence, just prior to Cyclone Nargis, Oxfam had provided CARE and other staff with Sphere training. Those who attended the training shared the Sphere standards with colleagues in the field. Some staff recalled that the standards were used ‘like a bible’ and that they felt reassured to have the Sphere guidance and materials. However, as should be the case, they were used as guidance rather than inflexible rules. When ex-CARE staff in Set San Township were asked how often they had deviated from Sphere standards they said ‘all the time – we had to make do with what we had.’⁵⁵

Staff also mentioned the ‘Good Enough Guide’ as helpful on how to run FGDs and gather information rapidly. Key reports such as the MTR and the ILP evaluation reports used OECD DAC effectiveness standards. Project reports tend to follow donor guidelines: some included a consideration of DAC standards while others did not. Project reports note adherence to Sphere, Good Enough Guide and sector specific standards (such as WASH cluster standards for latrine construction).⁵⁶ CARE HAF principles are referred to in project documents, as is the compliance with Sphere, Good Enough Guide and HAF guidelines that the HAF requires. An example is the HAF-derived stakeholder feedback and complaints mechanisms (see accountability, below), and project accounts of continued efforts to strengthen community participation and mobilization in M&E processes.⁵⁷

5.5.2 How sustainable was the assistance?

Sustainability is a difficult criterion to address meaningfully especially only a few months after a program has been completed. However, broadly speaking, because of CARE’s participatory approaches and its contributions, many benefits flowing from CARE’s work were found in the evaluation to have been sustained to varying degrees at community level.

⁵⁴ Interview with CARE Myanmar CD Brian Agland, CARE Office, Myanmar 15 December 2013,

⁵⁵ Interview with Ex-CARE staff in Set San Township, 11 December 2013.

⁵⁶ CARE Myanmar Disasters Emergency Committee ERP Report 30 Nov 2009, p4.

⁵⁷ Aktion Deutschland Hilft (ADH), Final Report, 19 February 2010, p.7.

Four approaches which seem to have contributed to sustainability in particular include: the conceptualization of a long-term plan from the outset, use of participatory processes at community level, use of appropriate feedback systems and collaborative work with local authorities. In terms of delivery, CARE focused on the right inputs across priority sectors, in the sense they were relevant, flexible and well-targeted. In the WASH sector, for example, the construction or renovation of small infrastructure such as wells (primarily used by women and children), was accompanied by sustainability training such as Operational Maintenance provided to build village capacity take responsibility for and ownership of infrastructure.



Pathway constructed in village in Set San



Bridge constructed in village in Wa Thay

As described above (Effectiveness and Impacts), sustained benefits in women’s participation, livelihoods, community organisation and small-scale infrastructure are particularly noteworthy. While evaluation meetings with *Ya Mi* and *Ya Pa* generally involved fewer women than men, women’s increased role in community leadership and decision-making was acknowledged and prevalent. In terms of livelihoods, specific benefits associated with integrated and relevant assistance with agricultural production, livestock, small business and related activities have been sustained. In terms of community organisation, in all villages visited, mention was made of the value of VDCs and/or VDFs, although not all were still active. In relation to small-scale infrastructure, there was consistent evidence of working and useful clean water supply ponds, accessible safe shelters, functioning latrines, well-regarded pathways and bridges during village visits (see photos above).

Noting the literature’s persistent finding that local capacity is most often undermined during international responses, it is worth pausing on the lessons of CARE’s efforts to build communities’ ownership of their own recovery and development processes – particularly

through Village Development Committees (VDCs). Recognising that VDCs will include a great variety of individuals with diverse levels of understanding about leadership and accountability, emphasis needs to be given to ensuring communities can facilitate appropriate development processes and decisions. VDF grants now function well in some communities and less well in others, so it is important from the outset to support communities to navigate issues that have arisen. These have included elite nepotism, inequity and how to best support poor families. This brings focus for project staff on issues about leadership accountability (including the promotion of women’s leadership), concepts of sustainability, planning and financial transparency.

Most villagers included in this evaluation reported that some specific material inputs are no longer functional because of their age, have been sold, repaired or replaced, but this is not necessarily a negative finding. Many communities have sold or are looking to sell machines to replace them with buffaloes and/or new machinery with the assistance of VDFs.

When asked directly (and outside FDGs) villagers expressed some concerns about the sustainability of infrastructure, in particular footpaths, bridges and river jetties, some of which is visibly beginning to degrade “now that CARE has gone home”. For example, observations during field visits identified several wooden jetties had rotten or broken pieces and some pathways had become uneven, but most were in good condition. After CARE had left villages, community members sometimes approached ex-CARE staff and asked them to repair damaged or deteriorated infrastructure. Ex-CARE staff said that in retrospect some jetties and overpass bridges were not strong enough and piles were not deep enough so they were easily damaged by waves. One village apologized for suggesting that in future CARE should build bridges with concrete rather than wood, because wooden ones deteriorate very quickly. That said, other CARE-funded new infrastructure, such as cyclone shelters (used as community buildings), appeared to be lasting well and contributing to community life. Five years on, active VDCs were applying VDF moneys to infrastructure maintenance and improvement, as well as seeking local government support for infrastructure construction and other development initiatives.

CARE’s quality relationships with government agencies (LBVD, DoA, DoF) at Township level in particular helped build the latter’s capacity, and saw an impressive shift toward a more participatory model of service provision. Generally speaking, continued access to technical advice is needed to ensure sustained benefits flow from training. Local authorities agreed with this view but are constrained in reaching communities now that CARE’s facilitation and support has ceased. In the long-term, increased village level advocacy for greater local government service provision is likely to be most influential in increasing access to necessary expertise in the longer-term. Other partnerships promoting sustainable gains in DRR and resilience include the close work CARE undertook with the Mangrove Service Network, a local organization involved in the regeneration of mangroves following the cyclone.⁵⁸ CARE

⁵⁸ CARE International Credit Suisse Report, Response to Cyclone Nargis, 15 May 2009, p.8.

Myanmar continues to work closely with the Ministry of Social Welfare’s Department of Relief and Resettlement. CARE is also an active participant on the UNDP-led DRR working Group, with GoUM and other leading INGO and UN partners. Its responses to subsequent disasters appear to have gone smoothly and reflect lessons learned from prior experience.

The evaluation found good prospects for the ongoing sustainability of benefits, within the limits of any dynamic and self-driven context. While government officials said they were no longer able to practice participatory approaches (learned from CARE staff) when working with farmers because they simply had insufficient funds to travel from their offices, the sustained benefit is improved relations and accountability between communities and extension service providers. While some equipment may no longer be operational, livelihoods activities have continued and there are better relations between communities and extension services providers. The sense is that despite lingering livelihoods challenges, and unseasonal weather, farmers have greater agency to achieve their future objectives.

Community meetings and interviews with GoUM officials during this evaluation identified that the sustainability of some training provided during the recovery phase was limited. In some cases, there was an unrealistic expectation that trainees would share their new-found knowledge and skills with others. In others, insufficient follow-up or content that was technically too challenging or inappropriate (such as hairdressing in small villages) meant that learning was not applied in practice. Livelihoods training was greatly appreciated generally but FGDs revealed that many training benefits had not been widely shared. This phenomenon is common across development practice globally, but there are ways to maximise the likelihood of success. Generally, a more coherent and long-term approach to capacity development is required, as well as continued access to technical advice.

It is therefore recommended that when operating in contexts where Government services are limited, CARE should continue (and encourage others) to support processes which enable greater long-term access by communities to Governments’ technical expertise (e.g. agricultural extension and veterinary services)

5.6 Accountability

5.6.1 Accountability to communities

Consistent with analysis related to effectiveness, targeting and relevance and appropriateness, this evaluation found that CARE demonstrated high levels of accountability to program beneficiaries at community level, particularly in relation to use of participatory approaches. Reporting references Humanitarian Accountability Practice standards and notes that CARE staff were trained in these and other accountability standards. Project reports indicate that CARE staff carried out over 200 rapid assessments within a few months of Cyclone Nargis using a variety of participatory activities such as FGDs, key informant interviews and direct observation. These assessments helped CARE to determine priorities of affected populations and to ensure assistance was responsive to the needs of women and

men.⁵⁹ Evaluation findings confirm that communities largely understood targeting and CARE’s reasons for narrowing its focus in the final phase of the program.

CARE established a stakeholder feedback and complaints mechanism in accordance with the Humanitarian Accountability Framework (HAF). It was designed to capture, monitor and ensure response to feedback from beneficiaries and other key stakeholders, and provide a safe grievance process. Communities were more likely to provide *ad hoc*, rather than formalized feedback.⁶⁰ Evaluation FGD participants almost without exception, as well as local authorities, agreed that CARE had encouraged feedback, and was highly responsive to it.⁶¹ There were initial and isolated incidents of staff behavior interpreted as disrespectful by villagers, which counseling of staff had overcome satisfactorily, and which led to changed protocols (e.g. entering villages on foot, rather than by vehicle).⁶² One of the most enduring and successful aspects of the response was the positive impact this had on local conceptions of accountability, and villagers’ confidence in their own knowledge and decision-making.

CARE should continue to support networks of INGOs and local responders to ensure village perspectives are given their due, and to ensure equitable ownership of initiatives, for example through consultation and feedback mechanisms.

5.7 Impact

The evaluation found evidence of increased levels of resilience within communities (see 6.1 below) and it is reasonable to conclude that CARE’s work contributed to this. Examples of practices and approaches named by communities to prepare for, respond to and recover from future disasters (and therefore suggesting increased resilience) include:

- we will listen and believe weather reports (particularly on the radio) for early warning and prepare well for upcoming events
- we will move to shelters or higher areas which are useful to protect us (particularly the most vulnerable) from disasters
- some of us have well-functioning community based organisations (including VDCs and DRR Committees), which give village members extra confidence to cope with disaster
- CARE DRR training and livelihood training increased our confidence levels to cope with another disaster, but we have low confidence about livelihoods resilience longer term
- some people in our communities have made their houses stronger to withstand storms and they will take some of us in, if necessary

⁵⁹ Care Myanmar, “Cyclone Nargis Early Recovery and Transition”, AusAID Project Report Ref 37891/26, p.2.

⁶⁰ See IFRC discussion on the cultural appropriateness of letter box feedback systems, p. 29, citing Tracey et al, 2010:13

⁶¹ FGDs, local authority interviews, evaluation field work, December 2013

⁶² Interview with CARE Myanmar CD Brian Agland, CARE Office, Yangon 16 December 2013

- during Cyclone Nargis paddy seeds were lost, so as a result we have learned to bury seeds in advance to protect them from another disaster
- we will protect important documents, take them to safe buildings if we flee our homes
- we will use empty water containers as flotation devices in the case of deluges
- we know that it is easier to recover from the trauma of disasters by talking about and sharing experiences with each other (psychosocial understanding)
- some of our communities are more cohesive and united after Cyclone Nargis because we had the experience of helping each other to recover
- some villages identified that bamboo had saved lives - we have decided to plant more ⁶³.

Many of the findings discussed in Sections 5.1 to 5.6 describe elements of impact associated with CARE’s work in the Ayeryawaddy Delta (see in particular Section 5.2, Effectiveness).

Overall, the evaluation found consistent evidence of community gratitude and positive feelings at community and partner level about the impact of CARE’s work – although this tended to be less effusive during individual interviews. There was widespread and consistent praise for the contribution that CARE as an organisation and as a team of hard-working and well-respected staff made to saving lives, restoring livelihoods and strengthening community life and resilience. Several women said that CARE featured in their daily prayers of thanks, symbolic of the high regard in which the organisation is held. The Case Study below illustrates the complexity of one woman’s situation and the contribution CARE made to her life.

I gained profit by investing loss...

I live in Pya Mut Village, Pyapone division. I am the eldest daughter in my family and I have younger brother and sister. My father passed away when I was 15 years old and at that time my mother was not in good health. I dropped out from school and sold grocery for survival as my younger brother and sister were in elementary grade.

My mother passed away when I was 18. One month after my mother’s funeral we did donation for my parents. One man came and help during that occasion and he said he sympathize us that’s why he accompanied us. At that night he got drunk and came to my house. My brother and sister fall asleep and only I had to talk with him. He insulted me and I was raped. I was so afraid as well as feeling shamed but I couldn’t keep silent. I informed to village leader.... After all I received thirty thousand kyats as repentant.

No one in my village helped me instead they discriminate and gossip about me. I felt depressed but I have responsibility for my family. So I exchanged my shameful event with

⁶³ Villagers reported a new understanding of the life-saving properties of bamboo, which bends ‘rather than breaks as trees do’ during tidal surges: in one village we heard that over 70 people had survived in a bamboo hedge.

that repentant money. I invested that money in doing business. After three years I got married. My husband relatives dislike me.

I got one daughter and my husband left us three month before Nargis. During Nargis I struggled with my three years old daughter. My house was destroyed but I can rebuild it. I received food distribution from CARE. After three times food distribution, I got the chance to participate in CARE distribution committee as CARE encourages women to participate in committee. In the beginning I did not really understand about CARE activities and CARE is empowering women and defending people’s dignity. I got many experiences from the various training: agriculture, energy saving stove, hygiene awareness and gender. What I like most is CARE’s non discrimination approach and equal opportunity for both men and women.

At first people in the village... undermined me and they even told CARE staff not to go and work together with me due to my history and background. But CARE staff did not discriminate against me and treated me well. Moreover they explained to the community to support each other. I really thank CARE staff. From them I learnt a lot of things and educational songs such as ‘Perceive in positive way’ ‘Serve as Lighting Candle’ ‘Soap for hand wash’ etc. I think by singing ‘Perceive in positive way’ song people can understand me and they perceive me in positive way. All are CARE’s gratitude towards me.

I will never forget CARE because participation in CARE activities could build mutual understanding between community and me. Although Nargis cause me loss but I gained profit from CARE.

That’s why for meI gained profit by investing loss.

6.0 Summary of findings against key evaluation questions

This section of the report summarises the evaluation’s findings discussed in Section 5, against the five key evaluation questions, and provides some concluding observations.

6.1 How resilient are communities?

CARE reports and FGDs raised a wide range of examples of resilience. Overall, and specifically in relation to resilience, four key themes emerged from this evaluation:

- individuals and households appear to have moderate levels of resilience and are able to identify ways to minimise harm and recover from cyclones, but not necessarily from other disasters
- there are some signs of collective resilience at community level, although the levels seem lower compared with individuals and households
- women report higher levels of resilience than men
- there are diverse understandings across communities about their own role in disaster recovery vis-à-vis the role of external responders

Almost all individuals surveyed and interviewed said they felt better prepared and were able to identify steps they could take to reduce risks associated with future cyclones. Of the 134

individuals surveyed, 81% said that compared with before Cyclone Nargis, they felt they were both better prepared and more able to recover⁶⁴.

While individuals are much more *cyclone*-ready than they were before Cyclone Nargis, a sustained effort from the GoUM and its partners will be needed to achieve continued emergency preparedness and disaster risk reduction. Also, it is not clear that people, communities and organisations would be resilient in the case of rapid onset disaster such as an off-shore earthquake and tsunami. Systems developed may not give people enough time to reach what is still in many cases relatively inadequate safe shelter. Cyclone events to the east and west of the Delta would meet much less ready populations, and are presumably a focus of continued efforts (Government and partners) to reduce vulnerability and disaster risk.

While most individuals expressed confidence in their ability both to survive and to recover, they expressed concern about the resilience of livelihoods. Survey enumerators noted frank observations from a small number who felt they would die if a similar storm struck again and were ready to do so. These comments were recounted during team reflection sessions and were likely among the 15% of respondents who felt less prepared than before Cyclone Nargis, and rated themselves as having a low ability to recover (Annex 2). Participants in FGDs tended to be more positive than surveyed individuals, with shared agreement that they have some knowledge and experience to reduce their risk. Perhaps the group interaction stimulated higher levels of confidence or perhaps more confident community members were attracted to participate in FGDs.

Well over half of the communities included in this evaluation appear to have sustained collective systems of communications (use of loud-hailers or flag systems for example and commitment to use of safe shelters), decision-making and organisation relevant to potential disasters. However generally, resilience at community level was patchy. For example, in December 2013, many safe shelters were still under construction, in some villages the VDCs had not met since aid delivery had ceased, and in only 5 out of 18 villages, the evaluation identified clearly understood plans for assisting elderly or people with disabilities to reach safe shelter. This contrasts with the ILP evaluation of June 2013 which found that communities had developed DRR preparedness plans to a rating of 4 (Good), and that 86% of sample households reported they were acquainted with their village disaster preparedness plan and kits key components as well as the instructions to be followed.⁶⁵ During FGD discussions in December 2013 many participants said they had no clear plan as a whole community, although some noted that village rescue committees would find the most

⁶⁴ These figures are within just a few percentage points of IFRC Survey findings (n=214) comparing ‘perceive disaster preparedness, pre-Nargis and present’.⁶⁴ That survey found that 86% perceived they were better prepared than before Nargis.

⁶⁵ ILP Evaluation Report June 2013, p.29

vulnerable if a disaster came, and that there were DRR committees. ILP evaluation findings were that the project (including its DRR focus) was too ambitious across sectors, too short term, and insufficiently resourced. This may have some bearing⁶⁶ on why sustained community level resilience is lower than expected.

6.2 What did CARE do across phases to increase resilience?

Even though donor funding was largely restricted to certain activities in fixed phases at specific times, CARE’s programs were not forced unrealistically into these categories. This is highly commendable. CARE staff believed that assistance should be provided in ways which suited local circumstances and thus took a flexible approach. This is a positive effect associated with the nationalized approach to the response.

Overall, the phased approach was useful in determining different emphases at different times, but CARE successfully avoided the negative aspects of imposing externally constructed boundaries between phases. For example, the very early shift into livelihoods recovery reflected understanding of the planting season. Paddy seeds were provided in initial weeks/months to reduce the loss of a crop and CARE’s commitment to this was so clear that private funds were used rather than limited donor funding. When large-scale funding for livelihoods recovery programs became available for INGOs later on (e.g. LIFT), CARE made the decision not to apply, because they had already undertaken effective work in this area. Broadly, CARE’s very early emphasis on livelihoods was clearly a major contributor to recovery and to levels of self-reliance which would not have been possible otherwise.

6.3 To what extent were CARE’s efforts aligned with OECD DAC and evaluation criteria?

CARE’s programs and approaches in Myanmar after Cyclone Nargis were appropriately informed by and aligned with international standards and frameworks, but not driven by them. CARE’s efforts in Myanmar from 2008 to 2013 reflected a great deal of experience, expertise and organisational understanding of the national setting and of international disaster responses. The organisation’s ability to navigate the two, drawing from global experience and translating it through a lens of local knowledge, contributed to its effectiveness and the positive findings found during this evaluation.

6.4. What is the link between what CARE did and the current levels of resilience in evaluation target areas?

It is clear that CARE’s programs and approaches contributed to most of the things that people described as critical to resilience. In terms of survival, FGD discussants observed that without CARE emergency assistance, more people would have died. Women in one community for example said ‘*CARE gave us food to help us survive.*’ In terms of livelihoods recovery, leaders from another community said ‘*we have great respect for CARE because*

⁶⁶ ILP Evaluation Report June 2013, p.33

they provided farming machines which meant that we did not miss a paddy season.’ Some communities clearly perceived a strong link between CARE’s work and current levels of resilience, while others considered the link to be limited, identifying other factors which played a more significant role. For example, one village leader said *‘it’s the community’s experience that makes us resilient, not really CARE’s contribution.’*

As CARE was the dominant international agency in all of the villages visited during the evaluation, it is reasonable to conclude that CARE’s contributions were the most significant of all external agencies. Overall, stakeholders (Government officials and community members) considered CARE was about 50% responsible for improved levels of resilience.

Other contributors to resilience, probably in priority order, included:

- locals’ own knowledge, experience, and mutual support
- support from monasteries and monks as well as other church-based entities
- contributions by local CBOs and other Myanmar NGOs
- donations from Myanmar businesses
- knowledge sharing and coordination provided by GoUM

Understandably, there was low awareness of those efforts made by CARE that were not village-based, but some of these also contributed to broad levels of resilience in positive ways. Examples include collaborative work with LBVD in relation to restocking fish fingerlings into rivers, vaccination of buffalo against foot and mouth disease and duck breeding. Conversely, villages tended to consider CARE-facilitated training (conducted by technical experts in government agencies) to be CARE-, rather than GoUM-, provided. In addition, CARE’s use of participatory approaches to identifying priorities was identified by local government officials as a key contribution to relevant resilience-related outcomes.

6.5 What lessons learnt and good practices have bolstered resilience and reduced vulnerability to future disasters?

This evaluation provided stakeholders, including community members and CARE staff (previous and current) with an opportunity to reflect more deeply about resilience in post-disaster settings and CARE’s contribution. In particular, the Theory of Change process provided CARE staff the chance to consider whether they would have done things differently. This section of the report synthesises these reflections and analysis undertaken during the discussion of findings against evaluation criteria, as well as in reporting and earlier evaluation.

Finding the balance between providing sufficient, relevant aid, and promoting self-sufficiency rather than dependency is clearly challenging in any context. CARE staff discussion about the issue of post-disaster aid dependency was useful in identifying ideas such as:

- each area is different and generally we asked for a spirit of participation
- we are not sure that we can ask communities from outset how they can contribute to ‘standing on their own feet’: is that inappropriate?
- there needs to be a clearer distinction between participation and empowerment: especially during recovery, for longer term sustainability of resilience outcomes:
 - ✓ villagers can participate in something that disempowers them over the longer term, even if it means a more rapid return to ‘normal’
 - ✓ ‘The VDC model helped a lot to help communities to feel they were standing on own feet, and reducing dependency on aid, opened community eyes to their own capacity. This observation was also heard in the FGDs.

From this we can say that increased resilience depends on a range of socio-economic factors. CARE’s contributions in the main were supportive of increased resilience. In some cases, there were significant breakthroughs highly relevant to increase resilience, such as the increased capacity for two crops to be grown annually, rather than one (although the sustainability of this approach is not clear).⁶⁷ Where contributions were not supportive, the reasons were at times beyond CARE’s control (e.g. changed weather patterns), although overall findings are that reflective processes with local staff and communities from the outset are more likely to yield more sustained gains (including in resilience). Where increased dependency was observed, its causes remained somewhat elusive to the evaluators, and require further analysis. Communities themselves may be able to share further insight once questioning turns more directly to the paradox of co-existing increased empowerment and dependency.

CARE used a wide range of relevant approaches, applied a variety of lessons and undertook a complex set of activities, responding to dynamic and diverse priorities and circumstances. CARE’s ability to deal with this complexity is one sign of its good practice. Agencies which reduce disaster responses to single or a small number of inputs or operate only in a small number of locations are not likely to be able to contribute to the kinds of resilience achieved in the Ayeryawaddy Delta. CARE used international frameworks and learning as well as its deep knowledge of the institutional, cultural, geographical and social context in Myanmar to inform its work. It navigated complexity effectively by prioritizing accountability to communities and professionally managing relationships with donors. Noting it no longer has a presence in the Delta, its work ahead must continue to focus on building government capacity, and working with like-minded partners from Yangon, and ensuring that its own processes are fully prepared for another catastrophic natural disaster.

⁶⁷ Action Deutschland Hilft, Final report 19 February 2009, p.9

7.0 Recommendations

Program approaches

1. Using its expertise and experience in gender, CARE should encourage and work with other Myanmar-based INGOs and engage with the Government of the Union of Myanmar (GoUM) to strengthen a focus on gender perspectives in disaster management.
2. In similar vein, CARE should continue to support networks of INGOs and local responders to ensure village perspectives are given their due, and to ensure equitable ownership of initiatives, for example through consultation and feedback mechanisms.
3. CARE should continue to strengthen disability inclusive approaches in its humanitarian and emergency responses.
4. When operating in contexts where Government services are limited, CARE should continue (and encourage others) to support processes which enable greater long-term access by communities to Governments’ technical expertise (e.g. agricultural extension, veterinary services).
5. CARE and other INGOs should place greater focus on engaging staff and likely stakeholder communities in determining the high level outcomes expected within each context, and at all stages. This should be done particularly, but not only, during preparedness work and scenario-planning, to define the scope of all stages of response and support clearer articulation for all stakeholders about expected outcomes.

Program content

6. It is recommended that CARE give cash and voucher-based approaches increased consideration across sectors in future disaster responses, including targeting for at-risk groups including women (young mothers, young widows, and FHH), families with school aged children, the landless and people with disabilities. In particular, cash initiatives that help avoid the endemic indebtedness that has followed Cyclone Nargis should be considered in future responses to disaster in Myanmar.

Annex 1 Evaluation TORs

EX-POST EVALUATION OF THE CYCLONE NARGIS OPERATION IN MYANMAR 2008-2013

TERMS OF REFERENCE

SEPTEMBER 2013 – DECEMBER 2013

BACKGROUND

Ex-post evaluations provide an opportunity to assess program impact, effectiveness and relevance. Such evaluations are one of the activities conducted within CARE Australia’s overall program quality framework under monitoring, evaluation and learning. The purpose of these evaluations is to provide accountability to stakeholders and to incorporate lessons learned into decision-making processes to ensure continuous program improvement. They are commissioned annually according to the CARE Australia Evaluation Policy and provide learning relevant to other programs as well as the ones under review.

CYCLONE NARGIS

Cyclone Nargis struck Myanmar on 2 and 3 May 2008, making landfall in the Ayeyarwady Division and passing into Yangon Division before hitting the former capital, Yangon. The cyclone’s toll was catastrophic: overall, 84,500 people were reported dead, 53,800 missing, and 19,300 injured. Out of the 7.35 million people in the 37 affected townships across the Ayeyarwady and Yangon Divisions, some 2.4 million were estimated to have been severely affected. An estimated 800,000 people were displaced. The Ayeyarwady Delta, known as the country’s rice bowl, saw tremendous damage to its paddy fields - here, the effects of extreme wind had been compounded by a 3.7m tidal wave. The FAO estimated that 63% of Myanmar’s paddy fields had been impacted upon. Nargis hit as paddy farmers had been at the last stage of the dry season harvest, which accounts for 25% of annual production. The cyclone also caused widespread destruction of homes and infrastructure, including roads, jetties, water and sanitation systems, fuel supplies and electricity networks. A large number of water sources were contaminated and food stocks damaged or destroyed. Overall, it was estimated that Nargis caused USD 4 billion in economic losses.

Local and international relief efforts began just after the storm hit, although the international response was delayed while humanitarian access arrangements were agreed. With over 15 years operational experience in Myanmar, CARE International in Myanmar (CARE) was well placed to provide relief and recovery in the immediate aftermath of the cyclone. However this assistance was provided in the face of substantial challenges – CARE despite having a sizeable country presence was not operating in the Delta in May 2008 and therefore initially had no local partners; there were limitations in both government and NGO response capacity, travel restrictions and difficult access for international staff, and finally the sheer scale of the destruction and the resulting size, scale and programmatic scope of the response and recovery program.

Despite these challenges during the response CARE met the pressing needs of over 133, 000 people through the provision of food and non-food items; water and shelter; as well as

material support for early livelihood recovery including agriculture, livestock and fisheries. Throughout the response and transition phases CARE continued to prioritise food security, livelihood recovery, restoration of water and sanitation sources, rehabilitation of community infrastructure and strengthened community resilience. During the recovery phase CARE focused on livelihoods (agriculture, fisheries, livestock market opportunities and income generation); WASH (health, access to safe water and sanitation facilities, health and hygiene awareness) and Disaster Risk Reduction (DRR).

This evaluation will benefit from a number of sector specific evaluations and other lessons learned exercises already conducted. A significant amount of data has been collected throughout the history of the overall program through surveys; regular program monitoring and reporting; endline surveys and end-of-project evaluations.

PURPOSE OF THE EX-POST EVALUATION

The purpose of the evaluation is to analyse how target communities were able to recover, and in that sense, become more resilient towards future shocks and hazards. The evaluation will provide evidence on the quality and impact of CARE’s Cyclone Nargis response and recovery programming and make recommendations for future humanitarian work.

SPECIFIC OBJECTIVES

The specific objectives of the evaluation are to:

- to examine the impact and sustainability of CARE Nargis response and recovery program achievements for both women and men during and since the period of implementation
- to assess key achievements and areas of success, as well as challenges and areas for improvement and make realistic recommendations to replicate or improve and inform future programming
- to map and identify lessons learnt and good practices for sharing with peer agencies
- to build the internal capacity of CARE to manage evaluations, in particular the use of evaluation methods and tools through interactive action learning approaches

SCOPE OF THE EX-POST EVALUATION

Whilst the evaluation should provide an overview of the response and transition phases, the evaluation’s focus is on the recovery phase of the operation.

This evaluation of CARE’s response to Cyclone Nargis follows a series of reviews that have been conducted over the past five years. Whilst the evaluation should build on the wealth of information contained in these reports, it should also go beyond a mere synthesis of existing material and review achievements against objectives and provide an overall assessment of impact the Cyclone Nargis operation has had on specific groups such as women, ethnic minorities and the like.

PROPOSED SPECIFIC EVALUATION QUESTIONS

Seven evaluation criteria are set out below and the research framework for this evaluation supplements them with 28 sub-criteria and guiding questions.

CRITERIA		SUBCRITERIA		GUIDING QUESTIONS
1	Relevance and appropriateness	1.1	Delivery on community needs	To what extent did activities deliver the communities’ needs during both response and recovery phases?
		1.2	Coverage	Did CARE program in the most affected areas? Did CARE coordinate with others organisations/agencies to deliver programming in the most affected areas?
		1.3	Complementarity	To what extent were activities in line or complementary to the priorities of other actors including peer agencies and government authorities? In what way were different sectors mutually integrated?
		1.4	Unanticipated consequences	To what extent were unanticipated negative consequences observed and addressed?
		1.5	Targeting	Given the external parameters was the targeting strategy appropriate? Did CARE reach the most vulnerable? To what degree was the targeting strategy affected by other actors including national government, UN, peer agencies? Was the targeting strategy clearly communicated to beneficiaries and communities? Were they aware of their entitlements?
2	Quality	2.1	Product quality	To what extent did interventions reflect good practice? To what extent were the materials, equipment, supplies and methodologies used appropriate for the context?
		2.2	Compliance with CARE Emergency Protocols	To what extent did the program comply and uphold CARE Emergency protocols (including the emergency

CRITERIA	SUBCRITERIA	GUIDING QUESTIONS
		indicators outlined in the CARE Humanitarian Accountability Framework?)
	2.3 Quality assurance strategy	What was the programme's overall strategy for quality assurance and good practice and was it implemented effectively?
3 Effectiveness	3.1 Target delivery	To what extent have set targets and objectives been reached across all three phases – response, transition and recovery?
	3.2 Adaptability	To what degree were projects and the overall program responsive to changing needs?
	3.3 Participative planning, monitoring	To what extent were communities involved in planning and monitoring?
	3.4 Management effectiveness	How effective was the overall management set-up? To what degree did overall management arrangements support or limit program effectiveness?
	3.5 Coordination effectiveness	How effective was the coordination with other actors (internal/external)?
	3.6 Gender and Diversity	To what extent were the specific needs of women, men, boys and girls identified and addressed within the interventions? To what extent was gender mainstreamed through the operation? (Consider to what extent programming and operations incorporated gender/power analysis, was based on sex/age disaggregated data, incorporated gender equality results/indicators/M&E planning).
	3.7 Disaster Risk Reduction	To what extent was risk to various disasters assessed and

CRITERIA	SUBCRITERIA	GUIDING QUESTIONS
	3.8	<p>factored into program design?</p> <p>Evaluation responsiveness</p> <p>Were any weaknesses identified by previous reviews tackled and if so how?</p>
4	4.1	<p>Efficiency</p> <p>Adequacy of assigned resources</p> <p>To what extent were budget allocations within funded donor proposals adequate to achieve the stated objectives? Were these available resources applied efficiently?</p>
5	5.1	<p>Impact</p> <p>Impact on communities</p> <p>In what way has the overall response and recovery program altered the living conditions of target communities?</p>
	5.2	<p>Impact on CARE in Myanmar</p> <p>In what way has the overall response and recovery program altered the capacity of CARE in Myanmar?</p>
	5.3	<p>Wider impact beyond program areas</p> <p>Did the program have any wider impacts outside the program area itself or with other actors involved in the response such as local or national government?</p>
6	6.1	<p>Accountability to beneficiaries</p> <p>Effectiveness of feedback channels</p> <p>Were Complaints and Response mechanisms established, to what extent was community feedback received and was such feedback addressed?</p>
7	7.1	<p>Sustainability</p> <p>Sustainable planning</p> <p>To what extent was long-term sustainability considered during planning?</p>
	7.2	<p>Sustainability of results</p> <p>To what extent can results be judged as sustainable?</p>
	7.3	<p>Adequacy of CARE exit strategy</p> <p>Was an exit strategy articulated and to what extent can the exit strategy be seen as adequate?</p>

PROPOSED EVALUATION METHODOLOGY

The broad methodological parameters for the evaluation are set out below and the details will be finalised by the consultant/s in consultation with the Evaluation Steering Committee. These will be outlined in an agreed evaluation plan that is expected to be completed within two weeks of commencing the evaluation⁶⁸.

⁶⁸ These are to be developed in accordance with CARE Australia’s Evaluation Policy and CARE’s Gender Analysis Framework and

The ex-post evaluation will draw on a) relevant CARE Australia and CARE International policies and frameworks including Humanitarian Accountability Framework; CARE’s Emergency Management Protocols and Gender Policy b) program and project documents such as designs, baselines, endlines and final evaluations c) interviews with key staff and stakeholders and d) in-country quantitative and qualitative fieldwork.

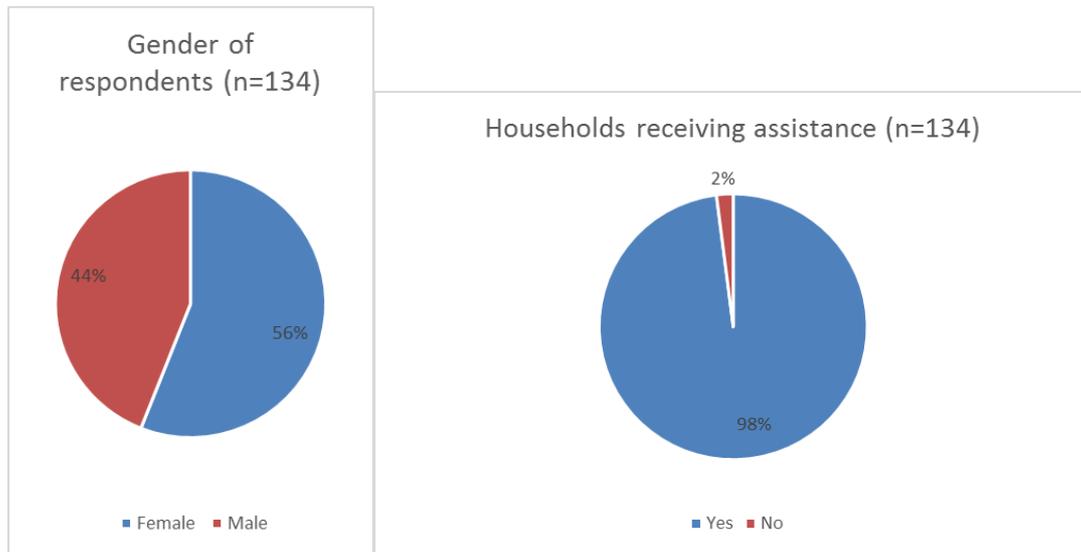
The methodology and techniques will be described in the final evaluation plan however it is expected that the evaluation methodology will include:

- A focussed desk review of CARE’s work (background data, programme documents and previous reports) in order to inform the development of the research framework against the evaluation questions and criteria. This framework should build on the above criteria, sub-criteria and guiding questions.
- Within that context, a more detailed evaluation of impact and sustainability across program sectors of using both quantitative and qualitative research methods including but not limited to a household and/or community survey, focus group discussions, transect walks and key informant interviews.

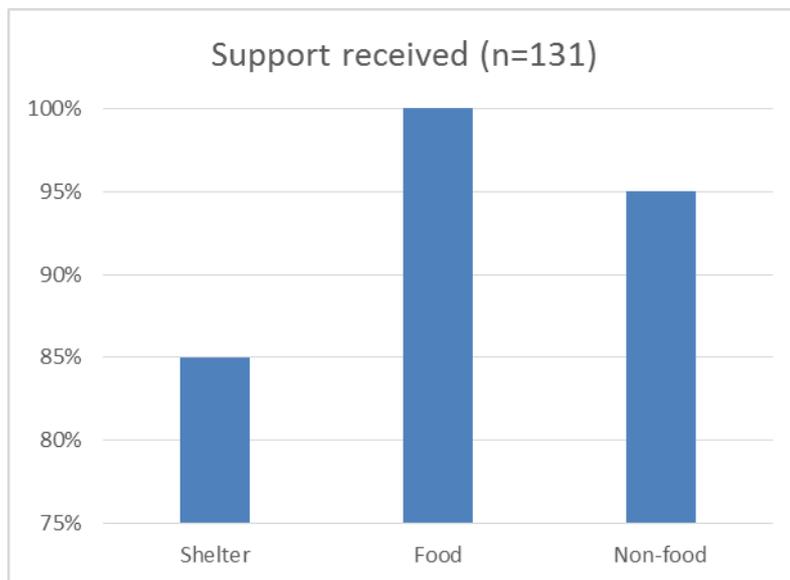
The combination of methods used will be decided in discussion between the Evaluation Steering Committee and the selected evaluation team.

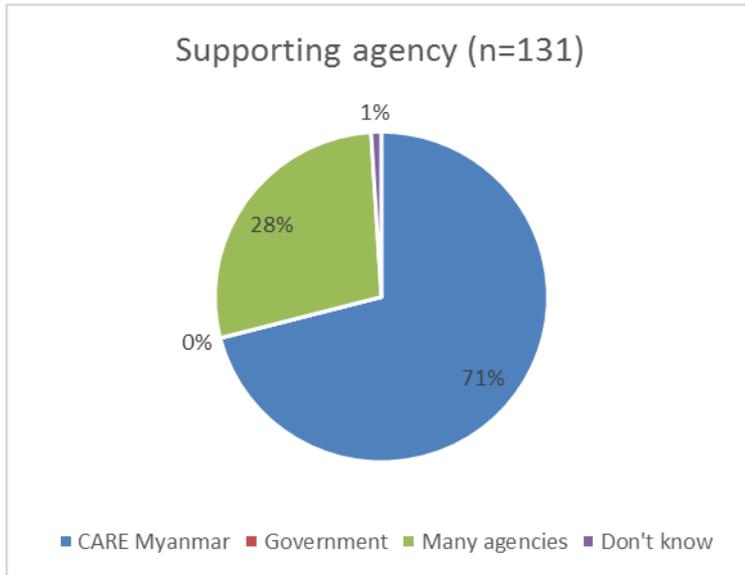
Annex 2 Transect Survey Results

Background of Respondents

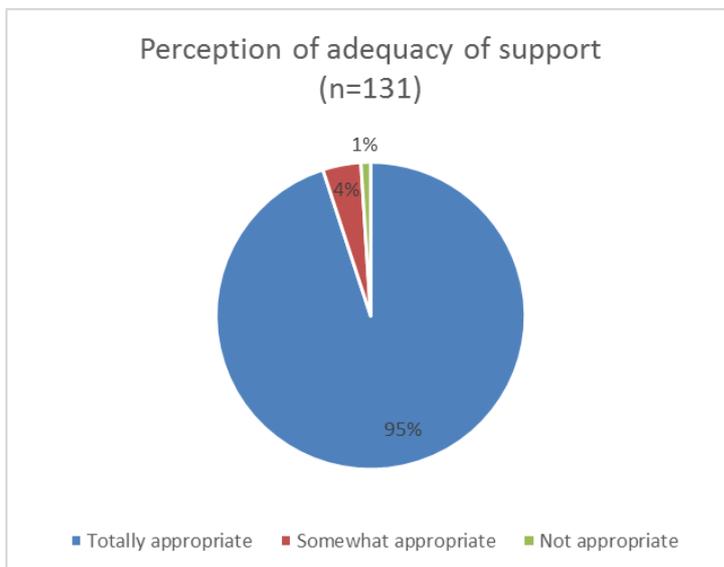


Emergency Assistance (received in first 6 months)



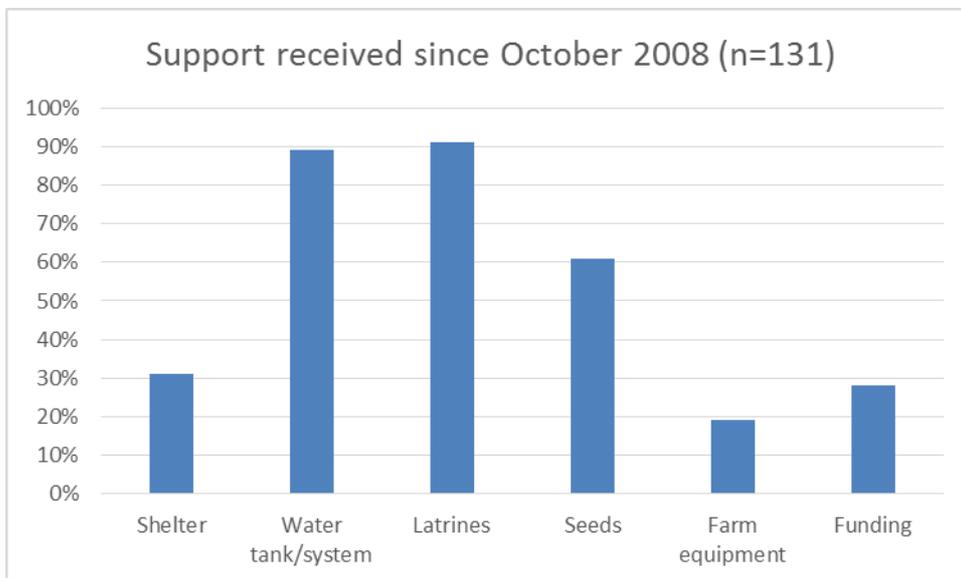
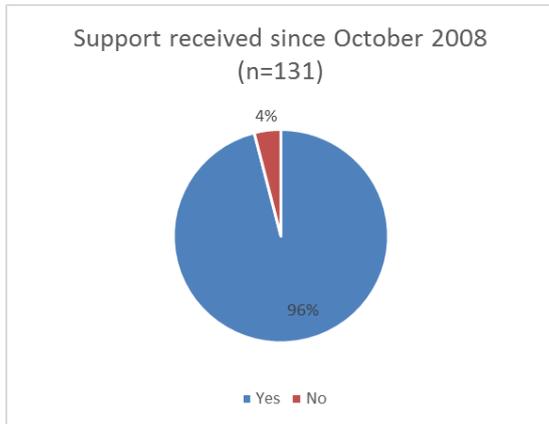


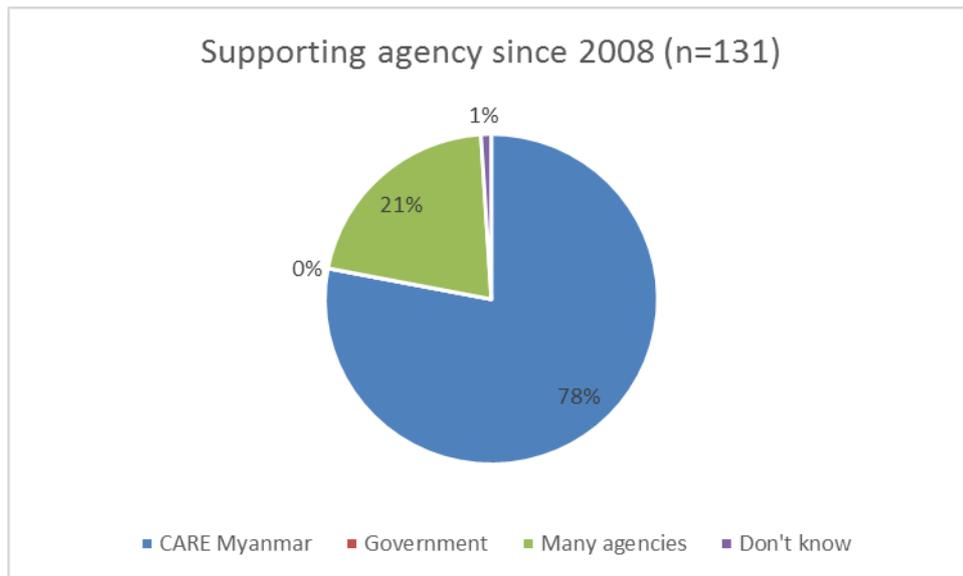
Note that in this analysis ‘many agencies’ included CARE Myanmar. In this analysis of the data, ‘CARE Myanmar’ therefore means that it was the only agency providing support in these cases. It should be noted that in separate surveying (ILP evaluation June 2013) 47% of respondents cite their major source of DRR information as Government through radio, televisions and FM channels,⁶⁹ and that CARE facilitated livelihoods and other training that was in fact largely carried out by local agriculture, fisheries and other government officials. Provision of assistance and promotion of resilience are not automatically correlated.



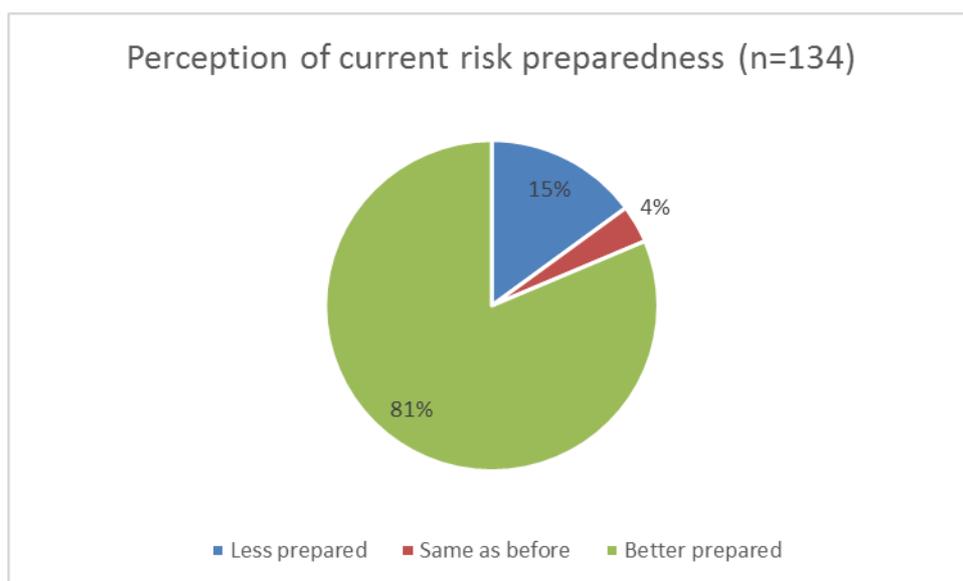
⁶⁹ ILP Evaluation Report June 2013, p.29.

Assistance Received after first 6 months



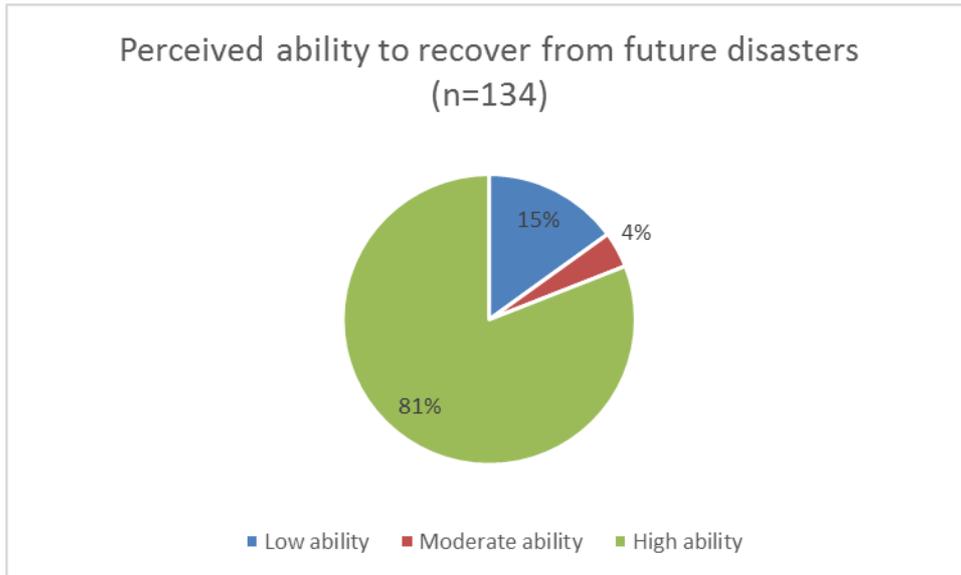


Survey data are drawn from townships where CARE was designated as lead responder, by early township coordination mechanisms. As noted earlier, and contrast to the above findings, villages tended to consider CARE-facilitated technical assistance and training from Myanmar agencies as CARE-provided.



These figures are within just a few percentage points of (larger) IFRC Survey findings (n=214) comparing ‘perceive disaster preparedness, pre-Nargis and present’.⁷⁰ That survey found that 86% perceived they were better prepared, 13% perceived they were equally prepared, and 1% perceived they were less prepared.

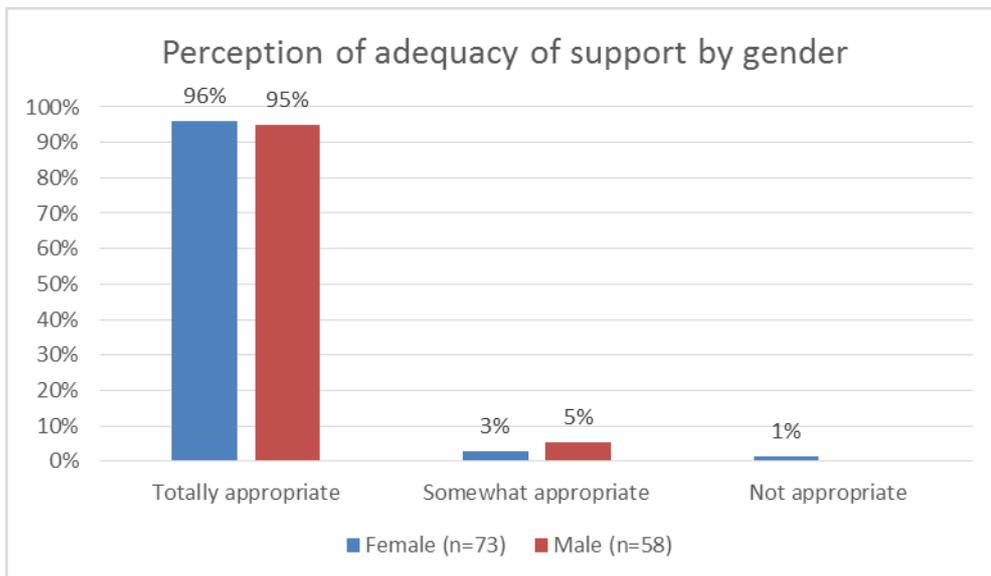
⁷⁰ Barnaby, F (IFRC) “After the Storm: Recovery, Resilience Reinforced. Final evaluation of the Cyclone Nargis operation in Myanmar, 2008-2011”, Annex A, P.43
<http://www.ifrc.org/docs/Evaluations/Evaluations2011/AsiaPacific/Myanmar/MMCycloneNargis11.pdf>

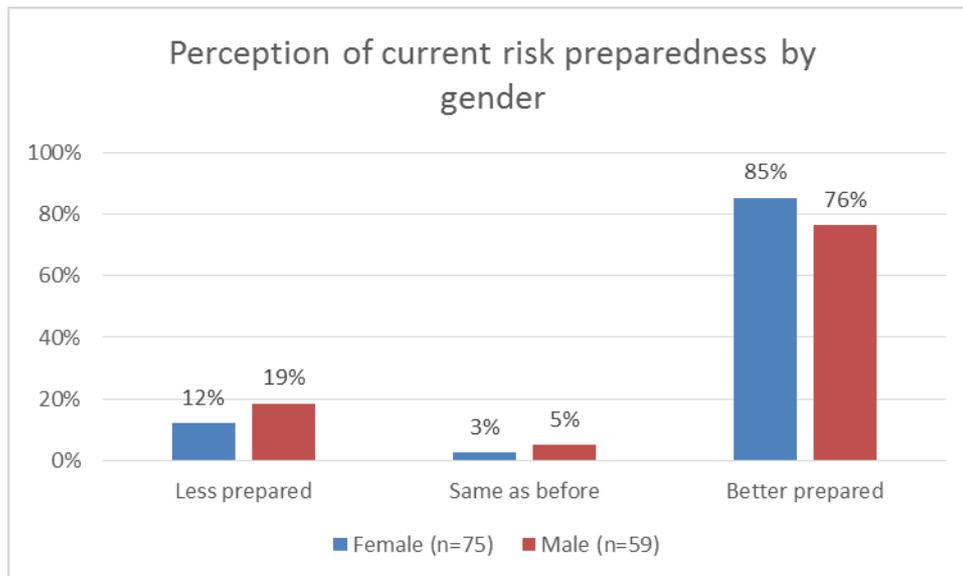


Note that perceptions of ability to recover, and perceptions of preparedness, were identical.

Gender Considerations

Women had slightly higher perceptions of adequacy of support in the first six months, with slightly more men registering early assistance as ‘somewhat appropriate.’





As this table shows, more women tend to feel better prepared than men (by a factor of 9 percentage points) compared with how they felt previously. In addition, fewer women than men (by a factor of 7 percentage points) report feeling less prepared than they were before Nargis. This tends to triangulate FGD findings, suggesting higher female attendance at CARE DRR trainings, which FGD participants attributed to men more often being in the fields or waterways during trainings.

Annex 3 Evaluation Tools

COMMUNITY SURVEY QUESTIONNAIRE

Date: ____ / ____ / 2013

Interviewer: _____

Interview number: _____

Township: _____

Village tract: _____

Village: _____

INTRODUCTION AND CONSENT

You have been selected at random to participate in a survey for CARE Myanmar. Your participation is completely voluntary. We will ask you questions about your experiences before and after Cyclone Nargis and the assistance and support you received from CARE and/or the Government and other NGOs. The survey will take about 10 minutes. Your responses are anonymous and will be kept confidential. Do you have any questions for me about the interview? Do you agree to participate in the interview?

1. What is the gender of the respondent?

- a) Female b) Male

2. Did your household receive direct assistance in the first six months after Cyclone Nargis?

- a) Yes b) No (→ go to question 6)

3. What type of assistance did your household receive?

- a) Emergency shelter
 b) Food
 c) Non-food items

4. Who was the main provider of this assistance?

- a) CARE Myanmar
 b) The Government
 c) Many agencies (please specify) _____
 d) Don't know/can't remember

5. Do you think the assistance was appropriate to your priorities?

- a) Yes, it was totally appropriate
 b) It was somewhat appropriate
 c) No, it was not appropriate

6. Has your household received any assistance after the initial six months (that is, since October 2008?)

- a) Yes b) No (→ go to question 9)

7. What types of assistance did your household receive?

- a) Shelter
 b) Water tank/system
 c) Latrines
 d) Seeds

e) Equipment for farming or other production

f) Funding

8. Who was the main provider of this assistance?

- a) CARE Myanmar
 b) The Government
 c) Many agencies (please specify) _____
 d) Do not know/cannot remember

9. Compared with the time before Nargis, how prepared do you feel to minimise risk to your family and household assets?

- a) Less prepared than before
 b) Same as before
 c) More than before

10. How would you rate your current ability to recover, if another disaster comes in future?

- a) Low ability to recover
 b) Moderate ability to recover
 c) Very strong ability to recover

11. If there is another disaster, what do you have in the community to contribute to your resilience?

Thank you for your participation in this survey!

ADDITIONAL NOTES:

Questions for Focus Group Discussions at village level

1. What was your village like before Cyclone Nargis?
2. What is the biggest change that has happened to you and your community since Cyclone Nargis?
3. What kind of assistance was provided and what was useful? Did this assistance help you to recover?
4. [For women’s groups] What do women think are the three most important things from this list?
5. [For men’s groups] What do men think are the three most important things from this list?
6. What do you think about the relevance and usefulness of the assistance provided by CARE?
7. What do you think about the strategies and processes that CARE used for distributing assistance?
8. When CARE worked in your community, did you know about CARE’s decisions about priorities and their feedback processes? Did you participate in them and did you feel that any issues you raised were taken into account?
9. If there is another disaster, do you feel ready and what would you do?
10. What things do you have in your community to contribute to your resilience?

Guiding questions for previous and current staff of CARE

1. Can you tell us about your experience with CARE, such as when you started work with them and what role you held?
2. Reflecting back on your experience as a CARE staff member, to what extent did CARE’s response consider the differing needs and vulnerabilities of groups within communities?
3. To what extent were long term sustainability and disaster risk reduction included in CARE’s planning and programming?
4. To what extent was assistance relevant and useful, and targeted to vulnerable groups?
5. Have you heard of the CARE HAF and SPHERE good practice standards? (this is not a test 😊). Do you think the assistance provided was aligned with these standards?
6. This evaluation has a particular focus on resilience. Resilience looks at how people and communities recovered and how ready they are for the next cyclone. To what extent do you remember a focus on resilience in project objectives?
7. Do you think that communities are more resilient now than they were previously, and if so, to what extent do you think that CARE’s work contributed to current levels of resilience? What other factors could have contributed to changed levels of resilience?
8. What unintended impacts (beneficial or otherwise) were related to CARE’s work? Do you think that CARE’s programming had an impact beyond its objectives? If so, why and how?
9. Looking back, what good practices can CARE replicate and build upon and what could CARE do to improve its response to future complex and large-scale emergencies?
10. What lessons from CARE’s experiences can be shown to other stakeholders for their own improved programming and approaches? What did you learn from villagers that you think could benefit other vulnerable communities?

Guiding questions for representatives of donor agencies

1. From your knowledge, to what extent were affected women and men involved in planning, delivery, management and monitoring of CARE’s program? (For donors: to what extent is funding contingent on a participatory approach – do you monitor this?)
2. Was there coherence between the phases of CARE’s response?
3. This evaluation focuses on resilience, so we are interested in your perceptions about the extent to which communities have recovered from Cyclone Nargis? Do communities feel ready to meet the next disaster?
4. Have women and men, girls and boys recovered in different ways? Do you know of evidence of strengthened and inclusive local capacity to prepare for future shocks?
5. Is there a plausible association between CARE’s work and current levels of resilience? What alternative explanations could there be for changed levels of resilience in target areas? I.e what did others (such as the other donors, NGOs) do? What did communities do themselves?
6. From what you know of CARE’s work, what unintended impacts (beneficial or otherwise) may it have had? Has CARE’s programming had an impact beyond its objectives? If so, why and how?
7. From what you know of CARE’s work, did it apply any good practices that should be replicated and built upon? And what might CARE do to improve its response to future complex and large-scale emergencies?

Guiding questions for representatives of Government and other agencies

These questions were used to guide interviews with representatives from Government and other agencies

1. From your knowledge, to what extent were affected women and men involved in planning, delivery, management and monitoring of CARE’s program?
2. Was there coherence between the phases of your agency’s and CARE’s response?
 - a. To what extent was there long term planning from the emergency through to the recovery phases?
 - b. To what extent was there discussion with CARE about this?
3. What are the ways in which CARE and the Government have been working together?
 - a. How has this led to a greater sense of preparedness and capacity at the Government level to respond to future disasters?
 - b. Are the systems more robust now?
 - c. Are the relationships and coordination mechanisms stronger?
 - d. Would the Government see CARE as a valuable partner amongst others?
4. This evaluation focuses on resilience, so we are interested in your perceptions about the extent to which communities have recovered from Cyclone Nargis?
 - a. Do communities feel ready to meet the next disaster?
 - b. Is there evidence of strengthened and inclusive local capacity to prepare for future shocks?
5. Do you know whether women and men, girls and boys recovered in different ways?
6. From your perspective, is there a plausible association between CARE’s work and current levels of resilience?
 - a. What alternative explanations could there be for changed levels of resilience in target areas? I.e what did other actors (such as the other donors, NGOs and communities themselves) do?
7. From what you know of CARE’s work, what unintended impacts (beneficial or otherwise) may it have had? Has CARE’s programming had an impact beyond its objectives? If so, why and how?
8. From what you know of CARE’s work, did it apply any good practices that should be replicated and built upon? And what might CARE do to improve its response to future complex and large-scale emergencies?

Annex 4 Stakeholders/Interviewees

Person	Organisation	Date	Location
Philippa Beale	CARE	3 Dec 2013	CARE Office, Yangon
Dr. Than Daing	CARE/ Ex-CARE	3 Dec 2013	CARE Office, Yangon
Dr. Aung Soe U	CARE / Ex-CARE	3 Dec 2013	CARE Office, Yangon
Sandar Age	CARE / Ex-CARE	3 Dec 2013	CARE Office, Yangon
Peter Houg Ning	CARE / Ex-CARE	3 Dec 2013	CARE Office, Yangon
Myat Htet Aung Min	CARE / Ex-CARE	3 Dec 2013	CARE Office, Yangon
Saw Eh Law Saw	CARE / Ex-CARE	3 Dec 2013	CARE Office, Yangon
Khin Maung Lwin	CARE / Ex-CARE	3 Dec 2013	CARE Office, Yangon
Khin Moe Myint	Pyi Gyi Khin (local NGO)	3 Dec 2013	CARE Office, Yangon
Dr. Myi Taw Win	Pyi Gyi Khin (local NGO)	3 Dec 2013	CARE Office, Yangon
Su Mon Htaik	Swanyee Development Org (local NGO)	3 Dec 2013	CARE Office, Yangon
Khin Moe Moe	Swanyee Development Org (local NGO)	3 Dec 2013	CARE Office, Yangon
Jitendra Jaiswal	UNDP	3 Dec 2013	CARE Office, Yangon
Thein Zaw	Mercy Corps	3 Dec 2013	CARE Office, Yangon
Khun Aung Myin Kyaw	WFP	3 Dec 2013	CARE Office, Yangon
Simon Langbroek	CDN	3 Dec 2013	CARE Office, Yangon
Daw Pa Pa Khine	Ex-AusAID	2 Dec 2013	? Restaurant, Yangon
U Soe Myint Aung	Official, Set San Hospital	9 Dec 2013	Set San Hospital
Daw Yamin Ye Myint - Midwife	Midwife, Set San Hospital	9 Dec 2013	Set San Hospital
U Soe Nay	Ex-CARE field staff	10 Dec 2013	Set San CARE rental house
U Khaing Min	Ex-CARE field staff	10 Dec 2013	Set San CARE rental house
U Tun Min	Ex-CARE field staff	10 Dec 2013	Set San CARE rental house
Daw Swe Mar Hlaing	Ex-CARE field staff	10 Dec 2013	Set San CARE rental house
Dr. Aung Thu Myo	LBVD Official	11 Dec 2013	LBVD Office, Bogale

U Aung Hla Oo	Dept of Agriculture	11 Dec 2013	LBVD Office, Bogale
U Khin Maung Zin	Dept of Commerce and Trade	11 Dec 2013	LBVD Office, Bogale
U Than Hteik	Dept of Fisheries	11 Dec 2013	LBVD Office, Bogale
U Zaw Lwin	Agriculture Bank	11 Dec 2013	LBVD Office, Bogale
U Ye Myat Tun	Dept of Irrigation	11 Dec 2013	LBVD Office, Bogale
U Htay Aung	Dept of Agriculture	12 Dec 2013	LBVD Office, Dedaye
Dr.Aung Ko Ko	LBVD	12 Dec 2013	LBVD Office, Dedaye
Daw Pa Pa Thin	Dept of Fisheries	12 Dec 2013	LBVD Office, Dedaye
Daw Nang Phyu Phyu Lin	CARE (Gender Adviser)	13 Dec 2013	CARE Office, Yangon
Brian Agland	CARE Country Director	16 Dec 2013 + follow up emails	CARE Office, Yangon
U Shwe	CARE Policy & Comms Advisor	16 Dec 2013	CARE Office, Yangon
Andrea Woodhouse	World Bank Research Coordinator	16 Dec 2013	Residence
Birke	Ex- MSF	17 Dec 2013	Alamander Restaurant, Yangon

CARE Staff Theory of Change Workshop 12 December – CARE’s response to Cyclone Nargis

Ex & Current CARE staff member	Programme Role
U Shwe Thein	Policy & Communications Advisor
U Myat Htet Aung Min	M&E Advisor
Dr. Aung Soe U	Field Office Coordinator (former)
Saw Eh Law Hsaw	Field Office Coordinator (former)
Peter Houg Ning	Logistics Officer (former)
Sandar Aye	(former)
Dr. Koko Hlaing	Field Office Coordinator

Myanmar Evaluation Teams (Smart Surveys)

Team Member	Role
Dr. Koko Hlaing (Ex-CARE)	Co-ordinator
Daw Thin Thin Aye	Translator (Team 1)
Daw Zar Chi Win Thein	Team Leader (Team 1)
Daw Moe Moe	Translator (Team 2)
Daw Swe Swe Oo	Team Leader (Team 2)
Ma Thin Thin Khaing	Enumerator
Ma Naw Hnin Nandar Htun	Enumerator
Ma Tin Nwe Oo	Enumerator
U Aung Kyaw Moe	Enumerator
U Kyaw Lwin Oo	Enumerator
U Zaw Zaw Latt	Enumerator
U Naing Linn Htet	Enumerator
Ma Aye Aye Khine	Enumerator

Annex 5 Theory of Change

Past and current CARE staff participated in a facilitated Theory of Change process (see Annex 4), to identify high order outcomes over the five years of CARE’s response to Cyclone Nargis.

Reflecting on the Theory of Change process, participants noted:

- Expected disaster response and recovery program **outcomes** are similar to other long-term development outcomes
- Confirmation of the link between the emergency response and recovery and CARE’s overall development **values**
- There is value in considering the ultimate expected outcome and contributing outcomes in relation to an emergency response and recovery process during Emergency Preparedness Planning, and continued at intervals through the response and recovery. The process only took 2-3 hours, but provided highly beneficial understanding to participants about the broader but critical context for their work

THEORY OF CHANGE (OUTCOMES MAP)

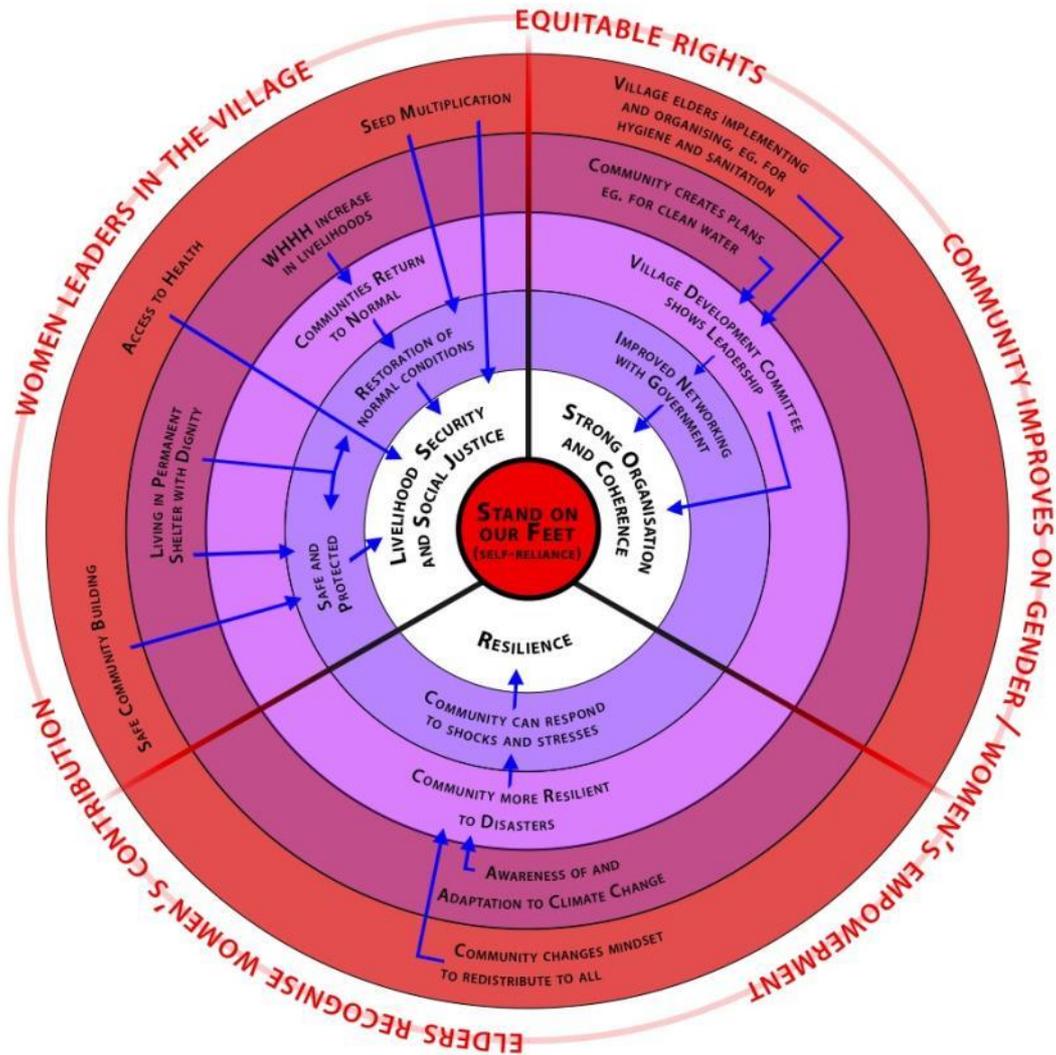


Figure 1

Annex 6 Sampling approach and final schedule

CARE provided Myanmar Information Management Unit (MIMU) maps of affected townships, down to village tract level. It proved difficult to cross-reference the names of village tracts with the list of villages that were assisted by CARE: detailed village level information was provided but without geographical reference points. The evaluation team used project documents and to some extent village lists and maps to determine, with assistance from CARE, the suggested list of villages for visits.

The following factors were identified as being relevant to the sampling process:

- the limitations of time, meaning that long-distance travel and coverage of a large number of village visits are not feasible
- there has already been significant monitoring at village level on program progress and some on impact of program activities, provided in activity level reports
- the emphasis in this evaluation is on understanding perceptions of change and perceptions of resilience, two concepts which can be best understood in qualitative terms with some simple quantitative evidence sought about the extent to which people perceive their state of resilience
- an emphasis is on providing opportunities for evaluation participants to reflect on their own experiences and situations, so they can “make sense” of what happened to them and their communities as well as consider their future resilience, and on generating data about the richness of these experiences and extent of linkages to CARE’s work, rather than extraction of superficial data (widespread survey is therefore not appropriate and in any case outside the time allocated for this evaluation)
- the TORs seek an action research element, to strengthen CARE staff understanding of reflective thinking (we will seek to incorporate an action research element but note that time constraints may preclude it)
- recognition that the diversity of contexts means that the information generated in a small number of villages may not be representative of the whole population affected by Cyclone Nargis.

Based on the above considerations, the evaluators selected four criteria for selecting villages:

- a spread of villages in terms of population size (high and low) in each of 3 selected township areas
- accessibility by evaluation teams, on the basis that visits to 1 township and 2 village tracts were feasible for one day (allowing for travel between villages, time to build initial trust, pay respect to participants, introduce the purpose for the visit, facilitate the discussions and thank them for their contributions)
- proximity to major townships

- villages which have received ongoing assistance, through the relief, rehabilitation and recovery phases and are still included in CARE’s program – particularly those which have received assistance in disaster risk reduction, given the focus of this evaluation on long-term resilience.

In the selection of villages suggested below, a number of other factors were considered in some cases, such as a notably high proportion of female headed households or a notably high profile of the village in previous reporting.

The Field schedule as completed is included in the table below:

Date	Village FGDs (Deborah and Team A)	Village FGDs (Marianne and Team B)
5-Dec-13	FGD Taw Htike village, Kungyangon	FGD Taw Htike village, Kungyangon
6-Dec-13	FGD San Pya Ward, Kungyangon	FGD Taw Ku (West) village Kungyangon
	FGD Taung Kone 1 village	FGD Kha Lauk Tar Yar village
7-Dec-13	Than Di Thay Kone Lay VT	Kwe Tha Lin Kone VT
	FGD Ohn Pin Su village	FGD Kwe Tha Lin Kone village
	FGD Nyaung Kayar village	FGD Aye Su village
8-Dec-13	Taw Hla VT	Thar Yar Kone VT
	FGD Taw Hla Ywar Ma village	FGD Kyi Su village
	FGD Wah Thei N Gwa village	FGD Thar Yar Kone village
9-Dec-13	Set San VT	Set San VT
	FGD Kan Su village	FGD Kwin Pone village
10-Dec-13	Set San VT	Daunt Gyi VT
	FGD War Chaung village	FGD Khin Tan village
	Meeting: Official, Ministry of Health, Set San	Meeting: Official, Ministry of Health, Set San
	Return to Bogale Town	Return to Bogale Town
11-Dec-13	Meetings Govt Officials Bogale town; Pyapon Town	Meetings Government Officials Bogale town; Pyapon Town

Annex 7 References/Literature/Evaluations

Selected CARE Project and Evaluation Reports Referenced

CARE International in Myanmar, Cyclone Nargis Early Recovery and Transition Report, August 2008

CARE Township prioritization - consolidated report, October 2008

CARE International: Ternstrom, B, Yamato, M, Myint S, and U Khin Maung Lwin, ‘Evaluation of CARE Myanmar’s Cyclone Nargis Response’, December 2008.

Care International UK, DfID Cyclone Nargis Response Programme, Final Combined 1 and 2 Doc, 19 December 2008

CARE International Credit Suisse Report, Response to Cyclone Nargis, 15 May 2009.

CARE Australia, Sustainable Dry Season Water Access Final Report, October 2009

CARE Myanmar Cyclone Nargis Response CIDA – Final Report, “Provision of life saving assistance to communities affected by Cyclone Nargis in Myanmar”, 15 November 2008

CARE Myanmar Disasters Emergency Committee ERP Report (Latrines Construction), 30 Nov 2009

CARE Myanmar, Action Deutschland Hilft, Monsoon Paddy Recovery, Final report 19 February 2009

Author Unknown (July 2009), Gender Impacts: Cyclone Nargis, Myanmar

CARE International (September 2010) Mid-Term Review Evaluation Report Nargis Response,

CARE International (17 January 2010), Aung Chan Thar Village Profile, CARE Myanmar.

CARE International (2012), Humanitarian and Emergency Strategy 2013-2020, Overview

CARE International, (January 2009) CARE Townships, Sectors and Beneficiaries, (Division, Township, Village/Sector)

CARE International, ‘Monitoring Evaluation and Impact Measurement: CARE Gender Toolkit’ http://gendertoolkit.care.org/Pages/understanding_change.aspx

CARE International: Tracey, R. et al. (2010): Mid-term review of the Cyclone Nargis Operation (May 2008 - April 2011).

CARE International: Khin Maung Lwin et al, “Integrated Livelihoods Project Evaluation Report”, June 2013

CARE International “Laying the Path, Setting a Future: CARE International in Myanmar’s

Cyclone Nargis Response 2008-2013.

Other Reports

ALNAP (March 2006) “Evaluating humanitarian Action using the OECD-DAC criteria: An ALNAP Guide for humanitarian agencies,” London.

ASEAN (2009): A bridge to recovery: ASEAN’s response to Cyclone Nargis. Jakarta: ASEAN Secretariat

ASEAN (2010): Post Nargis needs assessment. ASEAN’s pioneering response. Jakarta: ASEAN Secretariat.

Barnaby, F, et al (2011) After the storm: recovery, resilience reinforced, IFRC Final Evaluation of the Cyclone Nargis operation in Myanmar, 2008 - 2011.

Bayram JD, Kysia R, Kirsch TD, (August 2012), “Disaster Metrics: A Proposed Quantitative Assessment Tool in Complex Humanitarian Emergencies – the Public Health Impact Severity Scale (PHISS). PLOS Currents Disasters,

Featherstone, A., J. Shetliffe (2009): Review of the RCRC Movement response to Cyclone Nargis.

Financial Times, (November 17, 2013) ‘After the Typhoon: More aid money must go on preparing for disasters’; <http://www.ft.com/cms/s/0/3fb0d926-4e23-11e3-8fa5-00144feabdc0.html>

Garner, Susan, Lucia Nass, U Khin Maung Lwin & Daw Moe Moe, (January 2013) “PaungKu, Leading From Behind” Phase 2 Evaluation

Handby, B., T. Lyshöy-Landiech (2008): Report on ONS visit to Myanmar for sectoral review of response to Cyclone Nargis, September 6-15, 2008.

Harvey, P., and Bailey, S, “Cash Programming in Disasters”, Humanitarian Practice Network, ODI, No.11, July 2011.

Howes, M, Grant-Smith, D, Reis, K, Bosomworth, K, Tangney, P, Heazle, M, McEvoy, D, Burton, P (2013) ‘Rethinking disaster risk management and climate change adaptation’, National Climate Change Adaptation Research Facility, QLD, Australia.

Inter-Agency Standing Committee (2006), “Women, Girls, Boys and Men Different Needs Equal Opportunities, Gender Handbook in Humanitarian Action”.

Jensen, Rikke Ingrid, et al, (2006) ‘Evaluation of DFID’s Policy and Practice in Support of Gender Equality and Women’s Empowerment’ Vol.1, August 2006.

Jupp, Dee et al, (2010:1) ‘Measuring Empowerment? Ask Them: Quantifying Qualitative Outcomes From Peoples’ Own Analysis’, Sida Studies in Evaluation, <http://www.oecd.org/countries/bangladesh/46146440.pdf>

Kauffmann, D., S. Krueger (2010): IASC Cluster approach evaluation, 2nd phase. Country study, April 2010: Myanmar, Paris/Berlin: URD/GPPI.

Mark, Sue, (March 2009) ‘Save the Children’s Emergency Cash Program in Myanmar’ Humanitarian Exchange Magazine (ODI), Issue 42, <http://www.odihpn.org/humanitarian-exchange-magazine/issue-42/save-the-childrens-emergency-cash-transfer-programme-in-myanmar>

ODI (March 2006): Evaluating Humanitarian Action using the OECD DAC criteria

ODI, “Resilience and Humanitarian Action”, April 2011- March 2013, <http://www.odi.org.uk/projects/2359-resilience-humanitarian-livelihoods>

Pain, Adam and Simon Levine, November 2012, ‘A Conceptual analysis of livelihoods and resilience: addressing the ‘insecurity of agency’, HPG Working Paper, <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7928.pdf>

PCW Cluster (2008) Initial Assessments: Child Protection in Emergencies Technical Working Group, Response to Cyclone Nargis. Yangon, Myanmar: Internal Document, Protection of Children and Women Cluster.

Red Cross UK, “Bangladesh: Preparing For Disasters,” <http://www.redcross.org.uk/What-we-do/Preparing-for-disasters/Bangladesh-preparing-women-for-disasters>

Ride, Anouk, and Diane Bretherton, (August 2011): Community Resilience in Natural Disasters, Palgrave Macmillan, Press.

Shwe Oh (2011): Cyclone Nargis Operation (Ayeyarwady and Yangon divisions) - impact study report, May 2011.

Swanyee Development Foundation, Profile (undated) – Swanyee provided evaluators with this document during interviews in Yangon (4 December 2013).

TCG (2008): Post-Nargis Joint Assessment.

TCG (2009): Post-Nargis Recovery and Preparedness Plan.

Turner, R, et al. (2008): Inter-agency real-time evaluation of the response to Cyclone Nargis.

UNDP (2009): Community-driven recovery: Cyclone Nargis one year on.

UNICEF (2009): UNICEF Humanitarian Action Report, New York.

White, H. (2006): Impact evaluation - the experience of the Independent Evaluation Group of the World bank.

Win, A.U., M. Fisher (2009): Disaster management review. Final report, April 2009