

CARE Myanmar

Reconstructing Houses: Rebuilding Lives

December 2010 – April 2011

A Process Document on the Emergency Response to Cyclone Giri by CARE Myanmar in partnership with Swanyee Development Foundation







Australian Government
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About the Document

When Cyclone Giri struck the western coast of Myanmar in October 2010, CARE Myanmar responded by providing emergency relief materials for shelter, and by December 2010, CARE initiated a shelter reconstruction project in 15 villages in Myebon, one of the worst affected townships. CARE partnered with Swanyee Development Foundation (a local NGO) to implement both these initiatives. Stepping into what was its second 'shelter intervention' in the country, CARE Myanmar found that it was an entirely different experience as compared to its shelter work post Nargis due to a range of factors such as accessibility to the affected areas, nature of impact and time period involved etc. It was the first experience of working in partnership with a local agency in an emergency context and also the first time that CARE had intervened in the affected areas.

This document has tried to capture the process by which this shelter intervention was carried out in this context. Apart from documenting the process of its intervention, this document has also captured the uniqueness of the Rakhine context as well as CARE's reflections post the Giri interventions- so as to document the post Giri shelter interventions for organisational learning as well as for sharing among interested stakeholders.

Executive Summary

Cyclone Giri battered the western state of Rakhine in Myanmar, between 22nd and 23rd October 2010. The government of the Republic of the Union of Myanmar confirmed that at least 45 people were dead or missing and over 100,000 people were left homeless by the cyclone. At least 20,380 houses were completely destroyed, with a total of at least 260,000 people (52,000 households) affected. The official estimate of homes damaged and destroyed by the cyclone stood at 51,944 households¹.

CARE's Response and the Cyclone Giri Response Project

Immediately after the cyclone, CARE dispatched emergency relief items for distribution among the affected populations in the worst hit areas by working in partnership with a local agency – Swanyee Development Foundation. Myebon Township benefitting nearly 2600 Households (or about 55% of affected households) in the villages covered.

Subsequently, about one month after the cyclone hit, CARE initiated the Cyclone Giri Response Project – again in partnership with Swanyee Development Foundation to meet the shelter needs of 600 affected households in 15 villages of Myebon Township. The project team in collaboration with Village Development Committees (VDCs) in these villages conducted vulnerability analysis exercises and identified beneficiaries through participatory processes. These beneficiaries were then trained in shelter reconstruction through the demonstration of a model house. These houses built with bamboo, Nipa palm and wooden poles - were compliant with SPHERE standards and incorporated disaster risk reduction (DRR) features such as cross bracings on the walls, anchoring and strong joint connections. Following the demonstrations, materials for reconstruction of houses were distributed among the beneficiaries. They rebuilt their own houses with help from friends and relatives. Between 6th December 2010 and 30th April 2011, the project was able to provide materials and training support for 500 families for partial reconstruction and 100 families for total reconstruction of their damaged houses.

At the end of the reconstruction process, the project conducted evaluation exercises at the field level, and with the Swanyee team in Yangon. Some of the lessons from these exercises were:

- 1. Guidelines for shelter reconstruction need to be formulated early on so as to ensure minimum standards are adhered to and there is uniformity in the kind of assistance provided. This will minimize conflict between organisations and among the community.
- 2. Shelter reconstruction support when provided immediately after a disaster is critical as it prevents further poverty and marginalization of the affected communities, by ensuring a safe shelter and saving of much needed cash for other purposes.
- 3. Implementing transparency and accountability mechanisms such as participatory beneficiary selection procedures, design development process, complaints mechanisms, community led monitoring of quality and quantity of materials etc is essential in ensuring the appropriate targeting of those most in need and preventing conflicts within the community.
- 4. The process of shelter re-construction needs to be a flexible process to allow for adjustments of the shelter design to meet the needs of the beneficiary.
- 5. The process of designing the shelter needs to be done after a rigorous study of the materials and designs used in the affected areas and in consultation with the affected communities. It should also take into consideration the materials that are available in the local areas.

Official GoRUM figures for Shelter Cluster

- 6. Developing a clear partnership approach and policy for emergency interventions is essential to guide future working partnerships and minimize gaps in communication or expectations. CARE needs to ensure that the country office preparedness and emergency planning and preparedness processes include key and potential partners to ensure that CARE is able to work with partners in an emergency response.
- 7. The provision of on-site mentoring support by CARE team members for Swanyee helped to ensure that participatory processes and systems were used effectively by Swanyee.
- 8. Flexibility in programming: Myanmar presents a unique and challenging environment for working in partnerships, especially in context of emergencies. Given this context, it is important to maintain flexibility in the implementation of project activities. The extent of flexibility can be decided by both organisations in a joint manner.

The evaluation exercises were followed up with a workshop on the lessons learnt from the Cyclone Giri experience with participants from the Shelter Working group in Myanmar and other stakeholders. Participants discussed the lessons learnt with regard to six themes during the emergency phase and the early recovery phase. Some of the lessons learnt were:

Funding Gaps

- There is a need for gathering more evidence on the link between shelter recovery and overall recovery so that donors can see the benefits of supporting the shelter sector, and it receives adequate funding on time.
- There is a need to emphasize linkages with other sectors especially with livelihoods as provision
 of shelters is a driver for livelihoods recovery.
- The support provided must build on local skills and knowledge in the rebuilding process. It is cheaper, faster, and more suitable to local conditions to rebuild using local skills and knowledge.
- In order to respond to shelter needs quickly donors also need data faster from the implementing partners.

Coordination

- Improve coordination with local NGOs and local authorities. Strengthen capacities of local agencies on information management, reporting and understanding of coordination mechanism
- Templates for reporting information to be developed and circulated so as to ensure regular inputs from organisations
- A focal person must be designated for information management within organisations

Emergency Assessment

- There should be uniformity in the format used for assessments and trainings on assessment methodology should be organized for all humanitarian workers and even for community members.
- Funds need to be made available for conducting assessments.
- When large areas are to be assessed, the assessment can be sub-divided among separate agencies, and the consolidated data can be disseminated

Strategy for Response

- During the emergency phase, strategy must be pre-defined to ensure quick implementation
- While responding in emergencies the procedures to be followed (especially for logistics) must be kept simple to ensure quick response.
- Organisations can maintain a stock of materials for swift retrieval and response.
- The shelter response must take into account relevant government policies.
- Organisations should carry out realistic target mapping exercises. Even though they may have carried out assessments in a large area, the organisation may not be in a position to cover 100% needs of all affected areas. Therefore targeting should be done in a reasonable manner to ensure effectiveness.
- DRR strategies are often not adopted by communities as they are unable to understand the purpose of it. Hence, the agency should educate the communities about DRR techniques instead of only providing relevant materials.

Community Processes

- Capacity building of staff in methods of community mobilisation and promoting community participation is required.
- Incorrect beneficiary selection can lead to limited participation from most marginalized people.
- Some kind of complaints mechanism needs to be adopted so that community can freely share their grievances and suggestions with project teams.
- Transparency in beneficiary selection, funds received and utilized and project implementation process must be maintained.
- The timing of organizing mass meetings must be such that it is suitable for community members.

Shelter Models

- During the emergency phase, the shelter toolkits provided can be standardized and demonstrated through catalogues.
- In the early recovery phase, pre-model house assessments/ consultations must be held
- The model house should comply with government guidelines.
- Local resources must be used to the maximum extent possible.

List of Acronyms

AusAID Australian Agency for International Development

CPWG Contingency Planning Working Group

DRR Disaster Risk Reduction

DSW Department of Social Welfare

EC Emergency Clusters

ECHO European Commission - Humanitarian Aid & Civil Protection

EO Emergency Officers

ERFC Emergency Response Field Coordinator

ERC Emergency Response Coordinator

ESC Emergency Shelter Cluster

FAO Food and Agricultural Organisation

IDP Internally Displaced Persons

IFRC International Federation of Red Cross Society

I/ L NGO International / Local Non Governmental Organisation

M&E Monitoring and Evaluation

MoH Ministry of Health

MoU Memorandum of Understanding

NFI Non Food Items

NRS Northern Rakhine State

PONREPP Post-Nargis Recovery and Preparedness Plan

RHC Rural Health Centers

SDC Swiss Agency for Development and Cooperation

SWG Shelter Working Group

TPDC Township Peace and Development Council

UNDP United Nations Development Program

UNICEF United Nations Children's Emergency Fund
UN HABITAT United Nations Human Settlements Program

UNOCHA United Nations Office for Coordination of Humanitarian Affairs

VA Vulnerability Assessment

VDC Village Development Committee WASH Water, Sanitation and Hygiene

WFP World Food Program



Part I Cyclone Giri and Immediately After

1. About Cyclone Giri

Cyclone Giri battered the western state of Rakhine in Myanmar, between 22nd and 23rd October 2010. Originating from an area of low pressure over the Bay of Bengal on October 19th, it gradually moved in towards the west coast and made landfall on October 22nd, northwest of Kyaukpyu town (in Rakhine State), with wind intensity of nearly 165 km/hour. However, within hours of moving onshore, the cyclone had substantially weakened and by the following day, Giri had degenerated into a land depression.

The townships of Kyaukpyu, Myebon, Minbya and Pauktaw were the most severely affected by the storm, which caused severe damage to houses and infrastructure including roads and bridges in coastal areas. The Republic of the Union of Myanmar confirmed that at least 45 people were dead or missing and over 100,000 people were left homeless by the cyclone. At least 20,380 houses were completely destroyed, with a total of at least 260,000 people (52,000 households) affected. The official estimate of homes damaged and destroyed by the cyclone stood at 51,944 households². Approximately 17,500 acres of agricultural lands and nearly 50,000 acres of aquaculture ponds were also destroyed³.

Cyclone Giri ('Category 4' on the Saphir Simpson scale) became the most intense storm to ever strike Myanmar, surpassing Cyclone Nargis which struck the Irrawaddy Delta region as a low-end 'Category 4' equivalent, in May 2008. Yet it was far less devastating than Cyclone Nargis chiefly because of the differences in the mountainous terrain of the affected places and the preparedness of the government and humanitarian organisations in the country. Ahead of the cyclone reaching coastal areas, the Government of Myanmar, in collaboration with Myanmar Red Cross Society, issued warnings to the population and organised the evacuation of people in coastal areas to safe locations⁴. An estimated 53,000 are believed to have evacuated Kyaukphyu before the arrival of the storm⁵.



² Official GoRUM figures for Shelter Cluster

³ Ibid

⁴ Post Giri Consolidated Action Plan, February 2011, UN-OCHA, Myanmar

⁵ http://en.wikipedia.org/wiki/Cyclone_Giri , Retrieved 6th June 2011

2. The Response

Immediately after the cyclone hit, assistance was delivered by the Government and local authorities, local NGOs, international NGOs, and the United Nations agencies. Coordination meetings among the humanitarian agencies were held in Yangon immediately after the cyclone and the first situation report was issued on 23rd October 20106. Emergency Clusters (EC)7 were mobilised within weeks of the disaster, to coordinate the sectoral responses in Yangon, based on information received from the impact area.

CARE's Response to Cyclone Giri

CARE Myanmar's response to Cyclone Giri occurred at multiple levels in different phases. Initially, as the early warning systems conveyed information about the impending cyclone, CARE carried out an organisational stock take to consolidate its human and material resources to respond to the cyclone. Immediately after the cyclone, CARE dispatched emergency relief items for distribution among the affected populations in the worst hit areas through a local agency - Swanyee Development Foundation. Subsequently, about one month after the cyclone hit, CARE initiated a Shelter Reconstruction project in the affected villages.



http://en.wikipedia.org/wiki/Cyclone_Giri , Retrieved 6th June 2011

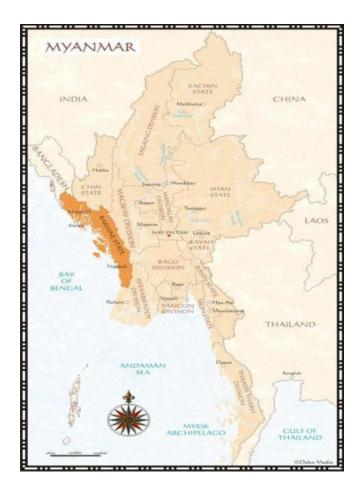
Emergency Clusters aim to strengthen preparedness and coordination of technical capacity to respond to humanitarian emergencies by ensuring that there is predictable leadership and accountability in all main sectors. These are generally formed in the immediate aftermath of a disaster and are headed by UN agencies designated for the purpose. Other UN agencies, INGOs and local NGOs also participate in the clusters.

Rakhine State

Rakhine state (also known as Arakan) which bore the brunt of Cyclone Giri, is situated on the western coast of Myanmar. It is bordered by Chin State in the north, Magway Region, Bago Region and Ayeyarwady Region in the east, the Bay of Bengal to the west, and the Chittagong Division of Bangladesh to the northwest. It is located approximately between latitudes 17°30′ north and 21°30′ north and east longitudes 92°10′ east and 94°50′ east. The Arakan Mountains, which rise to 3,063 metres (10,049 ft) at Victoria Peak, separate the state from central Myanmar. Rakhine State has an area of 36,762 square kilometres (14,194 sq mi) and its capital is Sittwe. It has 17 townships and 1,160 wards and village tracts (VTs). The official figures indicate Rakhine State's population as 3.18 million; while population estimation (in lieu of lack of proper census since 1983) for 2010 placed the state's population at 3.83 million.

Ethnic Rakhine people make up the majority of the population and reside mainly in the lowland valleys as well as Ramree and Manaung (Cheduba) Islands. A number of other ethnic minorities, such as the Chin, Mro, Chakma, Khami, Dainet, and Maramagri people inhibit the hill regions of the state. Rakhine state is also home to a large Muslim minority.

Agriculture is the main economic activity. Principal crops are paddy, chilli, tobacco, coconut, betel nut and Nipa palm (locally known as Dhani). Fishing is a major industry, with most of the catch transported to Yangon, but some is also exported. Wood products such as timber, bamboo and fuel wood are extracted from the mountains. The area also produces petroleum and natural gas. Tourism is also slowly being developed.



Disasters in Myanmar

Myanmar, the second largest country in south-east Asia, is prone to several kinds of disasters given its geographical features. The country has a long uninterrupted coastline of about 2,400kms and one of the longest rivers in Asia, making it vulnerable to cyclones and flooding. The country is prone to earthquakes as it has three major fault lines running across the country. As per the available data from 1998 to 2007, fires constituted about 71% of reported disaster events, followed by floods (10%), storms (11%) and others (8%) which includes earthquakes, tsunami and landslides.

The Bay of Bengal which is situated to the west of Myanmar and the 2,400 kms coastline is a common place for the formation of tropical cyclones. Annually, there are approximately ten cyclones in the Bay of Bengal, with the most severe cyclones occurring during the pre-monsoon period of April to May and post-monsoon period of October to December. During the period from 1947 to 2007, 34 cyclones crossed the Myanmar coast, of which seven cyclones claimed lives, mainly due to the accompanying storm surge.

Cyclone Nargis which hit the Ayeyarwardy delta in May 2008 was the most devastating disaster in the recorded history of Myanmar. The cyclone undermined the development gains and destroyed livelihoods of one of the most productive and populated areas of the country.



The aftermath of Cyclone Nargis, 2008.

Responding to Emergencies in Myanmar

Humanitarian interventions by CARE International in Myanmar began in 1995 focusing primarily on improvement of health and rural livelihoods of the most disadvantaged populations. CARE signed an open-ended Memorandum of Understanding with the Ministry of Health in 1996.

With direct programming experience in eleven of Myanmar's fourteen States and Divisions, CARE's program development strategy is based on outcomes of vulnerability assessments, and on its commitment to extend development assistance to those most at risk. CARE's capacity includes significant experience delivering emergency relief, including delivery of food, water and shelter. For example, in Rakhine State since 1994, CARE has delivered emergency food and shelter relief to Rohingya refugees.

In 2003, CARE began conducting emergency relief programs for vulnerable internally displaced persons (IDP) in Kayah State, and emergency relief activities in the Kokang region of Shan State. In these locations, CARE gained significant experience in implementing program transitions along the relief-rehabilitation-development continuum, ensuring that long-term recovery is a key consideration during the initial emergency response phase.

CARE's response to Cyclone Nargis began in May 2008, and has assisted nearly 50,000 households to date. Responding to the impact of Cyclone Nargis was the biggest humanitarian relief and rehabilitation operation implemented by CARE International Myanmar. To address both immediate needs and long term development, CARE implemented a three- phase approach to the cyclone response. Working closely with local partners, government organisations and communities, CARE was able to help survivors face the initial impact of this emergency, and then worked with them to recover their lives, livelihoods and dignity for the longer term.

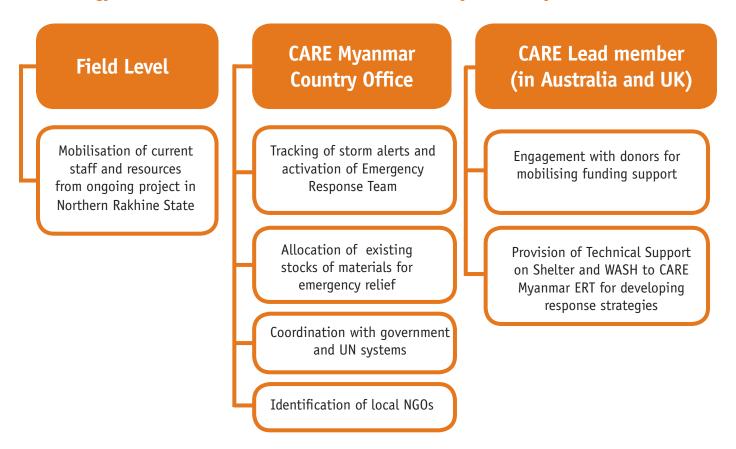
In 2010, CARE responded to the Northern Rakhine State (NRS) floods, meeting the needs of 3,500 affected households.

CARE is a member of the Shelter Working Group, a lead member of the in-country SPHERE Project (Humanitarian Charter and Minimum Standards in Humanitarian Response), and one of the INGO's to provide technical support to the Post-Nargis Recovery and Preparedness Plan (PONREPP) process.

Emergency Preparedness

CARE International in Myanmar had been following the cyclone alerts a week before Cyclone Giri made landfall, and had started preparations for a response, if necessary. CARE's strategy for immediate response involved:

- Alerting staff of the incoming cyclone and conducting a stock take of materials from ongoing projects in Northern Rakhine State and reviewing stocks of emergency relief materials from the Nargis relief period.
- Coordination with CARE International's lead members (CARE Australia and CARE UK in this case) to engage with institutional donors to identify possible avenues for funding support as well as for technical support.
- Identification of suitable local organisations to carry out assessment of the needs of the communities as CARE Myanmar did not have authorisation to work in the affected areas.
- Coordination and maintaining communication with local authorities and the INGO humanitarian community for regular cyclone alerts and response mechanisms.



Mobilising Resources for Immediate Relief

Immediately after the cyclone hit, the country office team led by the Assistant Country Director-Programs worked with key staff from the Programs Unit, Program Quality Unit, Administrative team, and Finance team. This team within CARE Myanmar was responsible for:

- Collecting information regarding affected populations;
- Coordination with UN coordination mechanisms;
- Developing strategies and means for emergency relief;
- Identification of a suitable local NGO for implementing the emergency relief program; and
- Collecting and disbursing the prepositioned stockpiles of relief items to the affected areas.

CARE's Disaster Risk Reduction (DRR) officer based out of Sittwe in Rakhine State provided information from the field level regarding the extent of damage, and coordination efforts by agencies, in the affected areas.

Establishing a Partnership

Coincidently, before the cyclone had hit, CARE had invited proposals from local agencies for establishing a partnership for the implementation of a livelihoods project in Northern Rakhine State. Swanyee Development Foundation was among the agencies under consideration. When the cyclone hit, the Swanyee team had gained government authorisation to work in the affected area and had a field team in place in Myebon – which was among the worst affected townships.

CARE's MoU⁸ with the Government of Myanmar, only allowed it to operate in Northern Rakhine State, and not in the western part of the state which was affected by Cyclone Giri. As Swanyee had already established its presence in the field, CARE decided to partner with them, after a review of the following:

- 1. Review of technical capacities and experience of the organisation through a study of reports and documents from the organisation showing achievements from past projects.
- 2. Review of accreditation/ registration/ government authorisation documents provided by the organisation.
- 3. Review of:
 - The organisation's staff structure and policies.
 - Financial management and policies.
 - Coordination/ partnerships with other agencies.

Based on this review, CARE and Swanyee Development Foundation signed on a partnership agreement, for the distribution of emergency relief materials (for Shelter, WASH and NFIs), and to undertake a rapid needs assessment in the affected areas. CARE would provide the funding and material support for these operations while the Swanyee team would implement the activities in the field.

Swanyee Development Foundation

Swanyee Development Foundation is a local NGO initiated by three graduates from the Yangon Institute of Economics in June 2006. 'Swanyee' is a Myanmar word which means the capacity and capability of each person to work efficiently and effectively. Based in Yangon, it has implemented projects in the Delta Region and in Rakhine State. Swanyee provides assistance for shelters, livelihoods, WASH, emergency relief, environmental protection and infrastructure development.

Vision

Enhance the communities with basic socio-economic infrastructure and improve their resilience capacities for disasters, and development in a sustainable manner through a self reliant basis.

Mission

- 1. Assist in crisis or chronic distress, and work toward the development of long term solutions.
- 2. Assist communities (especially the poor and vulnerable) by providing soft and hard infrastructure for basic needs, and other necessary assistance to help them lead their life in a self reliant manner.

- 3. Advocate for and assist in building community capacities to care for and manage natural resources and climate change adaptation.
- 4. Provide equitable assistance and ensure gender equity for the improvement of their livelihoods.
- 5. Work through equitable partnerships to achieve sustainable development among local communities.

Swanyee Development Foundation has demonstrated skills in shelter reconstruction and is the lead agency for the Shelter cluster of the Contingency Planning Working Group (CPWG) in Myanmar. In the past, they have worked with organisations like Save the Children, Norwegian People's Aid, Mercy Corp and Pyopin (a project of DFID in Myanmar) in shelter reconstruction work in the Nargis affected Delta region. Their model for shelters has been developed using locally relevant construction materials and is compliant with SPHERE standards. The organisation has its own construction team including civil engineers, technical supervisors, skilled workers and labourers for reconstruction work.

Non-Food Items, WASH and Shelter Support

During the emergency phase which continued for about a month after the cyclone hit, the partner organisation team distributed Shelter and WASH related relief materials along with Non Food Items (NFI) from the stockpile that CARE had maintained from its Nargis response. These materials were distributed in 40 villages of Myebon Township within two weeks after the disaster. The distributions included:

Items	Quantity			
Family Kits	82			
Shelter Kits	797			
Tarpaulins	1,721			
Mosquito Nets	3,439			
Blankets	3,439			
Non Food Items (jerry can, water bag, soap, pants and T-shirts for children, bowls and spoons)	12,398			

These items were able to reach nearly 2,600 households (or about 55% of affected households) in the villages covered.



Rapid Assessment

The partner team also carried out a rapid assessment of the needs of the affected families in Myebon Township between 12th and 25th of November 2010. The assessment was carried out in 40 villages of Myebon Township through community meetings, key informant interviews, and inspection of the damage to infrastructure.

The strategy to carry out distribution of relief items while simultaneously conducting a rapid assessment reflected one of the key learning's in reducing response time learnt from the experience of Cyclone Nargis.

Some of the key findings were:

- About 5,000 households (over 23,000 people) in the 40 villages were affected.
- 2,024 households lost their shelter completely and 2,508 families suffered partial damage to shelter.
- 24 schools were totally destroyed and 17 schools were partially destroyed.
- Four Rural Health Centers (RHCs) were destroyed fully and three RHCs were partially damaged.
- 1,316 acres of agricultural land was destroyed as a result of the tidal surge and flooding.
- 3,227 households were facing food shortages.
- About 30 community ponds and 37 wells (nearly 2/3rd of the water sources) were affected and contaminated by salt water intrusion.
- More than 90% of the livelihoods and socio economic assets were affected.

Why Shelter?

Shelter was identified as one of the top priorities for support in the immediate after-math of the cyclone. The fourth situation report issued by UN-OCHA just seven days after the cyclone hit stated that '70,975 people remain homeless and at least 15,000 houses were completely destroyed, with a total of approximately 200,000 people affected. Food, Shelter, WASH and Health remain the most urgent needs.' While several agencies committed to meeting the food, health and WASH needs, support for meeting shelter needs was low. Given Swanyee's expertise in shelter reconstruction and the priority given to Shelter by CARE International in its emergency response strategy, CARE and Swanyee decided to focus their efforts on providing shelter assistance.

Fundraising

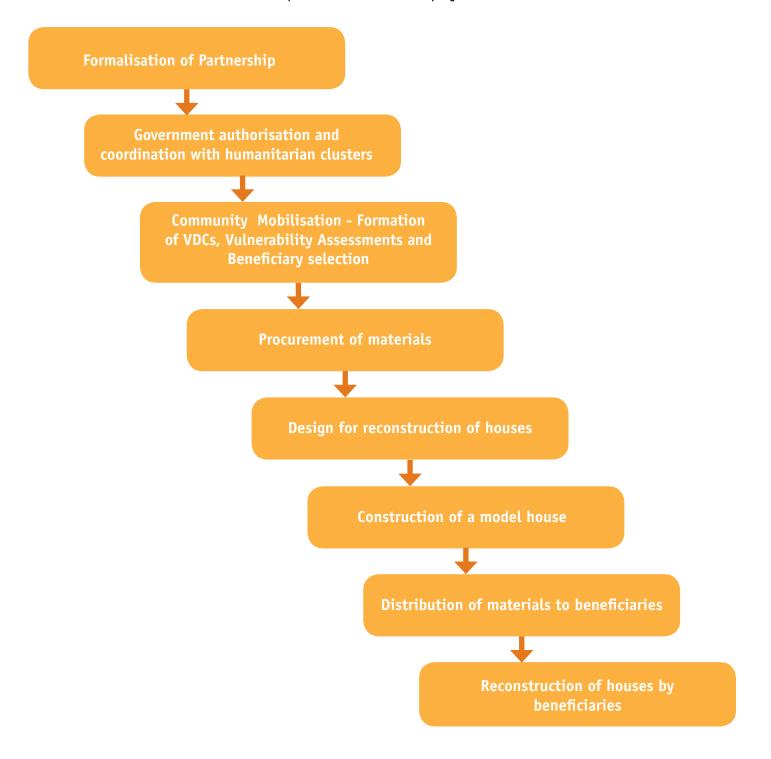
Based on the findings of the rapid assessment, Swanyee and CARE were able to formulate their response strategy and fundraising plans. CARE and Swanyee submitted a joint proposal for addressing shelter needs (see box alongside), to AusAID with CARE as the principal recipient and Swanyee as the implementing partner. The partnership successfully mobilised financial resources worth AUD 300,000 from AusAID to support the shelter needs of affected communities. This project, 'Cyclone Giri Emergency Response Project' supported the re-construction of 100 fully damaged houses, 500 partially damaged houses and four Rural Health Centers in 15 villages of Thau Zin Kan sub township of Myebon Township.



Part II **The Shelter Project**

3. Cyclone Giri Emergency Response Project: A Partnership Approach

The Cyclone Giri Emergency Response Project was initiated on 26th November 2010 for a period of six months to meet the shelter needs of 600 households among the affected population in 15 villages of Myebon Township. Given below is a brief overview of the processes used in the project.



1. Formalisation of Partnership

The experience of working with Swanyee Development Foundation during the distribution of relief items ensured that CARE and Swanyee became acquainted with each other's organisational systems and processes. However, before signing the partnership agreement, both organisations participated in a week-long workshop to clarify the roles and responsibilities of each organisation, to develop an operational plan for the implementation of the project, and to align Swanyee's financial and procurement systems with CARE's policies.

Roles and Responsibilities

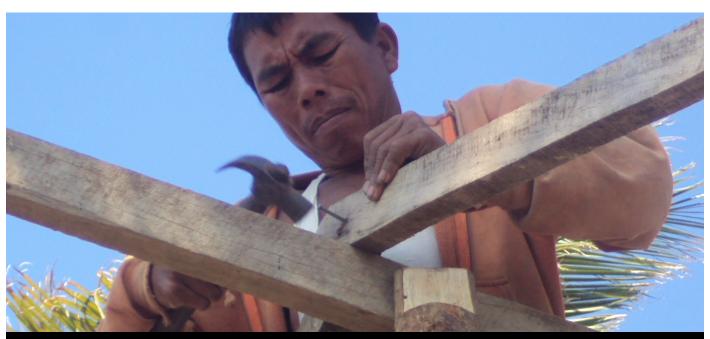
As CARE did not have Government of Myanmar permission to implement projects directly in the Giri affected areas, Swanyee were responsible for implementation of the project in the field. This involved community mobilisation, design development of proposed shelters, procurement and distribution of materials, demonstration of the model shelter and supporting beneficiaries in the shelter reconstruction process. Swanyee provided periodic reports to CARE regarding the implementation of activities.

The Swanyee project team in the field was supported by three team members from CARE for mentoring as well as monitoring purposes. CARE provided technical, monitoring and funding support to the Swanyee team. This involved capacity building of the project team, as required, assessment of the technical quality of the designs and model houses, monitoring of all processes carried out by the project team, conducting joint meetings for addressing challenges, and financial management.

Both organisations participated in the coordination meetings of the Shelter Cluster/ Shelter working group, held in Sittwe and Yangon.

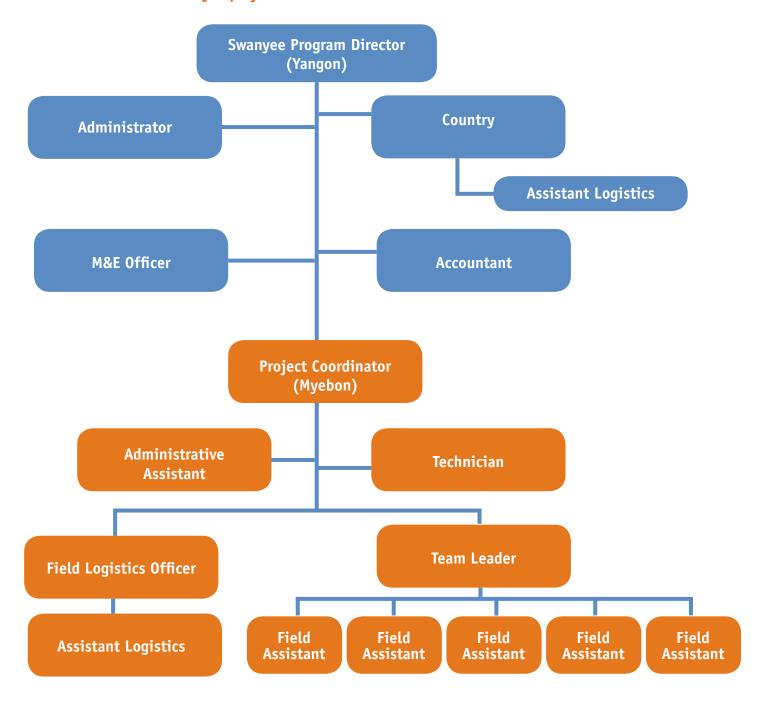
Operational Arrangements for the Partnership

To initiate project implementation in the affected areas, Swanyee established two offices (in Tau Zin Kan and Kyar Hin Tha villages), and a warehouse with an 11 member project team, based in the field in Myebon. The teams were supported by their country office staff based in Yangon, including the Program Director, M&E Officer, Administrative Officer, Logistics Officers and Accountant.



Construction of model houses

The structure of the Swanyee project team was as follows:



The CARE Team

CARE had two Emergency Officers (EOs) based in the villages along with the Swanyee team. The EOs, conducted daily monitoring visits to each of the project villages to assess the beneficiary identification and selection process, functioning of the complaints mechanism, distribution of materials to villages and their quality, and the process of reconstruction of houses. As the EOs were based in the village, they held regular discussions with the Swanyee project team to identify problems in implementation and to ensure timely completion of activities.

CARE also had an Emergency Response Field Coordinator (ERFC) based in Sittwe to coordinate with local authorities, technical working groups in Sittwe, and to conduct field visits for monitoring purposes. The EOs reported to the ERFC, who along with the partner's team, helped to identify potential gaps in implementation, monitored progress of project as per the work plan, and reported to the CARE Emergency Response Coordinator (ERC) based in Yangon.

The ERC coordinated between the field offices, the country office management teams of CARE and Swanyee in Yangon, and the shelter working group based in Yangon. The ERC monitored the financial and programmatic progress of project implementation based on field reports and monthly reports received from Swanyee. Regular meetings were held with Swanyee's management team based in Yangon to review the program implementation, financial management, and procurement management on a monthly basis and to plan for the forthcoming month.

2. Authorisation from the Government and Inter-agency Coordination

Although CARE did not have a MoU with any government department to implement activities directly in the Cyclone Giri affected areas, it received authorisation to work in partnership with local NGOs in the affected areas. Swanyee received approval from the Ministry of Health and Ministry of Social Welfare to operate in the region. In addition, CARE and Swanyee Development Foundation received authorisation from the Government's Cyclone Giri Response Coordinator, based in Sittwe for the implementation of the project.

Prior to the initiation of field level activities, the Swanyee project team met with the members of the Township Peace and Development Council (TPDC), Department of Social Welfare (DSW), Giri Emergency Relief Sub Committee and the Forestry Department, to orient them about the project and to gain permission to work in those villages.

The Swanyee and the CARE teams (henceforth referred to as the 'project team') met with village level authorities and informed them about the planned shelter reconstruction activities for 15 villages. These villages were selected based on the extent of damage identified during the rapid assessment and consultations with local authorities.

Coordination with the Humanitarian Clusters and Working Groups

The cluster system was activated a few weeks after the cyclone struck and cluster meetings were held on a weekly basis in Yangon as well as Sittwe. Clusters were formed for Shelter (IFRC/MRCS lead), WASH (UNICEF/Save/Merlin lead), Food (WFP lead), Livelihoods (FAO lead), Health (WHO lead), Nutrition (UNICEF lead) and Logistics (WFP lead). General UN coordination meetings continued to take place as well, including in the affected townships.

Both Swanyee and CARE participated in the Emergency Shelter Cluster (ESC) meetings in Yangon and Sittwe. Through the meetings, CARE and Swanyee were able to identify the affected areas which were in need of relief and were not as yet reached by humanitarian agencies. This also helped to avoid overlap of relief efforts. As most agencies were preparing to move into the early recovery phase – it was decided that the ESC cluster would be closed by end of January 2011 and all Shelter coordination activities would revert back to the Shelter Working Group.

In the Early Recovery phase, CARE and Swanyee were the first agencies to initiate reconstruction efforts. Coordination through the Shelter Working Group, helped to ensure that all agencies in the shelter sector were aware of the extent of reconstructive support reaching the affected areas. In addition, it also helped to mobilise donors to support urgently required reconstructive needs prior to the onset of the monsoon season.

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3. Community Mobilisation

Village Development Committees

Village Development Committees (VDCs) existed in most villages and the project team worked with the VDCs to ensure participation of women. The VDCs comprised members of the village peace and development committee (VPDC) and respected elders. There were a total of 80 men and 28 women as VDC members in the 15 villages. The project team held community meetings in all villages to inform the community about the project, and to consult with them regarding the process of beneficiary selection. The process of Vulnerability Assessment (VA) and the beneficiary selection criteria was developed in consultation with the VDCs.

Vulnerability Assessments and Beneficiary Selection

Subsequently, the project team conducted a Vulnerability Assessment (VA) exercise in all 15 villages. The findings from the assessment and the feedback from the community meetings was used to develop the beneficiary selection criteria. The names of beneficiaries selected were then announced at village level meetings, and displayed at prominent locations in the villages, such as the office of the village authority or bus stop.

Addressing Complaints

A 'complaint box' mechanism was instituted in all villages to settle disputes regarding beneficiary selection, and was placed next to the beneficiary lists in all villages. The community members could write and drop their complaints in the boxes. To address the complaints, a complaint management committee comprising of VDC members, project team members and respected community members was formed in each village. There were very few complaints received and these were satisfactorily settled by the complaints management committee.



4. Design for Houses

Compliance to SPHERE Standards

The design for the complete reconstruction of a damaged house was developed by the project team. The shelter dimensions were 14'x17' (layout plan) which meets the SPHERE Standard for minimum individual needs of family members. The SPHERE Standard is a minimum of 3.5 square metres per person but the project design provided 5 square metres per person. The main structure was made of bamboo and covered with Nipa palm on the walls and the roof.

Consultation with Chair - Shelter Technical Working Group

To ensure the technical quality of the structure, the project team held a consultation meeting with UN-Habitat, the Chair of the Shelter Technical Working Group, to review the design. The major recommendations from UN-Habitat were:

- The design for the shelter should incorporate DRR features.
- The shelter design should be suitable to the local culture and context.
- The entire process of project implementation should be led by the community.



Review by Technical Expert

The project team utilised the services of a local technical expert to ensure the technical quality of the design. The technical expert evaluated the design of the houses and the RHCs, and conducted a field visit to evaluate the construction of the model house. The technical expert suggested the following changes to incorporate DRR features in the design of the houses:

- **Anchorage:** Timber posts must be notched and nailed with the crossing beams. The anchorage should be protected with big stones or other heavy beams against water scouring during floods.
- **Bracing:** The bracings are the main feature that is often missing in traditional construction. Bracings are the key feature for a disaster resistant design. Diagonal bracing in both directions of the walls needs to be added.
- **Connection:** The main posts and/or bamboo are traditionally tied with fibre (or plastic) ropes. This connection method has high risk of slipping out. To prevent slipping, a nail must be provided to each beam where the rope can be tied around. There also should be GI wire together with traditional fibre (or plastic) ropes. This kind of strong connection must be provided to key connections, such as column to wall, column to floor, and column to roof. For minor connections, such as rafter to purlin, purlin to roof thatch strip, this kind of strong connection must be provided at every other alternative point in a staggering manner.

The incorporation of these suggestions into the design for the complete reconstruction of a damaged house increased the unit cost for each house by an additional amount of USD 15, thereby increasing the overall cost for totally damaged shelters by USDD 1500. The cost of complete reconstruction of a single unit amounted to USD 499°. The cost of partial reconstruction of a damaged unit amounted to USD 179¹°.

^{9 1}USD =750 Kyat as on 15th June 2011.

¹⁰ Ibid

Design Consultation with the Community

The designs for the house were also shared with the VDC in each village who approved of the design structure. Their approval was recorded on a format developed for this purpose. The beneficiaries were free to make further modifications to the house to suit their requirements. Beneficiaries constructed their houses to suit their needs, incorporating the DRR features suggested during the model construction. They added additional rooms, changed the height of the floor, the shape of the bracings, etc. Some of these changes were made in keeping with their traditional practice, as families also modified the shape of the wall bracings from 'X' shape to a 'V' shape, as the 'X' shape was considered to displease the Spirits (known as 'Nats').

Rural Health Centres (RHCs)

The Rural Health Centres (RHCs) were to be constructed in Kyaw Hin Thaw, Yoe Sa Nwin, Shaut Chone and Kyaw Min Hnaing villages. These villages were selected in consultation with the MoH Department, as they were the worst affected, and logistically most feasible, locations. The reconstructions would be carried out after an assessment of the damage and requirements of each RHC. The assessments were carried out in January 2011 and it was found that the Government had provided materials for reconstruction of three out of four RHCs and the village community was already in the process of re-constructing the Centres.

Only one RHC in Kyauk Nga War remained to be constructed. However, the design and budget available for the proposed RHC were found to be inadequate by the technical consultant, as it did not meet the minimum standards set by the Government of Myanmar. Hence, the reconstruction of the RHCs was cancelled.

5. Construction of Shelters

Procurement and Supply of Materials

The project team conducted a competitive bidding process to identify suppliers of materials at Myebon. Swanyee also issued a national call for tenders in the weekly journals in Yangon, and through office announcements in Sittwe, Myebon and Kyar Inn Taung. The shortlisted suppliers were evaluated by Swanyee's procurement committee. The final suppliers were selected on the basis of their price, prior experience of working with NGOs, and ability to fulfill the project requirements on time.

A sub-contractor to build the Rural Health Centres (RHCs) was also selected through the same process. Both the supplier and sub-contractor had prior experience of working with NGOs during the post-Cyclone Nargis response. The entire process of procurement and selection of suppliers by Swanyee was reviewed by the CARE Procurement Manager, and was found to be satisfactory, as it followed procedures in the procurement policy agreed upon by Swanyee and CARE. The materials, including bamboo, Nipa palm, ropes, etc. were transported by the supplier to the Swanyee's warehouse in Kyar Inn Taung. The materials were then transported to all the project villages for distribution.

Construction of Model House

After the finalisation of the list of beneficiaries at the village level, the project team organised community consultations with the selected beneficiaries in each village to select one household whose house would be constructed as a model house by the project team. The criteria for selection of this household were those beneficiary's who had the least capacity to reconstruct the house on their own, were then supported with construction of the model house. This process was completed by mid February 2011.

The construction of the first model house in Kyar Inn Taung village started on 21st February 2011. All beneficiaries from the village (both totally damaged and partially damaged households) participated in the demonstration process. The construction of the first model house required three days and was lead by Swanyee's engineer and the project team. This house was reviewed by the technical consultant and the subsequent houses were built according to the suggestions provided by UN-Habitat to include DRR features in the house. The model houses were built in 11 villages as beneficiaries from four villages participated in the construction of the model house in their neighbouring villages.

During the construction of the demonstration houses, it was found that women were the largest number of participants. This was because the male members of their households had migrated away from the village in search of work. Due to the location of the villages on hilly terrain, meant that opportunities for income generation were low, agricultural yield was poor, and there was a lack of fishing sources. In addition, these villages were located in remote locations with poor transport and communication facilities. As a result, most males had migrated to other parts of the country in search of work. The women who participated said that they would be able to manage the reconstruction of their houses with support from other family members and neighbours. The construction of the 11 model houses was completed by 21st March 2011 in 11 villages.



Demonstration session during model house construction at Kyar Inn Taung village

Distribution of Materials and Re-construction of Houses

After the demonstrations were completed in a village, the materials were distributed to the beneficiaries and the process of reconstruction was initiated. The quality of the materials was checked by the VDC before accepting them. Every beneficiary also checked the quality of materials before accepting the materials to be used as part of reconstruction of their own house.

Beneficiaries receiving reconstruction support required about five to six days to complete the construction of their shelter, with support from their neighbours and relatives. The project team supported the beneficiaries by providing guidance and materials. Beneficiaries whose houses were partially damaged required about three – four days reconstructing their shelter.

The reconstruction of all 500 partially damaged houses and 100 completely damaged houses were completed by 30th April 2011. Subsequently, the project team carried out an end-line assessment of the project covering 12 villages (80% of the total project villages) and 291beneficiaries (48.5% of the total number of beneficiaries). The results of the assessment are presented in a separate chapter.



Process of distribution of shelter materials at Kyar Inn Taung village

6. Shelter Achievements

The project supported a total of 600 households in the reconstruction of their shelters (100 completely damaged and 500 partially damaged houses) covering 65% of the population whose houses were damaged, among these 15 villages. 100 beneficiaries were women headed households. All families which received support from the project are now living in their own houses. Given below is the summary of the total number of households supported and beneficiary details:

Sl. No	Village Tract	Village Name	Total No. of beneficiaries		No. of beneficiaries for totally damaged houses		No. of beneficiaries for partially damaged houses		No of beneficiary households	No. of Women Headed Households as beneficiaries
			Male	Female	Male	Female	Male	Female		
1	Kyauk Nga Nwar	Kyauk Nga Nwar	64	71	8	12	56	59	29	8
2	Shauk Chon	Shauk Chon	34	69	4	7	30	62	29	12
3	Shauk Chon	Kyant Hin Khar	48	69	6	9	42	60	29	9
4	Shauk Chon	Kyar Inn Taung	105	134	7	20	98	114	62	26
5	Yoe Sa Nwin	Nat Hla	53	59	2	8	51	51	20	3
6	Yoe Sa Nwin	Yoe Sa Nwin	164	180	19	26	145	154	77	15
7	Yoe Sa Nwin	Wet Yu	137	151	25	29	112	122	68	7
8	Yoe Sa Nwin	Taung Gyi	49	49	7	6	42	43	20	1
9	Yoe Sa Nwin	Maung Chaung	15	25	3	6	12	19	8	0
10	Yoe Sa Nwin	Taung Shey	9	7	1	2	8	5	4	0
11	Yoe Sa Nwin	Taung Pyin	27	22	6	5	21	17	11	0
12	Yoe Sa Nwin	Din Gar Ya	80	88	8	18	72	70	38	5
13	Yoe Sa Nwin	Oke Kan	275	265	38	45	237	220	110	9
14	Yoe Sa Nwin	Myaing Thar Yar	207	240	17	25	190	215	90	5
15	Yoe Sa Nwin	Phoe Thee	8	7		1	7	6	5	0

Transparency and Accountability Measures

Given the short duration and emergency nature of the project, the project team developed simple and easily manageable mechanisms to ensure transparency and accountability in project implementation. These measures are listed below:

- 1. Community Participation: The process for beneficiary selection, which included development of beneficiary selection criteria, and selection of beneficiaries for the model house, was led by the community members and the VDCs in each village. This ensured that all information about project activities and processes was available to the community members. At the same time the community's feedback was elicited through community meetings, monitoring visits of the project team, and through meetings between VDC members and team members.
- 2. Complaints Box Mechanism: The complaints box mechanism was instituted to enable the community members to voice their complaints in a confidential manner. The use of this mechanism was conveyed to the community members during the beneficiary selection meetings. Sealed boxes with a slot were placed next to the list of beneficiaries displayed in the village. Any member of the community was free to drop his/her complaint in the box. After a period of three days, the boxes were opened in the presence of the complaint management committee. The committee comprised of members of the VDC, the project team (both Swanyee and CARE) and community members. There were very few complaints and these were solved satisfactorily by the committee.
- **3. Design Consultation:** Before the initiation of the model house construction, the proposed design for the shelters was shared with VDC members in all villages by the project team. After their review, the suggestions from the VDC members were taken on board and they signed their approval of the design in a format developed for this purpose.
- **4. Checking of Quality:** To ensure quality of the materials distributed, the VDC in each village, along with some beneficiaries, were requested to conduct quality checks of the materials sent to their village, before they were distributed to the beneficiaries. Their remarks were documented in a 'Quality Check Format' and appropriate action was taken by the project team.
- **5. Agreement with Beneficiary:** Each beneficiary conducted a quality and quantity check on the materials delivered to him/her and accepted them only if they were satisfied with the same. An 'agreement form' was developed to ensure that each beneficiary's assessment of the materials was documented and responded to, by the project team. In addition, the agreement also documented their willingness to undertake the reconstruction of their house, without misuse or resale of the materials provided.



Part III Reflections

4. End-Line Assessment and Review

According to the rapid assessment carried out in 40 villages prior to the start of the project, 90% of the population had suffered damage to their houses and household items. Most houses had lost their floors and walls. 90% of key informants had reported damage to houses in their villages, and estimated that approximately 4,000 houses were destroyed or damaged. Some people had already made temporary repairs and returned home while the majority continued to live with friends or relatives.

The 15 villages covered under this project were also a part of the rapid assessment. At the end of the reconstruction process, the project conducted an end-line assessment to assess the quality of the project implemented and to identify lessons for future shelter projects. The assessment was carried out in 12 of the 15 villages where the project was implemented and covered 48.5% of beneficiaries. The assessment also included the views of key informants, such as members of the Village Development Councils (VDCs). A team of ten enumerators and two field supervisors collected the evaluation data by means of interviews using structured and semi-structured questionnaires. The data analysis was subsequently carried out by CARE's M&E team.

In addition to the assessment in the field, a brief reflection exercise was held with the Swanyee team in Yangon. Two team members from CARE and three team members from Swanyee participated in a half day discussion to analyse the challenges faced and key lessons learnt through the project. The findings of the assessment and the reflection exercises are outlined below:

Findings of the Community Level End-Line Assessment

The key findings from the assessment indicate that the project intervention was most timely – as it provided shelters to the most poor and vulnerable families just before the monsoons arrived. The beneficiaries also gained knowledge of shelter reconstruction techniques, as well as DRR features, that make their houses resilient to storms and cyclones.

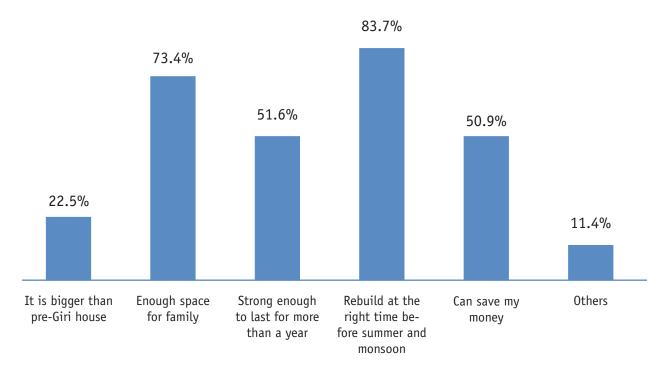
The project was able to provide support for 65% of the population whose houses were damaged, among these 15 villages. The project supported 11% of the totally damaged houses and 54% of the partially damaged houses. All families which received support from the project are now living in their own houses. The remaining damaged houses have not received any form of external support until the end of this project.

Overall satisfaction of beneficiaries

Although the project was unable to provide complete support to all the beneficiary families, the respondents were satisfied with the support provided by the project:

- The support was timely as the houses were reconstructed just before the extreme heat of summer and before the monsoons, thus preventing further difficulties for the affected people (Figure 1).
- The house was spacious, strong and helped them save their income for other urgent needs.
- The beneficiaries gained knowledge of building houses incorporating DRR features.

Figure 1: Reasons for satisfaction with the house reconstruction support

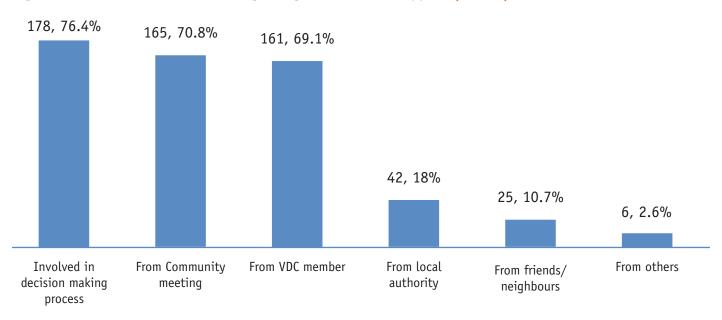


Nearly 99% of beneficiaries were satisfied with the new house built and material support provided by the project, due to the reasons outlined above. The respondents also rated their satisfaction on a scale of 1 to 5, with 5 being the highest level of satisfaction and 1 being the lowest level of satisfaction. 62.9% of respondents rated their satisfaction between 4 and 5, while 34.7% of respondents rated their satisfaction at 3.

Community Participation and Role of VDCs

The assessment indicated robust community participation, such as the beneficiary selection process, quality check of materials, model house construction and finalising the design of their own house. A majority of the beneficiaries were aware of the selection criteria (77%), and 76.4% reported being involved in the decision making process. The key informants also reported being part of all project processes and that all the formulation of criteria for selecting beneficiaries and the final beneficiary selection process was done in consultation with the community members.

Figure 2: Sources of Information Regarding Selection for Support (N=233)



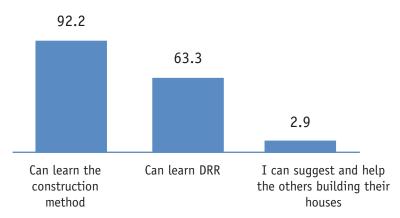
To ensure better participation from the community, the project modified existing VDCs to include the participation of women. The VDCs were active and supportive in the reconstruction process. Nearly 60% of respondents said that the VDC members visited their house during the reconstruction process. A majority of respondents (80.67%) who had asked for help from the VDC said that they had always received support whenever they had asked for help.

The VDC members themselves reported having gained knowledge of community mobilisation and problem solving in the community, as a result of being involved in the process.

Demonstration of Model House

The demonstration of the model house proved to be an effective tool for knowledge transfer and skill building, as the communities learnt a new skill, and also became aware of DRR features that could strengthen their house. Prior to this, they were unaware of techniques to make the house resistant to disasters. 86.9% respondents had participated in the demonstration of the model house and 96% of them found it useful as they learnt about construction methods and disaster risk reduction (DRR) features and with this knowledge, they could help others to rebuild their houses.





86.9% of respondents participated in the demonstration of the model house. Among those who did not participate in the demonstration of the model house or in the reconstruction of their own house, nearly 30% were women who said that they were unable to rebuild their house. They had to rely on support from relatives and neighbours for the reconstruction of their house.

While the beneficiaries appreciated the model house demonstration and training, a large section of the community felt that the materials used were not appropriate for the area, and highlighted that they normally used better quality materials, and also had a different style of construction. The community usually used Nipa palms for the roof and bamboo mats for the walls, while the project provided Nipa palms for both the roof and the wall.

Most beneficiaries made changes in the design of the house, including modifying the floor height, the number of posts, added extra rooms, and changed the shape of bracings. Beneficiaries also contributed locally available materials (worth between Kyats 10,000-30,000) and labour for the reconstruction of their houses to the desired size.

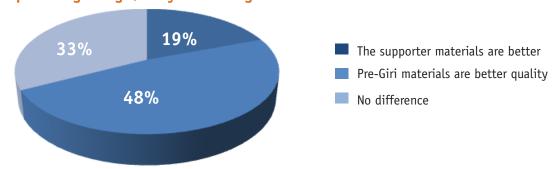
Quality and Quantity of Materials Provided for Reconstruction

The project provided materials for the total reconstruction of 100 houses and partial reconstruction for 500 houses. The beneficiaries reconstructed their own houses with support from others. Most respondents (nearly 69%) required between three to six days to repair their house. Overall, most respondents (99.3%) felt that the time period provided by the project for the entire reconstruction process was enough.

Nearly 77% of the respondents in the assessment said that they had to contribute additional construction materials in addition to the materials provided by the project to re-construct their house to the size they desired. Several beneficiaries changed the core design of the house (provided under the project) by adding more rooms and bracings. Several families who only received partial support from the project contributed more materials of their own to complete the reconstruction of their house.

Regarding the quality of the materials, there was some disparity in the responses from the beneficiaries arising out of a comparison of materials used before Giri and those used afterwards. 32.6% of the respondents said that the materials provided by the project were the same as the materials they had earlier for their houses and 19.2% of respondents said that the materials were of better quality than what they previously had. The reasons cited included: the bamboo and Nipa palm provided were of better quality and standard because they were cut and prepared at the right time; the materials provided were new; the respondents had the opportunity to select good quality materials on their own, and the materials were provided at the time when they needed it most.

Figure 4: Perception Regarding Quality of Housing Materials



However, 48.1% of respondents said that their pre-Giri housing materials were of better quality as compared to the materials supported by the project. The reason given was that the bamboo and Nipa palm provided were not mature enough and could be easily destroyed by insects during the rains. A number of these respondents had wooden houses with galvanized iron sheets before Giri, while others used better quality wood for the house posts and had bamboo matted walls.

Suggestions from the Community

The suggestions from the beneficiaries were mainly regarding the quality and quantity of materials provided for reconstruction. They preferred better quality materials similar to the ones that were used prior to the cyclone and that the materials be distributed in equal quantities among all affected households. Other suggestions included provision of WASH facilities and use of cash for work method for reconstruction so as to help livelihood recovery as well.

Without the intervention from the project, these families would have faced further impoverishment as their main coping mechanism was to continue using tarpaulins or huts as shelters. Left to rebuild the shelters on their own they would have to continue living in poor housing conditions and face severe strain on livelihoods for survival.

Findings of the Reflection Exercise with CARE and Swanyee Teams

Project Implementation

- 1. Ensuring use of participatory processes: Swanyee had little experience of using participatory methods and during the initial phase of the project CARE provided support to ensure that participatory processes and systems were used during the implementation of the project. Prior to the initiation of the project, a week-long project orientation was held with the partner organisation. In the field, the CARE team members provided on site mentoring support during the community mobilisation process, vulnerability analysis and complaints management.
- 2. Ensuring women's participation: Although women were members of the VDCs and participated in each stage of the project, feedback from some participants in the assessments indicated that the shelters did not provide for separate spaces for women. The assessment highlighted the need for more gender sensitive planning and decision making processes so that needs of women are also incorporated in shelter projects.
- 3. Logistical challenges: Due to poor transport and communication facilities in the region, the project team faced several difficulties and delays in transporting materials to the respective villages and maintaining their schedule. Although it did not result in any significant project overruns, these delays could have been better managed by a thorough mapping of the transport and communication bottlenecks, and formulating a suitable contingency plan.



Shelter under construction at Oak Kan village

Partnership Project Management

- 1. Developing a common understanding of partnership: Working in partnerships with local organisations is still an emerging mechanism for CARE International in Myanmar. During the Cyclone Giri Emergency Response Project, the expectations from the partner, Swanyee Development Foundation, and protocols regarding engaging with the partner, including communication lines was not very well defined. CARE was particularly clear about avoiding a 'sub-contract' relationship with the partner, but due to the absence of a clear partnership policy, was unable to convey to the partner CARE's expectations. Similarly, for Swanyee, it was their first experience of working with CARE and their expectations of the role of CARE were not very well articulated. As a result, ongoing review and mentoring was a constant feature of the relationship between the two organisations. CARE International has recently concluded a study on partnerships in emergencies and CARE International in Myanmar hopes to learn from this study. CARE International in Myanmar is also in the process of formulating its partnership policy for development and for the emergencies context.
- 2. Communication: Ensuring regular and timely communication proved to be a challenge, due to the poor communication infrastructure in the field, as well as the absence of a shared understanding of the roles of the working partnership. Due to the absence of proper communication infrastructure, it was difficult to convey the progress of the project between teams based in Myebon, Sittwe and Yangon. At the same time due to the lack of shared understanding of the working partnership, there was less sharing about problems faced, or discussing issues arising in the field to CARE. The communication gaps also posed problems for decision making in a timely manner. Once identified, this problem was addressed through regular meetings between the CARE and partner team, as well as through triangulation of information from Swanyee team in the field, CARE team in the field, and the Swanyee office in Yangon.
- 3. Reporting and documentation: Reporting and documentation capacities of the partner organisation were extremely weak, arising partly due to weak English language skills, as well as a limited understanding of development principles. This made it extremely challenging to ensure timely and uniform flow of information among different project units based in the field, at Sittwe and Yangon. These issues were addressed during the course of the project through meetings and feedback through the monthly report from the partner. CARE also conducted training for the partner organisation team on the importance and method of reporting.
- **4. Fluctuation exchange rates affecting budgets:** The partner organisation had to bear a loss due to the sudden drop in the rate of the Myanmar Kyat to the US Dollar. As a result, the organisation had to reduce its budgets across the board and reorganise the budget to complete the core activity of reconstruction of houses. CARE is in the process of exploring means to ensure programming flexibility so that such fluctuations can be easily absorbed by the project without causing losses for either organisation.

5. Workshop on Lessons Learnt from the Response to Cyclone Giri

A workshop on "Lessons Learnt from the Response to Cyclone Giri – Shelter Sector", was held on the 29th of July 2009 in Yangon, Myanmar. Initially conceived as a reflection exercise for CARE and Swanyee, it was thrown open to the larger group from the Shelter Working Group, to broaden its scope, so that the lessons could be used by agencies that continue to provide shelter solutions to affected populations in the area.

The objectives of the workshop were:

- 1. To understand responses by various stakeholders (UN Agencies, INGOs, Local NGOs) to Cyclone Giri.
- 2. To identify the challenges and learning from the Shelter response.

The workshop had 55 participants from a wide section of stakeholders, including local NGOs, INGOs, UN Agencies, donor agencies (AusAID, ECHO and SDC), members of the Myanmar Engineering Society and the Architects Association, and media personnel. The coordination bodies (Shelter Cluster and Shelter Working Group) delivered presentations on the Emergency phase and the Early Recovery phase, while three agencies (CARE, UNDP and Swanyee Development Foundation) which had completed implementation of shelter reconstruction projects, delivered presentations regarding their response strategies. This was followed by group discussions among participants on six themes to draw out the challenges and lessons learnt from their experiences. The outcomes of the discussions are outlined below:

Funding Gaps

Challenges

- Donors perceive greater impact for funding in health and livelihoods rather than shelter. The reality is that investment in shelter brings immediate benefits, as well as long term benefits, by addressing root causes of problems in health, education and livelihoods.
- Delay in receiving funds meant that reconstruction of shelters was delayed, exposing communities
 to greater vulnerability from rains and bad weather, as well as increasing costs of implementation,
 due to access and transportation difficulties.

Lessons Learnt

- There is a need for gathering further evidence on the link between shelter recovery and overall recovery, so that donors can see the benefits of supporting the shelter sector. This would result in the shelter sector potentially receiving adequate funding in time to respond.
- There is a need to emphasise linkages with other sectors, especially with livelihoods. Shelter support can be linked with livelihoods through training of carpenters. In addition, the community can be engaged in managing procurement, supervising of construction, managing local suppliers and monitoring quality of materials, thus increasing local capacities.
- The support provided must build on local skills and knowledge in the rebuilding process. It is cheaper, faster, and more suitable to local conditions to rebuild using local skills and knowledge.
- To respond to shelter needs quickly, donors need to receive information more efficiently from implementing partners. As a result, assessments need to be done quickly and presented more comprehensively for donors to make informed decisions in a timely manner.



Country Director of CARE Myanmar Mr. Brian Agland welcoming the participants

Coordination

Challenges

- In the emergency phase, the activation of the cluster system was delayed, mainly due to lack of information on the extent of damage to determine activation, and the unavailability of visas for IFRC personnel to enter the country.
- The lack of coordination with local agencies created problems as information was not passed on in a timely manner.
- There was some duplication of villages visited for assessment and different values obtained from more than one assessment.

Lessons Learnt

- Improve coordination with local NGOs and local authorities.
- Improve coordination for information collection and reporting.
- Strengthen capacities of local agencies on information management, reporting and understanding of coordination mechanism.
- Templates for reporting information to be developed and circulated so as to ensure regular inputs from organisations.
- A focal person must be designated for information management.
- A workshop was suggested to gather the data collectors to develop one consistent template, become familiar with data needed to be collected, and the agencies which require such information.

Emergency Assessment

Challenges

- Delay in collection and dissemination of information.
- Duplication of information gathered.

Lessons Learnt

- There should be uniformity in the format used for assessments.
- Trainings on assessment methodology should be organised for all humanitarian workers and also for community members.
- Funds need to be made available for conducting assessments.
- When large areas are to be assessed, the assessment can be sub-divided among separate agencies, and the consolidated data can be disseminated.
- To avoid duplication in data collection and dissemination, it was suggested to have a few representative agencies working together, from whom data can be drawn from and added to. UNOCHA and MRCS/DSW were suggested to be the focal points for data compilation.

Strategy for Response

Challenges

- Strategies for response were formulated quite late during the emergency phase thus delaying the process of conducting assessments and mobilising funds.
- Although assessments are conducted in large areas, agencies are often not able to support all the needs in those areas.
- Although DRR features were incorporated in the response by agencies, they were not always understood or adopted by communities, as they do not understand the purpose of DRR features.

Lessons Learnt

- During the emergency phase, the response strategy must be defined quickly, to ensure timely implementation.
- While responding to emergencies, the procedures to be followed (especially for logistics), must be kept simple to ensure quick response.
- Organisations can maintain a stock of materials for swift retrieval and response.
- During the early recovery phase, the response must not be based on the funding situation, instead it should be responsive to the community's needs.
- The shelter response must take into account the relevant government policies.
- Organisations should carry out realistic target mapping exercises. Even though they may have carried out assessments in a large area, the organisation may not be in a position to cover 100% needs of all affected areas. Therefore targeting should be done in a reasonable manner to ensure effectiveness.
- Agencies should educate the communities about DRR techniques instead of only providing relevant materials.
- The strategy must be reviewed regularly to look at the lessons learnt and modify the strategy where possible.



Participants discussing the challenges and lessons learnt in groups

Community Processes

Challenges

- There was often a clash of timing between the project staff and the community members.
 Community members would prefer to attend to their livelihood activities when the project staff would be aiming to organise meetings, etc.
- There were instances of conflicts of interest among community members due to differences in religious backgrounds and cultural preferences.
- Ensuring the community's continuous involvement in the process was a challenge.

Lessons Learnt

- Capacity building of staff in methods of community mobilisation and promoting community participation is required.
- Incorrect beneficiary selection can lead to limited participation from most marginalised people.
- Some form of complaints mechanism needs to be adopted so that communities freely share their grievances and suggestions with project teams.
- Transparency in beneficiary selection, funds received and utilised, and project implementation processes, must be maintained.
- The timing of organising mass meetings must be suitable for community members.

Shelter Models

Challenges

• It is difficult to agree on one shelter model, as needs differ, across geographic locations and culture of people.

Lessons Learnt

- During the emergency phase, the shelter tool kits provided can be standardised and demonstrated through catalogues.
- In the early recovery phase, pre-model house assessments and consultations must be held.
- The model house should comply with government guidelines.
- Local resources to be used to the maximum extent possible.



Part IV
For the Future

6. Some Lessons from the CARE Experience

Timing and Guidelines for Shelter Reconstruction

- 1. Shelter reconstruction support when provided immediately after a disaster is critical as it prevents further poverty and marginalisation of the affected communities, by ensuring a safe shelter and beneficiaries saving much needed cash for other purposes.
- 2. Some form of external assistance in the form of materials and information is essential to support the rehabilitation of affected households who willingly contribute labour and necessary materials. The absence of external assistance would have meant a much delayed recovery and continued vulnerability.
- 3. Guidelines for shelter reconstruction needs to be formulated early on so as to ensure minimum standards are adhered to and so that there is uniformity in the kind of assistance provided. This will minimise conflict between organisations and among the community.

Community Participation

- 1. Community mobilisation involving beneficiaries as well as village leaders, is essential to ensure their participation in all aspects of the project implementation, to ensure that the persons most in need receive support, to ensure that the methods and designs used are locally appropriate, to maintain transparency and accountability and to minimise any conflict.
- 2. To ensure women's participation, it is essential that the project team is provided with gender capacity building. Gender issues need to be integrated in the design, implementation and monitoring processes used by the project.
- 3. The message to the community about the kind of support to be provided by the project needs to be very clearly stated so that there are no unrealistic expectations. In this case, the feedback from the community was that they were expecting houses that were the same size and shape as their previous house, which was not the case.
- 4. Implementing transparency and accountability mechanisms such as participatory beneficiary selection procedures, design development process, complaints mechanisms, community led monitoring of quality and quantity of materials, is essential in ensuring the appropriate targeting of those most in need, and preventing conflicts within the community.

Design and Process of Reconstruction

- 1. The process of shelter re-construction needs to be a flexible process to allow for adjustments of the shelter design to meet the needs of the beneficiaries.
- 2. The process of designing the shelter needs to be done after a rigorous study of the materials and designs used in the affected areas and in consultation with the affected communities. It should also take into consideration the materials that are available in the local areas.

- 3. The project design needs to incorporate components of material support, knowledge transfer, as well as DRR features, to assist the early recovery and to help the affected families be prepared in the event of any future disasters.
- 4. Ensuring standardisation of construction, in line with set standards, is very important to prevent conflicts between beneficiaries and poor quality construction.

Partnership Approach

- 1. Developing a clear partnership approach and policy for emergency interventions: This was the first experience for CARE International in Myanmar to work in an emergency situation in a partnership with a local organisation. Learning from this experience, CARE needs to reflect and develop an approach and policy, to guide future working partnerships and minimise gaps in communication or expectations.
- 2. CARE needs to ensure that the country office preparedness and emergency planning and preparedness processes, include key and potential partners, to ensure that CARE is able to work with partners in an emergency response. This would help to identify weaknesses and strengths of the partners, pre-disaster response, and ensure adequate support to the partner during the preparedness phase.
- 3. Developing clear communication channels: Given the difficulties in transport and communication in most field locations, the partnering organisation should, at the outset, identify potential communication bottlenecks and identify solutions to address them. A communication protocol could be developed, which clarified roles and responsibilities of the project team members, which would assist in efficient communication between the organisations.
- 4. Support through onsite mentoring: The provision of on-site mentoring support by the CARE team members for the Swanyee project team during the community mobilisation process, vulnerability analysis and complaints management, particularly during the initial phase of community mobilisation, was essential to ensure that participatory processes and systems were used effectively by Swanyee.
- 5. Sharing and learning culture: There are several areas in which the partner organisations can share and learn from each other, and is a process that is important to the development of the working partnership arrangement. For example, conducting a capacity needs assessment for both organisations involved in the implementation of a project. A sharing and learning culture would build the capacity of both organisations, as well as strengthen the implementation of the project.
- 6. Flexibility in programming: Myanmar presents a unique and challenging environment for working in partnerships, especially in context of emergencies. Given this context, it is important to maintain flexibility in the implementation of project activities. The extent of flexibility can be decided by both organisations in a joint manner.

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