

# TEC Briefings in Jakarta and Banda Aceh, Indonesia

September 16<sup>th</sup> and 19<sup>th</sup> 2005

## Briefing Report

### **1 Introduction**

- 1.1 On Friday 16 September and Monday 19 September the TEC held two briefing workshops in Indonesia: the first in Jakarta and the second in Banda Aceh.<sup>1</sup> The purpose of the briefings was threefold:
1. To ascertain national views on the main issues of concern, and of good practice, and to enquire what should be included in the evaluation studies.
  2. To provide an opportunity for national actors to meet the different evaluation teams working under the TEC initiative.
  3. To exchange ideas on the response with other actors in an open forum.
- 1.2 Reiko Niimi, the Special Advisor on Tsunami Recovery to the Humanitarian Coordinator, opened the Jakarta Briefing, while John Cosgrave, the TEC's Evaluation Advisor and Coordinator, opened the Banda Aceh one. John Cosgrave made a brief presentation on the TEC at both Briefings [http://www.alnap.org/tec/pdf/tec\\_presentation\\_indonesia.pdf](http://www.alnap.org/tec/pdf/tec_presentation_indonesia.pdf) which was followed by a presentation by three of the five thematic evaluation team leaders on their respective studies:
- Coordination: Jon Bennett
  - Needs assessment: Claude de Ville de Goyet
  - Capacities: Arjuna Pakarama
- 1.3 In addition Stefan Dahlgren of Sida, the managing agency for the LRRD evaluation, introduced that study, while John Cosgrave quickly outlined the funding response study in the absence of a representative from that evaluation.
- 1.4 The point was made that the TEC's joint evaluations do not represent one comprehensive evaluation that can give answers to everything but rather focus on a series of themes that were identified as cross-cutting and that were also identified, back in February at the first TEC meeting, as constituting 'gaps' in the humanitarian sector's planned evaluations of tsunami response. There are still 'gaps' in the TEC's joint evaluation programme. However, many of these will be addressed by other evaluations of TEC participating agencies, as well as by other key actors in the sector. The TEC's synthesis report will therefore attempt to provide as full a picture as possible based on these different sources.
- 1.5 It was also noted that joint evaluations by / between bi-laterals are increasingly common, but that so far there have been few across the whole the humanitarian sector. While the TEC process might seem somewhat daunting initially, from the point of view of lessons learned there is great potential for use.
- 1.6 This report details the main issues raised over the two days in the form of a brief description of the presentations by the team leaders, questions raised in plenary and also through feedback from the breakout groups that formed to discuss three of the TEC themes: coordination, needs assessment and capacities. Comments have been collapsed into a single format as many of the issues raised at the two meetings over-lapped.
- 1.7 UNFPA was acknowledged for its funding of the workshops.

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<sup>1</sup> A further workshop was held in Medan on Monday 26<sup>th</sup> September. Information is not available from that workshop for this report.

## **2 The Presentations**

### **2.1 Coordination**

Coordination ToR: [http://www.alnap.org/tec/pdf/coordination\\_tor.pdf](http://www.alnap.org/tec/pdf/coordination_tor.pdf))

- 2.1.1 Jon Bennett began by emphasising that the purpose of the briefings was to get direction from the participants on what priorities should be highlighted in each of the TEC's joint thematic evaluations. He requested feedback, emphasising that participants were an important source of information.
- 2.1.2 His presentation highlighted that there are two types of coordination: strategic and operational. Strategic coordination exists at HQ and sub-regional level. It addresses macro-level issues of coordination in the humanitarian system and is a way of prioritising inputs during the emergency phase. Operational coordination, on the other hand, addresses what each actor is doing, when, what and where, and is about how to coordinate in practice; how operations mesh together. Very often operational coordination is agency specific. There is thus an important difference between this and the coordination that will lead to greater cohesion within the system.
- 2.1.3 However, if we just look at organisations we might miss an essential part of the picture: did people receive assistance on time and was it appropriate? Was it perceived as coordinated? It is therefore important that we also speak to 'beneficiaries' though given the time available we won't be doing a full quantitative survey.
- 2.1.4 The main focus of this study, therefore, will be on coordination by the international community: how international organisations worked with other international organisations as well as national authorities and NGOs. The study will also consider the regional level right up to international actors in New York and Geneva as well as the role of the IASC. While we will be talking to national actors we will not be evaluating their performance. We are also aware that a number of lessons learned exercises have already taken place at national level.
- 2.1.5 The recommendations we make will be realistic, achievable, and will be able to feed into the international community. The audience is everyone from the top of the system down to the national and sub-national level. We will give you the opportunity to feed back on our findings in a series of TEC-facilitated national workshops in January.

### **2.2 Needs Assessment**

Needs Assessment ToR: ([http://www.alnap.org/tec/pdf/needs\\_assessment\\_tor.pdf](http://www.alnap.org/tec/pdf/needs_assessment_tor.pdf))

Needs Assessment Presentation: ([http://www.alnap.org/tec/pdf/needs\\_assessment\\_presentation.pdf](http://www.alnap.org/tec/pdf/needs_assessment_presentation.pdf))

- 2.2.1 Claude de ville de Goyet opened his presentation by explaining that the focus of the evaluation will be to answer the question: to what extent did needs assessment (NA) influence decision-making in HQ? Who were the users of NA? How did this work sectorally? What type of data supported the decisions? How was assessment of need reflected in the response taken?
- 2.2.2 De Goyet acknowledged that this evaluation is still in the process of clarifying its scope somewhat more than the other TEC evaluations, and he also highlighted that, unlike the other TEC evaluations, this evaluation will consider the first three months of the response only. Another difference is that this evaluation will consider Indonesia and Sri Lanka only. [Since this workshop the team has clarified the scope of its study and completed an inception report.]
- 2.2.3 Those interviewed for the evaluation will consist of authorities, agencies, beneficiaries, etc. The users of the final report will hopefully be those who should have used the NAs in their decision making. The evaluation will also focus on the assessment of needs by national institutions – via the study's national consultants – otherwise it would miss a very large part of the assessment. It will look not only at the local level, but also at decisions made at HQ and capital level.

- 2.2.4 The study will develop a rating system to rate the quality of the NAs done. It will select actual interventions in the field and track what information was available at the local and international level in order to make visible the decision-making process. It will look at the decisions and work backwards. For example, the study might consider cholera immunisation, fishing, the location of hospitals, etc. It may be found that decisions could not wait for NAs. Another key question will be: were decisions based on identified needs or due to political considerations?
- 2.2.5 In terms of beneficiaries, the question will be asked: do agencies and beneficiaries have the same perception of need? The evaluation will develop a structured questionnaire to go through with beneficiaries and local representatives. However, although there will be a sample of beneficiaries this will not be statistically significant. The evaluators will have to go back 6 months in time and ask people what they wanted.
- 2.2.6 Assessments of needs are not made to make agencies and people feel good but to try and influence and guide the response. It is not so much the quality of the assessment, but the use to which they are put. There is a technical aspect and a timing aspect, but there also the political aspect.

## 2.3 The Impact of the Tsunami Response on Local and National Capacities

Capacities ToR: ([http://www.alnap.org/tec/pdf/capacities\\_tor.pdf](http://www.alnap.org/tec/pdf/capacities_tor.pdf))

Capacities Presentation: ([http://www.alnap.org/tec/pdf/capacities\\_indonesia\\_presentation.pdf](http://www.alnap.org/tec/pdf/capacities_indonesia_presentation.pdf))

- 2.3.1 Arjuna Pakarama, team leader for the capacities evaluation, made a presentation on the capacities evaluation. His PowerPoint presentation largely reflected the ToR for this study. In summary:
- 2.3.2 The TOR identifies the **purpose** of the evaluation as follows: To determine the impact of the tsunami response – including the role of international actors – on local and national capacities for relief and recovery, and risk reduction. The study has six **objectives**:
- 1 To assess how local and national capacities changed as a result of the tsunami response.
  - 2 To assess how well international actors engaged with local and national capacities in providing relief and recovery assistance.
  - 3 To assess the intended and unintended changes to local and national capacities as a result of the tsunami response by international actors.
  - 4 To assess the extent to which transition/risk reduction/recovery programming, planned and implemented, is likely to influence local and national capacities.
  - 5 To distill lessons learned for efforts to strengthen local and national capacities for future crisis response and recovery.
  - 6 Ensure that all the above assess and highlight gender differences and the varied experiences of women and men.
- 2.3.3 With regard to timeline, the study will consider the three phases of tsunami assistance in the first six months: a) immediate emergency, b) early recovery phase, and c) initiating the transition from recovery to development. It will be based on in-depth field studies of Indonesia, Maldives, Sri Lanka and Thailand, and will make general cross-country observations and specific country recommendations.
- 2.3.4 The uniqueness of this TEC evaluation is that it will incorporate a very large beneficiary consultation component, with up to 800 beneficiaries interviewed across the case study countries by national researchers. Furthermore, the evaluation team will itself seek to build capacity in terms of training the researchers – mostly personnel from local organisations – to carry out the interviews.

## **2.4 Linking Relief, Recovery and Development (LRRD)**

LRRD ToR: ([http://www.alnap.org/tec/pdf/lrrd\\_tor.pdf](http://www.alnap.org/tec/pdf/lrrd_tor.pdf))

- 2.4.1 Stefan Dahlgren from Sida (the commissioning agency for this study) and a member of the TEC's Core Management Group (CMG) spoke briefly on the LRRD evaluation.
- 2.4.2 His first point was addressed to the issue of timing: the study will attempt to solve this 'problem' by being split into two phases: the first this autumn and the second next year to look at the outcomes / impact of work undertaken in the first 12-18 months. He also noted that the evaluation team for this study will not come to the field until October / November – ie, after the first three themes covered above.
- 2.4.3 The study is about linkages: how was the immediate response linked to further action? How was this action designed? Did it 'do no harm' or make it more difficult for subsequent – longer term – intervention? How possible was it to look at the longer term perspective in the initial response? Dahlgren acknowledged that 'LRRD' is a concept that has garnered much interest and there are very diverse interpretations of the concept.
- 2.4.4 All actors will be included in the study, including the beneficiaries. Previous evaluations in this area have not addressed this issue in a systematic way. In addition, there are three constituent parts of the evaluation: Sri Lanka, Indonesia, and the so-called 'policy level' aspect: of donors, international organisations and HQs. However, the nationally focused studies will also consider these policy issues as well as assess policy from a national point of view.
- 2.4.5 The study will concentrate on five aspects: livelihoods; human rights (how these were taken into consideration); the linkage to development and poverty reduction; risk reduction; and conflict issues.

## **3 Plenary Discussion: Questions and Answers**

- 3.1 One common question concerned how the evaluations will access information from the initial response, given high staff turnover. In response, all teams requested participants to identify key informants given the challenge with finding and accessing people who were there during the initial response. However, they also noted that they had already identified key players who were now in other countries and contact was being made with many of them, though of course this won't be exhaustive. On the other hand the main actors are still here: the national authorities and the tsunami-affected population themselves.
- 3.2 Another common question concerned whether or not the studies would be comparative. The answer was a resounding yes.
- 3.3 A further set of questions were addressed to the overlap between studies. The team leaders talked about ways in which they would complement each other's studies. But it was also explained that it will also be important to look at the same issue from different angles. Another set concerned whether or not case study material will be limited to TEC member agencies only. It was noted that this will not be the case but that teams will pick clearly defined interventions to focus on – and would welcome input from the participants to identify these interventions.
- 3.4 Some participants were interested in the timelines of the studies, and asked why such a short time in the field? (In Indonesia: Coordination: two-and-a-half weeks; NA: three weeks; capacities: two months – due to their local beneficiary consultation work through local organisations.) Two points were noted by the workshop leaders: first, that, pragmatically, there is a balance to be made between the cost of the exercise and learning; second, that there is pressure to produce 'results' for the first year anniversary given the (partial) public accountability function of the TEC.
- 3.5 Two specific questions directed to the needs assessment team concerned: the quality of the evaluation given its short timeframe and the general short time in the field, and how the influence of the media was being factored into the evaluation. In answer to the first question the importance of spending time at HQ was highlighted. This is because the issue with assessment is not just the quality of the data but also how that data is used. A key objective of the study is to analyse the mechanics and dynamics of

decision-making and hence a considerable amount of time will be spent at HQ as well as in the field. In response to the second question it was confirmed that the media will be considered.

- 3.6 One participant brought up the important issue of the 'evaluation tsunami' and what the sector should do with all the conclusions and recommendations coming out of so many studies. It was noted that the TEC findings will be shared with all those consulted in order to get their feedback, and that the desk review component of the respective studies will deal with the issue of other conclusions and recommendations. Moreover, the TEC Synthesis Report will not only draw on the TEC's five thematic evaluations (though these will form the 'primary' evidence) but also on a wider body of evaluation reports from TEC participating agencies plus other key documents as identified. In this way it will be able to reflect the whole body of learning from the response. The process is widely owned and the TEC Secretariat will be doing a lot of work around evaluation utilisation, considering use of recommendations over the longer term.
- 3.7 Finally, in response to a number of questions directed to the capacities team, Arjuna Pakarama noted that there will be – in the case of the capacities evaluation – a debrief at each stage so that information can be fed ongoingly into operations; that sites chosen for the beneficiary surveys were done so through meetings with TEC members in Aceh; that the focus will be on working with organisations who have had long term involvement in the region; and that recommendations will focus on what international agencies can immediately do something about.
- 3.8 Two other points of clarification on this evaluation were that:
- The focus of the capacities evaluation is not just on tsunami-affected areas but rather on capacities also within the wider communities in order to ascertain differential impact.
  - There is an understanding of the need to develop capacities for disaster response that are conflict sensitive. The study will do a comparative analysis between Indonesia and Sri Lanka where there has been an apparent differential impact of the tsunami on local conflict.

## **4 Feedback from the Working Groups**

**Note:** Discussion from the working groups is presented in a more informal style to reflect the dynamic of the discussions that took place. It has also been written by three people: Rachel Houghton, TEC Deputy Coordinator and Researcher; John Cosgrave, TEC Evaluation Advisor and Coordinator; and Stefan Dahlgren, Sida and member of the CMG. As a result the narrative does not follow a similar pattern for each theme, but rather reflects each person's interpretation of the discussion and organisation of their own material.

### **4.1 Capacities Working Group**

#### **4.1.1 Key Points from the Discussion**

##### Conflict and 'Natural' Disasters

- Poverty, vulnerability and marginality are at the nexus of the impact of both conflict and disasters. How did pre-existing conflict affect capacity in this case? In Indonesia local organisations were focused on, for example, freedom of speech issues and not on service response. The tsunami thus provided opportunities to work with previously restricted communities as well as a sudden opening to previously inaccessible parts of the community. In comparison in Sri Lanka people would 'disappear' if they were involved in more political, rights-based work and there was more of an emphasis on service delivery organisations.

##### BRR and Local Capacities

- BRR has not been 'signed' into law by the government. This means that local government can override decisions made by BRR. Recovery has slowed down due to the confusion caused by this situation, and many local people are against it. Notwithstanding local government doesn't have ownership over local planning, which was developed by BRR. From this point of view there is very little local capacity building. People also ask to whom is BRR responsible? There is no minister of department involved. If something goes wrong, who will take responsibility?
- In order to develop capacity to deal with this issue UNDP and AusAid have two advisors working with BRR. But the potential problem is building certain capacities at the expense of others: eg, building technical capacity in BRR at the expense of building local capacity. In addition, a number of

sub-groups have been set up within BRR to do sectoral coordination – eg, on housing – and this also takes away from local govt capacity.

- KEY TENSION: having to deliver vs building capacities. BRR is intended to exist for 2-3 yrs, but reconstruction won't be complete in this time so then what will happen? Could the BRR be used politically to maintain intervention? Also, all central knowledge will go when it shuts down with the result that nothing is learnt in Aceh.
- There are now 434 NGOs in Aceh – only 100 have made concept notes for BRR. If you don't have a project you will have to leave. (Agreed that 434 is the total number registered and many have now left).
- Aceh is only 2% of the Indonesian population. There is a need to build capacity elsewhere. However, funding mechanisms prevent work outside the tsunami-affected areas yet it is difficult to negotiate with donors about this. To an extent, agencies worked where it was easy to work. But also government prevented agencies going beyond the tsunami area which created a behaviour pattern that has been maintained.

#### What has changed since the Tsunami? (asked in Aceh)

In response to this question the breakout group focused immediately on the situation of women. The following was noted by participants. There is some contradiction with suggestions made elsewhere:

- In the first days after the tsunami(s) the people who intervened were women, as women were very active in Aceh (the most active organisations were women's organisations or were staffed by women). In this way Aceh does not conform to the stereotypical Muslim society. Women are active in the markets etc. (UNIFEM interviewed 6,500 women who said they are working more independently after the Tsunami.)
- Despite this, there is no real change in the influence of women on decision making since the Tsunami. And, although traditionally women have been very strong, Sharia law is being implemented more strictly now. In addition, women have better voice at the village level than at the provincial level. (It is also important to distinguish between Urban and Rural women. Women are involved in livelihood activities rather than in decision making, partly due to their reduced numbers. Women are not well organised, and are more vulnerable due to being single parents, not having relatives, etc.).
- In the transition from relief to recovery, women disappeared. At the national and provincial level there were far fewer women involved in consultations. This was also reflected in the BRR. All of the BRR Deputies are men. BRR now has more women involved, but it is not clear how influential they are.
- Sharia law makes the social culture in Aceh unique in all of Indonesia. Tackling gender is now much more challenging, especially as local religious leaders are men and it is not easy to talk to them about women's issues, IDPs, and other vulnerable people. Thus the impact of the tsunami on religious leaders has been more positive.

#### Vulnerable groups

- In some ways these groups are now visible: they now have exposure when they were previously isolated. Can the gains of vulnerable groups be sustained over the long term?
- Is enough done to develop the capacities of vulnerable groups? EVIs = extremely vulnerable individuals. They are those who have nothing; everything washed away; no land. They are mostly next to the coast. It is most difficult for women, esp in IDP camps. They don't get what they need and they are hard to target: generally they have to be found case-by-case and not by group.
- NGOs have limited access due to the military. Local partners can sometimes find a way to deal with regulations. Thus in addition to 'natural problems', security also marginalises. As does lack of knowledge.
- Those in TLCs are particularly vulnerable. These have poor drainage, effluent disposal etc. However, they are not 'sexy' and are therefore missed in programming.
- The location of programmes is rather determined by: access, security, ability to spend based on mandate. HOWEVER, agency's mandates might lead to a re-focus on the most vulnerable. This raises the importance of ADVOCACY.

#### Capacity building

- The biggest demand for capacity building is in finance and gender mainstreaming.

- Most international agencies are working together with local NGOs but not *through* local NGOs.
- Some INGOs have a partner support unit, but one noted that this was not very well integrated with its other operational programmes. (It also used local NGOs in areas where it had no access because of the conflict). However, some organisations see local NGOs as subcontractors rather than as partners and any partnership is generally focused during planning and not implementation. Implementation is then international. (HOWEVER, other agencies noted that they are using local orgs to implement.)
- Big NGOs and the UN start the recruitment process in Jakarta. If it is a nationwide competition, the Acehnese lose out. Organisations should give priority to Acehnese and to those living here. There are three levels: international, national, and Acehnese. For sustainability you need to use local people who are here for the long term and don't need R&R. Livelihood support is a long term programme.
- Oxfam supported 48 NGOs and asked them what support they needed.
- Another example of local capacity building is dam building. No local company has the capacity, but we will oblige the winning contractor to use local sub-contractors to build their capacity. Another example is the road from Banda Aceh to Meulaboh. This is a USAID funded project.
- Hivos: in its TA programmes with Acehnese organisations it pairs experienced with less experienced staff to build their skills – eg, in planning and NA. Transparency International worked in the same way.

#### Coordination

- BRR is asking all NGOs working in ACEH to submit their concept documents for their projects. This means that when one NGO submits its concept note BRR can check for duplication. Sometimes the programme is good but there are too many international NGOs doing it. Sometimes BRR suggests changes and the NGOs make them.
- In one case there was an example of bad coordination. Local NGOs have an important task to monitor what INGOs and Donors are doing and monitor the whole aid behaviour of 10 donor countries.

#### Housing

- There is a good example of a World Vision project which is building a whole village. It built three models of houses and the communities decided which model they would like. So it tried to strengthen the community's power to take decisions. At first this was difficult. It was found that women have little influence on the house construction. Women traditionally sit and let the men decide on some decisions.
- There's a problem in some areas where different organisations are offering different housing in the same community. Often this happens when houses are built by people outside the community.
- But villagers are not all the same – when the "village decides" on the house, who is deciding?
- There is a minimum standard for housing: 36m<sup>2</sup>. If NGOs want to build a bigger house they have to reach a consensus with villages. In one village 36 families selected the 36m<sup>2</sup> model and others choose a 41m<sup>2</sup> house. Some sub-districts have coordination between the villages to sort this out. It is a problem, but local and international NGOs are aware of this. The issue remains there to be addressed.
- You can see very bad housing quality construction on the West coast. BRR has 50 people who are investigating.

#### Complaints mechanisms

- The local media (now we have three local newspapers). These are one of the chief ways for people to raise issues with agencies.
- INGOs: one NGO noted there were plans to set up complaint centres in March that could be used by all other NGOs, but this did not happen.
- UN agencies: For many UNIFEM projects the list of beneficiaries is a small number, but if you distribute a hygiene kit it is really difficult to have a full list. It programme officer visits and monitors the sites once in a while and it has regular partner meetings for partners. However, it doesn't have any mechanism for complaints. Most of its programmes are not physical.
- Unicef does lots of mass distributions – school materials for kids, hygiene kits etc. It is trying to set up hotlines in places where it has offices. It doesn't have complaint slips in kits.

- Government: People can go to BRR and complain. There is an anti corruption unit in BRR but it cannot interfere in INGOs being corrupt – though the government does have agreements with INGOs. The BRR anti-corruption unit works closely with KAPPEKA.

#### 4.1.2 Group Identified Issues for the Evaluation

The group was asked to identify key issues it would like the capacities evaluation to focus on. The following were identified:

- The **impact of BRR** on local government and beneficiaries.
- **Impact on local NGOs:** many are advocacy rather than community development oriented. Is that why they were marginalised in the response and only consulted?
- Sustainability:
  - To what extent were pre-existing structures drawn on? What will the effects of the response be in terms of dependency? What will happen when the money dries up? At local government level: what about the issue of corruption? Also local government ability to generate resources and sustain skills? (Here standards that come from international agencies could be useful.)
  - What about the capacity to absorb and utilise massive funds? Capacity to scale-up?
  - What are the withdrawal strategies of each agency responding to the emergency? Are they planned? Will they be rushed?
  - Maybe this evaluation can establish indicators on how many Acehnese there are in local NGOs. There are NGOs from outside Aceh who are here to guarantee their survival through accessing funds. Indicators might be local hiring – there are local staff available. Some institutions are working with non-Acehnese staff. People can outsource, but they should look in Aceh first.
- **What is the link between local capacities and conflict?** How did conflict affect pre-tsunami capacities? What is the landscape now? What is the impact of the military? How did the tsunami affect the relationship between civilian and military actors? Also, GAM?
- **Impact on vulnerable groups:** how will these re-build what they lost? This relates to intra-village discrepancies and not just coastal / inland differences. How does this affect economic infrastructure? How do you choose which beneficiaries benefit? A number of groups have been made newly vulnerable: eg, widows and families who support orphans. Are these catered for?
- Interest in the use and development of qualitative indicators.
- **Concern for ‘deep information’ from the beneficiary side:** what was the capacity at individual level, especially of women? (in the first week after the tsunami women were not empowered. UNFPA did an assessment of this. Now after six months you see more women. Why? Are they more empowered? What is affecting this difference?)
- **Knowledge of the socio-cultural aspects of Aceh:** For example, there’s a strong desire by local people to be self-reliant. Did responding agencies take this into account?
- **Re-building:** the past might not be appropriate. How have organisations dealt with this?
- **Risk / disaster preparedness:** what about the capacity to respond to future disaster? It’s not just about sustainability but also about risk / disaster preparedness.

## 4.2 Coordination Working Group

**Note:** At the beginning of this meeting in Banda Aceh it was noted that no local organisations had stayed due to the language issue. This has characterised the response throughout. Although some coordination meetings in Aceh did have local interpreters, the issue had to be forced. But this works the other way around when international organisations attend government meetings. Another point: only one person present in the Aceh working group on this evaluation had been there since the beginning of the response.

### 4.2.1 Key Points from the Discussion

#### International military

- The international military had all gone by the end of March.
- **Are the results of their action evident?** Overall, they didn’t set up too many parallel structures, and also worked quite well together – eg Germany and Australia worked together in one hospital. Both brought some medics in but otherwise employed locals. The only additional facility was an

IFRC hospital in the local stadium. The Russians were the only other example that put up a temporary structure.

### Logistics

- You need to set up systems from the very beginning as generally the INGOs are not willing to share information. This would enable spare capacity and assets to be used more efficiently.
- **Is the JLC needed?** (asked one INGO). **Is the information they have available elsewhere? How is the information unique?** Opinions differed as to the answer: one agency felt that information flows between agencies, especially when there are fewer actors. Others that it is better to have a central system where people can go for information. Moreover, it's only the big INGOs that have the capacity to generate information. Smaller organisations are more likely to rely on a central source.
- JLC: it was noted that the JLC is closing its operations at end of September. It will become a new facility in recovery from that point as it has been asked by BRR to have a coordination role in reconstruction. (There is a BRR evaluation due for December; period being studied will be up to end of November.)
- Some participants noted that you could not get to the whole west coast for the first four weeks. In the first few days people sometimes had resources, but as time went on the ongoing needs became more critical. MSF in the first days had a couple of helicopters flying up and down the coast. More casualties could have been evacuated if there had been more helicopters.
- The main constraint was the logistics and access. In terms of over / under supply, there were some serious shortages in the first period (e.g. tetanus vaccine). However, there was no secondary loss of life – but was this a result of coordination or circumstances?

### INGOs

- The coordination problem was with NGOs – the UN coordinated, donors coordinated, big NGOs coordinated. Small NGOs were a big coordination problem. People wanted to declare the relief period over so that they could control these small NGOs.
- Each organisation wanted to 'present itself', leading to overlaps and gaps. This flag-flying is still happening except for agencies who attend OCHA meetings. 100s of NGOs would show up in one house, eager to find information (get their assessment).
- Should the NGOs who refuse to coordinate be there? Do they have a place? Of course, the conflict at the beginning made it difficult to access areas and people didn't know who to contact about access. Is it the government's responsibility to send organisations away if they won't coordinate? The problem is that BRR is new and it's not clear how it works.
- Visa difficulties hindered coordination too (this made life particularly difficult for NGOs; this changed when BRR came into existence).
- The government was not happy with so many organisations running around and wanted to keep control on who was around due to the previous conflict situation. The government wanted to 'make selection, but it didn't have enough information. It therefore wanted OCHA to do this.'
- No INGO forum at all. ICVA tried to organise this, but no one took it up. Among the larger NGOs, there was some coordination – with only one NGO identity from the same network coming to meetings. But there was no central coordinating body for the NGOs. You had different kinds of NGOs, those with experience in humanitarian work, small NGOs, and very small NGOs.
- Staff turnover impacted on these efforts, too. This latter point was very problematic. People leave their personal email addresses rather than organisational addresses, and this makes it harder when someone leaves. None of the people on the HIC information list are still in the area.
- World Vision said they found UNICEF's coordination role positive, and that getting the baseline in health and nutrition was 'well organised and coordinated'.
- Once organisations have found their niche, it becomes less interesting to be coordinated 'as at that point they just want to get on with their work.' Coordination isn't two way: people come for information but don't share in return. Meetings are therefore becoming less and less interesting as no-one is providing any information.
- The vice president said "Please come and just tell MFA how many people you have – they even waived visas and tax." This was a unique situation where (because NGOs had so much money) they could just go and do what they wanted.
- The DEC group coordinated between themselves.

**On balance was it good or bad for the people that all these different NGOs came in, even if what they did was not always completely sensible.**

- I think that the overall impact is positive, because foreigners could go to Aceh. Peace is one of the consequences, and I think it is a good impact.
- It may be that the small agencies consumed resources that restricted the flow of useful assistance. Goods and supplies were standing rotting in the sun. The tsunami was high mortality, and low casualties. In Nias you actually had search and rescue. Lives were being saved in Nias, but not so much in Banda Aceh. On the large scale in Banda Aceh, it was more about sustaining life rather than rescuing.

#### National issues

- The bi-location of coordination (Medan and Aceh) was a problem. Medan had more logistics capacity. It was easier to get flight clearance for there. There were hundreds of flights; it exceeded the capacity.
- You can't forget that local government capacity was destroyed, which had an enormous impact. Satorlak: collapsed in the initial phase; government had to send a special team to re-establish it.
- District health authorities who are responsible for health coordination do not want to coordinate; neither does provincial government. They don't see the need.
- The government was concerned that some agencies were using the tsunami to raise funds.
- In BA the provincial military took action in the first days, but then the military came from Medan and Jakarta and Pandam.
- People were flying in with Ilyushins with 20 staff – had to land in Malaysia because they could not land in Polonia Airport [the airport in Banda Aceh]. They could easily attend 20 coordination meetings because they had nothing else to do.
- General Bambang was responsible for the logistics system. For permissions it was Pambeng or Panglima? (TNI?) Sometimes they get approval from the President.
- The Colonels at Meulaboh and Banda Aceh etc. were all given authority to coordinate things on the ground. Meulaboh was out of contact for a week.
- The collapse of the system in Aceh, coupled with decentralisation, led to chaos, because people did not know where their authority started and ended. No one knew (even with the Government) whom decisions rested with until the change from emergency to relief and the setting up of the BRR.
- You had central Government sending senior officials to Aceh, but these were taking decisions at odds with those that had been taken by the Bupatis (local governors).

#### Coordination meetings

- We hoped that the UN would have one person to coordinate and that Local Government should be able to direct NGOs. However, during the emergency you need direction and not coordination – you need power to do that.
- [Local NGO]: I think that we would do the same again if we had another disaster. Medan – the meeting started at 8am till after noon. In Medan no one was providing information on logistics. The UN did their best by providing the place for people to meet, but provided no information. I was mostly ignored because I am national, as well as being young. Maybe the local people are always second class. Everything was OK until the expats came. The expats did not want to be coordinated by the local authority. That started the mess.
- There were 8 (or 9) to 11 evening meetings every evening. This was the main source of information. [It was] the first time the INGOs came to Aceh. IOM came with USAID and AusAid. OCHA telephoned Bappenas. The UN had a quick response. The situation is difficult to explain.

#### **Why would you go to any meeting?**

- [Local NGO]: Because I wanted people to know that our organisation was there. I made a flight on a Herc to BA for only two minutes on Air [ie, to speak].

#### Lessons

- Need to have common assessment teams who are ready within days.
- Bring in M&E people right at the beginning of the response.
- It is best to have sector coordination: eg, NGOs, govt agencies, but in each sector. Agencies operate across different districts and all their energy is taken up working across many sub-districts. It might therefore make more sense to concentrate work in less districts rather than across many.



## 4.3 Needs Assessment Working Group

### 4.3.1 Key Points from the Discussion

- Institutional memory is no longer in Banda Aceh. Many people, who were here at the beginning of the year, are now based in Jakarta or back at the various organisations' headquarters.
- There was no real base for assessments. E.g. health staff also suffered in the disaster. There was no coordinated effort to exchange information about all the assessments being done at the beginning. Most NGOs have their own agendas or areas of interest which are reflected in 'the angle' they have on specific needs assessments. There were around 180 NGOs, each did its own needs assessment in a more or less systematic way.
- Needs were so great at the beginning that you did not really have to make priorities: anything you could do was important. It was also felt that there was no time to make assessments, it was just 'go ahead', maybe based on previous lessons learned and past experience within the organisations on what to do and how to do it .
- The 'normal sequence', where you start with a needs assessment and then proceed to fund-raising on the basis of that, was not necessary; most organisations had almost immediately plenty of funds and could proceed at once with operations.
- Assessments carried out at the outset were more about infrastructure and less about health, i.e. about what was damaged and in need of repair. Organisations started often first with infrastructure because that was a way to spend money fast. Other things came later, i.e. what the organisations wished to do in relation to their main objectives.
- The NA actually carried out were to a large extent dependent on physical access to locations. Roads were heavily damaged and this plus access to transport influenced the outcome of the assessments.
- The UN agencies carried out a joint NA regarding health. A rapid assessment was used as the basis for the Flash Appeal and by organisations to make the initial workplans. Then followed continuing assessments and the re-aaption of workplans.
- Also regarding health issues, drugs are a 'nightmare'. So much was delivered that was not relevant or useful. Much had to be destroyed, partly because of inadequate storage facilities.
- Gaps: possible gaps were largely because of access (damaged roads, lack of transport). Food was well 'attended'. Sanitation was/is a major problem. In some cases there was appallingly inadequate design of toilets/latrines when cultural aspects, particularly in relation to women, were ignored.
- The Indonesian Defence Forces (TNI) provided excellent information from an early stage.
- At a later stage operations were partly hampered by crowding at certain locations by several organisations. Months of negotiations were necessary to enable the response to continue.

#### Case Study: Three UNFPA staff feedback on their experience with needs assessment in the first three months

Aceh was a new experience for us. In the beginning after the Tsunami we understood that we should do some assessment to assess the needs but did not know how we should do it. We were working in Ambon and West Kalimantan. But these were not acute emergencies. It was a new experience to deal with very big disasters.

We ended up making a distinction between the first 10 days when information is gathered in a very unstructured way and later on when things are more structured. I was just looking at my phone and I saved the following assessment SMS on January 4th: "Public Hospital not working, one private and one military hospital serving whole city. Only 3/6 clinics operating. 70 out of 300 health staff have reported for work. Women's focus group highlights need for sanitary napkins, scarves and long sleeves." Scarves and long sleeves were needed so that women could leave their tents to access aid. We found they could not access even our hygiene kits as

they could not leave their tents to go to the distribution as they had no head or arm covering.

SMS was the only means of communication. For example: "In the airport searching for the assessment team – so many people, army camps, choppers etc." Communication was very difficult. We were told that the team for Australia was arriving to do a comprehensive assessment and that we should join them. We waited the whole day at the airport for them.

USS Abraham Lincoln was the base for the most effective assessments [Inter-Agency Rapid Health Assessment Team (IARHAT) – has Donor, UN, NGO, and US military personnel]. They [unusually for assessment teams at the time] shared their assessments made by flying off the USS Abraham Lincoln. In the first few days every organisation did their assessments individually. Agencies did not share – it was very chaotic. Communication was hindering the work of the organisations. The tendency was that each organisation could assess the same things that other organisations had assessed.

Every organisation has their own priorities and mandates, but the same questions were repeated many times. Only Banda Aceh and Aceh Besar were the only areas accessible. After the first week OCHA and the UNDAC team were taking the lead. We could not rely on the Government because Govt had collapsed. We tried to lead on RH [reproductive health] and psychosocial issues.

UNFPA's first reaction was to send kits. We sent four people for the rapid assessment and one person for HQ. We were using the UNFPA guidelines for assessment. Transportation was a problem, so we could only go to some very limited areas. UNFPA looked at vulnerability, RH and gender. There were no cars in Banda Aceh – they were hard to get and very expensive. At the start we had to bring cash as the bank took several weeks to open. The Roads were closed other than in a very small area. Even to move from the airport to Banda Aceh took ten times the usual price.

The findings we SMS'd to Jakarta; also did telephone calls, but SMS was far more reliable. Only one service provider was working at that time.

In UNFPA the workplan and decisions were based on findings. E.g. we bought sanitary napkins and sent hygiene kits in response to needs. We sent 1,000 – 1,200 personal hygiene kits, but we found that they were not accessible to women as women could not go outside as they were not properly dressed.

UNFPA formulated the flash appeal based on the initial quick and dirty assessment. We used the information as a base for the flash appeal. We were quite successful getting money. We got 80% of our total flash appeal. We got \$US16m out of \$US20m. The best donor support was for hygiene kits and reproductive health. UNFPA was not in the Abraham Lincoln assessments. Findings were always communicated to the Abraham Lincoln. The Lincoln was doing the assessment along the west coasts.

We had to consider the quality of the information. We only went to a few camps. If people read the report, they might have questions about the methodology – the sample size is small. Maybe the sample size is small but we know that the needs were high. Did the needs assessment reflect real need. The gap is on RH but that is an Indonesia-wide gap, and not just from the tsunami.

The actors that we were dealing with – the ministries. For psychosocial support – people tend not to talk about it. They are more willing to talk about RH than about need for psychosocial support. We cannot go beyond our mandate.

What we could say from the assessment was an analysis of the capacity of local institutions. We concluded that so many nurses, doctors, and midwives are needed and that we need to get these health staff from other parts of Indonesia. At the end this activity created tension between Jakarta and Aceh. They said that they did not need more doctors. We don't know whether they did not need them or just did not want non-Acehenese doctors. The health chief said stop – we don't need more doctors or midwives from outside Banda Aceh. But nobody was prepared, and a lot of Local Govt officials were very worried about their own situation. We could not talk about SGBV [sex and gender based violence] because people would talk about traditional models (interview room etc) rather than basics like water.

There was a gender working group but it is questionable if it was working. Gender was an issue in Aceh (everything was an issue in Aceh). Just a week before there was a meeting at the ministry where UNFPA went to ask for access to set up crisis centres. Gender is still an issue in Aceh. For example, there is no access for antenatal care. Also, basic health needs were there even before the Tsunami. For Aceh we did not need a very in-depth assessment as we knew what the needs were before. One thing we needed to know was how the population structure had changed, if at all. We conducted a census to see what the distribution of population was. It was an issue of need assessments rather than "new needs" assessment.

**If you could redo this again what would you do differently?**

I would consult more with other institutions and share more with others – we might even get the information without doing the assessment ourselves. Internally we have to do more capacity building among UNFPA staff.

**Why not UNFPA involvement in IARHAT?**

Unicef, WHO and UNHCR were already there. It was not only UN agencies, it was Government as well as UN, NGOs and Donors. I went to the initial IARHAT debriefing and found that lots of the issues were about maternal health. Even Clinton said that he had not even thought of the needs of pregnant women – agencies need to understand the need.

**You use the UNFPA assessment tools – how useful are they?**

Useful, but I suggested changes afterwards. I did a summary to be used in the field. There are also IASC guidelines on Aids in Humanitarian Situations. Overall, what was surprising was the attention from the global community. We also met a group of women providing hair dressing and beauty treatments. National response was also surprising. Aceh is very special because of the political situation and everything else. Even Indonesian Staff needed special permission to go to Aceh.

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