Tsunami Evaluation Coalition

The role of needs assessment in the tsunami response

July 2006

Tsunami Evaluation Coalition

TEC

The Tsunami Evaluation Coalition (TEC) is a multi-agency learning and accountability initiative in the humanitarian sector. It was established in February 2005 in the wake of the Indian Ocean earthquake and tsunamis of 26 December 2004.

The TEC is managed by a Core Management Group (CMG) of agencies and TEC staff are hosted by the ALNAP Secretariat. The CMG provides general oversight and direction for the TEC on behalf of its wider membership. Since February 2005 CMG members have included representatives from: *Donors*: Danida, SDC and Sida; *UN agencies*: FAO, OCHA (Chair), UNDP, UNICEF and WHO; *NGOs/Red Cross*: CARE International UK, AIDMI, IFRC and World Vision International; *Networks/research institutes*: the ALNAP Secretariat and Groupe URD.

The TEC has three main aims:

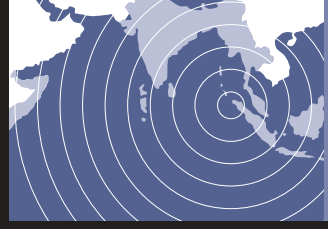
1. To improve the quality of humanitarian action, including linkages to longer term recovery and development.
2. To provide accountability to the donor and affected-country populations on the overall tsunami response (from the point of view of TEC member agencies).
3. To test the TEC approach as a possible model for future joint evaluation.

More information on the TEC can be found in the TEC's Synthesis Report and on the TEC's website: www.tsunami-evaluation.org

The TEC's thematic evaluations

This evaluation is one of five thematic joint evaluations undertaken by the TEC. The other four studies in the series comprise: coordination of international humanitarian assistance in tsunami-affected countries; impact of the tsunami response on local and national capacities; the funding response to the tsunami, and links between relief, rehabilitation and development (LRRD) in the tsunami response.

This evaluation is published alongside these other four studies together with the TEC's Synthesis Report, making a set of six. The Synthesis Report draws together learning and recommendations contained in these TEC studies as well as over 170 additional reports.



The role of needs assessment in the tsunami response

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Management of the evaluation

This evaluation was managed by representatives from FAO, SDC and WHO.

To assist these agencies with the implementation of the evaluation, the International Centre for Migration and Health (ICMH) was contracted to facilitate administrative and logistical support.

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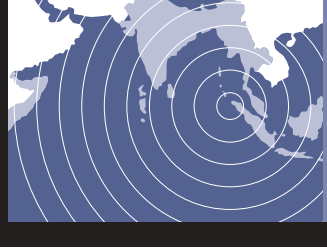

Acknowledgements

An evaluation report is typically as good as the people interviewed during the evaluation. We are grateful for the patience, dedication and openness of the many affected individuals and humanitarian national and expatriate workers met by the evaluation team. Flooded with visitors, they shared not only their valuable time but also their views and experience – giving us insight into how they would like to see the humanitarian system working for the benefit of the affected populations. Many of the ideas in this report reflect those expectations.

We would like also to thank officials of the Province of Jakarta for their contribution in helping the team better understand needs assessment and decision making at national level in Indonesia. We hope that this report will encourage the international community to strengthen as well as increasingly depend on the national capacity of both government and civil society to assess and prioritise needs following future disasters.

The evaluators express their appreciation for the excellent support received from the staff of the agencies in the Steering Committee (FAO, SDC and WHO) as well as the International Centre for Migration and Health (ICMH) at headquarters and field level. The Steering Committee members and the coordinators of the overall TEC evaluation, through patience and understanding, have demonstrated their confidence in a fiercely independent team.

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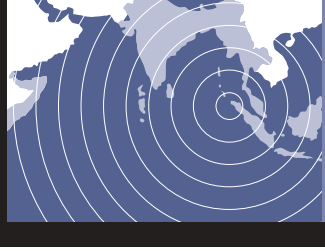
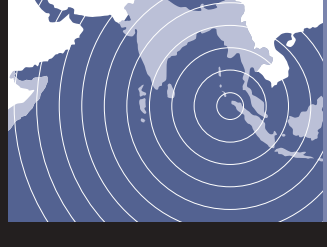


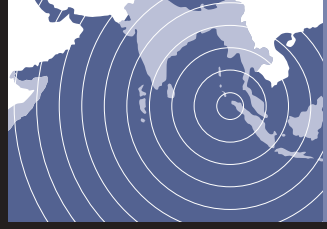
Contents



Acronyms and abbreviations

ACF	Action Contre la Faim
ADB	Asian Development Bank
ALNAP	Active Learning Network for Accountability & Performance in Humanitarian Action
Bakornas	Indonesian Government Disaster Management Coordination Body
Bappenas	National Development Planning Board, Indonesia
CARDI	Consortium for Assisting the Refugees and Displaced in Indonesia
CDC	Centres for Diseases Control (Indonesia)
CIDA	Canadian International Development Agency
DART	Disaster Assistance Response Team (US)
DEC	Disasters Emergency Committee (UK)
DFID	Department for International Development (UK)
ECHO	European Commission Humanitarian Office
ERC	Emergency Relief Coordinator (UN)
EST	Eastern Standard Time (US)
FACT	Field Assessment and Coordination Team (IFRC)
FAO	Food and Agriculture Organisation
HAC	Health Action in Crisis (WHO)
HIC	Humanitarian Information Centre (UN OCHA)
HPG	Humanitarian Policy Group
IASC	Inter-agency Standing Committee (UN)
ICMH	International Centre for Migration and Health
ICRC	International Committee of Red Cross
IDP	Internally displaced person

IFI	International financial institution
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
INGO	International non-governmental organisation
INSARAG	International Search and Rescue Advisory Group
IOM	International Organisation for Migration
IRC	International Rescue Committee
JBIC	Japan Bank for International Cooperation
LRRD	Linking relief, rehabilitation and development
MDM	Médecins du Monde
MoH	Ministry of Health
MSF	Médecins sans Frontières
NGO	Non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
OFDA	Office for Foreign Disaster Assistance (US)
SC	Save the Children Alliance
SDC	Swiss Development Corporation
SMART	Standardised Monitoring and Assessment of Relief and Transitions
TEC	Tsunami Evaluation Coalition
TNI	Indonesian Military (Tentara Nasional Indonesia)
ToR	Terms of Reference
UNDAC	United Nations Disaster Assessment and Coordination team
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissariat for Refugees
UNICEF	United Nations Children's Fund
UNJLC	United Nations Joint Logistics Centre
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation



Executive summary

The tsunami struck the Indian Ocean region on 26 December 2004. In the 14 affected countries, over 225,000 people died or are still missing. Overall, an estimated two million people have been directly or indirectly affected, and 1.7 million of these were internally displaced.

This evaluation is one of five thematic evaluations undertaken by the Tsunami Evaluation Coalition (TEC) on the international humanitarian response to the tsunami. The other four in the series cover: coordination; the impact of the response on local and national capacities; linkages between relief, rehabilitation and development; and the funding response to the tsunami. This report evaluates the adequacy, appropriateness and effectiveness of the assessment of need in the first three months after the tsunami. It focuses on the impact of assessment on the response of international agencies and institutional donors and, ultimately, on the affected populations.

Over 300 officials or actors from over 50 agencies were interviewed for this study in Indonesia, Sri Lanka, Thailand and seven donor countries. National consultants and research associates assisted in the review of approximately 200 reports prepared in the first months after the tsunami. Non-structured interviews with 135 affected individuals were also conducted during the field visits.

There are several distinct types of needs assessment that are not easily compared:

- assessments of short-term, fast-changing and most immediate humanitarian needs, such as health, food and shelter, in contrast with assessments of damage and loss (economic valuation of recovery needs)
- cross-sectoral assessments versus more specialised thematic or sectoral surveys
- formal, structured and often scientific assessments as compared to descriptive compilations fuelling situation analysis
- assessments available or intended for general, common use as opposed to those left unshared and kept for internal agency planning.

The main body of this report reviews assessments intended to influence the decision making of the international community at large. Most findings focus

particularly on UN or interagency reports, as needs assessment from the Red Cross movement were not formally available to the evaluators. Selected sectoral or thematic assessments – on health, water and sanitation, food and nutrition, livelihood recovery (in particular fishing) and shelter – are reviewed in greater depth in the annexes to this report.

General findings

The following criteria are used to describe the needs assessments: timeliness, coverage, validity, coordination and continuity. The effectiveness of needs assessments is reviewed in terms of added value, dissemination and influence on appeals and decisions.

Timeliness of humanitarian needs assessment was determined by the capacity of the agency to identify qualified personnel, mobilise logistical means and inform the decision makers on the magnitude of need. Many actors rushed to the affected areas in an attempt to identify the most urgent needs of the affected population in Indonesia and Sri Lanka. The mass media, not the UN or another humanitarian body, was able to provide early and 'convincing' comprehensive formal assessment of immediate needs. If the timeliness of UN and Red Cross assessments directed to a broad audience was questionable, the assessments carried out by agencies for their own planning were, by design, timely, as decisions were dependent on the outcome of those assessments.

Needs assessments for recovery, especially the damage and loss assessments carried out by the international financial institutions (IFIs), were remarkably early compared to what has been achieved in other disasters. In Indonesia, recovery assessments were initiated within days of the tsunami.

Providing comprehensive coverage of needs was difficult, given the geographical scope and magnitude of the impact. In fact, no cross-sectoral humanitarian needs assessment covered all affected areas even in any single country. Wider geographical coverage was achieved in thematic humanitarian surveys (on nutrition, food and disease surveillance) and in specialised livelihood assessments (on food and shelter, for instance) but coverage was best achieved by the economic macro-assessments of damage and loss.

Little information on methodology is available to judge the validity of the many needs assessments reviewed. A few shortcomings are evident, however: the lack of a unique format for rapid assessments; the variable definition of who is affected and eligible for assistance; and the tendency of assessors to disregard local coping capacity as if none of the needs were or would be met by national or local actors. The confusion about target population and the number of potential beneficiaries was still a major issue at the time of the evaluation (September 2005).

Coordination was best in countries with a strong government, such as in Thailand, India and the Maldives. A serious effort toward international coordination of initial needs assessment was noted in Sri Lanka where donors, UN agencies and one single NGO joined forces, and in Indonesia in the case of the inter-agency health assessment from the USS Abraham Lincoln air carrier.

Humanitarian needs change very fast as assistance pours in and priorities of the affected households shift toward recovery. The humanitarian community was not able to monitor the evolution of those short-term needs on an ongoing basis, except in a few limited sectoral areas (for instance, communicable diseases risk and, at times, food availability). Humanitarian needs assessments rapidly became obsolete.

Household livelihood needs (for example, for boats and housing) changed less quickly, and mechanisms were progressively put in place to monitor those needs in real time.

The above technicalities would be inconsequential if the needs assessments were effective in guiding the international response. Although internal assessments (those carried out by agencies for their own programming) may have been effective, assessments intended for public use by other actors were not so. The slow moving humanitarian needs assessment did not drive the initial humanitarian response. The availability of enormous amounts of funds in search of activities was the driving force.

A major weakness was the absence of any perceived added value of those humanitarian assessments for decision making. Other factors included the lack of analysis and compilation of a comprehensive picture of what the priorities ought to be, the climate of 'competitive compassion' preventing the dissemination of internal reports and data to other actors, and the extreme pressure from donors (public and government) to use the funding promptly. In brief, the mass media seems to have been the prime if not only influential source of information on needs for individual or institutional decision makers, outside the affected countries. Reports from the UN Disaster Assessment and Coordination Team (UNDAC) or the Field Assessment and Coordination Team (FACT), the UNDAC equivalent in the Red Cross system, notoriously failed to influence their respective constituencies.

As a result the international response was a poor match for the real aspirations of the people affected by the tsunami, who felt over-assessed but not consulted – as shown by the non-representative sample of households interviewed in this evaluation and the more comprehensive survey within the TEC evaluation on local capacity (see TEC Capacities Report, 2006). A notable exception was the empowerment of affected households achieved through several cash-based programmes implemented by the Red Cross and NGOs.

Conclusions

Many, if not all, of the shortcomings noted by the evaluators have also occurred in past sudden-impact natural disasters, from Hurricane Mitch in Central America to the earthquakes in Gujarat (India) and Bam (Iran). Undoubtedly, there were also unique circumstances affecting the tsunami response: the fact that Southeast Asia is an area of important geopolitical and economic transition; Aceh's civil conflict taking place in the largest Muslim country in the world; the presence of many tourists among the victims; and timing coinciding with holidays in much of the Western world. Above all, however, the intensity of media coverage and the literally overwhelming generosity of the public distinguish this disaster rather than its geographical scale, logistical constraints or the security and political environments.

Generous funding not only exceeded the absorption capacity of an overstretched humanitarian industry, and deprived it of its customary excuse for built-in systemic shortcomings, but also led to the proliferation of new actors with insufficient experience (and therefore competence) as well as to established actors venturing into activities outside their normal area of expertise. Finally, the relative excess of funding was a disincentive to assess, to coordinate and to apply the results of the few collective assessments.

This evaluation compared the performance of livelihood recovery needs assessment to assessment covering short-term humanitarian needs. Assessment in the first few days presents a formidable challenge compared to that carried out weeks later. The short life of humanitarian needs also renders assessment obsolete almost as soon as it is completed. Finally, fewer (and often more experienced) agents focused on recovery, while a plethora of often inexperienced actors organised the more immediate and visible humanitarian activities. Humanitarian agencies have much to learn from the successful approach adopted by the IFIs: expedient cooperation among all partners (above all, the national governments), significant influx of expertise and visibility, and use of teams of analysts to reconcile and compile the various sources of information.

Assessments should differentiate and prioritise between different types of need: those resulting from pre-existing conditions, those truly life-threatening, those that are better met locally and, finally, those perceived as priority by the 'beneficiaries' themselves rather than by the assessing agencies. Too often situation reports and assessments served the interests or mandate of the assessing agency more than those of the potential beneficiaries.

Assessments were carried out by a large number of organisations or teams created for and dedicated to the purpose of generating or managing information. This evaluation reviewed organisations including UNDAC, the Humanitarian Information Centre (HIC), FACT, the sectoral or cluster lead agencies, and numerous bilateral teams.

- UNDAC needs significant strengthening. Scarce human resources focused more on coordinating the large number of partners in Indonesia than on contributing to the assessment and analysis of new and useful information portraying unmet need. It is urgently necessary to rethink the whole donor-based concept of UNDAC.
- HIC is an excellent initiative in the aftermath of natural disasters. It should become part of a broader UN knowledge management capacity with a more analytical as opposed to archiving function. Documents available in HIC archives were out of date and not often of practical relevance.
- Interviews and documents received through informal networks strongly suggest that the Red Cross movement's FACT had no more impact on the decision to dispatch the Emergency Response Units (ERUs) of participating Red Cross Societies than UNDAC had on governmental and non-governmental interventions. The audience of Recovery Assessment Team (RAT) reports was restricted to the Red Cross movement. Their influence on guiding the recovery response toward the priorities of affected families could not be ascertained.
- UN agencies leading a given sector (or cluster under the new OCHA terminology) are responsible for both informing and guiding the response in their area of expertise. The direct execution of relief projects distracted some of the agencies from this primary responsibility. A contradiction between technical priorities (identified locally through needs assessment) and those adopted at policy level (in headquarters) affected the credibility of the lead agency in some sectors.
- Three international actors played an increasingly important role in the aftermath of the tsunami: the IFIs that acted earlier and with better coordination than in past disasters; the foreign military whose interventions were massive albeit costly; and of course the mass media that indirectly

influenced (and arguably determined) most of the key strategic decisions at public and government level in the Western world. Interaction of humanitarian organisations with the latter two actors was largely ineffective.

- One source of needs assessment was systematically overlooked: the national and district authorities. All international assessments relied heavily on data collected by local authorities. The weakness at national levels, especially in Indonesia, was in the validation, compilation and dissemination of these raw data. A modest external investment in building national capacity would have gone a long way toward providing a consolidated picture of needs – the 'big picture' that, in the opinion of many donors and decision makers, was sorely missing from the overall response.

Many government agencies and NGOs carried out censuses of subgroups of the affected populations. Most of the affected households in Sri Lanka are probably registered into several independent databases. Some registers are cross-sectoral but limited to the clientele of a specific NGO or Red Cross Society; others are thematic but nationwide (on agriculture, fishery, welfare, or housing, for example). A centralised common database would have been possible and far more effective.

Overall, the international humanitarian response to the tsunami was insufficiently evidence-based. Despite the weakness in needs assessment, however, the response was arguably effective. Effectiveness, in all fairness, was the least to be expected given the large amount of funds (around US$8,000) allocated per survivor. Efficient it was not. The response was often excessive in areas or sectors granting more visibility and, at times, was outright inappropriate. As documented in some sectors, the problem was not merely technical but political.

Agencies organising assessments were too often unwilling to use their findings to discourage self-serving forms of assistance. This observation leads to the most fundamental question: why invest in initial, formal cross-sectoral humanitarian assessment, if the results are mostly irrelevant to key decision making?

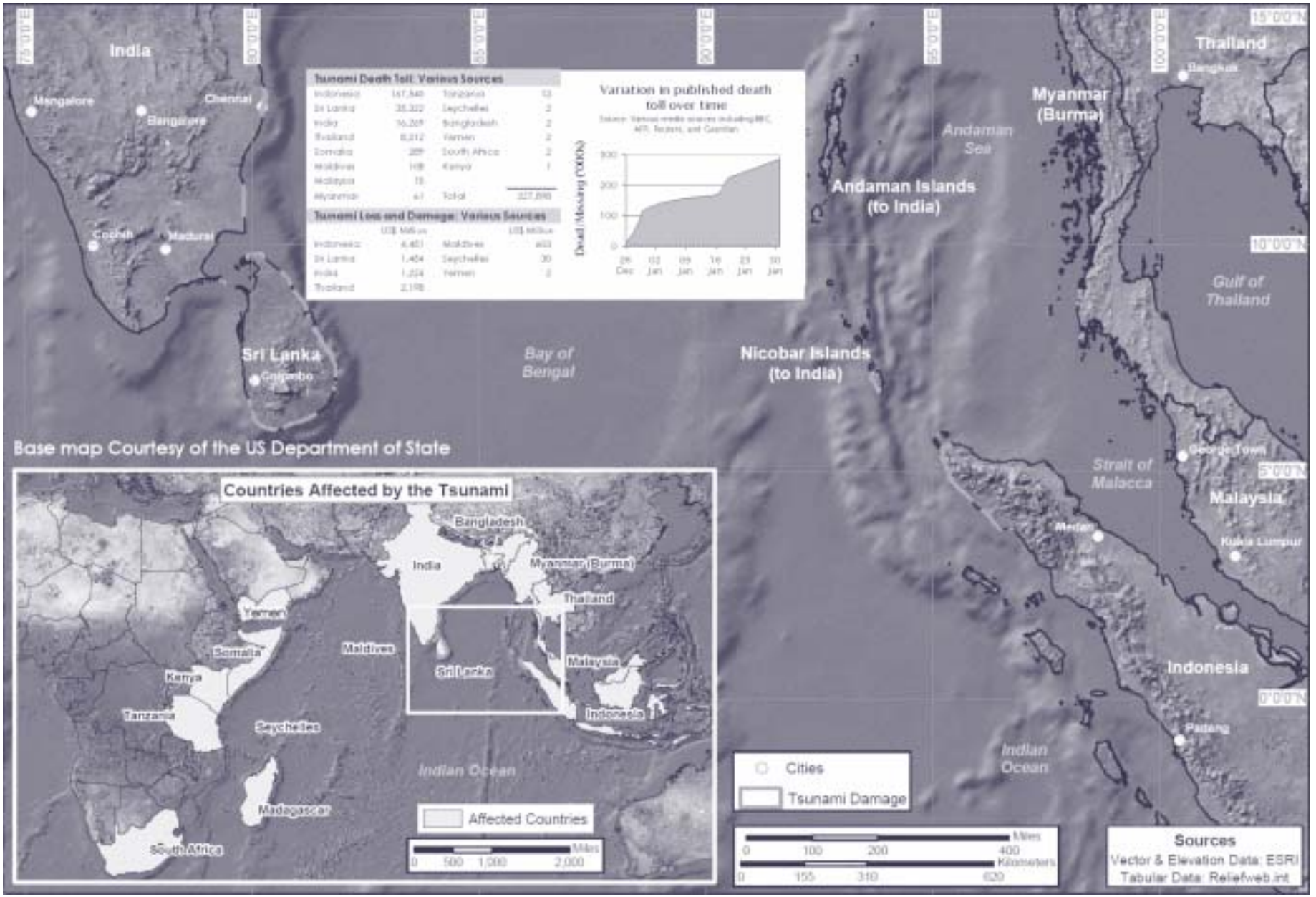
Recommendations

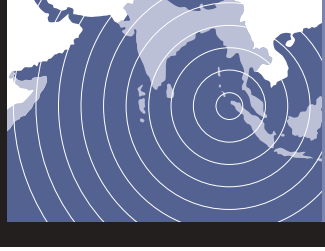
The 17 recommendations are derived from this evaluation, and suggest steps toward the following overall objectives to improve international needs assessment:

- The international community should adopt a more pragmatic approach to needs assessment (recommendations 1–5).
- Transferring back to the affected populations the power of decision making will alleviate the need for thematic assessment by outsiders (recommendation 6).
- Streamlining the many currently duplicating or competing assessment mechanisms will improve the quality of the assessment (recommendations 7–10).
- The mass media will continue to play a determining role (recommendation 11).
- New financial and administrative arrangements are essential to mobilise assessment teams rapidly and effectively (recommendations 12 and 13).
- A change of attitude is required – quality control and accountability should be brought into the world's largest 'unregulated industry' (recommendations 14–16).
- All affected individuals or households should be registered in a central database, also including details of their situation and needs (recommendation 17).

1. The UN and Red Cross should either invest massively in rapid humanitarian needs assessment or stop pretending that assessment influences decision making.
2. Donors and agencies should continue investing in early, high quality needs assessment for livelihood recovery.
3. All should invest in building national assessment capacity (preparedness).
4. Future assessment should be conducted jointly with national authorities and be the subject of formal agreement made in advance of any future disaster.
5. Initial rapid assessment with national government should make greater use of remote sensing (satellite imagery).
6. Adopt a cash-based response when possible.
7. UN and Red Cross should join forces to support the government in the rapid initial assessment of need.
8. The UN should integrate all assessment support components of its response (UNDAC, HIC, and UNJLC) into one knowledge management programme. Human and material resources for coordination and assessment should be clearly separated.
9. OCHA should increase its capacity to analyse data and provide a comprehensive consolidated and ongoing picture of the needs and gaps.
10. Specialised sectoral lead agencies should not be distracted from their primary assessment and coordination functions and drawn into direct implementation of humanitarian activities.
11. Embedding mass media representatives in rapid assessment teams should be more seriously considered.
12. Funding should be earmarked and routinely made available for rapid assessment.
13. UN procurement and recruitment procedures must be improved to secure immediate human resources and logistic support. If not possible, outsourcing should be considered.
14. Past the immediate emergency, donors should make their funding conditional upon solid assessment and a clear plan for monitoring the evolution of need.
15. The UN should improve the reliability of the estimated number of affected individuals and their needs. It should also proactively discourage inappropriate forms of assistance.
16. Assessment capacity should be one criterion in the proposed international accreditation of humanitarian organisations.
17. All affected individuals/households should be registered in a central database managed jointly by the national authorities, the UN and other international actors.

Countries affected by the tsunami





Chapter one

Introduction

1.1 Background

The tsunami catastrophe struck the region of the Indian Ocean on 26 December 2004, with the major impact being felt in India, Indonesia, the Maldives, Sri Lanka and Thailand. Several other countries were also affected including Bangladesh, Myanmar, Kenya, Malaysia, the Seychelles, Somalia and Tanzania. Over 225,000 people died or are still missing. Overall, an estimated two million people have been directly or indirectly affected, 1.7 million of whom are internally displaced (Guha-Sapir and Van Panhuis, 2005a). The earthquake and subsequent waves damaged infrastructure and destroyed livelihoods, leaving many people homeless or without adequate water, sanitation, food or healthcare facilities.

Governments and individuals worldwide responded with overwhelming generosity, in solidarity with the rescue and relief efforts of the affected communities and local and national authorities. This spontaneous flow of funding is seen by many as the distinctive feature of this disaster, and the main factor influencing, for better and for worse, the coordination and sharing of assessment information among the large number of actors present in the field.

1.2 The evaluation

1.2.1 Terms of reference

The present evaluation is one of five discrete, thematic evaluations undertaken by the Tsunami Evaluation Coalition (TEC) on: coordination; needs assessment; impact on local and national capacities; the linkages between relief, rehabilitation and development (LRRD); and the funding response to the tsunami.

The terms of reference (ToR) of this evaluation (Annex 1) focus on the assessment of need in the first three months after the tsunami and how this affected the response strategies of international agencies and donors[1] and, ultimately, the affected populations.

The analysis, findings and recommendations of this report are made with particular reference to three fundamental principles and standards:

1. The Code of Conduct Principle 2: 'Aid priorities are calculated on the basis of need alone… Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs' (IFRC, 1994, p 1).
2. The Sphere Common Standard 2, Initial assessment: 'Assessments provide an understanding of the disaster situation and a clear analysis of threats to life, dignity, health and livelihoods to determine, in consultation with the relevant authorities, whether an external response is required and, if so, the nature of the response' (Sphere, 2004, p 29).
3 The Good Humanitarian Donorship General Principle 6, which states that donors shall 'allocate humanitarian funding in proportion to need and on the basis of needs assessment' (Principles and Good Practice of Humanitarian Donorship, endorsed in Stockolm in 2003, p 1, www.goodhumanitariandonorship.org/).

1.2.2 Scope of the evaluation

The scope of this evaluation is multi-sectoral, and includes all short- and long-term needs of the population. It is limited to assessments initiated in the first three months following the tsunami. Later evaluations are discussed only when they represent a landmark and/or are addressing a needs assessment shortcoming identified by the evaluators.

The evaluation of the decision-making process triggered by the needs assessments in the first three months had no such fixed timeframe. The issue under review was whether the early assessments influenced decisions immediately (in the case of rapid initial assessment) and/or in the longer term (for instance, in terms of the economic assessment of damage).

Although the team maintained a multi-sectoral openness, it ensured a deeper coverage of selected aspects: health (medical care, surveillance of communicable diseases), water/sanitation, nutrition and food and livelihood security (especially concerning fishing) and shelter.

1.2.3 Evaluation team

Two senior international experts prepared this report. Their combined areas of expertise covered food, shelter, health, water, restoration of livelihoods and food

1 Although not always clearly spelled out in the original ToR, the focus is on decision making by international actors, including staff in the affected countries, until the time of the evaluation (September 2005). This evaluation is not reviewing whether the national response was guided by an appropriate assessment of need. Users of the report are, therefore, primarily external actors.

security, public health, infrastructure,[2] security, and gender, as specified in the terms of reference.

Two research assistants (one in Geneva, focusing on health and the non-food sectors, and the other in Rome, addressing food and livelihoods) assisted the team in desktop studies. Their task was to inventory, describe and analyse the quality of available published assessment reports through review of existing databases[3] and systematic contacts with agencies.

In Indonesia, the disaster preparedness department of the Province of Jakarta[4] arranged for the loan of four national consultants who volunteered to research the assessment data generated by the national authorities in Indonesia. Brief curricula vitae of the main evaluators and contributors comprise Annex 2.

1.2.4 Methodology

• *Inventory of the most important needs assessments*

Systematic research was undertaken by the two research assistants, the national consultants in Indonesia, the World Health Organisation (WHO) and FAO evaluators in Sri Lanka (who pro-actively requested all agencies to share their assessments) as well as by the evaluators.

• *Desktop review of assessments in Indonesia, Sri Lanka, India and the Maldives*

Beyond the methodology and timeliness of assessment, the desktop reviews lacked sufficient perspective to judge the effectiveness of needs assessments in guiding decision making. Securing unpublished documents as well as matching desk review of documents to field realities turned out to be a greater challenge than anticipated.

• *Visits to sites in three countries*

Evaluation visits were made to three sites in Indonesia (Banda Aceh, Calang and Meulaboh), two sites in Sri Lanka (Galle and Trincomalee) and also in Bangkok, Thailand. Calang and Meulaboh were chosen because they experienced delays in being reached by international assistance, despite being hard-hit areas. Three international experts visited Indonesia while only the team leader completed the field visit in Sri Lanka and carried out additional interviews in Bangkok.

• *Interviews with professionals*

Discussions were held with over 300 key stakeholders and decision makers, representing over 50 different agencies at field and regional level, as well as in international headquarters. The team combined a snowball approach (one initial contact leading to others with more institutional memory or relevance) with saturation coverage (as many pertinent contacts at all levels as possible).

2 Experience in damaged infrastructure was limited to health installations.
3 Sources included a database of 8,000 documents compiled by the TEC core team, ReliefWeb and the website of the Tsunami Humanitarian Information Centres (HIC).
4 The Province of Jakarta had no direct involvement in assessing need and therefore this involvement presents no conflict of interest in the evaluation of the performance of the international community. Three of the five consultants are civil servants of the Province, one a university staff member and one an independent consultant in Aceh.

Table 1.1 Distribution of interviews with humanitarian actors

	Indonesia	Sri Lanka	Thailand	Europe & North America	TOTAL
UN agencies	56	26	10	33	**125 (41%)**
Donors	20	9	1	24	**54 (18%)**
NGO	30	11	0	3	**44 (14%)**
Local government	29	14	0	0	**43 (14%)**
Other	30	8	2	2	**42 (14%)**
TOTAL	**165**	**68**	**13**	**62**	**308**

The team conducted semi-structured interviews with UN agencies, donors, non-governmental organisations (NGOs), national governments, and others such as the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Organisation for Migration (IOM) and other research institutions, both in the affected countries and at agency headquarters.[5] Lists of interviewees are given in Annex 3. Table 1.1 shows the distribution of persons interviewed.

Initial drafts of interview reports were disseminated to over 250 interviewees for validity checking and feedback. Dozens of agents responded with clarifications and additions. In addition, interviews and all other evaluation methods were constantly triangulated, combining qualitative analysis and discussion with other TEC teams.

• *Interviews with affected individuals*

A total of 135 persons affected by the tsunami were also interviewed in a climate of widespread fatigue, being subject to many assessments not resulting in the direct improvement of their condition. The team made a systematic effort to include less accessible locations and to achieve a balance in terms of gender. A total of 135 affected individuals or families were interviewed, 49 in Indonesia and 86 in Sri Lanka.

The results of the qualitative interviews do not merely provide anecdotal information but also convincing evidence to confirm a conclusion drawn by many of the agencies interviewed. The use of stratified opinion sampling for the focus group discussions with affected individuals or families was not possible due to the lack of time for planning and recruitment of qualified local personnel. Questions concerning the adequacy of the needs assessment, however, were included in the random quantitative beneficiary survey carried out by the TEC team evaluating the impact on local and national capacities (see TEC Capacities Report, 2006).

1.2.5 Limitations and constraints

Contrary to anticipated constraints, assessment/evaluation fatigue of the population or of humanitarian workers had absolutely no influence on the findings of the

5 Interview format was guided by the interviewee's level of responsibilities, discipline, knowledge and presence or absence in the first three months after the onset, as well as the need to triangulate information received in prior interviews. Consequently, no quantified tally of the replies or opinions was possible. This approach permitted benefit from the analysis of the situation by the interlocutors, seeking their views on possible solutions (potential recommendations) and alleviating their reluctance to complete one-way questionnaires.

present report. In order to complete the present mission, however, several constraints needed to be overcome:

- Lack of time for adequate planning and desk review of documents prior to the fieldwork (resulting in planning and review being done largely concurrently rather than in advance).
- Field visits taking place nine months after the onset of the tsunami: the rapid turnover of key staff in agencies limited the number of interviewees who were present in the first three months (this was offset by systematically seeking those individuals with institutional memory and locating them in headquarters offices).
- Restricted access to assessment reports: a few humanitarian organisations were unwilling or unable officially to share even six-month-old assessment documents (however, informal channels permitted the evaluators to collect a good sampling of those reports).
- A lack of ownership of the TEC evaluation: a few senior officials, particularly in the UN, did not see the need for an evaluation that was not directly mandated by one of their key donors; gentle persuasion was essential but time consuming in an environment 'evaluated to death' (the UN Office for Coordination of Humanitarian Affairs [OCHA] in Sri Lanka recorded over 50 evaluation visits).

1.2.6 Coordination with other TEC evaluations

The thematic division adopted by the TEC leads inevitably to some overlap between this evaluation and each of the other four, on coordination, funding, capacities, and links with rehabilitation and long-term development. Coordination is closely linked to needs assessment that, in turn, should influence funding decisions. Shelter and livelihood assessment, by definition, affects long-term recovery and development issues. Local capacity should be reflected in needs assessment.

All these interrelated issues will be addressed, as necessary, in this report. However, readers are directed to the reports of the other TEC evaluations for more in-depth analysis. Close horizontal coordination with other evaluation teams ensured that this overlap offers complementary perspectives rather than wasteful duplication overtaxing field actors or leading to conflicting messages.

1.3 Analytical framework

1.3.1 Terminology: what is assessment of needs?

'Victims' or 'affected'?

The occasional use of the term 'victims' in this report is not intended to indicate passivity and powerlessness. Although used in the Code of Conduct, the word has fallen from favour. Alternatives proposed perhaps hold fewer negative connotations, but they do not add to the clarity of the concepts. The interchangeable use of terms such as 'displaced', 'affected' or 'homeless' likewise adds to the confusion. Finally, the term 'beneficiaries' used in the ToR implies that the affected population always benefits from international assistance and is the only one to do so. In the TEC evaluations, the term 'affected individuals or households' will be used.

Needs assessment in the humanitarian context

By 'need', in the humanitarian context, the evaluators refer to those life-saving or livelihood needs that are not and will not be met by available local or national resources. Therefore, in this report, the term 'needs' refers to unmet needs.

Needs assessment is the analysis of what affected populations require in order to stop actual and/or avert imminent 'threats to life, health, subsistence and physical security' (Darcy and Hofmann, 2003, p 6). In this report, the authors use the term 'needs assessment' to refer to the evaluation of an affected population's situation, aiming to inform decisions about whether and how to provide relief assistance.

On these premises, any statement on the requirements of a population available to decision makers will be considered a needs assessment. This includes, for example, the sensational 'evaluation' by the mass media, the situation reports issued by the main actors, the results of formal systematic surveys, and a local NGO's unpublished study of malaria risk in a remote village.

Needs assessment is given many different names: some are used interchangeably while others convey very different ideas. Risk assessment typically includes the concepts of hazard and vulnerability, two separate factors whose combination determines level of risk (actual needs of the population may or may not be inherent in risk assessment). Damage assessment, generally a more straightforward economic valuation, is often translated into the financial needs required to restore a situation to a previous condition or better. Similarly, impact assessment may relate to the effect of either a shock or an intervention on a given population, and may not articulate need.

The terminology and classification developed by the Humanitarian Policy Group (HPG) will be used in this report (Darcy and Hofmann, 2003). It differentiates between non-formal assessments (user-specific and usually unstructured) and formal assessments (involving systematic data collection with predefined methodology). The latter can be divided into early warning (not covered by this report), rapid needs assessments, surveys and surveillance.

1.3.2 Immediate and longer term humanitarian needs

The needs of an affected population evolve rapidly over time, from immediate requirements for saving lives in the first days to recovery of livelihood.[6] The latter is defined as 'the way people access and mobilize resources that enable them to pursue goals necessary for their survival and longer-term well-being, and thereby reduce the vulnerability created and exacerbated by conflict' (Young et al, 2002, p 11).

Initial needs assessment by humanitarian organisations generally concentrate on immediate life-saving and relief, while assessment by those organisations whose

6 'Life-saving' in this report will be used in an immediate relief context. It covers activities such as search and rescue, medical care, feeding of famine-affected people, providing the bare minimum of water and other activities to avoid otherwise imminent death. These activities attract the mass media and the solidarity of the international community. It is recognised that many recovery activities also contribute to saving lives in the mid-term as, in fact, does much development work.

mandate includes development or technical assistance will rapidly stress rehabilitation and recovery of livelihoods. Both activities (immediate relief and recovery) are closely interrelated and overlapping. Humanitarian 'life-saving' needs typically attract more international visibility and therefore funding.

1.4 Main actors in needs assessment

Humanitarian response involves an ever-increasing number of agencies and institutions. Actors include the affected communities themselves, the local governments, bilateral or multilateral donors including financial institutions, UN agencies, hundreds of international and local NGOs, the Red Cross movement (the national society, other Participating National Societies [PNSs], the International Federation of Red Cross and Red Crescent Societies [IFRC] and, in countries subject to conflict, the International Committee of the Red Cross [ICRC]) and the local civil society as well the armed forces. Increasingly important is the role of the mass media, as well as the private sector. Each actor has particular concerns, perspectives, mandates and vested interests. Each must make distinct and specific decisions and requires particular information from a needs assessment of the affected communities. One size of assessment does not fit all.

Several formal mechanisms have been established to facilitate needs assessment and coordinate general information flow during relief operations: the UN Disaster Assessment Coordination Team (UNDAC),[7] the UN Joint Logistics Centre (UNJLC) and the UN Humanitarian Information Centre (HIC).

UNDAC was established in the early nineties by the UN. It is 'a stand-by team of disaster management professionals who are nominated and voluntarily funded by member governments, OCHA, the United Nations Development Programme (UNDP) and operational humanitarian United Nations agencies such as the World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and WHO'.[8] Its original mission was to focus on coordination of Search and Rescue (SAR) international assistance following earthquakes, explaining its affiliation with the International Search and Rescue Advisory Group (INSARAG) coordinated by OCHA. UNDAC terms of reference are attached as Annex 11.

'The UNJLC is an inter-agency logistics coordination facility for emergency response established by the Inter Agency Standing Committee in 2002 under the custodianship of WFP. The UNJLC identifies logistics bottlenecks affecting the relief operation, enhances operational planning efforts of individual agencies by assembling and disseminating relevant logistics information and coordinates the use of common humanitarian cargo aircraft' (http://unjlc.org/9639/).

The aim of the HIC is to ensure that 'individuals and organisations at both operational and strategic level have access to the benefits of information management tools to assess, plan, deliver and monitor humanitarian assistance'.[9] HIC is a common service managed by OCHA.

7 The Red Cross equivalent of UNDAC is the Field Assessment and Coordination Team (FACT).
8 http://ochaonline.un.org/webpage.asp?MenuID=10428&Page=552.
9 http://www.humanitarianinfo.org/abouthics.html).

Chapter two

Evaluation findings

The few international and truly multi-sectoral assessments conducted in the aftermath of the tsunami include those issued by OCHA, the IFRC and the international financial institutions (IFIs). In contrast to the Red Cross assessment reports by the Field Assessment and Coordination Team (FACT) and the Recovery Assessment Team (RAT) intended for an internal audience, UN reports sought to influence and inform the larger international community. In addition to these, bilateral donors (such as the US Office for Foreign Disaster Assistance [OFDA] and the UK Department for International Development [DFID]) carried out and publicly shared their own assessments, while many individual humanitarian organisations undertook geographically limited cross-sectoral assessments strictly for their own planning and programming.

Table 2.1: Criteria for needs assessment

Descriptive	Timing and timeliness
	Coverage
	Validity
	Coordination
	Continuity
Effectiveness	Analysis/added value
	Dissemination
	Links with funding appeals
	Influence on decisions

The general assessment process in the wake of the 2004 tsunami is described below using an adaptation of the Humanitarian Policy Group criteria for effective needs assessment (Darcy and Hofmann, 2003). As shown in Table 2.1, the first five criteria are mainly descriptive: timing/timeliness, coverage, validity, coordination and continuity. The remaining criteria address the effectiveness of the

assessments in terms of: level of analysis and added value, dissemination, relation with funding appeals (such as the initial Flash Appeal) and influence on decisions (whether to intervene and the scale and nature of the interventions).

2.1 Timing and timeliness

The mass media and informal situational analysis were the earliest sources of needs assessment. While humanitarian assessments were conducted late, recovery and reconstruction assessments were initiated very early by financial institutions and some NGOs.

Humanitarian assessments are defined here as those addressing issues such as search and rescue, first aid and immediate health, shelter, food and water needs required to save lives. Recovery assessment, as used in this evaluation, deals more directly with the restoration of dignity, the rebuilding of structures and the revival of former livelihoods. Livelihood can and often is addressed in the humanitarian assessment, but the focus is more on the most urgent time-sensitive needs. The management of risk is ongoing, with implications in both phases. As humanitarian and recovery assessments clearly respond to different time imperatives, they will be treated separately in this section.

The timing of an assessment refers to when it is conducted: early, less early or later in the response process that characterises the aftermath of a sudden-onset disaster. Timeliness, however, is a judgement (by the evaluators based on interviews) that the timing was or was not appropriate. Both are addressed in this section.

2.1.1 Humanitarian needs assessments

Not surprisingly, the earliest emergency needs assessment available to decision makers and the public came from the mass media. The first CNN international video coverage in the region (26 December, 7.00 EST) only showed Sri Lanka 12 hours after the tsunami first ravaged the coasts of Indonesia, making the magnitude of the damage painfully visible to the entire world. In the hours that followed, video coverage came on screens worldwide portraying devastation in India and Thailand (26 December, 16.00 and 22.00 EST, respectively). Although repeatedly referred to as 'likely the area hardest hit', Indonesia was not shown in public images internationally until 27 December at 19.00 EST, or two full days after the tsunami struck the Indonesian coasts.[10] International information on needs in the Maldives was comparatively late and overshadowed by the more dramatic situation in other countries.

Among the early formal assessments were the UNDAC team report (UNDAC, 2005) on Banda Aceh (Indonesia, 31 December 2004) and the UN Synthesised District Reports (UN, 2005) in Sri Lanka (3 January 2005). While in Indonesia, security considerations and logistics were major issues affecting the wide deployment of assessors, in Sri Lanka, the dispatch of UN assessment teams to the field did not take place before the third day after impact due to time-consuming consultation and clearance processes with the authorities. The laudable intent of the government in Sri Lanka to retain control of the international response, linked with an overestimation of its own capacity and

10 The first assessment of need made by the local mass media in Indonesia was broadcast at 17.50 on 28 December 2005 (or 5.50 EST) by Metro TV and RAPI (Amateur radio).

experience in disaster management, was been a factor of delay in both assessment of need and the coordination of the response.

Situation reports (accounts of needs and operations) were hastily posted by many agencies on international websites to benefit the wider humanitarian community. In the first week alone (before January 2005), at least 65 situational reports by three types of agencies (51 reports by UN agencies, nine by donors and five by national governments) covering at least six affected countries were posted on ReliefWeb.

Timing of the situational analysis by governments of the affected countries differed significantly. In Indonesia, the Government Disaster Relief Institution (Bakornas) produced 43 official situational reports portraying damage, needs and response activities between 26 December and the end of February 2005. The Government of India produced 13 official situation reports in the first week alone. The assessment by the Indian authorities is widely credited as timely and effective. In Sri Lanka, the Disaster Management Committee and later the Centre for National Operations (CNO) reportedly issued daily situation reports (the evaluators were not able to access these on the website due to discontinued links).[11] In the Republic of Maldives international agencies tended to be considerably slower in assessing need than were national relief efforts. For example, at days 10–12 post-tsunami, an assessment by the UN Population Fund (UNFPA) and the International Centre for Migration and Health (ICMH) was one of the first key island missions evaluating the primary healthcare and reproductive health situation at a time when many targeted programmes were underway elsewhere in the region (Carballo, 2005).

The timeliness of humanitarian assessment was an issue only for the assessors (UN agencies among others) aiming to influence the decisions of other actors, some of whom may not or cannot await this information before making important decisions. Individual agencies conducting assessment for their own internal programming and planning ensured that it was rapid and timely by holding decisions until after receiving the assessment results. For instance, in Indonesia, Médecins Sans Frontières (MSF)[12] was among the first organisations to rent private helicopters,[13] and reportedly visited 30 villages, 10 of which received some material assistance and four were selected for direct field presence. Some other agencies such as Médecins du Monde (MDM) adopted a distinct approach by first selecting locations in Aceh and then assessing needs in great depth.

International humanitarian decisions did not await the results of formal needs assessment carried out by international bodies.

The humanitarian assessments intending to influence decisions widely were largely too late to do so. This conclusion concerned both the UN assessments and the Red

11 No situational analysis by the Government of Sri Lanka was found on the OCHA/HIC or ReliefWeb sites. Three reports declaring the emergency and making a general appeal to the international community were the only reports sourced there from this government. The government did, however, put into place an elaborate census of tsunami-affected households with preliminary statistics appearing as early as February 2005.

12 The MSF needs assessments were cited by one donor as being some of the most useful. Never having been intended for the international community, only one is posted on the website and it does not appear to follow a systematic approach.

13 Logistic flexibility and less restrictive administrative and security constraints permitted MSF and MDM to mobilise air support long before the UN could do so.

Cross Movement's FACT team (Sri Lanka). To complicate matters, humanitarian assessments were not only too late but they also tended to become rapidly obsolete in view of the perpetually evolving situation. Rather than triggering new decisions, many assessments served to justify actions already underway.[14] More detail on the impact on decision making can be found below in Section 2.9.

2.1.2 Recovery assessment

Timeliness was less an issue with recovery assessments. In past disasters, recovery-needs assessment (for rehabilitation and reconstruction) has been traditionally undertaken later in the response process. Delays of one month or more before the start of the studies by financial institutions or other bodies are not uncommon. In the tsunami-affected countries, this process was started remarkably early (one week after the impact, in the case of Indonesia). Within six weeks, economic valuation of damage and recovery 'needs'[15] in Indonesia, Sri Lanka and the Maldives were completed by an alliance of major financial institutions and, in most instances, the local government and interested United Nations and NGO entities.

The Preliminary Damage and Loss Assessment was published in Indonesia (by Bappenas – the National Development Planning Board and the World Bank) on 19 January 2005. In Sri Lanka, on 2 February 2005, the Preliminary Damage and Needs Assessment, by the Asian Development Bank, Japan Bank for International Cooperation and World Bank was published. The Impact and Recovery: Joint Needs Assessment (Government of Maldives, Asian Development Bank and World Bank) was issued on 8 February 2005 for the Maldives. In Thailand, the local government did not request this assistance.[16]

Once properly assessed and valued, the estimates of damage and loss do not tend to change significantly over time. This permitted the luxury of serious analysis and compilation of data – a time-consuming process. Today, these recovery assessments by financial institutions are still serving as a universal reference for planning long-term investment.

Many individual agencies also completed their own recovery assessments within the first six weeks. The Recovery Assessment Team (RAT) reports of the Red Cross Movement (7 February in Sri Lanka and Indonesia) merit particular mention as,

14 Examples include UNICEF's nutrition assessment confirming high levels of acute malnutrition that justified WFP's supplementary feeding already underway and IOM/Indonesia's IDP preference study confirming that 17 per cent of IDPs preferred not to return to their previous homes, justifying the Government of Indonesia movement to 'force' homeless families far from their original homes/villages. Similarly, the Helen Keller Foundation nutritional survey was available long after the distribution of vitamin A was already being implemented.

15 It is interesting to note the difference in titles and scope of the three assessments by financial institutions. While the Indonesia assessment was intentionally limited to 'damage and loss', the Sri Lanka and Maldives assessments both use the term 'need' in their titles. It remains to be understood whether the documents were intended to be different in scope, and whether any difference has implications for the general humanitarian needs-assessment process.

16 A report was, however, developed as a collaborative project between the World Bank and the Asian Disaster Preparedness Centre (ADPC): 'The Economic Impact of the 26 December 2004 Earthquake and Indian Ocean Tsunami, 2005'.

despite their intended 'internal' scope, they are directed to a very broad audience of Red Cross actors and their donors. The Recovery Assessment Team (RAT) reports covered only those programmatic areas of interest to the Red Cross Movement and appear to have been widely used for fundraising and internal planning.

It has been asked whether the recovery assessments in the early stages of an acute emergency were not too early. The interviews with the affected individuals or families and the local authorities convinced the evaluators that it is never too soon to initiate recovery assessments. As it takes longer to arrange operational livelihood support, assessments need to be planned from the beginning of the crisis.[17]

2.2 Coverage

Coverage will be discussed here in geographical and sectoral terms, ending with a brief summary of thematic coverage through general gaps and duplication, and the coverage of local capacity and resilience in needs assessment.

2.2.1 Geographical coverage

No single humanitarian needs assessment by international actors was geographically comprehensive, in line with the scale and impact of the disaster.

The most comprehensive international assessment covering all affected[18] geographical areas within a country and a wide range of sectors was not a humanitarian assessment of need but rather the economic assessment of damage and loss carried out by financial institutions (as mentioned in Section 2.1.2 above). Noticeable systematic attempts to gain broader coverage included the UN Synthesised report in Sri Lanka, and updates, and the WFP Emergency Needs Assessment (in both Sri Lanka and Indonesia).

The level of government and international presence prior to the disaster, and the geographical impact on lives and infrastructure, resulted in fundamental differences between needs assessments in Indonesia and in Sri Lanka. While many actors in Sri Lanka conducted district-level assessments that were later compiled into one report, the major differences (in format and quality) among the multitude of district-level assessments rendered this compilation a challenge. No such compilation of needs assessment offering the 'big picture', took place in Indonesia.

Geographical coverage varied widely between assessments with no two covering the same number of sub-national units. In Indonesia, for example, the Bappenas/World Bank assessment covered all 22 of the supposedly affected districts. Other key assessments there covered 12 (IOM), 8 (WFP), 5 (on water/sanitation by Planète Urgence) and 4 (interagency offshore health assessment) districts. In Sri Lanka, the joint ADB, JBIC/JICA and World Bank Preliminary Damage and Needs Assessment

17 As early as January 2005, when emergency and relief activities were still being carried out, Japan allocated a budget for the missions to conduct needs assessment and project formulation on rehabilitation, reconstruction and disaster-risk reduction.

18 On the whole there was (and may still be) no consensus on the definition or number of 'affected' administrative units and people. This number – the basis for very early and repeatedly updated calculations of human need – has huge implications for relief and recovery operations and yet was never given sufficient importance in the post-tsunami needs-assessment literature.

covered the 14 reportedly affected districts[19] while the UN Synthesis compiled reports of only 9 districts. Other Sri Lankan reports covered 8 (WFP) and 3 (UNHCR) affected districts. The controversial issue of a definition of 'affected' adjusted by each government or humanitarian organisation is discussed in greater detail below, in Section 2.3 on Validity.

It is generally agreed that needs assessments overlooked pockets of geographic need, sometimes due to logistics[20] and at other times due to workload or political priorities.[21] For example, the west coast of Sumatra had no comprehensive assessment for up to two weeks post-tsunami. At the same time, many groups of people were repeatedly assessed by successive groups, which generated complaints and distrust from the communities seeing little tangible impact of those visits or surveys. This issue of coordination is discussed in greater detail in the corresponding TEC report in this series (see TEC Capacities Report, 2006).

2.2.2 Sectoral coverage

Sectoral coverage by cross-sectoral assessments was uneven: livelihood recovery and water/ sanitation were less fully covered than were health and shelter.

In addition to the multi-sectoral efforts of the UN assessments (UNDAC, OCHA), other assessments as detailed below attempted to gain a wide cross-sectoral perspective without achieving true comprehensiveness, and did not cover all sectors and/or all affected areas. From the review of all available assessments (not only those few that are truly cross-sectoral), the evaluators noted that the sectors most fully addressed include health (especially nutrition), food security, environment and the specialised technical assessments of fisheries. Those most lacking attention seem to have been water/sanitation and broader livelihoods. The sectoral findings are summarised below in Section 3 and discussed in greater detail in Annexes 6 (health), 7 (water and sanitation), 8 (food and livelihood security) and 9 (shelter). Sectoral conclusions are included below in Section 5.5.4 on lead agencies.

The Interagency Offshore Health Assessment on the west coast of Aceh falls into a category of its own. Nominally presented as a health initiative, its scope was multi-sectoral, including most aspects of humanitarian need. This assessment is discussed in Annex 5.

The estimate of potentially affected individuals or households ('the' denominator) was used in many agency-adapted formulas for calculating preliminary estimates of need. Those basic figures were either overestimated or, occasionally, underestimated. Needs regularly overestimated by early assessments include numbers of people needing food and water, and the need for homes, schools,[22]

19 The inclusion of 14 districts was reportedly due to the desire of the Sri Lanka government to spread potential recovery money as widely as possible.
20 In the Maldives, assessment was complicated by the large number of sparsely populated islands spread over large distances.
21 'In the immediate aftermath of the tsunami, the government has requested the UN to limit its activities to Banda Aceh and environs. This changed in early 2005' (OCHA official).
22 While UNICEF reports on the numbers of schools destroyed and teachers killed were accurate, in Indonesia the figures may have been misleading by failing to stress that, for instance, in Calang or Banda Aceh, the corresponding proportion of children (or more) might have been killed and therefore would not need schooling. In Sri Lanka, the proportion of damaged schools clearly exceeded the proportion of children's lives lost. The same applies to health facilities in places with high mortality rates.

clinics and boats, as well as the need for cholera campaigns and for psychosocial support services. Underestimations tended to result from focusing more on the homeless in settlements, somewhat overlooking those internally displaced persons (IDPs) staying with relatives or friends. Gender issues and differentiation were also given insufficient attention in needs assessment, except in some specialised reports issued by UNFPA and Oxfam, among others. Needs of the 'affected' people who did not lose their homes were also very irregularly taken into account. The over- or under-estimation of the number of affected persons raises the issue of the definition of who is eligible and a potential beneficiary. This issue is discussed below in Section 2.3 on Validity.

There were several reports of the same needs being assessed by several actors in one location, leading to the delivery of similar supplies and services to the same community. In a number of cases, supplies delivered to a village by one actor had already been supplied by another actor who managed to assess and respond earlier. Examples here include the need for boats, houses and schools. Although this issue may be linked to assessment, it is more one of overall coordination (see TEC Coordination Report [2006]).

The local coping capacity – put into use long before international help arrived – was largely ignored in needs assessments.

Local coping capacity in response to the tsunami has been grossly underestimated, if not disregarded, by many international assessments. The evaluators did not identify one assessment that gave due credit to the local community resilience – see TEC Capacities Report, 2006.

In the first week and beyond, surviving victims of the tsunami did not sit passively back to await international humanitarian assistance. They found ways to meet their own needs: consuming fruits and foods found inland, seeking refuge, clothing and other assistance in the public buildings or with host families and friends. Government authorities, military and private enterprises were also the first to provide immediate food rations and other assistance to affected individuals. In the most affected country, Indonesia, the earliest international assessors consistently reported some kind of relief already being systematically distributed by the Armed Forces or by numerous national civil-society organisations including the national Red Cross Society.

As well stated by the Save the Children Alliance (SC), 'in the early days, planes to Aceh were overwhelmingly full of volunteers from all over Indonesia, not international organisations and/or expatriates'. In Sri Lanka, where only a narrow strip of the coastal area had been affected, most needs were addressed by neighbours and authorities. The Red Cross FACT team reported that 'the support and solidarity reaction all over the country was tremendous, and covered all areas of possible emergency assistance'. In Thailand and India, the authorities made clear that local resources were sufficient to handle the situation. This fact could not be disputed, and external assessments became irrelevant.[23]

23 Occasionally, political or other factors may influence the statements by authorities justifying the need for external assessment.

2.3 Validity (methodology and standards)

Few needs assessments followed a standardised methodology or based analysis on recognised frameworks.

This section addresses the use of standard methodologies and formats, and discusses the lack of generally accepted definitions reinforcing the validity of the needs assessments.

In brief, formal systematic and comprehensive humanitarian needs assessment was missing from the response to the tsunami.[24] Many needs were over- or under-assessed while others were addressed but over- or under-estimated.

Although OCHA (HIC) made simplified templates available for use in data collection, they were not often known, accepted or used. Little reference in documents or during interviews was made to the UN's evolving Needs Analysis Framework (NAF), and few other initiatives existed to standardise information about need. Complaints were voiced on many levels about the general lack of common forms meeting assessment needs, as well as of guidance readily available (both inside and between agencies) to assist in initial data collection. Those agencies aware of various frameworks and standards were often unable to apply them in the rush to assess and respond.

For instance, in Sri Lanka, assessment teams from a large number of agencies were dispatched under UN coordination. Prior consultation on the use of standardised reporting forms was apparently unsuccessful, as a DFID format, the most elaborate one, was used only by the DFID team. HIC formats were usually not the norm. In Sri Lanka, the HIC website lists 31 forms for assessment produced by different agencies. These range from simplistic to the point of being useless (on psychosocial issues) to highly technical (on sanitation). Dozens of other assessments may have used good methodology but did not include sufficient information for this to be clear to readers of the few assessment reports available to the evaluators.[25]

Most relief personnel were ill equipped with information-management capacity to conduct more solid assessments. This suggests a gap between the conceptual effort made by experts in headquarters to develop detailed manuals for needs assessment, and the reality in the field. This situation, rather common in sudden-impact disasters, raises the question of the cost-effectiveness of developing detailed procedures and manuals for in-depth assessment when 'there is no user-friendly guidance or training on rapid initial assessment', and 'People on the ground had not, in general, received this orientation'.

Assessments based on solid frameworks and rigorous methodology did nonetheless occur sometimes. Those that stand out in terms of methodological

24 According to the UN Humanitarian Coordinator, this was due in Indonesia to a simple lack of effective Civil–Military Coordination Officers who could have liaised with the TNI (Indonesian military) and the foreign militaries to obtain access to their assets for assessment purposes.
25 Some reports did not even mention dates that could help link the assessment effort to updates and later decision making.

rigour include, for Indonesia, the World Bank Damage and Loss Assessment, the World Food Programme Emergency Needs Assessment, the UNICEF Nutrition Assessment and the IOM Settlement and Livelihood Needs and Aspirations Assessment. For Sri Lanka, the most methodologically sound assessments included the WFP Emergency Needs Assessment and the UNICEF/UNHCR Rapid Assessment: Concerns and Preferences of Tsunami Affected IDPs. The Government of Sri Lanka published on 1 February 2005 the impressive Preliminary Statistics of the Census of Population and Buildings of the Census Blocks Affected by the Tsunami, followed shortly by census information on populations and livelihoods affected. The in-depth technical assessments of damage and need in particular sectors, such as fisheries/aquaculture (for example, by FAO), environment (for example, by the UN Environment Programme) and water/ sanitation (for example, by Planète Urgence) were typically done by specialists using sound methodology.

2.3.1 Lack of common definitions

Due to a lack of common definitions and criteria, the numbers of affected people remain imprecise to date. Reasonably accurate figures did not surface until late, and even now are of questionable quality.

Targeting relief and recovery interventions using socioeconomic prioritisation was a huge challenge due to the difficulty of defining and describing the various sub-groups of persons in need of assistance.[26] Contributing to the confusion over assessed numbers was the inter-changeable use of terms such as ‘displaced’, ‘affected’ and ‘homeless’ (see above in Section 1.3.1 on terminology). Overall, there seems to have been an over-emphasis in many needs assessments on IDP figures as the operative denominator for programming, hence excluding other groups also severely affected.

Even the numbers of affected districts was problematic. The number of districts deemed ‘affected’ in Indonesia varies between 14 and 22 in individual assessments while the corresponding value in Sri Lanka fluctuates between 10 and 14, depending on sources. One factor of confusion lies in the challenge to target the needs of districts untouched by the tsunami but flooded with IDPs, while another lies in the level of damage and casualties meriting the title ‘affected’.

In Sri Lanka, the preliminary assessment by WFP (7–28 January) estimated that the initial caseload of an estimated 845,000 would decrease to 650,000 in March, 400,000 in April and finally 180,000 in September. At the time of the evaluator’s visit to Sri Lanka (October), over 900,000 persons had received WFP food from the government. The definition of ‘beneficiaries’ differed greatly between the government and the donor agency.

In Indonesia in January 2005, WFP documented a laudable triangulation of three methods to estimate the number of affected people. Although all three methods came up with roughly 700,000 people needing food, allowance was made for one million people to feed for six months in terms of budgeting in the WFP appeal.

26 Some of the assessments that succeeded in teasing out a few of these nuances include: IOM’s IDP Settlement and Livelihood Needs and Aspirations Assessment, and the WFP Emergency Needs Assessments. The IOM report assessed needs of IDPs in camps, IDPs with host families, host families, displaced community leaders, and women and returnees separately, thus permitting the identification of different needs per target group.

UN officials in September 2005 claimed that while programmes ongoing in April 2005 were at their new maximum (feeding over 550,000), attempts were still being made to 'reach those 1 million hungry people'.

2.4 Coordination: connectedness and consistency

With a few notable exceptions, needs assessments were single-agency initiatives not striving for coordination.

In the first week after the tsunami, few formal humanitarian needs assessments were coordinated to serve the broader humanitarian effort. The only early coordinated assessment identified for Indonesia was the UNDAC assessment of Metropolitan Banda Aceh, Quick Assessment Report (31 December 2004), conducted by representatives of five UN Agencies and three NGOs.[27] In Sri Lanka, only the Assessment of Needs of the Tsunami Disaster: Synthesised District Reports by the United Nations (3 January 2005) compiled a multitude of reports[28] in the first week, portraying assessment efforts of 17 agencies.[29]

In Indonesia, other interagency[30] collaborative assessment efforts included the offshore assessment, the World Food Programme's Post Tsunami Emergency Needs Assessment[31] and the Planète Urgence water/sanitation assessment.[32] In Sri Lanka, initial rapid assessment was a collective responsibility of several UN agencies, donors and one NGO (Oxfam).

Many single-agency assessments were conducted with the at least token collaboration of the national and local governments, whose contributions are not detailed above. Governments were the main sources for official numbers of people in need, and their contributions to needs assessment were vital. Government authorities interviewed from all levels often expressed feelings of estrangement and exclusion from consultation and interaction in the process of needs assessment by the international community.

Coordination increased in needs assessment for recovery and reconstruction. The World and Asian Development Banks, in collaboration with national governments and an army of researchers and contributing agents representing many NGOs and

27 UNDAC Banda Aceh, with JRS, MCI, World Vision, IOM, UNICEF, WFP, WHO and OCHA.
28 For one of the worst-hit districts alone, Ampara, as an example, a minimum of seven assessments were conducted within the first week by various agencies (3 led by the UN, 2 by government, 1 by a donor and 1 by an NGO). Only two of these were coordinated among three or more partners, including the national government authorities. To date, 34 separate assessments have been conducted in that district, half by UN agencies, 6 independently by the Government of Sri Lanka, 4 by NGOs and 4 by donors. Two of the 34 assessments focused exclusively on Ampara while the others focused on between 3 and 11 districts. At least 17 assessments addressed needs in one of the least-affected of the 13 affected districts, Gampaha.
29 UN Sri Lanka, with DFID, USAID, Germany, Switzerland, Italy, European Commission, France, Sweden, Oxfam, FAO, ILO, UNDP, UNHCR, UNICEF, WFP, and WHO.
30 Here, the authors considered only assessments made by at least two agencies of different types (UN, donor or NGO, and not including local governments).
31 WFP/Indonesia, with participation of CARE, Catholic Relief Services (CRS), Helen Keller International, the Mercy Corps, Save the Children Alliance and World Vision.
32 Planète Urgence, with participation of France, PDAM, Oxfam and Islamic Relief.

UN bodies alike,[33] led large-scale damage and loss assessments in Sri Lanka, Indonesia, and the Maldives (February 2005). In Sri Lanka, a steering committee of donors and civil society played an additional role in moulding a follow-up assessment into one consistent approach. Although, the Sri Lanka assessment was initiated in the first three months covered by this evaluation, the report was not released until July, pending anticipated co-sponsorship from the government.[34]

The damage and loss assessments were based on a quantified economic-valuation approach developed by the Economic Commission for Latin America and the Caribbean (ECLAC).[35] Responsibility for compiling sectoral data was shared between the banks and the corresponding lead agencies. Field visits and review by a team of local professionals contributed to validate the magnitude of the losses and improve the consistency of the data.

Compared to the economic/recovery sector, the relief community faced a huge challenge in providing a connected, consistent and comparable picture of humanitarian need to guide the international response.

Given that a comprehensive humanitarian needs assessment from a consortium of all actors was unavailable, ensuring that the pieces are properly assembled into a complete picture became all the more important.[36] Credit should be given for valuable initiatives and efforts such as the mobilisation of the HIC and the rapid activation of the UNJLC. The geographical shortcomings were particularly visible in Indonesia where logistics were most difficult.

Many single-agency assessments that were shared are based on informal or unrepresentative methodology, or sub-sets of affected areas not permitting a comparison. Assessing needs and analysing or identifying gaps was routinely neglected relative to coordination. Too few UN staff had sufficient perspective, uncluttered by the hustle and bustle of daily information needs and relief activities of hundreds of agencies, to analyse and identify geographic and sectoral gaps in a meaningful way, let alone to lobby forces to fill them. This offers a sharp contrast to the methodological approach adopted by the international banking institutions in their own assessment of long-term recovery needs, although this was admittedly very different from the short-term humanitarian coordination assigned to OCHA.

2.5 Continuity

Most of the assessments were one-time exercises without ongoing monitoring or follow-up of the evolution of needs

For the authors of the HPG report, ‘continuity’ means provision of relevant information throughout the course of the crisis (Darcy and Hofmann, 2003). In general, very little follow-up assessment, including ongoing monitoring or inventory of the flow of supplies and human resources took place in the aftermath of the tsunami.[37] There was no mention found of the Standardised Monitoring and

33 Reportedly, this group in Indonesia consisted of at least 200 individuals representing 22 contributing international agencies.
34 This endorsement never materialised although government officials were involved from the first day. It again serves as a contrast with Indonesia where the government (Ministry of Plan, Bappenas) was insisting on quick assessment and prompt release of the results.
35 WHO/PAHO (Pan American Health Organisation) contributed to the health economic valuation methodology of ECLAC.
36 Having all the pieces is part of coverage. Assembling them, as in a puzzle, is discussed in Section 2.6 on analysis and added value.
37 FAO/Sri Lanka followed up on numbers of boats and circulated the tables as early as February 2005.

Assessment of Relief and Transitions (SMART) initiative[38] that, since 2002, has made great strides in applying simplified concepts (the isolation of two variables, crude death rate and malnutrition) to monitor the evolving needs of populations served by humanitarian intervention, as well as the impact of the humanitarian response as a whole.

During the first weeks after the tsunami, an encouraging cross-sectoral achievement in continuity was the periodic, albeit modest, updating of consolidated reports on situation and needs by the UN in Sri Lanka.[39] This information was compiled by United Nations Volunteers sent by the UN Resident Coordinator to the various districts. These technical documents are noteworthy for their informality and lack of public-relations content. Another valuable and multi-sectoral spot check, entitled 'District Stocktaking Exercise' was compiled at the request of the UN Country Team on 3 March 2005, and compared the state of response to needs. However, this was not a continuing update.

In Indonesia, where logistic constraints and competitive pressure was much higher, continuity was ensured in a few specific domains such as logistics (the UNJLC provided regular updates) and other specialised topics. Not only was information rarely reviewed on an ongoing basis but an effective mechanism to follow up on the recommendations was a challenge that was not met under the chaotic circumstances.

The most valuable efforts to monitor need (for shelter by HIC, for boats by FAO) occurred very late (in June and July 2005) and are described below in Annexes 5–9 on sectoral coverage.

2.6 Analysis and added value

The lack of overall analysis of most cross-sectoral humanitarian assessments limited their added value in the international arena. Their relevance was often restricted to field operations in a given place and time.

Donors and implementing NGOs alike were clamouring for more information on needs. The sheer volume of assessment data circulated, however, was such that few found the time to salvage what may be relevant to aid their decision-making processes. As a consequence, many humanitarian actors felt the need rapidly to identify a full-time agent to archive, compile and analyse the dozens of situation reports, trying to grasp the 'big picture' and to identify the agency's niche or comparative advantage in relief and recovery efforts.

The lack of perceived added value was particularly true for humanitarian 'life-saving' interventions, as compared to recovery programmes. The contrast between the two types of assessment is not only due to the distinction between the nature of the needs (human versus economics). It also reflects the lack of compilation, time-consuming analysis and prioritisation of emergency needs in the first few weeks. The difference between the respective approaches adopted in the humanitarian sector (OCHA) and the recovery sector (financial institutions) is illustrative. The World Bank invested heavily in the mobilisation and recruitment

38 SMART Workshop Summary, 9 August 2002, and other updates (http://www.smartindicators.org/), and as described in *Humanitarian Exchange* 32 of December 2005.
39 'Mapping district-wise information: consolidated report', 12 January 2005, for example.

of a team of local professionals reviewing, compiling and matching data from various sources – an investment that OCHA did not or perhaps could not catalyse to any significant scale with its existing human resources, budget and perhaps current authority over other partners. Admittedly, the need assessments were taking place under extremely difficult conditions of time, logistics and security.[40]

Cross-sectoral humanitarian assessment did not provide the comprehensive or timely analysis required by the international community during the initial response. One step in this direction was the Synthesised District Reports as at 3rd January 2005 prepared by the UN in Sri Lanka. Although not a joint effort in collection, or a real analysis, this document did provide a compilation of the various assessments carried out by 17 bilateral or international agencies in nine districts.[41]

The contribution of OCHA, HIC and UNJLC, among others, was to provide raw material and data (information). Generally appreciated at operational levels was, for instance, the database of who was doing what and where (W3 database), despite the large number of small actors who did not collaborate and register. This information, however, was rarely packaged into timely pieces of useful knowledge to facilitate decision making.

2.7 Dissemination

Assessments from national authorities, the UN and selected NGOs were pro-actively disseminated. Others, most notoriously those from the Red Cross movement, were strictly for internal use.

Dissemination of information may take several forms, from the open sharing of the original data and field reports, to the publication of heavily edited situation reports or the mere mention of general findings during one of the many coordination meetings organised daily in each country.

At least 15 agencies were regularly posting situation reports on the worldwide web. Named ‘sitreps’, ‘fact sheets’, ‘bulletins’, ‘briefing notes’ or ‘updates’, only a few of these reports had a regional focus (as from DFID, WFP, IFRC for example) while most of them exclusively or additionally emitted country-specific reports, often one for each country separately. The majority of the reporting agencies were United Nations bodies (the UN Disaster Management Team, OCHA, UNDP, WHO, UNICEF, UNJLC, UNHCR, FAO and WFP, for example), others included Oxfam, IOM, IFRC and MAC and two donor agencies (the United States Agency for International Development [USAID], and DFID).

The profusion of situation reports created massive duplication, when not confusion, as most agencies hurried to compile a dozen mostly secondary sources into a daily update for their constituency. Few of the situation reports contributed new original data (knowledge). Developing the same baseline information for all situation reports, if not a common format/template for reporting, would certainly facilitate the work of both editors and readers.

40 In terms of security, UN agencies were at a disadvantage. Field coordinators of some bilateral agencies (for instance SDC) and most NGOs had considerably more latitude to balance security and humanitarian imperatives while, in the UN, decisions (phase of security) were strictly managed from New York.

41 Most striking in this document is that, among the 17 sources, only one was non-governmental: Oxfam. It confirms the findings of the evaluators that, by and large, Red Cross and NGO assessment data or reports were not made available for analysis and compilation for general use.

If the first original UNDAC reports (31 December in Banda Aceh and Sri Lanka, 30 December in the Maldives) have been widely available as independent pieces, subsequent UNDAC data have been accessible only within OCHA Situation Reports. Original versions of further field staff reports, generally the most informative, were not circulated. Access to FACT and RAT assessments reports was strictly limited to the Red Cross movement. Those reports were not formally available even at the time of this evaluation. This weakness of information-sharing was identical for many NGOs.

For the first time, OCHA – a facility designed for and with proven experience only in complex emergencies – activated its Humanitarian Information Centre (HIC) for a natural disaster. HIC acted as, among other functions, the depository of assessment information spontaneously submitted by agencies. The role of the HIC will be discussed below within the overall conclusions.

Decisions to intervene were not based on formal assessment. This important finding raises the issue of how much can and should be reasonably invested in immediate comprehensive data collection and analysis if the key players do not use it in their decision making process.

The contribution of the national authorities of the affected countries has not been fully acknowledged. They broadly disseminated official statistics regarding the affected populations and selectively shared the findings of their own assessments.[40] The local websites were largely consulted and their data were selectively used by humanitarian actors who usually had more efficient access to the international community.

2.8 Relation with appeals for funding

The activities submitted in the UN Flash Appeal tended to reflect more the operational needs of the participating agencies than those of the beneficiaries, as assessed.

Whether the appeals for funding from the various actors resulted from the findings of comprehensive assessment depends on their timing. Those launched by the Red Cross movement (IFRC), the Disaster Emergency Committee (DEC) grouping of 13 major UK charities and other major international non-governmental organisations (INGOs) within 48 hours of the impact could not avail themselves of any result from a formal humanitarian needs assessment. This does not imply that these appeals were not reflecting genuine needs of the affected populations. The evaluators consider it appropriate to anticipate needs once the magnitude of the disaster is known, provided that this is a professional projection without undue influence from what an agency wishes to do.

The regional Flash Appeal was launched on 6 January 2005 (well before any overall assessment of needs was compiled in Indonesia, and a few days after the first published compilation in Sri Lanka). Only in the case of Sri Lanka, however, was the lack of needs assessment to guide the appeal process acknowledged.[43] If the initial appeal could not avail itself of the results of formal assessment, the revised consolidated appeal in mid-2005 was largely based on the numerous assessments carried out in the first six months.

The time gap between the Red Cross initial appeal and the UN Flash Appeal resulted more from the cumbersome process of reconciling the priorities and concerns of

42 Most of the valuable Indonesian data were not immediately available in English.
43 According to a footnote in the Sri Lanka chapter on the Flash Appeal, 'this document has been prepared in advance of the detailed and formal publication of the results from the district and sectoral needs assessment'.

large UN organisations and of their many programmes, than from the need to collect additional evidence and data. In fact, a senior UN official confirmed that 'with the pressure of the Flash Appeal, there was no time to dig for more data'.[44]

In light of the minimal impact of detailed assessment on the preparation of the Flash Appeal, there is potentially a real benefit in issuing such an appeal within a few days after the onset of an emergency, as done by other humanitarian actors. Following sudden-onset disasters, the UN Flash Appeal should be truly limited to the initial response (life-saving activities carried out mostly by actors already on-site, and initial assessment planning for livelihood recovery). Further funding should be contingent on the presentation of a well-executed, comprehensive, formal needs assessment (including a component for monitoring), and better-researched projects.

2.9 Influence on decisions

The slow-moving humanitarian needs assessment did not drive the initial humanitarian response. The availability of an enormous amount of funds in search of activities was the driving force for the earliest decisions.

The technically best and most timely assessment is an exercise in futility if it does not ultimately benefit the affected households through more efficient or effective assistance. Whether decision making to this end has been influenced by needs assessment could only be appraised through interviews with key decision makers at field and headquarters levels.

On the recovery front, the effectiveness of economic assessment is measured over years, rather than the three-month period covered by this evaluation. In the short term, Bappenas/World Bank considers the Multi Donor Trust Fund to be a direct result of their Damage and Loss Report, as was the Government of Indonesia's Master Plan. The impact on key humanitarian decisions –whether to intervene, the scale of the intervention and the resource allocation – is reviewed below.

2.9.1 Decision on whether to intervene

The effectiveness of any formal multi-sectoral assessment on decisions to intervene is difficult to ascertain. From the many interviews carried out for this evaluation, it is clear that the driving force for decision making at headquarters level in donor or humanitarian institutions has been predominantly the massive media coverage and political or institutional factors. Few if any agencies (donor or humanitarian) could afford to wait for a preliminary assessment before committing to visible action. Immediate response was a matter of survival for humanitarian organisations in an environment of 'competitive compassion', to use the expression of a senior humanitarian official.

For instance, in Sri Lanka, organisations with a strong pre-tsunami field presence such as CARE, World Vision and others, elected not to conduct a formal assessment in the early phase in some heavily affected regions, in favour of

44 The initial Flash Appeals accounted for the proposed projects of 40, 16 and 7 agencies in Indonesia, Sri Lanka and the Maldives, respectively. The Flash Appeal represented significantly more INGOs in Indonesia than in Sri Lanka (even more INGOs than UN agencies contributing projects, compared to no contribution from an NGO in the Maldives). However, several interlocutors reported that contributions to entirely separate INGO projects were often reported by donors or OCHA as a result of the Flash Appeal.

launching response activities immediately.[45] In fairness, the magnitude of the suffering and physical devastation were justification enough for an immediate and generous commitment of humanitarian assistance. Waiting for the full picture was not a politically realistic option in the first weeks. As the director of a bilateral aid organisation said, 'we had enough information to make the appropriate decisions'.

2.9.2 Decision on the scale of intervention[46]

Deciding to intervene and express solidarity prior to an assessment is one thing. Deciding on the scale (budgetary envelope) and, more importantly, on the nature of intervention without the benefit of evidence is another matter.

International assessment should play a key role in guiding external response in the initial humanitarian phase. The effectiveness of early assessment in guiding the scale and nature of the response of the larger community remains a controversial subject: from the rather simplistic view of an OCHA official that 'the abundance of funding is proof enough of the international impact of the rapid assessment carried out by UNDAC' to the pragmatic view by many donors such as the European Commission Humanitarian Office (ECHO), DFID or USAID and NGOs that UN assessments had 'a negligible influence' on their early decisions.

At the bilateral level, major funding decisions were taken long before the UN was in position to provide a complete picture of the actual number, location and situation of affected people. UN situation reports (and those of other main actors) have, however, served as general endorsement or confirmation of the magnitude of the disaster. This official vetting was regarded as useful by donor countries' disaster managers faced with decisions made at a more senior level.

A few actors attempted to apply the Good Humanitarian Donorship principles or the Sphere guidelines of 'allocating humanitarian funding in proportion to needs and on the basis of needs assessments'. This commendable decision came with a penalty, as those agencies have been the object of criticism. For instance, ACF in Sri Lanka reportedly conditioned its fundraising and response on the completion of a more systematic survey in the East Coast, a region where many relief actors were already present. This approach was not well received by their traditional donors eager to commit funds.

Similarly, Canada awaited needs assessment before making significant follow-on decisions. Sharply criticised by the public and the national press for the 'embarrassingly and grudgingly' slow scale-up of their funding pledges ($1 million, $3 million, and $40 million in the three days following the tsunami, and finally $425 million total announced on 10 January 2005),[47] key decision makers held firm and publicly justified the funding rhythm as directly linked to the completion of adequate assessment of needs. The TEC evaluators greatly appreciate the courage of the few who have tried to prioritise reason over emotion and effectiveness over public relations.

45 Concerning the Emergency Response Units (ERUs), the author of the Fact report concluded that their 'deployment together with FACT does not make sense because needs have to be established first'.
46 See the TEC Funding Response Report (2006) for more detail on this subject.
47 Other early pertinent funding decisions of the Canadian government included a matching process whereby all private contributions were met with an equal match from the government, and the programmed use of the financial contributions in the region over a period of five years instead of restricting it to the relief period immediately following the tsunami.

2.9.3 Decision on the nature of the intervention

Past the few days when life-saving is seen as justification for immediate non-evidence-based response, the nature of interventions should be guided by the results of ongoing assessment to fine-tune the offer to the real demand. This requires authoritative prioritisation among conflicting priorities, which was rarely (if ever) present in the tsunami response.

Deciding to intervene and express solidarity prior to an assessment is one thing. Deciding on the scale (budgetary envelope) and, more importantly, on the nature of intervention without the benefit of evidence is another matter.

Allocation of resources is a difficult process in the absence of solid impartial evidence. Did the cross-sectoral needs assessments assist decision makers in prioritising among the competing requirements of sectors or special groups promoted by specialised NGOs or UN agencies?

Observations in Indonesia and Sri Lanka suggest that this function of arbitration has been lacking from both the government (which was practically marginalised) and the UN. Lack of technical sectoral expertise and authority of OCHA over other humanitarian actors led this office to aggregate the sectoral requirements without proactively assigning priorities to promote areas with greater need and to discourage highly visible and popular, but largely ineffective or counterproductive, interventions. Were OCHA to try and assume this prioritisation role, it might have been criticised by UN agencies and NGOs and would probably have found little support from donors within the very politicised and competitive environment. Nevertheless, past the life- saving emergency, relief effort must be coordinated by an overall national and/or international entity. The free-for-all attitude in those two countries brought only chaos.

In the Maldives, Thailand and India, the limited need for external humanitarian support (as opposed to funding for recovery) and the existence of a strong leadership from the national authorities effectively provided guidance (authorisation) for external interventions. In India, while some of the international assistance offered was initially declined, immediate assessment efforts in affected regions were lead by the government in collaboration with NGOs.

Donors received insufficient guidance on what to do first and also, more importantly, on what not to do. Discouraging some interventions is not without risk. For instance, the OCHA assessment that search and rescue teams were not required after the March earthquake in Nias (Indonesia) was not well received by some donors. Nevertheless, a clear statement of the absence of a need has been mentioned by donors as the most valuable contribution of assessment. The clear statement on 29 December from the Sri Lankan government that medical teams were not needed was praised by DFID, but did not stop many ad hoc medical teams from flooding the country and adding to the chaos.

With few exceptions, major bilateral donors relied primarily on the advice of 'their person in the field' for further allocation of resources. In other words, the most significant value-added of UNDAC and other assessment teams was achieved through personal contacts and sharing of information at field level with representatives of donor agencies, rather than by the issue of sanitised situation reports by headquarters.[48]

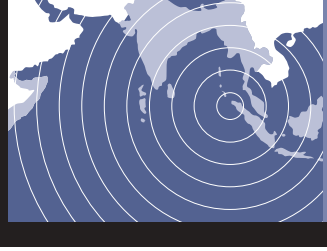
Probably the more critical shortcoming of assessment as an influence on decision making has been the lack of continuity in the overall assessments. Needs identified

48 The use of field information by OCHA HQs was felt by the UNDAC team in Sri Lanka to 'represent inadequately the information provided'. A similar concern related to the gap between the technical advice of professional staff and policy statements made by HQ was reported in WHO.

at the time of the assessment were, mostly, rapidly met by donors and NGOs eager to find a suitable use for the large funding made available to them. Lack of time, resources or perhaps priority to maintain an ongoing regulating/monitoring mechanism to match needs with pledges resulted in excessive response in favourite areas, and areas likely to consume funds most expediently – construction of structures, donation of medicines, equipment and boats among others.

Regarding the individual assessments made by agencies, the TEC evaluators have only anecdotal information on the extent to which they actually influenced internal planning and decision making. This information suggests that individual assessments were used in decision making.

CARE India, for example, following a rapid assessment in Tamil Nadu, determined that food distribution was being adequately carried out by other groups. It then took a step back to survey which sectors were being ignored, and decided to concentrate its efforts in psychosocial health (CARE India, 2005). MSF, based on its ongoing assessment, opted to terminate its cooperation with the mental hospital in Banda Aceh (describing it as 'overcrowded with interested partners' – MSF official in Indonesia) and finally transferred its activities from over-attended tsunami villages to the war-torn centre of Aceh.



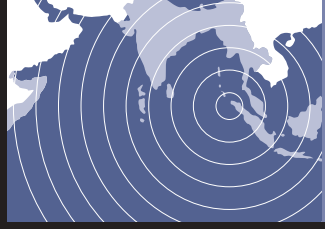
Chapter three

Sectoral assessments: summary of findings

Many agencies (UN and NGOs) have a sectoral mandate or specialism. Their assessment thus aims to focus international attention on their constituency or their particular area of expertise in order to meet the needs of affected people or communities. In each country affected by the 2004 tsunami, there was a designated lead agency – generally but not always a UN organisation – with authority to provide overall information on needs and to set priorities within each technical sector or cluster.

After the tsunami, official dissemination of formal sectoral assessment reports was generally the responsibility of headquarters, leading to inevitable delays in formal publishing. The effectiveness of lead agencies' needs assessments (and of the corresponding situation reports issued publicly) can be measured in terms of how successfully they attract resources and attention for their activities (serving the best interests of the agency), or how well-informed and well-guided was the sectoral response (serving the best interests of the affected population). After the tsunami, those two indicators conflicted, due to the absence of a strong cross-sectoral coordinating authority able and willing to set overall priorities.

To evaluate how effectively needs have been assessed and monitored, the TEC evaluators sought decisions that could be credited to specific assessments. Attributing a decision to a particular piece of information proved possible to only a limited extent. For this reason, the evaluators also adopted the reverse procedure to select a few visible or even controversial relief interventions and to seek the evidence (assessment information) on which the decision to intervene had been based. Details of sectoral needs assessments evaluated are included below as Annexes 5 to 9.



Chapter four

Effectiveness as perceived by affected individuals or families

4.1 Introduction

At every site visited, the evaluators talked with people directly affected by the tsunami. Interviews took place with individual households or small groups in their temporary settlement places, preferably outside the main routes travelled by most of the visitors: 49 adults were interviewed in Indonesia (in Banda Aceh, Calang-Meulaboh road and cities) and 86 in Sri Lanka[49] (in Kalutara, Galle and Trincomalee districts).

The questions generally covered: their actual needs in the three months following the tsunami, whether they were consulted about their needs, the extent to which their needs were met or not met, and what could have been done better. There was insufficient time and resources to conduct formal focus groups at each site, but measures were taken to ensure discussions with both women and men at each visit. Affected people were sought out from various settings: camp settlements, temporary housing shelters, and others in villages such as those remaining in half-destroyed homes or those hosting affected families. Simplified questions were also included in the questionnaire used by the TEC evaluation team looking at impact on local capacity and conducting a structured sample survey.

First, a word of caution: affected individuals or families were largely still facing considerable difficulties regarding their livelihood, shelter and other pressing issues. Interviewing them on their perceived emergency needs six to nine months previously is fraught with problems. In addition, the extent to which their needs were met may have little to do with the participative nature of the assessments (because, as stated above, the overall response of the international community had been mostly disconnected from assessment during the period covered by the evaluation).

49 Interviewees included neighbours who spontaneously joined meetings at household level.

4.2 Results

Across the board, people affected by the tsunami reported rarely being 'consulted' about their humanitarian or recovery needs. Parallel to this, they portrayed a wide range of sentiment from never having been consulted on their needs to having been annoyed by too many questions ('hundred of questionnaires'!) and little or no action on the part of humanitarian agencies. As early as March, local officials were reported to reply: 'stop assessing, we just want more programmes!'

In reality, not having been consulted is not the same as not having been assessed. Nonetheless, it is odd that almost every person encountered reports having never been directly asked 'what are your needs?' by a single agency, donor, UN or NGO. Taking an inventory of damage and loss is distinct from enquiring about perceived priorities (as needs or wants). A lessons-learned workshop in Jakarta, Indonesia noted that 'the victims were not involved in the planning and implementation of relief programmes, which resulted in aid being sometimes provided regardless of the actual needs' (Government of Indonesia/OCHA, 2005, pp 3–4). Interviewees listed their emergency needs as including food, water, clothing and shelter. Health was rarely mentioned. Few injuries and almost no fatalities were reported in the period before arrival of the first external relief (up to 14 days in some villages visited in Aceh).

In Indonesia, food was generally received within three days after the tsunami, and much sooner in Sri Lanka. The type of food was not always appropriate ('we ate noodles for the first time') and the quantity was normally less than sufficient, but it came and was greatly appreciated. On very general terms, few individuals went hungry for a long time. Between government, local traders, friends/family and relief, food supplies came relatively rapidly. Most initial assessments reported that a major and early food source was the national military (TNI) in Indonesia. This source was not mentioned by interlocutors in Banda Aceh ('selective amnesia', according to the interpreter).

Lack of appropriate clothing was regularly mentioned, together with the overabundance of unusable Western clothing. Other needs of greater concern were much longer in coming if they came at all: livelihood support and housing. Those two concerns were, reportedly, first in the minds of individuals once their most basic needs were met

Questioned on their preference to return or not to their former place of residence, the interviewees were more or less evenly split. It suggests that with time passing and livelihood recovery becoming elusive, the findings of the IOM's excellent IDP preference study in Indonesia, that 17 per cent of IDPs preferred not to return, may need to be revisited.

Representatives of local government tell a very different story. Often themselves victims/beneficiaries, when questioned about the needs of the affected population, their first reaction was one of profuse appreciation to the overall international community. Then, after a brief pause, the tone would change slightly toward criticism. One agent, when asked about needs being met, said, 'of course the

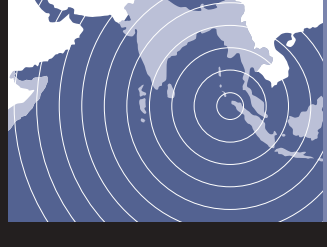
needs were met... even he who had no needs, had his needs met'. Others stressed the lack of consultation and dialogue with the many humanitarian actors.

The Sphere handbook focuses on respect for the dignity of the affected population. The interlocutors among the population were not overly preoccupied with reaching Sphere standards in temporary settlements but rather with the shortening of the settlement phase through livelihood recovery. The interviews suggest that real participation in decision making was often lacking. There are, however, a large number of individual recovery initiatives that contributed to put decision making back where it belongs, that is, with the affected individuals or households.

For example, the housing project of CARE/Sri Lanka is an extensive and expensive undertaking. Very special efforts have been made to custom-design houses to fit the taste of every community. As a result, separate specifications were prepared and a tender was sought for each community.

Cash assistance, the standard for any disaster victim in a developed country, has been introduced in many tsunami projects, often with reported reluctance from the donor. Interventions ranged from the planned replacement of WFP food rations in Sri Lanka with bank instalments (a form of assistance already in use by the governments) to the allocation of one thousand dollars per family as recovery allowance (British and Danish Red Cross, Indonesia).

In Sri Lanka, homeless households were divided into two groups according to whether they lived in the buffer zone (where no construction is allowed) or not. Only the latter were eligible for reconstruction subsidies from the government, leading to an 'owner-driven' reconstruction programme. Others were benefiting from the relocation programme whereby NGOs and donors delivered housing units of variable standards. The owner-driven reconstruction is advancing at a much faster pace, despite the modest level of the subsidies compared to the generous input of per capita resource from the international community. These and many other initiatives, respecting the dignity and freedom of choice of individuals, should be separately evaluated and promoted, if found to be successful.



Chapter five

Overall conclusions and recommendations

5.1 The tsunami: a special case?

It is argued by some that the tsunami has been a unique case and that few general conclusions can be drawn from this experience. The frequent use of the term 'unprecedented' in disaster reports is not new but its abuse in this case is, well… unprecedented. There are, indeed, a few precedents for the magnitude of the losses in the tsunami, notably the tidal wave in Bangladesh in 1970 that caused between 220,000 and 500,000 deaths in a single country. The epidemiological rigour and professionalism of the assessment carried by Sommer and Mosley in the aftermath of this cyclone is in sharp contrast to the chaotic assessments carried out with incomparably more resources after the 2004 tsunami.[50]

Many, if not all, of the shortcomings noted by the evaluators have occurred in past sudden-impact natural disasters, from Hurricane Mitch in Central America to the earthquakes in Gujarat (India) and Bam (Iran). Undoubtedly, there were also unique circumstances surrounding the tsunami: the fact that Southeast Asia is an area of important geopolitical and economic transition, Aceh's civil conflict taking place in the largest Muslim country in the world, the presence of many tourists among the victims, the timing to coincide with holidays throughout the West, the ongoing but uncompleted process of the UN humanitarian work review that had started following Iraq and Darfur, and the direct involvement of big private corporations.

Above all, however, the intensity of the media coverage and the literally overwhelming generosity of the public were the trademarks of this disaster rather

50 The use of a control group in Sommer's assessment permitted identification of the consequences attributable to the tidal wave compared to conditions before the disaster, a consideration missing in most, if not all, assessments in tsunami-affected countries.

than its geographical scale, the logistical constraints or the security and political environments. The media coverage and the generosity are positive factors in themselves but they had at least four kinds of undesirable secondary consequences.

First, the arrival of new and therefore often less-qualified actors caused problems. For every one agency attending coordination meetings or sharing professional assessment data, three or four did not do so. The high number of NGOs[51] failing to deliver on their commitments or providing poor-quality services (including housing, provision of boats, psychosocial assistance) caused resentment locally, and raised doubts among some national officials regarding the wisdom of an open-door policy on international assistance.

Second, there was strong territorial competition for visible activities among the traditional players. Competition resulting from donor or headquarter pressure seems fiercer in the presence of profusion than in times of scarcity of funds. This competition prevented broad sharing of information when it was most needed.

Third, donors 'ended up programming to meet politically motivated levels instead of funding programmes and activities based on their own or other need assessments'. With a few exceptions, most donors felt little incentive to require prior rigorous assessment before granting funding to their traditional NGO implementing partners who often had their own funding and were uninterested in grants 'with strings attached'. In the view of UN agencies, this was offset by considerably more conditionality in donors' multilateral assistance.

Finally, a response driven by the mass media tends to favour myths above facts, and focuses more on death statistics than on the unmet needs of survivors. The higher tsunami mortality in vulnerable groups (women, children, elderly) is an important consideration for special attention in preparing for future disasters but, on the contrary, is not an indication of higher levels of need among survivors.

Whether there was too much money is a matter of opinion and perspective. This question is discussed further in the TEC Funding Response Report (2006). Of greater concern to this evaluation is that funding exceeded the absorption capacity of the humanitarian universe. The response to the tsunami has taken away the traditional excuse of insufficient resources to highlight the longstanding inefficiencies and shortcomings of the current system.

Assimilating the context of localised natural disasters in sophisticated and relatively developed countries with that of complex emergencies in failed states was also a common error. Importing experiences, solutions and behaviours from Darfur or Somalia to Indonesia or Sri Lanka, not to mention to India or Thailand, has been the root of many of the problems noted in this evaluation. An inescapable conclusion is the need for a long-term strategy to educate and better inform the public in donor countries. The starting point of this strategy is a more transparent, candid and timely assessment of need.

51 'Many of the so-called NGOs and other humanitarian actors are second- or even third-rate and are more trouble than they are worth', in the opinion of a senior donor official.

There may have been unique features in the tsunami response but those factors merely exacerbated the pre-existing structural weakness and shortcomings of the humanitarian community, appropriately called the world's 'largest unregulated industry' (IFRC, 2004, p 93). The question is: how long can the traditional humanitarian community afford the reputation of a chaotic industry, insensitive to evidence and management principles, while the IFIs demonstrate an ability to assess needs (albeit those of recovery) professionally and comprehensively, and the military increasingly cultivates a public image of discipline, readiness and effectiveness to meet those needs promptly?

The conclusions reached by the evaluators and the majority of interviewees reflect the contrast between the massive improvements in professionalism within UN agencies and the major NGOs who base their action on assessment of need, and the proliferation of poorly prepared partners. This leads to a deep malaise in the humanitarian community concerning future effort. This report is a tribute to those many competent and dedicated relief experts who shared their concerns with the team.

5.2 Natural sudden-onset disasters and complex emergencies

In the aftermath of the tsunami, most humanitarian workers or experts had limited experience of sudden natural disasters, and only in sophisticated countries with large and mostly intact capacity. Sudden-onset natural disasters such as the tsunami present a challenge distinct from ongoing complex emergencies, in three ways.

1 The impact, and among others the health consequences, usually take place in a matter of minutes rather than spread over a long period of time. The time available for truly life-saving response is very short indeed. Local (national or regional) responders are best placed to respond effectively and actually save lives.

2 Sensational and shocking by nature, natural disasters are an ideal topic for intensive mass-media coverage, fostering massive solidarity from the international community.

3 Natural disasters also generate their own share of myths and unsubstantiated fears spread by the media and endorsed by workers more familiar with creeping complex emergencies.[52] Lessons learned from past disasters were only sporadically applied, as efforts to counteract the myths achieved limited success.[53]

52 Fear of large-scale outbreaks of diseases caused by dead bodies and other factors is most common, despite the fact that none has been documented in the aftermath of sudden natural disasters in the last 30 years.

53 Guidelines of WHO on the use of field hospitals, the 'myths ands realities' video produced by the Pan American Health Organisation (PAHO) (http://www.disaster-info.net/catalogo/English/dd/Ped/videoscat.htm).

Immediate response and assessment of needs in the aftermath of sudden-onset disasters are based on 'educated guesses' or at best projections of anticipated need once the approximate size of the affected population is known (or thought to be known). Early appeals issued within a few days and even hours are the result of such projections, rather than of an initial formal assessment. 'Educated guesses' are quite legitimate if they are technically sound and not based on myths or extrapolation from complex emergencies in dissimilar places. However, this approach routinely tends to overlook the local or national contributions and assumes that local communities are passively awaiting the arrival of international humanitarian actors.

5.3 Status of needs assessment

5.3.1 Humanitarian versus economic assessments

The response to the tsunami underlined both the convergence of and differences between the assessments of humanitarian need and those assessing economic damage or loss. The convergence is in terms of time (starting in Indonesia less than two weeks after the impact). The differences are in terms of approach, with the humanitarian approach being people- or household-centred, while the economic approach is system- and market-centred.

On the humanitarian side, there were many, perhaps too many, informal assessments, a few available publicly, others not. Affected individuals felt 'assessed to death' – too frequently interviewed and yet not truly consulted. Despite the number of assessments, decision makers remained desperately short of information on the 'big picture'; guidance on what to do, and more importantly on what not to do, was not forthcoming.

On the economic side, there was one single effort coordinated by each national government with major financial institutions, among them the World Bank and the Asian Development Bank, leading to a single authoritative assessment of damage and loss. The UN and NGOs typically contributed to this effort – many very actively – but were in no way its leaders, nor were they able to lobby inside the effort to add on the missing humanitarian dimension.

Another distinction between humanitarian and economic recovery assessments is the short life of humanitarian information. Survey data can become obsolete before they can be analysed and disseminated. Ongoing updating of needs and offers is vital as, once met, a need ceases to exist. Reporting that 1000 people have no access to food misleads donors into duplicating action if local food stocks, market dynamics and pledges in the pipeline are not monitored and factored into the analysis in real time. Stating the presence of injuries (which were often overstated and never quantified) should be matched with an inventory of incoming medical teams and field hospitals.

An effective ongoing monitoring of the supply side did not occur in the period covered by this evaluation. Although some useful mechanisms were implemented later, mostly by HIC, efforts were largely one-off spot checks and largely

incomplete. This is surprising considering that a reliable Logistical Supply System (LSS)[54] exists for monitoring incoming humanitarian supplies. Its value as a management and good-governance tool in large cyclones and earthquakes has been well demonstrated by WHO/PAHO and most recently by UNJLC in Pakistan.

5.3.2 A standardised approach to assessment

Past evaluations of needs-assessment approaches have concluded that standardisation of data collection and reporting formats in the initial rapid assessment is required. In the aftermath of the tsunami, isolated efforts seem to have been made to press for a common template for assessment, without much success, including within the UN system. Why was there so little progress toward a goal previously and unanimously regarded as desirable? Four factors explain this weakness.

1 Many actors were unfamiliar with needs assessment and with existing templates or forms. If the number of UNDAC- or HIC-trained staff present on site is not enough, local staff usually reinvent the wheel.

2 Most of the agencies participating in the cross-sectoral rapid assessment have sectoral or thematic responsibility. They do not find that the standard cross-sectoral formats meet their needs nor do they see the benefit or added value to their programmes of setting aside their custom-made formats to adopt a common approach to assessment.

3 Lack of a strong national authority: the disaster-management office in the affected country, often weak prior to the disaster, is further marginalised and out-resourced by the international community.

4 Lack of UNDAC leadership: the modest number of UNDAC-trained staff could be compensated by moral authority through recognised experience in needs assessment in the immediate aftermath of sudden-onset natural disasters. Moving experts in civil protection from other donor countries or complex-emergency operations is not automatically conducive to leadership in a different environment.

The solution is not to convene additional committees of experts to design more forms but rather to consolidate or simplify, repackage and market, provide training and incentives (positive or negative) to ensure that the agencies actually use the existing formats. Consensus building among local actors should focus on the criteria for or definition of persons affected rather than the actual assessment format or questionnaire.

5.3.3 Differentiating and prioritising needs

Some needs pre-dating the tsunami do not respond well to the quick fix of a humanitarian intervention, or justify its extraordinary cost. Helicopters, field

54 LSS (Logistical Supply System), a relief-supplies inventory system developed by OCHA, WHO, WFP/UNJLC, UNICEF, UNHCR and PAHO on the model of SUMA used in many sudden-onset disasters had not been activated. This information on existing or incoming stocks would have been valuable to determine the needs for external donations, and to stem the uncontrolled flow of relief items.

hospitals and short-term expatriate personnel are unlikely to have a sustainable positive impact on chronic needs. Disaster-induced needs may genuinely be critical for survival and truly require immediate life-saving measures, while other welfare needs may not be as vital or time-sensitive. Assessments must provide information to assist in the prioritisation of needs, as different approaches, partners and speeds are required to address truly life-saving needs, needs of a less critical nature and those resulting from developmental problems.

Assessments reviewed by the evaluators failed to differentiate between tsunami-induced immediate needs and those resulting from longstanding poverty and conflict. A few assessments, mostly those from agencies with developmental or recovery activities, did attempt to collect or use baseline data. Admittedly, in Aceh, the loss of offices, personnel and official records vastly complicated this task.

The evaluators observed a tendency in many relief agencies (and the mass media) to present all needs as critical to survival, leading the public to assume that all humanitarian activities were life-saving in nature. In place of a more transparent and contextual analysis of needs, the assessments widely used international standards (such as Sphere) that are set at levels unattainable under 'normal' development circumstances in poor countries. This approach of presenting all humanitarian welfare needs as critical to survival probably contributed to the generous public response to the tragedy of many of those affected by the tsunami but it also had counterproductive consequences:

- demand for immediate results, that put a tremendous pressure on humanitarian organisations – this public, and therefore political, pressure was considered justified in view of the claims of the immediate life-saving objectives of most of the appeals
- an exclusive focus on the populations directly affected by the tsunami while many needs required a broader approach
- the unnecessary and ineffective use of costly and short-lived humanitarian means to address chronic development issues
- a disfranchising of the national authorities and of the affected individuals or households in activities where their ownership/leadership was essential, such as in livelihood recovery
- a tendency to overstretch the duration of the humanitarian response hand-outs, delaying the development recovery to assist people to return to normality.

5.3.4 Added value to decision makers

Assessment should always provide added value to decision makers, who seek an endorsement or confirmation by the UN in the first few days after a disaster that it is indeed a major disaster requiring massive and rapid intervention. Comprehensive but general demographic data, specifying the number and location of people affected, are essential. Compiling these statistics should be the first priority in the initial rapid assessment. For this, satellite imagery and remote sensing can be a

useful tool for initial formal estimates in inaccessible areas. This potential has not been adequately tapped. (Annex 10 gives more detail on remote sensing applications in needs assessment, and on its limited use after the tsunami.)

Speed is the essence of initial assessment. In the tsunami response, the UN mobilised relatively quickly in comparison to its performance in other emergencies. It was, however, a poor performance compared to those of the most agile NGOs that rapidly monopolised the available commercial transportation. The example of the offshore assessment arriving in areas crowded with NGOs is indicative of the problem. Impeded by its cumbersome administrative procedures, the UN is usually one or more steps behind NGOs and some bilateral donors.

Access to good information should be linked with the ability to say 'no'. This was also sadly lacking in the tsunami response, further reducing the effectiveness of needs assessment. The difficult and sometimes overbearing political context should not be allowed to prevent sectoral agencies from taking a principled stand when certain forms of assistance were clearly not needed or appropriate (see Annex 6 in particular, on health-sector assessments).

Conversely, donors need to play a stronger role in holding implementing partners explicitly responsible for conducting adequate assessment, sharing the data and engaging in ongoing monitoring. After the initial allotment, release of phase-in funds should be conditional on meeting such standards. This measure would go a long way toward implementation of the Good Donorship Principles to which 16 bilateral donors are signatories.

The competitive climate of the tsunami response underlined the importance of respecting and strengthening the authority and oversight of a coordinating body over sectoral or special interest groups in order to prioritise needs. This function of the government (at national level) and OCHA (at international level) was complicated by the immense funding raised directly by INGOs scrambling to make programmes happen.

5.4 Did it matter?

After the tsunami, a plethora of humanitarian agencies had unlimited funding and a shortage of solid projects in the short term (TEC Funding Response Report, 2006). The evaluators found more evidence of non-existent needs being met than people, or groups of people, being left without basic survival support. The constraint to meeting needs was not the lack of good assessment data but rather poor logistics, lack of access and an offer that transcended the level of need.

The UN actors were also facing acute scrutiny from the Western public and governments regarding the UN system performance. This mistrust was compounded by a lack of realism and transparency of needs assessment noted and contributed, in part, to the perceived unprecedented level of pressure from donors on UN actors. This did not encourage the UN to attempt proactively to regulate the flow of assistance, at the risk of displeasing some of its major member states.

Inappropriate or politicised forms of response might not have diverted resources from vital areas in the region but they are likely to have slowed down the humanitarian-response system, and certainly augur poorly for future (or concurrent) disasters. This leads to the question of whether the humanitarian needs-assessment reports mattered at all in the immediate aftermath.

On one hand, the evaluators are convinced that assessments carried out by individual agencies most probably played a critical role in shaping their specific institutional responses. On the other hand, there is serious doubt regarding the actual impact of the assessment reports intended to influence decisions of the larger humanitarian community.

The influence of needs assessments on decision making may be more subtle and indirect.[55] As discussed in section 2.9.3 above, any significant donor will send its own team and will draw on resulting recommendations. Consequently, the few cross-sectoral assessments that were conducted in time exercised their influence on the decision-making process more through field-level dialogue with bilateral counterparts than through the production of written reports. The effectiveness of any sectoral assessment was determined by the technical quality of the study as well as the credibility of the agency. Again, it is doubtful that resources attracted for one sector – be it through professional assessment or the use of 'scare' factors – have been to the detriment of more essential needs.

Overall, one may conclude that the international response has been generally effective, despite the weakness in needs assessment. This is the least to be expected in light of the large amount of funds allocated per survivor. That conclusion, however, leads to the most fundamental question: why do we invest in initial cross-sectoral humanitarian assessment if the results are mostly irrelevant to the decision-making process?

5.5 Performance of the assessment mechanisms

This evaluation has covered the work of many different actors involved in needs assessment. This section of the report offers a comprehensive view of the perceived performance and effectiveness of parallel mechanisms for needs assessment. The performance of the actors in positions to influence international decision making should be seen in the highly politically intrusive context of the tsunami response.

5.5.1 UN Disaster Assessment and Coordination (UNDAC)

There is an urgent need to rethink the whole concept of UNDAC for those extremely complicated and fast-changing situations with political overtones. Dissociation of the two functions (coordination and assessment) is required. Mobilising a reformed and expanded UNDAC will require significant resources available prior to the disaster.

In the aftermath of the tsunami, UNDAC arrived very promptly and issued the very first cross-sectoral, although geographically limited, assessments. Both the strength and the weakness of UNDAC in the aftermath of the tsunami were in its composition of experts mainly from donor countries that can afford to train and to spare full-time personnel.[56] The number of experts mobilised did not reflect the scale and magnitude of the tsunami-relief effort.

55 The point is illustrated by the finding that the only agencies that considered the offshore assessment to have been influential on their programming were those who participated in this assessment: UN, OFDA, IRC and WHO.

56 A major effort is being made by OCHA to train and include disaster experts from the developing world. Mobilisation of experts from neighbouring countries is however not always feasible, especially when the disaster affects an entire region.

Of greater future relevance is the combination of two equally critical functions competing for attention: assessment[57] and coordination. Faced with an overwhelming demand for coordination of the large number of humanitarian actors, UNDAC neglected the actual analysis and compilation of information on needs. It is no surprise that most NGO and many UN interlocutors found UNDAC 'very weak in the field'.

A major constraint reported by many humanitarian staff was the unavailability of financial resources to mobilise a large number of assessment resources (human and material) immediately after the onset of the tsunami. It is in the first few hours that the UN should be able to commit significant resources to activate UNDAC, the HIC and/or other relevant assessment mechanisms. Presently, UN administrative procedures likewise represent a major constraint on rapid assessment.

5.5.2 The OCHA Humanitarian Information Centre (HIC)

HIC is an excellent initiative with potential in natural disasters. It should become part of a broader UN knowledge-management capacity with a more analytical, rather than archiving, function, drawing on a more proactive solicitation of information from actors.

Member of staff of the HIC tirelessly disseminated information they received, once the HIC became operational. Registering incoming NGOs in Aceh and attending to their information needs was in itself an enormous task: over 230 NGOs were registered, and this is only a small proportion of the number of actors. On the other hand, there were serious gaps in the HIC service. The evaluators agree with the finding from the joint OCHA-ECHO mission that there was 'no comprehensive overview of the humanitarian response' (ECHO-OCHA, 2005). The level of satisfaction from users was very low in Indonesia, compared to Sri Lanka, despite a much later activation in Sri Lanka.[58]

The HIC/Indonesia was described by an international NGO as 'inept at providing useful information'. This may be too harsh a judgement. In Sri Lanka, one useful contribution of the HIC was the searchable database of assessments logged in terms of methodology, period covered, sample size, sector, division, data and information gathered, as well as a link to the full assessment. This was found to be a user-friendly tool, 'the best effort possible given that HIC staff arrived after most of these assessment exercises were completed' (UN official in Indonesia).

Another excellent but tardy effort guided by the HIC/Banda Aceh was the monitoring system set up with UNHCR to inventory the number of shelters/houses needed to be built by district/sub-district and to assess progress on a regular basis. This is true gap analysis conducted by the HIC – despite the ambiguity in its mandate from inception to date. Otherwise, lack of resources and priority prevented HIC from screening documents (too many were news releases and

57 In the UNDAC terms of reference (Annex 11), the words 'assessment' and 'need' are mentioned only once each. Clearly, the 'A' of UNDAC is not its priority.
58 A UN official informed us that the arrival of the HIC in Sri Lanka was purposefully delayed by the apparent capacity of the government to perform an information-management role in the early stages.

public relations material of little operational value), and from analysis, synthesis and compilation of the results rapidly in a format[59] practical enough to draw attention to gaps in humanitarian provision.

Databases on meetings, contacts and W3 (Who is doing What and Where), maps and other services were generally appreciated. To be truly useful, these should reflect the latest information and be comprehensive. This requires that all partners, especially NGOs, provide detailed information and share their assessment reports. HIC should have been given the resources and instruction to seek such information proactively.

The preparation of the comprehensive assessment of economic damage by the IFIs was made possible by the mobilisation of a small army of researchers/ analysts sheltered from the relief pressure. A similar approach should have been adopted, or at the very least strongly lobbied for, by OCHA and the HIC. As in the case of UNDAC, HIC was initially grossly under-resourced for the job at the time of greatest need: in the first weeks. For instance, HIC/ Sri Lanka initially consisted of two persons with a budget of US$20,000.

In brief, HIC should evolve from its present role as a depository of documents of variable utility.[60] The transition from information management to knowledge management would be a good first step to satisfy the needs of the international community. This would require a much greater and more varied human-resource base and capacity to respond to the challenges of a fast-paced situation with so many actors.

5.5.3 The United Nations Joint Logistics Centre (UNJLC)

In addition to its contribution to assessment of logistical needs, UNJLC could strengthen its coordination with other entities by procuring transportation for initial assessment.

Prior to its formal activation on 30 December 2004, UNJLC deployed staff members with the UNDAC team in Indonesia and Sri Lanka respectively on 27 and 28 December. The first UNJLC Bulletin was issued on 30 December. Among its many responsibilities was the compilation of logistics information, the development of a GIS database and the preparation of logistics maps published regularly. The information, strictly limited to logistics, was timely and practical. Users were generally satisfied.

Its many responsibilities, most of them operational, prevented UNJLC from investing in the ongoing inventory of incoming supplies using the Logistical Supply System (LSS) it developed jointly with five other UN partners. One of its more demanding functions was coordination of the air assets placed, tardily, at the UN's disposal. Considering the speed with which some NGOs rented all available commercial helicopters, UNJLC could have a more proactive and decisive role in securing transportation for assessment teams in the very first days. Reportedly, UNJLC had minimal interface with HIC, both entities being overwhelmed by their clientele demands.

59 Many of the key assessment reports identified by the evaluation team were not available from the HIC database.
60 Since the response to the Pakistan earthquake, the term 'cluster' rather than 'sector' is used by the UN.

5.5.4 Sector/cluster lead agencies

Sector/cluster lead agencies should focus more on the provision of technical support to national counterparts, as well as on leadership in coordination and assessment.

Not all of the UN sectoral (or cluster) agencies met the same challenge. The number of actors, operational responsibilities and complexity of issues all differed. WHO faced a large number of unruly actors (853 health projects in Aceh) while WFP dealt with a few traditional implementing agencies. FAO had little distracting involvement in immediate 'life-saving' humanitarian interventions[61] but UNICEF rapidly received over $400 million direct funding from individual contributors affording the organisation financial independence as well as placing a heavy burden on available human resources. The extraordinary damage to coastal ecosystems and livelihoods presented a challenge to FAO for which there was no prior experience. Finally, both UNHCR and IOM, agencies respectively dedicated to refugees or migrants across international borders, offered their valuable expertise by extending their mandate to cover populations internally displaced by a natural disaster.

Leadership in needs assessment was variable. The leadership demonstrated by WHO in organising the offshore assessment contrasted boldly with its reluctance to minimise the flow of duplicative or misguided bilateral or NGO interventions. In the field of medical assistance, and in particular the dispatch of mobile field hospitals, there is need for a specialised coordination or filtering mechanism to match the growing offer to the shrinking demand. WHO, jointly with Red Cross and some other major actors, should consider the establishment of a standing committee – similar to the International Search and Rescue Advisory Group (INSARAG) that contributed to reduce the unhealthy competition between foreign search and rescue groups in disasters of the 1980s. This committee, to be chaired by WHO, would advise the Ministry of Health and the international community.

The effectiveness of assessment depends on the perception of users that the findings are balanced, objective and devoid of conflict of interest. The main asset of OCHA is its abstention from direct involvement in operational relief activities. This cannot be said for other UN agencies that are perceived as occasionally overestimating the emergency needs or the risks to attract more attention to their own area of expertise or to their constituency.

WHO and UNICEF were deeply absorbed by the simultaneous implementation of numerous humanitarian activities. The self-imposed obligation to spend large amounts of funds in a short time may have sidetracked the need to compile and provide a comprehensive and continuous picture of the situation. As a result, overall assessment in the areas under their leadership was occasionally weak or nonexistent. Specialised agencies with a mandate for coordination and information management should concentrate on their area of competitive advantage and refrain from heavy involvement in humanitarian activities that others could do better.

Few of the lead agencies had made significant prior investment in the preparedness of their counterparts, one exception being WHO. If it is credited for relatively efficient management of casualties in the Ampara hospital in Sri Lanka,

61 FAO support to repair of boats and engines, and distribution of nets and engines, are considered as livelihood-recovery activities.

it did not have a visible impact on the needs-assessment capability of this sector. The cluster lead agencies share a responsibility if those unprepared and ill-equipped national counterparts were not able to assume their role effectively and provide a source of consolidated information at central level in Indonesia and, to a lesser extent, in Sri Lanka.

5.5.5 NGOs and the Red Cross Movement

The timeliness and quality of needs assessment by the Red Cross and NGOs varied from outstanding to poor. With a few exceptions, those assessments were not widely shared with others. The duplication between UN and Red Cross initiatives was counterproductive.

Despite the capacity built over the past 20 years, too few NGOs demonstrated an understanding of information- and knowledge-management standards and best practices in the race to act and spend. Nonetheless, although most kept data for their exclusive planning, a few NGOs served and guided the entire humanitarian community in their geographical or thematic area (Oxfam, Action Contre la Faim, the International Rescue Committee and CARE, among others). The IFRC rapidly deployed its Field Assessment and Coordination Team (FACT) as well as the Recovery Assessment Team (RAT) independently from others. As mentioned above, none of their reports was officially available to the evaluators.

Evidence for this weakness is further supported by the Fritz Institute's 90-day, four-country study of the relief process, wherein 'only 20% of the NGOs in India and 30% in Sri Lanka performed a needs assessment, and most of which were simply trying to arrive at an order of magnitude on estimates of the damage' (Thomas, 2005, p 5), rather than a formal needs assessment.

It cannot be overstressed that only the actors present prior to the disaster – local institutions, the national Red Cross or Red Crescent Society, some NGOs and the civil society – can rapidly identify and reach the needy, and assess their immediate needs. Continuing to enhance the capacity of these institutions and to promote their use of standards (in collection and sharing of information but also in implementing projects) is probably the only realistic way for the international community to save lives and attend to the most critical needs in the first few days.

The evaluators are left with the distinct impression that the arranged marriage of two humanitarian titans, the UN and the Red Cross movement, for the very specific task of conducting a common humanitarian needs assessment would have greatly enhanced the international response in the first months. A first step is to identify UNDAC-trained people who are also FACT members and vice versa, and to deploy them to strengthen this linkage in the future.

5.5.6 Bilateral assessment teams

Over the first three weeks, 17 bilateral assessment teams reportedly arrived in Aceh.

Bilateral teams such as the DARTs (Disaster Assistance Response Teams) from the USA and Canada, the Japan Disaster Relief team (JDR) and the UK DFID/OT (Operation Team) and others have gained a considerable reputation for professionalism in past disasters. Their support to and collaboration with the UN assessment effort made possible many of the joint missions and reports.

However, the very agencies that have been instrumental in the creation and ongoing funding of UN entities to improve guidance of the international assessment of need do not have enough confidence in those entities, and simultaneously dispatch their own assessment missions – as the only sources fully trusted by donor headquarters. The conclusion here is that the influence of the UN assessments is more through direct dialogue with bilateral teams in the field than through situation reports at headquarters level.

5.5.7 The prime source of information: local authorities

International needs assessments relied primarily on the data collected by local authorities, whose contribution has not been properly acknowledged. Technical and material support is needed to improve the preparation of national authorities to validate, compile, analyse and disseminate those data.

The contribution of the affected countries to needs assessment was under-appreciated. To the knowledge of the evaluators, few, if any, international rapid humanitarian assessments actually counted the number of affected persons, homes destroyed or boats lost. All relied on secondary data provided by village leaders, camp coordinators, the local military commander, the District Officer or other representative of the government. Interviewees concurred that, by and large, this local information was reliable, accurate, or at least the best available. Statistics were issued daily in each of the affected countries, and those statistics found their way into the situation reports of most of the agencies.

The national shortcomings were not only at the local but also at the central level, where lack of preparedness impeded the quick compilation, analysis and dissemination of consolidated and realistic lists of needs and priorities. An exception seems to be in the Maldives, where a strong Disaster Management Centre developed a reporting system upon which international agencies relied heavily.

Nationals perceived the international information management system as a parallel apparatus with which they exchanged information, or facilitated, or simply learned to tolerate. Meanwhile they were operating with more modest logistic and communication support than the UN or major NGOs. A more generous international investment in preparedness prior to the tsunami and in material resources would have paid off handsomely.

Many international workers were oblivious of the level of development and sophistication of the affected countries. Personal experience and training often led agency staff and humanitarian workers to equate the context of sophisticated countries affected by localised natural disasters with that of complex emergencies in failed states. Importing experiences, solutions and especially attitudes to local governments from Darfur or Somalia to Indonesia or Sri Lanka, not to mention to India or Thailand, has been the root of many of the problems noted in this evaluation.

Prior to the disaster: invest in the prime source of information – the national authorities of the disaster prone countries.

In the words of a senior official of a major NGO: ‘In countries like Indonesia, where the population is so large and the capacity so tremendous, having international agencies work more closely as technical advisers to government and large national NGOs might be a more effective way to get real information from the field.’

5.5.8 The military, the banks and the media: trump cards?

Three major actors are likely to continue playing an increasingly dominant role in the assessment of humanitarian and/or livelihood recovery needs: the military, national or foreign; the international financial institutions; and the mass media, the ultimate arbiter of what is likely to be funded or not.

The contribution of the military (international and national) in the aftermath of the tsunami was particularly important. At district level, the local military commander was often one of the best sources of albeit informal information on IDPs, logistics and food needs. However, the foreign militaries or the headquarters of national forces did not seem to have (or share?) a centralised, compiled picture of the overall needs and priorities.[62]

The presence of foreign military in a conflict area (mostly Indonesia) also presented some difficult challenges to UN agencies. The Government of Indonesia consenting to the military presence was however, 'keen that the UN agencies help in making productive use of those assets'. The UN and WHO, in particular, felt the need 'to be creative and constructive by providing the national government with a cover for the management and coordination of the foreign military'. The offshore assessment must also be seen within this context, which is outside the terms of reference of this evaluation. In short, the UN gained access to considerable foreign military assets to facilitate assessment, although at a much later stage than was needed, and also later than the major NGOs who relied on the commercial sector.

The IFIs played a much more visible, active and effective role in assessment. They were not assessing the humanitarian needs of the people directly but rather the extent of damage or losses and the economic cost of the road toward recovery. The banks are institutions that the humanitarian world and NGOs love to hate but in this situation, there was an unusual level of satisfaction among all actors regarding the quality and speed of the financial institutions' assessment. Their rigorous and professional approach to recovery assessment may not necessarily be applicable to the assessment of the changing humanitarian needs of people. However, the humanitarian world might usefully attempt to reform itself and emulate the banks' achievement of a common, comprehensive and less amateurish assessment.

Finally, the mass media played the major role in providing information for decision making in the early stages following this sudden-onset disaster. The coverage by the television had definitely more impact, positive or not, on the international response than any report by OCHA or the Red Cross. Although some of the interlocutors considered the term 'needs assessment' inappropriate to qualify the news from the mass media, those reports inform the public on needs as the mass media want the public to see them. The reports were the main information source for individuals wishing to contribute, and a powerful factor leading political authorities to react impulsively in many donor countries. The quality of this information, and especially the tendency to pick up the most negative, frightening or outrageous statements from any unqualified source, has long been a matter of legitimate complaint from responsible and professional disaster managers.[63]

62 In Indonesia, this was particularly so, and can be explained by the heavy but unreported losses those forces incurred in the tsunami.

63 Assessments by UN agencies, the Red Cross or NGOs, however, were occasionally as unscientific, biased or self-serving as many sensationalist reports by the media. The humanitarian end should not justify the means!

The UN cannot ignore the mass media, and should seek creative ways to collaborate and harness an 'assessment' capacity that may, within some limits, be used for improving the overall response. The inclusion of embedded journalists in UNDAC, WHO or other assessment teams could only benefit the affected individuals, while better educating a well-intentioned but misinformed public. The concern raised by some UN officials that it would provide CNN or others with first-hand material on the disorganisation of the response, and discredit the entire effort, is not valid: the mass media can report on weaknesses as well, if not better, from the outside.

5.6 Alternative: a people-based approach

Toward a common registry of individual beneficiaries.

Most pressing in the tsunami response was the need for the establishment and ongoing updating of a centralised beneficiary database, accessible to all. It would entail shifting the focus from tables of statistics to information on people's (individual or household) needs. In the terminology of today, this entails a deliberate movement from information management to people-centred knowledge management.

Statistics are still needed: knowing how many people are affected, how much food will be needed and where, how many are homeless, and how many boats were lost or donated is critical, and the systems and definitions guiding their collection are sorely in need of improvement. But also knowing what each individual or household required and received (or did not) is essential. Knowledge of each individual customer profile – assuring customer satisfaction[62] – is the key to successful modern business. It is equally critical to assure accountability to the affected communities in the humanitarian industry. A common framework assessment of all affected individuals or households resulting in one consolidated list would have been very effective in both lobbying for better disaster management and in supporting the holistic livelihood approach.

Many humanitarian actors recognised the need for an individual or household-based information system, and developed their own partial databases. As a result, countless household and individual registration systems were maintained (of fishermen, boat owners, homeless people, farmers, gardeners, recipients for food or subsidies, 'beneficiaries' of one agency or another). Some of those systems used sophisticated, cost-effective technology (including the use of iris scanning, as in the case of the cash programme of the Red Cross in Indonesia). Many systems are maintained by NGOs, government institutions or even donors. The multitude of parallel initiatives creates duplication but also a source of research and inspiration for the future.

In an operation where the international investment averaged nearly US$8,000 per IDP,[63] the lack of a shared common register of all affected individuals or families

62 Interestingly, the Fritz Institute adopted the business-consumer-satisfaction approach in its survey on recipient perceptions of aid effectiveness (2005).
63 The TEC Funding Response Report (2006) estimates a total contribution of US$13.5 billion, including funds from the banking institutions but not including funds from the affected countries themselves. For a total of 1.7 million IDPs, this would disaggregate to the staggering amount of US$7,941 per person.

is somewhat puzzling. In the refugee world – not entirely different from the IDP world – UNHCR is implementing a computerised and standardised registration system of each and every individual, demonstrating the feasibility of issuing documents to hundreds of thousands of affected individuals or households.[66]

Deploying 30 or 50 registration experts with equipment a month or two past the emergency might have provided a tool to ensure that the needs of each household were tracked and met. It would have been an almost negligible expenditure and an unnoticeable increase in the flow of thousands of expatriates, quite a few being perceived by the nationals as more of a burden than a source of assistance.

5.7 The ideal needs assessment scenario

What should happen in terms of assessment of short- and mid-term needs in the aftermath of a sudden onset disaster?[67] The proposed, admittedly idealistic,[68] scenario would be as follows.

1 The disaster occurs in a country where the international community, through UNDP and OCHA, had an ongoing agreement and technical assistance programme with the government for the rapid mobilisation of a joint assessment capacity in the event of a disaster requiring international response. Government and NGO personnel have been trained in the affected country (short-duration training to a large number of individuals, given unavoidable turnover).

2 Within a few hours, OCHA mobilises the best experts available in the market, complemented with senior representatives from UN agencies, the Red Cross, interested donors and major NGOs. This international staff would provide technical advice to the affected government.[69]

3 Meanwhile local UN administrators are scouting the region and securing commercial transportation (helicopters and other) and logistical support for common use – especially for joint assessment mechanisms, rather than for one single and more agile agency.

4 In a matter of days, and especially when access to the hard-hit areas is a true problem, international and national remote-sensing specialists together compile a routine before-and- after analysis with the first, albeit crude, estimates of numbers of affected people (see Annex 10 for greater detail). This serves both to inform early decisions and to guide the forthcoming field assessment.

66 The project PROFILE has been funded by ECHO and the US Bureau for Population, Refugees and Migration (BPRM). The software ProGres is now becoming the UNHCR operating standard globally.
67 In the first 48 hours, immediate search and rescue or medical assistance will proceed from neighbouring areas without the benefit of a formal assessment.
68 The evaluators concur with a major donor's comment that, 'it is much harder to put these kinds of ideas into practice than it is to write about them' but they also believe that the status quo is not in the best interest of either affected individuals or the humanitarian actors.
69 Many locally trained staff or officials may not be available after a major emergency.

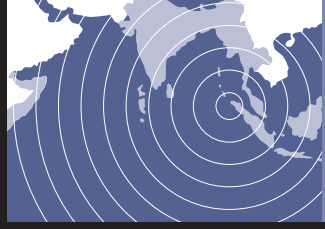
5 Within a few days, senior government and international experts are systematically touring the affected areas using a common, preconceived computerised format of data entry.[70] Their task is exclusively assessing numbers of affected individuals and prioritising their needs with the assistance of analysts and researchers working in the background. The number and calibre of experts should be such as to facilitate the political acceptance of the findings.

6 Within a few weeks, the number of international experts is drastically reduced and a monitoring system of the incoming assistance and the changing needs is put in place by the national authorities with the support and direct participation of the international community. Updated information on need validated by international experts permits adjusting the offer to the demand, and not vice versa. Further assessments are agency- or sector-driven. The national authorities advised and informed by OCHA and the UN lead agencies feel empowered to make evidence-based decisions on whose services and offers to accept or not. The information is pro-actively used to steer the assistance to the most needy, rather than to the areas most visible or convenient to the humanitarian actors.

7 Once the rapid needs assessment is completed, specialised personnel and equipment are brought in to assist the national authorities to set up a common register or database of persons affected by the disaster and eligible for external assistance. Special photo identification is issued to each person or family, if deemed appropriate. Maintenance of the database is ensured by the government with assistance and oversight from the international community.

Even modest progress toward such a professional scenario based on local capacity building presupposes prior investment in national actors and affected individuals or families, merging international assessment mechanisms to avoid the current duplication, streamlining UN administrative procedures and ensuring availability of funding. Above all, it will require a change of attitude among humanitarian actors, leading to real accountability and cooperation. The evaluators do believe that those providing relief to the affected population should be held to the high principles agreed upon in the Sphere handbook or the Stockholm agreement on Good Donorship.

70 A needs assessment or monitoring format must be as similar to those used in development as possible. Prior familiarity of the format will contribute to its usefulness and sustainability. A system such as 'DevInfo' which is a common database tool endorsed by UN agencies for monitoring the Millennium Development Goals is presently being adapted for emergencies. SMART is likewise promoting a tool to help target the neediest and monitor evolution and impact with a few simple indicators.



Chapter six

Key recommendations

6.1 A pragmatic approach

Addressing the structural shortcomings of needs assessment in the aftermath of sudden-impact natural disasters, and in particular, the gap between assessment and decision making, is not merely a matter of producing more technical manuals, better training or other similar quick fixes.

Investment in assessment should be dictated by the expected influence on decision making, not for the sake of assessment itself. The humanitarian community should explicitly recognise that:

- most of the life-saving is actually done by national or international actors already present on site, and these actors have little use for international assessment
- many of the affected countries have considerable resources and contribute generously; their capacity to carry out rapid assessment of needs far exceeds that of international actors
- in the first days, key relief decisions at international level are primarily based on the needs as conveyed by the mass media because donors cannot and will not wait for the results of formal assessment (UNDAC, FACT or others)
- very rapidly, the affected population is concerned with restoring their livelihoods; the potential of good and timely information to influence people's lives is significant, and recovery assessment should be initiated as early as possible.

Recommendation 1. The international community, and in particular the UN and the Red Cross movement, should either significantly invest politically and financially in a permanent rapid assessment capacity, or abandon the pretence that initial cross-sectoral assessments by external teams guide the immediate international response of governments, the public or humanitarian organisations.

Recommendation 2. Donors and agencies should focus their investment on higher-quality needs assessment for recovery and rehabilitation.

6.2 Investing in national assessment capacity

Recommendation 3. Donors and humanitarian agencies should invest more time and resources in strengthening the capacity of national and local authorities to carry out formal cross-sectoral needs assessment. A pre-determined percentage of all future relief funding should routinely be put aside for region-wide preparedness for future disasters.

Most, if not all, initial humanitarian assessments carried out after the tsunami relied primarily on local sources. Improving the quality and standardisation of those governmental sources is the most obvious approach to improving the accuracy and speed of cross-sectoral and sectoral needs assessment.

It is time to stop documenting lessons learned and to start applying them: it may pay more to prepare our national counterparts than to invest in our own readiness to intervene forever. Institutional strengthening of the Risk/Disaster Management Council (Bakornas) in Indonesia, the Disaster Management Centre in Sri Lanka and similar multi-sectoral institutions in other countries should be complemented by training for a large number of nationals to ensure a that significant pool remains available for initial rapid assessment at the time of a disaster. A similar development programme must be carried out by all sector or cluster lead agencies.

The best mechanism to ensure funding of national preparedness should be considered in future meetings of the Inter Agency Standing Committee and the Good Humanitarian Donorship group.

Recommendation 4. Prior arrangements should be concluded with national authorities for joint national/international assessments in relevant disasters.

National authorities should understand and accept that a sudden-onset natural disaster is also an international event. Generous support implies direct participation of agencies and donors in needs assessment. Validation of data by international actors is a prerequisite for transparency and accountability. The most effective approach is to include this point in national legislations on disaster management such as the Draft Disaster Management Bill now before the Indonesian Parliament.[71]

Recommendation 5. In the first few days after a disaster, needs assessment should focus on validating the magnitude and severity of the disaster. For this purpose, donors should assist national authorities in capitalising on remote sensing and other modern techniques.

71 The success of the Supply Management System (SUMA) in Latin American is due in part to its inclusion in laws, decrees and national disaster plans in most countries.

In the first few days after a large-scale natural disaster, donors require only an endorsement or validation by the UN and IFRC of the magnitude and scale of the anticipated needs, disaggregated to the lowest unit (region, nation, province or district) possible at that time. When logistical constraints or security do not permit access, more expedient use of remote sensing (satellite imagery) could provide an alternative. This cannot be improvised but must be planned with the national authorities (see Annex 10).

6.3 Let affected households assess their own needs

Recommendation 6. Empower the affected individuals or families to assess and prioritise their own welfare needs by using cash subsidies whenever possible.

Individuals affected by the tsunami made the distinction that being assessed is not being consulted. Many needs assessments help external agencies to decide what they believe will be best for the affected population, occasionally giving the 'beneficiaries' a limited choice between alternatives offered by the agency.

The need for thematic assessments would be considerably reduced if, when possible, the affected people were given the financial means to decide whether they want a better shelter, a boat, food or any other welfare item brought at high cost by expatriates.[72] This approach would go a long way toward compliance with the Sphere principle of 'respecting the dignity of victims' in countries with active market economies, such as those affected by the tsunami. The experience gained from these carefully managed and monitored cash-subsidy programmes should be analysed and published.

6.4 Streamlining the international assessment mechanisms

6.4.1 Institutional changes

Recommendation 7. Donors should demand that major players such as the UN agencies and Red Cross movement join forces for the initial comprehensive needs assessment carried out with national authorities. Other actors should be encouraged to do likewise or, at the very least, to share widely the results of their own assessments.

The dysfunctional competitive needs assessment is not sustainable. Victims are over-assessed and decision makers under-informed. Parallel and uncoordinated cross-sectoral assessments are presently conducted, primarily by the UN and the

72 Clearly, cash programmes cannot be used to provide services of public interest or to meet the immediate life-saving needs.

Red Cross movement. Surveys undertaken by NGOs to ascertain more precisely the nature of needs of their particular pre-selected targets are legitimate, but their data must be shared with all.

There are three pre-requisites for a joint assessment carried out by the UN, the Red Cross and government.

1 Better understanding between three completely different cultures: UN, Red Cross and national government. Establishing joint multi-disciplinary teams and developing a common list of affected households requires trust and fair sharing of leadership and visibility. Personnel trained both by UNDAC and FACT should contribute to bridge the present gap.

2 At a technical level, standards and forms will need to be pre-agreed. The application of the Sphere handbook needs to be reconsidered in the context of sudden-impact natural disasters. Using Sphere indicators as the standard to be achieved in the initial period in places where the unaffected population lives far below this level is not realistic. International standards will, however, be no substitute for good baseline information or assessors that are familiar with local conditions. Forms and templates should be similar to those used in development activities in order to ensure acceptability and sustainability of the continuing monitoring.

3 Perhaps an agreement on forms and templates should be sought first between the main actors producing information for public use: the UN and the Red Cross, since too wide a participation in the design process may only lead to cumbersome forms and endless delays.

Recommendation 8. The UN should integrate the components of its assessment-support capability:

- assessment and coordination functions are complementary, but must be separated in terms of dedicated human resources
- HIC, UNDAC (without the 'C' for coordination) and the assessment component of UNJLC should be combined into one comprehensive knowledge = management unit placed at the disposal of national authorities
- the international assessment teams should complement national resources and include strong participation of experts from the affected region.

Good coordination is based on good intelligence. However, combining the functions of information/knowledge-management and coordination into one single team (UNDAC or FACT) usually results in coordination absorbing most of the human resources. Each function should be assigned separate human resources and budget.

Needs assessments are a complex undertaking that cannot be parcelled out to different administrative offices or services with different terms of reference, priorities and visions within the UN. One single entity under OCHA management would minimise the existing duplication of effort and, more importantly, the gaps, such as lack of analysis and compilation of assessment reports.

Ownership of this new knowledge-management entity should be shared with all stakeholders without overlooking the developing countries. The present, dominant donor-government participation in the UN assessment teams should be balanced with representatives from governments from the disaster-prone countries of the region, the Red Cross movement and interested major NGOs. Ideally, in a more distant future, this entity should be administered collegially by the members of the Inter Agency Standing Committee (IASC), and replace the existing parallel assessment mechanisms of both UN and Red Cross systems.

Recommendation 9. OCHA should increase the human resources dedicated to the compilation and analysis of data on the model adopted by the IFIs in their assessment of damage and loss.

A team of analysts, many from the affected country, should be assembled to review, compare, reconcile and compile the results of the many existing assessments (or to catalyse or assist in collecting primary information on needs). This group of senior personnel should be sheltered from the operational pressure of serving a day-to-day clientele. This analytical function is a valuable complement to the function of the HIC. An alternative to OCHA fully assuming this role is to explore the interest and capacity of the World Bank or an NGO created specifically to offer this service to the humanitarian community.

Recommendation 10. Specialised UN agencies should focus primarily on their role as sectoral or cluster lead agencies (assessment and coordination), and avoid being overly distracted by the direct implementation of response activities that other humanitarian actors could carry out.

Assessment of needs will succeed only in an environment conducive to in-depth analysis and constant updating. It requires dedicated human resources (unavailable for other pressing tasks such as coordination or implementation of programmes) and priority attention of the agencies serving as leads of sectors or clusters. According to the Inter-Agency Standing Committee (IASC), the lead agency will 'ensure needs assessments are undertaken for cluster and establish priority actions, develop cluster implementation plan, contribute on behalf of cluster to country strategies' (IASC, 2005a, p 2).

The ultimate goal is:

- assessments done in partnership with the government and humanitarian actors assessing under one overall leadership
- coordination done in support to and building the capacity of the national authorities in assessment
- implementation of activities in areas of excellence and comparative advantage – as indicated by the IASC, cluster lead agencies should be 'acting as the provider of last resort' (IASC, 2005b, p 3).

Recommendation 11. Initial assessment teams should routinely include selected mass media representatives.

Recognising the predominant influence of the mass media on public generosity and on decisions at the highest level in donor governments, OCHA and specialised agencies would benefit from the inclusion (embedding) of media representatives in

assessment missions and other activities.[73] This move would also appease frequent criticism of the lack of transparency of the UN system.

The objective of including media representatives should not be to improve the image of the UN (public relations) but to aspire to provide the public a more balanced and objective view of the immediate and long-term needs and priorities of the victims and, therefore, to guide their generosity toward meeting those needs.

6.4.2 Administrative and financial changes

Recommendation 12. Reinforce the UN capacity through the establishment of an interagency fund permitting the rapid and substantive deployment of a joint assessment team. Lead agencies should also increase their investment in staff and guidance.

Effective assessment in a large-scale disaster cannot be done exclusively with volunteers from donor countries or on-site agencies. In addition to the remuneration of the most knowledgeable experts, funds should be available for on-the-spot hiring of services and transportation means, a skill well mastered by large NGOs.

A fund exclusive to assessment should be established, as either a special fund or earmarked line in OCHA's Central Emergency Relief Fund (CERF). Lack of funding should not become an obstacle to mobilising immediately a large contingent of competent assessors from the country, the region and also from donors. This is especially justified in large-scale sudden-impact disasters such as tsunamis or earthquakes that will generate a current of solidarity. Funding agencies may see a benefit in earmarking those funds only for those joint assessments genuinely involving UN, government, the Red Cross and NGOs. This approach would serve as strong incentive to avoid competitive duplication between those actors. Funding should cover all types of assessments (life-saving or livelihood recovery) carried out in the first months.

Recommendation 13. The UN should make drastic improvements to its procurement, recruitment and security procedures to facilitate the rapid deployment of the proposed joint needs assessment teams in the first hours and days after the disaster. If this is not deemed possible in the short term, OCHA should explore other possibilities, such as the use of specialised NGOs or subcontracting from the private sector for support in the initial needs assessment.

UN procurement, recruitment and security procedures are cumbersome and often a major obstacle to rapid deployment of assessment teams to the most affected areas, and to movement within those areas. Either the international community should be reassured that those procedures are in the process of being adapted rapidly or alternative measures should be explored. This could include promotion or set up of specialised NGOs, or privatization through contracts to provide the operational platform for UN assessment teams.

73 Ibbitson, John (12 October 2005) 'Get off the government's back about winning the relief race', *Globe and Mail* (Disaster in Pakistan). Journalist John Ibbitson poetically concludes that 'any foreign-aid worker will tell you that the sprint to rescue the endangered after a disaster is one challenge. The marathon of feeding, housing and rebuilding a shattered people and a shattered place is something else again. But the media don't cover marathons'.

6.4.3 Changing attitudes toward assessments

Dramatically improving the capacity of the UN and Red Cross to assess needs jointly will be an exercise in futility if the decision making of donors and actors is not reformed to make the response more evidence-friendly. As noted in the Red Cross 2004 Disaster Report (IFRC, 2004), the humanitarian response is now an unregulated industry. As such, it occasionally tends to blur the distinction between the needs of customers (beneficiaries) and corporate interests (those of humanitarian organisations or agencies), and is not markedly influenced by collective assessments. Too many operators remain utterly unconcerned by the results of assessments.

Recommendation 14. Past the early acute emergency (at most a few weeks), donors should make their funding conditional on a solid, documented formal needs assessment and a well-articulated plan for ongoing monitoring of those needs.

This measure would help significantly to reiterate and reinforce donor commitment to the Good Humanitarian Donorship Principles and in particular to 'allocate humanitarian funding in proportion to needs and on the basis of needs assessments' (Principle 6). Despite the signing of the Good Donorship principles by 16 bilateral donors, inevitable political pressures as well as rigid funding mechanisms often do not facilitate adherence to them.

Donors need to play a yet stronger role in holding implementing partners explicitly responsible for conducting (or participating in) needs assessments, sharing the results and engaging in ongoing monitoring. After the initial allotment, release of phase-in funds should be conditional on meeting such standards. Use of Standardised Monitoring and Assessment of Relief and Transitions (SMART), a simplified, inter-agency global initiative in monitoring evolving needs is likely to be useful to agencies in formulating a monitoring plan.

Recommendation 15. The UN system should maintain the reliability and credibility of its assessments by offering balanced and objective estimates of populations affected and the risks they are facing, as well as proactively discouraging inappropriate forms of assistance.

Most important is the motivation and ability of the UN system and, in particular, of its specialised cluster agencies, to back the findings and recommendations of technical staff with a willingness to discourage forms of superfluous, inappropriate assistance not in line with assessed needs and prioritised in collaboration with the national authorities. Without the courage to say no or to criticise response practices, there is no hope for an effective and credible use of assessment for the benefit of the affected population.

Recommendation 16. Technical capacity to assess needs and/or commitment to implement programmes based on evidence should be one of the criteria in the accreditation of humanitarian NGOs as proposed by some donors.

Affected populations are 'assessed' by NGOs without resources or capacity to follow up on their promises. Signed agreements or memoranda of understanding are routinely broken. Overworked government institutions and UN specialised agencies are also diverting resources in attempts to guide those visitors often unwilling to abide by existing guidelines or results from formal assessment. NGOs should be

given more incentive to consider the results of collective assessments in their decisions. This is unlikely to occur spontaneously through self-policing in the NGO community.

The 'unregulated industry' should become regulated to ensure minimum quality control of the actors. If the right of intervention is to be sustained by the UN and accepted by all governments, the UN and donors also have an obligation to inform the affected country about whether the humanitarian actors are meeting minimum requirements in terms of assessment competence, transparency and capacity. The humanitarian response has grown too much to be managed as a small family business.

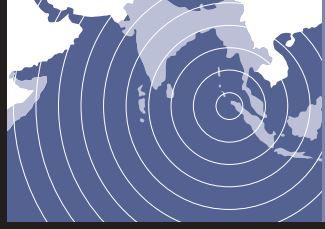
6.5 A common information system for all affected individuals

The comprehensive assessments presently carried out by governments, the UN and the Red Cross produce demographic statistics on needs by geographical area or group. They do not provide information on who needs what. They do not permit matching of needs and offers at the family or individual level.

Recommendation 17. The humanitarian community should develop the operational capacity to register all households or individuals and their needs in a common database. The UN should oversee this initiative, ensure its ongoing monitoring and updating and seek full support and participation from all actors – in particular, the government of the affected country.

UNHCR, with the support of major donors, has developed a standard methodology for the computerised individual registration of all refugees receiving assistance (ProGres). The feasibility and benefits of adapting a similar system for households affected by natural disasters should be explored. The system would be implemented once the acute emergency has passed and when the cost of the recovery response (US$/person) warrants it. Mobilising technological support and dozens of experts for this purpose is a comparatively modest but productive investment when expatriate volunteers are numbering in the thousands.

This recommendation will require a prior agreement between government and agencies on who should be registered. Presently, affected individuals or households are often registered in multiple databases of specific government agencies or humanitarian organisations. As done in the UNHCR 'Profile' project, eligible individuals could receive a unique ID entitlement card. A single database would reduce inequities and duplication, facilitate data disaggregation by gender and other factors, and force a consensus on who needs what – a significant step toward the ideal scenario of a transparent response based on assessed needs.



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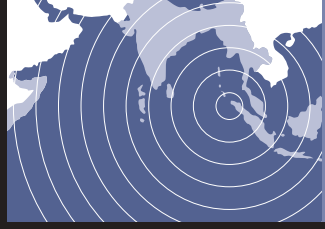


Annex 1: Terms of reference

Background

The tsunami catastrophe that struck Asia on 26 December 2004 is one of the worst natural disasters in modern history. Although the major impact was felt in India, Indonesia, the Maldives, Sri Lanka and Thailand, other countries affected include Myanmar, Somalia, Bangladesh, Kenya, Malaysia, the Seychelles and Tanzania. More than 250,000 people are thought to have died, and as many as half a million people were injured, with many needing urgent medical or surgical treatment. Overall, an estimated 5 million people have been directly or indirectly affected. Damage to and destruction of infrastructure destroyed livelihoods, and left many people homeless or without adequate water, sanitation, food or healthcare facilities.

Governments and individuals worldwide responded with unprecedented generosity, in solidarity with the rescue and relief efforts of the affected communities and local and national authorities. This has been instrumental in reducing or mitigating the consequences of the disaster, and in boosting the current recovery and rehabilitation efforts.

Purpose and scope of the evaluation

This evaluation is undertaken as part of the work of the Tsunami Evaluation Coalition (TEC). The present joint evaluation will look at the extent to which responses to the tsunami disaster were informed by timely, transparent, comprehensive, accurate and coordinated assessments of impact and needs. This would be most appropriately analysed jointly through a multi-sectoral approach. Indeed, most disaster assessments carried out in the past have focused on the use of sectoral/sub-sectoral or agency approaches to emergency crises, with a subsequent reduction in their effectiveness to respond to the affected population's real needs. Reality on the ground calls for a more holistic and integrated analysis and consequent response.

'Needs assessment' is categorised as: immediate assessment carried out during the first seven days, with more structured assessments carried out during the subsequent three months.

Purpose of the evaluation

- To assess the extent to which immediate and longer-term agency and donor responses and strategies were guided by timely, relevant and adequate needs assessments (what was done well and why, and what could have been done better and how).
- To assess the extent to which information from needs assessments was brought together and made available in a form that could be used by the main actors.
- To determine whether the needs assessments were well coordinated and complementary.
- To make recommendations to humanitarian agencies and donors for improving how needs are assessed in sudden-onset emergencies.
- Within the larger, system-wide evaluation effort of the Tsunami Evaluation Coalition, to serve as a pilot and possible future model for system-wide interagency evaluations.

The users of the evaluation results are humanitarian actors (UN, NGOs and donors) and possibly the affected national governments.

Scope of the evaluation

The emphasis of the evaluation will be on the needs assessments carried out by agencies/actors involved, and their priority setting for immediate and longer-term responses. The evaluation will look at the needs assessments carried out during the first three months of the humanitarian response, from 26 December 2004 to 31 March 2005, to determine the effect on people's lives and livelihoods and their needs. The study will also take into account supplies provided and needs addressed or met (for example, by local actors and the military) prior to any needs assessments being conducted.

The evaluation will include two levels of analysis: the extent to which needs assessments guided decision making on planning and programming the response; and, at country level, how far needs assessed were reflected in the response and met the actual needs of the affected populations.

Assessments of needs of the humanitarian response will be reviewed, taking into account shelter, food, security, health (including malnourishment, malnutrition and morbidity), protection issues (including sexual and gender-based violence), livelihood recovery and targeted longer-term solutions for the most affected groups (including orphans and the aged).

The evaluation will include four case studies: two in Aceh, Indonesia, and two in Sri Lanka. In each country, one case study is of a place that was easily accessed, and the other is one accessed only some days after the tsunami. The evaluation is expected to provide examples of good practice: noting practice to be avoided, as well as targeted recommendations to the humanitarian community on how to adopt the lessons and insights identified by this evaluation.

Evaluation criteria and key issues

Each of the three key issues detailed below will be evaluated using the following evaluation criteria as appropriate: timeliness, efficiency, effectiveness, appropriateness, coherence, value-added and connectedness. Gender perspectives will be systematically included throughout the evaluation.

Quality of impact and needs assessments

- Quality of the assessment: was the coverage of the needs and damage assessment sufficiently comprehensive? Did the assessments lead to an adequate understanding of who was affected, where they were, and what were their immediate needs?
- How adequately were anticipated risks (such as vulnerabilities, potential for outbreaks) assessed? Were assessed needs and risks accurate?
- To what extent was local knowledge and capacity used in carrying out the needs assessments?
- To what extent were local capacities (such as local expertise, family ties and support) taken into account in identifying the needs for assistance?
- Were there any unassessed needs (in terms of either geographic coverage or population groups)?
- Did the assessed needs correspond to the actual needs of the populations?
- Was the timing of disaster impact and needs assessment appropriate?
- Were the assessments (and recommendations) appropriately grounded in an analysis of contexts, particularly social issues (such as caste, illegal immigrants, conflict, politics and gender issues)?
- To what extent did analysis reflect a longer-term perspective?
- What assessment mechanisms were put in place after the immediate rapid assessments?
- How effective were the surveillance mechanisms and other subsequent assessments or surveys in directing/adjusting the responses?
- Were there distinct differences in the assessment processes between the most important affected countries?

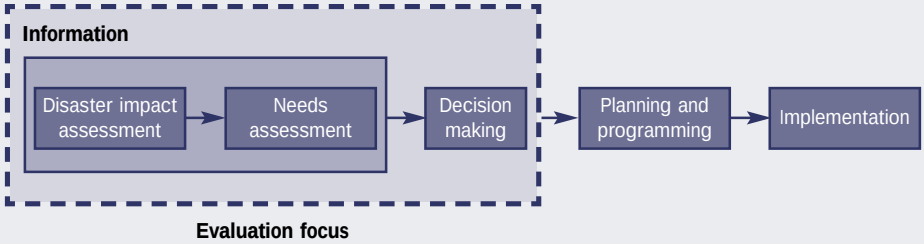
Complementarity and coordination

- Did assessment methodologies make use of existing frameworks for needs assessment in emergencies, such as: the Needs Analysis Framework (NAF) developed for the Consolidated Appeals Process; the UNDG Framework for Multilateral Needs Assessments in Post-conflict Situations; the Standardised Monitoring & Assessment of Relief & Transitions (SMART) Initiative; and frameworks and approaches developed by NGOs addressing sectoral needs (such as CARE, Oxfam food security and agricultural needs, or other national and international standards to determine appropriate interventions, for example the Sphere handbook). Were these methodologies reconciled for commonality of use?
- Did any of the assessment methodologies use any guidelines prepared from a gender-sensitive perspective?
- To what extent were assessments by sector and by beneficiary group comprehensive?
- To what extent were overlapping assessments consistent or contradictory?
- How did needs assessments relate to those done by national governments? Were findings similar or different? Why were they different?
- Were the needs assessments coordinated and complementary to the extent feasible in the aftermath of the disaster?

Effectiveness and use of needs assessments

- Were there coherent and effective mechanisms for the sharing and dissemination of the results of needs assessment in place?
- Use and users of assessment(s): who are the user(s)? What information/analysis did they particularly value? What were the gaps?
- To what extent were assessments useful to formulate responses including alternative options (relief/recovery)?
- Were assessments used to formulate clear strategies on what needed to be done as priority to deal with direct consequences (such as loss of shelter, the injured and the dead)?
- Who made the strategies, based on what information, to what effect? How did these assessments relate to the planning of Flash Appeals?
- Did the needs assessments inform the design and targeting of emergency and early recovery responses? If not, why not?
- To what extent were funding decisions (pledges and commitments) based on the needs assessments?

Figure 1. From assessment to implementation



Links to other thematic studies

This evaluation is linked to other thematic studies in this series. In particular, this evaluation covers issues of coordination (complementarity) in needs-assessment processes and uses. It also addresses issues relating to funding and the extent to which donors' decision-making, strategy formulation and setting of priorities was guided and informed by objective needs assessments. Finally, the evaluation links with the LRRD thematic group concerning connectedness in carrying out needs assessments.

Management of the evaluation

The evaluation of needs assessment will be managed by the Swiss Development Corporation (SDC), WHO and FAO (the Steering Committee), with guidance from the Working Group consisting of various agencies and donors. The Steering Committee's main tasks are to:

- ensure an inclusive process to finalise the ToR
- assist in the mobilisation of resources (financial and in-kind)

- participate in the selection of team members (identifying the team and ensuring quality throughout the process)
- consult on key issues regarding this evaluation
- advise their own agencies and staff on this evaluation, as well as coordinating agency internal substantive feedback to the group
- participate in any workshop that may be planned once the draft report has been received
- ensure ongoing communication with the Working Group
- ensure integration into and coherence with the wider TEC evaluation.

Financial and administrative aspects of the evaluation will be managed by WHO.

Evaluation team and methodology

It is proposed that the evaluation team will consist of three international evaluation experts, covering between them expertise in assessments of immediate needs including those for food, shelter, health, water, restoration of livelihoods and food security, public health, infrastructure, security and cross-cutting issues of gender. One of the three consultants will be the team leader. A research assistant will carry out the background and preparatory work. National consultants will join the core team during each of the country case studies.

The team will make use of the following methodologies:

- inventory, categorisation and selection of the most important needs assessments made during the first three months; in addition to comprehensive multi-sector assessments, attention will be given to assessments relating to health, food security, agriculture and fisheries
- desk review of the quality and methodologies of the assessment reports based on an agreed set of criteria
- consultation with beneficiaries in the three affected countries
- identification of and interviews with key stakeholders, and in particular decision makers, in the three affected countries as well as in donor and agency headquarters
- visits to the disaster-affected areas in Sri Lanka and Western Sumatra; it is proposed that in both Sri Lanka and Indonesia, the team will do an in-depth study in two respective locations: one that was reached by the international community during the first days, and a second where it took a week or longer for the first international assessment and response teams to arrive
- focus-group discussions with stratified opinion sampling.

For comparison purposes, it is important that a consistent methodology be applied in the two countries visited.

Tentative schedule

Starting date (desk review): September

Field missions: October

Schedule for the research assistant: early September

- 2 days briefing in Rome or Geneva with the Steering Committee
- 4 weeks desk review, including inventory, identification of interviewees and missions preparation

Schedule for the team leader: September

- 2 days briefing in Rome or Geneva with the Steering Committee
- 2-day workshop in London with the TEC Evaluation Adviser and Coordinator, and the other study team leaders
- 3 weeks desk review including an inception report
- 2 weeks in Sri Lanka (including a national workshop)
- 3 weeks in Aceh (including a national workshop)
- 2 weeks writing reports
- 2 days in London participating in a synthesis report workshop

Schedule for the two evaluators: September

- 2 days briefing in Rome or Geneva with the Steering Committee
- 2 weeks desk review including an inception report
- 2 weeks in Sri Lanka (including a national workshop)
- 3 weeks in Aceh (including a national workshop)
- 1 week writing reports

Draft report submitted: end of November
Debate on draft report: in the December ALNAP biannual
Finalise report
Integration in TEC synthesis report: end of December

Outputs

A report of no more than 30 pages, excluding an executive summary of no more than 3 pages and annexes. For further guidance on report preparation, see ALNAP guidance. The final report will be made available on the dedicated website, and disseminated through all appropriate channels.

Use of the evaluation report

The evaluation report will stand alone as a discrete account. Preliminary findings and recommendations will be presented to the Steering Group and the Working Group, and will also be discussed with agencies.

The evaluation findings will inform the dialogue between humanitarian partners in forums such as the SMART initiative, the Good Humanitarian Donorship Initiative and the Sphere Project. The findings will also enable donor agencies to improve analysis, prioritisation and assessment of project proposals received from humanitarian partners.

Finally, the report will be presented at relevant interagency forums, including the November IASC meeting and the December ALNAP meeting. The report will also feed into the TEC synthesis report – planned to be available in draft form by late December 2005.

Annex 2: Evaluators and contributors

Evaluators

Dr Claude de Ville de Goyet

A Belgian national, Dr de Ville de Goyet graduated as a doctor of medicine from the University of Louvain, Belgium in 1965, and completed postgraduate studies in tropical medicine and public health. He also holds a BSc in Operational Research and Computer Sciences from the University of South Africa.

Following six years of public-health work in Africa, Dr de Ville de Goyet joined the Disaster Epidemiology Research Centre (CRED, University of Louvain, Belgium) as Executive Director (1973–1977). He is the author of numerous articles and publications, including the WHO manual, 'Management of Nutritional Emergencies in Large Populations'.

For 25 years (1977–2002), he was Director of the Emergency Preparedness and Disaster Relief Coordination Program of the Pan American Health Organisation, regional office for the Americas of the World Health Organisation (PAHO/WHO). PAHO is a recognised leader in promoting health preparedness.

Since his retirement from PAHO in 2002, he has been a senior consultant to UN agencies and national governments, specialising in evaluation of preparedness and response projects across the world, including health response to complex emergencies in Bosnia and Kosovo and to cyclones in the Caribbean. He has regularly visited the tsunami-affected countries before this mission. In 2005, he received a certificate of distinction from the UN Sasakawa award.

During this mission, Dr de Ville visited Belgium, Indonesia, Italy, Sri Lanka, Thailand, Switzerland, the United Kingdom and the USA. He was the team leader, focusing also on the health aspects of this evaluation.

Ms Lezlie Caro Morinière

A French national, Ms Morinière graduated from the University of Cincinnati, USA in 1985 with a degree in Romance languages and received a Masters in Public Health with a major in Biostatistics/ Nutritional Epidemiology and International Communication from Tulane University in 1991.

Ms Morinière has extensive field experience, with over 17 years of her career based in developing countries. Following service with the Peace Corps (1987–90) and a Rotary Ambassadorial Scholarship (1991–2), she applied her skills as a food and livelihood security analyst (FEWS Project) and later as a technical adviser on risk and disaster management to bilateral agencies and national governments.

She focuses specifically on knowledge management for decision making in the humanitarian context: hazard and vulnerability assessment, early warning systems and impact, damage and needs assessment. She has also contributed her skills directly to the response operations of both sudden and slow-onset natural disasters (cyclones, floods, drought, locusts, landslides), epidemics (cholera, HIV) and complex emergencies and refugee populations (in the DRC, and Côte d'Ivoire/Mali).

Ms Morinière has served full-time within research institutions, governments and NGOs. Since 2000, she has worked as an international consultant principally to UN agencies (OCHA/UNEP, WFP and UNDP) and to governments across Asia and Africa.

For the present evaluation, Ms Morinière visited Switzerland, Canada, Italy, Indonesia and the USA. She was responsible for the shelter and water/sanitation aspects of the evaluation as well as backstopping the food-security and livelihood sectors.

Contributors

Mr Michael Adhikara Budi

An Indonesian national, Mr Budi graduated in industrial engineering from the University of Indonesia in 2004. He trained also in financial and IT audit. Following a brief career in the private sector (in technology and security-risk services), he was recruited as assistant to the head of the Planning Board of Jakarta Province where he worked particularly to strengthen Jakarta's preparedness for major disasters and emergencies. He assisted the TEC evaluators as voluntary part-time national consultant in the inventory of national assessments and the analysis of the decision-making process in Indonesia.

Dr Achmad Harjadi

An Indonesian national, Dr Harjadi is a medical doctor (1977), with a master's degree in hospital administration (1983). In the Jakarta provincial government, he became chairman of the health department (2002), then assistant secretary of social welfare and finally chairman of the Jakarta Planning Board. In those capacities, he spearheaded efforts to develop a preparedness and prevention capacity in the provincial government. He provided valuable advice to the team of evaluators on national needs assessments and response. He supervised the work of the three officers of his department who volunteered as part-time national consultants.

Mr Bryan Heal

A Canadian national, Mr Heal graduated from McMaster University, Hamilton, Canada with a degree in health sciences. He has done further studies in community based research and competitive intelligence, and is also completing a Master of Public Health (MPH) degree in epidemiology. Mr Heal began his career researching delivery methods for health education and HIV/AIDS interventions at McMaster University. He then served (2004–2005) with the Ontario Ministry of Health and Long-Term Care, researching health policies and advocacy services for people with mental illness, problems of abuse and neglect of the elderly, and pandemic influenza planning.

In March 2005 he joined the International Centre for Migration and Health (ICMH) in Switzerland as a research associate, where his primary responsibilities include assessing the public health impact of the tsunami, especially in Indonesia, Thailand, Sri Lanka, India, the Maldives and Somalia. As a research assistant to the present evaluation, his contributions included a desk study on needs assessments in health, water and sanitation, and shelter, as well as assisting the Team Leader and Main Evaluator with information requests.

Mr Akhmad Hidayatno

An Indonesian national, Mr Hidayatno is an industrial engineer from the University of Indonesia (1996) with a master's degree in business and technology from the University of New South Wales, Australia (1998). He is currently the Vice-head of Department of Non-academic Affairs in the Faculty of Engineering of the University of Indonesia. He has served as a consultant in information-system design, business process and strategic planning, among other fields. He is advising the province of Jakarta on disaster preparedness and risk reduction. He assisted the TEC evaluators as voluntary national consultant in the inventory of national assessments and the analysis of the decisions making process in Indonesia.

Mrs Cristina Lopriore

An Italian national, Mrs Lopriore graduated as a biomedical scientist from the University of Leiden (1994) and obtained a master's degree in human nutrition at the London School of Hygiene and Tropical Medicine (1995). She has over 10 years' continuous professional experience in the area of nutrition assessment, analysis and planning, in both humanitarian and development contexts. Her field experience focuses especially on the design, implementation and management of public-health nutrition interventions to improve maternal and child health (micronutrient deficiencies and growth retardation), covering multi-disciplinary nutrition and food-security assessments and evaluations, selective feeding programmes, community-based education-communication strategies for behavioural change, growth promotion and training.

She has served full-time with research institutions and NGOs, and has collaborated extensively as an international consultant principally to UN agencies (FAO, WFP, UNHCR, WHO, IFAD).

In the present evaluation, Mrs Lopriore was responsible for the desk review of the quality and methodologies of needs assessments relating to food security, food aid, nutrition and livelihoods. To carry out this research, she reviewed the different emergency livelihoods-assessment approaches (in terms of methods, concepts, key elements, strengths and weaknesses), with a focus on food security as an outcome, and prepared an inventory of published tsunami-related food-security assessments.

Dr Ernie Widianty Rahardjo

An Indonesian national, Dr Widianty Rahardjo graduated in 1999 as a medical doctor from Airlangga University, Surabaya, and gained a master's degree in public health (quality of health services) in 2002 (University of Indonesia). Her training includes numerous courses in disaster-risk communication, emergency information management and occupational safety. She has travelled extensively to Canada and the Netherlands. Since 2003, she has been the personal assistant to the Chairman of the Planning Board of the Province of Jakarta, with particular responsibility for flood-disaster preparedness and coordination with all stakeholders. She coordinated the first disaster awareness week in Jakarta (2004). Her contribution to this evaluation, on a voluntary basis, has been the analysis of the needs-assessment capability of the Indonesian government during the tsunami response, and the preparation of the corresponding report.

Annex 3: List of persons interviewed

Indonesia

Government

District/Sub-district level

T DADEX, Camat/Head SubDistrict Johan Pahlawan

Dr DARMILI, Bupati/Head Simeulue Island

Alfiam GULFAM, Chief Transportation, District Calang

SP MARWAM, Secretary General District Calang

Dr MUHARIR, Camat/Head Sub-district Meureubo

Ministry of Agriculture

Pamela FADHILAH, Bureau of Planning

Mr HUDOYO, Food Security Agent

Gatut SUMBOGODJATI, Secretariat of Director-General of Food Crops

HT THURZIZI, Head Food Crop and Horticulture Office

Ministry of Fisheries

Saut P HUTAGALUNG, Director of Planning, Foreign Cooperation Bureau

Mr KAMALUDDIN, Deputy Head, Fisheries & Aquaculture

Ministry of Health

Asri AMIN, Centre for Diseases Control (CDC), Cholera Unit

Mr GANDI, CDC Cholera Unit

A HAMID, Officer, Banda Aceh

Dotti INDRASANTO, Former Director, Emergency Programme

Iman SUBEKTI, Planning Bureau

M VJ, Planning Bureau

Wayan WIDAYE, CDC Cholera Unit

Ministry of Social Welfare

Ketua BURHANUDDIN, Public Relations Officer

Idwaini M SALEM, Head of District Office (DINAS)

Provincial Administration

Michael Adhikara BUDI, Officer

Mr GEORGE, Engineer

Dr Achmad HARJADI, Planning Board, Jakarta Province

Akhmad HIDAYATNO, Jakarta University/Consultant

Janharuddin JANHARUDDIN, Agent

Abdul LATIF, Head

Dr Ernie Widianty RAHARDJO, Technical Officer

SATKOLAK Samul Samul BAHRI, Agent

Armed Forces: TNI

General BABANG, General

M RURUH, District Commander

Donors

AUSAID

Kit DYER, Water/Sanitation Adviser

Natacha EMERSON, Policy Officer, Humanitarian & Emergencies

DFID

Martin DAWSON, Deputy Head

Stefan HANDOYO, Deputy Programme Manager

ECHO

Carlos AFONSO, Head of Office

French Embassy

Adrian MOREL, Charge de Mission

SDC

Daniel BEYELER, Country Director

Hans KELLER, Country Director

USAID

Suzanne R BILLHARZ, AEP Country Program Manager

Robert E DRAPCHO, Food for Peace Officer

Alex MAHONEY, OFDA Program Officer

Thomas MORRIS, USG Representative, Banda Aceh

Herbie SMITH, Basic Human Services Officer

World Bank

Jehan ARULPRAGASAM, Poverty Sector Coordinator

Richard CIBULKSIS, Monitoring and Evaluation Officer

Wolfgang FENGLER, Senior Economist

Pawan G PATIL, Senior Economist, Rural Development and Natural Resources

Johan PRAGASANI, Head/Damage and Needs Assessment

Erman RAHMAN, Operations Officer

Rahul RATURI, Sector Manager, Rural Development and Natural Resources

Herry WIDJANARKO, Monitoring and Evaluation Assistant

United Nations agencies

FAO

Ronald DIJK, Land and Water Management Specialist

Peter FLEWELLING, Chief Technical Officer, Fisheries

Man HO SO, Representative

Robert LEE, Master Fisherman

Michael SAVINS, Boat Builder

Benni SORMIN, Assistant Representative

Verra VIDIANA, Programme Secretary

OCHA

Holmer Lund JESPER, Field Coordination Support Section

Maura LYNCH, Humanitarian Affairs Officer, Asia & Pacific Section

Enayet MADANI, Government Liaison Officer, Banda Aceh

Steve RAY, Head of Meulaboh Office

Rebecca RICHARDS, Asia & Pacific Section

Eka Rinanda RIDWAN, Field Officer Meulaboh

Juliette de RIVERO, Field Coordination Support Section

Annette ROLFE, HIC Deputy Manager

UNDP

Bo ASPLUND, Resident Coordinator

Said BAABUD, Programme Officer Banda Aceh

Indra FAKHRUDI, Programme Assistant

Jonathan GILMAN, UN Coordination Specialist

Andre LOUHANAPESSY, Crisis Prevention/Recovery Officer

Fithri Farahnaz SAIFA, Programme Assistant, Shelter

Kristanto SINANDAN, Crisis Prevention/Recovery Head

Imogen WALL, Programme Assistant, Shelter

UNFPA

Najib ASSIFI, Representative for the Pacific

Bernard COQUELIN, Representative in Indonesia

Melania HIDAYAT, National Programme Officer, Reproductive Health

Lily Widia PUSPASARI, Programme Manager

Jyoti REDDI, Director of Operations, Banda Aceh

UN-HABITAT

Binod K SHRESTHA, Project Manager/ Monitoring Specialist

Moeroe SUPRANOTO, District Manager

UNHCR

David MACKNEY, Team Leader, Banda Aceh

UNICEF

Ahmer AKHTAR, Project Officer/Health and Nutrition

Mr BAMBANG, Water Sanitation Officer

Cyril CHANDRAPALA, Water Sanitation Officer

Ari HADINOTO, Water Sanitation Officer

Maki NODA, Assistant PME Project Officer

Ramon SCOBLE, Consultant for UNICEF, Banda Aceh

Anna WINOTO, Assistant Project Officer, Nutrition Unit

WFP

Dipayan BHATTACHRYYA, Head, VAM

Regis CHAPMAN, Head of Programming, Banda Aceh

Charlie HIGGINS, Emergency Coordinator, Banda Aceh

Mr MAHINDRA, Logistics Officer

Mohamad SALEHEEN, Representative, Jakarta

Henning SCHARFFP, Operations Manager, Banda Aceh

Catherine YATES, Head of Field Office

WHO

Anshu BANERJEE, Head of Office, Banda Aceh

Franco BESANA, Consultant Hospital Engineer

Jihadi FAISAR, Cholera Programme (Aceh)

Adbi ISSE, Medical Officer, Meulaboh

Faisar JIHADI, National Programme Officer, Reconstruction Coordination, Banda Aceh

Lim Kuan JOO, Consultant Health Information Systems, Jakarta

Dominique MAISON, Water/Sanitation Consultant, Banda Aceh

Georg PETERSEN, Representative in Indonesia

Susan PROSSER, Mental Health Adviser

Bardan Jung RANA, Medical Officer EPI, Aceh

Andrew SAUNDERS, Project Tracking Officer

Jan SPEETS, Adviser, Environmental Health

Kyaw WIN (Vijay Nath), Humanitarian Affairs Adviser

UNJLC

Mike WHITING, Head, Banda Aceh

Non-governmental organisations

ACF

Philippe CRAHAY, Agriculture

Joud SELVARATNAM, Food Security and Livelihoods, Calang

Mr VINCENT, Programme Manager

CARE/USA

Therese FOSTER, Program Coordinator

Nirma HASYIM, Gender Officer

Mr WILDEN, Project Manager, Banda Aceh

CRS

Nash RUDIN, Civil Society Head

Alex SCHEIN, Head of Programmes

Philip VISSER, Regional Adviser, Peace Building

Hellen Keller

Ir Siti HALATI, Director Field Operations, Banda Aceh

IMC

Mike DANIELS, Country Representative

IRC, CARDI

Kimberly CONNOLLY, Field Coordinator, Calang

MDM

Lien BRUGGEMAN, Medical Coordinator, Banda Aceh

Marie Alice COUPEY, Logistician Administrator

Mercy Corps

Peter STEVENSON, Director of Programmes

Merlin

Yolanda BAYUNGO, Country Health Director

MSF/Holland

Mr BURGSTEDEN, Coordinator

Oxfam

Michael BOLTON, Recovery Coordinator, Aceh Barat

Simon BROOK, Monitoring/Evaluation Coordinator, Aceh & Nias Programme

Ian CLARKE, Project Manager, Aceh Besar

Djoni FERDIWIJAYA, Area Supervisor, Aceh Barat

T Novian NUKMAN, Area Supervisor, Aceh Barat

Guarav PRATEEK, Recovery Coordinator, Aceh Jaya

Jolly SHAH, Project Manager, Aceh Besar

Save the Children (SC)

Greg HOFKNECHT, Team Leader

Husaini ISMAIL, Livelihood Sector Head

Anta KENDRICK, Coastal Livelihoods Adviser

Laurel MACLAREN, Deputy Director for Programme

John McCOMB, Health Sector Coordinator

Gopalakrishnan RAJAGOPALAN, Food Manager

Red Cross movement, IOM and other institutions

Glemminge Development Research

Ian CHRISTOPLOS, Sweden

IFRC

Diana ARAUJO, Representative

Howard ARFIN, Reporting Delegate

Aurelia BALPE, Senior Officer, Movement Cooperation Division

A BOKKENHEUSER, Representative

Peter CAMERON, Deputy Head of Delegation

Derrick CHISENGA, Representative

Fidelis CHULU, Water/Sanitation Coordinator

Katharina GRUNIG, Health Delegate, Banda Aceh

Olaf HAVSTEEN-MIKKELSEN, Livelihood Manager

M KARIM, Officer

Md Latifur RAHMAN, Disaster Management Delegate

Mijanur RAKMAN, Relief Coordinator

Shail SHRESTHA, Head of Office, Meulaboh

RC societies

Mads Brinch HANSEN, Livelihoods Delegate, Danish Red Cross

Maude MORIN, Representative, French Red Cross

Eva NICOLSON, Representative, Danish Red Cross

Ajay PAUL, Operations Manager, British Red Cross

Jun TAKASHIMA, Representative, Japanese Red Cross

Miguel URQUIA, Representative, Spanish Red Cross

Chiyuki YOSHIDA, Representative, Japanese Red Cross

IOM

Mariates de la CRUZ, Livelihoods Agent

Maria Nanette MOTUS, Senior Health Adviser

Kristin PARCO, Officer in Charge

Graeme RAPLEY, Shelters Project Manager

International Youth Movement of Indonesia

Biben AHKBAR, President

PARC

Michael FLINT, Consultant

Tohoku University of Medicine

Naruo UEHARA, International Health

Sri Lanka

Government

DMC

Nimal HETTIARACHCHI, Director, Ministry of Social Welfare

Department of Agriculture

ASM HAREES, Assistant Director, Trincomalee

M SHANTHIKUMAR

Department of Fisheries

M FAREETH, Officer

D NAGCHAWATTE, Assistant Director, Galle District

Mervin PREMALAL, Marine Engineering Assistant, Trincomalee

District Administration

GS DHAMMASENA, District Secretary

Mr GRUNAWADANE, Divisional Secretary

Asoka JAYASEKERA, Government Agent

Ministry of Health

PL GURNAWADENE, Former DPDHS

Kalutara KATUKURUNDA, Public Health Agent

Paba PALIHAWADANA, Deputy Epidemiologist

U PIMASEELI, Director

Risintha PREMARATNA, Regional Epidemiologist

PRIYANI, Teaching Hospital Mahamodera

Sunil SENANAYAKE, Director, Information Department

UDA

LT KIRINGODA, Director THRU

Donors

ADB

Brian SMITH, Post-Conflict Specialist

Canadian High Commission

Nihal ATAPATTU, Development Officer

Calvin PIGGOTT, First Secretary

JBIC

Juichiro SAHARA, Representative

SDC

Tom MEYER, Head of Office, Trincomalee

USAID

Clare MCCONNACHIE, Regional Program Manager, Trincomalee

United Nations Agencies

FAO

Kusal DHARMARATHNE, IT Specialist

Claude FERNANDO, National Consultant on Fisheries

Leslie JOSEPH, Fisheries Consultant

Solveig KOLBERG, Rural Livelihoods and Gender Officer

Chamila LIVERA, District Officer, Galle

Nirmala PRASANNA, Assistant District Officer

Nuwan de SILVA, Assistant District Officer

Serge TISSOT, Area Coordinator, Trincomalee

OCHA

David EVANS, Coordination Policy Adviser

Valentin GATZINSKI, Head of Office

Patrick GORDON, HIC Manager

Nishanie JAYAMAHA, HIC National Information Management Officer

Esty SUTYOKO, Field Coordination Officer, Galle

UNDP

Miguel BERMEO, Res. Representative and Humanitarian Coordinator

Pablo RUIZ, Special Adviser

UNHCR

Brita HELLELAND, Head of Field Office, Trincomalee

UNICEF

Gabrielle ELROY, Head of Zone Office, Trincomalee

Yasmin Ali HAQUE, Senior Programme Coordinator

Asadur RAHMAN, Head of Zone Office, Galle

WFP

Jonathan CAMPBELL, Programme Coordinator

Tamara NANAYAKKHARA, Programme Assistant

WHO

Palitha ABEYKOON, Human Resources Development

Agostino BORRA, Representative

Thushara FERNANDO, National Professional Officer

Lisa HILMI, Monitoring & Evaluation Officer

Denham POLE, Epidemiologist

Bipin VERMA, Humanitarian Technical Officer

Non-governmental organisations

AAR Japan

Naohito ISHIKAWA, Assistant Programme Officer

ACF

AU ALABDEEN, Food Security, Trincomalee

Cristina ALAMAN, Watsan Programme Manager, Trincomalee

Fabrice CARBONNE, Head of Base, Trincomalee

Pierre FOURCASSIE, Watsan Coordinator, Trincomalee

CARE

PL JEGANATHAN, Deputy Humanitarian Assistance Coordinator

Green Movement

Thilak KARIYAWASAM, Agent

Oxfam

Asif Ali SHSHERAZI, Programme Manager, Trincomalee

Sri Lanka Solidarity

Philippe FABRY, Liaison Representative

TRO

V KALAILVARNAN, District Project Director

C KUMARAKURUPARAN, Deputy District Director

World Vision

MSJ MORAGES, Programme Coordinator

Red Cross movement, IOM and other institutions

ICRC

Eric WEISSEN, Wathab QAZ Engineer, Trincomalee

IFRC

Marga JANN, Architect

Pat LABERGE, Movement Coordinator

Al PANICO, Head of Operations, Deputy Head of Delegation

RC Society

Wahala BANDARA, Senior Project Coordinator

Upali SIRIMANNE, Chairman, Galle Branch

Health Policy Research Associates

Reggie PERERA, Health Services Management

Institute for Health Policy

Ravi RANNAN-ELIYA, Director

Thailand

Donors

USAID

Thomas DOLAN, Senior Regional Advisor for Asia-Pacific

United Nations agencies

FAO Regional Office

Gamini KEERTHISINGHE, Senior Plant Production

Yuji NIINO, Land Management Officer

Peter OOI, Land Management Officer

Derk STAPLES, Senior Fishery Officer

ISDR

Joseph CHUNG, Senior Regional Officer for Asia-Pacific

OCHA

Terje SKAVDAL, Deputy Head Regional Office, Asia-Pacific

UNDP

Michael ERNST, Regional Disaster Reduction/ Transition Recovery

David HOLLISTER, Disaster Recovery Adviser

Tetsuo KONDO, Resource Mobilisation, Senior Adviser

UNESCAP

Kay THELMA, Director, Emerging Social Issues Division

WHO

William ALDIS, Representative

Red Cross Movement, IOM and research institutions

IFRC

Bekele GELETA, Head of Regional Delegation, South East Asia

John MAMOEDI, Senior Emergency Response Officer

Headquarters: Europe, North America and others

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CIDA

Kristen CHENIER, Chief, Strategic Planning and Policy Unit

Brian PROSKURNIAK, Manager, Tsunami Secretariat, BSP, Asia Branch

Joshua TABAH, Senior Programme Officer, Natural Disaster Response/NGOs

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Nicoletta PERGOLIZZI, Evaluation Manager

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Daniel BAYELER, Country Director

Manuel ETTER, Programme Officer, Asia/America Division

Marco FERRARI, Deputy Head of Department

Toni FRISCH, Director of Humanitarian Aid

Andre HUBER, Deputy Head of Division, Asia/America

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Gilbert COLLINS, Team Leader Evaluation and Planning

James FLEMMING, Divisional Chief of Operations

Rhonda, Coordinator for Information Management

Robert THAYER, Head of Regional Team

United Nations agencies

FAO

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Rehabilitation Division

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Dominique GREBOVAL, Senior Fishery Planning Officer

Rudolfe HERMES, Evaluation, PBEE

Ababouch LAHSEN, Head, Fisheries

Erminio SACCO, Food Security Analyst

Rachel SAUVINET-BEDOUIN, Senior Evaluation Officer, Evaluation Service

Jeremy TURNER, Fisheries

Sylvie WABBES-CANDIOTTI, Technical Cooperation Department/ Emergency

Lena WESTLUND, Fisheries, Tsunami Country Programme Support

Rolf WILLMANN, Senior Fishery Planning Officer

OCHA

Carolina de BOURBON, Coordination Support Services

Jesper HOLMER-LUND, Field Coordination Support

Arjun KATOCH, Chief, Field Coordination Support Services

Chris KAYE, Head of Regional Office for South Africa, Johannesburg

Maura LYNCH, Asia and Pacific Section

Rob McGIBSON, Head MIS

Rebecca RICHARDS, Asia and Pacific Section

Juliette de RIVERO, Field Coordination Support

WFP

Mark GORDON, Food Security Information Specialist, ODAN/VAM

Wolfgang HERBINGER, Chief ODAN

Nicole STEYER-CHEVALLIER, Senior Programme Adviser, ODAN

Darlene TYMO, Senior Programme Adviser

WHO

Loretti ALESSANDRO, Humanitarian Action in Crisis

A ALWAN, Representative of the DG for HAC

Bruce AYLWARD, Polio Eradication Coordinator

Diego BURIOT, Special Adviser to the ADG, Communicable Diseases

Claire CHAIGNAT, Cholera Eradication Coordinator

Michelle GAYER, Communicable Diseases in Complex Emergencies

Thomas GREIN, Risk Assessment and Field Operations

Andre GRIEKSPOOR, HAC Monitoring and Evaluation Officer

Robert HOLDEN, Head, Operational Management, HAC

Mark van OMMERAN, Mental Health Officer

Marie-Andrée ROMISCH-DIOUF, Director, Country Focus

Than SEIN, Director, Department of Noncommunicable Disease, SEARO

Non-governmental organisations

Save the Children (SC)

Christina ARCHER, Programme Officer, S/C Asia Region

Laurel MACLAREN, Deputy Director

Aida WILLIAMS

Red Cross movement, IOM and other institutions

IFRC

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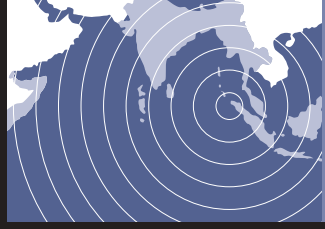
USGS

James ROWLAND, EROS Data Center



Annex 4: List of needs assessment reports

The reports listed here were issued within approximately three months from the tsunami of 26 December 2004. Any available written or electronic document is included in the lists if it was released (or at least produced) before April 2005, and is directly related to the assessment of needs. Accounts of activities and post-action or mission reports were not included unless they significantly contributed to the knowledge of the needs of the population. Documents informally available to the evaluators are also included.

The documents are listed in chronological order for each country (or group of countries). A significant number of needs assessment reports were undated, and so are listed by the last day of the evaluator's field visit.

Many needs assessment reports remain unknown to the authors, or copies were not made available for this evaluation. Some of the most formal and structured assessment reports or surveys identified by the authors were also initiated or published beyond the period covered by this evaluation (limited to the first three months after the impact).

Periodic (daily, then later weekly) reports from agencies represented an important source of compiled information on need. Sources included: OCHA (situation reports), UN Disaster Management Country Teams (situation reports), WHO (regional or country situation reports), IFRC (operational updates), DFID (situation reports) USAID/OFDA (fact sheets), Oxfam and many other agencies. These documents are not listed below, except for occasionally the first or a particularly relevant issue.

The specialised tsunami websites of many agencies have provided a large amount of data. Unfortunately, time did not allow for a detailed analysis of the chronology of the posting and the relevance of the hits to decision making. Selected news media reports (online and printed) were also reviewed but are not listed here.

Indonesia: assessment reports

Date	Author	Title
27 Dec 04	Bakornas	Daily Bulletin on Damage and Needs
31 Dec 04	OCHA	UNDAC Asia Earthquake and Tsunami Quick Assessment Report: Banda Aceh
5 Jan 05	Centre for Global Change and Earth Observations	Assessment of Impact of the Tsunami in Aceh Province
7 Jan 05	NACA/FAO	Impact of the Tsunami on Fisheries, Aquaculture, and Coastal Livelihood: Update
10 Jan 05	ACF	Rapid Assessment on the West Coast in Food Security, Water and Sanitation
11 Jan 05	IFRC	Focus on Field Assessment and Coordination in Op. Update #15
13 Jan 05	MERLIN	Assessment Report Tsunami Indonesia
14 Jan 05	MSF	Initial assessments in Meulaboh (2)
14 Jan 05	WHO and others	SitRep #1 Interagency Rapid Health Assessment team West Aceh
14 Jan 05	FAO	Periodic reports on Agricultural Production, Fishery and Food Security
15 Jan 05	WHO and others	SitRep #2 Interagency Rapid Health Assessment team West Aceh
15 Jan 05	OCHA	IDP Settlement Overview in Aceh (NGO assessments compiled)
16 Jan 05	WHO and others	SitRep #3 Interagency Rapid Health Assessment team West Aceh
16 Jan 05	Bappenas, World Bank	Preliminary Damage and Loss Assessment, Technical Annex and Principles for Recovery
16 Jan 05	WHO and others	SitRep #3 Interagency Rapid Health Assessment team West Aceh
17 Jan 05	WHO and others	SitRep #4 Interagency Rapid Health Assessment team West Aceh
18 Jan 05	WHO and others	SitRep #5 Interagency Rapid Health Assessment team West Aceh
18 Jan 05	Oxfam	Notes on Food Security in Aceh Besar, Susan Jasper
19 Jan 05	UNICEF	Rapid Nutrition Assessment, Banda Aceh and Aceh Besar
19 Jan 05	WHO and others	SitRep #6 Interagency Rapid Health Assessment team West Aceh
20 Jan 05	UNFPA	Situation report #1 from aboard the USS Abraham Lincoln
20 Jan 05	USAID/DART	Indonesia Update Report from aboard the USS Abraham Lincoln
21 Jan 05	WHO and others	End of Mission Report, Offshore Assessment
23 Jan 05	Government/UN/NGOs	Rapid Assessment Mission of New Relocation Sites
24 Jan 05	AusAID and CARE	Rapid Assessment of Western Islands of Aceh
24 Jan 05	SC	Livelihoods Assessment, NE Coast, Aceh
24 Jan 05	Government/UN/NGOs	Report of Joint Rapid Assessment Mission of New Relocation Sites
24 Jan 05	UNICEF	Data on Separated/Unaccompanied Children in Aceh Province
25 Jan 05	USDART	Interagency Rapid Health Assessment End of Mission Report (from the Offshore Platform: USS Abraham Lincoln)
25 Jan 05	UNJLC	UNJLC Infrastructure Assessment: Pulau Weh
26 Jan 05	UNJLC	UNJLC Road Assessment, Banda Aceh
26 Jan 05	Ministry of Agriculture	Impact on Agriculture Sector in Nanggroe Aceh Darussalam and North Sumatra Provinces
26 Jan 05	UNDAC	Environmental Impact Assessment
28 Jan 05	Ministry of Environment	Rapid Environmental Impact Assessment (with GTZ)
29 Jan 05	UNICEF, UNFPA, WHO and MoH	Joint Reproductive Health Assessment of Calang
29 Jan 05	UNICEF-WHO	Environmental and Health Assessments – IDP sites, Banda Aceh
30 Jan 05	Helen Keller International	Tsunami Relief Effort
31 Jan 05	Government/UN/NGOs	Sumatra Disaster: Report of Joint Rapid Assessment Mission of New Relocation Sites

Indonesia: assessment reports (continued)

Date	Author	Title
1 Feb 05	MSF/Swiss	Explo Banyak Island
1 Feb 05	CARE	Preliminary Assessment of Drinking and Source Water Quality in Banda Aceh/Aceh Basar
1 Feb 05	WFP	Emergency Needs Assessment in Aceh Province (3 Jan – 1 Feb)
5 Feb 05	MSF	Initial Assessment in Tangaal
7 Feb 05	IFRC	Recovery Assessment Team (RAT) Report
8 Feb 05	UNEP/OCHA	UNDAC Rapid Environmental Assessment of Aceh, Indonesia
9 Feb 05	WFP	Post Tsunami Emergency Needs Assessment
9 Feb 05	MSF	Initial Assessment, Pukesmas Meureboh
10 Feb 05	UNJLC	UNJLC Assessment of Need for Emergency Repair to Roads and Bridges, North Sumatra
10 Feb 05	FAO	Tsunami Assessment and Project Formulation, Mission Report, Jean-Michel Arnoult
15 Feb 05	SC	Restoring Coastal Livelihoods in Tsunami Affected Areas of Aceh, Indonesia: a Needs Assessment on Aceh's Eastern Coast
23 Feb 05	IOM, Mahammadiyah University, Oxfam	Survey on IDP Preferences
24 Feb 05	Planète Urgence	Identification Inventory and Analysis of Drinking Water Points in Aceh
26 Feb 05	UNFPA	Reproductive Health Assessment
March 2005	UNICEF	Psychosocial Needs Assessment in 11 Child Centres, Aceh
March 2005	USAID	Aceh Assessment Report, Environmental Services Program
March 2005	FAO	An Assessment of the Impacts on Aquaculture
March 2005	FAO	Draft Publication: 20 Things to Know about the Impact of Salt Water on Agricultural Land in Aceh Province
March 2005	ACF	Preliminary Analysis on the Food Aid Response
March 2005	MSF	Mental Health Assessment in Banda Aceh
March 2005	Ministry of Health	Comprehensive Assessment of Health and Nutrition in Tsunami Affected Districts in Nanggroe Aceh Darussalam
1 Mar 05	WHO	Water and Sanitation Assessment
3 Mar 05	University Philippines	Fieldwork Report for Emergency Needs on the Island of Pulau Weh (especially Sabang)
5 Mar 05	UNICEF	UNICEF Simeulue Mission Report
5 Mar 05	MSF	Pante Cereumen Sub-district Assessment
6 Mar 05	MSF	Field Report, Banda Aceh, 24 February – 6 March
8 Mar 05	FAO	Agency Report: Rehabilitation of Agricultural Production and Fishery, Food Security
10 Mar 05	SC	Livelihoods Assessment, NE Coast, Aceh Province
12 Mar 05	C Huttche	Post-Tsunami Environmental Impact Assessment, Draft
13 Mar 05	International agronomist	Seed Reconnaissance Mission to Banda Aceh (13 February to 13 March)
13 Mar 05	FAO	Rehabilitation and Reconstruction of the Fishing Ports and Fish-landing Sites in Aceh after the Tsunami
15 Mar 05	UNOCHA	Report from the Assessment of 5 Temporary Living Centres, Aceh Barat
15 Mar 05	MSF	Malaria/Leprosy Assessment in 16 Sub-districts in Mugo, Kaway
15 Mar 05	IOM and government	Settlement and Livelihood Needs and Aspirations Assessment in Nanggroe Aceh Darussalam (USAID-funded)
15 Mar 05	MSF/Belgium	Rapid Assessment: Health in IDP Settlements
17 Mar 05	OCHA	Assessment of Five Temporary Living Centres in Aceh

Indonesia: assessment reports (continued)

Date	Author	Title
17 Mar 05	UNICEF	Report from Assessment of Five Temporary Living Centres in Aceh Barat
19 Mar 05	Government/IOM	Post Disaster Damage Assessment in NAD
21 Mar 05	FAO	Fisheries Assessment
28 Mar 05	FAO	Post Tsunami Assessment of Boatbuilding Activities In NAD
29 Mar 05	FAO	Report of Activities, Fisheries Tsunami Emergency Programme for Nias Island and North Sumatra
29 Mar 05	FAO	Assessment of Impacts on Aquaculture
April 2005	Government	Master Plan for the Rehabilitation and Reconstruction for the Regions and People of the Province Nangroe Aceh Darussalam and Nias Islands
15 Apr 05	UNICEF	A Comprehensive Assessment of Nutrition and its Determinants (conducted February/March)

Sri Lanka: assessment reports

Date	Author	Title
26 Dec 04	OCHA	Situation Report No 1
27 Dec 04	Vavuniya District	Urgent Medical Supplies Request List
27 Dec 04	Government	Preliminary Sector Damages, Batticoloa
27 Dec 04	East Lanka Social Services	Urgent Request for Items in Ampara District
27 Dec 04	UN/DFID	Aerial and Ground Assessment of West & South-West Coast
27 Dec 04	Swiss Humanitarian Aid	Rapid Assessment, Malatara District
28 Dec 04	UNV/UNDAC	Morutowa-Galle Assessment Report
28 Dec 04	MoH	Medical Supplies Request list by District
29 Dec 04	St John Ambulance	Urgent Call for Supplies
29 Dec 04	DFID/UNDAC	Aerial Assessment, Colombo to Malatara
29 Dec 04	USAID/DART	Rapid Assessment, Trincomalee
29 Dec 04	WHO	Rapid Health Assessment in Galle
30 Dec 04	USAID	Rapid Assessment, Hambantota
30 Dec 04	WHO	Rapid Health Assessment in Hambantota and Matara
31 Dec 04	DFID/UN and government	Rapid Situation and Initial Needs Assessment: Ampara District
31 Dec 04	USAID/WFP	Rapid Assessment, Galle District
31 Dec 04	OCHA	SitRep: Focus on Sri Lanka
1 Jan 05	Government	Batticoloa: Urgent Supplies Request List
1 Jan 05	WFP/UNDP	Rapid Assessment, Hambantota
1 Jan 05	THW	Galle Rapid Assessment Summary (water wells)
1 Jan 05	DMC	Kalutara Needs Requirements
1 Jan 05	DMC	Immediate Food Needs, Malatara District
1 Jan 05	Various	Rapid Nutritional Assessment of IDPs
1 Jan 05	Florida Water Mang. District	Possible Environmental Damage and NA in Southern Sri Lanka
1 Jan 05	Liberation Tigers of Tamil Eelam	Needs Assessment for the Northeast (NENA)

Sri Lanka: assessment reports (continued)

Date	Author	Title
1 Jan 05	WHO	Rapid Health Needs Assessment in Ampara, Batticoloa Galle, Hambantota and Matara
1 Jan 05	WHO	List of Foreign Medical Teams
2 Jan 05	OCHA	Initial Survey, Batticoloa District
3 Jan 05	Various	Assessment of Needs of the Tsunami Disaster and Recommendations per District
3 Jan 05	Government	NA MAP re Food/Nonfood Items
3 Jan 05	UNDP, ILO, UNV	Kalutara Special Mission Report
3 Jan 05	UNDAC	Kalutara Survey (minus appendixes)
3 Jan 05	UN	Synthesised District Reports
4 Jan 05	NGOs various	Joint SitRep Presentation on Kalutara District
4 Jan 05	Women's empowerment/ social welfare	Food and Welfare Needs Assessments by District
5 Jan 05	Various	Situation Report for the District of Galle
5 Jan 05	DMC/UNDP	Consolidated Needs Report by Sector
5 Jan 05	Government	Emergency Requirements by District
6 Jan 05	DMC/UNDP	Consolidated Needs Report by District (weekly)
6 Jan 05	OCHA	Sitrep: Focus on Sri Lanka
7 Jan 05	UNV	Urgent Food Needs per District
7 Jan 05	DMC	Consolidated Needs Report by Sector
7 Jan 05	OCHA	Sitrep: Focus on Sri Lanka
8 Jan 05	Oxfam	Core Assessment Team: Rapid Assessment (Food, Nutrition, Health)
11 Jan 05	Government	Hambantota Needs Assessment
12 Jan 05	Government	Hambantota Sectoral Damage Report
12 Jan 05	DMC	Consolidated Needs Report: Mapping District-Wise Information
15 Jan 05	DFID, SIDA, GTZ	Hambantota Verification Mission
17 Jan 05	FAO	House to House Survey in Habaraduwa District
18 Jan 05	FAO	Fisheries Sector Damage and Needs Assessment for Recovery/Rehabilitation
18 Jan 05	Save the Children (SC)	Rapid Livelihoods Assessment in Coastal Ampara & Batticoloa Districts
19 Jan 05	UNICEF	Mapping for Hygiene, Water and Sanitation in Trincomalee
20 Jan 05	British Red Cross	Recovery Needs Assessment in South and South-West Sri Lanka
20-Jan 05	FAO	Damage and Needs Assessment: Fisheries
22 Jan 05	UNICEF	Details of Schools as Welfare Centres
23 Jan 05	IFRC	Field Visit to Ampara District
24 Jan 05	WHO	Sri Lanka Updates
25 Jan 05	Green Movement SL	Post Tsunami Assessment for Recovery of Agriculture and Livestock
26 Jan 05	IFRC	FACT Final Report
26 Jan 05	OCHA	SitRep 1
28 Jan 05	WFP	Emergency Needs Assessment Report
28 Jan 05	ADB/JBIC/WB	Preliminary Damage and Needs Assessment
28 Jan 05	UNHCR/CPA	Report on Consultation on Land Issues
28 Jan 05	WHO	Report of Mission on Mental Health
29 Jan 05	UNJLC	Eastern Road Network Assessment

Sri Lanka: assessment reports (continued)

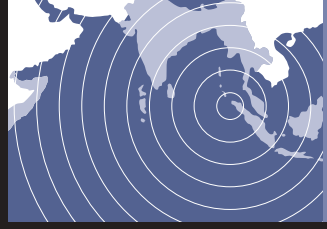
Date	Author	Title
January 2005	Government agent	Hambantota Damage Assessment and Action Plan
4 Feb 05	DFID, USAID	Jaffna Joint Fact Finding Mission
7 Feb 05	IFRC	Recovery Assessment Team Report (RAT)
8 Feb 05	UNJLC	North Sri Lanka Logistic Assessment
8 Feb 05	UNDAC/UNEP	Rapid Environmental Assessment, Sri Lanka
8 Feb 05	WFP	Emergency Needs Assessment Report
11 Feb 05	USAID, Norwegian Embassy	Joint Fact Finding Mission to Galle, Ampara
14 Feb 05	CIDA	Ampara SitRep
15 Feb 05	UNICEF	The First Six Weeks
1 Mar 05	Government/FAO	Harbours and Anchorages: a Needs Assessment
1 Mar 05	FAO	Assessment of Needs in the Post Harvest Fisheries Sector
1 Mar 05	Government/FAO	Preliminary Assessment of Damage to the Fishing Fleet
1 Mar 05	Government/FAO	Damage to Coast Conservation Structures & Habitats
3 Mar 05	UN	District Stocktaking Exercise
5 Mar 05	FAO	Needs Assessment of Relevant Institutions
13 Mar 05	Various	Various Bilateral Verification Missions
15 Mar 05	FAO	Emergency Needs Assessment of Fishing Gear
17 Mar 05	FAO	Agency Report/Overall Situation Assessment
30 Mar 05	UNICEF	Water & Sanitation in Temporary Settlements in Trincomalee (completed in April)
April 2005	UNHCR/UNICEF	Rapid Assessment: Concerns and Preferences of Tsunami Affected IDPs in Ampara, Galle and Jaffna Districts (February/March Survey)
	ADP	Technical Assistance Plan for Sri Lanka

Other assessment reports

Date	Author	Place	Title
29 Dec 04	UNICEF	Multiple	Immediate Needs of Women and Children in East Asia/Pacific Donor Alert
6 Jan 05	UN and INGOs	Multiple	Flash Appeal
7 Jan 05	UNFPA/ICMH	Maldives	Field/Island Assessment Report
10 Jan 05	UNDP/World Bank/FAO	Thailand	Joint Disaster Assessment on Livelihood Recovery & Environmental Rehabilitation
12 Jan 05	OCHA/UNDAC	Thailand	Assessment Mission Report
13 Jan 05	UNDP/UN-HABITAT/ ILO/UNHCR/UNESCO/UNEP	Thailand	Joint Needs Assessment Mission: Phuket & Phang Nga
15 Jan 05	Government	Maldives	Electricity Needs Assessment
25 Jan 05	Oxfam	Multiple	Learning the Lessons of the Tsunami – One Month On (Oxfam International External Bulletin)
26 Jan 05	WFP	Myanmar	Impact of the Tsunami on the Lives and Livelihoods of People in Myanmar (with special Focus on Labutta Township)
27 Jan 05	WFP	Maldives	Rapid Assessment Report
2 Feb 05	World Bank	Multiple	World Bank Response to the Tsunami Disaster

Other assessment reports (continued)

Date	Author	Place	Title
4 Feb 05	IMF	Multiple	Preliminary Assessment of the Macroeconomic Impact of the Tsunami Disaster on Affected Countries, and of Associated Financing Needs
8 Feb 05	Government/ADB/UN/ World Bank	Maldives	Tsunami Impact and Recovery: Joint Needs Assessment
28 Feb 05	Government/FAO	Thailand	Joint Technical Damages and Needs Assessment Mission in Fisheries/ Agriculture Sectors
March 2005	Government	Maldives	National Recovery and Reconstruction Plan
March 2005	UN	India	Recovery Framework in Support of Government of India for a post-Tsunami Rehabilitation and Reconstruction Programme
March 2005	Oxfam	Indonesia/ India	The Tsunami's Impact on Women
8 Mar 05	ADB/UN/World Bank	India	Preliminary Damage & Needs Assessment
15 Mar 05	FAO	Thailand	Overall Situation Assessment
21 Mar 05	FAO	Maldives	Overall Situation Assessment
23 Mar 05	FAO	Somalia	Overall Situation Assessment
30 Mar 05	UNDP	Somalia	Interagency Assessment Mission: Hafun to Gara'ad, North East
31 Mar 05	UNDP	Multiple	Preliminary Demand Analysis for Goods and Services Required by Tsunami Affected Countries



Annex 5: The Interagency Offshore Health Assessment

Interagency Offshore Health Assessment

West Coast of Aceh, Indonesia (14–19 January 2005)

- Logistical support, communications, helicopters and medical staff were provided by the aircraft carrier USS *Abraham Lincoln*, of the US Navy.
- This assessment was a joint venture between: the US DART team, the MoH and TNI; UN Agencies such as WHO, WFP, UNICEF, UNHCR and OCHA; bilateral experts from AusAid, USAID and CDC Atlanta; and two NGOs, IRC/CARDI and Save the Children/UK.
- 19 sites (up to 25 villages) were visited by one of the four airlifted teams, accounting for approximately 49,000 IDPs in the 4 most-affected districts of a total of 22.
- Daily reports covered public-health issues, the energy availability, water and sanitation, malnutrition and food security, shelters, roads, bridges, health facilities and schools. Recommendations for immediate action (7 days) and short-medium term (30 days) were offered.

In Indonesia, apart from participation in the OCHA/UNDAC initial survey, the earliest comprehensive attempt at health assessment was the 'interagency offshore health assessment' undertaken on 14–19 January 2005. Opinions of this effort are mixed, for many reasons, including whether the use of US military assets was appropriate when many NGOs were able to access the localities visited, and whether non-public-health topics were covered in sufficient depth, for example. Being undertaken some three weeks after the tsunami, the timeliness of the assessment was also questioned by many interlocutors.[74]

74 The initial plan of the Government of Indonesia to limit UN activities to Banda Aceh was one of the factors delaying this survey.

Although a commendable effort in terms of coordination, the assessment includes sparse information on methodology and coverage: how the 4 districts (of the 22 affected) were targeted for assessment is not documented. Although the HIC forms were the basis for data collection, the four teams reported results appeared to be using different criteria, often in varying order and with different levels of detail, and yet the recommendations of each team were almost identical and predictable (measles immunisation, malaria prevention, water, sanitation, balanced food rations, etc.). This apparent lack of standardisation has been observed in most of the rapid assessments in Indonesia and Sri Lanka. The only exception observed by the evaluators seems to be the DFID assessment using DFID's own standard forms.

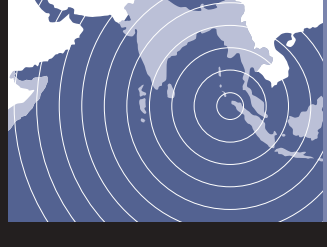
Expectations of finding massive unmet critical needs three weeks after the tsunami were not realistic in a disaster affecting only a narrow coastal area. Statements included in the first two reports, that 'even greater needs are expected to be identified in following assessments', were omitted from subsequent reports. A main contribution has been to shed some light on the tendency of humanitarian organisations to congregate in the most visible towns and districts, while perhaps neglecting more remote locations with smaller number of refugees off the beaten path.

A few interlocutors present in the first three months reported that the offshore assessment had influenced their internal decisions. They were, in fact, from agencies actually participating in the offshore assessment. In the absence of a follow-up mechanism, and considering the well-established presence of NGOs and their unwillingness to shift their current activities, the humanitarian impact of the offshore assessment on the welfare of affected individuals or families is difficult to confirm.

A few figures place this survey in perspective:

- of 19 sites visited by the teams or the US medical personnel, only 6 were not reported to have a permanent INGO presence (but an ad hoc distribution mostly) – they represented fewer than 2000 IDPs, of a total of 49,000
- all sites visited had already received regular assistance from Indonesian institutions (TNI in 89 per cent of cases, MoH and/or local authorities in 42 and 47 per cent, respectively)
- only 7 small sites had not been assessed before the arrival of the teams while 6 others had been assessed between five and ten times
- two-thirds of the sites (the largest and most visible) already had an international presence, in some cases far exceeding capacity required to meet health needs.

The cost-effectiveness of this intervention will depend on how the operational costs of the military support were charged to the US humanitarian contribution (on a fixed basis, or based on the actual use of helicopters and other assets). Other legitimate political considerations, however, are also part of crisis management. Civil–military coordination is covered in the TEC Coordination Report (2006), in this series.



Annex 6: Health sector needs assessments

By mandate, the World Health Organisation (WHO) is the lead agency in the health sector. In its publication Benchmarks for WHO Performance in Countries Affected by Crisis (WHO/HAC/05.2), the first strategy priority function (out of four) is 'assessing health situations… to provide timely and credible technical guidance to health stakeholders'.

Health needs assessments covered many distinct technical areas, between which quality and effectiveness varied greatly. Following the rapid sectoral initial assessment, several areas will also be discussed in this Annex: communicable disease, emergency medical care and psychosocial assistance.

Rapid initial assessment

There are many success stories in health information management but also some serious shortcomings – especially in Aceh, Indonesia. The most visible rapid assessment, the offshore assessment, would have been more useful much earlier, before the massive deployment of NGO assistance. Its effectiveness in influencing decisions could not be substantiated.

In Indonesia, the first comprehensive attempt at health assessment was the interagency offshore assessment, as described above in Annex 5. Also noteworthy are the formal health/nutrition assessments by the MoH, in 11 districts, carried out during 17–19 January, and the very professional survey carried out by IRC and CARDI in Calang (completed on 12 January, several days before the offshore assessment) (IRC/CARDI, 2005).

In Sri Lanka, the health authorities set up a reporting system within hours of the tsunami. Guidelines for reporting were issued on 27 December. WHO health teams dispatched to several districts, somewhat belatedly, completed assessments in six districts (of the fourteen affected). The format of the assessments was improvised locally and not standardised.

In both countries, good and timely assessments were made of the reproductive health needs. One example is the assessment by UNFPA/Indonesia in January, which resulted in the sensitisation of NGOs to women's needs and numerous requests for information and reproductive health kits.

Communicable disease surveillance

It is to the credit of the health authorities and WHO/GOARN (Global Outbreak Alert and Response Network), to have set up, within a matter of days, a remarkably effective system of communicable disease surveillance whereby suspect cases were monitored in all

While surveillance of communicable disease in the field has been a model, WHO/HQ public projections of this risk were not based on technical in-house input and were not subsequently borne out in the field.

tsunami-affected countries. Most health actors collaborated in completing the weekly or daily epidemiological reports, ensuring relatively good coverage.

The efficient, timely and scientifically sound general disease surveillance system resulted in rapid response to any perceived potential threat. Literally speaking, any case of diarrhoea considered suspicious even by expatriate health workers who might never have had prior experience in a developing country was investigated by epidemiologists, flown in by helicopter if necessary. It was worth the investment if it alleviated the fears of the population and authorities deeply traumatised by the tsunami.

Measuring international effectiveness in terms of the absence of epidemics is misleading, however. Global experience over decades has permitted WHO to reassure the world and local populations confidently that the risk of catastrophic outbreaks following this type of natural disaster is often much less than feared and, in this case, broadcasted. The risk is related to overcrowding, inadequate provision of clean water and poor sanitation. An effective epidemiological system is rapidly needed to detect and respond to cases or clusters of communicable diseases. Clearly this situation is different from war- or famine-devastated countries, which often have an acute emergency superimposed on chronic public health deterioration.

There has been a serious gap between the successful monitoring of the risk of disease at field level and the use of the technical information at political levels in WHO. This was illustrated by unduly alarmist statements from WHO headquarters and an unnecessarily disruptive cholera immunisation campaign. The December 2004 press statement attributed to a senior manager of WHO that 'many more people could die from diseases than from the tsunami itself' may have contributed to more funding being directed toward the public health programmes but has seriously decreased the credibility of WHO in the eyes of local counterparts and the more professional of the health NGOs.

Regarding cholera, experts interviewed in Aceh, Jakarta and Geneva concurred that the risk of an epidemic was 'negligible'. Many stressed the discrepancy between the data available and the decision-making process at HQ. WHO support to the political decision of the Ministry of Health to immunise the population against cholera surprised many and adversely affected the morale of WHO staff in Indonesia. The campaign was a considerable operational undertaking under difficult logistical conditions: according to the Centre for Research on Epidemiology of Disasters (CRED, Belgium), 160,000 persons were targeted (Guha-Sapir and Van Panhuis, 2005b).

Medical and surgical care of the wounded

Objective assessment, in the form of monitoring of the offer and demand for field hospitals, needed serious improvement to manage the disproportionate, and at times inappropriate, medical response. Lead agencies' reluctance to discourage unsuitable assistance was a major issue adversely affecting their credibility.

Considerable resources were used to dispatch military or civilian field hospitals to treat the injured and save lives. The problem is that tsunamis (as well as tidal waves[75]) and flash foods are known either to kill or to leave survivors with mostly minor injuries, making

75 In 1970, a tidal wave killed between 250,000 and 500,000 persons in Bangladesh; a systematic assessment of the health impact carried out on sound epidemiological bases including control groups in non-affected areas showed traumas to be 'limited to lacerations, contusions and occasional fractures' (Sommer and Mosley, 1973, p 125). Post-impact '[m]orbidity was confined primarily to the usual diarrhea and respiratory tract diseases' (Sommer and Mosley, 1972 p 1032). In fact post-disaster morbidity and mortality was lower in tidal-wave-affected areas than in control groups, a finding attributed by Sommer and Mosley to the fact 'those too young, too old, and too weak to hold on to the trees were lost' (1973, p 125). In both the 1970 tidal wave and the 2004 tsunami, adult males between the ages of 15 and 49 had the highest rate of survival.

76 Official statistics of wounded or injured in most disasters and in particular the tsunami are highly unreliable and of little use for planning purposes.

dubious the value of sending field trauma hospitals. Even in disasters causing mass casualties, such as earthquakes, saving lives is only the goal in the first hours or days, and thus relies principally on the efforts of the local communities, the health services, the national Red Cross Societies and NGOs with a presence prior to the disaster.

In the case of Indonesia, external medical relief reached survivors from 3 to 14 days after the impact, much too late for life-saving trauma care! In Sri Lanka, the tsunami barely affected the operational capacity of the health services in the affected districts. No national patients were evacuated to the 2000-bed general hospital in Colombo. They were all treated at provincial level. In addition, the government reported that 700 national medical volunteers were available, in an unsuccessful attempt to discourage the arrival of additional medical teams. In Thailand, the extensive and mostly unaffected health services provided immediate care in a matter of a few hours. Finally, in India, foreign medical teams were just not accepted.

Undoubtedly, no WHO assessment could have fully prevented this 'second tsunami' of Western medical assistance. Sending a hospital indubitably found a great resonance with the public and mass media in donor countries. The evaluators believe, however, that a lead health agency should have given more priority to quantifying unmet needs and, even more importantly, to monitoring offers of assistance. The final objective is to orient resources toward productive, albeit less popular, areas of need. The evaluators and many of the seasoned interviewees considered that one function of assessment should be to discourage inappropriate or excessive forms of assistance. WHO opted to facilitate all donors' interventions as its 'agreed policy is NOT to be engaged in critical comments on donor policies' (senior WHO official in Geneva).

Without the liberty to disagree on a technical basis with ongoing practices of humanitarian actors, assessment and coordination have little meaning.

In summary, the quality of the assessment of needs for urgent medical care was below expectations. Despite the rapidly emerging evidence of an excessive, and at times inappropriate, medical response in Indonesia, Sri Lanka and, to a lesser extent, other countries, there has been no effort to ascertain the number of serious injuries,[76] to register the incoming medical teams or hospitals and their capacities, or to monitor their effectiveness or, for that matter, to register the mortality occurring after the tsunami. The latter shortcoming is surprising given the relevance of the number of deaths per 10,000 per day as a universal indicator of the severity of an ongoing emergency,[77] the daring prediction of thousands of deaths from communicable diseases and the 'life-saving' justification for the massive international response.

On the positive side, studies of the residual capacity of the local health services and needs for reconstruction were of a good standard, timely and closely coordinated by the Ministries of Health. Their findings have been integrated by WHO into the comprehensive recovery-needs assessments coordinated by financial institutions.

Psychosocial assistance

WHO made a commendable effort to assess objectively the potential risks to mental health, and to recommend community-level psychological assistance. The provision of psychosocial assistance remains, however, prone to excess, abuse and malpractice.

No formal survey of mental health was carried out on a large scale. Based on past experience, WHO projected anticipated rates of cases of mental disorders and stress. These predictive 12-month estimates were somewhat high and subject to question (with 25 per cent of the affected population suffering from clinical mental disorders and an additional 50 per cent who may present moderate or severe distress requiring psychological support). Although WHO has effectively organised a sub-sectoral group on

77 Systematic inquiry with national and international interviewees suggests that the rate of fatality was low even in the period before the international assistance arrived, and did not rise once most of the military or bilateral field hospitals were withdrawn.

psychosocial assistance, it has been only partly successful[78] in avoiding the over-medicalisation of any form of stress.

The recommendation to focus on training local staff, rather than sending unprepared Western social workers, has not always been heeded by all actors. Psychosocial assistance, in the view of several experts, has become a fashionable humanitarian activity used by some NGOs instead of finding the highly qualified personnel required by other health interventions

Table A6.1 provides an overview of the general health assessments. The ratings are based on direct observations and interviews carried out for this evaluation. They reflect the opinion of the evaluators rather than the result of quantified measurements. Possible ratings on the scale used are Excellent, Good, Fair, Poor or None, with an additional category of 'Controversial' when a substantial divergence of views existed within the humanitarian community.

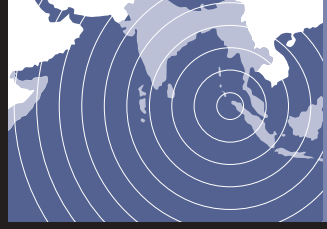
Table A6.1: Overview of health assessments

	Communicable diseases	Emergency care	Psychosocial	Multi-agency offshore
Timing	1st week	2nd week	3–4 weeks	3rd week
Timeliness	Good	Poor	Good	Poor
Coverage	Good	Poor	Fair	Fair
Validity	Excellent	Fair	Good	Good
Coordination	Excellent	Fair	Good	Excellent
Continuity	Excellent	Poor	Good	None
Analysis	Good	Fair	Excellent	Fair
Dissemination	Excellent	Good	Good	Excellent
Links with Flash Appeal	Fair	None	Poor	None
Influence on decisions	Controversial *	None	Poor	Controversial**

* Decisions here were based on public headquarters' statements, rather than the field findings.

**The majority of interviewees present in the first few months doubted the impact on decisions by NGOs. Lack of follow-up does not permit conclusions on this point.

78 Moderate emotional stress is increasingly classified as Post-Traumatic Stress Disorder (PTSD).



Annex 7: Water and sanitation needs assessments

Although the need for water and sanitation was systematically cited in all cross-sectoral, health and even nutrition assessments, there were few formal assessments of water and sanitation needs. Of those identified, none was comprehensive, and the sector suffered serious operational shortcomings.

Water and sanitation is one of the most vital relief needs in the aftermath of a rapid-onset natural disaster – typically preceding even food and shelter needs. UNICEF held the important sector-lead role for water and sanitation from the beginning of the response effort in most of the affected countries.

In Indonesia, visits to UNICEF in Banda Aceh did not produce a single comprehensive assessment (or compilation of individual assessments) of water/sanitation needs in the months following the tsunami.[79] In Sri Lanka, the adoption of a comprehensive approach was speedier. A training course for public health inspectors was organised in Trincomalee (in March 2005) for comprehensive and regular assessment of water and sanitation (WatSan) in the camps. Regular and detailed statistics on the WatSan status of each IDP camp were regularly published by UNICEF, the first report being released within two months of the tsunami.

In terms of quality, the most complete assessment in the water/sanitation sector was conducted in Indonesia by a French NGO, Planète Urgence. Their assessment, entitled 'Identification, inventory and analysis of drinking water points' was conducted with consultants from Eau de Paris and local correspondents. The fieldwork was conducted from 6 to 21 February 2005 and the report finalised in late February/mid-March. This report provides a qualitative and quantitative analysis of the observation and measurement of 261 water points across the province. The study targeted what the assessors deemed were the five most affected districts.

Although there was a clear effort to study various types of points (wells, boreholes, springs, rivers, etc), within these districts it remains unclear how the studied water points were chosen. The collection and analysis, completed by water/sanitation specialists, appears to be of excellent technical quality. Detailed annexes are provided, although there is no chapter on methodology and the reader is left wondering whether the results can be generalised. Rather than an overview of the general WatSan assessment process, Table A7.1 shows only ratings for the Planète Urgence study, being the only formal WatSan assessment encountered.

79 Absence of evidence does not necessarily mean that no assessment was carried out. On 2 February 2006, a complete list of assessments was received, and the relevant documents have been added to Annex 4. Three environmental health assessments (none geographically comprehensive) were carried out in temporary settlements. Others covered structural damage to schools, psychosocial needs, nutrition and separated children.

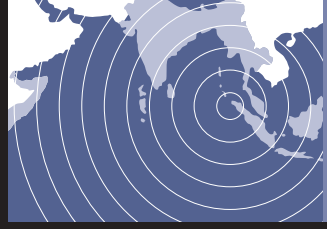
Table A7.1: Water and sanitation assessment, Planète Urgence, Indonesia	
Timing	6–8 weeks
Timeliness	Poor
Coverage	Poor
Validity	Good
Coordination	Fair
Continuity	None
Analysis	Good
Dissemination	Excellent
Links with Flash Appeal	None
Influence on decisions	None

The lack of overall 'big picture' in the WatSan field has probably not affected the scope and nature of the response and the services rendered to the affected population. There are many reasons leading the evaluators to this conclusion despite the fact that this need has remained persistently poorly attended.

- Most of the varied bulletins and situation reports clearly mentioned this persistent shortcoming in the response, making the international community, by all means, aware of this unmet priority.
- Sanitation, one must deduce, is not the most attractive (visible) form of emergency assistance.
- Sectoral goals were also set too high, especially in Aceh. Meeting the Sphere indicator (up to 15 litres/person/day) in an acute emergency was unrealistic and perhaps even counterproductive. Prior to the tsunami and in the absence of logistical constraints and security concerns, it is doubtful that the international community would have been capable to raise the 'normal' intake to this level in most places in the time allotted.[80]
- Technical difficulties arising from saline contamination and the high water table were enormous, especially in regard to latrines and sanitation.

One of the most visible decisions made in the water/sanitation sector was the Government of Indonesia's decision to end all foreign military presence at the end of March 2005, when the relief phase was declared closed. Some foreign military contingents did exit, bringing with them entire sets of installations providing potable water to hundreds of thousands of tsunami-affected communities. As one Red Cross delegate described it, 'this was a catastrophe for the victims that rapidly became strategic opportunity for all WatSan actors'. Tracing the decision backwards, it appears to be entirely unlinked to all assessment processes. The presence of a timely international assessment and monitoring of the WatSan needs of the affected individuals or families may have promoted phasing out of the services with a transfer of assets rather than their abrupt halt.

80 The Sphere handbook recognises 'that, in many cases, not all indicators will be met, however, users of this book should strive to meet them as well as they can' (Sphere, 2004, p 14). Therefore, 'users' tended to adopt these target indicators dogmatically as the 'minimum' goal to be reached and budgeted for by the humanitarian organisations, while questioning those targets in the field has occasionally been regarded as unethical. The losers in this approach are the 'beneficiaries' whose priorities are different from those of the agencies.



Annex 8: Food and livelihood-security needs assessments

Food security assessments were among the best assessments reviewed by the evaluators. Their effectiveness could nonetheless be improved by ensuring that the number of those receiving food assistance better reflects the actual needs, as estimated in the assessments.

Livelihood assessments were generally timely, even if the implementation of livelihood projects was not. Analysis was strong, adding value to sectoral understanding and influencing both appeals for funding and decisions regarding the nature of local needs.

Food security, for the purposes of this document, is defined as having sufficient availability, access to and utilisation of food to assure the well-being of the tsunami survivors. Livelihood security is the restoration of economic activities as well as the human, social and other capital required to achieve food security autonomously. As these concepts are intricately linked, this section uses them together under the term 'food and livelihood security'.[81] Time was insufficient for considering details of sub-sectors, such as markets and specific livelihood dynamics.

Timing and timeliness

The earliest assessments in the food and livelihood-security sector were informal. One of the internet sources providing tsunami-related information on livelihoods, the FAO Fisheries Department portal of the Tsunami Relief Database included a total of 137 informal situation reports that were posted by the end of March 2005 (FAO, 2005). In the first weeks, daily situation updates on the impacts of the tsunami on fishing livelihoods were provided by the Consortium of Regional Fishery Organisations, and jointly developed by staff from FAO, the Network of Aquaculture Centres in Asia (SEAFDEC) and the Bay of Bengal Inter-governmental Organisation for Internal Use.

In the agriculture sector, assessments covering the issues of land reclamation and soil salinity were rapidly carried out in Indonesia by FAO, and to a lesser extent some NGOs. The FAO report was available on the website within two months.

Coverage

The focus on livelihood, albeit sketchy, was timely. Several assessors in Indonesia recognised fairly early a clear potential for livelihood recovery for specific groups of

81 Although many agencies systematically and, according to the evaluators, correctly include nutrition within the concept of 'food and livelihood security', nutrition has been isolated here to facilitate reading.

affected people, as indicated by functioning systems of food production, markets and favourable growing conditions. This was in contrast with conclusions by others for whom the pre-tsunami socioeconomic conditions limited this potential for recovery (one third of people in Aceh province were living below the poverty line, and two-thirds were consuming less than 2100 kcal/day, for example). Long-term options were only partially explored by WFP, as the main focus was on immediate food needs.

Geographic, sectoral and specific gender coverage by food and livelihood assessment varied significantly: in Indonesia, sectoral assessments covered between 2 and 8 of the 22 affected districts; in Sri Lanka, assessments covered between 3 and 11 of the 18 affected units. The most comprehensive assessments were those by Oxfam in Indonesia and in Sri Lanka (Oxfam, 2005), the FAO with the Indonesian government in the sectors of agriculture and fisheries (especially aquaculture), SC in both Indonesia and Sri Lanka, and WFP emergency needs assessments in both countries.

Sectoral assessments tended to be multi-sectoral, and food and livelihood security was generally assessed along with other sectors. Of the 63 rapid and/or semi-formal assessments addressing food and livelihood security that were studied, 18 had a single-sector focus, 23 assessed between two and four sectors and 22 were cross-sectoral. Only about half of the assessments studied needs within the broader context of livelihoods.

The same holds for assessments in fisheries, where 'most of the attention was given to boats, nets and, to some extent, motors. Too little was devoted to conserving, drying or transporting the fish. Failure to approach the sector as a chain also neglected the gender aspect as women are more present in some links than others' (ADB official in Colombo). A lack of pre-tsunami data on livelihoods of aquaculture households was reported in Indonesia, and it was therefore difficult to assess impacts and needs properly, and to design appropriate interventions for this particular livelihood.

Gender analysis

Questions of gender received surprisingly little attention in food and livelihood-security needs assessments.[82] Findings were insufficiently differentiated between men and women. Overall, assessments seem to fail in reaching a good understanding of the role and status of women within community and social structures, their relative decision-making power concerning household resources, the type of activities they engaged in, and their specific needs.[83] Except for nutrition surveys, data were not disaggregated by age and gender.

In many cases, the livelihood categorisation used to examine food security of the affected population before the tsunami differed from the categorisation after the tsunami. One exception was the SC approach that examined access to food and income for different livelihood or wealth groups. None of the assessments analysed grouping according to social or political status, which could have more accurately reflected groups with similar access to food.

82 Briefing notes by Oxfam and FAO (*Socio-Economic and Gender Analysis – SEAGA program*) were published early on their respective websites.
83 The needs included safety (regarding the use of welfare facilities), latrines and bathing facilities as well as separate accommodation for widows (during the mourning period in Islamic culture).

Validity

Except for the WFP,[84] FAO and SC assessments, there was no clear reference made to specific methodologies or analysis frameworks. Although international anthropometric standards in nutrition exist and are widely accepted, this is not so for food and livelihood security – making it difficult to evaluate and compare needs assessments in this field.

The assessments were of varied methodological rigour. Very few reports actually specified which livelihood groups in which localities were consulted, or the modalities of participatory rapid appraisal (PRA) tools/techniques such as whether focus groups were of mixed or different genders and occupation groups. This undocumented consultation process may partly explain why needs may have been inappropriately assessed (leading to an excess of boats being replaced, insufficient houses reconstructed, unsuitable land location, and so on). The reports by SC and the WFP[85] were some of the few to give details on the place, modality and typology of consulted populations and livelihood groups.

Coordination, analysis and continuity

Coordination was generally strong for the food-security assessments, and tapered off as assessments became more technical (for example, more concerned with fishing and aquaculture) and less pertinent to the larger community. The need assessments completed by the World Food Programme were interesting in their different use of collaborators: Indonesia's Emergency Needs Assessment worked in partnership with 7 agencies, while in Sri Lanka the corresponding organisation joined only with the International Labour Organisation (ILO). Collaboration with relevant government institutions and counterpart societies, and emphasis on capacity building of local institutions was rare. Two laudable exceptions here are Oxfam[86] and IFRC.

The analysis and value added of food and livelihood assessment was generally thorough. In March 2005, Action Contre la Faim (ACF) provided a strong assessment of the food-aid sector in a document entitled 'Preliminary analysis on the food aid response to the tsunami crisis'. Oxfam and SC did the same for livelihoods, as did others with FAO consultants.

Ongoing sectoral assessment in the form of monitoring was difficult to track down. Documents mentioned the tracking of boats, market prices and supplies but time was insufficient to investigate further, leaving open the question of how continuity was addressed in needs assessments concerning food and livelihood security.

84 The new World Food Programme approach (*Emergency Food Security Assessment Handbook,* 1st edition, June 2005) is a laudable attempt to compile a rich variety of qualitative and quantitative needs-assessment methodologies. It routinely includes the broad sense of livelihood security, including markets and nutrition.

85 Interestingly, WFP/Indonesia stratified the sample based on livelihood (urban, agriculture, forest & animal husbandry, fishing, plantation) while WFP/Sri Lanka stratified directly on the basis of categories of affected individuals (IDPs in camps, IDPs with friends/families, affected but not displaced, and host families).

86 Oxfam contracted local partner NGOs in Aceh to carry out parallel assessments to identify worst-affected settlements (based on WatSan criteria) and to assess IDPs' desire to return home, seeking information about their former livelihoods and places of origin.

Dissemination

The dissemination of assessments was varied. Joint collection and dissemination of WFP assessments using the internet was considerable. The FAO Fisheries Department portal of the Tsunami Relief Database mostly posted situation reports and declarations. There did not appear to be any clear criteria regarding which documents to post or not, and some potentially useful consultant mission reports were not posted. Most available assessment reports by the FAO were not formal reports but were regarded as back-to-office reports following field missions. When formal assessments were conducted, an informal network was admittedly used to share unofficial drafts locally – a creative but palliative solution for the inevitable delays in the formal publishing of assessment reports by agency headquarters.[87] This has been particularly the case regarding FAO reports officially intended for formal release to governments.[88] The issue of releasing to a broad public reports normally commissioned for the use of the national counterpart is 'complex and depends on the mandate of the agency'. Some adjustments to the formalisation process need to be made in humanitarian situations where the UN provides technical assistance to both its national counterpart and the international community at large.

Influence on decisions

Although many decisions were made before assessment, others were clearly based on the evidence of assessments. Following is a selection of anecdotes on the role of food and livelihood- security assessments in decision making.

WFP made a commendable effort to consult with affected people, in an assessment resulting in the local purchase of rice to accommodate the dietary habits of local communities accustomed to rice with distinct flavours and colours. In Indonesia and Sri Lanka, a major part (60 per cent) of the WFP food aid was procured locally. As many assessments continuously stressed the inadequacy of the basic food ration (in terms of lack of nutritional variety, sugar, oil and condiments for instance), deficiencies were compensated by supplementary food or cash-for-work programmes.

In Sri Lanka, WFP included a market analysis in the emergency needs assessment which resulted in the recommendation for clearer and gradual phase-out planning whereby targeted interventions would replace free food, shifting the focus to chronically vulnerable households in chronically food-insecure areas.

The fact that most food allotments were already in the pipeline prior to the reports being finalised means that the WFP assessments served more to justify decisions already made than to guide new decisions. If they are, in fact, used to modify the volume and/or targeting of programmes, the evaluators see no problem with such a delay. If, however, the results of the assessment are not used to modify a programme underway, the needs assessment is reduced to a costly and wasteful intellectual exercise.

87 WFP's phase-out plans from relief into recovery in Indonesia were expected to be confirmed by the end of March, based on the results of two key assessments (on nutrition surveillance, and on food-market and labour analysis). However, this did not occur as planned because of delays in these studies (with reports published only in July).
88 FAO reports from consultants fielded in the first three months were not officially released by the time of this evaluation.

The numerous livelihood-security needs assessments contributed significantly to the formulation of policies and medium-term rehabilitation and recovery strategies for reconstruction prepared by FAO with governments. These draft strategies are a clear output of the assessments produced and of FAO's technical supporting role to the tsunami-affected countries. The results of Oxfam's livelihood assessment were reportedly used to assist in determining approximate numbers of returnees as well as how they will need to be supported to recover their livelihoods.

One of the most visible decisions in the livelihood sector was one made by FAO to promote the local building of boats. Needs assessments by FAO were instrumental in facing almost insurmountable pressures from donors to accept inappropriate donations of foreign boats in the region. FAO made the critical move to organise a workshop in Europe between the potential donors and the appropriate officials of the Governments of Indonesia and Sri Lanka. This workshop in March 2005 succeeded in saying 'no' to the contribution, thus greatly promoting local production while making available boats adapted to local contexts.

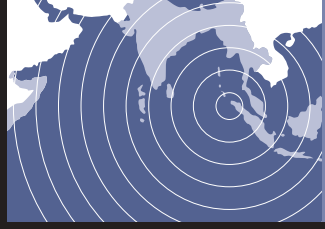
In Sri Lanka, FAO developed and maintained a detailed inventory of donated boats, matching this number with the number reported lost, and source of donation. Too late to avoid early donations, it is expected to have reduced the anticipated surplus by half – down to a 'mere' oversupply of 2000 boats in a country with coastal over-fishing. Technical needs for boats were included in a website in an attempt to serve as a 'broker between local needs and donors'.

While food needs were amply met, many livelihood-recovery needs were largely unmet at the time of this evaluation. Livelihood projects have been primarily implemented by INGOs on a small scale. Despite the assessments, there was a persistent gap in meeting those needs as expressed by many, especially affected individuals or families, during this evaluation.

In Table A8.1, the assessment criteria are summarised, looking at each of the three sub-sectors as a whole across the region, and not at a single assessment, agency or country.

Table A8.1: Overview of food and livelihood-security issues

	Nutrition	Food security	Livelihood security
Timing	5–15 weeks	1–6 weeks	3–16 weeks
Timeliness	Good	Good	Good
Coverage	Good	Fair	Poor
Validity	Excellent	Excellent	Excellent
Coordination	Fair	Excellent	Fair
Continuity	Fair	Controversial	Fair
Analysis	Good	Excellent	Good
Dissemination	Poor	Excellent	Fair
Links with Flash Appeal	None	Good	Good
Influence on decisions	Limited	Fair	Good



Annex 9: Shelter needs assessments

The lead role in the shelter sector is often held by UNHCR[89] where there are internally displaced persons (IDPs) in situations resulting from conflict, typically followed later by UNDP and/or UN-HABITAT. In Sri Lanka, the UN with IOM coordinated the shelter sector.

As of July 2005, 93 projects in Indonesia were registered by OCHA/HIC as contributing to the shelter sector. The 227-page data pack compiled by OCHA/HIC is an excellent resource document, full of useful information but void of knowledge. The data pack-files hold dense information on procedures (flow charts), suppliers, prices of materials, and manuals.[90] The data pack also provides a one-page survey for monitoring the status of activities in the sector. The initiative is excellent, but the results cover only a maximum of 11 districts out of the affected 22, and by 5 July 2005 only 18,605 houses were pledged out of the 75,000–110,000 needed. Worse yet, nowhere do the vital pieces of information jump out to a hurried decision maker such as, in which district are the greatest shelter needs found, or what sub-sector holds the value-added for my agency?

In sudden-impact disasters, the numbers of houses needed to be reconstructed or rehabilitated is often calculated by applying various formulae to the 'affected household' denominator. The difficulty in coming to consensus on this denominator is discussed in Section 2.3 of the main report (on validity). In most of the affected countries, the economic valuation of damage to housing infrastructure was the most comprehensive of any shelter assessment.[91]

Beneficiary consultation is known to be critical to the provision of shelter. Assessments that address needs as perceived by affected individuals or families include Oxfam/Indonesia's

89 The presence of UNHCR is a debated issue when there are no refugees (as opposed to IDPs from a natural disaster). For this reason, the presence of UNHCR in the tsunami relief and recovery was seen initially by the Government of Indonesia as unnecessary. UNHCR temporarily left the province of Nanggroe Aceh Darussalam at the end of March.

90 Manuals included: *Participative Mapping, Community Agreement on Land Boundaries, Ownership and Land Parcel Codification, Village Restructuring and Reconstruction, Housing Repair and Construction, Building Codes*.

91 In the case of Indonesia, the Bappenas/World Bank *Damage and Loss Assessment* reported 127,325 homes entirely destroyed and 151,653 damaged. These numbers are more than twice the current consensus figure of 75,000 homes needing reconstruction (source: UN-HABITAT).

'Survey on IDP preferences'[92] (February 2005) and the excellent but tardy, 'Settlement and livelihood needs and aspirations assessment of disaster affected and host communities' (April 2005) carried out by IOM with the government. The latter assessment was relatively geographically comprehensive in that it covered 12 (out of 22) districts. The clearly documented methodology combines sound qualitative and quantitative techniques based on the scientific sampling of respondents in March 2005. Results and preliminary findings were unavailable until mid- to late April. Follow-on monitoring was not addressed in this assessment. Conclusions are relevant and the results of the assessment were intended to feed into the development of IOM strategies. Dissemination of the published report was wide.

The August 2005 version of OCHA's 'HIC IDP Datapack/UNHabitat' presents compiled results using a 'transitional settlement monitoring mechanism'. This excellent tool uses a one-page summary per relief/reconstruction agency by settlement camp to summarise what has been done and what were the ongoing needs. The form could easily be adapted to reflect similar activities/needs in a village (as opposed to a temporary camp). Unfortunately, the compiled results of this data pack portray only 3 of the 22 districts reportedly housing IDPs. This excellent effort was reportedly developed only in July 2005, too late to resolve the confusion of numbers of affected persons and their needs.

In Sri Lanka, the UNHCR joined UNICEF in producing a rapid assessment entitled 'Concerns and preferences of tsunami affected IDPs' (April 2005). This assessment covered only 3 of the 14 affected districts and targeted the needs of camp dwellers, IDPs living with friends/families and host families. Overall, as in the case of Indonesia, there has been no effective consultation of the affected population on any matters relating to return, relocation or resettlement options, but unlike IDPs in Indonesia, the majority in Sri Lanka had heard through official or unofficial sources, albeit vaguely, of relocation plans.

One of the most visible decisions in the shelter sector was the general and early attempt to relocate IDPs outside their original villages. While many people were initially too frightened to return to sea-side homes, many of those who fled the tsunami gradually became more and more interested in returning. Needs assessments conducted in Indonesia (February) and in Sri Lanka (February/March) were useful in that they underlined the portion of the population for whom not returning was a preferable option. In Indonesia 17 per cent of the IDP population did not want to return to their former villages; in Sri Lanka this number was surprisingly much higher, at 67 per cent.

The rebuilding of up to 110,000 houses (the number estimated by UN-HABITAT in conjunction with the Government of Indonesia) is not an easy feat. This has taken over three years to achieve in some disaster settings for reasons including land tenure, title, building codes, materials and staffing. Nevertheless, it is difficult to imagine why some families living in UNHCR tents nine months after the tsunami reported not having been approached by the international or local humanitarian community to discuss options for rebuilding their homes.

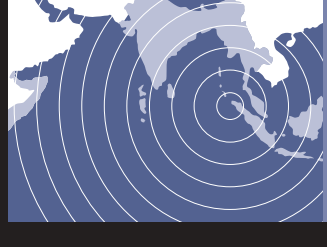
In Sri Lanka, several uncoordinated household surveys have been conducted by the government and UN agencies. These assessments have actually guided the construction of

92 This was an excellent IDP/shelter survey mechanism that was unfortunately over-ambitious in that huge quantities of data were collected (on 9326 IDP households from 6 districts) and never processed. With the assistance of the World Bank and others, a subset of the collected units (419 households) was randomly sampled to produce this timely draft report. The collection tool developed by Oxfam/Indonesia was so useful that IOM took it up and expanded the assessment for much wider coverage, this time including the west coast of Sumatra.

transitional accommodation and the planning of new houses. The declaration of a buffer zone (100–200 metres from the sea) where no residential construction would be allowed had been the main criterion for both assessments and response plans. At the time of the evaluation visit, the Government of Sri Lanka waived most of the restrictions, a reasonable and overdue change but that invalidated most of the assessments and put in question the viability of many costly permanent housing projects. Table A9.1 provides an overview of the shelter assessment performance, amalgamating work in all countries by all agencies.

Table A9.1: Overview of shelter assessments

Timing	3–4 months
Timeliness	Fair
Coverage	Good
Validity	Excellent
Coordination	Good
Continuity	Poor (HIC only)
Analysis & added value	Good
Dissemination	Excellent
Link with Flash Appeal	None
Influence on decision making	Fair



Annex 10: Remote sensing in needs assessment[93]

The problem: an urgent need for information

Donors and humanitarian actors all agree on the need to understand quickly the magnitude and severity of the impact of a sudden-onset natural disaster (typically within the first 72 hours). At this early stage, the requirement is much less a specification of the needs of affected communities than a rough quantification of the number of affected people per lowest possible administrative unit (region, country, island or province/district).

Very often, a donor or other decision maker is obliged to estimate the level of impact of a disaster, classifying it informally as high, medium, low or no impact. This informal estimate is often based on a rich and colourful experience base drawn from many contexts and after consulting with many colleagues from technical fields. It can be sufficient for a preliminary allocation of resources directed to a country, for example. At best, however, it remains an informal guess based more on theory than evidence. During the TEC evaluation of needs assessments, decision makers repeatedly voiced their discontent with the level of evidence available to inform rapid decision making in the first week after the tsunami of 2004.

Depending on the extent of damage to human resources, as well as to road and communications infrastructure, combined at times with insecurity and very scanty baseline information with which to compare damage and loss data, the need for rapid but relatively robust information on the magnitude of a disaster often calls for creative solutions. A large area of destruction (such as in Sumatra), destroyed infrastructure and human assets (as in most countries affected) and difficulty in obtaining helicopters to assist in data collection (at least in Indonesia) all combined to make a solid, comprehensive field-based needs

93 A useful reference here is: Pisano, Francesco (UNITAR) (December 2005) 'Using satellite imagery to improve emergency relief', *Humanitarian Exchange Magazine* 32. This issue of *Humanitarian Exchange* focuses on the emergency response to the devastation caused by the Indian Ocean tsunami. The entire issue can be downloaded from http://www.odihpn.org/report.asp?ID=2754.

assessment impossible before close to one month post-tsunami. Most important funding decisions, including those based on a comparison between impacted countries, were made long before the end of the first month.

One solution: remote sensing

Given such a complex environment, an estimate from the sky – a quantification based on satellite imagery – manifests itself as one of the few even remotely possible solutions. Few options have the same wide-reaching, consistent and objective scope as a remote sensing-based estimate of the magnitude of a disaster. Geographic and satellite information can be an important component in fundraising, and can help donors assess the amount of effort required in response. The impact of remote-sensing analysis, however, is felt most strongly in operational areas. An improved analysis based on satellite imagery could play three roles.

1. Providing an early estimate of the magnitude and severity of a disaster to inform early funding decisions (as in a flash appeal). A remote-sensing estimate could provide a rough count of potentially affected persons per area or administrative unit. This could be done while teams of assessors are being organised and start preparations for a comprehensive formal, joint field-based assessment.
2. Supporting the prioritisation of geographical areas of greatest need until more exact and ground-validated estimates are available.
3. Directing the comprehensive joint formal assessment by way of delineating the affected 'universe' and providing unbiased, transparent and apolitical sampling suggestions.

This initial assessment of impact, based on standard Geographic Information System (GIS) remote-sensing principles and good data, needs to represent a technical international and national consensus as the best available in that timeframe. It would still need ground validation and continual updating through thorough needs assessment, but would provide a common starting point – which was entirely missing in the case of the immediate response to the 2004 tsunami.

Prerequisites for effective use of remote sensing

Based on in-depth discussions with key remote-sensing experts, consensus holds that this is feasible given a few, albeit hefty, prerequisites. In fact, a similar exercise was attempted in the case of the tsunami (USGS contracted by OFDA for Indonesia) but the results were not timely or widely publicised and did not provide estimates of potentially affected populations prior to field-based reports. Many other uses of remote-sensing products by various agencies involved in the tsunami response are described below. In order to make a timely and effective initial remote-sensing-based needs assessment, the following aspects would require attention.

- Refining the worldwide 'hotspot' maps (World Bank), and compiling and maintaining baseline archives of pertinent demographic data (highest-resolution digital elevation model population estimates) and administrative boundary vector files for every hazard-hotspot specific zone. A central agency, such as UNOSAT in collaboration with USGS, for example, could be mandated and equipped to do this.

- Using a cloud-free day[94] in the immediate aftermath of the disaster, permitting satellite imagery to produce an 'after' scenario to compare to the 'before' images for all affected areas.
- Continued timely and inexpensive access to appropriate satellite imagery under the 'International Charter' that was triggered shortly after the 2004 tsunami.
- Experienced personnel and appropriate hardware, to enable rapid processing of the 'before' and 'after' imagery acquired in order to produce 'damage-area polygons'. This is a very labour- intensive exercise and, to be useful, requires a small army of experts equipped and ready to process the moment the images are available.
- Bilateral and international accords to produce overlays of population figures showing numbers of people potentially dwelling in damage areas. Typically, these population figures will be inventoried for each administrative unit having at least partial damage. A preconceived model (built upon tsunami and other disaster experience) would be an effective tool for providing rough formulas for calculating mortality rate prorated by distance from sea, for example. Such models are not vital but would enhance the precision of the estimates when available. Without them, the results would still provide an estimate of potential numbers of affected individuals per unit.
- Appropriate funds to permit the above to happen expediently.

Experts concede that, if all of this is in place, an initial satellite-imagery-based needs assessment could be feasible in three to five days after a disaster.

What happens next?

It is agreed that an initial needs assessment from the sky is merely a common starting point that requires field-based verification, through a formal needs-assessment process. If enabled, however, remote sensing would provide the earliest available formal evidence on the magnitude of a disaster, and can be used to hypothesise on its geographical extent and severity. In fact, this initial assessment should help to strengthen the field-based assessment. The field-based assessment validates the relative importance of damage per affected unit (given confounding factors, community preparedness, vulnerability, etc), and adds on the actual needs of the affected individuals and households.

How remote sensing was used in response to the 2004 tsunami

According to UNITAR (Humanitarian Exchange 32, Dec 2005), 'since Hurricane Mitch (1998) no emergency has involved such intensive production and use of earth observation applications as the response to the tsunami, the first to be recorded from space just as the front wave was propagating through the sea'. Over 650 images were produced, using data

94 On 27 December, the UN triggered the International Charter over three locations: Phuket (Thailand), Male (Maldives) and Aceh (Indonesia) and image-processing began that same day. According to USGS, the first cloud-free day came on 29 December, three days after the tsunami struck Indonesia. By 14 January 2005, UNOSAT's online image bank was operational.

from 15 different sensors. During the first stages of the crisis, satellite maps were used at headquarters to assess the extent of the emergency. Later, these images were used in the field,[95] distributed by the HIC and other sources, to support relief and coordination.

UNOSAT users reported that the maps compiled helped in coordination, as well as in logistics and distribution. Data released under the International Charter were used to develop rush disaster-impact assessment maps that were used by the UN Inter-Agency Standing Committee (IASC) Task Force on the Tsunami for coordination purposes. Remote sensing was reportedly used in Indonesian relief operations as a tool to inform three different activities: identification of areas of greatest probable impact to direct search and rescue operations; quantification of destruction to public and private infrastructure/buildings, and also reporting on accessibility of less travelled areas; and inventory of areas still affected by polluted sea waters (not to be cultivated), and where fresh water supplies could still be found.

Although there were valid efforts to share/disseminate images and photos (via the FAO Atlas, for example), most of the images went largely unanalysed and remained unaccompanied by textual explanation that facilitated response. Surprisingly, no formal remote-sensing analysis has been found that produced the one most sorely needed element: the number of potentially affected individuals within the first week(s). Therefore, it is no known whether such an estimate at that early stage would have produced a number of affected persons close to the 'official' numbers that vary between 300,000 (IDPs) and 3 million (World Bank and IFRC). Only one UN agency appears to have applied remote sensing quite late in the estimation of population (WFP, March 2005, giving 'roughly 700,000 individuals').

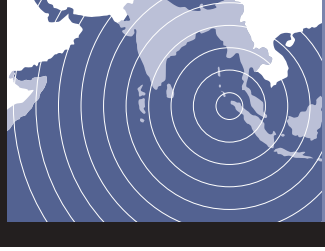
Various agencies used remote sensing in the weeks following the tsunami, as listed here in order of publication.

- The NASA/USGS-EROS Data Center's Assessment of Impact of the December 26 2004 Tsunami in Aceh Province Indonesia uses Landsat satellite imagery to isolate the areas needing immediate relief to coastal areas totalling 413km2 for the Aceh province. There is no clear reporting date but it uses imagery dating to 29 December 2004.
- CNES/SERTIT in France (4 January 2005), analysed imagery from satellite Spot 5 and 4, India's IRS, Canada's Radarsat and Envisat from the European Space Agency. This imagery and analysis was volunteered by Geosciences Consultants (GSC) to assist NGOs in the field.
- Bappenas/World Bank conducted or drew on preliminary analysis using the Quickbird satellite that served to verify the estimated extent of severely damaged or destroyed national and provincial roads and bridges.
- FAO prepared the Tsunami Atlas for Indonesia (24 January 2005) containing tsunami-related information collected from databases and major spatial sources on the web, including raw satellite images, interpreted satellite images, topographic maps, thematic maps, agroclimatic data and statistics. The actual content of the CD varies by region. UNOSAT satellite imagery was used to compare the situation before and after the tsunami in aquaculture sites in Aceh, and hence the extent and severity of the damage.
- In March, WFP reported in its Emergency Needs Assessment the use of remote sensing to confirm the OCHA estimate of numbers of people needing assistance, producing a

95 The image bank hosted maps by UNOSAT and a number of partners (eg Germany's DLR and the French SERTIT), accessed by 41 relief organisations. UNOSAT's website recorded 200,000 map downloads during the tsunami crisis – equivalent to 60 per cent of all downloads recorded in the previous year.

number very close to the one announced earlier by OCHA (703,000 persons). Had this number and its geographical distribution been made available earlier, the response may have been better directed.

According to FAO, 'The Tsunami Atlas shows the tsunami-affected areas before and after the disaster, thus helping experts in evaluating the damage and estimating reconstruction and rehabilitation needs especially in the agricultural lands, the mangroves areas, as well in the coastal infrastructure that is used by farmers and fishermen.' According to AFP (Paris, 4 January 2005), 'Satellites are playing a key role in helping rescue and reconstruction efforts in the Indian Ocean'. UNITAR emphasises that 'we should consider moving away from the occasional use of GIS/satellite imagery applications toward the elaboration of models applicable to a wider range of crises, thus taking full advantage of the global trend toward integrated information management systems'.



Annex 11: UNDAC terms of reference

UNDAC standard terms of reference

In sudden-onset emergencies, or in a sudden deterioration of the condition of an emergency, OCHA can decide to dispatch an UNDAC team under the authority of the joint memo of the UNDP Administrator/ERG of 26 March 1999 and Para 9 of UNDP Assistant Administrators memo number UNDP/ADM/93/57 of 2 September 1993.

The following are standard terms of reference given to members of an international UNDAC team. They may be modified, depending on the requirements of the situation.

1. The UNDAC team is a tool provided by the ERC that will work in support, and under the authority, of the United Nations Resident/Humanitarian Coordinator (the Coordinator), or any other lead entity appointed by the United Nations Secretary-General.
2. The UNDAC team will cooperate closely with and support the national and local authorities of an affected country responsible for the emergency response as appropriate.
3. The UNDAC team will assist in the assessment of international relief requirements during the first phase of the emergency and, when necessary, in the coordination of international relief operations at the site of the emergency.
4. The UNDAC team will focus its activities on the on-site situation of an emergency and therefore, when possible, immediately upon arrival in the affected country seek the fastest means to travel to the affected area where it will act as a focal point of the United Nations in cooperation with UN agency representatives present.
5. In emergencies with a wide-spread geographical scope, the UNDAC team will be based in the office of the Coordinator and, as far as possible, cover areas of special interest to its mission through field-trips.
6. The UNDAC team will report to the Coordinator and inform him/her of the on-site situation and other information which might, inter alia, be included in OCHA information distributed to disaster relief organisations and the international community.

7. When required, the UNDAC team will act as a catalyst in the establishment of an On-site Operations Coordination Centre (OSOCC) at the site of the emergency or, in emergencies with a wide-spread geographical scope, support a new or strengthened coordination mechanism within the office of the Coordinator.
8. The UNDAC team will assist the Resident/Humanitarian Coordinator in ensuring that regular reporting on the situation, needs and relief efforts is made to the United Nations Emergency Relief Coordinator. This will normally be through the Disaster Response Branch of OCHA Geneva.
9. The UNDAC team will maintain communication links with and report on the progress of its work to OCHA headquarters throughout the duration of the mission.
10. The UNDAC team is mobilised for a particular emergency primarily by utilising specialised emergency managers made temporarily available by member states of the UN. It is thus a temporary entity which is embodied for the emergency phase of a disaster only which normally lasts at most 2–3 weeks.

Annex 12: Financial statement for the needs assessment evaluation

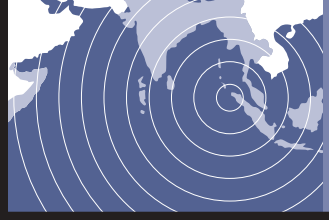
Expenses

Consultants	US$
Costs:	120,803
Per diem, communications, etc:	27,815
Airfares:	23,364
Total	**171,982**

Steering Committee and Evaluation Management	
Salaries and travel:	20,800
Program management costs:	23,000
Total	**43,800**
Expenses Total	US$215,782

Donors

	US$
BMZ (Germany)	23,392
CIDA	25,641
DfID	86,060
FAO	6,000
SDC	22,000
USAID	30,000
WFP	15,000
WHO	7,800
Donations Total	US$215,893



International humanitarian assistance should address the needs of the affected populations. To know those needs, be they for immediate life saving or for recovery, a systematic assessment must be carried out.

In the tsunami response, initial assessments of immediate humanitarian needs were often too late and too limited in scope to influence the decision making of donors or the setting of priorities among humanitarian actors. Overall assessments of longer term recovery needs, especially the assessment of damage and economic impact and some sectoral studies (eg, communicable diseases, food needs and fishing, among others) were more systematic and produced baseline data that is still serving as a reference for reconstruction.

Internationally, decisions with far reaching consequences for the intended 'beneficiaries' were based on political or public opinion considerations resulting from anecdotal coverage by the mass media. Coordinating agencies were often reluctant to encourage donors and actors to discontinue visible but unnecessary or counterproductive activities.

Locally, an overly generous response from the international community created a strong competition for visible spending opportunities. As a result, humanitarian actors did not share critical information on unmet needs.

Addressing the operational shortcomings of needs assessments must be completed through partnership with professional mass media, as well as a campaign to educate the public on how to be an effective donor.

The Tsunami Evaluation Coalition (TEC) is a multi-agency learning and accountability initiative in the humanitarian sector. It was established in February 2005 in the wake of the Indian Ocean earthquake and tsunamis of 26 December 2004.

This evaluation of the role of needs assessment in the international response to the tsunami is one of a series of five thematic evaluations undertaken by the TEC in 2005/06.

The evaluation was managed by FAO, SDC and WHO. Funding was provided by: BMZ (Germany); CIDA (Canada); DFID (UK); FAO; SDC (Switzerland); USAID (United States); WFP and WHO.

Tsunami Evaluation Coalition

TEC

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