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The Changing Tide of Aid Provision

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The South Asian tsunami, which is estimated to have killed 230,000 and left 1.7 million people homeless, elicited an outpouring of sympathy and generosity from governments, corporations, and individuals around the world. The official figures estimate that $12 billion was raised, but experts agree that this is a conservative estimate and does not take into account the resources raised by small NGOs and other community and grass-roots groups. One year after the tsunami, traditional donors (usually governments of the United States, Western Europe, and Japan) as well as first-time donors began to ask about the effectiveness of the relief efforts and the impact of the money spent.

In anticipating and responding to the calls for accountability, a spate of aid evaluation reports have been released detailing the progress made. In addition to the standard accountability reviews by individual aid agencies such as Oxfam and CARE, a variety of multi-agency and independent reports are also emerging. However, the focus of these reports is accountability to donors. Although most of them speak to the critical importance of accountability to beneficiaries, most admit to have fallen short in this regard. As the Tsunami Evaluation Coalition (TEC) has observed, "The lack of accountability to aid recipients is an acknowledged weakness of the internation-
al relief system." Nonetheless, these reports also freely acknowledge that "Wherever agencies have listened to the communities' perspectives of their needs and allowed communities to shape the response, there has been a good impact." For example, the village committees that were formed in Ampara, Sri Lanka, to advise Oxfam on water and sanitation needs ensured that the subsequent intervention designed by Oxfam achieved the intended outcomes of providing the community with adequate and appropriate water and sanitation systems. Conversely, when agency perceptions of what was needed were used to guide the type of aid provided, or when speed and efficiency were the determining criteria—at the cost of community participation—the intervention was often a failure.

Yet, few aid agencies or donors have initiated or released systematic evaluations of beneficiary perceptions of the effectiveness or impact of aid. The CARE/Oxfam/World Vision report suggests that the current approaches and methodologies being used in the field are inadequate or too hard to implement. They recommend the exploration of alternatives to the traditional log frames, such as results-based management frameworks. Two other issues impeding the assessment of beneficiary perceptions include the practice of each agency creating its own reporting, which makes the study of beneficiaries prohibitively expensive, and the potential for damaging information to reach donors or the public.

The inability to engage beneficiaries in systematic evaluations results in a gap in the knowledge systems of organizations whose day-to-day business is providing aid. Without incorporating the perspectives of aid recipients, the lessons learned are partial, and the true impact of the assistance cannot be assessed. To begin to address this gap, the Fritz Institute undertook a large-scale survey of the beneficiaries of humanitarian assistance after the tsunami, across countries, across aid agencies, and across time.

In this paper we briefly describe the study of beneficiaries and the methodology by which it was conducted and provide an indication of the results obtained. We then discuss the importance of engaging beneficiaries and provide recommendations for how the voice of the affected can be incorporated into improving disaster preparedness, disaster relief and rehabilitation, and evaluations of relief effectiveness.

**Listening to People Affected by Disaster: The Fritz Institute Study.** We conducted our study of families affected by the tsunami by gaining a better understanding of current relief and rehabilitation efforts in order to inform future efforts. The study was conducted in two phases over the course of 2005. The first phase, which was undertaken 60 days after the tsunami, surveyed 802 affected families from 100 villages in India and 604 families from 97 villages in Sri Lanka. Those surveyed were asked about their satisfaction with the content of aid that they received and the process by which it was distributed in the first forty-eight hours and sixty days after the disaster. The second phase, initiated 9 months after the tsunami, included 1,000 families from 93 villages in India, 800 families from 98 villages in Sri Lanka, and 500 families from the 5 most affected areas in Northern Sumatra, Indonesia. The focus of this phase was to assess the progress of the rehabilitation efforts. All the interviews were
conducted in the local language by teams of trained interviewers.

The results of the first study indicated that families in both India and Sri Lanka reported relatively robust supplies of commodity aid (food, water, and clothing) but were less satisfied with services that they felt were critical, including searching for the missing and the dead and clearing debris. Many felt the absence of such services led to further loss of life: “We feel at least some would have survived, if they were searched for in the first day itself.” At the 60-day point, despite the massive relief efforts, only 60 percent of the families reported receiving timely and adequate aid. Further, the recipients remarked on the inappropriate nature of some relief, particularly clothing. Both in India and Sri Lanka, people complained that the mountains of used clothes that were sent were in poor condition and culturally and climatically inappropriate. Overall, the relief efforts in India were rated much more highly, primarily because of the rapid and coherent response from the central and state governments, particularly the Tamilnadu government.

Nine months after the tsunami, the study showed that the two biggest outstanding issues were the lack of permanent shelter and devastating loss of family income. Survey results showed that in Indonesia almost 100 percent of the affected families were still living in camps or temporary shelters, as were 92 percent in India and 78 percent in Sri Lanka. Further, the return to normalcy was severely impaired by the loss of livelihoods. Eighty-three percent of the affected families in Indonesia had a decrease of over 50 percent of their family income, as did 59 percent of the respondents in Sri Lanka and 47 percent in India. When beneficiaries were asked to rate the quality of assistance provided by their own governments, local NGOs, and international NGOs, there were wide variations in their responses across the three countries. Among aid agencies providing livelihood restoration, no provider in any country rated above average, although international NGOs were rated highest in Indonesia and Sri Lanka, while the Indonesian government was rated highest in India. For shelter provision, once again international NGOs received the highest satisfaction rankings in Indonesia and Sri Lanka, while the scores of the government, international NGOs, and local NGOs were roughly equal in India.

**Lessons for Governments: Preparedness.** In retrospect, there is a consensus among governments and aid agencies that the tsunami relief effort in all countries achieved success on many levels. Within a short period of time, most of the affected were provided with food and shelter, and major health epidemics were averted. Yet, it is clear that several lessons can be learned from the massive relief effort and that continued attention
must be focused on the effectiveness of the ongoing rehabilitation programs.

Our study found that the satisfaction with relief services in the immediate aftermath of the tsunami was highest in India, where the government played a significant role in the relief effort. In addition to being visible in most communities, the government coordinated the relief efforts, which provided coherence and coverage in a way that was not apparent in Sri Lanka and Indonesia. One of the affected in Sri Lanka interviewed for our study, lamented, “Where was the government when all this happened?” In other words, the more prepared and proactive the government of the affected is, the more likely the affected will perceive the aid to be effective.

The lesson learned is that countries and regions vulnerable to natural disasters must have clearly defined and well-understood protocols for the authorities in the case of a disaster. When devising disaster preparations, governments need to consider the following questions: Who is responsible for the first response? How do the authorities of the city, state, and national governments interact? How should communities be prepared? Examples for South Asia detailed below highlight possible answers to these challenges.

Our survey also indicated that the aid provided to people affected by the tsunami in Indonesia, Sri Lanka, and India during the first forty-eight hours was overwhelmingly local, from private individuals and the local community. In the immediate aftermath of a disaster, it is the local community, survivors, and neighbors that provide the initial life-saving assistance. Further, the strong social ties of families and communities also endow these first responders with knowledge of where the most vulnerable are. Therefore, local preparedness is the key to effective disaster mitigation and response.

Bangladesh provides an ideal case study in preparedness. On 12 November 1970, a major cyclone hit the coastal belt of Bangladesh. An estimated five hundred thousand people were killed. Following this tragedy, the government of Bangladesh, with support from a variety of international donors, initiated a cyclone preparedness program. Central to the program were community-based disaster preparedness education, alert systems, and evacuation responsibilities. In April 1991 another major cyclone killed 138,000 people, even though the coastal population had doubled. By 1994 a cyclone of similar magnitude only claimed 127 people, and by 1997 a slightly smaller cyclone resulted in 111 deaths.

Despite compelling statistics such as in the case of Bangladesh, funds for disaster preparedness are difficult to obtain. Traditionally, development funds and humanitarian assistance funds come from separate budgets. Development funds are allocated to priorities such as education and disease prevention. Funds for humanitarian assistance tend to be event based and are provided in response to a disaster. In such instances the donors want their money to go directly to disaster relief rather than disaster preparedness. As a consequence, disaster preparedness is often overlooked.

The lesson learned is that donor governments must reconsider their current patterns of funding humanitarian relief but be cautious not to invest inadequately in disaster preparedness. Given the important and life-saving role of the community, it is imperative that disaster-prone areas implement preparedness plans that provide the community with
tools and mechanisms that can be activated in the event of a disaster. Early warning systems, thresholds for evacuation, evacuation of schools and hospitals, clearly identified shelters with qualified personnel maintaining order and security, communication with first responders, and plans for addressing the injured and dead are some examples of preparedness plans that can be put in place prior to a disaster.

**Lessons for Aid Providers: Incorporating the Intangibles.**

Although there is no argument among aid agencies about the importance of incorporating the voice of the beneficiary, there is a practice of prioritizing speed and efficiency of response, which often results in significant decisions being made without the affected being heard. Although the scale and scope of the tsunami is not typical, the range of responses and interventions in the relief and rehabilitation efforts allow for reflections on current practice.

The lesson learned is that countries and regions vulnerable to natural disasters must have clearly defined and well-understood protocols for the authorities.

Our survey indicated that many of the affected were in various stages of shock after the wave of destruction tore through their homes. While they appreciated the food and shelter that they received, their immediate concern was for the missing and the dead. The questions that were foremost in their mind were, "Have they died? Were they found? Did they receive a rightful burial?" In light of these comm-

ments, aid providers should attempt to inform the affected about efforts to find the missing, identify the dead, and provide dignified funerals. It appears that early interventions here can counteract some of the damaging stress and trauma that inhibits post-disaster recovery.

Second, 42 percent of the affected in Indonesia, 33 percent in Sri Lanka, and 20 percent in India believe that their lives will never return to normal. Yet many believed that counseling and other mental health services would facilitate their recovery. "With proper help," remarked one respondent, "maybe the next generation will live without fear." Despite this, 71 percent of our respondents in Indonesia, 43 percent in Sri Lanka, and 23 percent in India said they were not able to obtain these services. One lesson for the future is to explore ways in which the psychological care can be incorporated into relief plans. At a recent conference on lessons learned from the tsunami, Mr. P.C. Matthew,
munity. Thus, the international aid community should explore ways in which agencies can work together with local grass-roots organizations and the government to create a common roadmap for restoring the formal and informal social structures.

Third, aid providers should recognize that beneficiaries of their services notice the lack of coordination in logistics and distribution management upstream. When aid came pouring into the affected areas, many providers were not able to mobilize transport to take supplies into the interior. As a result, supplies piled up, conveying the impression that there was excess supply and therefore dumping. As various agencies distributed distinct types of shelter and non-food supplies, it raised issues of equity and led to beneficiaries "shopping" among the aid providers. The lesson learned here is that aid providers should work towards deriving common standards and protocols that will allow collaboration and uniformity in aid distribution. Back-room activities such as logistics and transportation need to be professionalized and, where possible, collaborations with the private sector should be activated to access local networks of warehouses, transport providers, and logistics services.

By incorporating the perspectives of the beneficiaries in the assessment, rescue, relief, and rehabilitation phases, aid agencies can provide more precisely targeted and effective aid. Various forms of beneficiary participation, including village committees, women’s groups, focus groups, discussions with community leaders, and local NGOs, were explored and experimented with by different agencies after the tsunami. Which strategies worked and under what circumstances?

How can disaster preparedness plans and schemas specifically incorporate the perspective of the community? These are issues that aid agencies must address in developing strategies for the future.

**Lessons for the Relief Sector: Accountability to the Affected.**

The Aceh Rehabilitation and Reconstruction Appraisal (ARRA), funded by The Asia Foundation and the Royal Netherlands Embassy in Indonesia, concluded that the local "community itself is the main monitor for the rehabilitation and reconstruction program in Aceh. Therefore, their comments and complaints must be used to evaluate the performance of the service provider organization." Without the perspective of the beneficiary, donors must rely on the anecdotal evidence provided by the aid agencies and aid workers. At best, such evaluations are incomplete; at worst, they might be biased and inaccurate. Additionally, without the beneficiary perspective, it is almost impossible for the sector to establish any standards or for donors to evaluate the overall performance of the relief effort across organizations. With each organization using its own tools, methods, and protocols to compile donor reports, comparability across organizations is lost. We recommend that the donor community seriously consider the use of objective, third-party organizations, unaffiliated with any aid providers, to collect data about aid effectiveness. By creating common tools and collection protocols, different local and international organizations can be used to collect the data that can then be centrally compiled and aggregated to derive comparable standards of effectiveness. This will target the growth and funding of more effective agencies and the eventual
demise of less effective ones.

Without a systematic evaluation of beneficiary perspectives over time and across humanitarian contexts, it is almost impossible to create an evidence base of what works and what does not, so that humanitarian relief organizations can continue to improve and evolve their approaches and methods. In referring to the importance of an evidence base for managing corporations, Stanford Business School Professors Jeffrey Pfeffer and Robert Sutton suggest, "We believe that managers can practice their craft more effectively if they are routinely guided by the best logic and evidence—and if they relentlessly seek new knowledge and insight, from inside and outside their companies, to keep updating their assumptions, knowledge and skills…"

The same logic holds true for relief organizations in a context where the number of disasters and of people affected by disasters continues to grow.

NOTES


