CARE Philippines

Typhoon Haiyan shelter recovery project evaluation

**Defending dignity.
Fighting poverty.**

Contents

1 Acknowledgements

CARE and the evaluation team would like to thank the following people who supported the evaluation by providing input, making arrangements and supporting logistically:

- Staff of
  - CARE Philippines
  - ACCORD
  - PVDCI
  - SMPC

Additionally acknowledgements for input into this report are due to Philip Barritt and Shahrzad Nouraini from CARE International UK and to Christopher Bock from ISG.

Throughout this document reference is made to assistance provided by CARE and its partners. In places the document talks about CARE only, for ease of writing, but CARE would like to make clear that it worked with partners in all cases, and at no point provided support without significant assistance from partner agencies.

2 Executive summary

On the 8th of November 2013 super typhoon Haiyan, known in the Philippines as Yolanda, made landfall in the Philippines. It proceeded as a category 5 typhoon across the central Philippines, causing widespread devastation. The typhoon severely damaged or destroyed over one million houses. Over 16 million people were affected by the storm.

CARE Philippines responded with emergency food, shelter and livelihoods programmes. This report presents the findings from CARE's Emergency Shelter Team's internal evaluation of the early recovery shelter programme undertaken by CARE Philippines and its partners.

The evaluation's key findings were that:

- **The programme correctly identified and assisted the most vulnerable and beneficiaries are well on their way to recovery**:
    - They have mostly achieved dignified and safe shelter after the typhoon
    - Beneficiary ownership of the recovery process and of their houses is very high
    - Most are confident that they will complete their houses to meet their household's requirements, although the time this will take varies considerably
- **Houses are stronger and safer than the houses people had before**:
    - There is a high level of awareness of build-back-safer principles
    - All houses have some build-back-safer principles incorporated
    - The majority of houses have high levels of incorporation of build-back-safer principles

The approach met the urgent needs of the population while catalysing the recovery. Self-recovery support is a good way to empower communities to take charge of their own recovery, if justified by a rigorous analysis. A model where materials and cash are provided based on an analysis of needs, capacities and local markets, and coupled with strong community engagement and technical assistance which continues throughout the recovery process, allowed cost-effective reconstruction of shelter at a significant scale. While programmes of this type do not provide fully engineered buildings built to western standards, they provide sufficient support for households to build houses which are stronger than they had before and will offer more resistance to future hazards. In doing so, they provide support to far more people than expensive fully engineered building programmes can and allow buildings which are tailored to meet the housing and other needs of households. There are no unoccupied buildings as a result, and waste is minimal. Ownership of and pride in the process and the product of the programme, by the beneficiaries, was exceptionally high.

The evaluation also made the following high-level findings:

- **Working with partners and the resulting strong community engagement was critical in achieving the positive outcomes and the uptake of safer building measures**, but partners did vary in experience and capacity and more monitoring and support to them could have achieved more consistent quality. In future, when working with partners, CARE needs to invest more in supporting them and building their capacity. Weaker partners are likely to be unaware of some of their

shortcomings, while stronger partners need carefully targeted support to enable them to increase the quality and scope of their work. **Working with partners is distinctly different to direct implementation, but it is not easier or cheaper**.

- **CARE's staffing levels were a little too low**, and greater technical improvements in the strength and safety of houses, and greater support to the partners and beneficiaries, could have been achieved with more technical programme staff. CARE's technical staff were unable to visit project areas often enough, were unable to effectively support the partners, or highlight where they were not delivering. Senior technical staff were preoccupied with visits and reporting and were unable to give sufficient attention to programme quality.

- **Combining shelter and livelihoods support was very popular with beneficiaries because it gave them significant control over their own recovery and provided confidence that they would be able to recover**. In barangays where livelihoods support did not follow on from shelter support there was a notable decrease in the confidence of recovery and ability to complete houses within 12 months.

- **The assumption that households would use the early recovery support to repair was almost universally incorrect. Most households chose to re-build**, whether their house was partly damaged or fully destroyed. This resulted in the need for top-up cash payments so that people would be able, combined with their own resources, to complete their houses. Although not planned from the start, this split of the recovery support into a first phase (shelter repair kit, SRK 1) and a second phase (top-up cash grant, SRK 2) for fewer people allowed the available resources to be more carefully targeted and achieved a high cost effectiveness, but it also required two separate beneficiary selection processes. This led to more community tensions and more complaints than would otherwise have been the case, and was felt by one partner to have damaged relations between them and the communities.

There were isolated issues related to particularly difficult barangays, inconsistencies in processes between different partners and some procurement difficulties, but overall the response was effective, timely and of good quality. Some of the additional specific lessons, mainly to do with methods of implementation, were:

- Particularly vulnerable people, such as single elderly people or mentally disabled people with no income, community or family support, in communities where the bayanihan approach was not successful, were still living in very poor and undignified circumstances. This is a small number of people, but programme staff were not sufficiently aware of the possibility to adjust support to meet their specific needs. Although particular needs of very vulnerable people were known and understood, the programme did not respond to them (in a timely manner at least). This needs to be addressed in on-going programming, and CARE and partner staff need to have a strong understanding of what they can do to ensure that the most vulnerable people do receive suitable and appropriate support if the standard approach does not meet their needs.

- The beneficiary selection process had a few specific problems in a small number of barangays. It is important to note that this was limited to only a few barangays, and the overwhelming majority did not have these problems.
    - In some cases there was a reluctance to have a fully transparent process for selecting beneficiaries, opting instead for anonymous feedback on the proposed beneficiary list. This was done because of a desire to avoid public disagreement and resulting arguments, but actually led to perceptions of unfair selection of beneficiaries. Partners with a strong

community development background did not have this problem as they were able to manage the public process.

- Again in a small number of barangays the community was unable to explain the beneficiary selection process and were not aware of and could not name the members of the beneficiary selection committee.
- The term 'vulnerable' was confusing for some, as the Philippine government has a designation using 'vulnerable'. It was necessary to very clearly explain what vulnerable meant in the context of CARE's response.

This evaluation also looked at safety in construction in this programme. It was found that although in the Philippines there was a reasonable awareness of safety in construction amongst the population, CARE and its partners did not assess or understand the personal risks that those undertaking reconstruction faced, and did not provide appropriate support to help people mitigate or manage those risks, even though there are simple ways in which this could have been done.

Read this executive summary together with the recommendations on page 69.

3 Evaluation objectives & methodology

3.1 Objectives

The objectives of the evaluation were:

1. To understand how well CARE's response met the needs of those affected by typhoon Haiyan linking according to the CARE Philippines shelter strategy and objective 2 of the log frame (see below).
2. To evaluate CARE's early recovery shelter responses after typhoon Haiyan, to review impact, extract lessons learnt and make recommendations for future projects.
3. To learn how well CARE's Haiyan response fitted with CARE International's humanitarian strategy and shelter strategy.

3.1.1 Evaluation questions

In order to meet the objectives, the evaluation seeks to answer the following questions.

Relevance:

- Was the shelter programme designed in line with CARE's Humanitarian Strategy, shelter sub-strategy and Shelter Cluster guidance?
- Did the programme align with the needs and priorities of local women, men, boys and girls?
- Did the programme align with the requirements of Philippine government and donors?

Appropriateness:

- Was the programme tailored to local needs and priorities of women, men, boys and girls, accordingly achieving cost effectiveness and local ownership of the recovery process?

Integration:

- Did the programme take a holistic, integrated approach to solving the interconnected problems faced by communities?
- Did the programme adequately integrate women, men, boys and girls at all stages?

Economy & efficiency

- Did CARE and its partners convert donor funds into response in a timely manner?
- Was the timing and phasing of CARE's response appropriate?
- Did CARE and its partners buy appropriate inputs (services, materials) in a timely manner and at the right price?
- Did CARE and its partners deliver in a cost effective manner and achieve value for money?

Effectiveness

- Did the outputs achieve the desired programme outcomes, and how well?

Sustainability & impact

- What were the intended and unintended effects of the programme?
  - Social, economic, technical and environmental
  - On different individuals, genders, age groups and communities
  - On CARE and its partner organisations
- How accountable were CARE and its partners to the affected population?
- Are CARE's beneficiaries living in dwellings with improved resistance to natural hazards?
- Has 'Build Back Safer' knowledge been understood, retained and practiced in communities?

Personal safety

- Did the programme provide appropriate support and safeguards to help beneficiaries avoid accidents and injuries?

3.2 Methodology

The evaluation seeks to answer the evaluation questions and meet the objectives by undertaking the following:

- A desk review of primary & secondary data, including:
    - CARE Philippines overall programme and shelter strategies and donor proposal documents
    - Gender analysis
    - The shelter programme post-distribution monitoring report
    - Field monitoring & evaluation reports
    - Real-time evaluation report
    - DEC & Humanitarian Coalition report
    - Shelter cluster strategy & technical documents
- Household level survey of 553 beneficiaries from 16 barangays (10 in Leyte and 6 in Panay) using purposive and random sampling (barangays were selected to ensure they were representative of the types of areas in which the project was undertaken, but respondents were chosen at random in each barangay).
- Field observations from the evaluation field visit
- Focus group discussions using semi-structured interviews, including:
    - Beneficiaries
    - Non-beneficiaries
    - Men
    - Women
    - Selection committee members
- Key informant interviews, including:
    - CARE staff
    - Partner staff
    - Roving team members
    - Selected beneficiaries

3.2.1 Evaluation team

The household level survey was undertaken by CARE Philippines' M&E staff in advance of the field visits.

Field visits were undertaken by CARE's Emergency Shelter Team Leader, Tom Newby, with assistance from CARE Philippines M&E & shelter programme staff, partner agency staff and CARE Philippines' shelter programme advisor, Efren Mariano. The team was accompanied by Chris Bock from the contractor ISG, who was specifically investigating the health and safety implications of the shelter programme.

The desk study, analysis and writing of the report were undertaken by Tom Newby, with assistance from Madel Montejo and Shahrzad Nouraini.

Contact emergencyshelter@careinternational.org for more information.

3.2.2 Schedule

The field visits took place between the 13th and the 24th of October in Panay and Leyte. Analysis of data collected took place in London in early November.

Table 1: Schedule of evaluation preparation & field visits

Date	Activity
11 Sept 2014	Terms of reference for evaluation agreed
15 Sept 2014	Survey questions agreed
15 Sept – 3 Oct	Household survey
13 Oct	Fly to Tacloban, Leyte. Meeting with Leyte programme team in Tacloban
14 -17 Oct	Field visits to 8 barangays
18 Oct	Fly to Roxas, Panay.
19 Oct	Day off
20 -23 Oct	Field visits to 7 barangays
23 Oct	De-brief in Panay.
24 Oct	Fly to Manila. De-brief in Manila with senior staff.
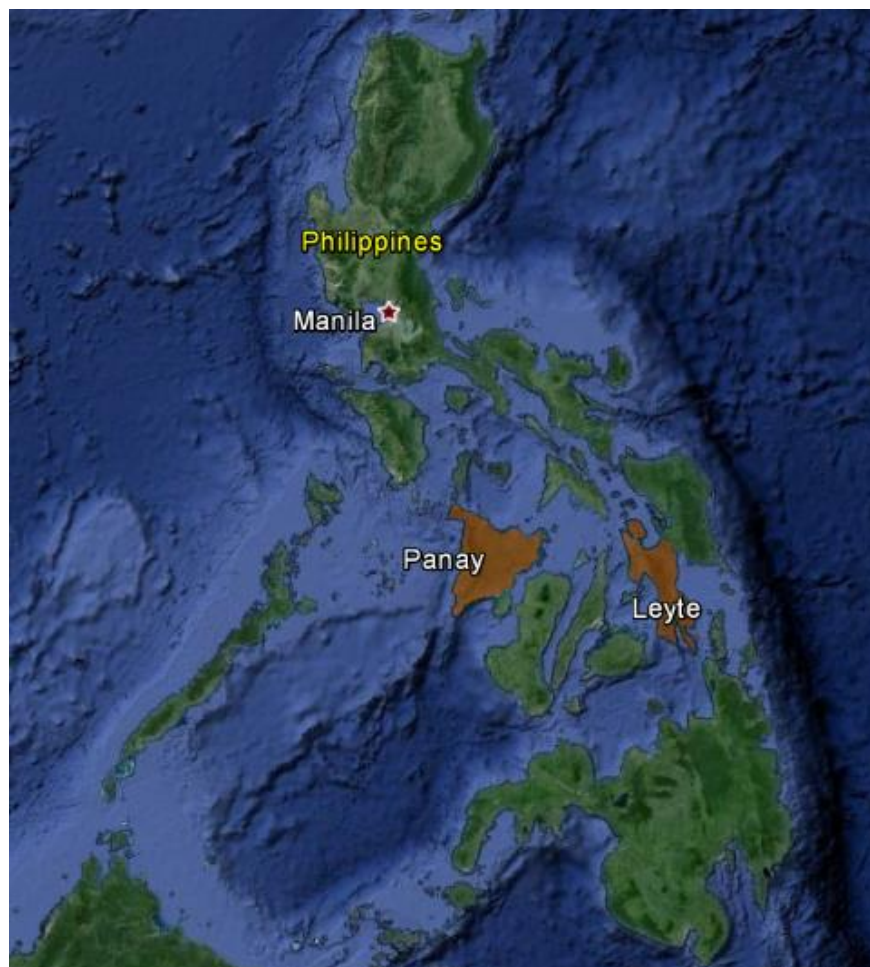
Figure 1: Areas of CARE programming
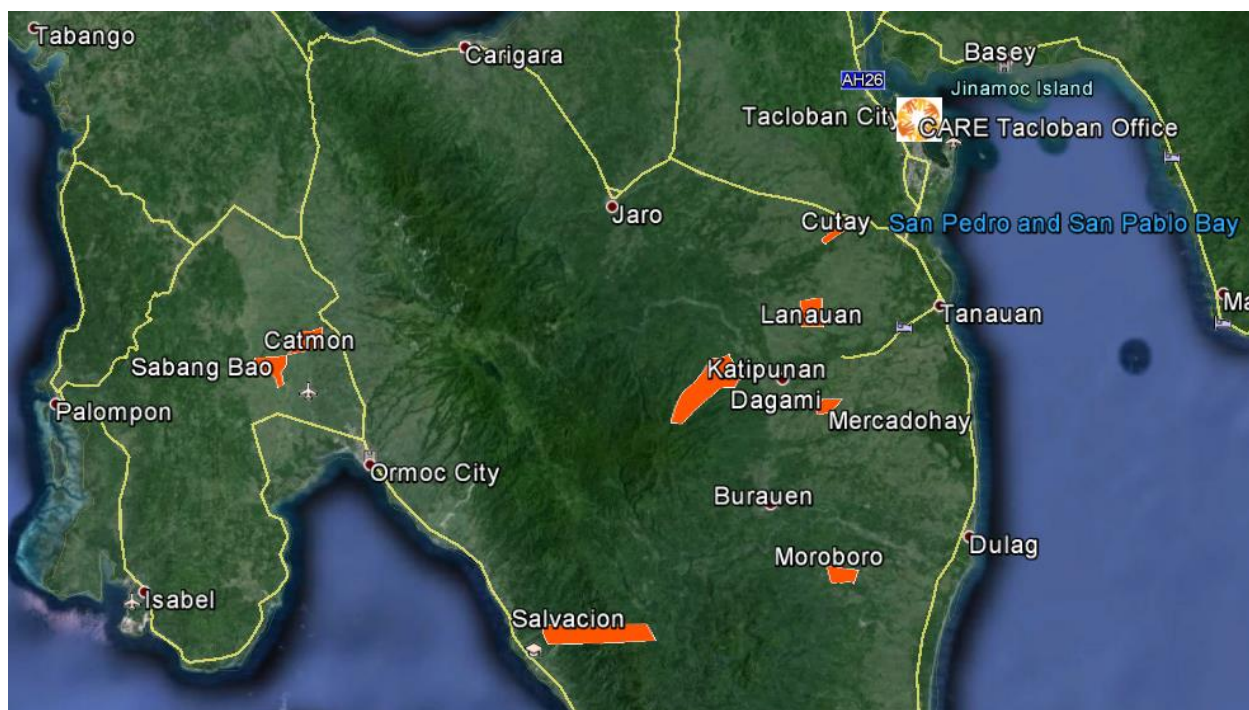
Figure 2: Barangays visited in Leyte
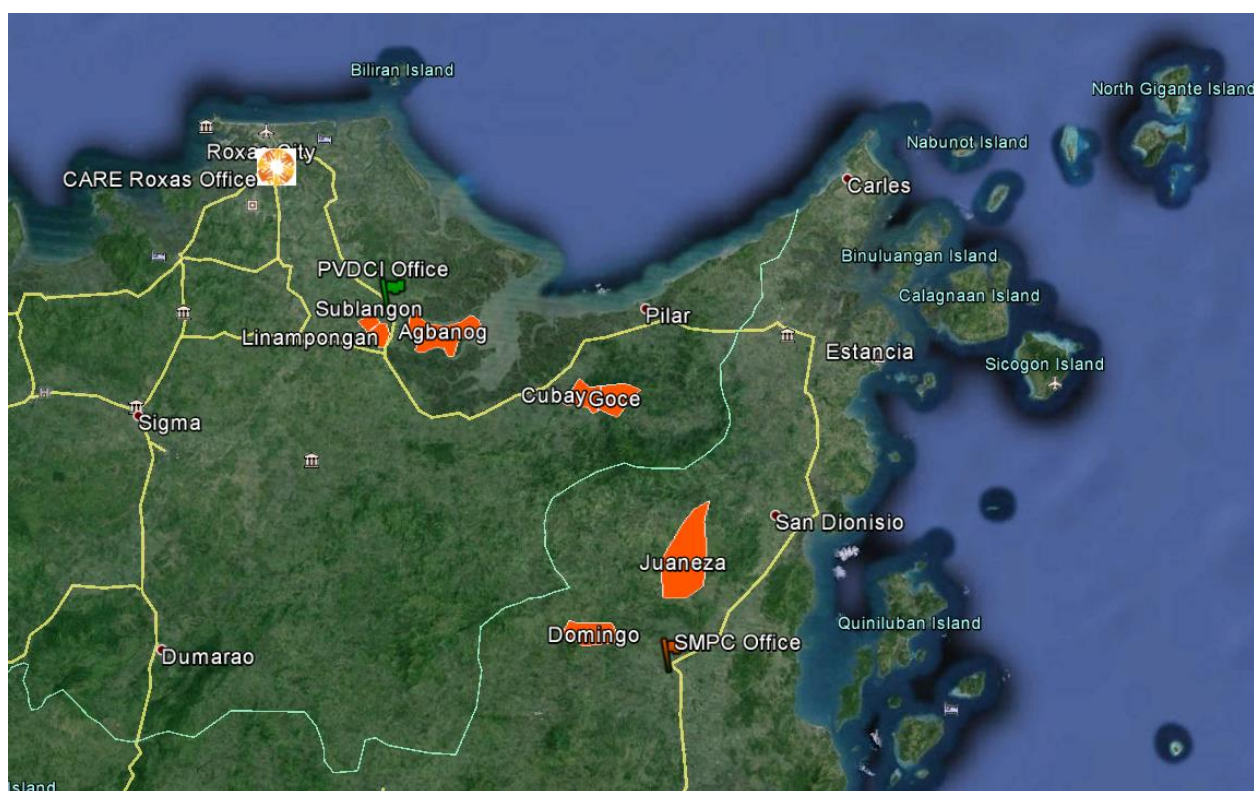
Figure 3: Barangays visited in Panay

4 Programme description

4.1 The disaster

Typhoon Haiyan, known in the Philippines as Yolanda, hit the islands of central Philippines on the 8th of November 2013. As of 29 May 2014, the National Disaster Risk Reduction and Management Council (NDRRMC) reported that around 16.1 million people had been affected by Typhoon Haiyan, with 6,300 killed, 28,626 injured and 1,785 people missing. Out of the total affected, 890,859 families (4,095,280 persons) were displaced to evacuation centres.

The number of damaged houses was 1,084,762 (489,613 totally damaged; 595,149 partially damaged). The total economic damage from Typhoon Haiyan was estimated as Php 89.598 billion (approximately US $2 billion). According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the immediate early recovery objective was to help individuals return to normalcy by providing much-needed livelihoods through immediate short-term employment for debris-clearing activities and the repair and reconstruction of housing, public infrastructure and urban economic structures.
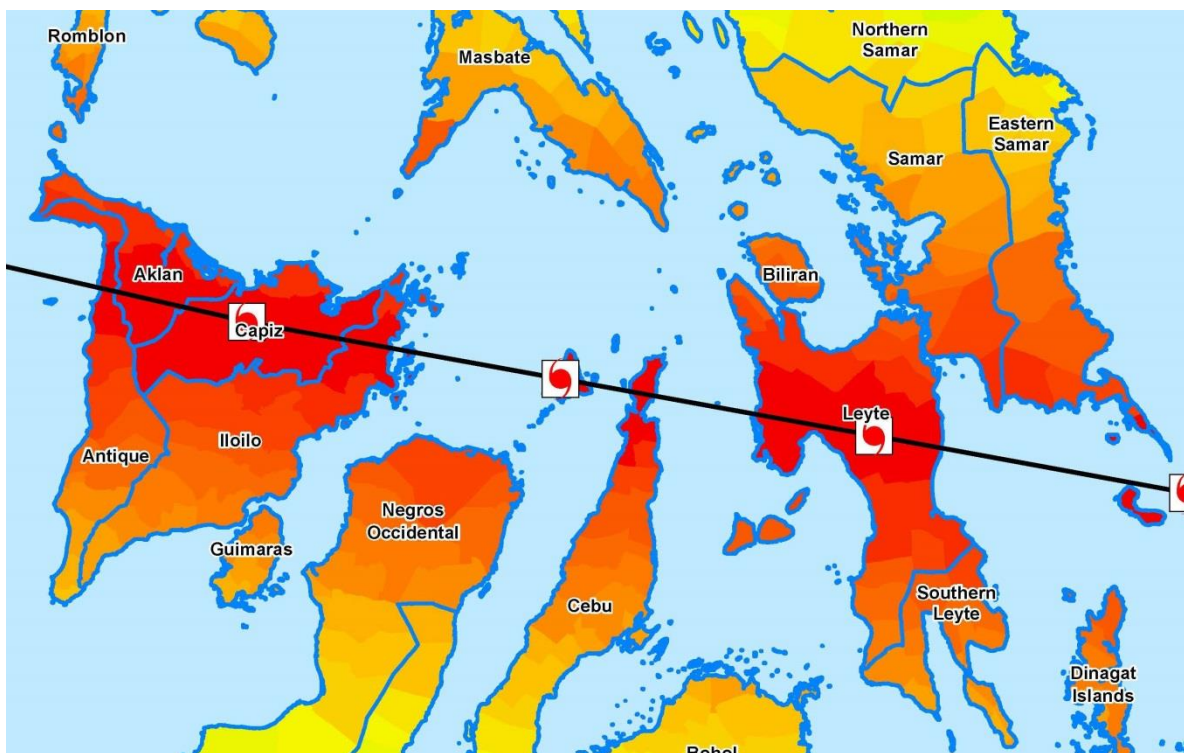
Figure 4: Affected areas of the Philippines

4.2   CARE's capacity

CARE USA closed its Country Office in the Philippines in 2007. Since that time, CARE Nederland has implemented its programming portfolio entirely with local partners. CARE Nederland has supported an alliance[1] of four principal partners engaged in disaster risk reduction, food security as well as frequent emergency response efforts in a number of areas of the country. In 2007 CARE also spun off its microfinance operations as SEEDS Finance Corporation (SFC), which has good relationships with a number of microfinance partners and cooperatives in the Philippines.

In 2012 CARE USA established a Shared Services Center (SSC) in Manila which has served as back office support to CARE USA and other members. The Shared Service Center (SSC) is NOT a programming entity, although it can and has provided significant support for financial concerns and logistical arrangements.

In the case of Typhoon Haiyan, it was clear that the disaster was a major one, and beyond the capacity of the alliance agencies alone. CARE declared a major corporate emergency (Type 4), requiring an organisation-wide response, and decided to mobilise and establish an operational presence. On 13 November, it was agreed that CARE USA would assume management of the emergency response to Typhoon Haiyan given the size, magnitude and scale of the typhoon's impact and the recognition of member capacities. This decision is in accordance with agreements made by CARE USA, CARE Nederland and CEG during the Typhoon Bopha After Action Review (June 2013).

CARE's Rapid Response Team was mobilised within 24 hours, and CARE proceeded to establish offices in Manila, Leyte and Panay.

CARE's logistical and technical capacity, coupled with the presence and reach of its partners (at early stages primarily ACCORD and CORDIS), meant the CARE was able to mobilise significant capacity to respond. With the relationships with the alliance partners and SFC, CARE was able to operate through a partnership approach and identify suitable partners quickly. See 4.3.

4.3   Partnership

CARE Philippines made a deliberate decision to provide relief and recovery assistance solely through national partner organizations. This decision was based on the fact that CARE has already been working through an alliance of national NGOs (ACCORD, AADC, CORDIS, and CNDR). ACCORD, a long-standing CARE partner since 2007, was identified as the primary partner in this emergency. CORDIS, CNDR, and AADC have not engaged in this emergency response primarily due to geographical locations. Given the enormous needs, gaps and large geographic spread of the affected area, combined with the capacity limitations of ACCORD, CARE USA decided to identify additional partners through SFC to work with in this emergency response. The following criteria are used for identifying and selecting partners:

- relevant programming experience
- program and financial capacity to implement emergency programs
- geographical area (experience of the target area)
- previous experience working with CARE
- affiliation and/or experience working with existing CARE Partners in the Philippines

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[1] The alliance of four principal partners includes the Agri-Aqua Development Cooperative (AADC), Assistance and Cooperation for Community Resilience and Development (ACCORD), Cordillera Disaster Response and Development Services (CORDIS) and Corporate Network for Disaster Response (CNDR).

A partner capacity assessment tool was developed and applied across 7 partners to identify their specific strengths and capacity gaps. The following partners were identified:

- Assistance and Cooperation for Community Resilience and Development, Inc, (**ACCORD**): headquartered in Manila, and working in Leyte and Panay provinces and municipalities. ACCORD is the largest and most experienced partner, with significant experience of working with CARE.
- The Leyte Center for Development, Inc. (**LCDE**)L headquartered in Leyte and working in various provinces and municipalities in Leyte and Samar.
- Metro Ormoc Community Cooperative (**OCCCI**): a Seed Finance member working in various provinces and municipalities in Leyte and Samar.
- **USWAG** Development Foundation: a Seed Finance member in Aklan, Panay.
- Laua-an Multi-Purpose Cooperative (**LMPC**): a Seed Finance member in Antique, Panay.
- Pontevendra Vendors Development Cooperative (**PVDCI**): a Seed Finance member in Capiz, Panay.
- Sara Multi-Purpose Cooperative (**SMPC**): a Seed Finance member in Iloilo, Panay.

In defining the role of partners in CARE-led response the strategy required the following issues to be taken into consideration:

- What aspects of the program can be implemented by a partner, and whether CARE should carry out some activities directly.
- Which functions-procurement, logistics, warehousing or financial-can be managed by partners, and which should be handled by CARE.
- Whether CARE should provide technical assistance or training in the areas of targeting of beneficiaries, shelter program design and implementation, livelihoods approaches, finance, procurement, logistics, reporting.
- How the relationship will be coordinated and managed-who makes what decisions, how often management meetings take place, etc.

Based on the above considerations, and the capacity and experience of the partners, various models of partnerships were established. All the partners took responsibility for community identification, mobilization, targeting and the beneficiary selection process for their respective programme areas. However, different partners engaged with different aspects of programme delivery and programme support, depending on their experience and capacity. CARE typically took a leading role in procurement and logistics, either undertaking this entirely or providing significant support to partners. Cash transfers and arrangement of distributions were typically the responsibility of partners

The strategy identified the following critical issues in a diverse partnership modality, when partners have different levels of engagement and varying core competency and capacity:

- Significant levels of personnel must be in place to support quality and effective response programming, including programme support. Budgets need to reflect sufficient gender-balanced staff to implement through partners and to ensure CARE participation and profile in coordination fora.
- The partnerships with local NGOs, cooperatives and women's groups will be based on facilitating linkages, providing technical assistance where the needs are identified, supporting partner development (including training and support for establishing and developing gender- responsive

monitoring and evaluation systems) and the monitoring of overall impact, including mechanisms and systems for sub-granting to partners and compliance procedures.

- Ensure as much joint planning and active engagement with partners and beneficiaries as possible (not just donor – recipient relationship)
- Ensure capacity of partners on gender-sensitive/responsive delivery of services in emergency and recovery situations.
- CARE's facilitative role to enhance coordination and learning among various partners during implementation of interventions.
- In addition, CARE closely coordinates its activities with other actors and through the clusters to ensure that assistance adheres to cluster standards and is coordinated appropriately with other aid agencies.

4.4   CARE's response

CARE immediately deployed key roles following the typhoon, including an experienced team leader and two shelter advisors (one from the Emergency Shelter Team and one from the roster). These advisors quickly recognised that the affected population had immediately started to reconstruct, and hence CARE's response strategy was adjusted from concentrating on emergency needs to early recovery, leading to the goals and objectives presented in Table 2.

Table 2: CARE overall Programme Strategy Goal & Objectives

Hierarchy	Intervention Logic	
Overall Goal	**Affected communities (men, women, boys and girls) have recovered, built back safer, and have increased resilience.**	
Specific Objectives:	**Outputs**	
1. The most vulnerable affected households have access to food, NFIs and emergency shelter	• Food relief distributed to 40,000 HH within three months in line with food cluster standard	
	• Non-food items (including emergency shelter items) distributed to 5,000 HH within 3 months (RRF and ECHO)	
2. The most vulnerable affected households have safer shelters	• 15,000 shelters repaired based on "build back safer" principles	
	• Community members (men and women) trained in 'build back safer' techniques and practices	
	• Female and male community mobilizers and/or carpenters trained to provide social and technical support to most vulnerable targeted shelter beneficiaries	
3. The most vulnerable affected households have sustainable livelihood that secure access to basic needs.	• 25,000 targeted most vulnerable affected households, men and women have received quick impact livelihood support through cash transfer programming.	
	• 25,000 targeted most vulnerable affected households, men and women provided with equal access to sustainable livelihood initiatives and opportunities.	
4. CARE's partners and communities have increased their capacity to support and maintain sustainable livelihoods.	• Partners provided with capacity strengthening to effectively facilitate gender responsive, sustainable livelihood initiatives in targeted communities	
	• Targeted communities (men and women) provided with capacity strengthening to implement gender responsive, sustainable livelihoods.	

Table 3: CARE Programme Strategy Response Phasing

Phase	Timing	Response activities
1: Emergency	1-3 months	Food packs, emergency shelter, non-food items (NFIs), and cash for food intended to meet the immediate needs of the affected population.
2: Early Recovery	4-12 months	Shelter repair kits (SRKs) + cash and training to support self-recovery shelter; unconditional cash grants to cover basic needs for most vulnerable households who do not have the capacity to engage in livelihoods; and conditional cash transfer to jump-start quick impact household income generating activities, diversify and expand these IGAs + HH level basic business training, financial and technical assistance for community enterprise and value chain development, & DRR awareness raising
3: Recovery	13-36 months	Livelihood support as in phase 2 focus on community enterprises and women entrepreneurs, with possible extension of shelter support in the form of DRR training, SRKs and limited construction for specifically vulnerable households

Figure 5: Reconstruction already underway on 11th November 2013, 3 days after the typhoon

4.4.1   Geographic focus

CARE partners' niche has traditionally been accessing remote communities that are underserved by other actors (Geographically Isolated and Disadvantaged Areas, GIDA, as classified by the Philippine Government). As a result this is where CARE's response was focussed. The programmes strategy stated that there will also be more urban-oriented work in order to target coastal communities most affected by Haiyan, but this was not yet actually put into practice, and hence will only be able to be implemented for livelihoods and not for shelter programming.

Overall CARE aimed to support at least 40,000 households (estimated 200,000 beneficiaries) across the following three areas:

- Samar: 10,000 households with LCDE and OCCCI
- Leyte, Southern Leyte: 20,000 households with ACCORD, LCDE and OCCCI
- Panay Island: 10,000 households with USWAG, PVDCI, SMPC, and Laua-an Multi-Purpose Cooperative.

4.4.2   Beneficiary selection

Selection criteria for target beneficiaries included those directly affected by the typhoon and living in the remote and geographically isolated and disadvantaged areas, coastal areas that have low coping capacities, poorest of the poor and those who have not received significant assistance from other organizations.

Priority was to be given to the most vulnerable groups, which include households with:

- family members who are sick
- people with disabilities
- single/women-headed households
- pregnant/lactating women
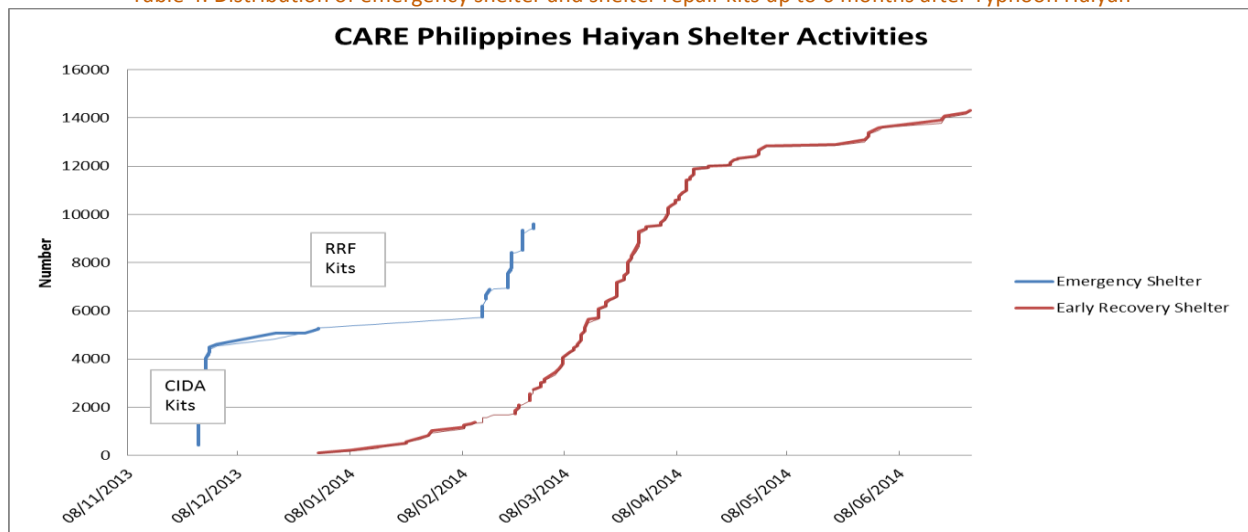- families with malnourished children
- indigenous peoples

CARE aimed to adopt a Community-led Gender-responsive Beneficiary Selection Process, a multi-sector participatory process which heavily involves consultations with the local government units and the communities.

4.4.3   Shelter response

Following the decision to accelerate self-recovery support rather than expand emergency shelter assistance, CARE was able to reallocate some funding from its emergency to self-recovery shelter programmes (although it was unable to re-allocate funding already committed). Donors were flexible to the adjustment of funds for self-recovery programmes, while additional funds were provided from CARE's own fundraising efforts to meet the higher costs per household required. In some cases funding was already committed to emergency shelter and this could not be changed, so distribution of emergency shelter kits continued well into February. Canadian DFATD (CIDA) had provided emergency kits in kind, which allowed very rapid distribution, while DFID RRF had provided rapid funding for emergency shelter which could not be amended.

Following on from the emergency response, CARE and partners distributed Shelter Repair Kits (SRK), accompanied by conditional cash grants and technical support. Following feedback and post-distribution monitoring, additional cash 'top-up' grants were provided to those who received the initial shelter repair kits who were unable to complete their houses. In this report SRK 1 refers to the originally distributed shelter repair kits and SRK 2 refers to the cash top-up grants.

CARE initially targeted at least 200,000 beneficiaries in three typhoon-affected areas: Leyte (20,000HH), Panay (10,000HH) and Samar (10,000HH). As of 31st October, CARE had reached 317,284 individuals.

Table 5: Numbers reached by geography as of 31st October

Province	# of households	# of individuals	Phase
Leyte	26,490	134,094	Emergency & early recovery
Samar	14,253	63,902	Emergency & early recovery cash assistance
Panay	24,398	119,288	Emergency & early recovery
Total	65,141	317,284	

Table 6: Numbers reached by sector as of 31st October

Sector	# of households	# of individuals
Food	51,351	252,115
Emergency Shelter NFI	15,824	67,164
Shelter Repair Kit	14,488	56,787
Livelihoods	5,009	24,041

The final distribution numbers for the shelter programme were:

- Total barangays reached: 489
- Food: 382 barangays
- Shelter: 150 barangays
- Livelihoods: 175 barangays

- 15,557 households received emergency shelter kits
- 15,859 households received self-recovery kits & cash (SRK 1)
- 6,692 received additional top-up cash grants (SRK 2)

The final costs per household for the self-recovery shelter response were as follows:

- $284 per household for the SRK 1 programme.
- $135 per household for the SRK 2 programme.

These costs include all direct and direct support costs of the programme and a proportionate allocation of indirect costs shared with other programmes (SPC). See Annex 1.

4.5 Advocacy
The response strategy identified key advocacy issues and priorities to engage with:

- Ensure funding will address women and girls' protection as well as empowerment approaches
- CARE will actively engage in the land-rights debates especially in relation to the livelihoods and food security of the most vulnerable people affected by the disaster.
- CARE will also engage and advocate on behalf of those who will be forced to resettle from their original living areas due to the (government) imposed buffer zone areas in the coastal areas.
- CARE will participate in existing coordination structure and influence around the integration of gender-sensitive approaches and protection mechanisms across sectors and within ongoing assessments, response, monitoring and evaluation.
- CARE will advocate with donors to fund early recovery activities from the outset of the emergency response as well as longer term recovery requirements
- CARE will build on previous work done on DRR to influence national policies, legislation and response on prevention and preparedness.
- CARE will advocate that significant proportion of funding should be used to build local capacity with both local partners and local government to ensure preparedness and immediate response capacity. CARE will also actively promote the involvement of local partners at central and regional (cluster) coordination meetings.
- Enhanced coordination with clear lines so as not to duplicate efforts in Manila, Cibu, Tacloban, and now Ormoc; it is difficult to ensure access to all information and request that continued efforts be placed on locating all information on one site (e.g. Humanitarian Kiosk)
- Media and advocacy work will be aligned.

CARE Philippines did engage in one on one meetings with relevant stakeholders and advocated strongly for funding for early recovery and gender sensitive approaches with the clusters. Communities were assisted to express opinions and sentiments around land use, but beyond this there were no advocacy activities.

4.6 Accountability
CARE's Humanitarian Accountability Framework (HAF), which draws on CARE's commitments to a wide range of internal and interagency policies and standards, defines CARE's accountability to key stakeholders, particularly communities and individuals directly affected by disasters. In operational terms, HAF has been translated into the following actions in the Haiyan emergency response:

- Have policies that reflect and promote accountability (e.g. staff codes of conduct, policy for the prevention of sexual exploitation and abuse, policy for the protection of children) reflected in the formal arrangements (MoUs and contracts) between CARE and its partners.
- Continually make sure that teams have the staff and the skills to implement accountability initiatives and comply / promote accountability principles. Provide training or briefings to staff and partners of CARE's values and humanitarian standards, particularly in accountability and gender equity.

- Spell out the commitment to humanitarian accountability in staff member's responsibilities and operational framework. The implementation and management of accountability mechanisms falls under the responsibility of CARE and partners staff at various levels and operational locations. The Program Quality team led by the ACD-PQ is responsible for building the capacity of staff and partners, developing the tools and establishing the process flow for consultations with affected communities, vulnerability assessments, feedback mechanisms and complaints handling.
- Conduct assessments that involve the disaster affected populations, and considers women, men, girls, boys, and all vulnerable groups. Assessments take into account local capacities, coping mechanisms, responses of other actors. Assessments are communicated with relevant stakeholders and used as basis for targeting criteria.
- Ensures that CARE's relief and rehabilitation activities follow SHPHERE standards, as well as standards agreed upon by the clusters. Emphasis will be given to gender compliance (SADD, assessment methodology, etc., and application of gender markers).
- Share information with disaster-affected communities about CARE, CARE's projects, and CARE's accountability commitments and systems. Information is provided in various forms (flyers, info sheets, visual presentations, reports and summaries for targeted audiences) and through various channels such as meetings/assemblies.
- Put in place mechanisms for disaster-affected communities to monitor our activities and performance and review the effectiveness of these mechanisms (including its quality and timeliness) as well as complaints mechanisms. Where possible and appropriate with regards to the accessibility and capacity of the affected population as well as to the implications for the timely implementation of interventions CARE and its partners will involve affected communities in decisions and choices about critical programmatic and operational elements.
- Monitor and assess if there are any unintended issues or negative consequences arising as a result of the response and how these should be addressed.

5 Evaluation findings

5.1 Survey

The evaluation team targeted a sample of 13 or 30% of barangays (upland or lowland) that received shelter top up assistance. For each barangay, there are 30 target respondents. The respondents are 60% who received top up cash assistance and 40% who received assistance only in phase 1 (shelter materials + cash + technical advice on safer construction practices). However, because of delays due to landslide and difficult road condition, the number of barangays was reduced to 10. To compensate, the team decided to increase respondent samples to 35 – 40 per barangay instead.

- The sampling for barangays and respondents is both purposive and random. Barangays are selected to give a representative sample of the types of location served by the programme. The identification of specific respondents is based on random sampling from the master beneficiary lists (so only includes beneficiaries).
- Prior to data gathering, the barangay and the identified respondents were informed about the purpose of the visit and their consent were sought, except for one barangay who was not informed in advance due to adverse weather causing difficulties accessing the barangay.
- There was a gender-balanced survey team.
- Survey methodology and process may have affected the quality of responses.
- The survey is quantitative; the limitation is that respondents couldn't give further information to explain their answers. The focus group discussions though give the opportunity to do this.
- The survey is subject to response bias, with respondents prone to tailoring their answers to match what they think the interviewer wishes to hear, or tailoring their answers because they believe it might result in additional support. The purpose of the survey was sufficiently explained. Still, many residents thought that they will not be included in future assistance if they were not interviewed. Either respondents may have underreported their repair status or over reported to be able to qualify for future assistance.
- The survey team tried both one-on-one and group administration of survey. The advantage of one-on-one interview is that it will prevent copying of responses while for group, respondents can compare their situations and derive wider range of responses. Responses from group interviews were also affected by the non-respondents who are listening and participating in the discussion.
- Participation of the partner organization (LCDE) in Ormoc and Albuera areas may have affected the responses.
- The survey teams in Panay adjusted some of the allowable responses to some questions and omitted other questions, leading to the results from Panay being not entirely comparable and less complete than those from Leyte. In some cases the results from Panay have been omitted from the analysis.
- There were some issues with specific questions:
  - The majority of respondents were female, but it was their spouses who received training. The survey question should have been revised to reflect who among the household members participated in the training, instead of only asking whether the respondent received training or not.
  - It was not clear what is meant by shelter completion, as explained in [REFERENCE]

5.1.1 Profile of respondents

28% of respondents lived in lowland areas, while 72% were from upland areas. Respondents were all recipients of SRK 1, and some also received SRK 2 (cash top-up).

Location
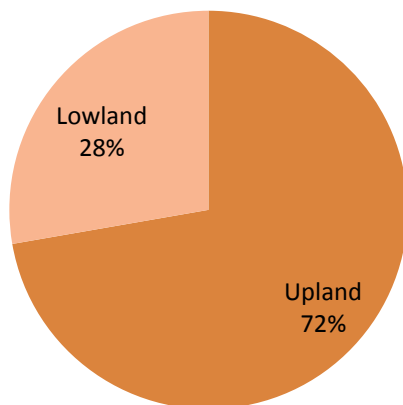
Support received
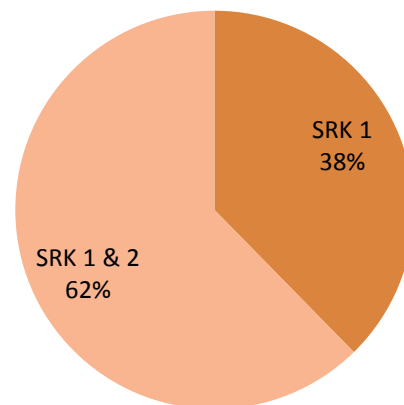
The survey teams in Panay did not collect information about the sex of respondents or of heads of households, but in Leyte 69% of respondents were female, but 75% of heads of household were male. The vast majority of respondents owned their house, but fewer than one-third own the land. Over two-thirds rent or have some other formal permission to use the land.

Land Tenure
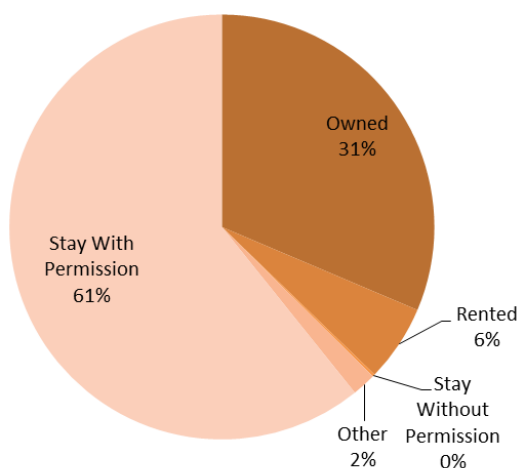
House Tenure
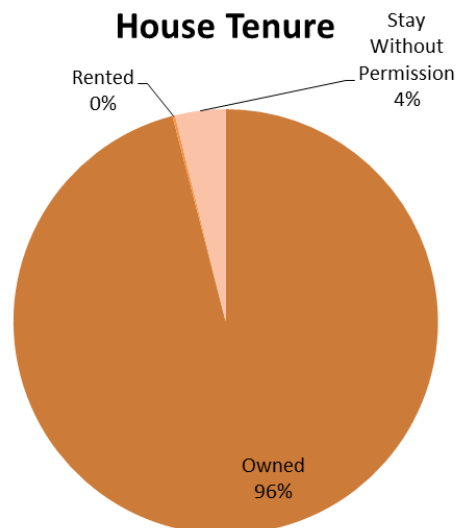
The majority of respondents had houses which were totally destroyed by Typhoon Haiyan (this is reflective of the beneficiary selection criteria which prioritised those with the most urgent housing needs). 39% of respondents relocated, either temporarily or permanently, after the typhoon. This was most often to a temporary or makeshift shelter nearby.

Damage

Partially damaged
12%

Totally damaged
88%

Relocation

Relocated
39%

Didn't relocate
61%
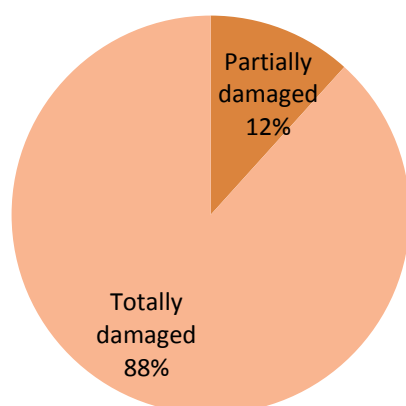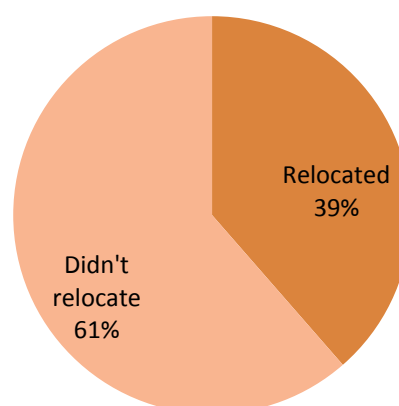
5.1.2   Current status of respondents

The survey and the later focus group discussions investigate whether people are able to complete their houses. The definition of 'completion' is however subjective, and in interpreting the results of the survey and this whole evaluation, this needs to be investigated further. The shelter repair kits were distributed on the understanding that households would use them to build houses and implement the four key build-back-safer measures of bracing, strapping of connections, frequent roof nailing and anchored foundations. For the post-distribution monitoring the houses were deemed 'complete' when this had been implemented. A typical emergency or transitional shelter understanding of complete would be that the houses were sealed from the elements and provide a safe, dry and dignified place to sleep and shelter. Most people would not deem a house to be complete until it was sealed from the elements and include acceptable cooking facilities, water and sanitation facilities and any other culturally required spaces or facilities. Therefore there are at least three distinct meanings of 'complete'. This was not clearly defined before beginning the survey, and respondents may have interpreted it as complete in accordance with the conditions on the shelter repair kits, or otherwise. The data on 'completion' from the survey does not therefore give a clear indication of the actual status of houses.

Just over 50% of respondents categorised their houses as 'complete', however they themselves defined this. Of those who don't judge their houses to be complete, the great majority gave a lack of funds as the reason for this.

Completed

Not completed, 48%

Completed, 52%
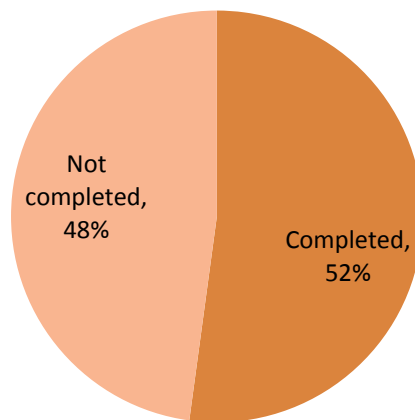
Reason for not completing

Number of respondents

250

200

150

100

50

0

Lack of funds | Lack of technical support | No timber available | Built new house instead of repairing
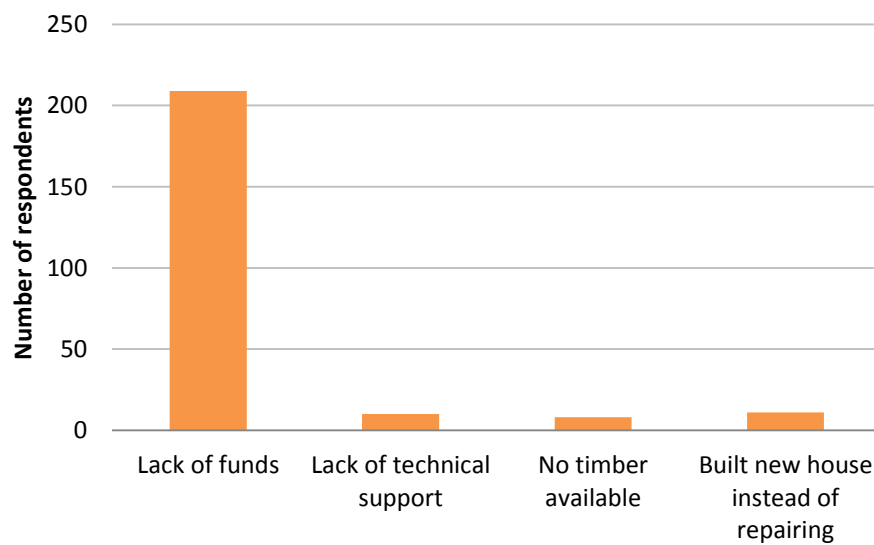
Apart from the completion of the houses, respondents were asked to rate their situation from 1 (very poor) to 5 (very good) in a range of categories, before the typhoon, immediately after the typhoon, and at the time of the survey (October 2014).

Ratings of situation

Legend: ■ Now (Oct 2014) ■ Immediately after ■ Before disaster

Mean rating (1-5)
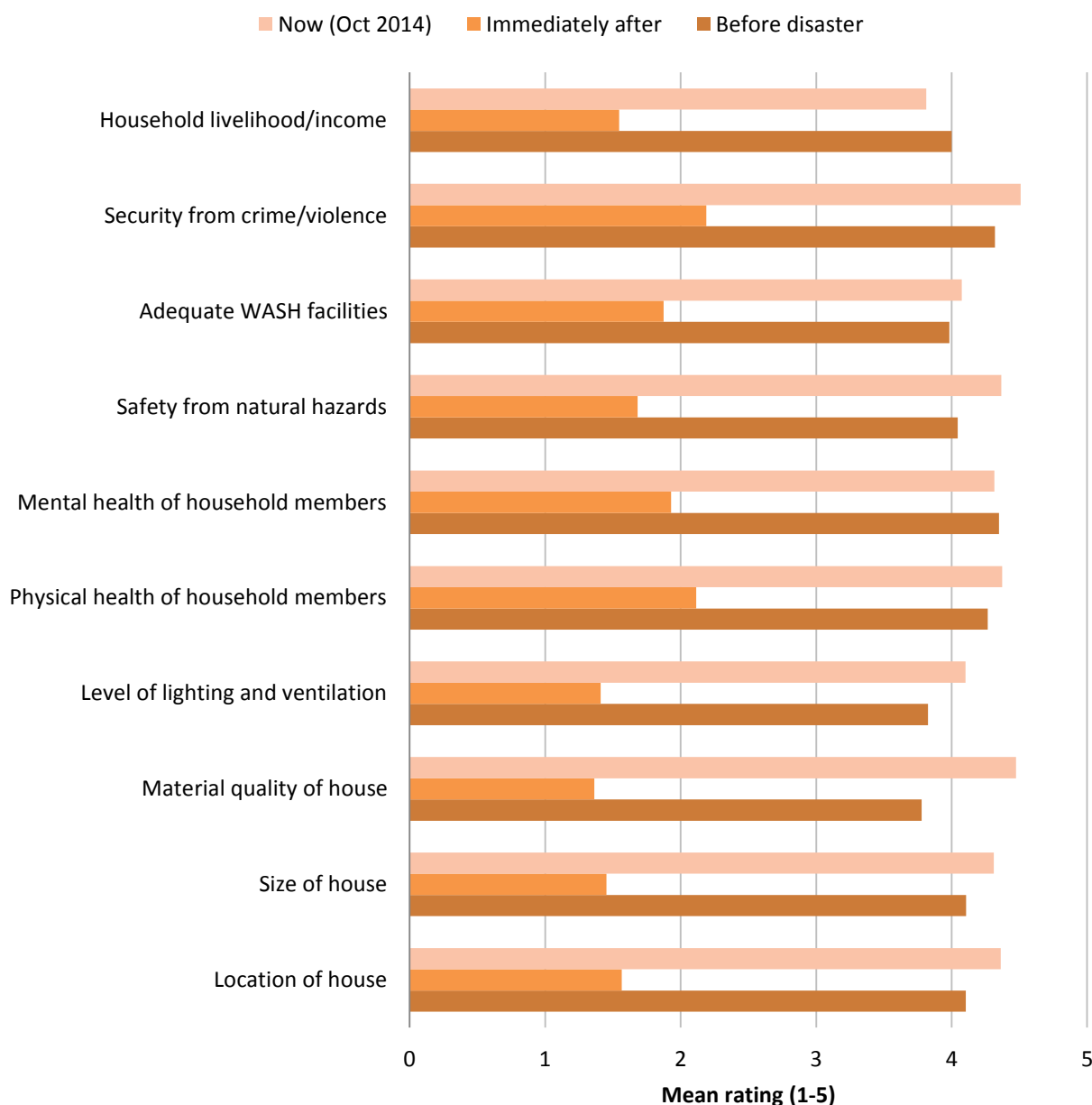
It is notable that people generally rate their current situation as being fairly similar to their situation before the typhoon, and significantly better than immediately afterwards. People generally seem to feel that they are recovering. It should be noted that the before and immediately after ratings are retrospective.

Most of the changes in rating between before and current situations are small (<10%), apart from the material quality of the house.

Change in rating of situation before storm & after shelter programme
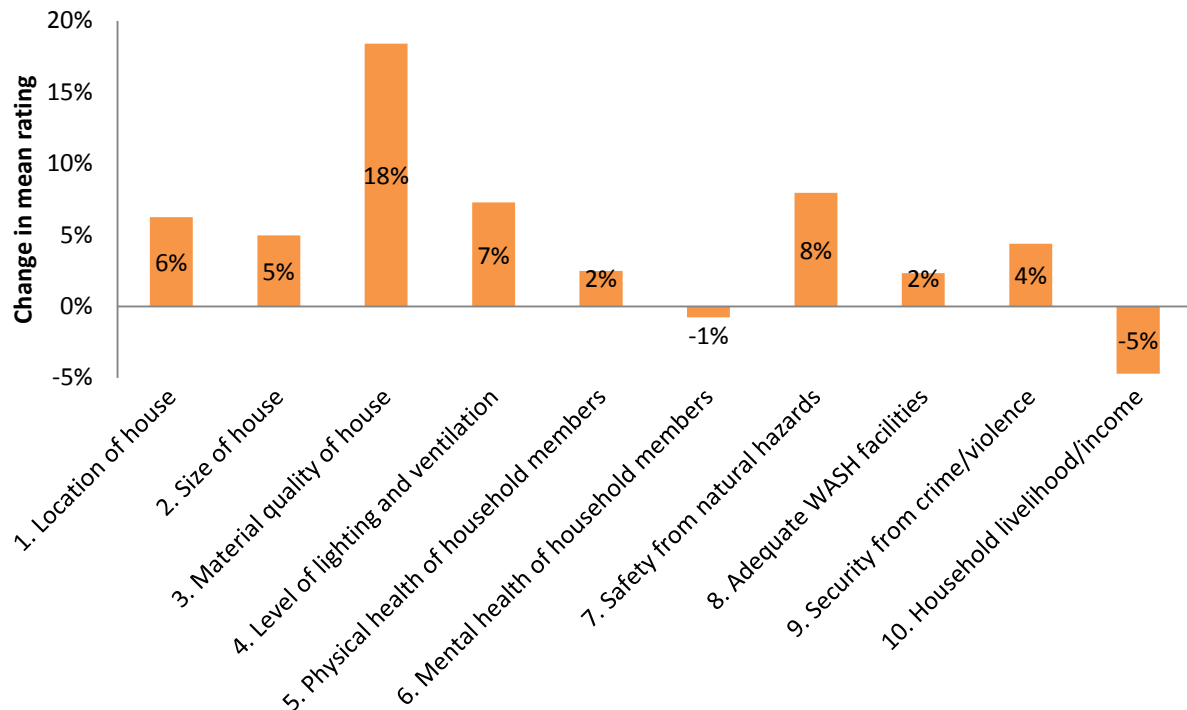
Each of the changes is significant with p < 0.05 (most with p <<0.005), except for the physical and mental health of the household and the adequate WASH facilities which had p > 0.05. Therefore it can be concluded that the other changes shown reflect genuine beliefs of those surveyed; the change is not due to random variation. Without a control group the cause of the changes cannot be identified, but it is reasonable to believe that the shelter programme has contributed to the significant increase in the rating of material quality of housing. The other changes in rating, being smaller than 10% and based on retrospective ratings, cannot reliably be concluded to demonstrate anything other than that people feel that the situation they are in is similar or only slightly better than that before the typhoon. The responses do correlate with the findings of the field visits and the focus group discussions, with people generally being fairly confident about recovery of their housing but not so confident in livelihoods.

Respondents were asked whether they thought the changes in their situation were fully, partially or not due to the shelter assistance they had received. Though a subjective rating, and prone to response bias, this gives some indication of how strongly the shelter assistance affected each of the ten categories. The size and material quality of the house were overwhelming considered to be partially or fully as a result of the shelter repair kit programme. All other categories were also strongly linked to the assistance by respondents, which strongly indicates that shelter assistance is seen as very important in allowing people to recover not just housing, but other aspects of their lives.

Status attributed to SRK project

Legend: Not due to SRK(s) | Partly due to SRK(s) | Fully due to SRK(s)

Categories (top to bottom):
- Household livelihood/income
- Security from crime/violence
- Adequate WASH facilities
- Safety from natural hazards
- Mental health of household members
- Physical health of household members
- Level of lighting and ventilation
- Material quality of house
- Size of house
- Location of house

X-axis: Percentage of respondents (0% to 70%)

5.1.3   Processes & participation

Respondents were asked about whether they were consulted on a range of important issues. On the whole there were good levels of consultation and explanation of the programme to beneficiaries. Fewer respondents felt they were told how to give feedback or that CARE gave a timely response to feedback.

Only half the respondents reported being asked what they would like to receive. This aligns with a comment by one partner staff member that the accountability and participation processes were very strong on implementation but not so strong on programme design; but this should be taken in the context of it being an emergency response.

Accountability processes

■ Yes ■ No

Question	Yes	No
Were the most vulnerable households selected?	97%	3%
Were you told why you were selected?	83%	17%
Did CARE give timely responses to feedback?	71%	29%
Were you told how to provide feedback?	67%	33%
Were you told about any conditions beforehand?	88%	12%
Were you told what you would receive beforehand?	76%	24%
Were you asked what you would like to receive?	50%	50%
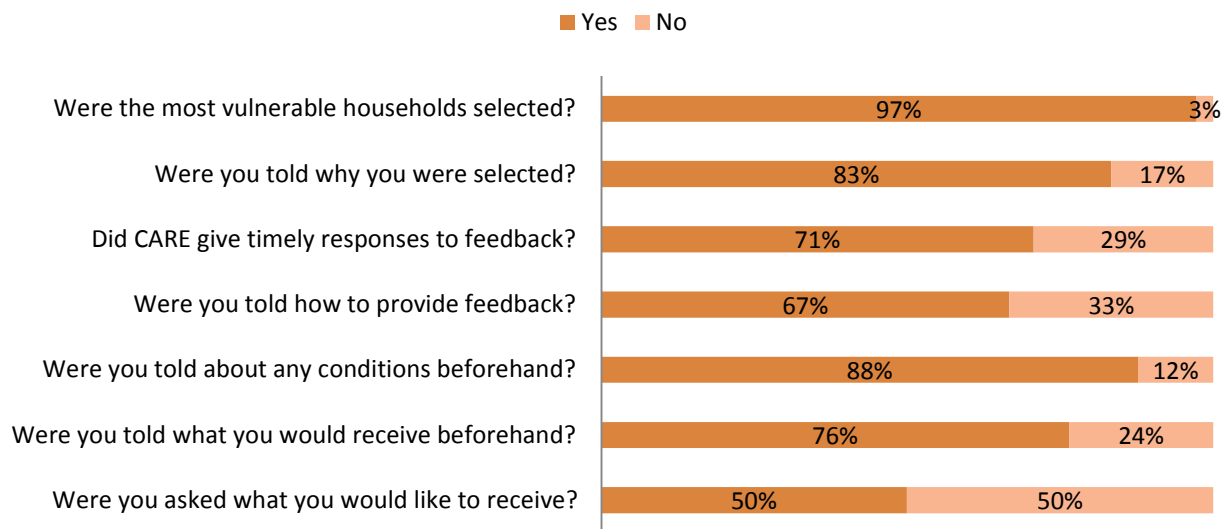
Respondents were also asked about the roles of the men and women throughout the programme. Generating income and construction activities were deemed to be much more the role of men, with over 50% of respondents saying it was just the men who undertook these roles, while house cleaning was clearly seen to the role of women. The results show significant variation in how households allocated the roles of making decisions about the use of the cash grant and the house design; a small majority of households did this involving both men and women, but significant minorities left these decisions either to men or women alone.

Who did what?

■ Male ■ Both ■ Female

Activity	Male	Both	Female
Generating income to contribute to repairs	52%	31%	17%
House cleaning	12%	16%	73%
Use and maintenance of tools	55%	23%	22%
Decision about use of cash grant	23%	42%	35%
Quality control during build	56%	28%	16%
Inclusion of BBS messages in repair	53%	29%	18%
House design inc. room arrangement	35%	42%	23%
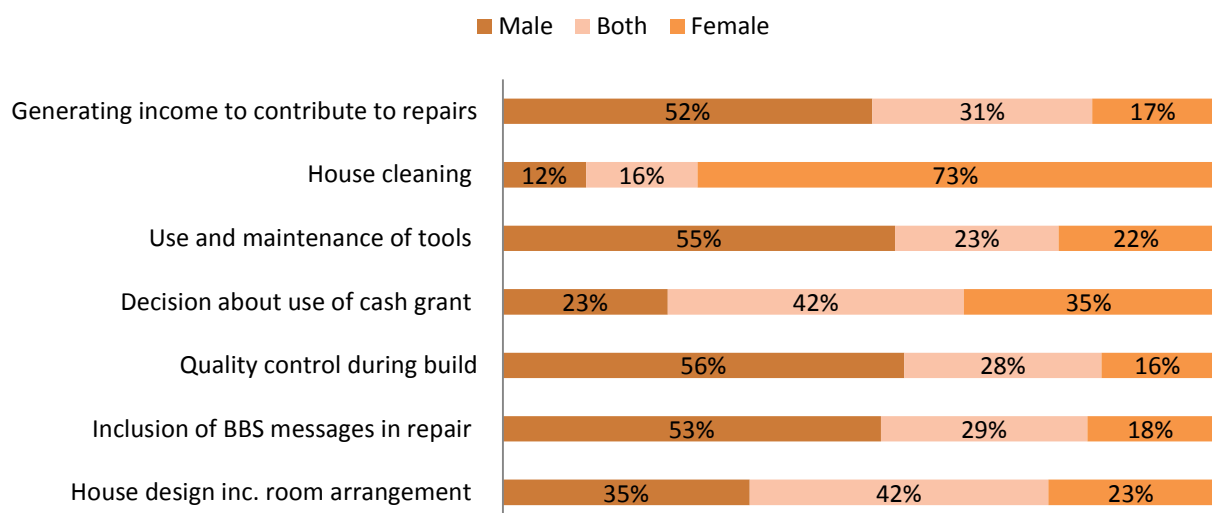
Respondents were asked about the training they received. The vast majority of respondents said they received some training, or someone else in their household had received some training.

Received Training
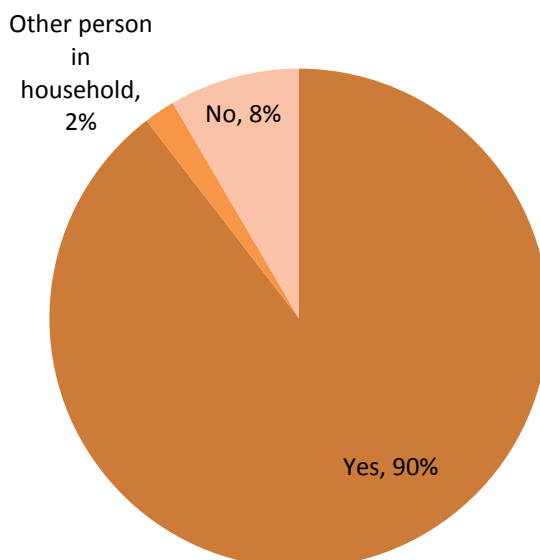
Respondents were also asked about which of the key build-back-safer messages they learned in the training, and which they actually felt they had applied. This was not correctly recorded for the surveys of three barangays undertaken in Panay, so some results (93 respondents) were excluded from those presented here.

Learned in training
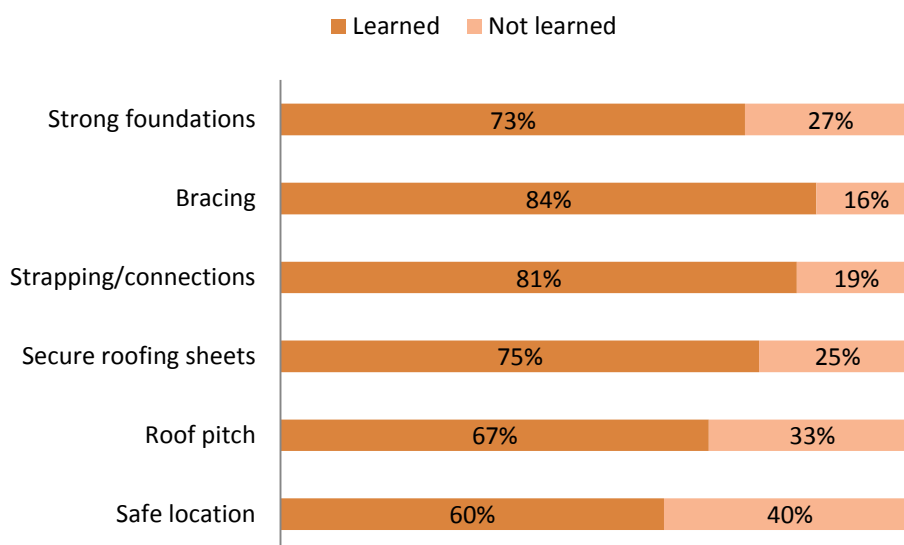
Used in buildings
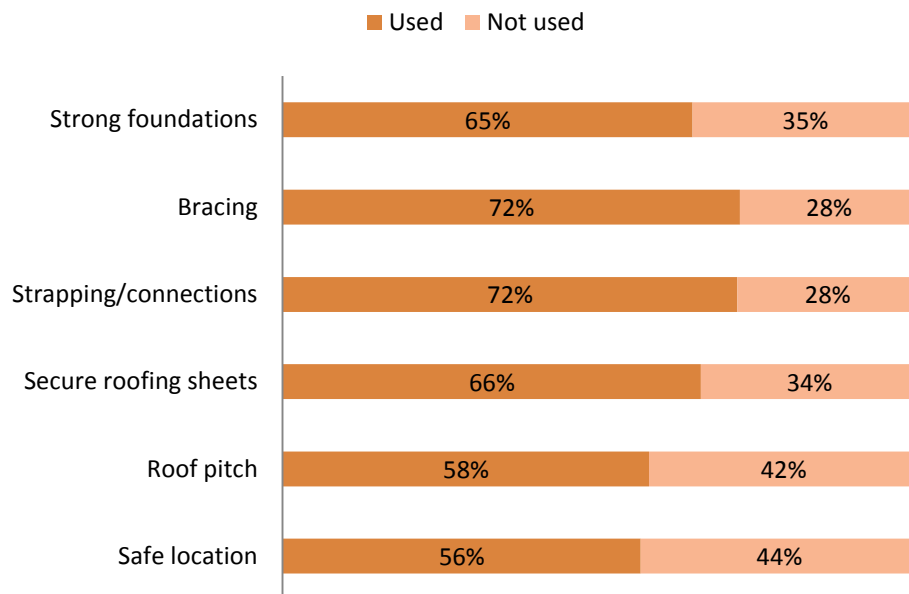
Generally between two-thirds and three-quarters of respondents felt they had applied the four key build-back-safer messages that the programme had concentrated upon. The additional messages of roof pitch and choosing a safe location had a lower uptake.

5.1.4   Use of the assistance

Respondents were asked about how they made use of the assistance they received, and how they managed the construction of their houses.

Means of construction
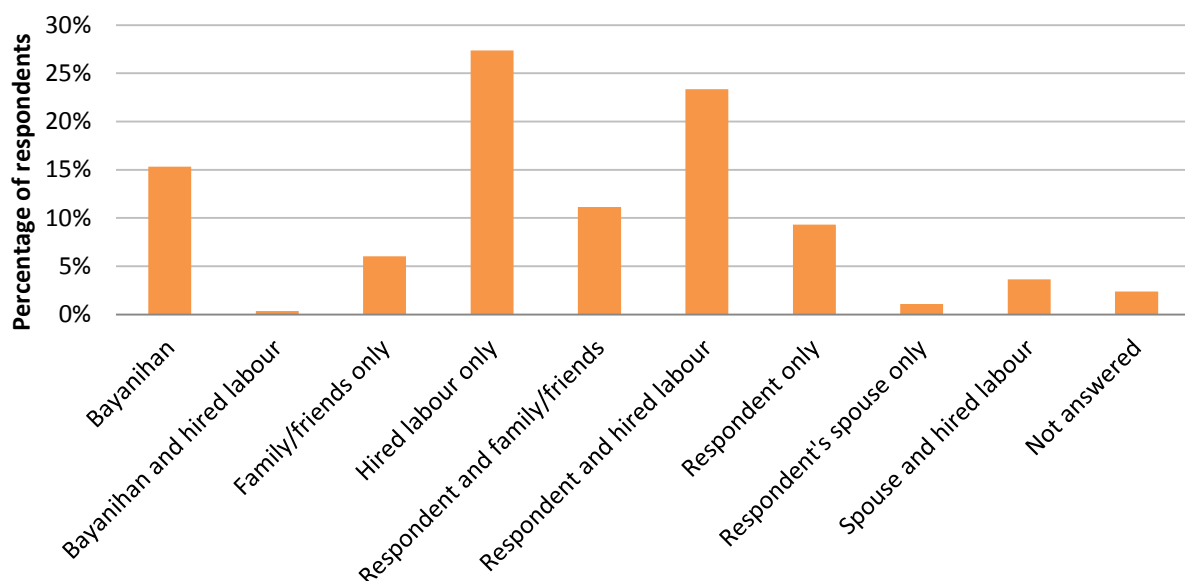
When asked about who did the construction and how the labour was provided and managed, there was a wide range of different responses. Only 15% of respondents reported using bayanihan to do their construction, and around half the respondents used hired labour, either alone or in combination with labour provided by the household. Around 15% relied on themselves or on family and friends only.

Generally all the materials which were provided were fully used. Nobody reported the materials they received had been stolen, or that they had sold or exchanged them. Only one household reported they had given the materials away. Around 20% of households surveyed only received CGI sheets and ridge sheets in combination with a larger cash grant (in areas served by PVDCI).

Use of materials

Legend: ■ Fully used ■ Sold/exchanged/gifted/stolen ■ Not yet used ■ Did not receive

Material	Fully used	Not yet used	Did not receive
Hand saw (1 pc)	74%	2%	24%
Tin Snip (1 pc)	78%	1%	21%
Hammer (1 pc)	75%	2%	23%
Steel strap (5kg)	78%	2%	21%
Staple wire carton	78%	2%	21%
G.I. Wire #16, (1.6kg)	78%	1%	21%
Elastoseal, 500ml	79%	1%	20%
Aluminium Screen 3.8m	75%	5%	21%
Flat Nails 1.5" (1kg)	80%	0%	20%
Common wire nails 4" (2kg)	80%	0%	20%
Common wire nails 3" (2kg)	80%	0%	20%
Umbrella nails (3kg)	80%	0%	20%
Plain GI sheets (1 sht)	100%		0%
Corrugated GI sheets (10 shts)	100%		0%

Respondents were also asked about the quantity, quality and usefulness of the materials (see over). All materials received high ratings for quality and usefulness. Generally the quantity given received slightly lower ratings, particularly for the nails.

Satisfaction with materials
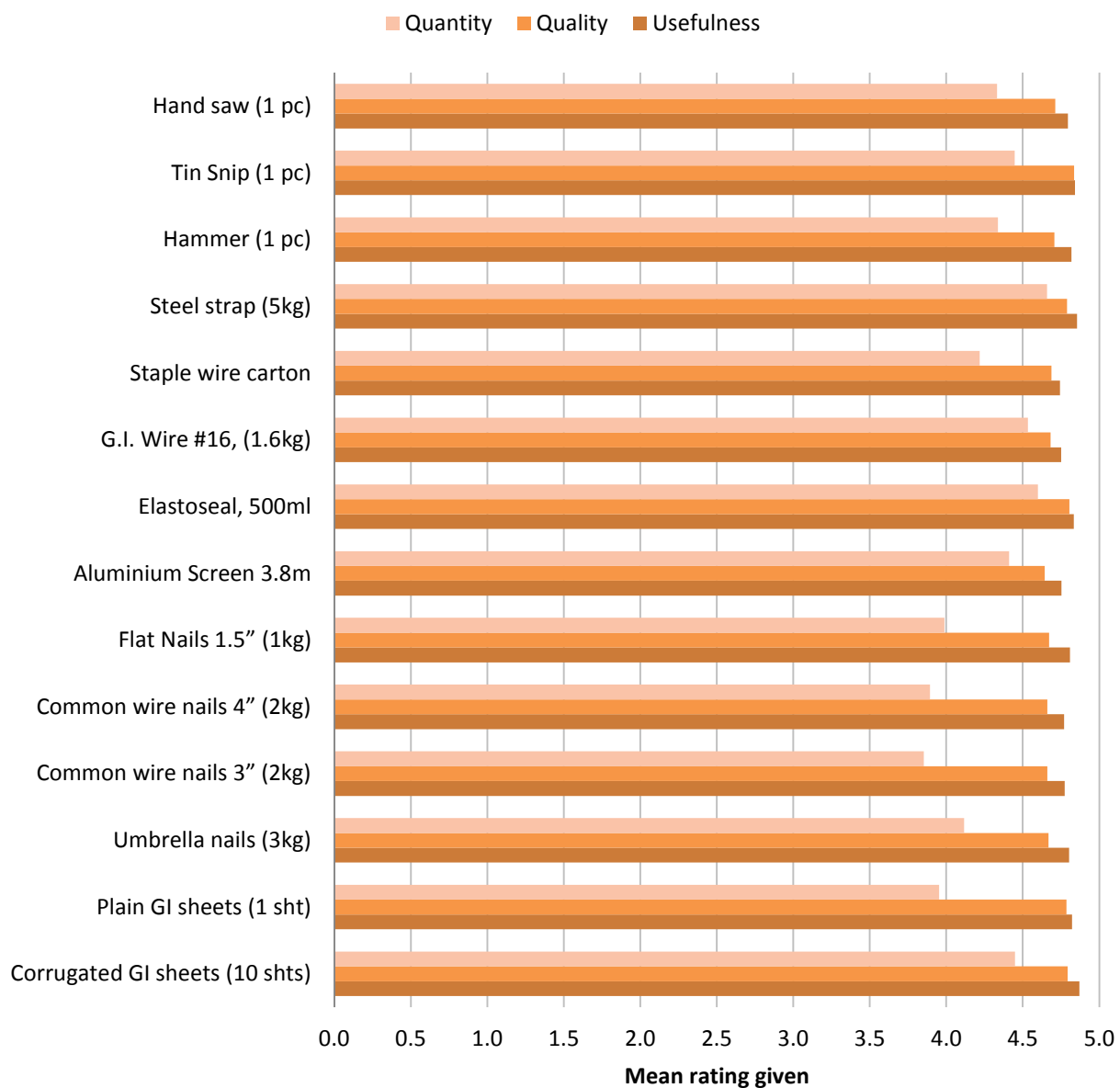
The survey included questions on what respondents spent the cash grants from SRK 1 and SRK 2 on, and how much they spent. The results from this are presented on the next page.

The great majority of respondents used a large part of the SRK 1 grant (typically P3000, but higher for those who received fewer materials) to pay for timber and the fees of having the timber cut with chainsaws. Cash was also spent on labour, nails and food by 31%, 21% and 23% of respondents respectively.

The SRK 2 grant (P5000) was most often spent on walling materials and labour. Again some households reported spending some of the money on food.

SRK 1 expenditure

Chart — Percentage of respondents who spent on item (left axis, 0%–70%) and Average expenditure on item, pesos (right axis, 0–3000), by item.

Line values (Average expenditure, pesos):
- Coco lumber/timber/wood: 1953
- Chainsaw Services: 2139
- Concrete materials: 1332
- Steel bars: 1431
- CGI Sheets: 1175
- Food: 1735
- Hollow Blocks: 693
- Amakan/plywood: 1636
- Hardieflex: 465
- Nails: 2767
- Carpenter(s): 450
- Labour: 1452
- Pig: 2143
- Feeds: 1097
- Transport: 813
- Wires: 276
- Others: 173 / 1519

Top up expenditure

Chart — Percentage of respondents who spent on item (left axis, 0%–50%) and Average expenditure on item, pesos (right axis, 0–2500), by item.

Line values (Average expenditure, pesos):
- Materials for walling: 2363
- Materials for bracing of walls: 1443
- Roofing materials: 1471
- Materials for partitioning: 1181
- Fixings (nails, bolts etc.): 400
- Labour payments: 1140
- Concrete flooring: 1343
- Transport: 240
- Food for HH consumption: 1041
- Other non-food items: 691

5.1.5 Overall satisfaction ratings

Finally the respondents were asked to rate their satisfaction across a range of areas between 1 and 5. The average ratings were consistently greater than 4.5. It should be noted that these ratings are very prone to response bias, as respondents will often be unwilling to criticise as they believe it could affect decisions about future assistance. However, it is notable that there appear to be no consistent complaints or strong objections to the programme.

Ratings of satisfaction

Mean rating (1-5)
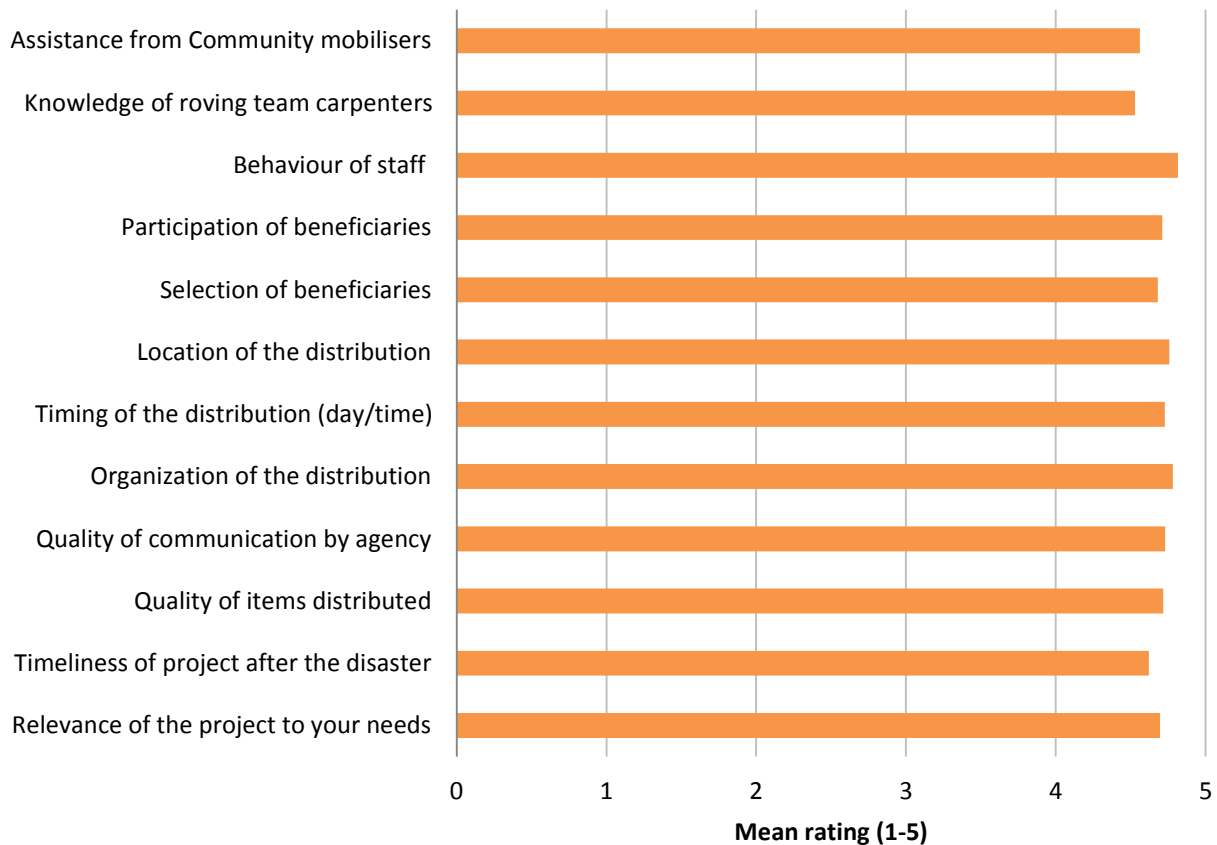
5.2 Focus group discussions

Focus group discussions were carried out in the following barangays:

Table 7: Focus group discussions

Date	Barangay	Municipality	Discussion group	CARE Partner
Leyte				
13.10.14 PM	Cutay	Santa Fe	General Assembly	ACCORD
14.10.14 AM	Sabang Bao	Ormoc	General Assembly	LCDE
14.10.14 PM	Salvacion	Albuerra	General Assembly	LCDE
15.10.14 AM	Catmon	Ormoc	General Assembly	LCDE
15.10.14 PM	Mercaduhay	Tabon Tabon	General Assembly	ACCORD
16.10.14 AM	Lanauan	Pastrana	General Assembly	ACCORD
16.10.14 PM	Katipunan	Dagani	General Assembly	ACCORD
17.10.14 AM	Moroboro	La Paz	General Assembly	ACCORD
Panay				
20.10.14 AM	Sublangon	Pontevedra, Capiz	Roving Team	PVDCI
20.10.14 PM	Linampongan	Pontevedra, Capiz	Women	PVDCI
21.10.14 AM	Juaneza	Sara, Iloilo	Local Government Unit	ACCORD/SMPC
21.10.14 PM	Domingo	Sara, Iloilo	Men	ACCORD/SMPC
22.10.14 AM	Goce	President Roxas, Capiz	Selection Committee	PVDCI
22.10.14 PM	Cubay	President Roxas, Capiz	Non-beneficiaries	PVDCI
23.10.14 AM	Agbanog	Pontevedra, Capiz	Group Leaders	PVDCI

The focus group discussions were arranged by local M&E staff. In Leyte each discussion was a general assembly, while in Panay it was attempted to arrange different focus groups. However, in all except the case of the roving team in Sublangon and the non-beneficiaries in Cubay, a much wider range of participants arrived and took part in the discussion, so these focus groups were in fact also more like a general assembly meeting. The women's group in Linampongan started as a small group of just women, but grew over the duration of the discussion to include far more women and also some men.

There was no indication of the failure to limit discussion groups to certain people causing reluctance on the part of any particular groups to speak out on any topics, although that cannot be known for certain.

The group discussions took around 45-60 minutes, and had questions around the following themes:

- Relevance and appropriateness of the response
- Fairness, accountability and appropriateness of the processes used
- Scale and speed of the response
- Construction processes & technical quality
- Personal safety

See Annex 2 for the questions used. Due to time available, it was not possible to pursue every theme to the same depth at every discussion. The outcomes of the discussions presented in this section are based on notes taken during the discussions and immediately after the discussions, and on a simple analysis grouping certain types of responses and the number of times similar statements were made.

In discussions it was made sure that distinction was drawn between implementation of the build-back-safer measures and completion of the houses to the satisfaction of the households. Where this section refers to completion the latter is intended.

Where time allowed on the field visits, additional interviews were undertaken with some individuals to get particular perspectives on the support:

Table 8: Interviews with community members

Interviewee	Location
Elderly single lady	Sabang Bao, Ormoc, Leyte
Woman, non-recipient of SRK	Katipunan, Dagani, Leyte
Woman, non-recipient of SRK	Lanauan, Pastrana, Leyte
Roving team (1 male carpenter, 1 female community mobiliser)	Salvacion, Albuera, Leyte

5.2.1   Relevance and appropriateness of the response

The first section of the group discussions focussed on whether the CARE & Partner programme focussed on the sectors of highest need and whether it met the needs and expectations of affected people, and provided the most appropriate support to enable them to recover.

The discussions confirmed that the decision to respond immediately with food and shelter was the appropriate response. Shelter and food were consistently priority needs. Some barangays raised other needs, but it was clear that these were deemed to be secondary to food and shelter.

Primary needs immediately after storm
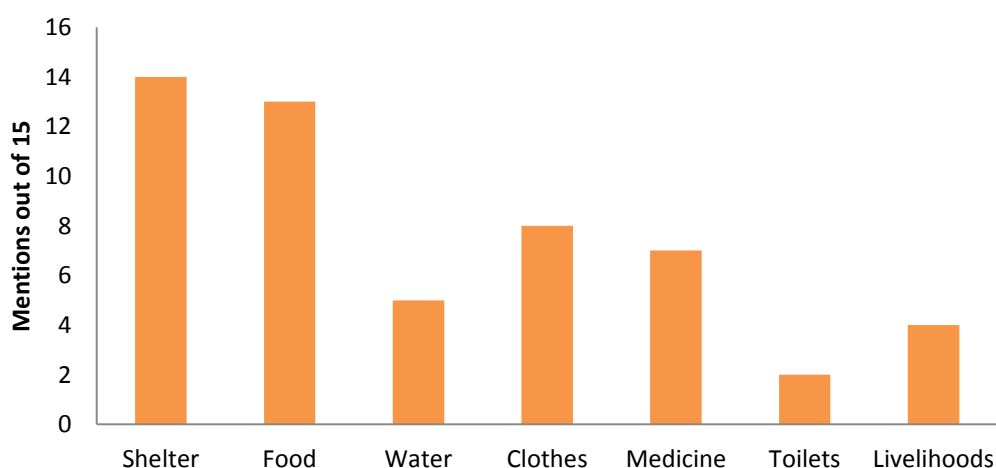
None who attended reported the assistance as not being needed or not being relevant. Most requested additional support, usually in the form of more materials or more cash to complete or expand houses or livelihoods support in order to be able to do so for themselves.

The form of the shelter repair kit, with part materials, part cash, was generally very well received. The high quality CGI sheets were extremely popular, and clearly seen as the most useful part of the package. As these are not available on local markets, this confirms that giving some materials rather than all cash is a

sensible approach. The mosquito screens and associated fixings were seen by the overwhelming majority of people as not being useful (but not by all).

Most useful materials

Least useful materials
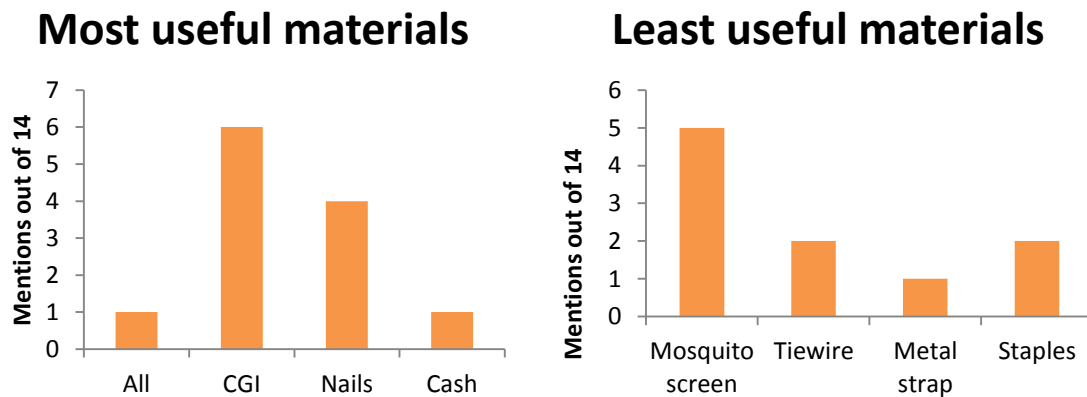
The cash was given as a conditional grant, and group leaders were asked to gather receipts for expenditure and submit them to CARE as part of the monitoring of this. The requirement to spend the cash on shelter was not strictly enforced however, and households were able to spend cash on other urgent needs as a result. The strong community engagement and the sense of obligation created by the conditionality did mean that recipients did spend the great majority of the grant on their shelters. The SRK 1 grant was largely spent on timber, either purchasing of pre-cut timber or payment for cutting of fallen coco-lumber. The SRK 2 grant was largely spent on walling, flooring and other additional materials to complete the enclosure of the house (see section 5.1.4). The majority did spend a portion (especially of the SRK 1 grant) on other urgent needs, such as food and health costs however.

Use of SRK 1 cash grant
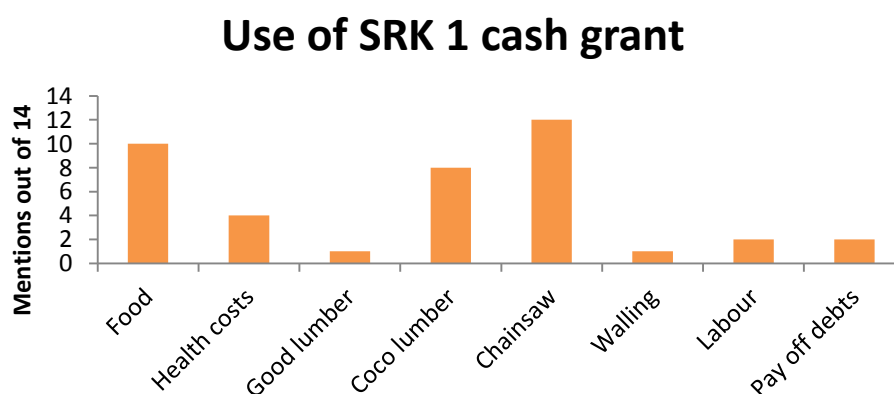
Use of SRK 2 cash grant ('top up')
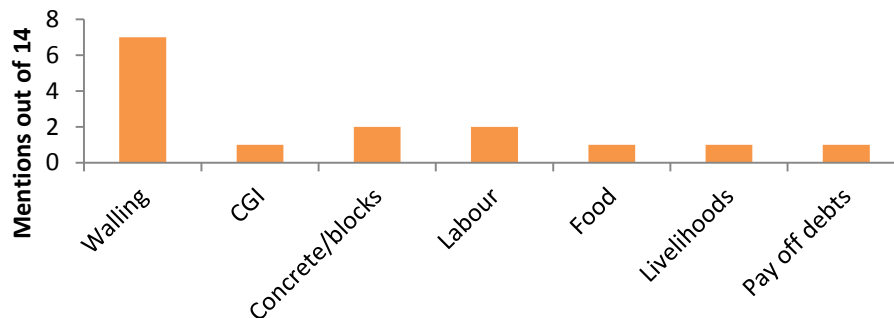
When asked if they would be able to complete their houses, most said yes, but that it depended on their livelihoods. Those who were receiving livelihoods support were far more likely to be confident that they could complete than those who weren't. Reasons given for not having completed already included:

- They generally need more help
- They wanted a bigger, better house, so it would take longer to finish
- Their family is larger, so the support is not enough for them to complete the larger house
- They can't focus on shelter at the moment because of the harvest (the evaluation took place at the start of the harvest period)
- They still have debts to pay
- They can't recover without further livelihoods support

It is notable that there was considerable pride in the shelters that had been constructed, and a great deal of gratitude for the support. Many people spoke of being given enough support to be able to start their recovery, and that it allowed them to see the way out of their situation. Many saw the support as an opportunity to improve their situation compared to before the disaster. Typical statements were:

"It's a big chance to have a new house. The money my husband earns is not enough. It's like a new beginning for a new life for a new year."

Pregnant woman

"It was a big help because it helped start repair of houses and helped restart livelihoods"

Adult man

There were some coordination issues with other agencies in some barangays (which were resolved). In one case, due to miscommunication rather than deliberately, a barangay understood that they could receive complete houses from a large agency if they removed any structures built with support from CARE and its partner. They explained that they had refused this because the houses were 'the work of their own sweat'.

When asked whether people had changed the size of their house, as compared to before the disaster, there was a mixed response, but a large number had taken the opportunity to build a larger house more suited to their family size or needs:

House size change
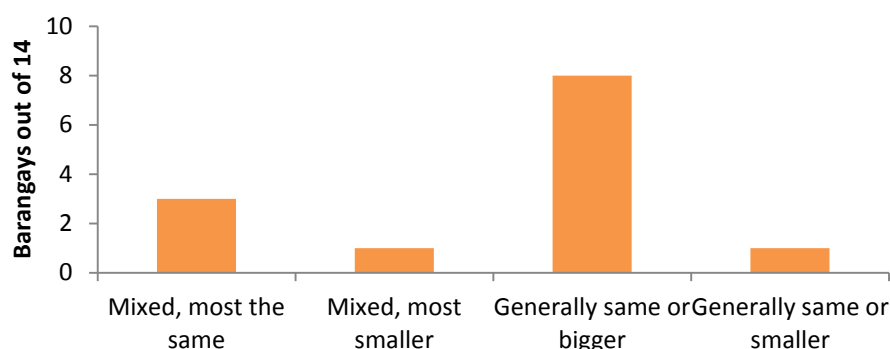
While this had clearly affected the ability of many to complete their houses to their satisfaction, there was clear appreciation of a programme which allowed people to make choices about their housing to suit their needs and supported their own process to achieve what they wanted. When asked, almost all of those attending discussions said they had safe, dry places to sleep and shelter, although many were still in makeshift shelter while they completed their houses.

Each group was asked whether they thought they would be able to complete their shelters without further help, and how long it would take. Most felt they could complete their houses, but the time it would take them varied considerably, largely based on their livelihoods and the economic capacity of the barangay. Periods mentioned varied from 1 to 2 months to 2 years. Those which relied on growing rice or other food crops tended to say it would take them 1 or 2 harvests to complete. Those reliant on unreliable paid work, such as working in sugar plantations, were much less confident and less able to say how long it would take. Significantly, those barangays which were receiving follow-up livelihoods programmes were very confident they could complete. Several of those which had not been selected for livelihoods programming were much less confident and at two barangays there were people who said they would be unable to complete the houses without additional livelihoods support.

The technical support offered in combination with the SRKs was very well received, and several individuals commented on how much better it was than the support offered by other organisations, who distributed materials and gave an orientation but offered no further support. The roving teams were popular in all but one of the barangays, and were seen to be an empowering approach, allowing the community to take charge of its own recovery. In the one barangay where they were not popular, it was because the roving team had not been selected by the community but had been appointed by the barangay captain, and were not seen to be the right people for the role.

There was no consistent criticism of the substance of the programme common to every group. Although many said they would like to receive more materials when pushed to say how the programme could be improved, the overall sense was that people thought the support was appropriate and met their priority needs. Some groups raised specific needs and requirements which could have been better addressed by the programme, such as addressing the absence of toilets in some barangays or addressing the difficulties in obtaining good timber in some lowland barangays. Those barangays which were not selected for livelihoods support consistently stated that it was very important to them to receive it.

5.2.2 Fairness, accountability and appropriateness of the processes used

Each group was asked to explain their understanding of the processes used for beneficiary selection, feedback, complaints and accountability, and through these discussions it was attempted to illicit if there was any dis-satisfaction or disagreement with the processes used and whether the processes were appropriate and comprehensive.

It should be noted that only a small number of non-beneficiaries attended the group discussions, despite being invited. The significant majority of those taking part were recipients of at least SRK 1. However, there were non-beneficiaries at several of the discussion groups.

In general there was a great deal of satisfaction with the accountability of CARE and Partners to the community. When asked if it was possible to give feedback and make complaints, groups stated they were able to contact CARE and its partners by talking in person or by phone to the roving teams, the group leaders and the partner staff, and generally felt this was easy to achieve. The majority said that general assembly meetings were a good place to raise issues. Only one group expressed a feeling that it could be difficult to get in contact at times. All groups were aware of the suggestion box, although in some places it was only available at distributions.

It was generally felt that complaints received an adequate and timely response. Some groups struggled to think of examples, and said there hadn't really been any complaints.

From the focus groups it appears that beneficiary selection was very well managed, with only a very small number of exceptions. Most groups stated that once the selection criteria had been explained that they were accepted. There were several individuals who felt that the criteria themselves were not fair, either because they felt everyone should have received assistance or assistance should be based on the damage done by the storm only, and not on the capacity of the household to recover.

Two people not selected for assistance said that they felt they were punished for using their own resources rather than waiting for assistance:

> *"I should receive as I was also affected. They explained we had already finished our house so wouldn't receive a kit"*
>
> **Adult woman who didn't receive assistance**

> *"While my house is built, it is not that strong"*
>
> **Adult woman who didn't receive assistance**

With the exception of three barangays (Goce, Cubay & Tawog), no issues were found with the way the criteria were applied or the fairness of the selection process given the criteria. Most groups said that the criteria were applied fairly and there was a good process to select a beneficiary selection committee which then established an initial list, and that the list was then transparently verified by the whole community at a general assembly following a house-to-house survey by the partner agency.

A small number of individuals raised concerns about not being selected as beneficiaries. In each case this was followed-up to establish their circumstances. None raised concerns about the process, as they had either already completed a house or were not eligible because they had split a household who previously lived in one house.

In Juaneza, and possibly some other barangays, the roving team members were automatically excluded from support because they received an honorarium for their work. Both roving team carpenters felt this was very unfair, as the honorarium did not make up for their loss of income and they felt punished for helping their community (remarkably they still continued working on the roving team). Upon visiting their houses, it was clear that one of the carpenters was living in poor conditions and at first sight should not have been excluded.

In barangays where one partner was implementing the programme, there was less consistent satisfaction with the beneficiary selection process. The process used seemed to vary a little in different barangays, and at two of the barangays the discussion group could not explain how the beneficiary selection committee was chosen, who was on it, or how the initial beneficiary list was created. In one it seemed that the selection committee consisted only of local government unit representatives, although it was difficult to verify this. There was a house-to-house survey involving the local health worker at each barangay, as the health worker was seen to be a neutral representative. Isolated problems arose in three of these barangays because the verification of the beneficiary list was done using an anonymous process using the suggestion box, rather than done at a public meeting as with other partner agencies. This led to names being added or removed from the list without people knowing why. The lack of transparency led to more disquiet with the selection, and the decision about inclusion on the list to be perceived as being ultimately controlled by the partner and the Barangay Captain, not by the wider community. It was clearly evident at these discussion groups that there was less agreement in the community about the fairness of the selection process than at other barangays. Despite this, there was very little bad feeling towards CARE, the partner or the programme, but there was evidence of bad feeling and tensions having been created between community members. Partner staff expressed fear that verifying the beneficiary list at a general assembly could lead to open argument between community members, and they'd introduced the anonymous method to avoid this. The outcome seems to have been the opposite to that intended however.

The discussion group in Cubay, President Roxas, consisted only of non-beneficiaries. This had been arranged here because it was known that there was some dis-satisfaction with the selection process in this barangay. The discussion included 9 women and 4 men, and each was given the opportunity to explain their circumstances. It was alleged that names were removed from the beneficiary list before it was posted for verification, although there is no way to check this. Although some complaints do not seem valid, including for example a household which lived in one house before the typhoon and now claimed two houses, around half those attending appear to have valid complaints which would merit further investigation. One woman's husband had a stroke during the typhoon and died shortly after. She was excluded from the list because she was deemed to be wealthy, but had depended on her husband's pension which had now ceased, and was unable to recover and had to support her daughter and grand-child. One man had gone to stay with family because of the destruction of his house, and when he returned found he'd missed the selection process for SRK 1. He was automatically excluded from SRK 2 because he had not received SRK 1. All said that they understood that it was too late to receive shelter support, as it had been explained to them that the funding had run out, but requested to be included in the livelihoods programme.

5.2.3   Scale and speed of the response

All groups (apart from the non-beneficiary group) were asked to give their views on whether the support they received was timely. Throughout the discussions there was a focus on whether sufficient support had been given to allow people to recover; this is covered in 5.2.1.

In most cases DSWD, and in some cases some other organisations, provided emergency food before CARE did. In some cases emergency relief supplies were provided by other organisations. Food assistance from CARE was nonetheless gratefully received, and some praised the quality of the CARE food distribution.

There was very little dis-satisfaction with the timeliness of the shelter support; most groups expressed gratitude for receiving help and expressed no complaint about when the support was received. However, when asked, the majority said the support was slow in appearing.

Timeliness of response
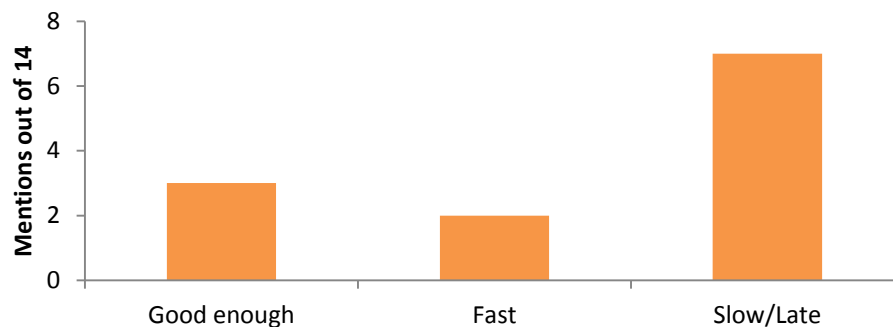
Some stated that they preferred to wait for a full package of assistance, rather than receiving incomplete or lower quality assistance more quickly. There was no clear consensus on this though, and it seemed to largely depend on personal circumstance.

At some barangays the cash component of SRK 1 was not distributed at the same time as the materials. In the worst case this was a two week delay. Groups where this was the case said this was not a big problem, but did force them to wait before they could use the materials.

All barangays expressed that CARE and their partners were the first to arrive with substantial and useful shelter support. In three barangays other organisations, one national and two international NGOs, gave shelter assistance without coordinating with CARE. In both cases the CARE package was highlighted as much more useful, and the on-going support and good relations in particular were praised. One International NGO provided coco-lumber for around 60 households, but the group said the wood was weak as it was too young, and of irregular sizes, so was not useful. The Philippine Red Cross, supported by other national societies, provided shelter support in a number of barangays in which CARE was working, and in neighbouring barangays. This did lead to some coordination difficulties, but these were resolved and ultimately led to better outcomes for these communities (see **Error! Reference source not found.**).

5.2.4   Construction processes & technical quality

A portion of each discussion focussed on how construction was managed and undertaken, adoption and understanding of the safer building measures and people's perceptions of the quality and strength of their houses.

Knowledge of the four main safer construction messages (roof connections, steel strapping, bracing and anchored foundations) was high, with the majority of people (men and women) able to name them. One group explained the children were learning them all too, and several barangays in Panay had a song introduced by the partner to help them memorise the messages. It was widely felt that understanding of build-back-safer measures had improved, and in 7 barangays it was stated measures were being spread beyond just the houses of the direct recipients of kits.

Safer building measures known
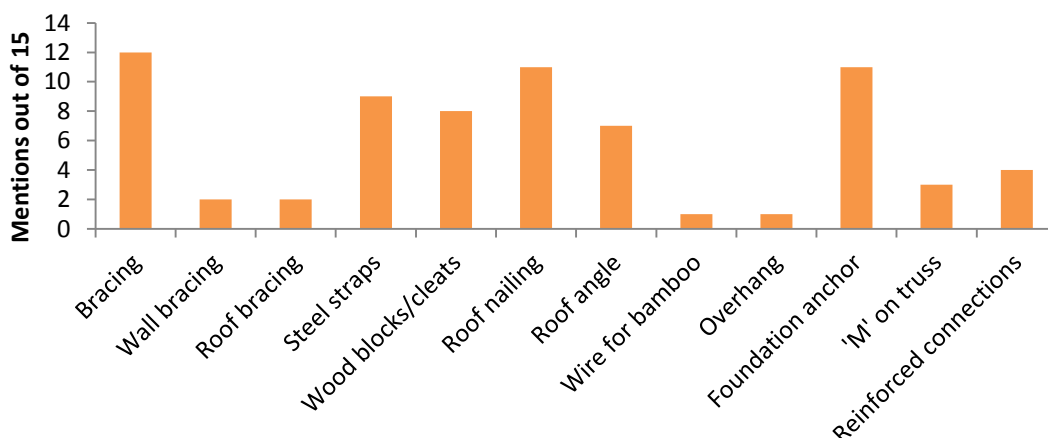
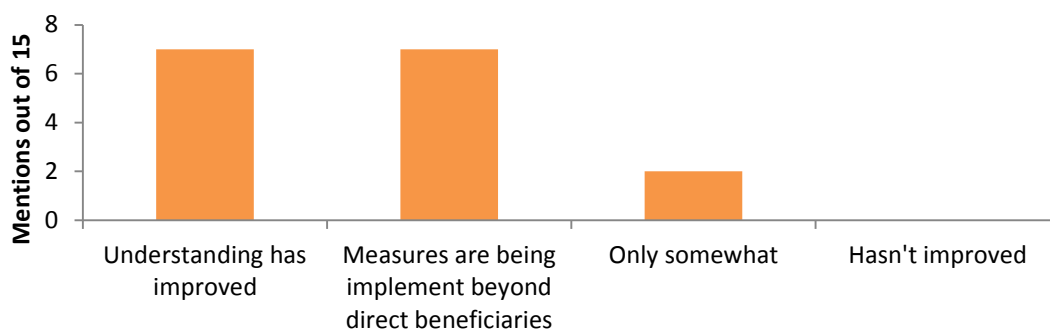## Understanding of build-back-safer measures

Figure 6: Basic build-back-safer messages were on clear display in all barangays

All but two groups demonstrated significant satisfaction with the quality of the houses they had or were building. Generally the construction quality was felt to be high, and most thought the houses were stronger, largely because of the implementation of safer building measures and the high quality CGI roofing sheets. Two notable exceptions were low-land, more peri-urban barangays where previously houses had been largely built of concrete blocks, and the new timber houses were not seen to be as strong, or as durable. These barangays were also not able to obtain hardwood for the columns, as is normal practice elsewhere, so had built houses with coco-lumber in contact with the ground.

Are houses seen as stronger than before?
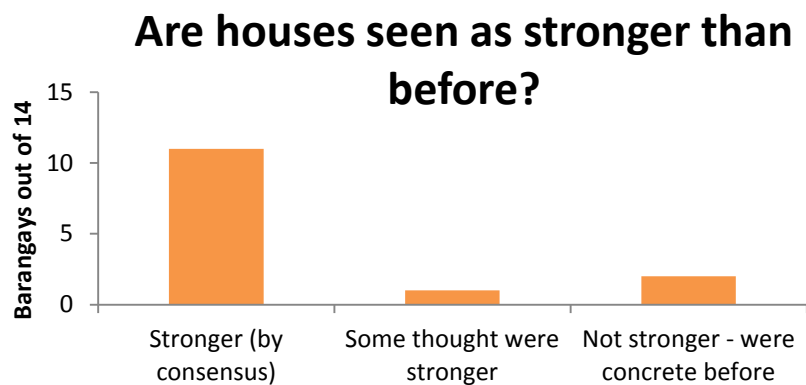
Many people expressed that the houses were better because they were 'more beautiful' than before, but the inability to (so far) complete walling or raised floors or add kitchens, toilets or internal partitions were raised as problems in several groups. It was raised by several that larger families had been unable to complete the larger houses they wanted as the kit was not tailored to family size.

Are houses seen as better than before?
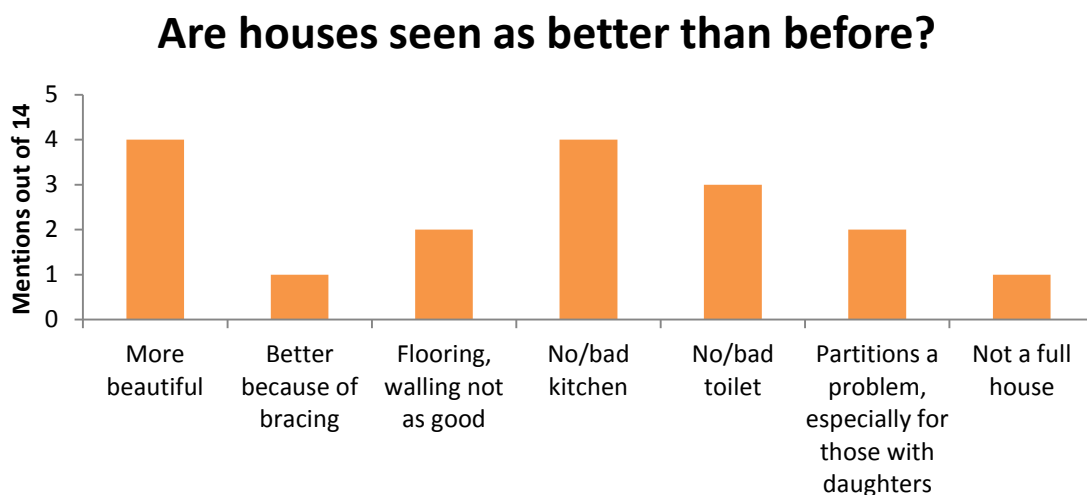
Each group was asked about the availability of tools, whether they had enough tools, how this affected their ability to construct houses. Most kits included a hammer, saw and tinsnips. When asked which tools they had lacked, tools for accurate construction, such as level, plumb-bob, tape measure and set-squares were frequently mentioned, with people noting that it was not possible to build a high quality structure without these. The absence of a shovel or machete for digging the foundations was also highlighted as a

problem. Finally, several people stated that without a plane or chisel making strong connections was not possible. Not having these tools did not prevent good construction, but did delay it. The community as a whole typically did have access to all the required tools, but people had to wait and borrow tools when they became available. A shortage of tools was felt to have delayed reconstruction in most barangays.

Additional tools requested
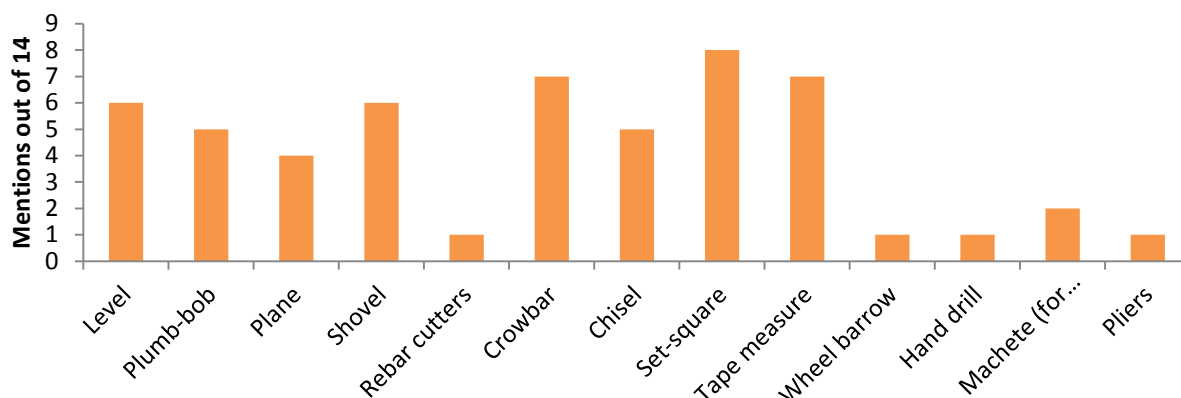
Importantly, it was noted by some women that not having tools meant they were not able to do construction for themselves, and were dependent on carpenters. A small minority of women said they would have liked to take more part in the construction but were unable to because of lack of tools and lack of training.

The gender roles of men and women in construction were seen consistently across all discussion groups. When asked what the role of women in construction was, items such as passing materials, keeping the site tidy, childcare and providing food were consistently listed. A small number of women additionally took part in nailing and mixing concrete, but it was consistently seen as inappropriate for women to take on a more substantial role or to work at height.

In seven of the groups there were individual women, mostly young single women with limited support, who undertook some or all of their own construction, and were very proud of this. It was clearly seen as out of the ordinary, even odd, but was not apparently a taboo.

All women asked said they would have appreciated more training specifically for them. They all said that the technical demonstrations and knowledge of the build-back-safer measures had allowed them to understand the construction, and many said it allowed them to challenge the men, whether members of their family or employed carpenters, and ensure that they did good quality work. Some said they would have taken on more if they had received more training.

Several of the groups highlighted that women either took charge of or played an equal role in deciding how the cash grant would be spent; but in other groups this appeared not to be the case.

Groups asked about whether, and how, they used the bayanihan approach to do construction and to support the most vulnerable. There was considerable variation in this, as shown in the chart below. Six barangays did not use bayanihan at all, stating that people couldn't spare the time to help others, or that vulnerable people had to rely on their own families. In two groups bayanihan was described as out-dated

and not appropriate for their community. Another two groups said they used bayanihan, but when asked to explain how this was applied, explained that recipients of support were expected to pay for it, though at reduced daily rates. Most barangays left the decision to use bayanihan or not to each of the distribution groups of 10 households. In these cases this typically meant that the group leader and carpenter(s) in the group would help each household with construction. This meant that construction in most cases was undertaken by groups of 2-4 people. Some focus groups said they only used community cooperation to support the most vulnerable, such as single elderly people. Only one barangay, an upland one, used bayanihan for every house, with groups of around 10 people helping construct each house.

Use of 'Bayanihan' according to focus groups
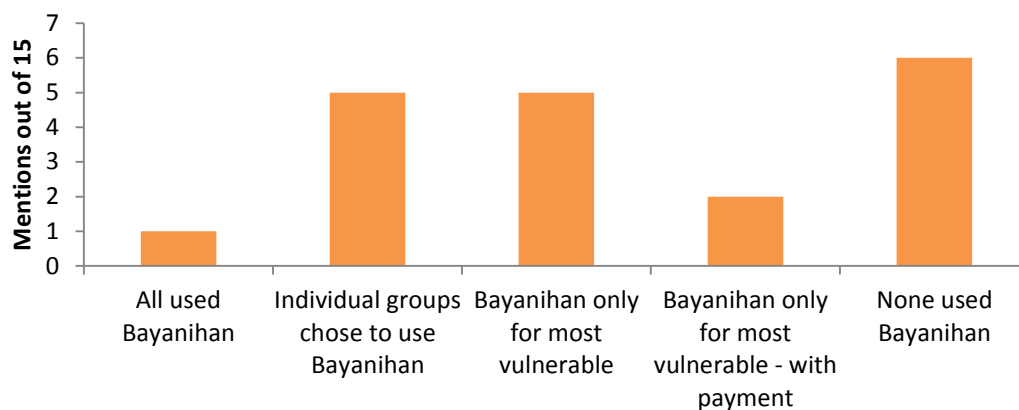
The support from roving teams was greatly appreciated in most cases, and it was generally felt they improved the households' ability to do good quality construction. The degree of support individual roving teams gave to households varied depending on the commitment of the roving teams and their capacity to support. Roving team members all explained that getting people to apply build-back-safer measures was the most challenging part of their role. In one case, the roving team had to use motorcycles to visit each household because the community was so spread out. In some of the more peri-urban barangays the roving teams found it more difficult to commit the time, as it meant giving up on time spent earning money, but in most cases the commitment shown by the roving teams was exceptional, and all but one frequently visited each household. Roving team carpenters on the team often saw the quality of the houses in their community as a point of pride, and in some barangays helped vulnerable people with construction as well as giving advice.

When asked about the training they had received, many struggled to explain it or give examples. Most named the general assemblies, where key build-back-safer messages were given, but few community members had received any other training. In most barangays there had been additional training for roving team carpenters, group leaders and sometimes other carpenters. This varied from a couple of hours to a full day. In one case carpenters and group leaders had gone on an exchange with another barangay to learn about good practices, which was greatly appreciated and seen to have improved quality of construction. Barangays where full scale model houses were built as part of training were noticeably more satisfied with the training they'd received. Although there were no complaints about the amount of training or quality of training, when asked if more training would have been appreciated, most said it would have been. Women

in all groups said they'd have liked to be able to attend more training, and it would have enabled them to take a more active role in decision making and construction.

5.2.5   Personal safety

The discussion groups were asked about health and safety during construction. This was referred to in discussions as personal dangers and personal safety, to avoid confusion with building-back-safer. This was included in the evaluation as CARE has been working with ISG to look at the implementation of health and safety in NGO construction programmes, in order to learn about shortcomings and improve safety and outcomes for those involved in future programmes.

Awareness of safety in construction was fairly high, and there were some sensible methods employed for mitigating risks, but nonetheless the accident rate appeared to be reasonably high. When asked if they were aware of any accidents related to the reconstruction after Haiyan, most said they had hit their thumbs or hands while using hammers, but there were also reports of cuts, stepping on nails and trips and slips. In the 15 barangays visited, there were four accidents mentioned which were potentially life- or livelihood-threatening (falls from height or serious cuts), two of which had serious outcomes requiring hospitalization or affecting the victim's ability to work (it is not known if this is temporary or permanent).
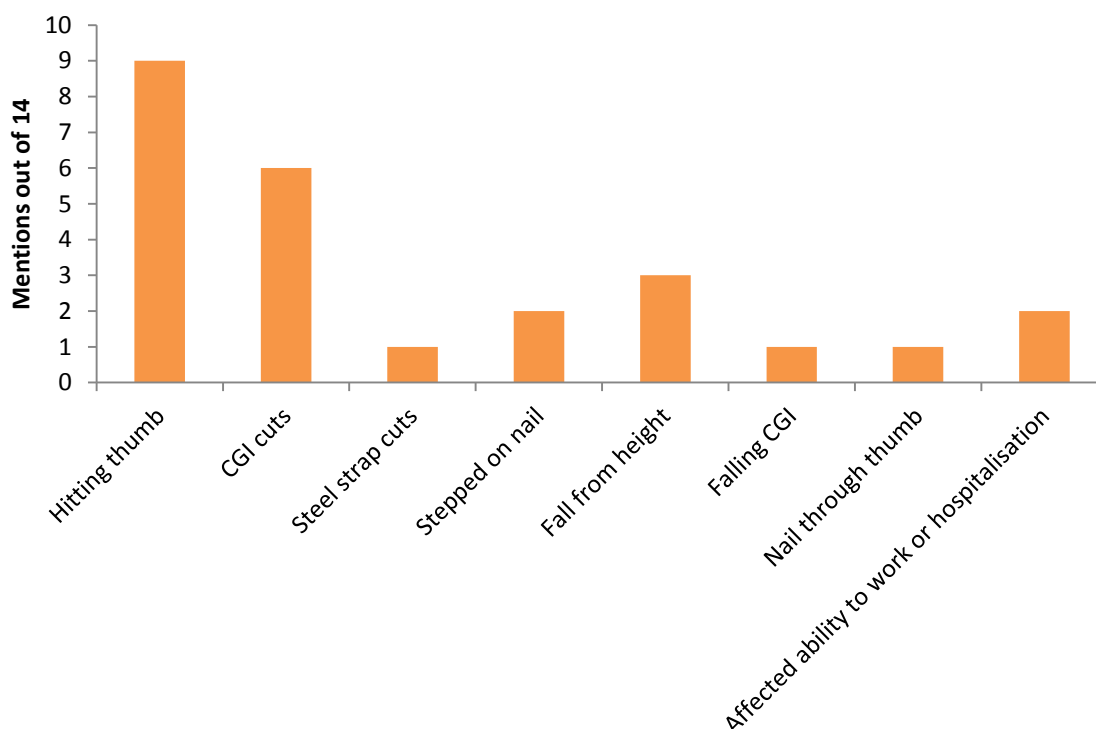
Somewhat late in the programme leaflets with advice on staying safe while doing construction were distributed. These were generally well received, but it was frequently noted they were issued too late to be of use. Some people said they would keep them and use the advice in future.

The most common ways mentioned to mitigate safety risks were using ladders and makeshift scaffolds, ensuring people not involved in construction stayed away and generally taking care. When asked if they

would use gloves, the majority said yes, although a significant minority expressed concern about these being uncomfortable or limited ability to work. Women were slightly keener to receive and use gloves than men, and also pointed out that they would be useful in the harvest and for other activities.

5.3   Key informant interviews

Key informant interviews were undertaken with a number of key programme staff from CARE and from the partner agencies. Interviews with staff took from 1 to 1.5 hours each, and had questions around the following themes:

- Relevance and appropriateness of the response
- Fairness, accountability and appropriateness of the processes used
- Scale and speed of the response
- Construction processes & technical quality (including safety)
- Coordination and partnership approach
- Effectiveness of the organisation, their role, and the support they received
- Strengths, weaknesses and lessons to be learnt

See Annex 2 for the questions used.

Table 9: Key informant interviews, programme staff

Interviewee	Role
Philip Barritt	CARE Shelter Advisor in Panay
Minet Jerusalem and Janel Gonzales	LCDE Director & LCDE Shelter Coordinator in Leyte
Kester de Vera	ACCORD Shelter Coordinator in Leyte
Jerome Lanit	CARE Area Coordinator in Leyte
Selden Bulan	CARE Shelter Officer in Leyte
Rowena Dela Cruz	PVDCI Shelter Coordinator in Panay
Janize Llantino	CARE Shelter Coordinator in Panay
Marife Magbanua	ACCORD Shelter Coordinator in Panay
Joy Grecia	CARE Area Coordinator in Panay
Efren Mariano	CARE Shelter Advisor in Leyte
Tess Bayombong	CARE Assistant Country Director Programmes

Additionally, a short discussion was held with James Shepherd-Barron, the Shelter Cluster Coordinator for the Philippines during the first few months of the response, and with Dave Hodgkin, the Shelter Cluster Technical Coordinator, about CARE's coordination and technical quality.

5.3.1   Relevance and appropriateness of the response

No concerns were raised about the relevance and appropriateness of the response. All interviewees felt that the selection of sectors to respond in were correct and that the approach taken, to support self-recovery, was the right one. All felt that the response had met the most urgent needs.

Several interviewees did raise the absence of a CARE WASH response as an issue, explaining that some barangays (especially uplands barangays) had significant WASH needs and there were no WASH actors to respond to them. They did not specify exactly what the WASH needs were, but when asked whether these needs were as a result of Haiyan, one interviewee said they weren't but this was an opportunity to address serious needs.

The community engagement was frequently raised as a very strong point, and the high degree of ownership over the houses built also.

5.3.2   Fairness, accountability and appropriateness of the processes used

No significant concerns were raised about the accountability systems, beneficiary selection or community engagement, although two interviewees (one from CARE, one from a partner) said that the process to validate the beneficiary selection was burdensome.

It was pointed out by one interviewee that the top up, or SRK 2, caused tensions in several communities because it did not go to all those who received SRK 1. It was described as "rewarding those not able to complete shelter, punishing those who were able to recover", also stating that it "ruined community dynamics in some communities". No other interviewees raised this as a significant problem though, although one CARE staff member said that having to do a new beneficiary selection procress for SRK 2 was a lot of work and not efficient.

The rapidity of the response, having to do beneficiary selection based on fairly simple criteria, was raised by some interviewees as causing problems for them and the communities, especially where they had longstanding relationships in those communities. The inflexibility of the kits was highlighted by more than one person as a problem, not allowing larger families to receive enough support and not allowing for different levels of damage to houses. The fact that very few people repaired, but mostly chose to re-build, was highlighted by one interviewee.

When discussing the selection of areas to work in with staff from PVDCI it was stated that they had stopped working in two barangays because of security concerns. In one case the barangay captain had placed a gun on the table during discussions, and in there had been notification from the barangay captain of a plan for armed men to steal materials. In both cases this resulted in the whole barangay receiving no assistance from CARE.

5.3.3   Scale and speed of the response

There was some variation in how the speed and scale of the response was seen. All the partner staff said that responding at the speed and urgency they had been required to was unusual to them and had been difficult. Several interviewees stated that the response was too fast.

The vast majority of interviewees thought that the scale of the response was about right, given the capacity of all the organisations involved, although staff from one partner felt that they had struggled and perhaps taken on too much, particularly in Leyte, because of a lack of technical capacity (rather than organisational capacity). Most interviewees did find the question difficult to answer. Generally there was a feeling that the response was very demanding and that a lot had been asked of them, but when asked to consider the scale of the need and whether their organisations could have done more, staff from CARE and two of the partners thought their organisations would have been able to cope with more given more funding.

5.3.4   Construction processes & technical quality (including safety)

Most staff from both CARE and partners felt that the technical quality being achieved was fairly high. Notably however, the more technical staff were less positive about the technical quality, with one partner staff member highlighting significant variability in the technical construction quality.

Most were very positive about the approach to technical support, using roving teams. It was raised by one member of partner staff that some roving teams were unable or unwilling to meet the expectations of them because the honorarium did not make up for lost earnings, and they "spent a lot of time working elsewhere". The same person said that the initial technical teams of CARE and his organisation were both too small, and that the programme actually needed "an army of technical assistance", although went on to say that it would be possible to "keep the same number of staff, but need to improvements in what we do with roving teams". This criticism of the roving team approach was not echoed by other interviewees, one of whom stated that it worked well and only one roving team carpenter in their areas had given up the role to concentrate on his livelihood more.

Several staff felt that the technical training that was provided to beneficiaries, roving teams and carpenters was not strong, and one mentioned that it was fairly limited compared to the training provided by other organisations. The technical orientation for staff, provided by CARE in the early days of the response, was described as too basic.

It was noted that the fact people spent cash on food rather than houses affected the quality of the houses, and that discontinuing the food support, and not understanding the effect of the harvest cycle, affected the quality of the support offered to people, and hence the quality of the houses.

It was noted by some that the technical capacity of CARE and the partners was significantly overstretched, and that the technical supervision couldn't manage the case-load. The partners, at least at the start, "didn't know who to recruit, didn't understand it". A CARE staff member said that the assumption that the partner will be able to engage the right technical people was wrong. It was explained by one partner staff member that the organisation in question initially had a very weak technical team and only recognised the shortfall in their capacity late. However, the technical team subsequently recruited, though qualified, was inexperienced, and the burden of much of the technical support still fell on the more senior staff.

5.3.5   Coordination and partnership approach

Most people interviewed felt that the partnership approach was very valuable, and was the best way to undertake programming. However, it was clear from the interviews that there were some problems operating a partnership approach.

CARE staff generally thought that the partnership approach allowed a high-quality, fast and efficient response. Although there had been issues in the relationship between CARE staff and some of the partner staff at times, overall the feeling was that there were good relationships and any difficulties could be overcome. Importantly, it was felt that over the time of the partnership the relationships were improving and getting stronger, and that the partners themselves were being empowered and their capacity was improving.

Some CARE staff felt that some of the partners were overstretched, especially in the early weeks. Similarly several interviewees thought that the CARE staffing structure was extremely lean and therefore not able to offer sufficient support to (or oversight of) the work of the partners.

There were comments that information about community feedback did not flow freely from some partners, and some staff felt there was a reluctance to share information or to involve CARE in operational decisions. From the other point of view, one partner staff member explained that if there's something in their

capacity they deal with it, otherwise they call in CARE, and described it very positively as a healthy relationship.

Most of the partner staff interviewed felt that CARE offered significant and helpful support to their organisation, and that the relationship was beneficial and strong, although there was some ambivalence from some. The support and coaching received from Phil Barritt and Efren Mariano (CARE's shelter advisors) was highlighted as very beneficial. One staff member from a partner which is a cooperative stated that the way of distributing support based on need caused some problems due to their mandate and membership as a cooperative, but that this was manageable. They did say that in future programmes CARE should improve the way it supported partners to understand the processes needed for emergency response, and the reasons for them.

Shelter cluster staff, with whom short discussions were had, felt that CARE's engagement with the coordination processes had been good. On the technical side, the input from CARE's shelter team was very valued by the technical coordinator. The cluster coordinator felt that CARE's decision to base its shelter staff in field offices rather than Manila was the right one, and it was for the cluster to move coordination to the field rather than to centralise it in Manila, despite the difficulties that the Philippine' geography posed in that respect. The technical coordinator did note that he'd seen some poor technical quality in some CARE supported barangays.

5.3.6 Effectiveness of the organisation, their role, and the support they received
Having a clear strategy in place from the beginning was identified as a very positive influence, and gave clarity and direction to the response. Although all interviewees made it clear that they'd had to work extremely hard, and much had been asked of them, all were very positive about their organisations, the support they received and the positive culture in their organisations and in CARE.

Some cases of difficult relationships were highlighted inside CARE, mainly due to individual problems with (changes in) short-term deployed staff, but it was felt that these had been dealt with and at the time of the evaluation no such problems were brought to light. Staff felt that they had people to turn to if they had questions or problems and were able to access support. There was concern from some staff that as CARE phased out its shelter response and senior staff left, this would no longer be the case. One CARE staff member said:

> *"When I came on board I really knew I made the right decision. I'm really proud to be working with CARE"*

The lean staffing structure in CARE was noted by most CARE staff interviewed as leading to staff being unable to provide the level of support and oversight they would have liked to. An example given was that shelter coordinators were unable to visit barangays more than once or twice, and could not know what the situation and possible problems were in every barangay. This led to complete reliance on the partners to report such issues or problems, which they did not always do. Only staff from one of the partners highlighted shortfalls in staffing as a problem.

When asked about the most difficult part of their role, the majority of field-based staff (e.g. partner staff) raised issues with achieving compliance with build-back-safer and dealing with complaints as the most difficult issues. More senior staff in partners and in CARE tended to give a much wider range of difficulties, with one person just saying "everything", but then going on say that they were supposed to do mainly

programme management, but as the engineers were fresh graduates they had to balance programmes management with technical oversight, which was very difficult to do.

Efren Mariano explained that he was unable to concentrate sufficiently on the technical and programme quality requirements of his role because of managing constant visits and reporting to donors.

5.3.7 Strengths, weaknesses and lessons to be learnt

Interviewees were asked about the key strengths and weaknesses and what they thought were the key lessons to be learnt from the response. The key lessons brought up by interviewees have been categorised and the number of times they were mentioned as important lessons tallied below. These are lessons to learn and do not necessarily mean these things were done badly in the Haiyan response; some are positive lessons.

Key informant interviews: key lessons to learn
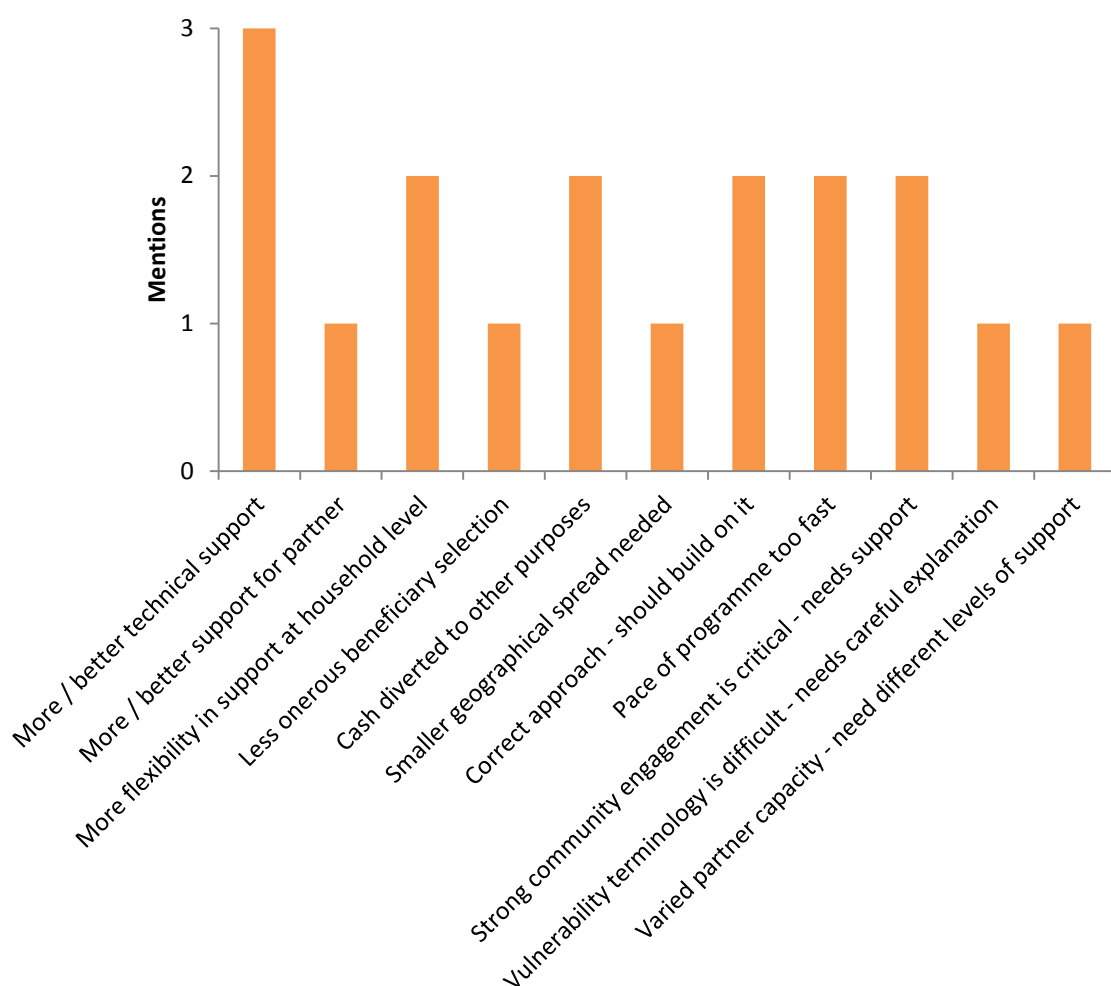
Throughout all the interviews the strength and importance of the community engagement was highlighted, and this was seen as the reason for many of the successes of the programme. From those with more

understanding of the technical construction issues this was generally seen as something with varied quality, although the positive achievements were highlighted by all. Working as partners was seen as a positive by all, although it was noted that it's very important that there is seen by the parties as true partnership and not a donor/agency or agency/sub-contractor relationship and that sufficient resources are allocated to support the partnership.

5.4   Field visits

In addition to undertaking the focus group discussions in each barangay, the opportunity was taken to visit a number of the houses to assess the technical quality and degree of completion. Typically between 5 and 10 houses were visited in each barangay.

There was generally a good uptake of the main build-back-safer measures, with almost universal implementation of:

- Steel strapping on roof and other connections, although in some cases this was not very well done
- Wooden cleats/blocks to reinforce connections between roof purlins and rafters
- Adequate nailing of roof sheets to purlins

The implementation of bracing of roofs was fairly widespread, while bracing of walls was more variable, and depended to a large degree on the availability of sufficient wood and typical practices before disaster. Many houses were built using wooden panels built with plywood sheathing, and often bracing was not included in these. The plywood sheathing will provide some resistance to racking of walls, but plywood is typically thin and nailing insufficient. In other areas wall bracing was enthusiastically taken up. Many without wall bracing said they intended to install it when they could, so the reason for not installing is not due to lack of awareness of it, and more to do with priorities, resources and capacity.

It was difficult to assess the quality of foundations, as only one house was found which was still at foundation construction phase. The most common approach to the foundations was to use hardwood columns, or stub columns, buried in the ground, from which the coco-lumber frame was built. Households all said they had dug the foundations at least 2 feet deep and added cross-pieces to anchor them. In many lowland areas hardwood was not available, and in most of these people built concrete foundations, sometimes with concrete block masonry walls at low level. In one barangay hardwood was not available, and several houses were built with coco-lumber columns set into the ground because they did not have sufficient resources to obtain concrete.

In some cases the top chord of the truss had no effective tension connection to the bottom chord, preventing the bottom chord acting as a tie. Tie down from roof to foundations was somewhat variable. The use of wooden cleats and steel strapping had greatly improved this, but the lack of understanding of the principles behind it meant that tie-down was incomplete in some houses. Where structural load-bearing wall panels were used rather than individual columns the connection between the roof truss and wall panels was sometimes weak, but there were also examples of very good connections. Similarly where the wall panels sat on masonry walls, the connection to the masonry walls was not always sufficient, although in most cases a reinforcement bar was cast into the wall and bent over the bottom plate of the wall panel, which is a strong connection. In some cases, where there were columns with cladding instead of structural wall panels, the central trusses did not align with columns, leading to discontinuity in the load-path for tie-down, and potentially significant inability to resist wind uplift from major storms.

There were distinct different typologies of construction in different barangays, based on the local customs and hazards. Flood-prone areas and hilly areas usually adopted elevated houses, while areas which were fairly wet, but not prone to frequent flooding, typically had low-level masonry walls as protection. Wealthier areas typically had larger houses and were more likely to use concrete columns or low-level masonry walls. Kitchens were incorporated into most houses, many by extending the roof to form a lean-to like room on the side. Some had a cantilevered fire/stove area built onto the side of the house.

There was quite considerable variation in the technical quality achieved, although the standard of basic carpentry was fairly consistently high. It was very noticeable that areas where the roving teams offered more support, or where community cooperation was more widely used, achieved much higher and more consistent construction standards. In the worst areas the application of build-back-safer measures was patchy and there were flaws in the basic structural arrangement of houses. In the best cases, the quality of construction was exceptionally good and the build-back-safer measures were fully applied and will lead to significant increases in resilience.

Figure 7: Very good quality construction with adoption of all key build-back-safer principles in a barangay which practiced Bayanihan

Figure 8: A house built entirely by a single woman, with very little community support, and one built by a husband-and-wife team. Both display considerable pride and will achieve a home that meets their needs, but technical quality varies

On the field visits, most households visited had achieved a high degree of completion, with a strong core house which offered good protection from the elements. Some were less complete, but typically the occupants were optimistic they could complete, and had deliberately chosen to build a larger house or use more expensive materials, and had a plan for completion. The pride seen was very high, and people were extremely eager to show off what they had achieved, to get further advice on the construction and to thank CARE and its partners for the support.

Typically the most vulnerable members of the community received support from family or the wider community to repair or reconstruct. There were several examples of this, including a family ensuring that a mentally disabled relative had a completed house before completing their own, a community supporting another family to build a house for an elderly single woman and the community cooperating using bayanihan to build houses for particularly vulnerable people. However, there were two notable cases of houses which were incomplete because the occupants were too vulnerable to complete them, and had limited expectation of further support to complete the houses, leading to them living in very sub-standard conditions.

The good relationships between the partner staff and the communities visited was clear, and in all cases, even those more difficult barangays, there were cordial welcomes and staff demonstrated good and open communications with communities.

6 Conclusions

The conclusions are organised into the main overall findings of the evaluation, and then specific findings related to the questions listed in section 3.1.1.

6.1   Main findings

The early recovery shelter programme has met its main objectives in accordance with the shelter strategy and objective two of the log frame:

- The programme correctly identified and assisted the most vulnerable and beneficiaries are well on their way to recovery:
  - They have mostly achieved dignified and safe shelter after the typhoon
  - Beneficiary ownership of the recovery process and of their houses is very high
  - Most are confident that they will complete their houses to meet their household's requirements, although the time this will take varies considerably
- Houses are stronger and safer than the houses people had before:
  - There is a high level of awareness of build-back-safer principles
  - All houses have some build-back-safer principles incorporated
  - The majority of houses have high levels of incorporation of build-back-safer principles

Self-recovery support is a good way to empower communities to take charge of their own recovery, if justified by a rigorous analysis. A model where materials and cash are provided based on an analysis of needs, capacities and local markets, and coupled with strong community engagement and technical assistance which continues throughout the recovery process, can allow cost-effective reconstruction of shelter at a significant scale. While programmes of this type do not provide fully engineered buildings built to 'western' standards, they provide sufficient support for households to build houses which are stronger than they had before and will offer more resistance to future hazards. In doing so, they provide support to far more people than expensive fully engineered building programmes can and allow buildings which are tailored to meet the housing and other needs of households. There are no unoccupied buildings as a result, and waste is minimal.

Some additional key observations are:

- The partnership model was overall a positive way to deliver the programme, and despite some (not insignificant) weaknesses lead to very good reach, beneficiary selection, accountability, participation, beneficiary ownership and uptake of build-back-safer measures. It is important to recognise that working with partners requires resources to support the partnerships, and is not necessarily cheaper.
- It is important that the shelter programme is delivered in combination with livelihoods support, as the longer-term completion and recovery depends on the resources and capacities of the affected population. Self-recovery shelter support cannot be offered in isolation. Integration of shelter and livelihoods programmes is weak.

- Roving teams were a strong part of the construction process and worked very well in most places, but in a small minority of communities were less effective because of issues with selecting roving team members or because the role was seen as too burdensome for the members.
- Encouraging community cooperation (bayanihan) delivered very high technical quality when it worked and was effective in supporting the most vulnerable, but it was not accepted in all communities and in those communities alternative options to support the most vulnerable are needed.

There are areas where the programme had weaknesses and could have been improved:

- There was insufficient capacity in place to fully support the partners:
  - Working with partners led to excellent community engagement and participation in most cases, but partners' capacity and experience varied significantly.
  - Partners' technical capacity was weak, especially at the start of the programme, and partners struggled to understand and then to put in place the technical capacity needed.
  - CARE's capacity to add significant value to the partner's capacities and operations was limited due to its lean staffing structure. Similarly CARE was unable to sufficiently monitor the partners' operations as staff members were too stretched.
- The programme did not meet the needs of some of the most vulnerable people:
  - Particularly vulnerable people, such as single elderly people or mentally disabled people with no income, community or family support, in communities where the bayanihan approach was not successful, were still living in very poor and undignified circumstances. This is a small number of people, but the programme had insufficient flexibility to adjust to meet their specific needs.
  - Field staff had no clear understanding of protocols for dealing with people with particular protection concerns, and did not recognise that they had a responsibility to raise issues such as protection concerns with their organisations or with CARE.
- Although the programme has led to stronger houses than before due to better understanding and adoption of good construction practices, this improvement is an incremental one and with more technical assistance a greater improvement could have been achieved:
  - Training provided to communities was somewhat variable, depending largely on the capacity of the partners. CARE did not have sufficient technical staff in place to ensure consistent technical training.
  - Partner staff, roving team members and carpenters could have been given training that went beyond how to apply safer building measures and also covered why these measures mattered. A lack of understanding of this resulted in some buildings having flaws in the structural arrangement (such as trusses not aligning with columns below) despite good application of the safer building measures.
  - Technical assistance, through the roving teams and training, was only provided to recipients of kits. Although there is some evidence of good practices spreading beyond the direct recipients, this could have been further encouraged by extending technical assistance to non-recipients of cash and materials.

6.2   Evaluation questions

6.2.1   Relevance

- **Was the shelter programme designed in line with CARE's Humanitarian Strategy, shelter sub-strategy and Shelter Cluster guidance?**

  The programme was designed and delivered in line with CARE's Humanitarian Strategy. Successfully working with partners and scaling up from an (extremely) light presence to deliver a significant response provides important lessons for future responses where CARE's operational presence is minimal. The programme aligns well with the shelter strategy in recognising the capacity of the affected population and seeking to support rather than supplant it. The strategy aligned well with the shelter cluster guidance, although it was developed while the cluster strategy was not yet fixed, so there was some divergence as the cluster guidance developed and CARE's programme was already fixed and underway.

- **Did the programme align with the needs and priorities of local women, men, boys and girls?**

  The programme did align well with the needs and priorities of women, men, boys and girls as it met the urgent priority needs following the typhoon and allowed households to recover in the way that best suited them. It was a gender sensitive response.

  The programme did not address the needs of boys or girls through any specific additional interventions. However, allowing rapid recovery of shelter was noted by some to have ensured boys and girls could keep attending school and had appropriate places to sleep. The ability of households to choose their own house design and arrangement meant that girls and boys could have appropriate spaces to live in; although some noted they hadn't been able to complete the partitioning of houses yet.

  The programme missed some opportunities to further empower women; women's voices were easy to hear, but some questions were not asked and they were not well listened to. Examples of this are that many women expressed a desire to receive technical training, but the programme concentrated the training on carpenters and roving team members, which excluded many of the women. Similarly in some barangays no tools were distributed as it was felt that cash grants would allow people to buy what they needed; but no households spent the money on tools as they had other priorities, and hence women-headed households were left dependent on men, who typically own and control tools. Future programmes should had a somewhat more nuanced analysis of how their constituent parts might affect men, women, girls and boys and should certainly be able to take opportunities to empower those who ask for it.

- **Did the programme align with the requirements of Philippine government and donors?**

  The programme aligned very well with the requirements of local government, and barangay captains and local government units were closely involved with the programme in all barangays. The programme did not conflict with any requirements of the Philippine national or provincial governments, and was in line with shelter cluster guidance which was developed in consultation with the government.

The programme focussed on early recovery and resilient recovery, and hence aligns well with some key donors priorities. Some donors are reluctant to use emergency funding to support permanent construction, which is what this programme does, even though it was not originally designed to do so. It is important that funding being designated 'emergency' or 'humanitarian' does not limit the affected population's ability to recover and force them into temporary or lower standard shelter when they are ready to move to permanent, durable shelter.

6.2.2 Appropriateness

- **Was the programme tailored to local needs and priorities of women, men, boys and girls, accordingly achieving cost effectiveness and local ownership of the recovery process?**
Local ownership was without doubt exceptionally high in this programme, and the pride in the houses people have built is palpable. The programme is very cost effective, having achieved a large number of permanent houses either completed or well on their way to completion with very limited funding per household (see 4.4.3 for cost per household). This ownership of how the assistance was used allowed the priority local needs to be met even where they varied significantly. In almost all cases the assistance was supplemented by recipients' own resources so they could build a house appropriate to their needs. (See 0 for more details of the needs of men, women, boys and girls) The assistance generally provided sufficient resource and confidence to households to invest and to recover.

A programme which requires investment of resources by its beneficiaries does risk putting people into debt, as they take out loans to make their contribution. What was designed as a 'repair' programme has in reality turned out to be a reconstruction programme. Even those with houses deemed repairable chose to rebuild from scratch. As highlighted by the focus group discussions and the survey, people's livelihoods are the key ingredient to ensure that the shelter recovery can be completed and that this can be done without leaving people vulnerable to unmanageable debt.

The local requirements for housing varied significantly due to local hazards, resources and geography. Some areas required elevated houses due to flood risk or slopes. Other areas required concrete stub-walls and floors because hardwood timber was not available and it was the only way to protect the coco-lumber frames. This meant that the cost of construction and technical requirements varied from place to place, but the programme was not tailored to these needs. Having flexible cash components which recognise this could have made the programme more appropriate to local needs.

It was frequently noted by both beneficiaries and staff that the assistance was not tailored according to family size, and many suggested this would be an improvement. This would however lead to strong incentives to misrepresent household size, so in any future programmes should only be adopted with great caution.

6.2.3 Integration

- **Did the programme take a holistic, integrated approach to solving the interconnected problems faced by communities?**
The progression from providing food, to shelter, to livelihoods is highly appropriate and addresses the needs which were consistently highlighted as the highest priorities. There is a strong link

between people's livelihoods and their confidence to invest in their houses. Providing targeted shelter support combined with longer-term support for livelihoods is a good way to meet both direct shelter needs but also ensure people have the capacity to meet their needs in other areas and sectors. The cash grants provided, although conditional, were used by many to buy food or in some cases meet other urgent costs such as health costs. This had an effect on the technical quality of shelters and on the speed of shelter construction, but also had the effect of allowing households to meet their particular needs. Conditional cash grants, but without excessively strict compliance requirements, provided a good balance between encouraging recovery of safer shelter while allowing households to set their own priorities and meet urgent needs.

Following on from shelter support with livelihoods support was consistently highlighted as something which would allow affected people to recover. Where this progression did not exist, there was considerably less confidence about a holistic recovery; with more concerns about debt and less confidence in completing the houses. Although the strategy is for a progression from emergency food to early recovery shelter and then livelihoods support is the right one, this is not carried through into the actual programming in all barangays; the link appears to have been forgotten in selecting where to work.

Sanitation needs were raised by several barangays, and were not well met by the programme. Although consistently seen as less of a priority and in many places covered by other organisations, there was a significant minority of barangays where no WASH programming was undertaken and there were clear needs, especially sanitation needs. Households were able to use the cash grant to (re)construct toilets in principle, but in practice the grant was not large enough to provide for shelter and WASH needs. It should be noted that the sanitation needs raised by communities were almost all existing needs from before the typhoon, not resulting from the typhoon.

- **Did the programme adequately integrate women, men, boys and girls at all stages?**
  The level of involvement of women in the programme is very high, especially in meetings and the accountability processes. As men are frequently busy with livelihoods activities (especially during harvest times, when the evaluation was undertaken), their involvement in such activities is lower, although they were fully involved in the delivery of the programme. Men and women did generally feel they were consulted and involved in the programme and were comfortable with the roles they performed in the programme.

  There were aspects of the programme which were empowering to women. Ensuring the whole community, including women, learnt about the build-back-safer messages at the general assemblies allowed women to act as informed clients where they employed carpenters, or to encourage the men in their household to correctly apply the measures. A small number of women took either an active part in, or a leading role in, reconstruction of their houses. This was clearly unusual given normal gender roles in the communities, and has served as a positive example of women being able to successfully depart from stereotypical roles.

  As noted previously, some opportunities to carefully analyse what men, women (and girls and boys) wanted were not fully taken, resulting in missed opportunities to empower women. This was

perhaps partly due to complacency on the part of CARE and partners because it is so apparently easy to obtain input from women, but certainly also due to staff and organisations being stretched.

Although sex, age and vulnerability disaggregated data and information was collected throughout the programme, but no further specific measures were taken to integrate boys and girls in the shelter programme, but the response did largely meet their priority needs, and there was no evidence found of boys and girls suffering harm or not having urgent needs met as a result of the programme or the modality of assistance. In some communities the build-back-safer messages were taught to children, and children were helping spread them and ensure their parents used them.

6.2.4   Economy & efficiency

- **Did CARE and its partners convert donor funds into response in a timely manner?**
  CARE and its partners' response was on the whole very timely. In some barangays other organisations provided some limited shelter support before CARE did, but in every case community members noted that this was poor quality or insufficient to meet their needs.

  Commitments to delivering emergency shelter did delay the transition to shelter repair kits somewhat, but CARE's shelter programme was nonetheless notably quicker than similar programmes from other organisations.

  Those barangays which received kits later in the programme did note that the support was somewhat late, but it was still seen as appropriate support.

- **Was the timing and phasing of CARE's response appropriate?**
  The timing and phasing of the response was largely appropriate, although there are some ways it could have been improved.

  As noted, self-recovery shelter support would ideally have started earlier, but this was not possible because of the inability to re-purpose some emergency funding away from emergency shelter kits, despite assessments showing that early recovery shelter was more appropriate. Where it was possible more flexible funding was re-allocated from emergency to recovery programming.[2]

  The two-stage process was a result of monitoring of the outcomes of the SRK 1 kits showing that the more vulnerable recipients could not complete (primarily could not afford walling). This resulted in additional cash assistance (SRK 2) being targeted at those who couldn't complete, making the most of limited resources. Being able to adjust the programme in this way is good practice and was the correct decision. However, providing the assistance in two phases (SRK 1 and 2) required the beneficiary selection process had to be repeated, which was a time-consuming and in some cases divisive process.

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[2] V Maynard & P Barritt, Supporting shelter self-recovery: field experience following Typhoon Haiyan (Humanitarian Exchange Magazine Issue 63, January 2015)

Providing shelter support followed by livelihoods programming is the most appropriate phasing, but it is important that livelihoods does follow on. In some cases the barangays selected for livelihoods support are not those that received shelter support, and some that received shelter support are not receiving livelihoods support. This risks undermining the self-recovery shelter approach.

Although it is correct that the shelter repair kits do not continue beyond the first year of the response, longer term outcomes could be greatly improved by continuing the support from the roving teams for longer. Additionally, those vulnerable people who have not been able to complete their shelters would ideally receive on-going technical assistance and livelihoods support which is targeted towards ensuring completion of their shelters. Overall, the phasing is correct, but the integration of CARE's respective shelter and livelihoods programmes is weak, and should be much stronger.

- **Did CARE and its partners buy appropriate inputs (services, materials) in a timely manner and at the right price?**
  Generally, CARE and its partners did buy appropriate inputs.

  Early procurement of good quality CGI sheets allowed the programme to proceed in a timely manner, and minimize procurement problems many other organisations faced. However, once CARE's Rapid Response Team logistics expert was no longer in place there were more procurement quality issues. It is important that in shelter and construction programmes suitable procurement expertise is in place.

  Other materials bought were mostly of good quality and appear to have been at appropriate prices (although the evaluation team has not looked at this in detail). The tin-snips provided in tool kits were initially very poor quality, but this was noticed and corrected early in the programme.

  The steel strapping provided was actually steel packing strapping, as specifically designed steel reinforcement strapping was not available. This will affect the durability of connections, and led to more difficulties in construction (including cuts due to sharp edges). Not using this was not appropriate, as it would have delayed the response, but CARE should have tried to change to galvanised or stainless pre-drilled strapping earlier in the response.

  The logistics arrangement made with Kuehne and Nagel was popular with staff in the Manila office but seen as excessively expensive by staff at field level.

- **Did CARE and its partners deliver in a cost effective manner and achieve value for money?**
  The response is very cost effective, and has provided significant support to the delivery of over 16,500 permanent homes which meet the needs of their occupants. Because the homes are all unique, exactly tailored to the needs of each household, and the product of their own work, the occupancy rate is 100%. The mode of assistance had leveraged considerable additional investment from recipients of the kits. There is no evidence of any kits being sold or of assistance used inappropriately.

The response is also value for money. Satisfaction with the response is very high, and households consistently rate the quality of the houses they have built as very high. An incremental improvement in structural quality has been achieved, although with a small additional investment per household to increase the amount of technical assistance this could perhaps have been greater.

6.2.5 Effectiveness

- **Did the outputs achieve the desired programme outcomes, and how well?**
  The programme has delivered the outputs and met the key objective from the log-frame, namely that vulnerable households have safer shelters. It has exceeded the target numbers.

  Additionally, the programme has catalysed recovery of not just shelter, but of other areas as well, and set communities on a path to a resilient recovery. The longer term outcomes will for many be dependent on continued livelihood support, and should be monitored and evaluated at the end of the 3 year programme.

  Providing assistance as a mix of materials which the market could not supply and cash was both popular and effective, allowing stronger reconstruction and giving people a high degree of control over their own recovery.

  Some improvements in the programme could be made, and should be in similar future programmes, by investing more in technical assistance and by introducing additional flexibility to address local contexts and to meet specific needs of extremely vulnerable people.

6.2.6 Sustainability & impact

- **What were the intended and unintended effects of the programme?**
  Many of the effects of the programme are detailed in earlier questions. This section concentrates on effects which are not covered elsewhere.

  - **Social, economic, technical and environmental**
    For the most part communities seemed to be cohesive and strong, with disagreements being successfully resolved in general assemblies and by skilful handling from partner staff. In some locations however, the process of beneficiary selection, especially with the second round of selection needed for SRK 2, led to community tensions and upset community dynamics.

    No environmental impact assessment was done as part of the programme. Most construction materials were locally obtained which is generally preferable, and the use of fallen coconut palms where possible is good environmentally. Many households used hardwoods where timber contacted the ground. Structurally this is the correct approach, but it is likely it has led to further stress on hardwood trees in several areas.

  - **On different individuals, genders, age groups and communities**
    This is largely covered in previous sections.

In communities where the selection processes were less transparent, or affected by difficult relations and lack of cooperation from local government units, the community dynamics were sometimes damaged. On the whole, the community engagement and participation was very good indeed and the programme appears to have improved resilience and community cooperation.

- **On CARE and its partner organisations**
  The programme has stretched the partner organisations considerably, and required some of them to take on activities and roles they have no experience of. Even those with experience of similar programmes had to respond at a larger scale than they have done previously. Staff from all organisations said they had learnt valuable lessons from the response and felt their organisation had got stronger as a result.

  CARE has learnt very valuable lessons about establishing a major response with partners with only a minimal pre-disaster presence.

- **How accountable were CARE and its partners to the affected population?**
  Accountability processes were generally very good, and in the most part affected people were able to provide feedback or raise concerns and had these concerns addressed.

  Very few examples were found of beneficiary selection which was not in accordance with the criteria or of people who had valid complaints against CARE, its partners and the programme. There were some isolated problems, mostly due to a lack of transparency in beneficiary selection in a few barangays. Relationships between partner staff and communities appeared to be exceptionally good, and there were multiple points of contact with roving teams, barangay captains and partner staff, through which feedback could be channelled.

  Despite communities being given contact details for CARE by various means, it was seen as more difficult for community members to provide feedback or complaints directly to CARE, other than through suggestion boxes; such feedback generally went through partner staff because they were more visible and more often present. This does limit the ability of the affected population to hold partners accountable should they have concerns about their conduct or approaches.

  There were some issues with suggestion boxes only being available during distributions and not at other times, and with poor explanations of how the suggestion boxes could be used (in one case the explanation that the suggestion box could be used for anonymous feedback led to a belief that feedback had to be anonymous, causing a complaint to be made anonymously about not being selected for assistance, which could not be followed up because the complainant couldn't be identified).

  Similarly some communities required careful explanation of the meaning of the term vulnerable, as every community member identified themselves as vulnerable (in accordance with Philippine government categorisations). This led to initial problems in selection in early barangays, but upon

explanation seemed largely to be resolved.

- **Are CARE's beneficiaries living in dwellings with improved resistance to natural hazards?**
  CARE's beneficiaries are living in dwellings with improved resistance to natural hazards. Increased uptake of bracing and of tie-down measures in particular will make structures more able to withstand both high winds and earthquakes. This is however an incremental improvement; the houses are not 'designed' to withstand particular size events, and very large storms and earthquakes should still be expected to do significant damage.

- **Has 'Build Back Safer' knowledge been understood, retained and practiced in communities?**
  Build back safer knowledge has been learnt, retained and practiced in communities. It has generally not been 'understood'. People have learnt to apply the principles on their houses, but do not necessarily know why the principles exist. This has resulted in some structural flaws, such as roof trusses not aligning with columns or bracing being applied at less effective angles. Further training for CARE and partner staff, group leaders, carpenters and other key figures would have been appropriate to raise the level of understanding.

Figure 9: Roof incorporating bracing, hurricane strapping and well-spaced purlins, but with no column below truss, resulting in lower wind uplift resistance despite generally good quality construction work.

It is important to note that CARE provided significantly more technical assistance directly to households than any of the other agencies responding with similar programmes which the evaluation team looked at. The excellent relationship between partner and CARE field staff and the communities, and the high levels of community engagement, meant that adoption of the build-back-safer principles was taken very seriously by communities and there was considerable peer pressure to apply them and considerable pride taken in their use in buildings. Technical assistance alone, without the strong community engagement, would not have achieved this.

6.2.7 Personal safety

- **Did the programme provide appropriate support and safeguards to help beneficiaries avoid accidents and injuries?**

  With programmes which rely on the affected population to provide the labour and much of the effort required for construction, it should be recognised that as well as transferring much of the control over the recovery, a degree of risk is also transferred from the NGO to the population. Construction is a dangerous undertaking (ILO estimates at least 60,000 people die on construction sites every year), and several potentially serious accidents did occur during the CARE programme, resulting in reduced ability to work or visits to hospital.

  Leaflets on how to stay safe during construction were belatedly produced, and were valued by beneficiaries. These arrived too late to be of use however. Basic safety equipment, such as gloves, was used for the distributions but not included in kits for construction. The risks of construction were not considered in the programme design and basic measures to limit the risks, such as providing simple personal protective equipment or including safety in training and in assembly discussions, were not taken.

6.3 Partnership

Although assessing the effects of working with partners was not part of the terms of reference for this evaluation, it is integral to the response and therefore some conclusions on the effect of working with partners has been included in this section.

Much of the success of the programme is due to CARE's partners. They are instrumental in the strong community engagement and the scale and reach of the programme, and were vital in achieving such rapid delivery of over 16,500 kits with associated technical assistance.

However, it should be recognised that there were weaknesses in the partnership approach which could be better managed in future programmes.

Partners with less experience in emergency response, especially those which only had experience of handling cash programmes and not of material distributions or technical assistance, required more support than they actually received from CARE. Importantly, some of the partners with less experience were less able to recognise their own shortcomings, and CARE did not have sufficient staff to identify problems in a timely manner.

Although there were very good relationships between CARE staff and partner staff, more integration of operational matters would have been beneficial to all partners, leading to more consistency, sharing of good practices and good ideas and more open discussion.

CARE shelter staff, covering tens of barangays each, were unable to visit communities often enough and relied entirely on feedback from partners. This left them unable to spot problems and unable to offer substantial support to the partners to build their capacity. It is a credit to the partners that this did not lead to significant problems, but with weaker partners in other contexts could have led to serious issues. In this case it nonetheless resulted in inconsistent application of the beneficiary selection processes and allowed partner preferences about modality of assistance to lead to adjustments to the kits which would have been better avoided. Some partners took unilateral decisions without conferring with CARE, while others didn't

ask for help when they needed it. Although a capacity assessment was undertaken for each of the partners, a more detailed and nuanced assessment of the support they required would have been beneficial.

7 Recommendations

7.1 Recommendations for CARE Philippines

1. **As part of on-going programming, CARE Philippines should find a way to identify those who are too vulnerable to undertake or manage the construction of their houses and support them to complete.** This could be done by paying local carpenters to complete the houses for them, or by providing support to the community so that they can cooperate to complete the houses.

2. **Future beneficiary selection processes should be consistent across the different partners and good practices should be transferred between partners.** Not having fully transparent selection procedures led to valid complaints in a small number barangays in Panay where one partner was working. Roving team members were unfairly excluded from assistance in some barangays in Panay where a different partner was working. If resources can be identified, CARE Philippines should assess existing complaints about beneficiary selection in these locations and ensure those who qualify do receive support. (It should be noted that CARE Philippines addressed these complaints before publication of this report).

3. **CARE Philippines should seek to undertake livelihoods programming in the same areas where it has undertaken shelter recovery programming.** Completion of houses to meet the needs of households is frequently contingent on households achieving sufficient income. Where livelihoods programming does not follow on from shelter programmes, this should have robust justification. The shelter and livelihoods projects should be seen as integral parts of the same programme, not separate and independent of each other. Having them separate risks the shelter assistance being insufficient.

4. **CARE Philippines should seek to continue and extend the technical assistance and the roving teams by integrating them in livelihoods programming.** Providing additional training for carpenters in safer construction can be part of a livelihoods programme and can extend the safer construction methods beyond the direct recipients of shelter kits. The roving teams include community mobilisers and, with some adjustments, could play a role in the livelihoods programme and continue the support for households as they complete construction.

5. **CARE Philippines should ensure that there are procedures for identifying and referring protection cases to appropriate providers for assistance.** Where there are cases of abuse or other protection issues which are identified by community members or staff, they must know their responsibilities and standard operating procedures.

7.2 Recommendations for CARE International & CARE's Emergency Shelter Team

1. **CARE should replicate and improve the self-recovery shelter programme approach after future rapid-onset natural disasters, and where appropriate in other contexts. In future self-recovery shelter programmes a larger technical team is needed to ensure the technical assistance provided is sufficient to maximise construction quality.** There were not enough shelter coordinators or officer level staff in CARE or in the partners to provide technical assistance at a level that would maximise technical improvements; CARE provided the minimum. CARE's shelter staff was

overstretched at every level. CARE cannot rely on non-specialist partners to provide specialist technical staff. Additional technical staff would have allowed achievement of more consistently high construction quality, more effective training of more people (including specific training for women, which would have empowered them more), spread good practice more widely beyond the direct recipients of support and dealt more effectively with difficult barangays and the small number of ineffective roving teams. In future, senior technical staff should be able to concentrate on more on programme management and ensuring quality; too much of the senior staff's time was taken up supporting visits and reporting. Consideration should be given in future to having an additional senior staff member who can deal with coordination with the national shelter cluster, additional proposals, reporting, visits and additionally improve CARE's ability to engage with advocacy issues and housing, land and property rights.

2. **Assumptions about whether people will repair or reconstruct should be validated as soon as possible.** Repairs are most often not cheaper, and are not easier, than reconstruction. Where support is targeted at the worst effected and most vulnerable, it is likely the degree of damage to houses will be significant. With heavily damaged buildings it is usually easier to rebuild from scratch than to repair. Basing an entire programme on an assumption that people will repair is likely to be incorrect. SRK 1 was insufficient for many people because it assumed it was for repair not for reconstruction, but recipients saw the opportunity to improve their situation and build a better house. In future programmes careful analysis of people's intentions and the validity of assumptions about repair needs to be undertaken at an early stage. Adjusting the programme to provide SRK 2 was the correct thing to do given that SRK 1 proved insufficient for some to complete their houses, and future programmes should follow the example of adjusting based on real-time monitoring and evaluation. However, having to re-do the beneficiary selection took up important time and resources and led to divisions in some communities.

3. **In future self-recovery programmes there should be a degree of flexibility in the support package.** Locally specific needs (e.g. lowland areas being unable to obtain hardwoods, or flood prone areas requiring raised houses) and specific high vulnerabilities (e.g. single elderly people with no support) could have been better addressed with the option to tailor the support package somewhat. This could be done by increasing the level of cash assistance in a particular area because of particular hazards or needs, or by paying roving teams or local carpenters to build for the most vulnerable.

4. **When working with partners CARE should not underestimate the staffing and resources required to support the partners, to achieve consistent quality and to add value.** Less experienced partners require additional support and monitoring to ensure the necessary quality is achieved. More experienced partners need carefully targeted support to build their capacity where they have weaknesses so that they recognise the value that CARE adds. Partnerships require on-going active management (from all parties to the partnership) and should be based on a good mutual understanding and trust, with frequent communication and close collaboration.

5. **CARE should stockpile galvanised coiled reinforcement straps centrally.** Steel reinforcement straps, or hurricane straps, are rarely available post-disaster and are an important element of safer buildings. In many cases procuring them takes considerable time, resulting in delays or use of sub-standard materials.

6. **CARE should seek to undertake an environmental impact assessment when undertaking construction programmes at scale.** If the shelter cluster does not undertake an environmental impact assessment for the reconstruction activities, CARE should seek to undertake one on the

cluster's behalf. It will help improve the quality of CARE's work, raise CARE's profile in shelter and help avoid further harm to the affected populations.

7. **CARE should undertake a risk assessment for all construction activities and develop a strategy to accept, avoid or mitigate risks.** Construction is very dangerous, and CARE has a duty of CARE to its staff, volunteers, beneficiaries and others to understand the risks of construction and to manage them appropriately.

Annex 1 – Costs per household

Fund/Donor	Project	Number of HHs reached (shelter)	Shelter Component of fund	Direct costs (USD)	Shared Programme Costs (USD)	Cost per household, including SPC (USD)	Average cost per household (USD)
DEC1 (GB381)	SRK 1	5,029	100%	1,199,626.84	18,453.64	242.21	284.58
HC (CA306)	SRK 1	1,207	100%	373,707.97	20,915.55	326.95	
DFATD (CA302)	SRK 1	4,011	100%	798,702.09	25,030.34	205.37	Note 1
HPA (Au203)	Food & SRK 1	1,000	Part only	665,547.87	2,419.91		Note 2
Noway (NO238)	Top up (SRK 2)	350	100%	45,568.59	784.03	132.44	135.31
Diageo (GB409)	Top up (SRK 2)	950	100%	119,627.22	7,263.21	133.57	
Rational (GB385)	Top up (SRK 2)	1,000	100%	132,613.43	7,319.03	139.93	
DEC2 (GB399)	Top up (SRK 2) & Livelihood	3,843	Part only	30,552.32	10,356.05		Note 2
French Private Companies (FR219)	Food & SRK 1	1,591	Part only	925,404.53	52,949.57		Note 2
French Private Companies (FR221)	Top up (SRK 2) & Livelihood	1,028	Part only				

Notes:
1. The French Private Companies funding complemented the DFATD (CA302) by covering the following costs:
   - Roving teams supporting 1,591 HH;
   - SRK 1 cash component (Php3,000) for 1,371 HHs

   As a result the DFATD expenditure does not cover the entirety of the programme costs so the figure from the DFATD grant is excluded from the calculation of the average cost per household.
2. Each of these grants was not solely dedicated to shelter programming. As the breakdown of what proportion of each grant was for shelter and what was for other activities was not available at the time of the evaluation, these figures have been excluded from the calculation of the average cost per household.
3. The cost per household for SRK 1 varies for a variety of reasons, including variation of costs across the length of the programme, different logistics costs to access more remote communities and higher initial costs at start-up. The costs for SRK 2, which was just a cash transfer rather than NFI distribution, do not vary significantly.

Annex 2 – Interview/Focus Group discussion questions

The question sets used for CARE and partner staff key informant interviews, and for focus group discussions, are presented below. Not every question was always asked, and some questions required additional explanation.

Questions for staff

1. Relevance:
    a. Do you feel you understand CARE's strategy? Can you explain it to me?
    b. Was CARE's response in line with the strategy?
    c. Do you think we achieved what we set out to achieve?
    d. Do you think CARE's response met the most urgent needs of the population?
    e. What do you think those needs were and why?
    f. Are there any needs related to the storm you think remain unmet? Think about WASH, Sexual & Reproductive Health and Food security & livelihoods. Think about men, women, girls and boys. Think about safety.

2. What do you think of CARE's processes for delivering its shelter programme?
    a. Do they adequately involved the population?
    b. What is the process for accountability, and is it strong enough?
    c. Did we change anything based on feedback or complaints?

3. Appropriate response:
    a. Are people generally satisfied with CARE's response, in your opinion?
    b. How were different genders and vulnerable groups included in the response? Was anyone left out?
    c. Was the approach suitable in all areas CARE worked in?

4. Scale & Speed:
    a. Was CARE's response at an appropriate scale – did we over-extend our capacity, or could we have done more?
    b. Was CARE's response at an appropriate speed?

5. What do you think are the two weakest points of CARE's response?

6. What are the two strongest?

7. Construction:
    a. What do you understand by 'safer buildings'?
    b. Can you tell me what the key things are to achieve safer buildings?
    c. Do you think the understanding of safer buildings in the communities we work in has improved?
    d. Have we given enough support to communities in doing construction?

e. Are you aware of people having any accidents during construction? How often?

f. How good do you think the overall construction quality is?

g. Do you think these buildings are safer/stronger than before?

8. What are the different organisations or groups you've had to work with?

a. Have these made a big difference to our response?

b. Have there been any difficulties in coordination or relationship?

c. What is the effect of working with partners?

9. Were you able to do your job effectively? Did CARE provide you with enough support to do your job effectively?

10. What was the most difficult part of your role?

11. Are there any important things you think CARE needs to learn from this response?

12. Are there any significant areas of waste or inefficiency in the programme? Similarly are there any areas where we have made savings, efficiencies or innovated?

> Think about procurement & logistics, transport, time, distributions of NFIs and of cash, working with partners, support functions etc.

Questions for affected people / focus groups

1. Relevant & appropriate response:

a. What do you think of CARE & [Partner]?

b. What do you think CARE & [Partner] are trying to achieve?

c. What do you think of the work CARE and [Partner] have been doing?

d. What effect did CARE and [Partner]'s work have on you?

e. What were most important things you needed after the typhoon?

f. Did CARE & [Partner] help meet those needs?

g. Will you be able to recover without further help

h. How long will that take?

2. What do you think of CARE's processes for delivering its shelter programme?

a. Do you understand how it was decided who received shelter support and who didn't?

b. Do you think the process was fair? Why?

c. Did you feel you were involved in the programme? How?

d. Were you able to give your views or complaints to CARE and [Partner]? How?

e. Did you get an adequate response to feedback or complaints?

3. Scale & Speed:

a. Did the response happen quickly enough?

4. Construction:

a. Were the kits what was needed?

b. What did you use the cash for?

c. What do you think makes a house safer?

d. Can you tell me what the key things are to achieve a safer house?

e. Do you think the understanding of safer buildings in your community has improved?

f. Have we given enough support to communities in doing construction?

g. Did anyone provide you with help in construction? Did the community use Bayanihan? How did it work?

h. How did you manage the construction, and your other work?

i. Did you attend training from CARE? Did women, men, boys and girls all attend? Why?

j. Have you been able to, or will you be able to, complete your house? Why? How long did it, or will it take?

k. What's the role of men, women, girls and boys in the process of building and recovery?

l. Do women do any parts of the labour? Why is this?

m. Do you think these buildings are safer/stronger than before?

n. Do you think they are better than before?

5. Safety

a. Did you, or anyone else have any accidents during construction? How many/often? How serious?

b. What did you do to avoid accidents? Did you think about safety?

c. Did you work as a team, or do individual tasks?

d. Did you receive any advice, training or instructions on how to build safely and avoid accidents?

e. Did you have the right tools for the construction?

f. Were children, and people who weren't taking part in construction, able to access the site?

g. Did weather affect construction? How?

6. Is there something you think CARE & [Partners] did wrong, or should improve?

7. Is there something you think was especially good?

Annex 3 – Evaluation Terms of Reference

Emergency	Typhoon Haiyan	Country	Philippines
Sectors	Shelter (review of entire response) Livelihood (review of phase one activities)		
Time frame	Early October 2014		
Background	As of 29 May 2014, the National Disaster Risk Reduction and Management Council (NDRRMC) reported that around 16.1 million people have been affected by Typhoon Haiyan (Yolanda with 6,300 killed, 28,626 injured and 1,785 people missing. Out of the total affected, 890,859 families (4,095,280 persons) were displaced and served both inside and outside evacuation centres. The number of damaged houses was 1,084,762 (489,613 totally damaged; 595,149 partially damaged). The total damage brought by Typhoon Haiyan is Php 89.598 billion. According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the immediate early recovery objective was to help individuals return to normalcy by providing much-needed livelihoods through immediate short-term employment for debris-clearing activities and the repair and reconstruction of housing public infrastructure and urban economic structures. It is now shifting to providing more sustainable sources of income through skills training and support for enterprise recovery with the aim of gradually giving men and women decent work, ensuring children are back in school, and reopening hospitals and restarting public services. CARE has initially targeted at least 200,000 beneficiaries in three typhoon-affected areas: Leyte (20,000HH), Panay (10,000HH) and Samar (10,000HH). As of 01 July, CARE has reached 317,284 individuals. 		

Province	# of households	# of individuals
Leyte	26,490	134,094
Samar	14,253	63,902
Panay	24,398	119,288
Total	65,141	317,284

Sector	# of households	# of individuals
Food	51,351	252,115
Emergency Shelter NFI	15,824	67,164
Shelter Repair Kit	14,488	56,787
Livelihood	5,009	24,041

Objective	1. To understand how well CARE's response met the needs of those affected by typhoon Haiyan linking according to the CARE-Philippines shelter strategy and objective 2 of the log frame – did we do what we said we would do?) 2. To evaluate CARE's shelter responses (SRK 1 & SRK Top-up) after typhoon Haiyan, to review impact, extract lessons learnt and make recommendations for future projects. 3. To learn how well CARE's Haiyan response fitted with the CI's humanitarian strategy and CI shelter strategy (CI global shelter team) and Shelter Cluster

	(guidance and learning from previous responses).

Evaluation framework:

Research Questions:
Relevance Was the shelter programme design in line with CARE's Humanitarian Strategy, sub-strategies? Shelter Cluster guidance/approach, Was the programme in line with the needs and priorities of local people (women, men, boys and girls), government, donors and clusters?
Appropriateness Was the programme tailored to local needs (women, men, boys and girls), priorities, increasing local ownership of the recovery process and cost effectiveness accordingly?
Integration Did the programme take a holistic, integrated approach to solving the interconnected problems faced by communities? Did the programme adequately integrate women, men, boys and girls at all stages?
Economy Did CARE and its partners buy appropriate inputs (services, materials…) in a timely manner at the right price? Did CARE and its partners deliver in a cost effective manner and achieve value for money? (include consideration of direct vs direct support costs)
Efficiency Did CARE and its partners convert donor funds into response in a timely manner? Was the timing and phasing of CARE's response appropriate?
Effectiveness Did the outputs (stated in the project plan) achieve the desired programme outcomes, and how well?
Sustainability and impact What were the intended and unintended effects of the project (linked to Strategy and log frame): • social, economic, technical and environmental • on different individuals, genders, age groups and communities • on CARE and its partner institutions • How accountable was the project to the affected population? Shelter specific: Are CARE's beneficiaries living in dwellings with improve resistance to typhoons? Has BBS knowledge been understood, retained, and practiced in communities?

Data sources	*Primary data* Shelter strategy & proposal documents (DFATD, DEC, HC, HPA, ECHO, SHO, French Companies, Diageo, Rationale) Harmonised scoring tool and SAVDD data Shelter PDM report Field M&E reports from Roving *teams*

	Partner monthly reports
	Existing data from programme M&E and specifically PDM reports, including case studies.
	New field data collected by CARE Philippines M&E staff in advance of evaluation.
	Observation by Evaluation team
	Secondary data
	DEC RTE and HPA program review
	Shelter cluster reports
	Donor reports
Methodology	Primary and secondary data analysis (see sources).
	Interviews with CARE, partner staff, roving team, group leaders and program participants and other stakeholders.
	Data collection by field teams – Decide sample size
	Analysis of programme and evaluation data by M&E team and evaluators
	Field validation by evaluators – representative locations across intervention area
	Workshop to agree outcomes and recommendations
	Preparation of report
Outputs	• Evaluation report • Case study on CARE shelter packages; Panay and Leyte comparison, SRK1 only & SRK1 + top up. • Technical brief on cash/in-kind package & roving team approach, • Strategic & tactical/technical Recommendations for future shelter responses.
Participants	CARE Philippines: • Programme Director • Area Managers • M&E staff • Country Sector Advisors • Partner staff • Roving team • Group leaders • Program participants Other stakeholders, Other INGOs (Panay; SCUK (ACCORD consortium lead), ACF, British/German Red Cross, IOM, HI, Leyte; HI, WVI, Sam Purse. IOM, Plan, ACF, SCUK, cluster leads, CRS)…
Evaluation team	Tom Newby Team leader Efren Mariano Deputy Team leader **Leyte team** • Janize CARE works in Panay • Chenel LCDE Works in Western Leyte; Ormoc/Albuera • Kester ACCORD works in Eastern Leyte: Tacloban area • Enumerators/documenters if required **Panay team** • Selden CARE works in Leyte • Mariano PVDCI works in Capiz • Ping ACCORD works in Iloilo. • Enumerators/documenters if required

Budget	…

Schedule

Date	Activity
4 Sept 2014	CARE P discuss TOR and Madel/Tess send relevant documents (dropbox)
9 Sept 2014	Telecon with CARE-P and TN on TOR
11 Sept 2014	TN to send final version of TOR to CARE-P
15 Sept 2014	TN to resend detailed evaluation questions, revising PDA tools accordingly.
15 Sept – 3 Oct	Field data collection in advance of evaluation visit.
13 Oct	Meeting with CARE Manila staff travel to Tacloban / Tac team meeting
14 -17 Oct	Field visits – 8 brgy in total / meeting with stakeholders in Tac
18 Oct	TAC-MNL-ROXAS arriving 12pm / meeting with stakeholders in Roxas Chris Bock return to MNL
19 Oct	Day off
20 -22 Oct	Field visits 2 brgy per day = 6 brgy in total
23 Oct	De-brief in Panay – Chris Bock back to Manila?
24 Oct	Early flight to Manila. De-brief in Manila – de-brief & initial conclusions
25 Oct	Spare day
27 Oct	Fly to Bangkok for Regional EPP

Please allow an additional 3 days of flexibility for contingencies such as weather events, flight cancellations etc…

Additional questions added by Team Leader:

What was the impact of not doing WASH?

Did we address vulnerabilities of all groups?