

Summary

In October 2005, Tropical Storm Stan struck Guatemala, causing severe landslides, mudslides and flooding and affecting nearly a half million people in over 1000 communities. Large areas of crops were destroyed, along with bridges and highways, complicating the delivery of humanitarian aid.

This document is an evaluation of the activities carried out by [CARE](#), [CRS](#) and [Oxfam GB](#) between October 2005 and February 2006 in response to this emergency, and of the level of coordination between those agencies and other actors within the framework of the [ECB Project](#). The evaluation was carried out during March-April 2006 by external evaluators.

This 3-page summary brings together key points from the evaluation of those activities and their impact, and summarizes the recommendations of the evaluation team. Readers of the electronic version of this document may follow [hyperlinks](#) to the relevant sections of the main report.

CARE, CRS and Oxfam GB: Response and Impact

- [Health](#) education was a key focus of agency health response, and resulted in use of sound health practices and recognition by families of common disease symptoms. Training local health promoters strengthened local capacity for continuing health education.
- [Social and psychological](#) assistance was provided, with two agencies providing mental health care, an important component of disaster response. Though a slow process, this care was well received.
- Safe [water](#) was initially provided by bottled water and tanks, and subsequently by rehabilitating wells and distribution systems. There were no reported outbreaks of waterborne disease.
- Pit [latrines](#) were built by all 3 agencies, despite risks of pollution. All are in the process of constructing composting alternatives. Cleaning and sanitary education reduced disease transmission risk.
- Water and sanitation activities complied with Sphere minimum standards, but technical supervision of water system rehabilitation was not always adequate.
- [Food aid](#) provided complemented that distributed by other institutions, and met needs in the first days of the emergency.
- [Nutritional](#) training and training in food hygiene and preparation were professionally supervised. Fresh products included in rations improved nutrition and acceptability. However, only one agency assessed the nutritional status of children under 5 and followed up cases of malnourished children.
- Oxfam GB supported family gardens and small-scale farmers, improving diets and [food security](#) and generating income.
- CRS provided plans and materials for [shelters](#) meeting Sphere standards and appropriate for low temperatures encountered at high altitudes.
- All agencies distributed blankets in cold areas or sheets in coastal areas. Clothing distribution also took place, though this was complicated in some areas by traditional clothing preferences.
- All agencies had previous [experience](#) of affected areas and were familiar with their geography, culture and government. All had teams in the field at the onset: these teams provided the initial response. These conditions enabled agencies to respond quickly and mostly in effective ways.
- CARE and CRS used modified versions of CONRED's Damage Evaluation and Needs Analysis (EDAN) [assessment](#) tool: Oxfam GB used its own tool.
- [Projects](#) were developed in central offices in Guatemala City: CARE and Oxfam GB used external support. Projects were based on information from local teams following community consultation.
- Few in-country staff had received disaster response [training](#) before the onset of the emergency. CARE was in the process of reviewing its contingency plan: existing emergency preparedness plans at CRS and Oxfam GB were not implemented.
- [Administrative](#) and logistical procedures were slow and inflexible, with no special emergency procedures delays in the delivery of emergency aid were encountered.
- Emergency [funds](#) were available: in the case of CARE and CRS these were insufficient.
- No agency deployed radio [communications](#), and the failure of the cell phone network left them dependent on radios owned by private individuals or businesses.
- [Information](#) flows concerning the numbers and needs of the affected population and the responses of other agencies were insufficient, hampering planning and coordination.

- Agency responses alleviated suffering and assisted local communities who as in most emergencies were the quickest responders to mobilize aid and rescue.

CARE, CRS and Oxfam GB: Recommendations

1. Establish subject matter, work methods and health education techniques during normal times. Review methods so that positive elements can be included in models and practice.
2. Include **mental health activities** in all emergency response and rehabilitation projects.
3. Include **productive manual activities** for all population groups (including adult males) in emergency response, rehabilitation and reconstruction projects both for productive and mental health purposes.
4. Include **mitigation** measures in the rehabilitation of water distribution systems. Develop a database of specialists with experience in this area to work with local groups and ensure positive results.
5. **Monitor** the number of people supplied with water from the critical stage onwards to comply with minimum Sphere Project standards.
6. Strengthen and train **water committees** during all water training activities and other development projects. Review subject matter and methods in order to make corrections and keep training material updated.
7. Replace pit **latrines** with composting latrines in the reconstruction stage in order to reduce the risk of pollution of water tables.
8. Provide **food aid** in accordance with Sphere Project standards and conduct nutritional studies of children under five years of age and pregnant women in order to prevent malnutrition.
9. Search for ways that **productive projects** can benefit all affected populations, but especially those in the high plains area as they have fewer resources and are more likely to suffer from malnutrition.
10. The **shelter** proposed by CRS complies with Sphere Project standards for 5-member families. Corresponding modifications should be made when there are larger families.
11. Comply with Sphere Project standards regarding the number of **protective items**, especially when the shelters are located in areas with low temperatures.
12. Establish **kits** for the distribution of hygiene, cooking and other items to facilitate delivery organization and control.

Agency and ECB Coordination: Response and Impact

- Despite the fact that only 3 meetings had been held prior to the emergency, the ECB working group in Guatemala played an important role as a [focal point](#), compiling information from NGO field operations and feeding it into the national system of emergency coordination under CONRED. This work helped to strengthen relations between ECB agencies.
- There were expectations that synthesized information would flow back to the agencies and the field through this same structure. In this event, such information flow was [delayed or non-existent](#).
- The ECB working group played no role in coordination within [affected areas](#), as agency field teams were not aware of the ECB Project. Local coordination and cooperation was however widespread, but depended on preexisting relationships between technical personnel in the field. It showed that coordinated and organized activities can lead to a better response.
- The short period of existence of the ECB working group in Guatemala meant that the [roles](#) of participating agencies in an emergency situation were not well defined or understood, either by the agencies themselves or by other actors such as CONRED.
- [Communication](#) between headquarters and country directors concerning the ECB Project and the responsibilities of working group members was lacking.
- There was a high [turnover](#) of agency representatives on the ECB working group, leading to a lack of continuity and an erosion of knowledge.
- [Attendance](#) at working group meetings was patchy. Reasons for absence included workload and excessive meeting frequency, without clear agendas circulated beforehand.

Agency and ECB Coordination: Recommendations

1. Organize a **workshop** for directors, the ECB Guatemala manager, Agency Representatives, agency strategic teams, 1 or 2 general managers and ECB project advisors to jointly:
 - Establish field and management work strategies;
 - Establish responsibilities and tasks for directors, Agency Representatives and field teams;
 - Define priority issues to address jointly
 - Clarify doubts regarding the project and define common objectives as agencies that are either members of a consortium or a network.
2. Include tasks that Agency Representatives are responsible for as ECB Working Group members in **job descriptions**.
3. Establish a **profile** of desired characteristics for Agency Representatives. Ask directors to give Agency Representatives sufficient time and support so that they can fulfil their ECB responsibilities.
4. All agencies should participate in assisting with ECB project work, the development of a logical framework for the Guatemalan project and developing descriptions for methodologies to be used for each programmed activity.
5. Form **workgroups** for ECB project activities, taking into account agency strengths and delegating responsibilities for the implementation for activities.
6. **Monitor** activities internally on a monthly or bimonthly basis in accordance with the logical framework. Share results with agency directors.
7. Schedule **visits** for ECB project advisors and managers so they can provide support.
8. Share internal agency **processes** regarding logistics, training and response protocols, with the goal of identifying best practices that could streamline agency processes.
9. Reach **agreements** regarding the actions that each agency will take before and during emergencies, where they are going to intervene during the critical stage of emergencies and what and where actions will be taken during the rehabilitation and reconstruction stages.
10. **Standardize** the following for all agencies:
 - Items used by personnel participating in emergency responses;
 - Kits to be delivered to communities during the critical stage (personal and family hygiene, water and sanitation, first-aid and other kits);
 - Food rations consisting of food that is culturally accepted according to area of the country;
 - Shelter standards.
11. Standardize agency **procedures** and instruments regarding contingency plans, the EDAN form, risk management training, situation rooms and shelter construction and management.
12. Prepare **background information** on different areas of Guatemala (high plains, coast, etc.) to be used during the critical stage of the emergency response. The background information should include traditional clothing, hygiene, risk factors present in communities and population vulnerability. Community risk maps should be developed and geographical maps should be available.
13. **Train** agency personnel on risk management, response management and the implementation of contingency plans. Prepare field personnel for emergency program management.
14. Implement **joint projects** and/or activities during normal periods in order to improve relationships between agency personnel and develop inter-agency bonds.
15. Build **coordination** between personnel at all levels (country office level, operations teams, agency international personnel).
16. Support and train **municipalities** in risk management, emergency care and the generation of updated community information.
17. Work with municipalities and communities to **prepare** for emergencies, promote the construction of housing in less vulnerable areas and establish work strategies with women.
18. Promote the timely, appropriate and dependable generation, administration, dissemination and use of **information** for improved decision-making during emergency responses.