

EUROPEAN COMMISSION



Humanitarian Aid



FINAL EVALUATION REPORT

DIPECHO SAMADHAN

*A project on Community Based Disaster Risk Management
(CBDRM)*

Of

CARE

July 2007

Submitted to CARE by:

Parnasri Ray Choudhury-Team Leader; parna_rch@ediffmail.com
Ramesh Tuladhar – Team Member; r.tula1950@gmail.com

Contact persons:

Sok-Chea Ung; Programme Officer, CARE Österreich; Sok-Chea.Ung@care.at
Rabin Bogati, Programme Coordinator, CARE Nepal; rabin@carenepal.org

Disclaimer

"The report signifies sight of author and not necessarily of funding and managing agencies. Therefore, effort was made to ensure the information mentioned on this report are accurate; however, evaluators do not hold themselves liable for any post submission consequences or otherwise".

"This document has been produced with the financial assistance of the European Community. The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Community."

Acknowledgement:

The team wants to convey innumerable appreciations to each one of you, who readily supported the CARE Nepal DIPECHO SAMADHAN Final Evolution with your valuable informations, inputs, comments, clarifications, technical advices, recommendations, expertise and precious time

With due regards to everyone's contribution, in CARE Nepal, we would like to extend our individual gratitude to Alka S. Pathak-Country Director and Diawary BOUARE-Assistant Country Director, for your priceless time, providing management inputs, Rabin Bogati-Program Coordinator and Christina Chan-DIPECHO Program Manager, for your every single effort, constant coordination, involvement, explicit discussions and practically enabling the evaluation grounded in field. And of course Rita Dhakal Jayasawal-SAMADHAN Program Manager, Binesh-Institutional Capacity Building Officer and Mick-Junior Program Advisor of CARE Denmark at Janakpur program base camp office, for your cordial, unhesitant sharing and managing the field logistics for us.

We are grateful to every spokesperson from UNDP, UNICEF, Oxfam GB, ICIMOD, Action Aid, DCA-LWF and Red Cross (Mahottari), for willingly taking to us and expressing your commendations and common learning as DIPECHO partners, having implanting projects at several levels in the region, national, municipality and community of Nepal.

Our special gratitude to every staff members of SUYK, LDTC and JAN-the program implementing partners of CARE Nepal for DIPECHO SAMADHAN, including community, who took personal interest and significantly contributed during the entire evaluation exercise, but somehow some of you may not be having direct access to this final document, However, we tried to list most of you in the Annexure-IV, but may have also missed few amongst you, for which we sincerely apologize

***Parnasri Ray Choudhury
Ramesh Tuladhar***

CONTENTS

Acknowledgement:	i
Chapter-I : Executives Summary	1
1.1 Preface	1
1.2 Specific objective	1
1.3 Main purpose and methodology.....	1
1.4 Evaluation framework	2
1.5 Prime achievements.....	3
1.6 Key lesson learned.....	4
1.7 Principal recommendations and conclusions	5
Chapter-II : Context	7
2.1 Project back ground:.....	7
2.2 Outline project objective.....	8
2.3 Contextual analysis.....	8
2.4 Common challenges and related risks	10
Chapter-III : Project performance	11
3.1 Evaluation criteria	11
3.1.1 <i>Broad objective</i>	11
3.1.2 <i>Key purpose</i>	11
3.1.3 <i>Methodology</i>	11
3.1.4 <i>Framework</i>	12
3.1.5 <i>Confidentiality of information</i>	12
3.2 Key achievements and lessons learned.....	13
3.2.1 <i>Appropriateness and relevance</i>	13
3.2.2 <i>Scope and opportunities</i>	13
3.2.3 <i>Impact and quality</i>	14
3.2.4 <i>Capacity and timeline</i>	15
3.2.5 <i>Monitoring and control</i>	16
3.2.6 <i>Minimum standards maintained and achieved</i>	16
3.2.7 <i>Constraints and institutional learnings</i>	16
3.2.8 <i>Performance of CARE Nepal team and partners</i>	17
3.2.9 <i>Coordination among DIPECHO partners in Nepal</i>	18
3.3 Principal recommendations.....	19
3.3.1 <i>Project continuity</i>	19
3.3.2 <i>Advocacy</i>	19
3.3.3 <i>Integrate International Humanitarian Charter and Minimum Standard</i>	19
3.3.4 <i>Project design and linkage</i>	19
3.3.5 <i>Mitigation master plans</i>	20
3.3.6 <i>Initial need assessment and interim review</i>	20
Chapter-IV : Case studies	21
4.1 Good practices.....	21
4.1.1 <i>2007 Floods in Nepal –hands on experience for team SAMADHAN</i>	21
4.1.2 <i>Radio Janakpur-the overwhelming achievement of SAMADHAN</i>	22
4.1.3 <i>Small scale mitigation workshop-excellent platform for cross learning</i>	23
4.2 Scope for improvements.....	23
4.2.1 <i>Inappropriate IEC less effective message</i>	23
4.2.2 <i>Inadequate technical supervision – a major bottleneck</i>	24

Chapter-V : Annexes	25
Annex 1 : List of abbreviations and acronyms	25
Annex 2 : Terms of reference of evaluations	26
Annex 3 : List of people interviewed and sites visited	30
Annex 4 : Useful web links	31
Annex 5 : Maps of operational areas	32

CHAPTER-I

EXECUTIVE SUMMARY

1.1 Preface

A final evaluation of DIPECHO SAMADHAN has been undertaken to assess the impact of the “community based disaster risk management” project, implemented with local partners’ in three hazard prone districts in central and eastern Terai of Nepal.

The report is considered as a tool of accountability, therefore, treated with absolute transparency, high expectations and great regards, to administer the project performance in general as well as the effectiveness of implementing partners in specific.

1.2 Specific objective

The broad objective of this evaluation is to define and recognize major strengths and bottlenecks, underline influencing factors, and highlight achievements, good practices and the scope for improvement. Despite a short time line and a constrained socio political scenario, the project accomplished it’s overall objectives.

1.3 Main purpose and methodology

Purpose

The principal purpose of the final evaluation was to assess and document the large program scope, impact, capacity, quality assurance, appropriateness, coordination and timeline under which the CARE Nepal DIPECHO SAMADHAN program was implemented. The evaluation was also to highlight key lessons learned and principal recommendations in order to improve community preparedness and future emergency response mechanisms of CARE in Nepal.

The exercise was to look at to what extent, the programmatic decisions and approaches made by CARE Nepal, have contributed and influenced partners on the ground and DIPECHO stakeholder at the national level to date, to response and



INITIAL TARGET:

3 Districts & 56,735 beneficiaries in-

- 15 VDC & 705 VDC members
- 60 Target communities
- 52,880 Community beneficiaries
- 30 Public schools
- 150 School teachers
- 3,000 School children
- 15 mitigation projects

REVISED TARGET: 8% beneficiaries decrease

3 Districts & 52,338 beneficiaries in-

- 14 VDC & 1 municipality
- 48 Target communities
- 40,916 Community beneficiaries
- 480 Community leaders
- 16 Public schools
- 150 School teachers
- 10,792 School children-**number increased**
- 43 mitigation projects-**number increased**

preparedness, referring to relevant lessons learned and good practices from Nepal Floods 2007.

The team also recommended how CARE and other DIPECHO stakeholders can regulate and fine tune their program efficiency, increase effective coordination and ensure improved coherence between agencies in next phase of operations.

Methodology

Methodology was designed to bring together the desk review of secondary data, literatures, relevant case studies shared by field partners, management team of CARE Nepal and DIPECHO stakeholders, triangulation and rationalization of primary data collected and reviewed from field observations, transect walk, spot check, semi structured drills and structured focused group discussions and one to one talk with targeted communities, village opinion leaders, members of several village development committees, sub committees and task force, and structured one to one interviews with key informants

In field, the evaluation was carried out in eight Village Development Committees (VDC). Informants included more than 21 community representative groups, cross cutting age, gender, class, occupations, languages and religions at several locations.

Informants also included eight Local Resource Persons (LRP) and ten available program and support staffs of Jagaran Abhiyan Nepal (JAN) in Sarlahi, Local Development Training Centre (LDTC) in Mahottari and Samaj Utthan Yuba Kendra (SYUK) in Dhanusha- the three implementing partners of CARE Nepal DIPECHO SAMADHAN project in the three operational districts of the Terai.

The team cross checked and authenticated the filed findings with senior government officials (Chief Development Officer-CDO) at the district, two CARE SAMADHAN project technical officers and two support officers and the Program Manager of DIPECHO SAMADHAN in Janakpur, where the project's office is based.

In Kathmandu - the capital city of Nepal, the team interviewed the DIPECHO Manager, Program Coordinator, Assistant Country Director and the Country Director of CARE Nepal as well as senior representatives of UNICEF, UNDP and five program spokespersons of other DIPECHO partners in Nepal.

The evaluation was chiefly focused on i) Targeted beneficiaries at the community level ii) Partner field staffs at the district level iii) Field program and support staffs and the core program management team at CARE Nepal's central office iv) Government officials and DIPECHO stakeholders at the national level.

1.4 Evaluation framework

The evaluation was conducted towards the very end of DIPECHO SAMADHAN project. Evaluation was able to assess what occurred in the program, request end-of-project reactions from project staffs and assess the success in meeting project objectives, The evaluation is not only intend to increase quality of follow up programming and coherence with other DIPECHO partners, it is also meant to guide CARE Nepal's programming in disaster risk reduction going forward.

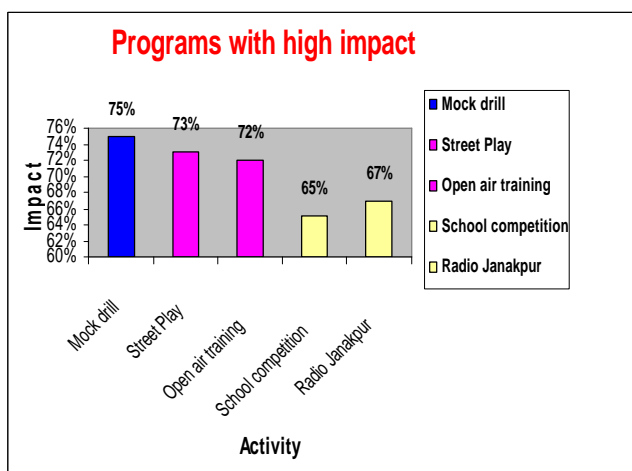
The evaluation team gathered informations about the project at the beginning of the study.

This information was to establish a baseline on selected indicators, from which changes in the impact on the community can be tracked by CARE Nepal in next phase.

1.5 Prime achievements

Apart from slight exceptions in mitigation projects, the evaluation team found that, sites visited in all three districts, were found to be achieved and executed based on stated deliverables well on time with technical specifications as sighted in the action plan. Out of 43 small scale mitigation measures, several may require “no cost extension” due late start of their construction. CARE Nepal and local implementing partners are following up with these mitigation measures through another project called “Chuli”.

Even with technical weakness and drop in initial number of targeted villages and beneficiaries’ midway, each partner performed their best and achieved almost every targeted activity with good impact and high visibility, especially those activities with visual illustrations and drills. This was possible only because of extraordinary team spirit, good intensions to deliver task on time, admirable openness to learn from mistakes, and a cohesive management approach at all level.



Mock drills:

75% of beneficiaries interviewed, hold on to the positive results and high impact of the mock drills and responded spontaneously during the evaluation (*Ref-Chapter-IV*).

Street plays:

73% of beneficiaries interviewed, responded positively during the evaluation about the effectiveness of the street plays (*Ref-Chapter-IV*).

Open air trainings (2nd module community trainings):

72% of beneficiaries interviewed, responded positively during the evaluation about the effectiveness of the open air trainings (2nd module community trainings (*Ref-Chapter-IV*).

School completions:

65% of beneficiaries interviewed reacted with high positive impact to the school competitions (*Ref-Chapter-IV*).

Radio Janakpur:

The “Radio Janakpur” programming is one of the most cost effective and high impact activities of the project. 67% of beneficiaries interviewed, responded with high positive impact to the radio program on disaster preparedness mass awareness (*Ref-Chapter-IV*).

Small scale mitigation projects:

Community workshop on “mitigation project” was effective. It provided platforms for community leaders to improve their existing capacity to prioritize collective need and implementation infrastructures in short time (*Ref-Chapter-IV*).

1.6 Key lesson learned

Needs assessment

Initiating a fresh project without a structured pre-project capacity and needs assessment is indubitably an institutional learning both for CARE Nepal and the partners of DIPECHO SAMADHAN project. This is especially the case since CARE Nepal was working with a new donor, on a new short term 15 month project, with inadequate technical expertise and limited prior exposure, fresh project managers, and all new field staffs both in house as well in partners. This resulted in the proposal of ambitious targets and large operational areas at the initial stage, the need to hire an expatriate as DIPECHO manager at the request of the donor, and an unexpected drop of initial communities and beneficiary numbers to adjust the project in a more realistic manner midway

Time line

Effectively strengthening community resilience to natural hazard events requires regular interactions with target beneficiaries and continual drilling with task forces. This is hard to achieve in a target driven short duration project, especially given the challenges described above, by the time partners and community started responding, the time line of project come to an end.

Monitoring

The project started without clarity of distinct job descriptions, especially for the partner field staff. Initial activities were behind schedule, and a systematic monitoring plan was not put in place at the start of the project. As a result, it was difficult to maximize and targets against achievements, especially given such short term high pitch deliverables. Monitoring of field activities was regular. However, it was needs driven

Coordination

Coordination with DIPECHO partners at the national level, between CARE Nepal's central office and project office, between CARE field staff and local partners, and amongst the local resource persons have been truly unique and performed crucial roles in achieving results.

Nevertheless, more could have been significantly achieved to link good practices with **advocacy** with local government specially to mainstream operation and maintenance of small scale mitigation projects, avoiding overlap with other DIPECHO partners in terms of demarking operational area, and sharing among DIPECHO partners with regards to overall project design, layout of village contingency plans, task force training modules, sharing list and ensure distribution of common items in village task force kits, developing common information, education and communications materials and disseminating collective messages on disaster preparedness.

Common minimum standards

In few cases, especially while developing training modules, the project did refer the International Humanitarian Charter and Minimum Standard, particularly Sphere;

however it could have been a good practice both for CARE Nepal and its local partners to develop an understanding and practice on how to draw a technical common line between project cycle and disaster cycle in project. (Ref-Chapter-IV)

1.7 Principal recommendations and conclusions

Project continuity

There is a recognized need to continue the community based disaster risk management project cycle beyond 15 months to be able to reduce the related risk and vulnerability of targeted communities in the Terai of Nepal. In future, for such short term projects, donor may reconsider the fact to supplement with minimum complementary contingency funds for the DIPECHO stakeholders as well as the local partners, to carry forward a small number of post project follow up actions like refreshers trainings, mock drills, or mainstreaming maintenance of small scale mitigation projects. However, to ensure effective results, continuity of such project with a scope of at least three to five years of regular funding to the local partners is crucial.

Advocacy

Given the regional disaster context with recent South Asia Floods 2007, there is a felt need to strengthen the **advocacy** for cross broader learning opportunities up and down the line amongst the DIPECHO partners in the region. This is to principally identify a common line of action, recognize the benchmarks of good practices and indigenous coping mechanisms, i.e -Terai Nepal gets floods, followed by North Bihar and North East of India, followed by Bangladesh and so on causing phenomenal catastrophes. (Ref-Chapter-IV)

Humanitarian charter

The International Humanitarian Charter and Minimum Standard – Sphere – needs to be mainstreamed in local languages, especially with staff and partners in the field. For example, CARE Nepal can bring either international expertise or outsource resources like UNDP or Oxfam GB. UNDP was a DIPECHO partner working with DP Net in Nepal and promoting the Sphere handbook in Nepali. Oxfam GB was also a DIPECHO partner in the third action plan, and it is a global signatory of Sphere Global Project worldwide. Resources from Sphere Global Project or RedR India may also be useful.

Ethiopia

“CARE began working in Ethiopia in response to the famine in 1984-85, and for over a decade implemented large-scale relief operations .As a core proponent of Sphere, CARE in involved in training of trainers, local awareness campaign and Sphere auditing. Two emergency staff members have been engaged in disseminating Sphere both within CARE itself and among government and non government organizations. A series of awareness building workshops has been organised in various parts of the country and more than 100 personnel have received three-to-five day Sphere trainings. CARE in collaboration of donors has supported these trainings by providing logistic supports and by distributing copies of Sphere Handbook (more than 200 to date)” – (Page 14).

Source: The Sphere Project
10 years of Sphere in Action
Enhancing the quality and accountability of humanitarian action .1997-2007

Project design and linkage

With such a low literacy rate in the Terai, including the project area, the evaluation team concluded that the project activities that relied heavily on literacy had low impact with beneficiaries whereas activities that relied more on visuals and mass

media had high impact. By high impact, the evaluations mean.... (Ref-Chapter-III 3.1.2 & 3.1.3). The team therefore recommends that CARE Nepal focus more on these aspects in the next project. It is also recommended that CARE collaborate more deeply with other DIPECHO partners to work towards common program layout and develop common disaster preparedness messages.

Mitigation master plans

Though, the project technical team worked hard and developed master plan with VDC for each small scale mitigation site, moreover, the evaluation team recommends that CARE Nepal and local partners develop district level mitigation master plans with well defined locations, design lay out, land allocations at the site, cost effectiveness, cost benefit analysis, hand over mechanism of infrastructures, coordination strategy with respective line departments at government or DIPECHO stakeholders.

Initial need assessment and interim review

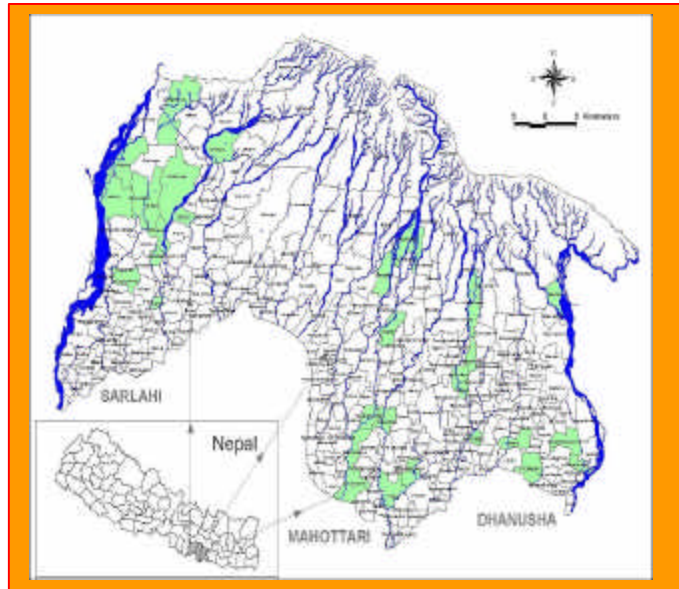
The team recommends a more realistic initial need assessments be conducted to ensure realistic planning and reduce potential risks. Structured mid-term evaluations could also help in such short term projects to strike balance between successes and bottlenecks.

CHAPTER-II

CONTEXT

2.1 Project back ground:

The DIPECHO “community based disaster risk management” (CBDRM) project “SAMADHAN” was designed, given the 25 years renowned and well established working background of CARE in Nepal. The project name “**SAMADHAN**” is a Nepali word meaning “solution to a crisis”. It also had an acronym in the project as “**SA**” for the districts Sarlahi, “**MA**” for Mahottari and “**DHAN**” for Dhanusha, where all DIPECHO SAMADHAN community based disaster risk management project was implemented.



In Terai of Nepal, the project was implemented in three districts with individual partners namely Jagaran Abhiyan Nepal (JAN) in Sarlahi , Local Development Training Centre (LDTTC) in Mahottari and Samaj Utthan Yuba Kendra (SYUK) in Dhanusha, to increase community knowledge and awareness on disaster risk reduction factors, improve skills of task force and village development committees, to combat with potential hazards and extend the functional linkages between preparedness and mitigation.

INITIAL TARGET OF “SAMADHAN”	REVISED TARGET OF “SAMADHAN” 8% beneficiaries decrease
3 Districts & 56,735 beneficiaries in- <ul style="list-style-type: none">• 15 VDC & 705 VDC members• 60 Target communities• 52,880 Community beneficiaries• 30 Public schools• 150 School teachers• 3,000 School children• 15 mitigation projects	3 Districts & 52,338 beneficiaries in- <ul style="list-style-type: none">▪ 14 VDC & 1 municipality▪ 48 Target communities▪ 40,916 Community beneficiaries▪ 480 Community leaders▪ 16 Public schools▪ 150 School teachers▪ 10,792 School children-number increased▪ 43 mitigation projects-number increased

Initially the project was authorized for 15 months, started from Feb15,2006, but it due to unstable security and associated crisis in Terai of Nepal underwent a month suspension midway, therefore donor granted an extension of 1.5months with overall implementation period of 16.5 months, ended 31July 2007.

2.2 Outline project objective

The principal objective of DIPECHO SAMADHAN project was to improve essential community understanding of disaster preparedness and increase their response competence in central and eastern Terai of Nepal.

The project also aimed to enable capacities of the most vulnerable communities, including designated officials from government line departments, and members of community based organizations at the districts level. This was also meant to provide knowledge to the community on disaster preparedness and support with small scale mitigation projects as significant precautionary measures to get the community cautioned from “the impact and the related risks” of frequently occurred natural disasters, most predominantly floods and other major multi hazards like-earthquake and fire.

2.3 Contextual analysis

Disaster management scenario of South Asia

South Asia is the one of the most disaster prone regions of the world. For example, in 2004 due to natural disasters, India lost 17,737 lives, 33,860,512 people were affected and 1.5 billion US\$ worth of economic loss was incurred. It is an accepted fact that development configures disaster risk, in other words appropriate development has the capacity to reduce the disaster risk. Many developing countries of South Asia have very low level of basic life-line services like drinking water, sanitation coverage, health services etc., which further exacerbates the disaster risk and reduces the coping capacity of target population. Disasters result in large scale displacement of population and damage of built environment, which at times challenges the response capacity of even the biggest players like Governments and UN's.



From recent devastating floods in South Asia 2007, nearly 30 million people are thought to be affected .Out of which, incessant monsoon rains in Nepal especially towards last two weeks of July2007, continued to cause floods and landslides throughout the country, mainly in the far west, west and east of Terai regions with an official estimated damage of 84 deaths, displaced more than 9,700 families, and affected 48,000 families (270,000 people) in almost 32 districts throughout the Nepal.

The north and east of India, the adjoins of Terai Nepal, have subsequently submerged followed by severe floorings caused at least 20 million people reportedly affected only and has left 1,752 people dead and over 31 million displaced. From mid-June to mid-July, 30-50% of the annual rainfall was felt in just 30 days, and resulted in the worst flooding in recent memory. After that the north, east and north-east Bangladesh started flooding, where the water levels of major rivers started increasing with subsequent floods in late July2007, resulted floods affects up to 12 districts in northern Bangladesh.

The north and east of India, the adjoins of Terai Nepal, have subsequently submerged followed by severe floorings caused at least 20 million people reportedly affected only and has left 1,752 people dead and over 31 million displaced. From mid-June to mid-July, 30-50% of the annual rainfall was felt in just 30 days, and resulted in the worst flooding in recent memory. After that the north, east and north-east Bangladesh started flooding, where the water levels of major rivers started increasing with subsequent floods in late July2007, resulted floods affects up to 12 districts in northern Bangladesh.

While envisaging the disaster management scenario of South Asia it is note worthy to remember some of the problems from the past emergencies that have gone past some of us but we couldn't put-up timely response, like: 2001 Gujarat Earthquake in India broke down the infrastructure including major water filtration plant, water distribution

network (pipes, pumping stations), bridges, sewage treatment plants, electrical grid and associated structures etc. alone in Kachchh district In 2004 tsunami only in Andaman & Nicobar Islands, the damage of all major jetties leading to severe logistical bottle necks for over next one years. In Oct 2005 Earthquake in Pakistan, needs for winterized temporary shelter for millions to be organised within one month before winter set-in.

Significant areas where the responders face challenges are:

- Preparedness and lack of coordinated response mechanism.
- Achieving right scale of operation in comparison to the needs.
- Delivering a strategic action with timely response
- Adequate perspective and technical knowledge,
- Focus on traditional coping mechanism for quick response
- Linked to getting appropriate people at the local level for fast recovery.

Just a simple epidemic like the recent Cholera outbreak of State Orissa in India (Aug.'2007) was difficult to contain as agencies involved could not ensure blanket consumption of disinfected drinking water. There was lack of water quality monitoring as there were not enough testing kits, chloro-scopes and trained people.....what was required was a strategy to contain the epidemic and some rigorous clinical response to save the affected lives.

A strong combination of strategic thinking, response capacity and capability is invariably missing. Therefore to fill that crucial gap the region with a strong presence of civil society groups, organizations and networks, who have time and again proved the strength of people in managing disasters, needs come forward one again with more cohesive manner and strengthen numerous instances of exemplary action taken by community groups, not only in the aftermath of major disasters, but also during non-disaster times towards preparedness and mitigation projects, across the region.

Disaster management scenarios of Nepal

Experience from Nepal floods 2007, even the paradigm is gradually shifting from rapid emergency response towards long term preparedness, still during the floods 2007, the initial response was focused on rescue and relief operations, primarily with the army and later the few rafting companies have been deployed to evacuate stranded flood affected people of Nepal. As an initial response more than 10,000 families have been provided short-term rations of ready to eat food as well non food items including tarpaulin, etc, to at least 3,000 families and water purification facilities to little above 30,000 people in association and technical support from Ministry of Home Affair, UN and Red Cross volunteers.

The supports from non government organizations were more to mobilize community volunteers and involve them in assisting quick response initiatives. Nevertheless CARE Nepal in assisted the disaster affected people through their local implementing partners working on community based disaster risk management project, therefore it was easier and hands on practical exposure of appropriateness to the SAMADHAN project and also a hands on experience for local staffs, partners field staffs, members of village development committees and volunteers to mobilize local community and getting them respond to self recovery.

2.4 Common challenges and related risks

In such known disaster management context of South Asia and Nepal in particular, implementing community based disaster risk management project in such given context was really being a challenge and risk involved both for CARE Nepal and the local partners especially and the project also got affected by such sporadic political conflicts and socio economical imbalance.

Significant risks where the project faced major challenges-

- Persisting social conflict across the Nepal
- Frequently changing socio political scenario of Terai in Nepal
- Security high alert for the CARE staff and partners members in field
- Succeeding threat to lives for non residence living in Terai region
- High probability of program suspension
- Frequently change in government functionaries.
- Poor network and infrastructure cut off led severe connectivity crisis in monsoon
- Low literacy rate, especially for women and girl child, bottleneck for gender
- Predominant upper class and dominant presence of marginalized in community

CHAPTER-III

PROJECT PERFORMANCE

3.1 Evaluation criteria

3.1.1 Broad objective

The final evaluation reviews the impact of DIPECHO SAMADHAN, a “community based disaster risk management” project, implemented by CARE Nepal with three local NGO partners in three hazard prone central and eastern Terai districts of Nepal. The broad objective of this evaluation is to define and recognize major strengths and bottlenecks, underline influencing factors, and highlight achievements, good practices and the scope for improvement in the next project under the 4th DIPECHO Action Plan for South Asia. In spite of having related risks of creating community awareness with such a short time line under a constrained socio political scenario, the project accomplished its overall objectives. The report aims to be a tool for project performance in general and an effective review guideline for the next project specifically.

3.1.2 Key purpose

The key purpose of the final evaluation was to measure and document the large program scope, impact, capacity, quality assurance, appropriateness, coordination and timeline under which the CARE Nepal DIPECHO SAMADHAN project was implemented. The evaluation was also to emphasize key lessons learned and principal recommendations in order to improve community preparedness and future emergency response mechanisms of CARE in Nepal.

The exercise examined to what extent CARE Nepal’s programmatic decisions and approaches have contributed and influenced local NGO partners on the ground and DIPECHO stakeholders at the national level in terms of response and preparedness, with special regard to relevant lessons learned and good practices from Nepal Floods 2007. It was also to recommend how best CARE Nepal and other DIPECHO stakeholders in Nepal can institutionalize and fine tune their program efficiency, increase effective coordination, and ensure improved coherence between agencies under the next DIPECHO South Asia Action Plan.

3.1.3 Methodology

The evaluation methodology was designed to bring together the desk review of secondary data, literatures, relevant case studies shared by field partners, management team of CARE Nepal and DIPECHO stakeholders, triangulation and rationalization of primary data collected and reviewed from field observations, transect walk, spot check, semi structured drills, structured focused group discussions, one to one conversations with targeted communities, village opinion leaders, members of several disaster risk reduction committees, and task forces, and structured one to one interviews with other key informants.

The evaluation was essentially focused on i) Beneficiaries at the community level ii) Partner field staff at the district level iii) Field program and support staff and core program management team at CARE Nepal's central office iv) Government officials and DIPECHO stakeholders at the national level.

3.1.4 Framework

The evaluation was conducted toward the end of the DIPECHO SAMADHAN project implementation period to ensure and assess what occurred in the project, request end-of-project reactions from project staff, and assess whether the project succeeded in meeting its objectives. The evaluation is not only intended to increase quality of follow up programming and coherence with other DIPECHO partners, it is also meant to guide CARE Nepal's programming in disaster risk reduction going forward.

The team gathered information about the project at the beginning of the study.. This information was to set up a baseline on selected indicators, from which changes in the impact on the community can be tracked by CARE Nepal in follow up programming.

Evaluation carried out with:

In Kathmandu, the capital of Nepal – the evaluation team interviewed the DIPECHO Manager, Program Coordinator, Assistant Country Director and the Country Director of CARE Nepal as well as senior representatives of UNICEF, UNDP and five program spokespersons of other DIPECHO partners in Nepal.

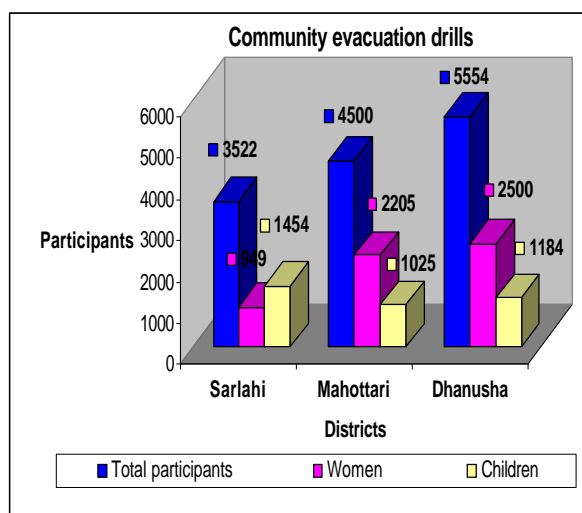
In the field, the evaluation was carried out in eight Village Development Committees (VDC). Informants included more than 21 community representative groups, cross cutting age, gender, class, occupations, languages and religions at several locations.

In the field, informants also included eight Local Resource Persons (LRP) and ten program and support staffs of Jagaran Abhiyan Nepal (JAN) in Sarlahi, Local Development Training Centre (LDTTC) in Mahottari and Samaj Utthan Yuba Kendra (SYUK) in Dhanusha- the three implementing partners of CARE Nepal DIPECHO SAMADHAN project in the three operational districts of the Terai.

And finally, the team cross checked and authenticated the filed findings with senior government officials (Chief Development Officer-CDO) at the district, two CARE SAMADHAN project technical officers and two support officers and the Program Manager of DIPECHO SAMADHAN in Janakpur, where the projects office is based.

3.1.5 Confidentiality of information

Every document and data collected during, pre and post evaluation process has been treated as confidential and used exclusively for analysis purposes. None of the interviewees have been quoted in the report without their acquiescence.



3.2 Key achievements and lessons learned

3.2.1 Appropriateness and relevance

The evaluation was made to observe whether the technical strength of CARE Nepal's in-house and local partners' human resource were sufficient to carry through an intervention of this scale with communities. The evaluation team also reviewed the relevance and effectiveness of such a short term, 15- month project on community knowledge sharing and the construction of small scale mitigation measures. The study has looked at how best the project was able to handle equitable participation and address the special needs of women and children in distressed situations like floods and other multi hazard situations in the central and eastern Terai of Nepal.

The evaluation team reviewed and found that the resources provided to the project were relevant to the need, were contextually and culturally sensitive, and placed emphasis in particular to large participation of women and children. The data above analyzed from "ALL data SAMADHAN June07-final" secondary data and as far as the result, out of the total beneficiaries numbers (blue bar), all three local NGO partners have tried their best to involve women (pink bar) and children (yellow bar), with particular emphasis to mock drills (community evaluation drills), 2nd module community trainings, street plays, school competitions, radio mass awareness programs, as well as the design, implementation and maintenance of small scale mitigation measures. [Parna: this paragraph implies that the chart above will show figures for all the above mentioned activities, but in fact, the chart is only for mock drills. Can you either change the chart or make it clearer in the text that the chart above is just the mock drills? Otherwise it is misleading.]

3.2.2 Scope and opportunities

During the evaluation, the team looked at the overall scope and emerging future opportunities of the DIPECHO SAMADHAN project. In terms of scope for improvement, the final evaluation report also tries to link and support, wherever feasible, (1) the work of interagency learning and accountability networks, notably to mainstreaming the Humanitarian Charter and Minimum standards; (2) issues around integrating mitigation more effectively with preparedness; and (3) issues around increasing working relationships with local government and other DIPECHO partners at all levels. Working with DIPECHO is a win-win situation for all agencies and stakeholders involved. The project under the 3rd Action Plan gave numerous learning opportunities for DIPECHO, CARE Nepal, local implementing partners and communities to carry forward.

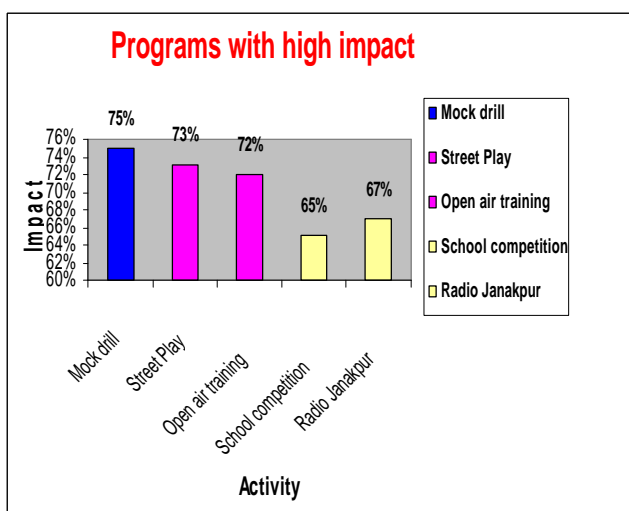
Emerging key opportunities from DIPECHO SAMADHAN project-

- Institutionalize CBDRM is the global mandate for CARE International
- Over 25 years presence of CARE Nepal in Terai an excellent platform
- DIPECHO being a fresh donor to CARE Nepal-opportunity for cross learning
- Nine DIPECHO stakeholders including UN in one country-an unique exposure
- DIPECHO, the common donor across South East Asia-an exceptional approach
- Feasible scope for CARE to carry forward SAMADHAN with existing projects
- CBDRM new learning opportunity for CARE Nepal partners in Terai
- Terai being the most vulnerable to floods, paradigm shifting to preparedness
- Creating learning and alternative livelihood opportunity for local volunteers
- Emerging opportunities to link small scale mitigation projects with preparedness
- Excellent advocacy platform to integrate mitigation with government projects
- Opening opportunities to local technical resources, preserving local knowledge.

3.2.3 Impact and quality

Except for minor exceptions in mitigation measures, the evaluation team visited sites in all three districts and found that project objectives were achieved and executed based on stated deliverables well on time with technical specifications as cited in the work plan. Out of 43 small scale mitigation measures, several may require “no cost extension” due late start of their construction. CARE Nepal and local implementing partners are following up with these mitigation measures through another project called “Chuli”.

PARNA: Please insert some explanatory



Mock drills:

75% of beneficiaries interviewed, during the evaluation, shown positive response and retained effective impact of the mock drills (Ref-Chapter-IV)

sentences prior to these boxes below to explain what you are trying to express. Here would be an excellent place to explain what you mean by “impact” and “effectiveness.” We asked for this in the executive summary as well. You presented such excellent and thoughtful analysis in your oral presentation to the senior CARE Nepal team in July. However, this thoughtfulness does not come through in this section. Laying out these boxes without any analysis in the preceding or subsequent text is very confusing for the reader who has not heard your oral presentation of these findings. Please revise this section.

Street plays:

73% of beneficiaries interviewed, responded positively during the evaluation about the effectiveness of the street plays (Ref- Chapter-IV).

Open air trainings (2nd module community trainings):

72% of beneficiaries interviewed, responded positively during the evaluation about the effectiveness of the open air trainings (2nd module community trainings) (Ref-Chapter-IV)

School completions:

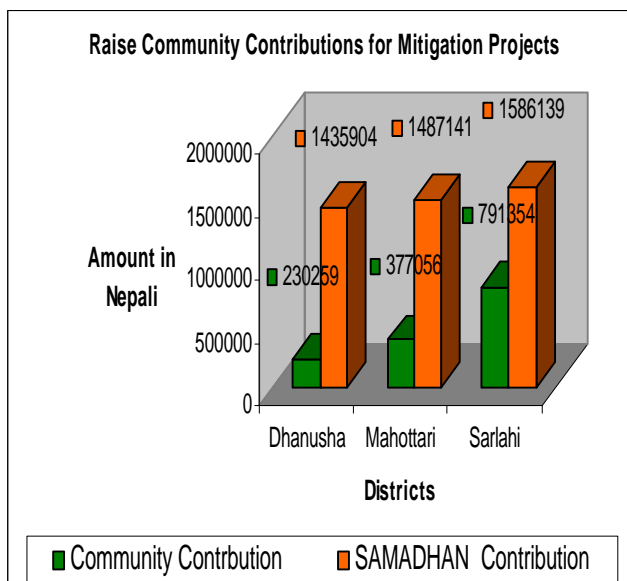
65% of beneficiaries interviewed reacted with high positive impact to the school competitions (Ref-Chapter-IV).

Radio Janakpur:

The “Radio Janakpur” programming is one of the most cost effective and high impact activities of the project. 67% of beneficiaries interviewed, responded with high positive impact to the radio program on disaster preparedness mass awareness (Ref-Chapter-IV).

Small scale mitigation projects:

Community workshop on “mitigation project” was effective. It provided platforms for community to explore open discussions and flexibility to prioritize desired mitigation projects for common benefits. (Ref-Chapter-IV).



The evaluation team also learned that the raising funds or ensures community contributions of several kinds had impacted high and better effectiveness. What do you mean by “impacted high” and “better effectiveness”? We discussed this at your debriefing – our senior managers were all very uncomfortable with this statement as it is not backed with any sort of real data. In all these three districts, this was an inspiring unique example of community participation and ownership. However, compare to SAMADHAN contribution, the

community contribution is high in Sarlahi, therefore they could built for structures like-Community Evacuation Centres, Platforms for Community Hand pumps , initiated construction of medium scale earthen/gabion mixed embankments, with almost same project funds wit better sustenance . Please work on this more. Unless you can back these statements with data, they are just opinion.

3.2.4 Capacity and timeline

To encompass any community awareness initiative with small scale structural mitigation measures in a period of 15 months requires sufficient and constant technical handholding from project technical and project support team as well experienced leadership and management support. The project did receive good leadership and management inputs. However, the project technical team could have had stronger “knowledge transmitting’ skills and capacity to deliver results with adequate contextual clarity of the people and place to enable support and meet standards for partners and community. The project technical team could have been more flexible to frequent changes, experienced to handle challenges in the field, and confident to respond faster and more effectively in such a highly demanding, short term project.

Despite technical weaknesses and the drop in the initial number of targeted villages and beneficiaries' midway through the project, each local NGO partner performed their best and achieved almost every targeted activity with good impact and high visibility, especially those activities with visual illustrations and drills.

However, effective and strengthened community preparedness to natural hazard events requires regular interactions with target beneficiaries and continual drilling with task forces. This is hard to achieve in a target driven short duration project, especially given the challenges described above. By the time partners and community started responding, the time line of project arrived at its end.

3.2.5 Monitoring and control

The SAMADHAN project started without any distinct job descriptions of field staff, especially partner staff. Initial activities started behind schedule, and a systematic monitoring plan was not put in place at the start of the project. As a result, it was difficult to maximize effectiveness, especially given such short term high pitch deliverables. Monitoring of field activities was regular, but it was mostly needs driven.

Partners, field staff and the senior managers in CARE Nepal felt that overall communication with DIPECHO was too limited and controlled, first and foremost restricted only to DIECHO Managers at the respective organization level, and therefore, there was almost no scope, platform or forum available for common learning and sharing for the rest of the project team, unless the donor made a monitoring visit.

The monthly Project Management Team Meetings seemed to be one of the best practices and projected as a good monitoring mechanism established by the senior management team of CARE Nepal. This played a crucial role during the project and was an effective platform both for CARE Nepal management and field staffs to bridge gaps between successes and bottlenecks.

3.2.6 Minimum standards maintained and achieved

In several cases, especially in the development of training modules, the project referred to the International Humanitarian Charter and Minimum Standard, particularly Sphere; however it could have been a good practice both for CARE Nepal and its local partners to develop an improved understanding and practice on how best the field staff and the local partners could develop a clearer understanding on drawing common lines between the project cycle and the disaster risk management cycle. This could only be possible if the team of CARE Nepal put a little more attention to and take references from CARE International's mandate for Sphere and focused more attention to mainstreaming good practices from Sphere projects in the next CBDRM project. (*Ref-Chapter-I & IV*)

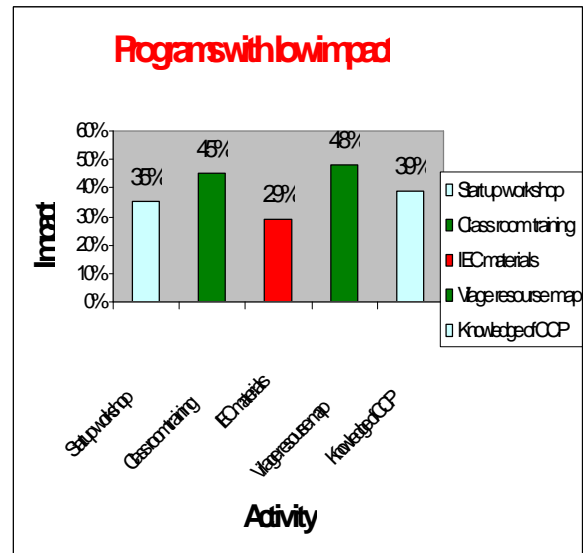
3.2.7 Constraints and institutional learnings

To begin a new-fangled project without any systematic and structured pre-project capacity and needs assessment is an institutional learning both for CARE Nepal and the local NGO partners of the DIPECHO SAMADHAN project. This is especially the case since CARE Nepal was working with a new donor, on a new short term 15 month project, with inadequate technical expertise and limited prior exposure, fresh project managers, and all new field staff both in house as well in partner organizations. This resulted in the

proposal of ambitious targets and large operational areas at the initial stage, the need to hire an expatriate as DIPECHO manager at the request of the donor, and an unexpected drop of initial communities and beneficiary numbers to adjust the project in a more realistic manner at the interim reporting period.

PARNA: Please provide some introductory text for what you mean by “programs with low impact” – how are you defining low impact? The chart is very loaded, but you do not provide in the text any explanation or thoughtful analysis (which you did very well in your oral presentation last July).

Introduced different CBDRM layouts with several small scale mitigation projects with different terminologies and acronyms, methods and techniques, process and steps followed within DIPECHO partners especially in developing village contingency plans, formation of task forces, designing task force training modules, type of trainings provided, lengthy “text heavy” IEC outlines with long content delivering same message of disaster preparedness with all possible dissimilar approach. PARNA: this is not a proper sentence. Not sure what you are trying to say...



For instance, while constituting a common disaster preparedness statutory body at the village development committee level, CARE Nepal named as Disaster Risk Reduction Committee (DRRC), wherein Disaster Management Committee (DMC) for Action Aid Nepal and Village Disaster Management Committee (VDMC) for OGB Nepal and all three of organizations developed three different sets of IEC materials, training modules, task force formations, contingency plans, village resource maps and small scale mitigation projects. PARNA: please explain here why you only discuss CARE, AAN, and Oxfam. This paragraph seems to be lifted from Ramesh’s report, and out of context, it does not make a lot of sense. Why focus on only three of the six CBDRM projects?

The evaluation team strongly realized the community of Terai with such low literacy rate and cultural diversity couldn’t, therefore absorbed and retained many of these “text heavy” messages at least in CARE Nepal’s operational areas and impacted poor effectiveness. PARNA: this paragraph doesn’t seem connected with above paragraph about different committee names. Needs some sort of transition opening sentence.

3.2.8 Performance of CARE Nepal team and partners

The evaluation team learned, that any such short term target driven projects with several software as well as hardware project components needs proper planning with due consideration to related context specific risks, like the socio political conflict of the Terai in Nepal, seasonal monsoon, floods probability, and festival calendars. Moreover, such efforts could have also required sufficient technical backstop from CARE Nepal time and again particularly in this project, since local partners had no prior hands on experience in CBDRM.

However, the team's performance was possible because the beneficiaries were supported and encouraged to participate in all elements of the project cycle with an extraordinary team spirit shown by the CARE Nepal team at the national level, field level and by the implanting partners at all levels with good intensions to deliver tasks on time, admirable openness to learn from mistakes, and a cohesive management approach at all levels. The evaluation team also observed that the compliance commitments by the partner agencies have been overwhelming to the best possible.

3.2.9 Coordination among DIPECHO partners in Nepal

Coordination with DIPECHO partners at the national level, between CARE Nepal's central office and project office, between CARE field staff and local partners, and amongst the local resource persons have been truly unique and performed crucial roles in achieving results. For example, during Nepal's Earthquake Safety Day, local partner staff from DIPECHO SAMADHAN participated in a public awareness campaign in Kathmandu, along with other eight DIPECHO partners. Additionally, the CARE Nepal team hosted ICIMOD, a DIPECHO partner, in documenting traditional knowledge about disaster preparedness. Moreover, three DIPECHO partners –CARE Nepal, Action Aid Nepal, and Oxfam GB Nepal – agreed to hire the same national level technical consultant to evaluate the impact and effectiveness of small scale mitigation projects at their respective community based disaster risk management (CBDRM) operational areas. This was considered as an integrated part of their respective final evaluations where the technical consultant spent individual person days with the respective Final Evaluation Team Leaders of Action Aid Nepal, Oxfam GB Nepal and CARE Nepal with an understanding to prepare a comprehensive summary of common learnings with relevant recommendations to be added as an annexure to all three DIPECHO Final Evaluation Reports.

Despite these positive examples of communication and coordination among DIPECHO partners in Nepal. For example, much could have been significantly achieved to link good practices with **advocacy** with local governments, especially to mainstreaming the operation and maintenance of small scale mitigation projects, avoiding overlap with other DIPECHO partners in terms of demarcating operational areas, and sharing among DIPECHO partners with regards to overall project design, layout of village contingency plans, task force training modules, sharing list and ensure distribution of common items in emergency kits, developing common information, education and communications (IEC) materials and disseminating collective messages on disaster preparedness.

[PARNA: why is this paragraph under this section about coordination among DIPECHO partners? It does not make sense. Kind of comes out of nowhere] In the DIPECHO SAMADHAN project, the scope for small scale mitigation measures was merely 20% of the entire project scale. However overall it has achieved significant impact due to strong community demands of mainstreaming software project with hardware components. But, then it was a new initiative for both for CARE Nepal and the partners, and scattered over the large operational geography with huge numbers of (nearly 43) small scale mitigation projects with multiple structures with different designs, to implement in such short term 15 months timeline, perhaps could have been avoided, or would required contact advocacy with the local government at the district level and with DIPECHO partners at the national, however taking these learnings forward, the project in next action plan can focus more on identifying common emerging community needs, designing structures those directly proportionate to disaster preparedness, like raising platforms for hand pumps and simultaneously educating communities on related hygiene promotions to prevent water born diseases outbreak especially during floods.(Ref-Chapter-IV).

3.3 Principal recommendations

3.3.1 Project continuity

The evaluation team felt the pressing need to continue the community based disaster risk management project cycle beyond 15 months to enable gradual risk reduction and related vulnerability of targeted communities in the Terai. However, to achieve targets meaningfully, as an exit strategy, continuity of regular funding to the local partners for at least three to five years is crucial for such project.

3.3.2 Advocacy

Knowing the floods vulnerability context of South-East Region with regard to the floods of 2007, there is a felt need to strengthen **advocacy** on several aspects, especially on cross border learning opportunities up and down the line amongst the DIPECHO partners in the region. This is also to principally agree upon a common line of action in terms of project layout, structural mitigation designs, printing materials and visibility aspects and collectively recognize the benchmarks of good practices and indigenous coping mechanisms. This is also to primarily address the common line of understanding in terms of risk, vulnerability and preparedness. Every year, the Terai gets floods, which follows to North Bihar and North East of India, followed by Bangladesh and so on and eventually the entire region gets affected, causing phenomenal catastrophes. (*Ref-South Asia Floods, 2007*)

3.3.3 Integrate International Humanitarian Charter and Minimum Standard

In reference to CARE International's mandate for Sphere International Humanitarian Charter and Minimum Standard, CARE Nepal is recommended to focus more on Sphere and put additional efforts to mainstream it within field staff and local partners, For example, CARE Nepal can bring either international expertise or outsource resources like UNDP or Oxfam GB. UNDP was a DIPECHO partner working with DP Net in Nepal and promoting the Sphere handbook in Nepali. Oxfam GB was also a DIPECHO partner in the third action plan, and it is a global signatory of Sphere Global Project worldwide. Resources from Sphere Global Project or RedR India may also be useful.

3.3.4 Project design and linkage

With such a poor literacy rate in the Terai, including the project area, the evaluation team concluded that the project activities that relied heavily on literacy had low impact with beneficiaries whereas activities that relied more on visuals and mass media had high impact. By high impact, the evaluations mean where overall community awareness on disaster preparedness has been increased and people have retained their the technical learning imparted, responded promptly and delivered results in crisis. [PARNA: could you copy and paste this sentence defining impact in the earlier sections of this chapter? It would help clarify a lot up front.]

The team therefore recommends that CARE Nepal focus more on these aspects in the next project. It is also recommended that CARE collaborate more deeply with other DIPECHO partners to work towards common program layout and develop common disaster preparedness messages. For -e.g. During the project, the partners of

SAMADHAN developed village resource maps for all 48 villages in three operational districts. Though the exercise was undertaken at the village level with respective VDCs and community members, in the end, the maps were drawn and printed by professional artists outside the respective communities. As a result, in some maps, there is a gap in the final product with disparity in identified potential hazards vulnerability, quantitative information, color coding and most importantly, limited ownership shown by the community. Therefore, the final displayed maps in each VDC should be prepared at the scale of 1:10 000 with the involvement local community and with adequate depiction of mitigation projects.

3.3.5 Mitigation master plans

Though the project technical team worked hard and developed master plan with VDC for each small scale mitigation site, the evaluation team recommends that CARE Nepal and local partners develop district level mitigation master plans with well defined locations, design lay out, land allocations at the site, cost effectiveness, cost benefit analysis, hand over mechanism of infrastructures, coordination strategy with respective line departments at government or DIPECHO stakeholders.

Further the team recommends to CARE Nepal to center more towards developing individual Master District Level Plan of each VDC for especially for structural mitigation measures and it ought to focus based potential hazards and related risks identified the Village Resource Maps. Structural mitigation measures may be further divided under two broad categories: i) Low cost - low tech to be implemented by the Community Level Disaster Risk Reduction Committee facilitated by local partners ii) High cost – high tech to be implemented by the District Level Disaster Risk Reduction Committee through district level stakeholders such as District Development Committee or Department of Water Induced Disaster Prevention.

3.3.6 Initial need assessment and interim review

The team recommends a more realistic initial need assessments be conducted to ensure realistic planning and reduce potential risks. Structured mid-term evaluations could also help in such short term projects to strike balance between successes and bottlenecks.

Five quick look:

- Preparedness has a specific cycle; therefore the project needs to follow a standard sequence and adapt to the context, especially while developing such short high deliverable project.
- To be able to achieve better impact with a short term, new project with a new team, target beneficiaries ought to be very focused with precise list of realistically doable activities.
- Limited number of small scale mitigation projects with distinct links to awareness efforts gives more effective result and high visibility.
- Village contingency plans should be in simple design, local language, strategically placed, accessible to all and regularly updated to ensure meaningful use by community members.
- Besides women and children, involve senior citizens and village opinion leaders in the planning process, training and drills and expand knowledge of indigenous disaster coping mechanism.

CHAPTER-IV

CASE STUDIES

4.1 Good practices

4.1.1 2007 Floods in Nepal –hands on experience for team SAMADHAN

NB: The following is based on CARE Nepal's initial response to the 2007 floods. It is based on the first three situation reports written by the Janakpur team within the first 48 hours of response. CARE Nepal's emergency response evolved after the first 48 hours; however, for the purpose of this evaluation, the evaluation team focused on the first 48 hours response.



In 2007, over 15 days of incessant heavy rains in Nepal, especially in last two weeks of July, flooded not only the low line villages of the Terai, but also inundated the airport and the prime government hospital in Janakpur, the district headquarter of Dhanusa district and the field office for CARE Nepal's SAMADHAN project. Water levels were two feet high for over 72 hours.

The situation worsened after a heavy continuous downpour on the night of July 24, just after the evaluation team completed their field exercise. The floods came at time when the SAMADHAN project was just about to end (the last day of the project period was July 31). No evaluation could have been bigger than this for the entire CARE Nepal SAMADHAN team, its local NGO partners and beneficiary communities to field test their leanings and apprise, hands on, the impact of their 16.5 month project efforts.

As an early initiative, the CARE Nepal's Janakpur office team, including the staff from CARE and representatives from local partners, organized an emergency response team meeting and deployed three teams – one each to Sarlahi, Mahottari and Dhanusa districts – to collect initial information in the working VDCs about i) households affected (disaggregated: men, women, pregnant and lactating women, children, disabled and elderly), ii) dead, status of roads, electricity, and drinking water systems, iii) presence of any other working agencies for response, and iv) the related risks with regards to communication and commutation, like-weak roads, drains, bridges, riverbank, collapse dams, pond overflow, shelter collapse, etc.

Staff from two other, longer-term, non-CBDRM projects (Jiwan and Polio Eradication) helped carry out this exercise. It should be noted, however, that the field staff members and the local partners of SAMADHAN, including VDC, Disaster Risk Reduction

Committee (DRRC) and the task forces in the flood affected communities that had received support from SAMADHAN were the first responders to the flood. The DRRC and search and rescue task force of Balasaghara VDC in Dhanusha used rescue boats constructed with project funds to bring people to safety, and early warning task forces used microphones provided by the project to sensitize communities in the middle of the night to mitigate the impact of a dam that was about to burst due to the river overflowing. The DRRCs and the project's local resource persons were also actively engaged in conducting needs assessments and providing data to CARE and the local partners.

The CBDRM-trained SAMADHAN team and partners and DRRCs in the villages from three districts submitted three rapid needs assessment status reports which were realistic and time bound. They identified the following-i) out of 13 VDCs in Dhanusha district through the Jiwan and SAMADHAN projects, five VDCs were badly affected by the floods: Katrait, Deuri Parbaha, Tarapatti, and Kumrauda. 25 households were affected in Katrait, 50 in Tarapatti and 50 in Kumrauda and with no road accessibility to Deuri Parbaha, making an accurate initial assessment difficult, ii) In Mahottari, CARE's assessment team identified 11 HH in Singyahi VDC whose houses were completely destroyed. Among these 11 HH, one person died. CARE and local partner LDTC provided support to these households with immediate relief. The Disaster Risk Reduction Committees (DRRCs) that were established with support during the SAMADHAN project responded to the floods crisis even before the arrival of external assistance. Iii) In Sarlahi, the chairperson from local NGO partner JAN joined the Red Cross and district police to support the larger their relief operations in the district.

As a positive impact of SAMADHAN team's initial damage report and the community response, CARE Nepal provided immediate relief to the most vulnerable communities in their working areas and distributed four days' ration to each affected family with a total of 215 HH in three districts within the first 48 hours. Special attention was given to families with pregnant women and lactating mothers.

4.1.2 Radio Janakpur-the overwhelming achievement of SAMADHAN

Raj Kumar Mahato, a CARE Nepal staff member from Janakpur Polio Eradication project, delivered air messages on Radio Janakpur during the floods high alert. His messages focused on access to safe water, safe sanitation and good hygiene practices specially targeting women and children of below six years, this was an unique example of cross project ownership and contribution to SAMADHAN project, ensure peer support to team by spreading affective messages on improved public health and related potential risks from contamination and other water born disease in emergencies. His messages were taken as key note by the Radio Janakpur and aired several times before, during and after the prime schedule programs in the evening slots.

The CARE Nepal SAMADHAN team and local partners had also invited and involved mass media Radio Janakpur and local print journalists to accompany the distribution to one of the closer and more accessible distribution to witness and oversee the community preparedness at the sites.

As an impact of Radio Janakpur-the DRRC and task force members of early warning and search-rescue have been seen to spread awareness messages to sensitize community from the previous night regarding expected river overflow and the dam bursts. DRRC members have been seen to using the microphone to deliver such public safety announcements.

4.1.3 Small scale mitigation workshop-excellent platform for cross learning

Unanimous decision was made by the people of Singhyai VDC in Mahottari District to use project resources to construct a 8 m x 5 m concrete bridge at Bakhari Tole. This was the result of a rigorous exercise carried out in a two-day Small Scale Mitigation workshop conducted by the CARE Nepal field team with the local partners with member's representatives from Singhyai VDC.

The bridge is an important basic evacuation structure for the people of that village to bring them on a high elevated safe land during the floods. Mr. Ram Kumar Yadav- a DRRC President, Mr. Bishnu Dev Saha-Treasurer, Ms. Echia Devi Sada Member, Ms. Rukiya Sada Villager, Mr. Rameshwor Prasad Singh-Member Advisor and Mr. Mukhya Prasad Singh-Koteshwor Mai Yuva Club, President-all of them have gathered informally before the evaluation team to express their moment of pride around this bridge. The community contributed a total labor of 575 person days @ 100.00 Nepali Rupees (NRS). "Only to dismantle the old existing structure, it took us 15 person days"-said by Mr. Rameshwor Prasad Singh-the former VDC Chairman of the Village. To add more value to money- the community leaders have also planned to construct a bamboo diversion across the Rato Khola to reclaim land (>10 ha) for plantation at their own initiative. Similarly, providing community wooden boats to cut off Balasaghara VDC in Dhanusha, connecting Hindu and Muslims in Dhabouli of Mahottari by simply adjoining two broken elevations in village, raising hand pumps and developing community evacuations helters in Salrahi are excellent achievements of SAMADHAN small scale mitigation project. All of them have been possible to achieve since planning started in every VDC with a two-day design workshop, with representatives from the VDC.

4.2 Scope for improvements

4.2.1 Inappropriate IEC less effective message

"We are not literate, we remember what we see"- this was the common dialogue told to the evaluation team by almost every alternate village across the three operational districts of CARE Nepal SAMADHAN project.

Having inappropriate IEC was one of the bottlenecks for CARE Nepal SAMADHAN project. Neither the LRPs nor the DRRCs were clear about the i) content and number of IEC from the project ii) what was developed, iii) why they were developed, iv) who was supposed to be the end target group for each IEC, v) how to use them, vi) most importantly when to use them, and vii) where to display them.

To many complicated "text heavy" contents stating too many long messages with mismatch pictorial depictions misled community beneficiaries many at times, especially when the evaluation team assessed their knowledge from the IEC materials. Considering the poor literacy and economy of the Terai, where most people live in semi permanent or temporary mud houses, and looking contrastly at the positive impact of the activities with Radio Janakpur, the evaluation team recommends CARE Nepal to use mass media more effectively and loop the project with national radio and television, local television cable channels, FM radios, local daily popular news papers, and most importantly, relying more heavily on visual-based trainings, drills, and street plays –and record them to air or provide comprehensive compact CD to each DRRC and LRP member to make them use time and again before every major village group discussion. This would not only cost effective, user friendly, widely accepted by the other villager

awareness projects, with greater outreach and easy to reiterate the messages especially with women, children, and senior citizens.

4.2.2 Inadequate technical supervision – a major bottleneck

Though the CARE Nepal DIPECHO SAMADHAN project hired overseers in each district and they have worked with respective local partners in the district, however implementation of even a single small scale structural mitigation measure would require further structured supervision as well regular technical monitoring. In SAMADHAN, there were 43 different small scale mitigation projects to be implemented in 48 VDCs across three operational districts with three local partners by only one program technical mitigation staff and no regular technical handholding at the partner level. Therefore, these work loads got distributed amongst field coordinators and field officer to monitor regular progress at the VDC level with respective LRPs.

Going forward, CARE Nepal should provide more technical supervision to its local partners and communities and ensure desired standards in the overall mitigation works. A lesson learned is that the project management and local partners should pay timely attention for the arrangement of desired human resources based on the activities of the DIPECHO project.

CHAPTER-V

ANNEXES

Annex 1

List of abbreviations and acronyms

CBDRM	Community Based Disaster Risk Management
CDO	Chief Development Officer
DDC	District Development Committee
CDMC	Village Disaster Management Committee
DMC	Disaster Management Committee
DIPECHO	Disaster Prevention ECHO
DRRC	Disaster Risk Reduction Committee
DWIDP	Department of Water Induced Disaster Prevention
ECHO	European Commission Humanitarian Aid Department
JAN	Jagaran Abhiyan Nepal in Sarlahi
IEC	information, education and communications materials
LDTC	Local Development Training Centre in Mahottari
LRPs	Local Resource Persons
SAMADHAN	CARE community based disaster risk management project
SUYK	Samaj Utthan Yuba Kendra in Dhanusha,
VDC	Village Development Committee



Terms of reference of evaluations

Job Title: Evaluator
Organization: CARE Österreich – CARE Nepal
Projects: Community based disaster risk management project
Donor: ECHO/DIPECHO
Location: Kathmandu, Sarlahi, Mahottari, and Dhanusa
Start date: July 2007

Job Summary

The Consultants will support CARE in conducting a qualitative evaluation of SAMADHAN, a community based disaster risk management project funded with support from the European Commission's Humanitarian Aid department.

Background

CARE Nepal and its local partners are implementing DIPECHO SAMADHAN, a community based disaster risk management project in Sarlahi, Mahottari and Dhanusa districts in eastern and central Terai. The project's principal objective is to increase the awareness and the response capacities of the local communities in Nepal to potential and frequent natural disasters and to reduce the effects of these disasters on the most vulnerable populations. The specific objective is to develop the capacities of the most vulnerable communities, local elected government bodies and civil society groups in the three districts of Sarlahi, Mahottari and Dhanusha to be forewarned, to effectively mobilize response to the potential impact of hazards, and to undertake physical measures that will protect lives and property, thereby minimizing the adverse impacts of natural hazards.

The project aims to achieve four key results: (1) The awareness and knowledge in disaster risk reduction among 48 vulnerable communities, local government bodies and civil society groups in 14 VDCs and one municipality have been increased. (2) The capacities and linkages among 48 vulnerable communities, and local government bodies and civil society groups in 14 VDCs and one municipality for assessing disaster risk, forecasting hazard events, and planning disaster response are developed. (3) The capacities of vulnerable communities to plan, implement, manage and sustain small-scale, low-cost, sustainable and replicable mitigation measures are developed. (4) Coordination at the regional national and local levels, and within CARE mobilizes support

to the most vulnerable communities' disaster risk reduction activities, and provides an effective venue for sharing lessons and best practice.

DIPECHO SAMADHAN is a 15 month project (with an extension granted by the donor, it has become a 16.5 month project). It began in February 2006, and as a result of a one-month suspension due to the security situation in eastern Terai, the project will end in July 2007. The project reaches out to 48 communities in 14 selected disaster prone VDCs and one municipality. The total number of beneficiaries is 52,338. These beneficiaries are: 40,916 members of 48 communities from 14 village development committees and one municipality in three districts; 10,792 school children, 150 school teachers, and 480 community leaders.

General Objectives:

- Evaluate project efficiency and to assess whether project objectives and outcomes have been achieved.
- Identify strengths and limitations of the project and major issues or factors influencing the achievement or non-achievement of project objectives and results.
- Extract lessons learned for CARE in general and for the community based disaster risk management sector in particular.
- Identify main directions for future community based disaster risk management projects in Nepal.

Specific Objectives:

- Review logical framework and assess achievement of indicators.
- Evaluate level of ownership of project activities by local partners, disaster risk reduction committees and community members.
- Identify which community groups have benefited the most from the project activities and the gaps and/or failures of project in reaching intended beneficiaries.
- Evaluate efficiency and effectiveness of the management structure in terms of project resources and accountability.
- Evaluate the CARE monitoring system.

Required Output:

A final report including an executive summary, an overview of the achievements, strengths and limits of the intervention strategy, specific finds as they relate to the objectives as outlined, good practices and lessons learned, and clear recommendations for future directions in community based disaster risk management in Nepal.

Results:

The results will be used to incorporate lessons learned into future community based disaster risk management activities.

The Consultants will:

- Debrief with the CARE Nepal Country Director and other senior management team members on the main findings and recommendations from the evaluation at the end of his/her visit to the project.
- Provide a project evaluation report, following EC PCM standards. The draft report shall be sent to CARE Nepal and CARE Austria by ____, the final version of the report by _____. The final version of the report will be submitted to DIPECHO.

Methods for evaluation could include, but are not limited to:

- Analysis of documents (proposal, logical framework, implementation and monitoring reports)

- Field visits
- Semi-structured interviews with key informants
- Focus group discussions with community groups especially with women, dalits and children.
- Interviews with relevant district line agency staff, local partner staff, and CARE staff.
- Meetings with INGOs implementing similar projects as appropriate.

CARE specifically seeks “stories” from the different individuals/ groups in the sites that highlight successes of the project to have a positive impact on the lives of the target group.

Team Formation:

The team will be comprised of two experts in the field of disaster risk reduction, gender equity, social analysis, and capacity building. The team leader will be the key evaluator. The team member(s) [one male/one female] will work closely with the team leader.

The Evaluation Team will be comprised of the following:

Qualifications and key competencies for team leader

- Relevant university degree or equivalent (e.g., disaster preparedness/management, natural resource management)
- Technical expertise in monitoring and evaluation
- Significant experience in community based approaches to disaster risk reduction
- Familiarity with ECHO requirements
- Knowledgeable of rights based approaches
- Fluency in written and spoken English
- Ability to think structurally and to work independently
- Flexibility
- Computer literacy

Qualifications and key competencies for team member(s)

- Relevant university degree or equivalent (e.g., disaster preparedness/management, natural resource management)
- Technical expertise in monitoring and evaluation
- Experience in community based approaches to disaster risk reduction
- Knowledgeable about gender equity, social analysis and capacity building of community groups
- Fluency in written and spoken English
- Computer literacy

Working Conditions

In fulfilling their responsibilities, the evaluation team will closely cooperate with and be supported by CARE Nepal and CARE Austria. The team will report to the CARE Country Director. CARE will:

- Cover the costs for and make all travel arrangements
- Provide office space and accommodations as required
- Introduce the consultant to key contacts and necessary organizational arrangements
- Provide all necessary background information

Security

The field portion of the evaluation will take place in Sarlahi, Mahottari and Dhanusa districts. The evaluation team will be based in the CARE office in Janakpur. When traveling, the evaluation team will have transport as assigned by CARE Nepal. During field visits, the evaluation team must follow the security rules and regulations at all times, as established by CARE Nepal. These rules and regulations are constantly being reviewed according to the ever-changing security environment. The evaluation team will follow any security-related advisory given by CARE Nepal.

Timeframe

The Final Evaluation/Assessment should take place in 20 working days (tentative), starting in July.

No.	Task	Days	Location
1	Examine background material, proposal, interim report, preliminary final report, logical framework, progress reports. In consultation with project staff, develop an appropriate evaluation design, including survey methodology and methods for gathering information (should include, but is not limited to semi-structured interview and focus group guides, participatory rural appraisal exercises).	3	Kathmandu
2	Field visits	9	Field
3	Carry out any required further research in Kathmandu	1	Kathmandu
4	Develop first draft of evaluation report, which includes executive summary and follows EC PCM standards	2	Kathmandu
5	Consult with CARE Nepal and local partner staff on first draft	0.5	Kathmandu
6	Develop second draft of evaluation report	1	Kathmandu
7	Debrief project staff and senior managers on key findings and recommendations	0.5	Kathmandu
8	Based on feedback from debriefing, develop final evaluation report	1	Kathmandu
9	Contingency days	2	

Remuneration:

To be determined on the basis of qualifications and experience.

Administrative requirements:

Applicants must:

- Submit their CV in standard EU format and motivation letter to christina@carenepal.org by April 17, 2007. The CV should be confined to three pages.
- State their expected daily fee rate in their application.
- Provide contact details (email and phone) of three previous employers for provision of references.
- Indicate "Final Evaluation: DIPECHO SAMADHAN" in the subject of your application.

List of people interviewed and sites visited

Name	Designation	Organization
CARE Nepal		
Alka.S.Pathak	County Director	CARE Nepal
Diawary BOUARY	Assistant Country Director	CARE Nepal
Rabin Bogati	Program Coordinator	CARE Nepal
Christina Chan	DIPECHO Manager	CARE Nepal
Rita Dhakal Jayasawal	DIPECHO Program Manager	CARE Nepal-Janakpur
Binesh	Insnt Capacity Building Officer	CARE Nepal-Janakpur
Suriya Prasad Upadhya	Finance Officer	CARE Nepal-Janakpur
Anatha	Program Support Officer	CARE Nepal-Janakpur
Mick Slotema	Junior Program Advisor	CARE Denmark-Janakpur
Local Partners		
Gayendra Kumar Yadav	President	SUYK-Janakpur (Partner)
Saroj Ghimire	District Coordinator	SUYK-Janakpur (Partner)
Raj Kishore Rajak	Field Officer	SUYK-Janakpur (Partner)
Padam Balam Paki	President	LDTTC-Mahottari (Partner)
Boj Bahadur	Vice President	LDTTC-Mahotari (Partner)
Nil Bahadur Lumre	Field Officer	LDTTC-Mahottari (Partner)
Praveen Ghimire	Accountant	LDTTC-Mahottari (Partner)
Deependra Kr.Rajak	Local Resource Person	LDTTC-Mahottari (Partner)
Prashant Achariya	President	JAN-Sarlahi (Partner)
Dinesh Baral	District Coordinator	JAN-Sarlahi (Partner)
Shreelal Pokhare	Field Officer	JAN-Sarlahi (Partner)
Mahesh Bakhel	Accountant	JAN-Sarlahi (Partner)
DIPECHO Partners		
Rahul Sengupta	DIPECHO Spokesperson	UNDP-Nepal
Larry Robertson	DIPECHO Spokesperson	UNICEF-Nepal
Jullie Dekans	DIECHO Spokesperson	ICIMOD–Nepal
Mehg Rai	DIPECHO Spokesperson	DCA-LWF
Gradies	Focal Person for HTN-P+R	Oxfam GB Nepal
Shanka Shadi	DIPECHO Manager	Action Aid Nepal Electronically
<p>In field, the evaluation was carried with 8 Village Development Committees (VDC). Informants included more than 21 community representative groups, cross cutting age, gender, class, occupations, languages and religions at several locations. Informants also included eight Local Resource Persons (LRP) and ten available program and support staffs of Jagaran Abhiyan Nepal (JAN) in Sarlahi, Local Development Training Centre (LDTTC) in Mahottari and Samaj Utthan Yuba Kendra (SYUK) in Dhanusha- the three implementing partners of CARE Nepal DIPECHO SAMADHAN project in the three operational districts of the Terai.</p>		

Useful web links

A. Sphere Humanitarian Chartered and Minimum Standards in Disaster Response

<http://www.sphereproject.org/content/view/301/200/lang,English/>
<http://www.sphereproject.org/content/blogsection/7/83/lang,English/>
<http://www.sphereproject.org/content/view/273/83/lang,English/>
<http://groups.google.com/group/Sphere-URS?hl=en>
<http://www.sphereindia-urs.org>
<http://www.sphereproject.org>

B. Evaluation guideline:

<http://books.google.com/books?id=t276qQAjd3QC&dq=Evaluation+is+tool+for+program+planning&pg=PA200&ots=TqH7ySvr9o&sig=0CMJCIfVNw24nbyPXxzrlgmC77c&prev=http://www.google.com/search%3Fhl%3Den%26rls%3Dcom.microsoft%253Aen-us%253AIE-Address%26rlz%3D117HPAB%26q%3DEvaluation%2Bis%2Btool%2Bfor%2Bprogram%2Bplanning%26btnG%3DSearch&sa=X&oi=print&ct=result&cd=2#PPA201,M1>

<http://www.ag.ohio-state.edu/~brick/suved2.htm>

C. Training and capacity building

<http://www.adpc.net/v2007/TRG/TRAINING%20COURSES/CALENDAR/Default-CALENDAR.asp>
<http://www.adpc.net/training/brochure/CBDRM-14.pdf>
<http://www.ait.ac.th/interimpage/screencheck.asp>
<http://www.redr.org/india/training/portfolio.pdf>
<http://www.disasterpreparedness.icimod.org>

D. ECHO web links-

Working NGO partners: http://ec.europa.eu/echo/pdf_files/fpa_partners.pdf
Fund management and decisions: http://ec.europa.eu/echo/information/decisions/index_en.htm
Operational country: http://ec.europa.eu/echo/field/index_en.htm
Aid strategy: http://ec.europa.eu/echo/information/strategy/index_en.htm
Publications: http://ec.europa.eu/echo/information/publications/index_en.htm
Photo gallery: http://ec.europa.eu/echo/information/library/index_en.htm
Other ECHO link: http://ec.europa.eu/echo/partners/links_en.htm

E. Disaster management scenario in Asia:

<http://www.un.org.np/resources/disastermanagement.php>
<http://www.adpc.net/infores/adpc-documents/PovertyPaper.pdf>
<http://www.iedm.ges.kyoto-u.ac.jp/publication/papers/Role%20of%20non-government.pdf>

Maps of operational areas

