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| End Project Evaluation Report  Integration of DRR in Emergency Planning for Vulnerable Communities  in  Nowshera District, KPK Province, Pakistan.  ***Commissioned By***  **Civil Alliance for Disaster Resilience**  ***Conducted By***  **GLOW Consultants Private Limited**  **31st January 2015** |





**Evaluation Report**

**Disclaimer**

This evaluation or its content may not necessary reflect the views of organizations who commissioned this assessment.

**Description: Description: Description: Care Challenge**

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# Abbreviations

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| **Table of Abbreviations** | |
| ADPC | Asian Disaster Preparedness Centre |
| CBDRM | Community Based Disaster Risk Management |
| CADR | Civil Alliance for Disaster Resilience |
| CFW | Cash for Work |
| CIP | Care International Pakistan |
| HAI | HelpAge International |
| DKH | Diakonie Katastrophenhilfe |
| DMC | Disaster Management Committee |
| DRR | Disaster Risk Reduction |
| DDMU/A | District Disaster Management Unit/Authorities |
| ERT | Emergency Response Team |
| FGDs | Focused Group Discussions |
| GoP | Government of Pakistan |
| HAI | HelpAge International |
| IDEA | Initiative for Development Empowerment Axis |
| IEC | Information, Education & Communication |
| KII | Key Informant Interviews |
| NDMA | National Disaster Management Authority |
| NIDM | National Institute of Disaster Management |
| PDMAs | Provincial Disaster Management Authorities |
| SBDRM | School Based Disaster Risk Management |
| SSD | Society for Sustainable Development |
| ToT | Training of Trainer |

## Executive Summary

Integration of DRR in Emergency Planning for Vulnerable Communities in Nowshera District, KPK Province, Pakistan is a twenty months project funded by DIPECHO having total value of €542,414. It was implemented by Civil Alliance for Disaster Resilience (CADR) – a consortium constitutes of Care International Pakistan (CIP), HelpAge International (HAI), and Daikonie Katastrophenhilfe (DKH) with CIP being lead organization. CIP worked in partnership with Initiative for Development Empowerment Axis (IDEA), while DKH is working with Society for Sustainable Development (SSD) as a local partner for field implementation.

Overall this project provided a greater base for enhancing community preparedness, risk management as well as resilience to disasters. Its key achievements were the development of common CBDRM model with its tools like operational guidelines, manual for training of trainers (TOT) and workbook for participants, district Nowshera DRM Plan, inclusive guide lines for PDMA and common implementation at community level, and DMCs formation and their capacity enhancements. Of the evaluation criteria, project scored high on ***relevance*** - where it was clearly evident that all CADR implemented activities addressed the community needs; ***effectiveness*** – where CADR reached all its project targets; ***impact*** – where there were some impacts both at community and institutional levels especially related to preparedness and more can be seen when the community may have to experience an actual disaster. In terms of ***efficiency***, both from cost and time perspectives, the amount of work done clearly makes it an efficient project, even though certain aspects can be improved, especially ensuring field activities including training start at an early stage instead of all taking place towards the end of the project. In terms of ***sustainability***, at national and district levels, development of the common CBDRM model and DRR Plan were two major achievements, and will go a long way in terms of extending project benefits beyond the project. At the same time, more efforts will be required to ensure trainings at the community level continues to be delivered to the communities by government officials and DRR related plans at provincial, district and community levels are put into the practices. As things stand, government has very limited ownership of this programme and cascade methodology of training delivery is non-existent at the field level. The evaluators believe more concerted efforts will be needed with the government officials including some structural changes within the government departments to make this approach successful. As limited time was spent with the government on this methodology - that too towards the end of the project completion - thus the positive effect as envisioned in the conceptual framework of cascade training methodology are not fully realised. With this said, some of the CADR activities will continue beyond project period, even though some of the activities like delivery of training at the community level may fizzle out with passage of time due to various factors including the lack of clear mandate, logistic requirements, and transfer of trained officials to deliver trainings to the communities on DRR by different government officials. The evaluators believe the methodologies experimented in this project do provide a greater potential for scalability.

A key achievement of this intervention was the formulation of common CBDRM model where CADR effectively coordinated its activities both at the district, provincial and national levels. The development of common CBDRM model was the outcome of this close coordination amongst the DIPECHO partners. This coordination involved relevant DIPECHO partners under 7th action plan, government authorities including National Disaster Management Authority (NDMA), National Institute of Disaster Management (NIDM), Provincial Disaster Management Authorities (PDMAs) and District Disaster Management Unit (DDMU) and other line departments besides National, provincial and district DRR forums and NHN with its chapters at province and district level. The effective coordination was possible due to the Technical working group for common model and its tools, MEAL working group for baseline, end line joint tools development and standardisation. Due to different stakeholders involved the common model took 70% of the duration of project reducing the time for government involvement and actual implementation on the ground. Still lessons were documented as per its implementation. **Moving forward, CADR may like to engage government counterparts at much earlier stage of revising this model, as and when required.**

The tools CDRM manual, workbook and inclusive guidelines developed under 7th action plan are replicated by NIDM for RESCU 1122 and INGOs TOT by NIDM and they will use these documents as a regular feature of their training program.

CADR provided capacity building and/or institutional development support to the various government departments in Disaster Risk Management (DRM). This was done to ensure capacities for Community Based Disaster Risk Management were in place at the local level. **Keeping in view success of this component, it is important to expand even further the scope of these trainings and make it available for the below executive level government officials, through Training of Trainers (ToTs). In Nowshera, department of civil defence can play a role for CBDRM related activities by encouraging other government departments to continue providing training at the community level. Visit to other successful CBDRM project sites like those implemented by FOCUS in Gilgit Baltistan can help in enhancing cross learning.**

Government Authorities have come to know CADR as a reliable partner with highly skilled and experienced staff, and they will appreciate them continue work with them in refining disaster response approaches and identifying mitigation strategies. New project for making sustainable disaster resilient communities in the disaster prone regions of the country are required. CADR coordinated its activities well with DMAs in professional partnerships, demonstrating the value of working together in settings where each brings a particular area of expertise. CADR also gained the respect of the related Govt functionaries as a consortium that is responsive to public needs and adaptable to meeting new challenges. However, linkages and coordination must be strengthened to promote sustainability at the institutional levels. **There is a need for lessons learnt sharing of the project with the Govt. authorities especially DMAs for further dissemination and replication. Sharing of the training manuals, risk maps and details of all the response teams in open forums with the Disaster Management Authorities may help to a higher level of sustainability in the field of DRR and CBDRM. This is despite the fact this project was able to published 300 copies of training manuals and community workbook after the training were conducted, however the team could not find in the field when they asked about them from the communities. CADR has already taken some measures in this regard, however more efforts may be required.**

CADR was successful in training relevant government officials, some of whom even provided training at the community level. At the same time, as there is a continuous turnover of the staff, it creates a need for refresher trainings. This requires new thinking to find a permanent solution. One such possibility is to institutionalise DRR training within different departments own training institutes and organise DRR training along with rest of the capacity building trainings and ToTs to create a pool of expert. At national level, NIDM is already doing some work in this regard. More needs to be done, by making DRR training as part of the ToR for the provincial and district level government officials. **To cater for the regular transfer posting of government officials and to ensure continuous availability of trained government officials, ToTs on CBDRM / DRR related subjects should be organised in future. Further, discussions should take place with government training institutions and academies like Police Recruitment and Training Centre in KP and Provincial Training institutes including Rural Development Academy, as how to institutionalise DRR related training in their regular curriculum.**

CADR partners were active members of DRR network and members of Pakistan Humanitarian Forum. This enabled CADR to coordinate more effectively with other key DRR/CBDRM/SBDRM actors active in the country. During the project period, DRR Forum has gained the role of central coordination body for CBDRM/DRR related activities, which is a manifestation of DRR forum members’ achievement. Please note issues of attribution cannot be ruled out in the success of DRR Forum as other NGOs are contributing to it as well. At the district level in Nowshera, DRR Forum is led by IDEA, which was also one of the implementing partners for this project. Government was not a full member of this DRR forum and with the exception of one meeting; they did not participate in any of the meetings. There were also divergent views whether or not they should be included in the forum. Some of the respondents were in favour of their inclusion while others were of the view this will limit independence of civil society to freely express their views. The latter group of respondents were of the view government should make their own coordination forum for DRR related activities. **The evaluators believe for institutional sustainability of any DRR activity, it is important to include government in the DRR forum, as they are the one who are supposed to carry forward any DRR measures and any new forum will lead to duplication of effort and further weaken District DRR Forum.**

CADR prioritised community mobilization and awareness raising under this project. This was done to sensitize and prepare the local communities to actively participate in CBDRM activities. **A key lesson is the fact in future CADR may like to develop closer synergies by working with the same groups who were engaged with other organisations for non CBDRM related activities, thus CADR will be provided with a solid base to work on DRR related issues. This also reflects the importance of time required to develop social capital at community level thus highlighting significance of synergies with on-going community mobilisation projects for CBDRM interventions.**

Gender, age and disability consideration, particularly those related with women, remained a key focus of this project. HAI inputs were effective in mainstreaming marginalised groups in Disaster Management structures at community level, though there is a need to increase focus on age and disability mainstreaming in the project while implementing the project at the field level. Currently there is limited representation of people with special needs in the DMCs. **Even though HAI has developed inclusion guidelines to help government understand and institutionalized inclusion at policy making, DRM related planning, retrofitting plans, etc., there is limited impact at the field level. Thus, moving forward, CADR should actively consider representation of people with special needs in their project design.**

CADR worked through implementing partners. Its team members visited field for regular monitoring. This helped CADR to promote accountability within the project and achieve better project quality. **To further strengthen this aspect of project implementation, it may like to increase awareness around beneficiary complaint mechanism. This will increase CADR interaction with beneficiaries and thus provide a more comprehensive way to solicit regular feedback from the ground, which at time may be limited due to security consideration and indirect implementation.**

CADR initiatives were focused on linking project communities with PDMA, DDMU and local community elders. During the training, communities were also sensitised on use of local indigenous methods and enabled communities and individuals threatened by a hazard to prepare appropriately to reduce the possibility of harm or loss to life and assets. This has an important element for community disaster preparedness as it will help them protect their assets. In discussions with the beneficiaries they acknowledged having advance knowledge of the recent flood taking place in Punjab and the possibility of having similar floods in Nowshera (which did not happen). **It is a successful activity within CADR project. At the same time, CADR may like to further strengthen community** **linkages with district authorities as they usually get advance information on water level, rain etc. either from metrological department or from authorities dealing with Warsak dam who control water flow in Kabul river thus enabling these authorities to provide accurate information to communities and hence reducing possibilities of loss as a result of flood.**

CADR developed and adapted different Information Education and Communication (IEC) materials including posters, brochures and leaflets etc. for community mobilisation and sensitisation as part of awareness rising. During field visits, GLOW team couple of times came across these materials. **To further the impact of this activity, there is a need to more wildly circulate these IEC materials and put them in places where they will last longer.**

As DDMU is weak in the field, it created an issue for sustainability of this intervention, specially related to leadership on DDR related work and provision of training. Keeping in view turnover in DMCs and ERT, this become even more pertinent. To ensure sustainability of the intervention with regard to training for community based emergency response team, **it is important to continue conducting these trainings at the community levels or in places which are available at minimal or no cost to the beneficiaries.**

Stockpiles were distributed at UC level to DMCs. Beneficiaries mentioned during flood, in certain locations there will be disruption of access to different villages, thus it may create a challenge where not all areas where assistance will be needed could get required stockpiles when they will be most needed. **If possible, instead of UC level, these stock piles should be available at all high risk villages. This becomes even more important keeping in view total population of village which are far densely populated as compared to many other villages in other parts of the country.**

There were successful examples at community levels. This provides an excellent opportunity to learn from each other and built on each other experiences. Currently there are limited cross learning between communities. This creates a need for more systematic cross learning amongst the communities engaged in DRR related work. **It is recommended to systematically encourage cross learning, learning exchange activities and information sharing amongst the communities.**

In terms of engagements of partners within this consortium, Civil Alliance for Disaster Resilience consortium members including CIP, HAI, and DKH not only coordinated all related activities in a timely manner with each other in a conducive environment, but they did it also with other DIPECHO partners and DRR Forum members. There were frequent meetings amongst the consortium partner, not only when they were designing Common CBDRM Model, but also at a later stage during implementation of this model. Lesson learnt were exchanged, field implementation challenges were brought forward and resources (both technical and non-technical) were pooled to resolve these issues. Comparative advantage brought forward by different partners, e.g. CIP as much stronger player with institutional level work at district level; DKH having a better understanding of working with communities through SSD and HAI working on mainstreaming of marginalised groups, created a sense of complementarity within the project and led to its successful implementation. **Moving forward, the consortium partners may like to see how they can also link up their CBDRM activities with their other project activities and will thus create even more synergies.**

# 1. Introduction

This section presents background information, evaluation methodology, research questions and other aspects pertinent to this evaluation including sample size and geographical coverage.

## 1.1 Background

CIP, HAI, and DKH have agreed to form the consortium – CADR to strengthen and formalize the community based disaster preparedness approaches in partnership with relevant district institutions in Nowshera District, Khyber Pakhtunkhwa (KP). In accordance with DIPECHO 7th HIP, the consortium members have developed the project proposal. CIP is the lead member within the CADR Federation and has a high level of expertise and technical capacity on DRR. All consortium members had signed the MoU that stipulates the roles and responsibilities regarding project management and implementation. CARE worked with Initiative for Development Empowerment Axis (IDEA), while DKH worked with Society for Sustainable Development (SSD) as local partner for field implementation. The target location was district Nowshera in KP.

This project was implemented in close coordination with other DIPECHO partners including Save the Children, Malteser International, Handicapped International and Hope 87 besides close coordination with the local and provincial and national government disaster management authorities and district administration, plus civil society DRR forums.

To find impact of the project, CADR engaged a team of third party evaluators from GLOW Consultants Private Limited led by Mr. Saeed Ullah Khan.

## 1.2 Purpose and Objectives of the Evaluation

This study is the end of project evaluation. The evaluation results serve as reflection on level of success in achieving project objectives and degree of impacts on targeted groups as described in the project brief mentioned above.

Overall, the study:

1. Measure the project performance and assess the project impacts against its goal/objectives based on the current log frame, design and monitoring data.
2. Reviews and assess the implementing local partners capacity, efficiency, transparency on information management, coordination and their contributions along these lines, if any;
3. Analyse internal risk mitigation strategies and tools: transparency, access to information, financial control and internal audits.
4. Document lessons learned from the project interventions, consortium project management structure along with specific, actionable, and practical recommendations for improved project and strategic actions direction for similar actions in future.

OECD DAC evaluation criteria were used including: Relevance; Efficiency; Effectiveness; Coordination; Impact; Sustainability and Scalability. Key evaluation questions are given in the ToR (Annex 1 and Annex 2). Detailed questionnaires are included as Annex 3 and Annex 4.

## 1.3 Methodology

The evaluation process comprised of mixed model approach to collect both quantitative as well as qualitative data. More specifically:

**Project team:** CADR partners and the consultants worked closely together to deliver all the tasks and ensured that the evaluation meets the objectives and is in line with the expectations. This management approach ensured that the following is taken into account:

* Within CADR, the evaluation must promote greater understanding of humanitarian principled approaches in the project areas, foster an environment of learning and contribute to more efficient and effective project development in the mission;
* CADR members must feel ownership and responsibility for the evaluation output from the outset; and
* The evaluation results feed into the on-going activities and needs.

The proposed team composition allowed flexibility to ensure optimum resource can be focused on an activity, team members have oversight on progress and were able to seamlessly alternate.

The final project evaluation used a variety of methodologies and the required triangulation of findings (the below list is not exhaustive but indicative). These techniques included:

* Desk study / literature reviews includes reviewing proposals, reports, country strategies, UCs level DRR Plans etc.;
* Review quantitative data, e.g. needs assessments, census data, monitoring information;
* Primary data collection from sampled project beneficiaries;
* Field visits;
* Semi-structures interviews of key informants including CADR members and their staff, relevant GoP officials (DDMU, PDMA and NDMA etc.), implementing partners and other stakeholders as appropriate; and
* Semi-structured interviews / focus group discussions with field staff, volunteer, beneficiaries (such as women groups, youth and other specific groups to be identified) and other stakeholders.

The evaluation team used appreciative inquiry, gender-sensitive and participatory approaches to seek the views of beneficiaries and, where appropriate, non-beneficiaries. Special emphasis was laid on beneficiaries to voice their opinions. The methodology to conduct final review of CADR’s Project was as follow.

### 1.3.1 Site Selection

To have a more representative and holistic perspective, the consultant met with government officials at provincial and district levels and visited different project sites (Bela Korona Station Korona, Wisalabad, Misalabad and Tulandy) in Nowshera.

### 1.3.2 Discussions with Relevant CADR Staff

The consultants spoke to relevant CADR staff in Islamabad and with IP staff in the field. Discussions with the staff took place in groups as well as in individual capacity.

### 1.3.3 Literature Review / Documents Review

Literature review of the available secondary data including but not limited to following documents:

* The approved project proposals, and related documents;
* CBDRM common Model
* CBDRM manual
* CBDRM workbook
* Government notifications
* Survey Reports
* Knowledge retention survey reports;
* NDMA’s vulnerability assessment survey;
* District Level DRR Plan;
* Project reports, including financial information;
* Surveys reports (knowledge, retention, effectiveness of early warning system);
* Reports / Policies of Government departments and other stakeholders;

### 1.3.4 Key Informant Interviews (KII)

CADR and their implementing partner staff, relevant governmental department e.g. DDMU, PDMA and NDMA, representatives of National DRR Forum, non-government organization managers and staff were identified for interviewing to obtain information about project undertaken and how these might relate to this CBDRM Project.

### 1.3.5 Focused Group Discussion (FGDs)

Beneficiaries of CADR project consists of children and youth; women, flood population, hosting communities, parents, teachers and others will be purposively selected for Focused Group Discussion. The topics included a review of their current status, how they feel about project implementation, any gaps, ideas for future plans, staff behaviour and other potential comments.

### 1.3.6 Data Processing and Analysis

All quantitative and qualitative data collected from KII, SSI and FGD was consolidated, analysed and arranged.

### 1.3.7 Preparation of the Draft and Final Report

After completion of meetings and collection of field household data, consultants worked on draft report with CADR management and findings were be discussed with the team. Once feedback from CADR was received, it was incorporated and final detailed report was submitted to CADR.

### 1.4 Sample Size

The evaluation team met with a total of 90 male and female community members as part of the evaluation in five villages of Nowshera district of CADR project implementation area. It included 44 female and 46 male community members. Further, the team also met with 17 government officials and other key stakeholders. In addition, household data was from 160 houses, of which 80 were female and 80 were female. Detail description of these meetings is as follow:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table: Meetings With Community/Govt Officials/Other Key Stakeholders | | | | |
| Villages | **Number of FGD(s)/Meetings** | **Male Strength** | **Female Strength** | **Total (Male+Female)** |
| Bela Korona | 2 | 16 | 12 | 28 |
| Station Korona | 2 | 09 | 10 | 19 |
| Wisalabad | 1 | 12 | 00 | 12 |
| Misalabad | 2 | 09 | 10 | 19 |
| Tulandy | 1 | 00 | 12 | 12 |
| Total | **8** | **46** | **44** | **90** |
| Govt Officials/Other Stakeholders | **17** | **17** | **0** | **17** |
| Total |  | **63** | **44** | **107** |

## 1.5 Limitations & Constraints

Overall the evaluation progressed smoothly. This was despite the fact there was no IP staff in Nowshera as this project is now concluded, and government officials were busy with their routine activities. In spite the fact, SSD and IDEA made all their efforts to make this evaluation a successful and provided their fullest support.

## 1.6 Ethical Considerations

As experienced and responsible assessors, the team adhered to and followed the ECHO and CADR member organisation best norms, standards and ethics to ensure consistency with research practices and principles. The evaluation team throughout the evaluation exercise remained impartial, and ensured all the activities were done in a transparent manner. The team also ensured regular consultation and feedback with CADR.

At the outset, each respondent in the household survey as well as participant in the FGDs was informed of the purpose of assessment, role of the evaluation team members and his/her acceptance to be part of the process. Similarly, keeping in view the cultural consideration, few field pictures were taken with due permission of the communities and respondents. The consultants felt obliged to treat collected data at all times with care and anonymity and, hence, no personal data is included in the report.

## 1.7 Evaluation Management

The assessment was managed by CADR team in Islamabad. Field level coordination was managed directly by the consulting team. Throughout the activity, CADR ensured a collaborative and participatory assessment process, particularly during the inception and drafting phases to ensure clarity of evaluation on purpose, process and end result.

An evaluation reference group was formed which included two members within the CADR core team including project and monitoring team members. The reference group has been involved in ensuring that a high quality evaluation is produced. Throughout the evaluation process the GLOW team liaised with the Reference Group within CADR.

# 2. Key Findings

This section covers relevant questions for the seven key evaluation criteria including relevance, efficiency, effectiveness, coordination, impact, sustainability and scalability

## Relevance

Relevance of the project is judged from the fact how needs were assessed, prioritised and translated into action plans for different vulnerable groups. It looked into whether or not project is pertinent to address the assessed and prioritised community needs as identified. The relevance is further analysed by looking into the implemented activities and resultant outputs of the project and whether or not it was consistent with the goal and its objectives and how the activities and output of the projects contributed well to achieve its goal and objectives.

From conceptual perspective, this project was of particular importance. It addressed some of the key vulnerabilities at institutional level as well as within the communities which improved disaster risk reduction and response activities.

Nowshera is one of the most risky areas for natural disasters, particularly floods. This can be seen from frequent floods taking place over the past few years. A fundamental weakness at the institutional level is the absence of common CBDRM Model and DRM Plan for the district. At community level preparedness for any unforeseen disaster and the absence of information on flood and necessary networks which can help to provide advance warning for any natural disaster are amongst key vulnerabilities. Absence of trained emergency response teams further add to the lack of government and community capacity to respond. This absence of knowledge and trained rescue professionals leads to a delay in rescue operations in case of a disaster. Even when community members would like to help, many times they are unable to provide proper help as they are not trained. For any rescue operation, community members require basic search and rescue skills including sand bag management, rope management, fire-fighting, first aid, stockpile management etc. Keeping in view these structural weaknesses at the community level, CADR developed a common CBDRM model. CADR also established Disaster Management Committees and Emergency Response Teams as part of this DIPECHO Project. This idea ensured availability of trained response professionals at community level that could be deployed immediately and cover a major gap in disaster response in case of an emergency. The availability of the CBDRM model and DRM plan will provide the necessary framework for government institutions to effectively prepare and respond to any crisis. With this said, the relevance of this activity will only be judged when this is put into practice. As these tools are recently developed, they are not yet tested and put into practice by the government institutions or communities. No CBDRM and DRR interventions can be successful unless it is adopted in government policies and practiced by government officials. To achieve this, CADR included different trainings for relevant stakeholders including government officials who are directly involved in DRR related activities. It targeted different government departments, including PDMA and DDMA, these trainings at different level of administration structures not only helped in increasing capacity of government officials but also created acceptance amongst them for DRR related activities. Training for government officials created multiplier effects and created space for CADR to generate more impacts.

CADR supported different trainings for government officials who were directly involved in DRR related activities. Building the capacities of government officials was perceived to be a good initiative and it has increased government acceptance of the project. CADR supported a specialised training to raise capacity of senior government officials on CBDRM related topics. This training was arranged with support of NIDM. Background discussions with the officials found these trainings useful and relevant. It created space for CADR to advocate for DRR and push for a change agenda.

According to the discussions with community groups DMCs and ERTs has the potential to address some gap in disaster response. Similarly focus on women addressed important capacity gaps as they are usually amongst the first one dealing with any natural calamity while their men are out for work or studies.

Dissemination of relevant information to communities is of fundamental importance in DRR activities. Similarly during a disaster, a coordinated response becomes even more important as it help to have more efficient usage of available resources. For this purpose, this intervention worked closely on creating linkages between communities and government departments to cater for this need.

Absence of better planning for disaster risk reduction at community level is a key element that negatively impedes long term DRR efforts. It is not possible for communities to use systematic means to identify hazards, vulnerabilities and risk and adopt comprehensive DRM planning at community level. This project helped in addressing this aspect of DRR at community level by developing and distributing Hazard and Risk Maps and Community Based Disaster Management Plan (CBDRP). These plans included DRM and land use planning and thus covered a major gap in terms of better planning at community level for effective disaster risk reduction. Keeping in view intensity and nature of hazards, different mitigation strategies were discussed under each of these CBDRP and their area requirement/needs, i.e. in some places protection wall to stop/divert the water flow during the flood seasons was included as part of the plan etc.

As women are usually the ones dealing with different incidents (be it small or large) at home or at village level while their men are out for work, this project addressed this aspect of first response by building response capacity of women. Thus targeting women enabled it to minimize time between an incident and the resulting response. It is also an effective tool for contributing to women empowerment.

Children at schools were amongst the worst affected in case of natural disasters. To minimize possibility of such an eventuality, CADR worked with school teachers, education department officials and children to reinforce CBDRM at community level. Training was provided in CBDRM related subjects including first aid and DRR awareness material were distributed. Thus this activity of DIPECHO project helped in improving safety for children during a natural or manmade calamity. Please note SBDRM was more comprehensively covered by another of DIPECHO consortium.

Natural disasters and climate change is an undeniable reality which has implications for disaster reduction efforts. Realising importance of climate change, this CADR project incorporated specific activities on DRR related topics. With the help of IEC material, CADR raised issues around climate change with policy makers, practitioners and communities and encouraged them to take appropriate actions to prepare for it and mitigate its impact. CADR highlighted the direct link between natural resources and DRR and advocated for protection of natural resources thus averting disasters. CADR worked with soil erosion department that is a good example of this activity.

Even though there is no question on the importance of soft activities for CBDRM, however government and communities would like that these soft activities for DRR to be coupled with hard components as well. As there was no hard component in this project, it did create a challenge for community acceptance for this intervention. The evaluators do understand debate around delinking DRR interventions from incentives, but as this aspect was mentioned several times, thus believe it is worth reporting communities and government point of view in this report.

There is a need to have continuous focus on building organisational capacity for disaster response. For this purpose, CADR had a continuous engagement with DDMU, PDMAs and other government departments. CADR also worked closely with DMCs and ERTs. This ensured close coordination between communities and team has up-to-date knowledge in disaster response and necessary practice to use this knowledge. Thus there was continuous availability of necessary organisational capacity to respond to natural disasters.

Disaster response is better managed when there is an advance warning system, either formal or informal. This gives time to the community to take necessary measures. As the project areas are prone to flood, therefore, communities were linked with DDMUs and PDMAs thus to alarm the community before any disaster occurs. This enabled community to have better knowledge of impending disaster that may be putting their lives at risk and thus take necessary preventive measures in advance.

These are a few of the highlights detailing CADR activities under this DIPECHO project and their relevance.

## 2.2 Efficiency

The efficiency aspect looked into whether or not resources were utilized efficiently to get results and how the M&E framework of the project was established, implemented and reviewed. It also looks into whether or not the project addressed the changes in project external environment and if any other any other model can provide similar results more efficiently than the current project implementation model. Finally, it looks into how efficiency in this intervention incorporates external and internal learning into proposed interventions.

Even though it took reasonable long time to make a common CBDRM model, on balance, institutional strengthening work under this project is reasonably efficient. However work at communities started late and potentially losing some of its efficiencies and also affected quality of programme deliverable. At the same time, number of partners engaged in the project (i.e. 5 direct partners) meant a high percentage of cost went towards administrative costs instead of been used directly for communities.

In terms of adaptation of project activities, this project efficiently adopted to the new emerging realities like formation of common CBDRM Model and DRM Plan. The project had a beneficiary feedback mechanism; however communities were not aware of it, and hence not used.

*Figures: Knowledge around feedback system in the project*

Given the needs on the group and field realities, the current model presents an efficient approach to address DRR issues at institutional and community levels. If different activities foreseen under this intervention would have been started in time, it would have achieved even better results. As now common CBDRM Model is established, in the future, the evaluators believe it will require less time to kick off any similar intervention.

## Effectiveness

The effectiveness aspect of this evaluation looked into the current strategies of the project to see how different stakeholders were involved in project design and implementation and what are the required changes to create more impact, documentation of key achievements and key challenges in the project implementation.

Different stakeholders were engaged in the design and implementation of this intervention. The most important of these discussions were with the district authorities who helped in designing and/or refining different community related activities. Their input was also used as part of the training design. They were also engaged in the development of DMP for Nowshera district. At the national level, NDMA and NIDM were closely involved in Common CBDRM Model and other planning documents produced. NDMA input was used in formulating the basic structure of the model, which was then devolved to the community level. NDMA not only helped in developing training contents but also delivering these trainings. Further, CADR also coordinated its activities with Community Resilience for Sustainable Disaster Risk Management (INCRISD) where HPI was one of the implementing partners. These efforts helped to avoid duplication of efforts and utilisation of resources.

CADR effectively coordinated its activities with different stakeholders. This coordination was more apparent during the development of common CBDRM model. There were over 100 meetings in a span of six months to agree on a common model. At the same time, most of these discussions were confined to DIPECHO partners, and less with external stakeholders. If these discussions would have been taken place with relevant government departments like NDMA, PDMA etc., it would have made this process more efficient. From field implementation perspective, government institutional were closely involved. DMCs and ERT were established and trained. These community teams were well trained and well equipped. These teams were readily available to be deployed to cater for any emergency situation at community and village level. These teams were trained in Community Based Disaster Risk Management topics. Women were part of these committees and teams. These teams were provided with trainings in likely natural hazards and precautionary measures. In addition, basic search and rescue skills were transferred. Other emergency response skills in which training was provided included rope management, fire-fighting, first aid, stockpile management etc. These teams ensured timely response to natural disasters.

*Figure: Usefulness of project in disaster preparedness*

A key weakness of this project was the failure of cascade training approach at the field level. It was envisioned that government officials and other relevant stakeholders who will be receiving training under this project will train communities. With the very few exceptions, no such trainings took place, and the evaluators believe it is unlikely the government officials will deliver any such training to the communities as envisioned in the cascade training approach. This is primarily due to the fact these training to government officials took place towards the end of the project and there was limited time to follow up with government officials, and thus government officials do not believe this is one of their responsibilities. As they were also senior government officials, it made them even more unavailable to conduct the trainings at community level. Moving forward, the evaluators believe to make this approach successful, the implementing agencies need to work more with the 2nd tier of the government officials who are more available for such kind of trainings, make these training as part of their official job description and more time need to be spent with the government officials to realise them as part of their responsivities.

Training provided to emergency response teams was relevant and well received. It was observed that the major objective of development of framework for institutionalisation of DRR and response capacity at government was achieved. At the community level, ERT and DMC were also better equipped. This was especially true in the sense of availability of stockpile and necessary human resources. The training and capacity building initiatives seems to be interlinked with the community mobilisation - the more a community is mobilised, the more effective CBDRM activities were. Besides all the strong points, the evaluation team also observed high turnover amongst DMCs and ERT teams. This is primary due to the fact that many of the trainees were students who left their villages for higher studies. Absence of refresher courses for DMCs and ERT trainees was one of the needs which featured prominently in all the discussions with communities thus reflecting its importance.

As some of the training material was in English, it created an issue in terms of understanding and self-learning and thus need to be catered for in future projects designs with translation of key resource material in Urdu and/or local language. Another factor which will help in improving project design is the fact all trainings to communities are taking place at Tehsil and UC levels. Whereas communities were requesting to take them further down to village level, especially those more prone to disasters. This will make CADR project activities even more effective. Even though CADR training had practical demonstration, however, at the same time there is a need to revisit these training and explore what other aspects can be made practical, instead of them been based on theory. Practical nature of the activities will enhance more effectiveness of the trainings.

Gender consideration, particularly those related with women, remained a key focus of this project. They were mainstreamed throughout the project including in selection of project beneficiaries and sensitization of men engaged in DMCs and ERTs. There is a need to significantly increase focus on age and disability mainstreaming in the project. Currently there is limited representation of people with special needs in the DMCs, even though it was a key focus of the project. During the FGDs, team met with only one person with special needs. Thus, moving forward, CADR should actively consider representation of people with special needs in their project design and activities.

Each of DMCs was provided with stockpiles. These stockpiles were well maintained and occasionally used. In some cases, communities were complementing stockpiles with additional items. Absence of certain items like life jackets for rescue in water or wheel borrow to bring sand an refill them are affecting utility of the stockpiles.

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| FDG with women in Nowshera |

For risk assessment and mitigation, CADR facilitated the development of disaster plans for the all the villages/UCs it was working in. These plans are utilized by the communities to identify hazards, vulnerabilities and risk and were used to facilitate comprehensive DRM planning at community level. Thus this activity not only helped in identifying major risks in these villages, it will help in better planning for mitigating some of these risks.

As mentioned above, women are usually the ones dealing with different incidents at home or at village level while their men are out for work. This project addressed this aspect of first response by building response capacity of women. Under this CADR Project, women were involved in DRR activities through training them in first aid, evacuation and fire-fighting. These trainings created awareness among women to access emergency services both during and after disaster and even more importantly the role they could play in protecting their families during disasters. This project has successfully attracted women for trainings in these highly conservative districts.

CADR conducted different information sessions on DRR. It included a review and discourse on policies (at the national level) and strategies (at the provincial and district level) for DRR and CBDRM. The participants of these sessions were from local communities, government, legislation, civil society, academia and communities. These sessions helped CADR to raise issues around DRR, DRM and CBDRM with both policy makers and practitioners.

The project areas are at high risk of floods. While realizing this threat to lives and property, CADR worked with the communities and different government departments to link up communities with flood warning system. Discussions with the communities revealed even though they are now aware of the upcoming floods, communities are still not leaving homes as they mentioned they have no place to go. Any future activities should focus on awareness raising of the community in such a way that they are able to make informed decision based on the available information e.g. how difficult it will be to leave in safety once flood water struck or the consequence of making late decision. A recent example of such an attitude was witnessed in different parts of Nowshera when even though communities were aware of the flood, but refused to leave their homes. Luckily, no flood took place, thus no damage was inflicted.

As envisioned in the ToR, a SWOT analysis for the project is as follow covering past, present and future scenarios:

|  |  |
| --- | --- |
| **SWOT Analysis** | |
| **Strengths** | **Weaknesses** |
| * Strong Technical Team * Human Resource * Mandate & Recognition as NGOs, but limited access issues * Networking with government officials * Funding from the donor * Sharing of resources amongst the consortium partner | * Non availability of common model * Not significant experience in implementing CBDRM related programmes * Weaker engagements with the communities * Late implementation of the programme. |
| **Opportunities** | **Threats** |
| * High flood risk, thus continuous need for DRR related activities. * No major DRR actor engaged in the area * Building on the stronger linkages of the local partner. * Stronger donor interest in CBDRM / DRR / Resilience related work. | * Department refusing to implement cascade training approach * Security risk * Promotion, Networking and Donor Relations * Un-sustained Funding |

The biggest strengths of this project were the availability of qualified staff and the ability to access government officials. This is not the case with many other NGOs operating in Pakistan. This translated into stronger networking with the government officials. Availability of sufficient and timely funding from donor and sharing of both technical and non-technical resources amongst partners contributed to the strength of this project. The major weakness of the project was non availability of common CBDRM model, which led to delayed implementation. As this project was implemented through partners, the three main agencies also lost, to some extent, contact with the communities, which affected communication flow. Similarly, CBDRM related interventions is not the core of the consortium partners, it did affect their ability to adjust to new type of programing.

For opportunities, a significant interest from different donors in DRR related work in Pakistan is a major opportunity. This, together with the fact that government is also very interested in DRR related work, and Nowshera and adjusting areas is flood prone, creates new opportunities. Finally, in terms of threats, as current work is based on cascade training approach which depends on government acceptance and support, thus if they refused to cooperate, it will negatively affect implementation of this or similar projects. Non availability of funding and high security risk is two additional threats which can affect project implementation.

## Coordination

In terms of engagements of partners within this consortium, Civil Alliance for Disaster Resilience consortium members including CIP, HAI, and DKH coordinated all related activities in a timely manner with each other in a conducive environment. There were frequent meetings amongst the consortium partner, not only when they were designing Common CBDRM Model, but also at a later stage during implementation of this model. Lesson learnt were exchanged, field implementation challenges were brought forward and resources (both technical and non-technical) were pooled to resolve these issues. Comparative advantage brought forward by different partners, e.g. CIP as much stronger player with institutional level work at district level; DKH having a better understanding of working with communities through SSD and HAI working on mainstreaming of marginalised groups, created a sense of complementarity within the project and led to its successful implementation.

Beyond the consortium, there was effective coordination with broader DIPECHO partners, DRR forum, provincial/ district forums and other stakeholders (NDMA, PDMA, government departments etc.) for the development of common models. These stakeholders were extensively consulted for the development of Common CBDRM Model and associated tools. Consultants with the provincial and district level authorities were conducted with the support of Provincial DRR forum and District DRR Forum respectively. At the same time, National DRR Forum led the consultations with NDMA for the development of Common CBDRM Model. One weakness in these consultations is the fact they took place when the draft model was already and thus left little room for changes in it and also reduced government ownership of it. Further, there were regular communication follow amongst different consortium members where they shared knowledge and information with each other – in fact there were some 100 meetings during the first year of the project where the consortium members discussed the CBDRM model and related issues.

Discussions with the government officials revealed active knowledge of the project activities. They acknowledged the project actively coordinated its activities with different district authorities and PDMA with respect to engaging district departments (Education, PHED, Health, Civil Defence etc.) in trainings, capacity building, DRM planning etc. This effective coordination enabled DIPECHO partners, including CADR members, to achieve the objective of having a common CBDRM model. In addition, CADR was able to map out all important stakeholders and used them for to achieve project activities. One key area for further discussions is the role of government in district DRR Forum, as currently it is completely absent as the current framework doesn’t allow the government to participate. Even in other districts government is not part of the DRR Forums nor at national level. With this said, it still warrant a closer look to see whether or not their inclusion will benefit the DRR work in the district or region. Several joint activities were carried out with the government and other DIPECHO partners, including using NIDM training facilities for DRR related trainings, using joint platforms for awareness raising and working with district government to come up with a DRM Plan. Another example is using politicians to get additional funds from chief minister for district Nowshera where part of these funds are intended for work related to flood protection walls, gabion structures etc. This success is partly due to CADR advocacy work; even though the evaluators believe there is a strong element of attribution.

## 2.5 Impact

This project has made substantial progress at achieving impact at institutional level and to a lesser extent at community level.

At the institutional level, the key achievement is the development of common CBDRM model with its tools CBDRM manual and workbook, inclusive guidelines and district Nowshera DRM plan. The project helped in improving interactions between district and provincial government and bringing different government departments closer on one DRR agenda. These interactions got stronger as were then invited to different DRR training. These measures will go a long way in terms of achieving project objectives. Activities at the field level implemented by the project in the current model are not available. There is limited impact seen on engaging government institutions in building and delivering common model and cascade training approach in creating larger impacts and replication. Evaluators believe it is less to do with the model itself and more to do with the late implementation as experienced in this project. At the same time, certain structure changes like more community engagements by the consortium members or including DRR training as part of responsible government official as necessary to make this model viable. As the current model was tested only for a few months, more time will be needed to fully understand and appreciate its strengths and weaknesses. As things stand, neither government has the capacity nor wiliness to adopt and take forward current model.

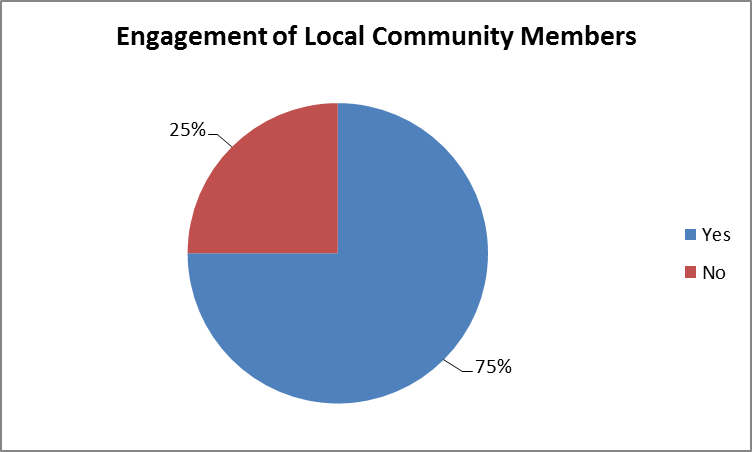
Even though the model provides an inclusive approach, with significant say and engagement space for women and other marginalised groups, this inclusive approach did not translate to the field activities. The evaluators met with different women and one person with special needs during FGDs. These people had little information on DRR related work, except for those who were part of other related projects. This is despite the fact HAI has developed excellent tools to make this an inclusive project. Part of the problem the evaluators believe is also related with hasty implementation towards the end, as substantial time was used in developing the model itself. On a more positive note, there were greater appreciation and understanding for the important role women and other organised groups can play in terms of disaster management. This was reflected both by the government officials as well as by the male community members in terms of their role as women’s committee members, even though these committees seem to be non-existent after the project end. To conclude, more efforts will be needed to make it a more inclusive project and make the impact more visible.

The project’s theory of change as conceived in design stage stipulates it will trigger a change in policy debate and dialogue at government as well as civil society level. The evaluators did not come across any such policy debate or dialogue. Part of the reasons, the evaluator believe, is the fact it is at a much smaller scale, and there need to be more work done by this project and other project, and then all of them have to put their emergencies and resources together before such an change impact can be achieved. One way to create more synergies to bring forward this change agenda will be to ensure there is an impact of the information sharing and dissemination of best practices within the consortium and among DIPECHO partners, as many of these actors are designing next phases of their interventions. The evaluators believe only in the next phases of the project it will become visible how many of these best practices are been adopted.

As far as different staff of government departments who are training and are supposed to provide training to the communities and government officials like NIDM replicated the manual and workbook developed on this CBDRM model and used these documents for rescue 1122 staff and humanitarian actors , the evaluation team believe as it is not the primary responsibilities of department government staff to deliver DRR training, thus it is unlikely they will continuously deliver DRR related trainings to the communities. Moving forward, government may like to make DRR as part of individual staff ToR within different government departments.

The impact of the capacity building measures were already visible, even though it may reduce with the passage of time due to staff turnover unless refreshers are organised. As a result of this project, Government officials were not only better informed, but also better prepared to face any disaster situation. They are now more focusing on mitigation aspects as well. Training of senior government officials also created space for DRR activities in their annual plans. To create further impact on the ground, this component requires scaling up as training of more officials will contribute towards achieving the desired change, especially through ToT.

At the community level, they are better prepared to respond to any natural disaster and calamities which will help in minimising impact of a crisis. Continuous engagement with ERT and DMC will ensure teams had updated skills whereas these teams took active part in preventing and/or reducing impact of natural disaster. Women were reached through DMCs and as training participants in different trainings. These women will be able to utilize their skills for extinguishing fires or providing first aid to children, especially when men were outside their homes. It is pertinent to mention many of these women got this opportunity for the first time to receive such training.



*Figure: Engagement of Local Community Members*

Majority of the project beneficiary’s responded very positively regarding DRR and community members were well aware about DRR. They had a clearer understanding of the response strategy and methodologies to be adopted during small incidents at local level. The project beneficiaries responded that the communities were well prepared and had strong coordination mechanism during disasters.

*Figure: Awareness of the project activities and objectives*

This project supported targeted groups to build their capacities in CBDRM and DRR. To ensure the sustainability of project interventions and to build and enhance the capacity of communities /beneficiaries, linkages with other organisations and institutions were also developed. Few of the DMCs had kept very strong coordination linkages with the district government. However this is one area where further work will be required. These DMCs were well equipped to respond to any disaster at community level.

The impact of CADR community awareness sessions can be more clearly seen in cases where communities demonstrated increased awareness on DRR topics and about the importance of DRM.

It is too early to measure the impact of linkages developed for the early warning system where there is a higher risk exists for the communities. The combination of local indigenous knowledge along with information on early warning system in placed by CADR will make community aware of the any impeding hazard.

## 2.6 Sustainability

Some of the activities under this project were more sustainable then others which will require continuous follow-up. This includes work on common CBDRM Model and DRM plan. Training to the government officials through NIDM may not be sustainable as NIDM is not the training centre which they have to join at some stage of their career for either a pre career or post career training. Rather government officials only on an ad-hoc basis join this training centre when invited by an NGO or by another external stakeholder. This activity can only be sustainable if it is linked with government regular training centres at provincial level like Police Recruitment and Training Centre in Hangu, Provincial Institute of Teachers Education, Pakistan Academy for Rural Development and others. There are no measures taken by the government in form of budget and human resources as of now which can indicate the project interventions and common models will be adopted and replicated by the government. In fact the project LFA does talk about 10% increase in the district level budget, which is still not achieved. In fact the evaluators believe it is very unlikely it will be achieved even in the coming years. This is despite the fact DIPECHO partners did discuss this issue with the government and government is already thinking of doing certain measures at provincial level. Part of these efforts by the government includes a disaster management unit at PDMA at provincial level. Issues of attribution cannot be ignored with the role of DIPECHO partners in terms of formulation of this unit and related allocation of funding of PKR 1 million for it in the budget.

DMCs and ERT were community based and will continue to be operational even after the project closure. However if there are no community interest or they are not used, they may become redundant. Some of the members in these committees and teams are young students who leave for higher studies. This also creates a need for continuous cycle of training for new members for DMCs and ERTs. This issue was not applicable for the areas where there were fewer students amongst its members.

Even though it is difficult to measure sustainability of information and communication related activities, discussions with the participants revealed they still have the knowledge of these campaigns/sessions and remember its key messages. They were able to narrate examples from different topics including water resources, agriculture, and other weather related disasters. The campaigns generated knowledge around floods which made a difference within communities and contributed towards enhancing their knowledge on reducing risks of natural disasters. This was witnessed during interactions with them where communities continuously referred to issues of soil erosion, and water pollution and associated risks.

## 2.7 Scalability

There is a great potential to scale up the common CBDRM model. There are two main elements which will make this model more successful. Unlike other models, including NDMA model, this model has a focus on communities, and also include government departments as part of the DRR response. Secondly, its concept of cascade training has the potential to be adopted at the government level at a much lower cost. This model addresses the questions of both efficiency and scalability. However to do it, it will require a few changes. Such changes will involve working with government to change job description of a few staff within each government department. In terms of working with communities at district level is concerned, there is no need to make any fundamental changes in the existing model, but still may require certain adaptation. An example is a DFID AAWAZ Programme, which is a non CBDRM model. This program work at village level, then at UC level, then at Tehsil level, followed by District, Provincial and finally national level. At the same time, it is designed to work closely with the local bodies which will be in place in the coming months in KP. This structure provides elements which can be used for the common CBDRM model. Further, as FOCUS is working on CBDRM related work from last 20 years, their work around local communities, especially related to Emergency Response Team, Community Emergency Response Team, and Village Emergency Response Team provides a few options which can be incorporated in the common CBDRM model. Another key requirement will be to work more with the government departments in a structure way, with particular asks, deadline and expectations. As this project spent considerably less time with the communities, the organisations should spend more time with the communities and should evolve framework where they continue to engage communities, instead of working with them only for short term.

As mentioned under the sustainability, the model will become institutionalise as and when it is accepted by the government. One such indicator will be government make DRR training as part of their regular training calendar and training activities. There is also a need to advocate for DRR budget in the District Development Budget. It is very unlikely there will be a standalone budget as government will be competing for other priorities like education, health, water etc.; therefore, the advocacy should focus on incorporating specific aspects of DRR related activities in different departmental budget. An example can be there should be DRR training in the training calendars for different training institutes, or there should be DRR officers in different departments or mitigation measures in the development budget.

# 3. Conclusions and Recommendations

This section gives key conclusions and recommendation based on the evaluation. These conclusions and recommendations are as follow.

## Summary of Recommendations:

**Recommendation 1:** CADR may like to engage government counterparts at much earlier stage of revising this model, as and when required, and initiating discussions for replicating this model.

**Recommendation 2:** Make DRR available for the 2nd tier government officials, either through Training of Trainers, or through some other means like field visits to good locations. In Nowshera, department of civil defence can play a role for CBDRM related activities, thus encouraging other government departments to continue providing training at the community level. Visit to other successful DRR related projects will promote cross learning.

**Recommendation 3:** To share the lessons learnt of the project with the Govt. authorities especially DMAs for further dissemination and replication. Sharing of the training manuals, risk maps and details of all the response teams in open forums with the Disaster Management Authorities may help to a higher level of sustainability in the field of DRR and CBDRM.

**Recommendation 4:** To ensure continuous availability of trained government officials, Training of Trainers on DRR related subjects should be organised. Further, discussions should take place with government institutions like Police Recruitment and Training Centre in KP and other provincial training institutes like PITE and PRA, as how to institutionalise DRR related training be making them part of regular learning calendar.

**Recommendation 5:** The evaluators believe for institutional sustainability of any DRR activity, it is important to include government in the DRR forum, as they are the one who are supposed to carry forward any DRR measures and any new forum will lead to duplication of effort and further weekend District DRR Forum.

**Recommendation 6:** A key lesson from this fact is the fact in future CADR may like to develop closer synergies by working with the same groups who were engaged with other organisations for non CBDRM related activities, thus the project will be provided with a solid base to work on DRR related issues.

**Recommendation 7:** Even though HAI has developed inclusion guidelines to help government understand and institutionalized inclusion at policy making, DRM related planning, retrofitting plans, etc., there is limited impact at the field level. Thus, moving forward, CADR should actively consider representation of people with special needs in their project design.

**Recommendation 8:** To further strengthen beneficiary feedback, the project may like to increase awareness around beneficiary complaint mechanism. This will increase interaction with beneficiaries and thus provide a more comprehensive way to solicit regular feedback from the ground, which at time may be limited due to security consideration and indirect implementation.

**Recommendation 9:** CADR may like to further like to strengthen its linkages with relevant government departments an important aspect of DRR for reducing possibilities of loss as a result of flood.

**Recommendation 10:** A key lesson is the fact many of the men participants who were trained by CADR work outside their villages for jobs or engagements during day time. It highlights the importance of focusing engaging more women in related activities on DRR who continue to stay in villages, even when their men are out of homes.

**Recommendation 11:** There is a need to wildly circulate IEC materials and put in them places where they will last longer. It is also important to make these IEC with material which is more durable.

**Recommendation 12:** To ensure sustainability of training for community based emergency response team, it is important to continue conducting these trainings at the community levels or in places which are available at minimal or no cost to the beneficiaries.

**Recommendation 13:** If possible, instead of UC level, these stock piles should be available at all high risk villages. This becomes even more important keeping in view total population of village.

**Recommendation 14:** It is recommended to systematically encourage cross learning, learning exchange activities and information sharing amongst the communities.

**Recommendation 15:** It is recommended to ensure availability of all major training contents in Urdu. This will increase post training learning and sharing amongst the training participants and communities.

## 3.1 Development of Common CBDRM Model:

One of the key achievements of this project was common CBDRM model. To develop this common CBDRM model, a technical working group was formed for effective coordination and development of common CBDRM model CADR effectively coordinated its activities both at national, provincial and district levels. This coordination involved relevant government authorities including National Disaster Management Authority (NDMAs), National Institute of Disaster Management (NIDM), Provincial Disaster Management Authorities (PDMA) and District Disaster Management Authorities (DDMAs) and other line departments. It also involved close coordination with other DIPECHO partners. These efforts helped to develop a common Community Based Disaster Risk Management model and reduce vulnerabilities associated with natural disasters, particularly those related to floods. For development of common CBDRM model, coordination with NDMA and PDMA took place only once a draft was ready. It led to further discussions with government officials. NIDM joined us to develop and finalize the CBDRM manual, workbook and conducted a TOT based on this model. NIDM also approved and endorsed the tools on this model and now replicating trainings with this approach.

**Recommendation:** CADR and other DIPECHO partners may like to engage government counterparts at much earlier stage of revising this model, as and when required, and initiating discussions for replicating this model.

## 3.2 Institutional Support to Government

CADR provided capacity building and/or institutional development support to the various government departments in disaster risk management. This was done to ensure capacities for community based disaster risk management were in place at the local level. Absence of appropriate training facilities at district level was one of the challenges. Project driven trainings built the capacity of the participants on essential skills and knowledge on community based disaster risk management.

**Recommendation:** Keeping in view success of this component, it is important to expand even further the scope of these trainings and make it available for the 2nd tier government officials, either through Training of Trainers, or through some other means like field visits to good locations. In Nowshera, department of civil defence can play a role for CBDRM related activities, thus encouraging other government departments to continue providing training at the community level. Visit to other successful project sites like those implemented by FOCUS in Gilgit Baltistan or other DIPECHO organisations to community leaders or key stakeholders engaged in DRR related activities will further capacity building agenda for CBDRM interventions.

## 3.3 Institutional Strengthening for DRR

Government Authorities have come to know CADR as a reliable partner with highly skilled and experienced staff, and they will appreciate them continue work with them in refining disaster response approaches and identifying mitigation strategies. New project for making sustainable disaster resilient communities in the disaster prone regions of the country are required. CADR has coordinated its activities well with DMAs in professional partnerships, demonstrating the value of working together in settings where each brings a particular area of expertise. It also has gained the respect of the related Govt functionaries as an agency that is responsive to public need and adaptable to meeting new challenges. However, linkages and coordinated must be strengthened to promote sustainability at the institutional levels.

**Recommendation:** To share the lessons learnt of the project with the Govt. authorities especially DMAs for further dissemination and replication. Sharing of the training manuals, risk maps and details of all the response teams in open forums with the Disaster Management Authorities may help to a higher level of sustainability in the field of DRR and CBDRM. This is despite the fact this project has published 300 copies of training manuals and community workbook; however the team could not find them when asked about them. Care has already taken some measures in this regard, however more efforts may be required.

## 3.4 Institutionalising DRR Training in Government Departments

CADR was successful in training relevant government officials, some of whom even provided training at the community level. At the same time, as there is a continuous turnover of the staff, it creates a need for refresher trainings. This requires new thinking to find a permanent solution. One such possibility is to institutionalise DRR training within government own training institute and organise DRR training along with rest of the capacity building training and Training of Trainers to create a pool of expert ToTs on DRR. CADR is already doing some work in this regard. More needs to be done, by making DRR training as part of the ToR of government officials.

**Recommendation:** To ensure continuous availability of trained government officials, Training of Trainers on DRR related subjects should be organised. Further, discussions should take place with government institutions like Police Recruitment and Training Centre in KP and other provincial training institutes like PITE and PRA, as how to institutionalise DRR related training be making them part of regular learning calendar. This activity may have some cost implication in the short run, but in long term in it enhance sustainability of the intervention and lead to a reduction in cost.

## 3.5 Coordination with other Stakeholders

CADR members were active member of DRR network and Pakistan Humanitarian Forum. This enabled CADR to coordinate more effectively with other key DRR/CBDRM/SBDRM actors active in the country. During the project period, DRR Forum has gained the role of central coordination body for CBDRM/DRR related activities, which is a manifestation of DRR forum member’s achievement. Please note issues of attribution cannot be ruled out in the success of DRR Forum as other NGOs are contributing to it as well. At the district level in Nowshera, DRR Forum is led by IDEA, which was also one of the implementing partners for this project. Government was not a full member of this DRR forum and with the exception of one meeting; they did not participate in any of the meetings. There were also divergent views whether or not they should be included in the forum. Some of the respondents were in favour of their inclusion while others were of the view this will limit independence of civil society to freely express their views. The latter group of respondents were of the view government should make their own coordination forum for DRR related activities.

**Recommendation:** The evaluators believe for institutional sustainability of any DRR activity, it is important to include government in the DRR forum, as they are the one who are supposed to carry forward any DRR measures and any new forum will lead to duplication of effort and further weekend District DRR Forum.

## 3.6 Community Mobilisation

CADR prioritised community mobilization and awareness raising under this DRR project. This was done to sensitize and prepare the local communities to actively participate in CBDRM activities. Purpose of this activity was to enable the vulnerable communities to understand the nature of hazards, their potential for causing disasters and necessity for preparedness/risk reduction measures. This DIPECHO project was implemented in areas which have seen implementation of different activities by many other organisations. During the evaluation, the team found those women who are also members of other projects were in a better position to benefit from this DRR intervention**.**

**Recommendation:** A key lesson from this fact is the fact in future CADR may like to develop closer synergies by working with the same groups who were engaged with other organisations for non CBDRM related activities, thus CADR will be provided with a solid base to work on DRR related issues. This also reflects the importance of time required to develop social capital at community level thus highlighting significance of synergies with ongoing community mobilisation projects for CBDRM interventions, which should be prioritised in any future intervention.

## 3.7 Gender, Age and Disability Consideration

Gender, age and disability consideration, particularly those related with women, remained a key focus of this project. HelpAge helped with mainstreaming of marginalised groups. They were mainstreamed throughout the project including in selection of project beneficiaries and sensitization of men engaged at district level committees and emergency response teams. During the focus group discussions, there were only very few participants with special needs. There is a need to increase focus on age and disability mainstreaming in the project while implementing it at the field level. Currently there is limited representation of people with special needs in the DMCs.

**Recommendation:** Even though HAI has developed inclusion guidelines to help government understand and institutionalized inclusion at policy making, DRM related planning, retrofitting plans, etc., there is limited impact at the field level. Thus, moving forward, CADR should actively consider representation of people with special needs in their project design.

## 3.8 Monitoring of Field Activities

CADR worked through implementing partners. CADR team also visited field for regular monitoring. This helped CADR to promote accountability within the project and achieve better project quality.

**Recommendation:** To further strengthen this aspect of the project implementation, it may like to increase awareness around beneficiary complaint mechanism. This will increase interaction with beneficiaries and thus provide a more comprehensive way to solicit regular feedback from the ground, which at time may be limited due to security consideration and indirect implementation.

## 3.9 Linking Communities with ERS

This CADR initiative focused on linking project communities to the existing early warning systems. This was achieved while working closely with PDMA, DDMA and local community elders. During the training, communities were also sensitised on use of local indigenous methods and enabled communities and individuals threatened by a hazard to prepare appropriately to reduce the possibility of harm or loss to life and assets. This has an important element for community disaster preparedness as it will help them protect their assets. In discussions with the beneficiaries they acknowledged having advance knowledge of the recent flood taking place in Punjab and the possibility of having similar floods in Nowshera (which did not happen).

**Recommendation:** It is successful activity within CADR project. At the same time, CADR may like to further like to strengthen its linkages with early warning system an important aspect of DRR for reducing possibilities of loss as a result of flood.

## 3.10 Retention of Capacities at Community Level

This DIPECHO initiative was focused on communities and government institutions as key actors to be prepared during a natural calamity. CADR through this intervention focused on the targeted communities who were prone to various and repeated natural hazards and helped to build awareness around DRR measures. During the evaluation, GLOW team found CADR addressed lack of capacity and awareness and understanding of appropriate disaster preparedness and mitigation measures and how to respond when disaster struck. CADR built communities capacity to raise awareness on disaster risk management and develop disaster risk management plan for Nowshera. CADR provided training to DMC. Men were well thought-out and they had information about DRR, Emergency Response Team, mapping the vulnerable areas. Women representation was weak as compared to men. More efforts will be required to engage women from all areas in the DRR related work.

**Recommendation:** A key lesson is the fact many of the men participants who were trained by CADR work outside their villages for jobs or engagements during day time. It highlights the importance of focusing engaging more women in related activities on DRR who continue to stay in villages, even when their men are out of homes.

## 3.11 IEC Material

All DIPECHO partners jointly finalized and adopted CADR different Information Education and Communication (IEC) materials including posters, brochures and leaflets etc. for community mobilisation and sensitisation as part of awareness rising. During field visits, GLOW team couple of times came across these materials. These materials provided information about different disasters risks, disaster risk reduction measures and were meant to be used as a tool for the community awareness raising. There were close similarities between CADR developed IEC materials and those which were already developed by other organisations including National Disaster Management Authority (NDMA), One UN DRM program and others.

**Recommendation:** To further the impact of this activity, there is a need to more wildly circulate these IEC materials and put in them places where they will last longer. It is also important to make these IEC with material which is more durable.

## 3.12 DDMA and Sustainability of DRR Activities

As DDMA is weak in the field, it created an issue for sustainability of this intervention, specially related to leadership on DDR related work and provision of training. Keeping in view turnover in DMCs and ERT, this become even more pertinent.

**Recommendation:** To ensure sustainability of the intervention with regard to training for community based emergency response team, it is important to continue conducting these trainings at the community levels or in places which are available at minimal or no cost to the beneficiaries.

## 3.13 Stockpiles Distribution and Usage

Stockpiles were distributed at UC level to DMCs. Beneficiaries mentioned during flood, in certain locations there will be disruption of access to different villages, thus it may create a challenge where not all areas where assistance was required could get required stockpiles when they are most needed.

**Recommendation:** If possible, instead of UC level, these stock piles should be available at all high risk villages. This becomes even more important keeping in view total population of village. This recommendation will have a cost implication as it will require additional financial resources on CADR part. Contingency planning involving resource mapping among the communities for pre-positioning, especially before the floods and monsoon seasons, may also be an option to overcome the issue.

## 3.14 Cross Learning amongst the Communities/ Learning Exchange Activities:

There were successful examples at community levels. This provides an excellent opportunity to learn from each other and built on each other experiences. Currently there are limited cross learning between communities this creates a need for more systematic cross learning amongst the communities engaged in DRR related work.

**Recommendation:** It is recommended to systematically encourage cross learning, learning exchange activities and information sharing amongst the communities.

## 3.15 Training Venue, Duration, Refreshers and Content

A significant majority of the community members where CADR is providing its training are not very familiar with English. Same is true even for some government officials. Even though trainings are provided in Urdu and/or local languages, and some training contents are provided in Urdu, however there is still some of the training material which is provided in English. This affected usability and understanding of the training contents. Similarly it was observed that most of the trainings were conducted in the mainstream towns or at Tehsil level. This affected participation of all the communities in the area. There is also a need to make these training more practical and less theoretical.

**Recommendation:** It is recommended to ensure availability of all major training contents in Urdu. This will increase post training learning and sharing amongst the training participants and communities. The training session should be organized at main villages in a UC to ensure participation of the communities. In addition, disadvantaged groups should be facilitated to participate in the trainings. It is also suggested to include more practice sessions in the trainings. These recommendations will not only have cost implications but will require additional logistical support to project team.

## Annex 1:

**TERMS OF REFERENCE**

**for**

**End Project Evaluation**

**DIPECHO Project**

**“Integration of DRR in Emergency Planning for Vulnerable Communities”**

**In Nowshera District, KPK Province, Pakistan**

**CADR in Pakistan**

**Version: FINAL**

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# 1.0 BACKGROUND AND PROJECT SUMMARY

## 1.1 Context Analysis and Problem Sstatement

Pakistan is highly prone to both natural and human induced hazards i.e. floods, droughts, landslides and earthquakes etc.. Recent studies indicate that the energy stored along the Himalayan arc suggests a high probability of several massive earthquakes of magnitude greater than 8.0 Rector Scale in the future. Susceptibility to natural disasters is compounded by frequent occurrences of manmadedisasters such as fires, epidemics, terrorist activities, road and rail collisions and industrial accidents. Due to climate change, environmental degradation, rapid urbanisation, the changing topography and increasing internal conflicts (terrorist activities etc.) the vulnerability of the country has substantially increased. After the 1935 Quetta earthquake which killed 30,000 people, Pakistan experienced two major disasters the Kohistan earthquake in 1974 and the October 2005 earthquake in AJ&K and parts of KP. Localized emergencies including the Northern Areas earthquake 2002 and floods of 1995, 2003 and 2010 called for increased investment and prioritisation of DRR.

A reactive, emergency response approach has remained the predominant way of dealing with disasters in Pakistan. An Emergency Relief Cell (ERC) in the cabinet Secretariat until 2005 was responsible for organizing disaster response by the federal government. The awareness of policy makers, government institutions, media, civil society, NGOs, and other stakeholders remained low and the country as a whole lacked a systematic approach towards disaster risk management.The National Disaster Management Commission (NDMC) is the highest policy making body for disaster management with the National Disaster Management Authority (NDMA) as the executive arm, however, weak implementation of available legislature, the absence of inclusive and coherent institutional arrangements and policies, weak coordination mechanisms and capacities are some of the challenges undermining an effective disaster risk reduction framework and thus strengthening community disaster resilience.

## 1.2. Project Background

KPK province, in general, and Nowshera district (in particular) are prone to multiple disasters with various degrees of vulnerability. KPK has a history of various kinds of disasters. Common hazards include: a) floods, b) wind storms, c) earthquakes, d) heavy rains, e) water logging, f) acute waterborne diseases, g) riverbank soil erosion, h) animal diseases and human induced disasters: 1) tribal conflicts disputes, 2) terrorism/ war against terrorism.

Keeping in line with the overall Hyogo Framework of Action, the project adopts a bottom up approach focusing on strategies that strengthen community resiliency to disasters and foster community ownership with established linkages to sub-national and national disaster risk management legislation, policies and plans. The project aims to develop a simple approach to community based DRM that can be effectively implemented and replicated by government authorities at national, provincial, district, union council and ultimately community level to reduce disaster risks and where, INGOs, UN agencies and civil society can play a supporting and facilitating role in the roll out.

The project works with both formal institutions, including disaster management authorities at district level, and with communities to improve their institutional capacities and community resilience for better disaster preparedness. While working with govt. bodies, efforts has been taken to institutiionalize the community based disaster management approach across all tiers. In addition, the project has ensured the inclusive approach in disaster prepardness planning and management. Project has in-built advocacy elements aiming to improve the humanitarian governance and better coordiantion among govt. and civil society networks.

## 1.3. Project Implementation Structure

CARE Interanational in Pakistan (CIP), HelpAge International (HAI), and Diakonie Katastrophenhilfe (DKH) have agreed to form the consortium to strengthen and formaliz the community based disaster preparedness approachs in partneship with relevant district institutions in Nowshera District, KPK. In accordance with DIPECHO 7th HIP, the consortium members have dveloped the project propsoal. CIP is a lead member within the CADR federation and has a high level of expertise and technical capacity on DRR. All consortium members had signed the MoU that stiuplates the roles and respoinsibilities regarding project management and implementaion. CARE is working with Initiative for Development Empowerment Axis (IDEA), while DKH is working with Society for Sustainable Development (SSD) as local partner for field implementaion. The target location is district Nowshera, in Khyber Pukhtunkhwa (KPK) province.

This project is being implemented in close coordination with other DIPECHO partners including Save the Children, Malteser International, Handicapped International and Hope 87 besides close coordination with the local and provincial and national government disaster managment authorities and district administration, plus civil soceity DRR forums.

## 1.4. Project Summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Name: | Integration of DRR in Emergency Planning for vulnerable communities in Nowshera district, KPK province, Pakistan | | | | | |
| Geogarphic Focus: | **District: Nowshera**  **Ucs: Gandheri, Kabul River, Pir Pai, Zara Miana** | | | | | |
| Demographic Details of Targeting Areas: | **Sr.** | **UCs** | | **Villages** | **Settlements** | **HHs** |
| 1. | Gandheri | | 2 | 24 | 4695 |
| 2. | Kabul River | | 2 | 24 | 4645 |
| 3. | PirPai | | 2 | 15 | 4512 |
| 4. | Zara Miana | | 2 | 25 | 1765 |
| **Total.** | **4 UCs** | | **8** | **88** | **15,617** |
| Project Beneficiaries: | **Total Number:** 2.640  **4.2.2 Status of the direct beneficiaries (multiple options possible)**  IDPs  Refugees  Returnees  Local population  Others e.g. for Grant Facility, Capacity building, etc.  **4.2.3 Specificities of direct beneficiaries**  The direct beneficiaries of the project activities are those families, who are residents of eight villages in the four selected Union Councils, as well as the officials of district government and civil society actors serving in district Nowshera. The project activities are not limited to a particular section of the community, as these will benefit the whole population living in the 4 targeted UCs. In case of community trainings, the direct beneficiaries are those who will attend the trainings. The benefits of the trainings for community representatives shall also be extended to other community members. The project interventions are targeted to all members of the community with a particular focus on the most vulnerable population (i.e. community elders, people with disabilities (PwD), youth, (pregnant) women, and other minority groups), IDPs and Afghan refugees.  **4.2.4 Direct beneficiary identification mechanisms and criteria**  The total number of beneficiaries is 2.640 (675 males, 365 females 1600 children) receiving training, engagement and capacity building. In other terms: 840 DMC members (550 men and 290 women), 1600 school children and in addition 200 local authority staff and DRR forum members (75 women and 125 men).  The expected number of total indirect beneficiaries is 1.084.223 (874.373 individuals (Census 1998 + 2% annual increase for 12 years).  **Total Targeted Population : Persons**  1. Male-DMC members of 8 villages in 4 UCs : 550  2. Female DMC members of 8 villages in 4 UCs : 290  3. Children - Mock drills : 1600  4. Government officials at district level (added) : 35  5. Civil Society representatives at district level (added) :165  **TOTAL : 2640** | | | | | |
| Project Objectives and Indicators | **Specific Objectives:**  To strengthen and formalize community-based disaster preparedness approaches in partnership with relevant district  institutions in Nowshera district,  KPK | | **Indicator 1**. Community-Based Disaster Preparedness (CBDP) plans adopted and functioning, prioritizing the needs of vulnerable groups  **Indicator 2.** Percentage increase in financial allocation by district government for disaster preparedness.  **Indicator 3.** Minimum standards for Community-Based DP and School-Based DP models have been agreed upon, promoted and common components  implemented by all DIPECHO partners | | | |
|  | **Result (1).**  Local people, including vulnerable groups, in disaster-prone areas are organized for DRR in formalized structures with adequate CBDP plans, tools and systems. | | **Indicator 1.** By the end of the project the DMCs have developed and implemented CBDPs covering the needs of all vulnerable groups.  **Indicator 2.** On average, local community heads of households have increased their Knowledge, Attitudes and Practices on Disaster Preparedness by 30% by the  end of the project  **Indicator 3.** Community-based multi-hazard EWS in place and which is known, understood and accepted by 50% of target community households | | | |
|  | **Result (2):**  Improved institutional disaster preparedness and response mechanism through capacity building, networking and advocacy for effective humanitarian governance, coordination, networking, quality, training and learning | | **Indicator 1:** DDMA Nowshera has developed and started implementation of the district DRM Plan through an active partnership of relevant stakeholders  **Indicator 2:** Trained participants have improved knowledge and skills to implement CBDPs.  **Indicator 3:** A civil society DRR forum at district and provincial level is recognized and advocates for increased financial allocation by DDMA. | | | |
| Project Duration: | Starting: 01-Apr-2013  Ending : 30-Sep-2014 | | | | | |
| Project Extension (if any): | Type of extension: No Cost Extension  Period of extension: 2 months  Revised date of completion: 30 Nov 2014  A brief note on rationale for extension particularly on:   1. change in location: N/A 2. beneficiaries: N/A 3. activities: N/A 4. Indicators: N/A 5. General: A budget neutral project extension was sought to carry out the outstanding project activities along with providing adequate timeframe for evaluation study. | | | | | |

# 2.0 OBJECTIVES OF THE FINAL EVALUATION

This proposed study is the end of project evaluation. The evaluation results serve as reflection on level of success in achieving project objectives and degree of impacts on targeted groups as described in the project brief mentioned above.

Overall, the study will:

1. Measure the project performance and assess the project impacts against its goal/objectives based on the current logframe, design and monitoring data.
2. Review and assess the implementing local partners capacity, efficiency, transparency on information management, coordination and their contributions along these lines, if any;
3. Analyze internal risk mitigation strategies and tools: transparency, access to information, financial control and internal audits.
4. Document lessons learned from the project interventions, consortium project management structure along with specific, actionable, and practical recommendations for improved project and strategic actions direction for similar actions in future.

# 3.0SCOPE OF THE FINAL EVALUATION

The project indicators will guide design of the evaluation study mainly development of tools, setting up methodology, analysis and reporting. However, since the set indicators in the logframe are confined to specific objectives and results related to project interventions; therefore they will be further affixed with reliable details to allow explanation of findings using DAC criteria of evaluation i.e. (relevancy, effectiveness, efficiency, - Appropriateness, - Effectiveness, - Sustainability & Reliability.

The final evaluation should provide relevant and indepth findings related to the project management, achievements and effective engaging stakeholders plus coordiantion among DIPECHO partners on relevance, efficiency, effectiveness, impact and sustainability of results. Therefore the evaluation will:

1. The effectiveness of project management structure, financial and human resources management, monitoring and oversight in a consortium framework;
2. The assessment of project operational efficiency in consortium structure, plus institutional arrangement for the implementation of the project; roles and responsibilities of the CADR partners, information management, consultation and coordination;
3. The appropriate of project design, based on the feedback from the implementation phase;
4. Suitability of and approaches that helped successfulness of interventions in the given context (people, departments and other stakeholders);
5. Analyze the achievements of project objectives, including usefulness of results in the context of needs of all stakeholders and beneficiaries;
6. Any departures from the project design in the project implementation, and the impact of these changes on project outcomes;
7. The failures and challenges encountered as against the outcomes, objectives and activities, as outlined in the original document and later against the changes evolved during implementation. Report on how well these challenges were handled or overcome and if not, what has been their short and long term effect on project implementation;
8. Determine the effectiveness, appropriateness and impact (including potential impact) of the project and any unintended outcomes. And in which way these unintended results have affected the impact of the project;
9. Assessment of relevance/ effectiveness of the project with respect to sustainability in meeting the challenges in future;
10. Determine situation of working relationship with the beneficiaries and stakeholders in achieving the desired results, particularly towards enhancing sustainability and ownership by the beneficiaries and stakeholders;
11. Identify lessons learned, best practices and challenges of the DIPECHO project. Assess whether lessons learned through the life of the project have been integrated into project implementation and best practices have been scaled up till the end implementation;

\*Note: For Evaluation Criteria, please see the key evaluation questions in the attached sheet. The Evaluation Criteria questions are part of the ToR and explain that it’s a joint DIPECHO partners document.

# 4.0 SOURCES OF INFORMATION

CADR commits to make available to the evaluator(s) at his or her request, all documents developed by the consortium regarding corporate policies/procedures, case studies, management/diagnostic tools etc. Organzation will also ensure the availability of key staff at their Head office, as well as in the field in Pakistan. Where appropriate, the organization will help to arrange any necessary meetings or discussions with institutional partners.

* + Organizational documents review i.e. LFA, DIP, MPR, and others available documents
  + Focus Group Discussions with men, women and children
  + Stakeholder Analysis
  + Key Informant Interviews with NDMA, NIDM, PDMA, District Authorities, Targeting Communities, DipECHO Partners including Save the Children, Malterser International and Handicapped International, HOPE 87 and regional consortium INCRISD.
  + Maturity assessment of DRR committees formed
  + KAP Survey – DRR focused
  + Application of additional tools recognized for and related to DRR are encouraged to be proposed

Evaluation partners include the following:

* Community members
* National, Provincial and District Govt. Authorities
* Civil Society Organizations – NHN and DRR Forums
* Consortium members and Project staff
* CADR Pakistan office - sector Leads and departments
* Donors / CADR Regional Office

# 5.0 METHODOLOGY

The evaluators will work with CADR in Pakistan on behalf of CADR to expand upon the ToR and develop a set of more detailed questions to be answered. The methodology adopted should give due share to each partner agency in the consortium, be gender segregated, and cover all regions where the project has been implemented. The evaluation will require methods such as, but not limited to, review of key documentation and project data, household surveys, semi-structured interviews and focus group discussions.

The evaluation will need to consult with all main stakeholders and informants (Implementing Agencies, Implementing Partners, ECHO, beneficiaries, regional consortium (INCRISD) other donors (if any) who have applied similar methodology in DRR, in similarlocations field locations and Islamabad.

The evaluation should be rigorous, with data sources triangulated to ensure accuracy, and comprehensive, using both quantitative and qualitative data. Finding and conclusions should be presented clear and concisely. The consortium expects the evaluation to reference international standards and benchmarks of good practice in the areas of intervention.

The evaluation shall take place in four phases:

1) Desk Review of Materials

A significant body of reporting, assessments and data on the project exists. The Proposal, Inception Report, baseline infomration, interim report, National Consultative Meeting (NCM), Regional Lesson Learned Workshop (RLLW), Best Practices, Case Studies should provide the basis of the analysis and enable the evaluators to determine what further information will be required.

Estimated timeframe: 4 Days.

2) Preparation of Evaluation Tools and Approach

The evaluators will work in coordination with CARE and CADR to prepare the necessary tools, finalize the approach and schedule the evaluation.

The evaluator shall prepare an inception report that serves as an agreement between parties on how the evaluation is carried out. To the extent feasible, the inception report will refine and elaborate on the information presented in these ToR’s to bring greater precision to the planning and design of the evaluation. The inception report must address in detail the methods and techniques proposed to assess the project’s performance against its results based management framework. Gender equality and governance issues should be given due attention.

Estimated timeframe: 1 week.

3) Data Collection and Consultation with Key Informants

The evaluators will coordinate with CARE and CADR to employ a local organization (or conduct the field collection themselves) to undertake the logistically challenging process of undertaking interviews and gathering data at a field level. The evaluators will work with the local organization to synthesize and assess this information, as well undertaking additional interviews and data gathering at the Islamabad level.

Estimated timeframe: 2 weeks.

4) Prepare Evaluation Report

The evaluation team will draft the report. The evaluation team in coordination with MEAL CARE will provide a mechanism and process for feedback, comments and corrections from CADR and ECHO prior to the report’s finalization.

Estimated timeframe: 2 weeks.

## 5.1. Time Period

The project activities will be completed by Nov 2014, and the evaluation will take place before the completion dates while key informants remain available and institutional memory is fresh. Given the dynamic context in Pakistan, the rapid nature of the intervention, and the need to capture learning for future use, it is considered appropriate to conduct the field assessment before end of November.

Therefore the evaluation should be initiated not later than 14th November 2014. The whole evaluation should take no longer than 6 weeks. The final report must be submitted by 31st Dec, 2014.

## 5.2. Logistics and Administration

The consultant will be responsible for their logistics during the study. Care Pakistan will provide logistical support to its staff only during field visits and meetings. CARE MEAL team, on behalf of the CADR, is expected to facilitate the consultant for coordinating with all project partners for information sourcing. The CADR partners are expected to facilitate the evaluation in respective field locations.

## 5.3. Payment Schedule

Payment will be released based on following deliverables:

* 20% after the submission of inception report
* 40% after the submission of draft evaluation report
* 40% after the submission of final draft of evaluation report

# 6.0 DELIVERABLES

A comprehensive report, structured according to the agreed outline, including an Executive Summary and a power point presentation including recommendations, will be produced. To keep the report readable, supplementary information, data collection tools (used for semi-structured interviews and FGDs), analysis, references etc, should be included as annexes. The report should be provided in both hard and soft copy. Hard copies of the filled questionnaires and any other information obtained from the field will also be submitted to CARE along with the final report.

# 7.0 ETHICAL STANDARDS

The evaluation team will make clear to all participating stakeholders that they are under no obligation to participate in the evaluation study. All participants will be assured that there will be no negative consequences if they choose not to participate. Study team will obtain informed consent from the participants. In case if study team does not understand participants’ first language, they will be taking interpreter/s along. Team will have to receive prior permission for taking and use of visual still/ moving images for specific purposes, i.e., for evaluation report and presentations. Study team will assure the participants’ anonymity and confidentiality and will ensure the visual data is protected and used for agreed purpose only. The study team will also take care of standards operating procedures for safety and security according to CARE policy while working in field as well as in CARE premises.

# 8.0 QUALIFICATIONS

The team leader must have the following mix of skills and experience:

* Significant experience in design, implementation, and evaluation of DRR projects in Pakistan;
* Good knowledge of applicable laws and relevant legislation pertaining to disaster management. Good understanding of Disaster Management Structures; systems and policies at national and provincial levels; and other stakeholders involved in the context of Pakistan;
* Prior experience in evaluating DRR projects in Pakistan or other developing countries with specific reference to Community Based Disaster Risks Management Model;
* Practical knowledge of issues pertaining to international development and the work of organizations in this field;
* Experience in developing and implementing a project evaluation (DIPECHO experience preferred)
* Knowledge of security measures and standards of international organizations operating in the field
* Excellent ability to speak and write English clearly and concisely;
* Applicant/s can be an multi-disciplinary individual or a team
* The local consultants should have the ability to communicate in Pashto.

## Annex 2

## Evaluation Framework / Key Evaluation Questions

1. **RELEVANCE**

* How needs were assessed, prioritized and translated into actions plans for different vulnerable groups? Was the project pertinent to address the assessed and prioritized community needs as identified?
* Were the implemented activities and resultant outputs of the project consistent with the goal and its objectives? Did the activities and output of the projects contributed well to achieve its goal and objectives?

1. **EFFICIENCY**

* Analyse trends that how efficiently resources were utilized to get results?
* Analyse the efficiency of project’s management and accountability mechanisms including feedback, supervision, monitoring and review (How the M&E framework of the project was established, implemented and reviewed)?
* How responsive the project was to address the changes in project external environment?
* Could there be any other model more efficient than the current project implementation model?
* How efficient was project to incorporate external and internal learning into proposed interventions?

1. **EFFECTIVENESS**

* Present specific critiques on how effective were the current strategies of the project to meet (How the stakeholders (both in-country and regional level) were involved in project design and implementation?)
* Analyse and elaborate on what factors, strategies and approaches needed to be changed as best alternative to create more impact? (Strengths and weaknesses of the project approaches of the project?)
* The effectiveness of cascade training approach with respect to transferring knowledge and skills to provincial govt. staff and down at community facilitators?
* To what extent, the coaching and mentoring aspects at different tiers of common models have been effective in building/strengthening the institutional capacity of govt. and civil society organizations?
* To what extent is the project results and purpose achieved to document key achievements? (Achievements of targets, and how these were documented and collated?)
* What are the key internal and external factors that have contributed/hindered such achievements? (Identify the opportunities and constraints under SWOT of the project)

1. **COORDINATION**

* How effective coordination mechanism was among DIPECHO partners for development of common models and working groups?
* Mapping of stakeholders’ network and their potential to leverage results (How coordination was established with key actors at primary and secondary level stakeholders)?
* Identify partnership opportunities that were able or unable to tap into (among DIPECHO partners (internally) and with external stakeholders (DRR Forum, Disaster Management Authorities, National Institute of Disaster Management and other govt. line departments etc) to enhance impact for beneficiaries?
* The role of the other stakeholders (e.g. DRR forum, provincial/ district forums) and their effectiveness in coordination and broader consultation
* How agency and Implementing Partners were coordinated enough to deal with externalities?
* How did the consortium share knowledge and information on various programmatic components among agencies and other consortia and individual agencies and how efficiently was it done?

1. **IMPACT**

* What were the intended and the unintended impacts of project?
* What is the maturity and viability of the existing levels of CBDRM/SBDRM model? And to what degree the project and CB/SBDRM models had strengthened the institutional capacity of govt. bodies?
* The quality of trainings delivered through top-down cascade approach and the outcomes of these trainings to achieve the intended impacts of capacity building of institutions and further dissemination of DRM skills and knowledge as per common model and inclusive approach?
* What is the added value of engaging institutions in building and delivering common model and cascade training approach in creating larger impacts and replication?
* To what extents the common models were institutionalized in respective provinces?
* How project’s theory of change (conceived in design) is likely to trigger change policy debates and dialogue at government as well as civil society level?
* What was the impact of the information sharing and dissemination of best practices within the consortium and among DIPECHO partners?
* Have the authorities/MT been sensitized to the gender issues and what are the perspectives for the Women’s committee after the end of the project?

1. **SUSTAINABILITY**

* Will the stakeholders continue rolling out common models after close of the project, present analysis on to what extent interventions of the project are sustainable for future?
* Whether required institutional support was provided to stakeholders for effective roll-out/replicability of common models?
* Determine sustainability of community based / school based mechanisms?
* Handover to local authorities and replication: Have project interventions and common models ensured and promoted ownership by govt. authorities – indicated by appropriate allocation of budgeting and human resource.
* Did the DIPECHO partners discuss with the authorities about the replication process after the end of the current action? What are the main constraints to the replication?
* How do DRM Village Committees envisage their roles and the sustainability of the committees after the end of the project?
* How staff turnover, mainly Master Trainers, envisaged as challenging factor in sustainability and replication of training approaches? How it was addressed during the project to anticipate their rotation and replacement through Training of Trainers (ToT).

1. **SCALABILITY**

* Are these pilot CB/SBDRM models strong enough to be used for policy advocacy and scalability at the provincial/national level?
* Identification of factors that how can this model be replicated in other districts if yes how and if not why?
* What steps needs to be taken to increase the institutionalization, replicability and sustainability of common models?

## Annex 3



**CADR DIPECHO Project “Integration of DRR in Emergency Planning for Vulnerable Communities” in Nowshera District, KPK Province, Pakistan**

**FOCUS GROUP DISCUSSION (FGD)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Basic Information:** | | | | | | | | | | |
|  | Date of FGD | | |  | | | Name of Facilitators: | | |  |
| 1 | Name of Care Interantional Implementing Partner (IP) | | |  | | | | | | |
| 2 | District/ UC Name: | | |  | | | Name of Village | | |  |
| 3 | Total participants of the FGD | | |  | | | | | | |
| 4 | Men | Women | PWDs | Old aged | Children | Minorities | | Transgender | Others  (specify) | |
|  |  | | |  | | | | | | |

* **Start with thanking participants for their time**
* **Introduce the team members**
* **Briefly explain purpose of the meeting**

|  |  |  |
| --- | --- | --- |
| **A. Preparedness at Community level** | | |
| Q1 | Awareness and Information about the Programme?   1. Are you aware of this programme and which organization/ IP is working in your areas on it? Any idea of who is the donor of the programme? 2. How many people according to a rough estimate in your area are aware of this programme? 3. What are the objectives of this programme and what kind of activities are part of this? 4. Was there involvement of communities; men and women in the process of assessments, implementation and evaluation of the work? 5. Any Feedback/ Complaint Mechanism adopted in the project to ensure voices of all segments from your area were heard? 6. If you shared your grievances/feedback, how many days it took before you were contacted by Care/Partners | |
| Q2 | (a)How many and types of committees were formed under the programme?  (b) How did your community select members for the CBDRM/DRR/DRM committee (various committees can be further specified) for e.g. Response, Preparedness, and Early Warning etc.)? Please describe this process in detail.   1. Were these committees existed before the programme and revitalized or newly formed? Any other Committees associated or formed by other exist in the area/village? 2. Were there members of ‘very poor families included in the committee? 3. Were there women/old aged/ PWDs part of the committee? | |
| Q3 | (a) Is your village/area prone to any natural hazards or disaster?   * 1. Seasonal flooding   2. EQ or seismic tremor   3. Water logging and Salinity after floods and heavy rains   4. Drought   5. Others   (b) Please tell us about the process of Risk Assessment   1. How was the hazard Assessment Done? Were all hazards associated with your area catered for in the Programme? 2. How was Capacity and Vulnerability Assessment carried out? What tools were used? 3. Was the process participatory and Inclusive? | |
| Q4 | Please tell us, how CBDRM Programme contributed into you lives?   1. Sense of security and enhanced capacity to mitigate, prepare for and respond to disasters 2. Identification of vulnerabilities and ways to overcome them? 3. Any equipment provided under the programme? 4. Any Structural works carried out like retrofitting, flood protection works etc? 5. Any Simulation Drills carried out and what you learned from them? 6. Does any Community based disaster rik reduction plan exist at community/villages level ?if yes Do members know about their roles and responsibilities ?   (b) What are the activities which were not carried out (as they were outside the scope of project or need significant budgets) but you strongly feel they will contribute to CBDRM/DRR/ resilience in your area and community? | |
| Q5 | 1. Was any orientations/ trainings for Committees provided in CBDRM/DRR? 2. Any training for skilled and unskilled labors provided by the IP on Disaster Resilient Construction? If yes what type? 3. How this orientation training will help in raising local knowledge of the CBDRM/DRR and construction/design? 4. Was any information Campaign carried out under the programme? Was that effective? 5. Any pool of Master Trainers developed in the community? | |
| **B. Women at the core of all preparedness interventions** | | |
| Q1 | Were women involved in all the phases of the programme and how? (Try to get as much details as possible)   * + 1. Committees formation     2. Hazard, Vulnerability and capacity Assessment     3. Decision making and Planning of Activities at the Committee level     4. Trainings and Capacity Building     5. Are they part of Emergency Response Teams (ERTs)?     6. Any women specific ERTs established? |
| Q2 | (a)Are the specific needs of vulnerable groups especially women and Children the focus of CBDRM/DRR interventions?  (b)What benefits the Project had on involvement of women in CBDRM/DRR and Preparedness for disasters?  (c ) Any specific Trainings for women provided? Are they involved in all trainings and capacity building interventions under the project? |
| **C. Partnerships and Collaborations:** | |
| Q1 | * 1. Who were the important partners/ stakeholders in the programme?   2. Do you think all partners were involved in the project played their due role to make this programme success? Any important partner left out during the programme who should have been involved? |
| Q2 | How were and to what extent various partners were involved in the project:   1. Politicians/ Community Representatives 2. Government Officials especially DDMA/DDMU Officials 3. Academia including Teachers and Students 4. PDMA 5. Technical Institutes (National/ Provincial/Local) 6. Others |
| Q3 | (a) Were the partnerships and collaborations formed or strengthened in the project and will it have any long term benefits for the community and future CBDRM/DRR interventions?  (b) In what phases of CBDRM/DRM will these partnerships /collaborations help the communities to be more resilient and how?   1. Mitigation 2. Preparedness 3. Response 4. Recovery, Rehabilitation and Reconstruction |
| **E. Sustainability - Training/Capacity Building of Government Authorities:** | |
| Q1 | Were the Govt officials (PDMA and DDMA/DDMU ) involved in the below and how?   1. Planning and Designing the programme 2. Risk Assessments 3. Implementation 4. Capacity Building and Trainings 5. Simulation Drills 6. Monitoring and Evaluation of the Activities 7. Other Activities |
| Q2 | (a) Was the results/ output of the project shared with the Govt officials for capacity building/ replication/ lessons learnt? How?  (b) Any documents/manuals /guidelines developed in collaboration with the DMAs and endorsed by them? |
| Q3 | Can you share some specific examples of the success of this programme? |
| Q4 | (a)How can such DRR programme be made even better in the future?  (b)What activities and actions in your view will continue even after CBDRM ends (sustainability of this programme)?  (c )Do you think that the ideology of programme will continue without external support? |
| Q5 | (a) Number of People who benefited from benefited from metrological hazards (mh)/CBDRM?  Men:  Women:  (b) Were any policies modified/introduced in order to better equip people to face mh (e.g. seasonal floods)?  1. Yes  2. No  Explain:  (c) How many people were trained to tackle mh / CBDRM trainings?  Men:  Women:  (d) How many people retain/applied the knowledge in after two months mh/CBDRM training?  Men:  Women: |
| E. 6 | (a) Are you people aware of Early Warning System (EWS)?  Yes  No  Explain:  (b) It EWS well integrated in the community?  1. Yes  2. No  Explain:  (b) How many people were trained on EWS?  Men:  Women:  (c) Did members from local community attended planning meetings of EWS?  1. Yes  2. No  Explain:  (d) How many members from local community attended planning meetings of EWS?  Men:  Women:  (e) Did you receive msg/warning/alert call before mhs (e.g. warning/call/msg before floods )  1. Yes  2. No  Explain:  (d) How can outreach of EWS among community members can be improved  Suggestions: |
| Q7 | Did CBDRM/DRR trainings delivered at Schools?  1. Yes  2. No  How many Schools were engaged in the process?  Government Schools:  Private Schools:  Boys Schools:  Girls Schools:: |

**Thank you very much for your time and valuable discussion**

## Annex 4



**CADR DIPECHO Project “Integration of DRR in Emergency Planning for Vulnerable Communities” in Nowshera District, KPK Province, Pakistan**

**Household Survey Questionnaire (HH)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Basic Information:** | | | | |
|  | Date |  | Name of Head of the Household | Name of the Facilitator |
| 1 | Name of Care Int. Implementing partner (IP) |  | | |
| 2 | District/ UC Name: |  | Name of Village |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Information**  **Q1. Number of members in the house**  1. Males:     |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |     2. Females:     |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q2. Age Group of Males**  1. Less than 25   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. 25-50   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. 50-75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. More than 75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q3. Age Group of Females**  1. Less than 25   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. 25-50   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. 50-75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. More than 75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q4. Is there any PWD (Person With Disabilities) in the house?**  1. Yes  2. No  No. of PWD (Person With Disabilities) in the house?  **1. Male:**     |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |     **2. Female:**   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |     **Q5. Age Group of Male PWDs**  1. Less than 25   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. 25-50   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. 50-75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. More than 75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q6. Age Group of Female PWDs**  1. Less than 25   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. 25-50   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. 50-75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. More than 75   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q7. Level of Education of Household Head**  1. Primary (1-5 years)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. Secondary (5-10)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. Higher Secondary (10-12)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. Bachelors (12-14)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   5. Masters and above (14-16>)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q8. Household members literacy rate**  **1. Males:**  1. Primary (1-5 years)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. Secondary (5-10)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. Higher Secondary (10-12)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. Bachelors (12-14)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   5. Masters and above (14-16>)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **2. Females:**  1. Primary (1-5 years)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   2. Secondary (5-10)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   3. Higher Secondary (10-12)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   4. Bachelors (12-14)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   5. Masters and above (14-16>)   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q9. Occupational Status of Household Head**  **Is Household head employed?**  1. Yes 2. No  **Q10. Occupational Status of Household Members**  **1. Males - Employed:**   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **2. Females - Employed:**   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q11. Occupation of Household Head**  1. Agriculture/Farming  2. Labour  3. Business/Trade  4. Government  5. Other  **Project Information – Household Head**  **Q12.** Are you aware of this project and which organization/ IP are working in your areas on it? Any idea of who is the donor of the project?  1. Yes  2. No  Comments:  **Q13.**How many people according to a rough estimate in your area are aware of this project?  1. 0-20  2. 20-40  3.40-60  4.60-80  5.80 and above  **Q14.**Are you aware of the objectives of this project and what kind of activities are part of this?  1. Yes  2. No  Comments:  **Q15.** Were local community members engaged in your area?  1. Yes  2. No  Comments:  **Q16.** Was the project useful in disaster preparedness in the future?  1. Yes  2. No  Comments:  **Q17.** Is there any Complaint Mechanism adopted in the project to ensure your voice is included?  1. Yes  2. No  Comments:  **Q18.** The grievances and complaints adopted were answered and in how many days?  1. Yes  2. No   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 days | 2. 2-4 days | 3. 4-6 days | More than 6 | |
| **Q19.** Were any committees formed under the Project?  1. Yes  2. No  **Q20.** How many and types of committees were formed under the Project?   |  |  |  |  | | --- | --- | --- | --- | | 1. 0 Committee | 2. 1 Committee | 3. 2 Committees | 3. 3 or More Committees |   **Q21.** How did your community select members for the DRR/DRM/CBDRM committee (various committees can be further specified) for e.g. Response, Preparedness, and Early Warning etc.)? Please describe this process in detail.  Comments:  **Q22.**Were these committees existed before the project and revitalized?  1. Yes  2. No  Comments:  **Q23.**Any other Committees associated or formed by other projects exist in the area/village?  1. Yes  2. No  Comments:  **Q24.**1Were there members of ‘very poor families included in the committee?  1. Yes  2. No  Comments:  **Q25.** Were there women/old aged/ PWDs part of the committee?  1. Yes  2. No  Comments:  **Q26.** Your village/area is prone to what kind of natural hazards or disaster?  1. Seasonal flooding  2. EQ or seismic tremor  3. Drought  4. Water logging and Salinity after floods/rains  5. Others  **Q27.** Please tell us about the process of Risk Assessment   1. How was the hazard Assessment Done? Were all hazards associated with your area catered for in the Project? 2. How was Capacity and Vulnerability Assessment carried out? What tools were used?      1. Was the process participatory and Inclusive?   **Q28.** Please tell us, how CARE project contributed into you lives?   1. Sense of security and enhanced capacity to mitigate, prepare for and respond to disasters      1. Identification of vulnerabilities and ways to overcome them? 2. Any enhancement of knowledge about DRR and ways to carry out various structural and non-structural measures to ensure the community is resilient?      1. Any equipment provided under the project? 2. Any Structural works carried out like retrofitting, flood protection works etc? 3. Any Simulation Drills carried out and what you learned from them? 4. Does any Community based disaster rik reduction plan exist at community/villages level?If Yes Do members know about their roles and responsibilities ?      1. What are the activities which were not carried out (as they were outside the scope of project or need significant budgets) but you strongly feel they will contribute to DRR/ resilience in your area and community?   **Q29.** Was any orientations/ trainings for Committees provided in DRR?   1. Any training for skilled and unskilled labors provided by the IP on Disaster Resilient Construction? 1. Yes 2. No – If Yes what type? 2. How this orientation training will help in raising local knowledge of the DRR and construction/design?      1. Was any information Campaign carried out under the project? Was that effective? 2. Any pool of Master Trainers developed in the community?   **Q30.** Please tell us, how CARE Int. project contributed into you lives?   1. Does it create sense of security and enhanced capacity to mitigate, prepare for and respond to disasters? 1. Yes 2. No. Comment:      1. Identification of vulnerabilities and ways to overcome them? 2. Any enhancement of knowledge about DRR and ways to carry out various structural and non-structural measures to ensure the community is resilient? 1. Yes 2. No 3. Any equipment provided under the project? 1. Yes 2. No 4. Any Structural works carried out like retrofitting, flood protection works etc? 1. Yes 2. No 5. Any Simulation Drills carried out and what you learned from them? 1. Yes 2. No. Comments: 6. Does any CBDRM plan exist at community/villages level? 1. Yes 2. No - If Yes do members know about their roles and responsibilities? 1. Yes 2. No.   **Q31.** Was any orientations/ trainings for Committees provided in DRR?   1. Any training for skilled and unskilled labors provided by the IP on Disaster Resilient Construction? 1. Yes 2. No. If Yes what type? 2. How this orientation training will help in raising local knowledge of the DRR and construction/design? Comment: 3. Was any information Campaign carried out under the project? 1. Yes 2. No. – If Yes, Was that effective? 4. Any pool of Master Trainers developed in the community? 1. Yes 2. No   **Q32.** Were women involved in all the phases of the Project and how? 1. Yes 2. No (Try to get as much details as possible)   1. Committees formation 2. Hazard, Vulnerability and capacity Assessment 3. Decision making and Planning of Activities at the Committee level 4. Trainings and Capacity Building 5. Are they part of Emergency Response Teams (ERTs)? 6. Any women specific ERTs established? 7. Are the specific needs of vulnerable groups especially women and Children the focus of DRR interventions?      1. What benefits the Project had on involvement of women in DRR and Preparedness for disasters? 2. Any specific Training for women provided? Are they involved in all trainings and capacity building interventions under the project?   **Q33.** Were any specific programs covering schools introduced? 1. Yes 2. No. – If Yes, please comment:  **Q34.** Did any children participate from your house? 1. Yes 2. No. – If Yes  **1.Males:**   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **2. Females**:   |  |  |  |  | | --- | --- | --- | --- | | 1. 0-2 | 2. 2-4 | 3. 4-6 | More than 6 |   **Q35.** What changes would like in the CARE Project if introduced in future in this area or any other areas?  Recommend: |

**Thank you very much for your time and valuable discussion**