Risk Management for Local Sustainable Development

Project Evaluation
September 2003

CAMI
CARE INTERNACIONAL

This evaluation is dedicated to the memory of Paul Bell, OFDA Senior Adviser for Latin America and the Caribbean, who dedicated his life to helping others when they most needed it.

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I. Executive Summary

The CARE project "Risk Management For Local Sustainable Development" is a three-year, US$ 2.45 million effort under the umbrella of the Central American Mitigation Initiative sponsored by the Office of Foreign Disaster Assistance, (OFDA) a branch of USAID. Two years into The Project, CARE International commissioned this independent evaluation to gauge project accomplishments, strengths and weaknesses and as a tool to help direct the non-governmental organization's future efforts in the field of risk management in Central America.

The Project, which we refer to as CARE-CAMI, is providing training in risk mitigation and emergency preparedness and response in 100 communities located in the four countries hardest hit in 1988 by Hurricane Mitch: Honduras, Nicaragua, El Salvador and Guatemala. CARE-CAMI also is working to strengthen risk management capabilities in the 20 municipalities that are home to the target communities and with pertinent national government institutions.

CARE-CAMI is a well designed project and has been effectively executed. Two-thirds of the way through its revised implementation schedule, CARE-CAMI has met or exceeded most of the indicators established as benchmarks for success in its proposal. The Project has provided training to more than 3,000 people in target communities and municipalities, close to 100 people working in national disaster management agencies and other government institutions and to more than 500 public school teachers.

Target communities organized emergency response committees and are developing Disaster Mitigation, Prevention and Response Plans. Those plans go beyond emergency response to identify and prioritize actions the communities can take to reduce their vulnerability to disasters. The CARE-CAMI training program has taught project beneficiaries to direct their development efforts in ways that mitigate risks in a geographic area plagued by hurricanes, earthquakes, floods, drought and volcanic eruptions.

The Project fostered the development of local risk management networks, linking the target communities together, to their municipalities and, in varying degrees, to their national emergency management systems.

CARE-CAMI was a groundbreaking project for CARE in Central America, creating a regional team that has put CARE in the forefront of the emerging field of risk management. The Project provided a model for effective regional action within an organization that traditionally has focused on interventions within national boundaries. CARE identified The Project as a vehicle for institutional development, and CARE-CAMI has had a big impact on the four CARE International offices in Central America. As a result of CARE-CAMI, the Country Offices have developed a sophisticated emergency response capability. Despite the recognition in CARE-CAMI's proposal that The Project should be a vehicle for incorporating a risk management focus into all CARE programming, the organization thus far has failed to take full advantage of this opportunity.

Planning is underway for a second phase of CARE-CAMI that will extend its geographic coverage and deepen its impact through the inclusion of new products such as early warning systems and geographic information systems. The CARE Country Directors have expressed support for a continuation of CARE-CAMI past the present project cycle and have

created a firm mandate for the incorporation of risk management into all CARE programming in the region.

CARE-CAMI has done much to promote the cause of risk management in Central America through advocacy with national and regional institutions, and this effort is set to continue and intensify.

II. Introduction

a. Background

Hurricane Mitch struck Central America in October 1998. The Category 5 storm battered the Atlantic Coast from offshore before meandering inland and finally moving off northwards to wreak further havoc in Mexico, the Caribbean and the United States. The destruction Mitch wrought in Central America was of historical proportion, and so was the outpouring of international aid to the four nations that bore the brunt of the storm.

Death tolls and damage estimates varied widely according to source. Figures from the Center for the Prevention of Natural Disasters in Central America (CEPREDENAC) and the Pan American Health Organization (PAHO) indicate that almost 10,000 Central Americans were killed during Mitch and almost 2 million were affected or displaced. The Economic Commission for Latin America and the Caribbean (ECLAC) estimated direct losses at US$ 3 billion and indirect losses at US$ 2.9 billion.[1] A May 1999 donor conference in Stockholm ended with international pledges for Mitch reconstruction in Central America totaling US$ 9 billion, including US$ 3.7 billion in aid from donor nations and US$ 5.3 billion in debt reductions, loans and grants from multilateral finance organizations.[2]

Honduras was hardest hit, followed by Nicaragua, El Salvador and Guatemala. As the damage was surveyed and reconstruction undertaken, the inverse relationship between extreme natural events and development in this earthquake, hurricane, volcano and drought prone region was all too clear.[3] And the people who were hit hardest by Hurricane Mitch were those whose economic conditions had pushed them to establish residence in the most vulnerable locations, such as along riverbanks or on deforested hillsides that Mitch converted to landslides. It was obvious that the paths of development followed in modern Central American history put the region on the road to disaster.

Prodded by the governments of more developed nations and by international aid organizations the Central American presidents agreed in Stockholm to use the unprecedented amounts of foreign aid to do more than rebuild what had been destroyed. They promised a transformation aimed at eliminating structural inefficiencies that helped bind their underdeveloped economies and keep majorities of their populations in poverty. The promise of transformation provided hope amid great loss. But that hope has ebbed with time and the slow pace of change.

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[1] "Final Report: Central America Disaster Mitigation Initiative – Phase One Assessment," *International Resources Group (IRG) for the OFDA/LAC Program, February 25, 2000, pp. 3-5.*

[2] "Deciphering Honduras: Four Views of Post-Mitch Political Reality", *Hemisphere Initiatives, September 2002, p 30.*

[3] *Central America generally is considered a sub-region of Latin America. For the purposes of this evaluation we will refer to Central America as a region, as is common practice on the isthmus.*

Hurricane Mitch also breathed new life into a more modest thread of thought that had been developing largely on a theoretical level and is embodied by the concepts of disaster mitigation and risk management. The most important realization of this new line of action was OFDA's US$ 11 million Central American Mitigation Initiative (CAMI).

CAMI's goal was to reduce or negate the impact of natural disasters in Central America through activities that increase the capability of regional, national, municipal, and community authorities and organizations to forecast, monitor, respond to, and prevent such disasters. It recognized that disasters are caused as much by ill advised development that puts people in harms way as by extreme acts of nature. CAMI proposed to not only train people in disaster response and prevention but, through the incorporation of risk mitigation measures, to direct their own development down less vulnerable paths.

Much of the CAMI funding was disbursed to Non-Governmental Organizations for local level mitigation projects. The initiative included US$ 4,735,000 for country specific activities: $600,000 for El Salvador, $990,000 for Guatemala, $2,080,000 for Honduras, and $1,065,000 for Nicaragua. But US$ 6,265,000 went to regional activities, and the bulk of that was awarded to NGOs for the implementation of projects that targeted all four countries.

CARE International was the biggest recipient of that regional funding, getting US$1,625,000 to strengthen key institutions and local communities in disaster preparedness. Catholic Relief Services (CRS) followed, with US$ 1,250,000 to strengthen community capacity, install early warning systems and impart mitigation training. The American Red Cross received US$ 1,200,000 to strengthen local Red Cross societies and communities through the development of national protocols and training. And the Cooperative Housing Foundation (CHF) was awarded US$ 925,000 to improve local risk management in vulnerable areas.

Regional CAMI spending included US$ 840,000 for the United States Geological Survey to support the Volcano Disaster Assistance Program and US$ 425,000 for the U.S. National Oceanic and Atmospheric Administration (NOAA) for flash flood guidance and warning systems for all seven Central American countries.

The four CARE International offices in the Mitch-affected countries had jointly submitted a proposal for a regional training program to be simultaneously implemented in the four Central American nations. The CARE Country Offices had experience with disaster response, but this was the first time they ventured into the field of risk mitigation. The experience also was novel in that the four Country Offices had limited experience implementing programming activities together.

b. Project Description:

CARE-CAMI is a risk mitigation and emergency preparedness and response training project stemming from USAID's Office of Foreign Disaster Assistance's (OFDA) Central American Mitigation Initiative. The 30-month, US$ 2.452,738 million project is funded by OFDA (US$ 1.625 million), the Canadian International Development Agency (CIDA) (US$ 525,783) and CARE USA (US$ 302,000). The Project originally was to be executed between March 2001 and the end of July 2003 but, given delays in startup and savings in implementation, was granted a 12 month, no-cost extension by OFDA, pushing the closing date to August 2004.

The Project is focused on the establishment or improvement of local capabilities and the strengthening of vertical linkages between vulnerable communities and national disaster response systems. CARE-CAMI is innovative in that it is the largest CARE project in Central America to be implemented regionally, with coverage in the four countries worst hit by Hurricane Mitch: El Salvador, Guatemala, Honduras and Nicaragua. The Project has been identified by CARE as a means of positioning the organization as a key player in the nascent field of risk management in Central America. It is considered a successful pilot that should be replicated by CARE International in South America and in other disaster prone areas of the world.

1. Project Objectives

- *Objective 1*: Key organizations involved in local emergency response & risk reduction, have improved capabilities & adopted an integrated risk management approach.

- *Objective 2*: Risk management concepts and practices incorporated into local development plans, projects and programs.

The Project revolves around training members of vulnerable communities in emergency response, risk reduction and risk management and organizing them into local disaster response teams and networks. To enhance the sustainability of that effort, The Project fostered vertical linkages by involving municipal officials and national disaster response systems. CARE-CAMI also lobbied for the inclusion of risk management into public school curriculums in the four target countries.

The Project taught beneficiaries that risk management is not only a tool for effectively responding to disasters and other emergencies but also should be applied to the broader endeavor of development. As the CARE-CAMI project proposal put it:

> *"Response is by nature more expensive and less effective than prevention and mitigation. These in turn are more limited and less efficient than planning the development process to lower vulnerability and risk in the first place. The Project will focus on integrating response capabilities and risk reduction efforts into local development processes at each site.*"

2. Institutional Development, Replication

CARE identified The Project as an opportunity to explore new business models and to position CARE as a leader in the emerging field of risk management in Central America. The exploration of new business models revolves around fostering greater coordination between CARE Country Offices and developing CARE's capacity to implement regional projects. Establishing CARE as a risk management practitioner involves not only the management of projects in this emerging field but also the internalization of risk management by CARE through development of the organizations emergency response capability and incorporation of a risk management focus into other CARE programming areas. Each of the four Country Offices hosting CARE-CAMI have established and trained operational Contingency Plans and Emergency Response Teams.

Immediate targets for replication of The Project focus on broadening and deepening its coverage in the four Central American countries and on extension to Bolivia, Ecuador and

Peru as the South America Mitigation Initiative (SAMI). CARE-CAMI, however, is seen as a pilot with potential for application in other vulnerable areas of the world where CARE works.

c. General Objectives of this evaluation

The general objectives set out in the Terms of Reference (TOR) for this evaluation are to review, document and systematize the programmatic, operative, administrative and strategic processes of the project "Risk Management for Local Sustainable Development" at the national and regional levels, in order to identify "probable impact", lessons learned, best practices, intervention models and its replication potential, at both a regional (Latin America) and within other CARE programs around the world. The results of the evaluation should enable CARE to refine their proposed follow-on initiatives and/or suggest new approaches. The evaluation also should provide CARE offices in South America with information helpful to the development of a SAMI. In order to do that effectively, it is important that CARE not only assess their achievements in line with the "baseline" but also gain the perspectives of their clients. These include partners and, more importantly, the beneficiaries themselves. To this end, the TOR called for a qualitative as well as quantitative approach. It stressed that the evaluation should be conducted in a participatory manner wherever possible, not only in the design of its methodology but also in implementation and, most particularly, in its analysis.

d. Specific Objectives

The TOR provided specific objectives in the form of the following list of questions:

- Which were the critical internal processes of the CARE-CAMI project?
- What was the execution rationale behind the administrative, operating and strategic processes?
- Which elements can be identified to standardize a regional project such as CARE-CAMI?
- How has the adopted managerial approach enhanced CARE-CAMI's capacity to share leadership and knowledge, position itself and develop the adequate materials and methodologies to implement the logical framework?
- Has the proposed logical framework been fully implemented or exceeded, and what indicators provide evidence of such implementation?
- How has The Project adapted to changes posed on this framework?
- What problems, opportunities, threats, strengths, weaknesses, learning processes and best practices were identified during the execution of The Project?
- What were the courses of action to overcome difficulties, seize windows of opportunity and learn from the experiences?
- How has the CARE-CAMI experience been socialized and validated with stakeholders, both internal and external, in order to ensure ownership, adoption, support and replication of this initiative? How can it be improved?
- Which aspects of this experience should be emphasized to build support for a replication effort?
- How can CARE-CAMI be subject of replication by CARE in other regions where it operates, and how can CARE-CAMI contribute to this effort?

e. Methodology of the Evaluation

The methodology of the evaluation was centered in the compilation of primary and secondary information for its analysis. CARE-CAMI staff was responsible for facilitating all relevant documentation and for the organization of and collaboration with seven national workshops in which beneficiaries and municipal authorities participated in an analysis of The Project. The evaluators conducted semi-structured individual interviews with selected beneficiaries, donors, CARE and CARE-CAMI staff and other stakeholders. Lists of the interviews and reviewed documentation are provided as Annexes B and C, respectively.

The specific methodology that was used to evaluate the project was designed by the evaluators in coordination with the CAMI team and included the following components:

- Review of the internal documentation.
- Semi-structured interviews with personnel and consultants of CARE in Central American and Atlanta.
- 7 participatory workshops with project beneficiaries who represent target communities and municipalities in four countries.
- 1 participatory workshop with the CARE-CAMI team to analyze preliminary results of the evaluation.
- Semi-structured interviews with project counterparts.
- Reading and selective consultations.

The results of the workshops were tabulated and are selectively cited in this evaluation. Interviews were done with 44 key actors. The evaluators also reviewed extensive documentation, including from CARE-CAMI monthly and quarterly activity reports, training and methodology manuals and examples of specific project outputs. The evaluators also reviewed consolidated financial reports.

The evaluators attempted to submit all the tools to be used in this evaluation to CARE-CAMI's Regional Coordinator and Country Managers for comment and approval. However, key staff, including the Regional Coordinator, were not available to participate in the design phase of the evaluation in person or by any other means of communication. One Country Manager and a project consultant did respond and contribute to the design process. A pilot evaluation workshop with project beneficiaries was held in Tegucigalpa with participation of a CARE-CAMI technician, and the workshop methodology subsequently was refined. The methodology was highly participatory in nature and was designed to gauge the amount and nature of knowledge beneficiaries gained through participation in The Project and the degree to which they were able to share that knowledge with other members of target communities. The TOR called for permanent verbal and written communication between the evaluators and CARE-CAMI management. Although Country Managers were attentive during the lead evaluator's brief visits to each country, they were not very responsive to e-mails and telephone enquiries.

The evaluators relied on their experience with community development and risk reduction projects in Central America to identify best practices. Characteristics used to define best practices included conceptualization and implementation of specific aspects, especially in terms of their contribution to sustainability. Given the variation in project implementation in the different countries, in some cases a model used in one country is identified as a best practice.

The evaluation TOR included the participation of one person from CARE International's Peru Country Office for the duration of the evaluation. Time constraints and difficulties in obtaining visas severely limited South American participation. Two administrators from the Peru Country Office did participate at the end of the evaluation and the lead evaluator would like to take this opportunity to thank them for their excellent insights and valuable contributions. Sergio Furushio I., Emergencies Coordinator for CARE Peru, visited Nicaragua and Honduras for two weeks during August 2003 to aid in the evaluation of CAMI and to learn as much as possible about the initiative and its replicability in South America. Furushio participated in evaluation workshops held with beneficiaries in Nicaragua, conducted interviews with key players inside and outside of CARE and visited Honduran municipalities and communities that had participated in CARE-CAMI. Jose Aquino Cavero, an Administrator and Human Resources Manager as well as National Emergencies Coordinator for CARE Peru, took part in a group analysis of preliminary results of this evaluation held August 25 and 26 in San Salvador, El Salvador, and in a CAMI planning workshop held August 27-28.

A draft of the evaluation was sent to a steering committee convoked by CARE-CAMI for review. The evaluators reviewed all of the resulting comments and suggestions and as a result made numerous changes to the text.

III. Strategic Framework

Implementation of a regional project represented a unique challenge for CARE, which is built on a structure of largely autonomous country offices focused on interventions within national borders. CARE identified The Project as a vehicle for exploring the mechanisms of regional action. Some donors are turning increasingly to regionally implemented projects, and CARE's strategic planning process has indicated that adoption of a regional vision will most likely make its poverty reduction efforts in Central America more effective.[4] CARE International is refocusing its mission, attempting to address the systemic causes of poverty rather than treating the symptoms of it. The organization recognizes that it can do so more effectively using a structure capable of looking beyond national boundaries.

a. Building a Regional Management Team

Building of the CARE-CAMI team began with the selection of a regional project coordinator. Resumes were gathered and applicants were graded. Top applicants then were invited to interviews. After a process made somewhat contentious by the varied criteria of Central America Country Directors, Rigoberto Giron was hired as CARE-CAMI's Regional Coordinator. Giron characterized his background in industrial safety and hygiene as the industry equivalent of risk management. He was brought in from the private sector as a consultant, at a pay scale considerably above the norm for CARE project managers. Giron's

[4] *In February 2003 CARE-CAMI was awarded a $400,000 DIPECHO COBEWS project for the installation of early warning systems in Nicaragua, El Salvador and Honduras. Examples of regional initiatives currently being pursued by CARE include a recent regional proposal submitted to Starbucks and a proposal for a $US 3 million regional Child Survival project in Central America being submitted to USAID for the agency's 2004 fiscal year. In addition to COBEWS, the European Commission Humanitarian Office has in recent years awarded several other regional risk mitigation projects.*

extensive general management experience was important to the successful implementation of The Project. His lack of experience within CARE was a plus in terms of his introduction of new procedures. The procedures are relevant to CARE's interest in exploring new business models and increased efficiency through consolidation of efforts in Central America. However, bringing in an outside consultant unfamiliar with CARE's culture may have contributed to isolating the CARE-CAMI team from the rest of the organization's staff. (CARE employees within and outside The Project said the biggest isolating factor for CARE-CAMI staff was that they reported to someone outside their country office.) This isolation inhibited CARE's ability to incorporate risk management concepts into other areas of CARE programming, which was identified in the project proposal as a principal institutional development goal.

Once the Regional Coordinator had been selected, he set about the task of selecting Country Managers in conjunction with Country Office management and personnel staff, thus building CARE-CAMI's regional team. Faced with the prospect of having to pay high salaries to recruit from a small pool of consultants with established expertise in risk management, the Regional Coordinator made the strategic decision to build a multi-disciplinary team whose members possessed general skills and abilities conducive to successful project implementation. The team members then received intensive training in risk management, often from noted experts in the field. Criteria for team member selection included good communications and inter-personal skills, fast learning, and willingness to be a team player. The resulting regional team consisted of a lawyer, 2 economists, an agricultural engineer, a mechanical engineer and 2 geologists, all of them men.

Each Country Manager worked with his Country Office's personnel department to hire a CARE-CAMI country team, generally consisting of two field extentionists and a risk management specialist. In addition, several community promoters were hired at the municipal level in target areas. The evaluators found plenty of evidence that the CARE-CAMI staff did indeed function as a team, despite national boundaries and the historic precedence of the Country Offices in the region operating in isolation. In part, this teamwork was fostered by the designation of Country Managers as process leaders for certain processes deemed critical to project implementation in all four countries. (See section III-b-2) The evaluators also found evidence that field extentionists in the different countries communicated with each other via e-mail, sharing their experiences, doubts and successes.

b. Defining Strategies, Processes and Assigning Process Leaders

The Project was organized into three chronological, operational phases and five strategies were designed to meet the two main objectives identified in the project proposal. Responsibilities for implementation were spread across project staff through the identification of critical process common to implementation in all four countries. The Regional Coordinator and each Country Manager were assigned leadership for one or more of these critical processes.

1. Definition of Strategies and Chronological Phases

The Project was divided into three chronological phases, with Phase 1 dedicated to execution of Strategy 1, Phase 2 dedicated to execution of Strategies 2 and 3 and Phase 3 dedicated to execution of Strategies 4 and 5.

Phase I was designed to execute Strategy 1: Train key players in risk management and the skills required for successful implementation:

- Rapid assessments and awareness raising meetings carried out in each participating community within the target municipalities.
- CARE's local emergency response plans put in place.
- CARE's local response teams put in place.
- Comprehensive risk management training program developed.
- Monitoring and Evaluation guidelines met and information drawn/consolidated regionally.
- Partnerships established with CAMI participating NGOs and other relevant institutions.

Phase II was designed to execute Strategies 2 and 3: Promote organization of local risk management networks, systems, and actions; and Implement sustainable risk management scenarios with participatory methods in pilot areas. It included the following activities:

- Implemented training component of the project.
- Established local risk management networks, simultaneous to training workshops.
- Risk Scenarios and Disaster Mitigation, Prevention and Response Plans elaborated or improved using risk management criteria, with community-based response plans and teams in place. Participatory identification and implementation of small mitigation projects.

Phase III was designed to execute Strategies 4 and 5: Validate and disseminate lessons learned on managing risk in local systems; and support efforts by local networks to implement curricular reforms. Parts of Phase III had not been implemented at the time of this evaluation:

- Share lessons learned through national forums and workshops
- Establish CARE's regional technical unit on risk management.

2. Designation of Process Leaders

In order to optimize human resource utilization, the Regional Coordinator assigned Country Managers leadership of processes deemed critical to project implementation. The evaluators identified this strategy for spreading responsibility across the region as a Best Practice. CARE's Latin America Regional Management Unit (LARMU) characterized it as a promising business model with potential for application in CARE's future endeavors to increase coordination between country offices.[5]

Table 1: CARE-CAMI Critical Process Leaders

Process	Process Leader
Reporting	CARE-CAMI Regional Coordinator
Evaluation and Monitoring	CARE-CAMI ES Manager/CARE HON
Community Emergency Plans	CARE-CAMI GUA Manager
Internal Contingency Plans	CARE-CAMI HON Manager
Advocacy	CARE-CAMI NIC Manager
Training Material Development	CARE-CAMI Regional/CAMI HON Manager
Environmental Management	CARE-CAMI ES and CAMI NIC Risk Mgmt Specialists
Regional Agreements	CARE-CAMI Regional Coordinator

In addition to having general management responsibilities over project implementation in a specific country, the Country Managers specialized in specific areas and shared those efforts with The Project in all four countries. The El Salvador manager, with support from a specialist in CARE Honduras, was tasked with developing Evaluation and Monitoring guidelines for The Project; the Guatemala manager developed a methodology for producing Community Emergency Plans, relying on previous experience gained in that country; the Honduras manager worked on methodology for internal contingency plans, like the one that already had been developed for the CARE office in Honduras, and on development of the CARE-CAMI training program; staff in Nicaragua and El Salvador specialized in Environmental Management; the Nicaragua manager concentrated on developing Advocacy strategies; and the Regional Coordinator took responsibility for Reporting guidelines and Regional Agreements. Theoretically, this system should work best when the critical processes are identified early and taken into consideration in the hiring process.
While most of the specific processes identified for the CARE-CAMI Project can be generalized across the region, advocacy might require a different approach. One of the Lessons Learned in CARE-CAMI was that Project staff underestimated the amount of time they would need to devote to advocacy with national government officials. This type of advocacy requires intimate knowledge of the targeted agencies and persistent personal contact with key officials. The evaluators recommend that future advocacy efforts rely more heavily on the contacts and resources of the CARE Country Office. CARE health or education programs, for instance, are likely to have well-established contacts with government contacts in those areas. In El Salvador, The Project enlisted CARE's education unit to help negotiate with the Education Ministry. As a result, the ministry agreed to a series of risk management trainings for a selected group of teachers.

c. Administration

Administrating a regional project within the CARE International's institutional framework in Central America provided a series of challenges. Although CARE USA has a regional management unit for Latin America, based in Atlanta, Georgia, the basic unit of CARE International is the Country Office and the directors of those offices exercise a high degree of autonomy. Traditionally, there has been very little coordination between the four Central American offices. Efforts in recent years by the Country Directors to hammer out a regional agenda for Central America have suffered from a lack of common criteria that has impeded their ability to define a manageable set of priorities for common action. While one of the Country Directors, from the Honduras office, was given the responsibility of overseeing CARE-CAMI, the Project's staff in each country office responds to both the local country office management and the project's Regional Coordinator, who resides in the Honduras office.

Major decisions on The Project's future rely on the Country Directors reaching consensus during their quarterly meetings. The evaluators noted in attending an August 2003 meeting and studying notes from previous meetings that the Country Directors have experienced difficulty in reaching consensus. The lack of clarity at the top of the decision-making process clearly has been a problem for the CARE-CAMI Project and its ability to plan for the future.

Lack of clarity at the top also results from a lack of information on the CARE-CAMI project, and the evaluators recommend that country office management take steps to ensure they are informed about CARE-CAMI, especially given the opportunities for institutional development The Project represents. The regional decision-making process also is hampered by the periodic nature of Country Director meetings. This created a void in which

the CARE-CAMI team occasionally acted without a clear institutional mandate when one should have been required. The evaluators note by way of example a series of meetings between CARE-CAMI managers and potential donors in which the formation of an autonomous risk management foundation was discussed – basically, a spinning-off of CARE's CAMI unit. Country Directors had not reached any level of consensus about whether such a spin-off would be in CARE's interest.

The evaluators identified the Regional Coordinator's management system as a Best Practice. Project management combined a highly-systematized implementation framework featuring formats and strict guidelines for programmatic and budgetary reporting. This level of systematization around a set of minimum requirements that each CARE-CAMI country team had to meet to comply with contractual obligations set the stage for a hands-off regional management style that allowed The Project's Country Managers maximum flexibility in pursuit of optimum results within their varied country contexts.

A series of electronic formats are used to standardize The Project's financial reporting. Each Country Manager was responsible for submitting monthly financial reports to regional management, where the four reports are reviewed and consolidated. The consolidation process allows regional management to monitor expenditure rates of The Project as a whole and of each country team and to make adjustments where needed.

Despite the above noted commitment to standardized reporting, the evaluators noted several deficiencies and inefficiencies with regard to The Project's handling of information. A format was developed for monthly activity reports from each CARE-CAMI country team, but no two Country Managers interpreted it in the same way. As implementation of The Project progressed, Country Managers produced fewer and fewer reports. Often the reports covered more than one month, and one Nicaragua report covered a five-month period. Country activity reports for some months were missing from The Project's documentation center in Honduras. This evaluation was conducted between July and September, 2003, but the latest available CARE-CAMI Regional Update report dated from four months earlier. Supporting documentation for CARE-CAMI financial reports from the different countries did not always reach CARE-CAMI's regional management unit in a timely manner and staff in the different countries did not always put expenses under the same budget line as their counterparts in other countries, causing problems for consolidation of financial reports at the regional level.

When the evaluators requested that each country report on the number of direct beneficiaries of CARE-CAMI training, it took up to one month to get an answer and the data submitted was impossible to consolidate because not all offices used the same methodology for counting beneficiaries.

The evaluators recommend that CARE-CAMI renew its commitment to timely, standardized reporting. An analysis should be conducted to identify and deal with bottlenecks in the submission and handling of information.

In addition to the several reporting mechanisms, telephone and electronic communications, the Regional Coordinator made periodic visits to the country teams to evaluate their progress first hand. Country Managers indicated that these visits helped them to prioritize activities within the multi-faceted implementation framework and, in several cases, reinvigorated their efforts.

At the Country Office level, members of the CARE-CAMI teams who had prior experience with CARE had some doubts at the beginning of The Project about working for a regional structure. Those doubts arose from the novelty of reporting to someone outside their Country Office and from concerns that the attempt to apply the same methodology across four countries would conflict with aspects of local culture. However, the above-mentioned regional management system allowed for The Project to advance somewhat uniformly in the four countries, while accommodating the varied contexts of each. Although each CARE-CAMI country team employed similar financial, administrative and programmatic reporting tools, the mechanics of implementation varied widely from country to country. The evaluators do not see this lack of uniformity as a weakness. Rather we believe that this flexibility was one of The Project's greatest strengths, allowing each country team to pursue the best possible result within their given context.

The Project's regional scope posed the most difficulty for the CARE-CAMI team in El Salvador, which was plagued by turnover of key personnel. A team of four suffered the loss of five people in two years, including two Country Managers. This high turn over, and especially in the top two spots, created a vacuum of authority at times and remaining team members said they felt cut off from the regional management structure. Team members said their ability to adapt implementation to the local context was hampered as a result and cited at least one instance where they lacked technical expertise that should have been facilitated by a Country Manager. Turnover in the CARE-CAMI Country Manager position also inhibited The Project's advocacy and inter-institutional coordination in El Salvador.

The Project was designed with CARE-CAMI teams in each country reporting both to their Country Office management and to The Project's Regional Coordinator. Responding to parallel lines of authority worked better for some country teams than for others, although the system proved adequate for day-to-day operation of The Project. The original design, as interpreted by the Regional Coordinator, called for the Assistant Country Director (ACD) for Programs in each CARE Country Office to supervise day-to-day implementation, particularly with regard to human resources and administrative issues. While they did provide administrative support and occasionally intervened in personnel issues, for the most part CARE Country Offices did not get involved in, or stay abreast of, project implementation. This lack of involvement limited the Country Offices' ability to learn from The Project, and vice versa. The dual lines of authority created questions about who was ultimately responsible for project results and who had final say in personnel decisions. The evaluators recommend that these questions be explicitly addressed in formal agreements between The Project and each Country Office clearly outlining the duties and responsibilities of each.

d. Positioning CARE as a Key Player in Risk Management

The project proposal identified CARE-CAMI as a vehicle for positioning CARE as a key player in the emerging field of risk management, and The Project approached this institutional goal from a variety of angles. CARE-CAMI staff promoted The Project in a number of forums dealing with risk management and related topics. They participated in inter-institutional meetings with other NGOs where experiences in risk management were shared and, to a lesser extent, coordination was planned. CARE-CAMI staff frequently promoted their project before pertinent national officials and, at the regional level, with CEPREDENAC. The CARE-CAMI staffs in Nicaragua and Guatemala have formed close working relationships with the national disaster agencies in those countries. The Project has made CARE a key player in the field of risk management.

e. Institutional Development

The project proposal identified CARE-CAMI as a vehicle for incorporating a risk management focus into CARE programming in general. The Honduras Country Office, motivated by its experience with Hurricane Mitch, already had hired an outside consultant (who later became The Project's Regional Coordinator) to design a contingency plan for disasters, including creation of an emergency response unit. The Project was used to create similar structures in the Nicaragua, El Salvador and Guatemala Country Offices. The Project created *Programacion Segura*, a strategy paper for the incorporation of risk management into CARE programming. But no consensus has been arrived at for how to implement it. Incorporating risk management requires a level of Country Office commitment that was absent during implementation, although the CARE-CAMI process has raised awareness at the country office management level and in some CARE programs of the need to incorporate risk management.

IV. Project Implementation

a. Identification of Beneficiary Communities

Table 2: Target Municipalities
Guatemala
Cahabon, Coban
Panzos, Coban
Purulha, Coban
Santa Catalina La Tinta, Coban
Senahu, Coban
Tamahu, Coban
Turcuru, Coban
El Salvador
Jiquilisco,
San Francisco Menendez,
Tecoluca,
Nicaragua*
Chichigalpa, Chinandega
Chinandega, Chinandega
El Viejo, Chinandega
La Paz Centro, Leon
Malpaisillo, Leon
Leon, Leon
Honduras
Central District (Comayaguela sector)
Choluteca, Choluteca
Nacaome, Valle
* The trainings in Nicaragua were expanded to a 7th municipality, Alchuapa, with funds from CARE UK . The has Civil Defense received World Bank funding to extend the training to an additional 124 municipalities.

The CARE-CAMI proposal identified 11 target municipalities in El Salvador, Honduras, Guatemala and Nicaragua. The Project actually opened with 19 target municipalities and a 20th was later added, on a smaller scale, in Nicaragua due to the acquisition of additional funding from CARE UK. Within those 20 municipalities CARE-CAMI staff and municipal officials selected 100 communities where the need was perceived to be greatest. The following criteria were used to select beneficiary communities:

- High levels of vulnerability
- Multi-hazard
- Concentration of poor, threatened populations
- Presence of CARE and/or partners
- Established relationships and credibility with municipalities, NGOs, local communities
- Possibility of working in upper watershed (scale not too large)
- Sufficient organizational framework in place (not necessary to create organization from scratch)
- Both urban and rural sectors present
- Distance from other sites selected not an obstacle

All of the areas selected for project implementation met the criteria for site selection established in the project proposal.

b. Phase I

Phase I of the implementation plan was designed to lay the groundwork for execution of strategy 1: Train key players in risk management and the skills required for successful implementation. This first phase of The Project lasted a year, from June 2001 to June 2002, and consisted of laying the groundwork for community-level intervention via the establishment of contacts and relationships in target communities and municipalities, and with national emergency systems. CARE-CAMI engaged the target municipalities and together local officials and CARE-CAMI staff identified the communities on which The

Project would concentrate. The criteria used to select communities was need; those with highest risks and least outside assistance were chosen. Once the target communities had been identified, participatory rapid assessments were carried out. On a regional level, the development of a comprehensive risk management training program applicable to all of Central America was initiated, and Monitoring and Evaluation guidelines were developed for application across the four target nations. CARE-CAMI staff also set out during this initial phase to create partnerships with other institutions involved in risk mitigation or similar work, and especially with the other NGOs implementing OFDA-funded CAMI projects. OFDA encouraged the NGOs it was funding to cooperate. By sharing experiences and coordinating activities the NGOs sought to increase their own effectiveness and CAMI's overall impact.

Phase I of implementation also contained an important institutional development component for CARE. The Project was to be a vehicle for strengthening the disaster response capability of CARE in Central America via the development within each Country Office of contingency plans for response to a range of emergency situations and for the formation within each Country Office of an Emergency Response Team.

Rapid Assessments

Rapid Assessments were carried out at the community level in the 20 target municipalities. They proved to be an excellent instrument for gathering basic information needed for project implementation and for promoting The Project in target communities. CARE-CAMI designed one format and methodology for use in all four countries. The assessment was designed to answer the question: "What is the current human and material situation of the community and of the organizations that work there, and what is the community's perception of its own vulnerability in the face of different types of disasters?"[6]

CARE-CAMI designated a regional process leader to develop the methodology. A how-to manual was produced with step-by-step instructions for carrying out the assessments, and it was supplemented with several formats and five field instruments that allowed for consistent and systematic collection, processing and presentation of the data. The field instruments were: Quantitative Survey of Social, Economic and Productive Infrastructure; Perceptions on the Quality of Social, Economic and Productive Infrastructure; Preliminary Index of Organizations Active in the Community; Risks Documentation Instrument; and Perceptions of Needed Mitigation Measures and Community Experience with Emergency Management. The instruments consist of a format for inputting the responses of polled individuals or groups of individuals and a format for tabulating the results on a community level. That systemization included the creation of community maps and existing risk scenarios. A separate format was provided for compiling results of all five instruments into a final document.

A member of the community was selected to gather the data. The Project looked for community members who displayed an interest in community development, were relatively well educated, were capable of sticking to the pre-established formats and methodology and who had good communications and interpersonal skills. The data collectors were given a week-long training on the purpose and objectives of the rapid assessment and step-by-step training in the application of its field instruments. They then set about surveying their neighbors, individually and in focus groups depending on the instrument. They were instructed to make sure the views of males and females and people of different age groups

[6] *"Sobre la Metodología de Diagnostico Comunitario," a CARE-CAMI manual for carrying out rapid assessments*.

above an established minimum age were represented. After the survey results were tabulated, a draft of the community rapid assessment was prepared following the pre-established format and the drafts were presented at community meetings. These meetings served several purposes: validation of the results of the community rapid assessments; incorporation of the community's interpretation of the results; and fostering community involvement with The Project. A final rapid assessment report was then published in each target community and became an important instrument for raising community awareness.

Raising Awareness

Meetings were carried out in each of the 20 target municipalities and in the 100 participating communities within those municipalities. As mentioned above, the participatory process of conducting and socializing community rapid assessments became a key instrument for promoting The Project within the communities. These awareness-raising meetings sensitized key players to, and obtained support for, the CARE-CAMI process. Gaining such support was essential given the participatory nature of The Project, and community meetings using the rapid assessments as a prop generated enthusiasm for and ownership of the process. Promotional efforts with municipal officials set the stage for local government cooperation with The Project. The officials were informed of the CARE-CAMI process and asked to sign cooperative agreements ratifying their support. At the national level, contacts were established to promote The Project with the national emergency systems of each country.

Training Program

CARE-CAMI developed a comprehensive risk management training program apt for use all over Central America. The resulting CAMI Risk Management Training Program was identified as a Best Practice by the evaluators and by The Project's primary donor, OFDA.[7] Salient features include its integral nature, organization into easily accessible modules and its layered approach. The technical manuals are appropriate for well-educated learners and are complimented with flip charts and posters that make the material accessible to community-level learners with little or no formal education. The final chapter, Module 8: Training of Trainers in Risk Management, instructs the trainers in the use of participatory teaching methodologies, such as SARAR and CEFE. The evaluators identified use of participatory methodologies as a Best Practice. In evaluation workshops, beneficiaries uniformly endorsed the manner in which the training materials were presented. The beneficiaries demonstrated a high degree of comprehension of the materials. The training program's division into eight thematic modules allows for easy tailoring to a range of learning needs. In Nicaragua, where the Civil Defense imparts the CARE-CAMI trainings, Civil Defense officials said the introduction of participatory methodology had transformed their education department by changing their instructors into facilitators. The military organization is taking full advantage of this new training system as a means to foster productive relationships at the community and municipal level. Citizens in target areas noted and welcomed this change.

The training program consists of the following modules:

- Module 1: Introduction to the Concepts of Risk Management
- Module 2: Response Planning

[7] *Interview with Tim Callaghan, OFDA LAC's acting regional advisor. July 22, 2003*.

- Module 3: Rescue, First Aid and Evacuation
- Module 4: Damage Assessment and Needs Analysis (DANA)
- Module 5: Temporary Shelters
- Module 6: Logistics, Communications and Early Warning Systems
- Module 7: Development with a Risk Management Focus
- Module 8: Training of Trainers in Risk Management

Development of the training program began with the creation of an extensive bibliography of available materials on risk management, disaster prevention and emergency response. Intellectual input was sought and obtained from The University of South Florida. The university initially expressed an interest in providing financial support for the production and printing of CARE-CAMI's training materials, but was unable to do so. The Project's association with this prestigious university during the formative stage of curriculum development not only enhanced the training program's content but also generated interest in and support for the materials among CARE-CAMI's national counterparts. The Project's Regional Coordinator led a process in which drafts of each module were written using the available literature and the experience and accumulated knowledge of the CARE-CAMI team. Five project staff members were chosen to spearhead the process. They created a common structure and format for the training program and each person assumed responsibility for one or more modules based on their experience with the issues involved. Drafts of the training program were circulated to a series of experts who checked it for content, grammar and cultural appropriateness.

Once the regional training program had been developed, it was adapted to the local contexts of each country via a participatory process involving key local actors. The level of appropriation in each country of the CARE-CAMI training material was directly proportional to the amount of consultation The Project was able foster with national actors.

In Nicaragua, where CARE-CAMI's training program incorporated extensive input from the Civil Defense, national NGOs, and the target municipalities, the resulting curriculum and methodology was adopted by the Civil Defense as the national standard for risk management training. The Nicaragua version was enhanced with elements deemed important by the Civil Defense, such as a section describing Nicaragua's emergency response network and a section dealing with the special needs and rights of children in times of disaster. The evaluators identified the amount of participation generated by the CARE-CAMI team in Nicaragua in training program development as a Best Practice and note that as a result the Civil Defense is in the process of implementing the appropriated CARE-CAMI training program in 124 municipalities. This World Bank funded effort covers most of the country.

In Guatemala, the law stipulates that the national emergency agency, CONRED, must validate programs and materials used by NGOs. CONRED was very active in reviewing the material and made valuable contributions to the training program. As a result, CONRED's education department validated the training program, is using it outside the CARE-CAMI context, and recommends its use by other organizations working in risk management. At CONRED's insistence, the training program's treatment of volcanology, watershed management and seismology was strengthened, making it more appropriate to the

Guatemalan context. Certain cultural elements also were added. CARE-CAMI staff worked with community leaders in adapting the training to Q´eqchí´ and Poqomchí´, indigenous languages spoken in target communities. CONRED officials said their education department was strengthened by interaction with CARE-CAMI, gaining a focus on local education.

In Honduras, COPECO's training director reviewed the finished modules and provided valuable comments on methodology, which should be considered for the planned second edition of the training program. COPECO is reviewing the training program and has indicated that they will endorse it.

Monitoring and Evaluation

CARE-CAMI developed and executed a Baseline Survey in all target communities. The survey establishes local perceptions at The Project's outset about each community, its risks and vulnerabilities, existing emergency response plans, previous training and prevention and mitigation measures. A community leader was chosen to collect the data in each community, asking neighbors pre-selected questions and recording their answers. Initial survey results were compiled, analyzed and written up as a slick, graphic-filled report. The original plan was for CARE-CAMI to repeat the survey as part of its final evaluation of The Project, comparing the results of the two surveys to achieve an indication of how The Project has changed perceptions and realities in target areas. However, The Project's Regional Coordinator indicated that they might not be able to carry out the follow-up survey. The evaluators believe this is a mistake, partly because so much time and effort was expended in developing the survey and applying it at the outset, and partly because CARE-CAMI committed to the baseline survey in its project proposal. The evaluators studied the baseline survey and believe that it is a useful instrument for measuring project results. The CARE-CAMI team also used a series of indicators to track results. The Regional Coordinator extracted data from monthly activity reports submitted by each Country Manager and compiled them in tables in Regional Update reports that were issued on a quarterly basis. Those indicators are noted in section V of this evaluation, which covers results of project implementation.

Establishing Partnerships

Partnerships were established with relevant local, national and regional institutions and with other NGOs implementing CAMI projects or doing similar work in the region. The contacts with communities, municipalities, national government agencies and, in some cases, with local NGOs, were aimed at creating local risk management networks The partnerships with other international NGOs implementing CAMI projects were aimed at promoting a common training program, coordinating efforts to avoid duplication and sharing experiences. The CAMI NGOs in each country held a series of meetings to those ends. Partnerships with target municipalities and the national emergency agencies were formalized through the signing of cooperative agreements. The actual level of cooperation achieved at the different levels varied from country to country. Cooperation was uniformly excellent at the community level and agreements produced high levels of cooperation at the municipal level in all countries except Honduras, where municipalities are historically weak. In Nicaragua and Guatemala cooperative agreements with the national emergency agencies were extremely fruitful. The cooperative agreement signed with COEN in El Salvador produced disappointing results and in Honduras The Project was unable to sign a cooperative agreement with COPECO.

The evaluators identified Guatemala's agreements with participating municipalities as a Best Practice. Under the agreements the municipalities created a risk management office within

their facilities and staffed it with The Project's locally-hired community promoters. The municipalities further agreed to maintain the promoters beyond The Project's termination, adding them to the municipal payroll. The new risk management offices were incorporated into the municipalities' planning departments and the promoters participate in municipal planning and development activities. This model was adopted and adapted by Nicaragua's CARE-CAMI team. At least one target municipality in Nicaragua created a new budget line for risk management activities. Key municipal officials in both Guatemala and Nicaragua received CARE-CAMI training.

Municipalities in El Salvador signed cooperative agreements and participated in the training process. Municipal staff members attended the trainings with the idea of incorporating risk management into municipal development plans.

Municipal officials in Honduras signed cooperative agreements pledging support of The Project, but put little effort into complying with them. Each of the three target municipalities did send two people to CARE-CAMI training. But Honduran municipalities are comparatively weak and under-funded, and there was little indication that the trainees were having any effect on municipal policy. There was no assurance the trainees would survive the next turn over of local government, and in at least one case a trainee soon was transferred to a department where his CARE-CAMI training became irrelevant.

At the national level, CARE-CAMI pursued cooperative agreements aimed at integrating the capacity developed at the community level into existing national emergency systems. The Project also looked to these relationships for validation of its work at the community level, including official certification of its training materials, and attempted to have the training materials adopted as each nation's standard, although that goal was met only in Nicaragua, where the Civil Defense became the executor of CARE-CAMI's training program. In Guatemala, CONRED certified individuals who received the CARE-CAMI training as members of the national disaster system. In Honduras, the director of COPECO attended the graduation ceremony for local promoters who had completed the training of trainers program. The official signed the CARE-CAMI graduation certificates and presented them to graduates but COPECO has not extended any official certification of its own to the promoters.

Coordination meetings among CAMI NGOs began early in the project cycle. The first such meeting held August 23, 2001, in El Salvador produced a unanimous expression of willingness to cooperate in the field.[8] Similar meetings took place soon after in Guatemala, Nicaragua and Honduras with one or more CAMI implementing NGOs. The meetings, which were encouraged from the outset by OFDA, continued throughout CAMI implementation and produced varying degrees of cooperation from country to country. These meetings produced better results when CARE and other participating NGOs went into them with a true spirit of cooperation, fostering productive give and take. The meetings were less effective where CARE and other NGOs tried to use them to promote their own training materials or agendas. Several CAMI NGOs interviewed by the evaluators said they were put off by CARE's use of the cooperative process for self promotion. One of the most successful instances of CAMI NGO cooperation occurred in Guatemala where, CARE and CRS hired a local education expert to help an interagency group formed by CARE, CRS, The American Red Cross, CONRED and an OFDA consultant lobby the Education Ministry to adopt a risk management

[8] *The August 23, 2001, meeting was hosted by CHF and attended by CRS, the American Red Cross, World Vision and CARE*.

module as part of Guatemala's ongoing school curriculum reform. The evaluation identified this Guatemala effort as a Best Practice.

Partnerships also were pursued with local and national NGOs and institutions, including several universities. These efforts produced productive alliances in some instances, such as the cooperative agreement signed by CARE-CAMI in Guatemala, target municipalities, CONRED and the University of San Carlos. Under the agreement, the university provided technical support to local risk mitigation initiatives. In Nicaragua, CARE-CAMI signed a cooperative agreement with the Moviterra Information Center at the UNAN – Leon, which maintains a disaster database and the National Engineering University (UNI). In Guatemala, CARE-CAMI enlisted a nearby army detachment and the local Red Cross affiliate to help train project beneficiaries in rescue techniques and first aid, respectively.

At the regional level, CARE-CAMI maintained close communication with CEPREDENAC, the region's official disaster management agency which is headquartered in Panama. CEPREDENAC has generally been supportive of The Project's activities and, at CARE-CAMI's urging, is sponsoring a regional Mitch Plus 5 event later in 2003 which will take advantage of the fifth anniversary of Hurricane Mitch to promote disaster preparedness, prevention and risk management in the region. In gathering material for development of its training program, The Project solicited intellectual support from universities with internationally recognized risk management programs. Guidance provided by the University of South Florida was cited by CARE-CAMI staff as an important selling point when presenting the resulting training program to disaster agencies in the target nations.

Contingency Plans

Contingency plans were developed to enhance CARE's disaster response capability. This was seen as a first step toward The Project's primary institutional development target: the incorporation of risk management into CARE's programming in Central America. CARE-CAMI developed general Emergency and Disaster Response Protocols for application in the region's four CARE Country Offices. The protocols were used to produce Contingency Plans specific to each Country Office and CARE-CAMI assisted in the creation of Emergency Response Teams to carry the plans out. The protocols and plans are well crafted and contain an excellent level of detail.

Emergency Response Team members were introduced to disaster response through participatory training in the Emergency and Disaster Response Protocols. The protocols are divided into three phases: Situational Analysis; Identification of Objectives and Interventional Alternatives; and Development and Implementation of Intervention Plans. They deal with response to hurricanes and floods, earthquakes and land slides, volcanic activity and drought. Step-by-step instructions are provided for each component of the Emergency Response Team for three different levels of alert (green, yellow and red) and for the declaration of an actual emergency. In the later case, the protocols establish the mechanisms for activating a situation room in the Country Office. They outline activities to be undertaken at the Country Office level and in regional offices within each country. The protocols are designed to orient the decision-making process toward the optimization of available logistical, human and financial resources.

The Contingency Plans are based on the Emergency and Disaster Response Protocols but are specific to each Country Office. The plan includes the names and responsibilities of response team members and provides an accounting of available resources and a list of providers and contractors. It also details administrative and operative response procedures.

The plans look after the needs of CARE staff and their families as well as directing aid to beneficiaries. Instructions in the Nicaragua office's Contingency Plan for the Human Resources department illustrate the level of forethought and detail: "The moment that an emergency occurs the head of the human resources department immediately proceeds to prepare payroll for the whole month in order to provide staff with money to stock up on food, water and other articles of basic necessity."

CARE-CAMI led each Country Office in the formation of an Emergency Response Team, typically composed of a general coordinator, a coordinator for design of field activities, an inter-institutional liaison, a communications unit, a logistics unit and field coordinators. The teams create action networks within the CARE missions of each country and between the missions and the various levels of national emergency response systems. This integration reached the level of a Best Practice in Guatemala, where CARE received training from CONRED that included protocols for emergency aid distribution and licensed software that CONRED uses to track disasters. The software and accompanying access to CONRED's computer network gives CARE real time access to the agency's data in times of emergency.

In addition to learning CARE protocols and the Contingency Plans, members of the CARE response teams attended trainings in risk management concepts, Damage Assessment and Needs Analysis (DANA), management of logistics and supplies (SUMA), and the Sphere Project on minimum standards for emergency response. The trainings were followed up with simulation exercises in each country involving the activation of a situation room and emergency response network to deal with a fictional event.

c. Phase II

Phase II of project implementation was designed to execute strategies 2 and 3: Promote organization of local risk management networks, systems, and actions; and Implement sustainable risk management scenarios with participatory methods in pilot areas

Training Program Implementation

The evaluators identified as a Best Practice the Project's utilization of community members to replicate the CARE-CAMI training component. With the exception of Nicaragua, where the Civil Defense carried out the trainings, The Project worked with communities to select individuals with leadership qualities and communications skills to be trained as trainers. Typically, several workers of target municipalities were included in these trainings. The trainings imparted the CARE-CAMI training program, including a final module on participatory teaching methodology. They then returned to their communities and, with the support of CARE-CAMI field staff, held workshops to pass the information on to their neighbors. This training of trainers strategy was a cost-effective method of transmitting the information to a maximum number of people. The community trainers were equipped with illustrated flip charts to help reach less literate members of their communities. They were able to impart the information in a culturally-relevant manner. The replication process reinforced the community trainers' knowledge of the subject matter as well as developing in them important communication and leadership skills. Most of these human resources will stay with the communities beyond the life of The Project.

The amount of training received by beneficiaries varied from country to country. In Guatemala, the replications imparted only the first two modules of the training program. In Honduras, community members often received only the one or two modules most pertinent to their assigned roles as members of the local emergency committee.

Establishing Local Risk Management Networks

The Project focused on the formation of community emergency response committees as the grass-roots foundation of risk management networks in each country. This community organization coincided with implementation of the training program. Having community leaders train their neighbors contributed to the establishment of local risk management networks by investing the community with human resources and reinforcing the trainer's knowledge and leadership. The local committees provide a framework for application of the knowledge beneficiaries gained in CARE-CAMI trainings. The committees also serve as a venue for the strategic planning with a risk management focus that is advocated by The Project.

Communities held general assemblies to elect emergency committee members. Composition of the committees varies from country to country but typically they are comprised of a general and vice coordinator and coordinators for health, census, relief operations, shelters and logistics. Each coordinator is backed up by a sub-committee the size of which varies from place to place. In addition to activating in times of emergency, the committees are supposed to meet periodically to update risk scenarios, operative plans and to plan community mitigation activities. The committee's activities are supposed to be guided by Disaster Mitigation, Prevention and Response Plans, which had not been completed at the time of this evaluation.

The Project sought to foment networks of community organizations and strengthen their vertical linkages to existing emergency systems at the municipal and national level. Fomenting these networks is a sustainability measure designed to allow the communities to manage their risks after The Project ends. Many of the partnerships noted earlier in this section contributed to the establishment of risk management networks. The communities' closest links were with their respective municipalities, and the cooperative agreements CARE-CAMI signed with the municipalities reinforce those operative relationships.

Although The Project's scope of action was emergency preparedness and disaster mitigation, the CARE-CAMI training modules do link disaster mitigation to the broader development process. The organization and empowerment fostered by The Project prompted communities to look for material and technical support from a variety of sources.

In Nicaragua, The Project's efforts to organize communities around risk management followed the Civil Defense policy of validating and amplifying existing community-level positions and structures. In order to avoid the imposition of new or contradictory structures, The Project strengthened existing Disaster Prevention, Mitigation and Response Committees. The Project also worked to strengthen municipal Disaster Prevention, Mitigation and Response Committees, and coordinated extensively with the National Disaster Prevention, Mitigation and Response System, providing the local risk management networks with functional vertical linkages. The Nicaraguan Civil Defense, which implemented CARE-CAMI trainings, is part of the National Disaster Prevention, Mitigation and Response System.

In El Salvador, the municipality of Tecoluca benefited with the formation of 25 trainers, 20 of them women. Two of the trainers belonged to the municipal council and 12 belonged to grass-roots organizations. This distribution contributed significantly to the creation of a local risk management network. Some members of each of 9 community Disaster Mitigation, Prevention and Response Committees formed in Tecoluca represent their communities on

the municipal disaster committee, and municipal officials reciprocally participate in the community committees. Similar networks were established in the other two target municipalities in El Salvador, Jiquilisco and San Francisco Menendez.

In Guatemala, The Project reorganized and strengthened emergency committees or departments in 25 communities and 7 municipalities. Local leaders who received CARE-CAMI training were accredited by the national emergency network CONRED and operationally linked with existing local disaster and emergency networks. The CARE-CAMI team also worked to strengthen several local organizations created to manage watersheds, which transcend community and even municipal boundaries. The team aided the watershed organizations in the writing of proposals which were then submitted to national government offices for funding.

In Honduras, The Project reorganized and strengthened each target community's emergency response committee. These CODELs, as they are know by their Spanish-language acronym, are supposed to be grass-roots component of Honduras' national emergency system, but they existed in name only in the rural target communities, having been organized around partisan political considerations. The CODELs in Honduras are supposed to be linked to Municipal Emergency Committees (CODEMs) and to the national emergency entity, the Permanent Commission for Contingencies, COPECO. Efforts to link the community organizations to the municipal and national systems were not as successful in Honduras as in other countries. At the time of this evaluation, the CARE-CAMI staff in Honduras had just begun working to strengthen the CODEMs in the southern municipalities of Nacaome and Choluteca. Efforts to work with the Central District CODEM were plagued by political partisanship. Project staff in Honduras said they expected COPECO to swear in members of the new and improved community disaster committees and to certify the CARE-CAMI volunteer trainers, but it was unclear when that might take place.

COPECO has existed in its current form for only four years, arising in the aftermath of Hurricane Mitch. The commission's operational links to the country's CODEMs are not very strong and its operational links to the CODELs are virtually non-existent. Although this lack of vertical linkages is a weakness, the absence of a well-articulated national emergency system makes increased capacity at the community level even more valuable. Communities are likely to be left to there own devices in the initial stages of an emergency, especially if it is an event affecting a large area, as the hurricanes that plague Honduras tend to do. Visits by the evaluators to the Honduran countryside evidenced a high degree of cooperation among CODELs in rural target areas, where beneficiary communities were in close proximity to each other.

Disaster Mitigation, Prevention and Response Plans

At the time of this evaluation the Disaster Mitigation, Prevention and Response Plans, had not been completed in many of the target communities. The plans are designed to outline each communities vulnerabilities, threats, strengths and weaknesses and the principal actions that should be taken to reduce risks and therefore promote sustainable development. The plans are broken into four components: Assessments, Risk Scenarios, Risk Reduction Plans and Contingency Plans by Type of Event. The Assessments were carried out under Phase I. (See Rapid Assessments section above) The construction of Risk Scenarios starts with a retrospective analysis of the community, adverse events it has faced, what effect they had and how the community responded. It also looks at how the community was organized in the past, and what NGOs and government agencies aided it in times of emergency. From there, the community proceeds, in a general assembly, to a descriptive

analysis of its risks, establishing by vote the greatest risks and physical, economic and social vulnerabilities. The scenario also includes an analysis of possible adverse events, their effects and the best means of addressing them. Risk Reduction Plans identify and prioritize actions the community can undertake to reduce the identified risks, complete with a survey of available resources and possible sources of additional funding. The Contingency Plans outline actions emergency committee members should take in response to the different types of adverse events identified in the Risk Scenarios. They are elaborated in a participatory manner by the committee members.

By prompting communities to identify social and economic vulnerabilities as well as physical threats, the Disaster Mitigation, Prevention and Response Plans open the process to addressing general development issues. The Plan developed by the Oro Verde community in Nicaragua, where the methodology was piloted, identified and prioritized the communities development challenges, including basic infrastructure such as water and sanitation systems and road paving.

Small Mitigation Projects
This crucial aspect of The Project was initially dropped from the original design due to CARE USA´s inability to meet expected funding levels. CARE USA initially was asked to provide US$ 800,000, but was unable to do so after cutbacks prompted by the September 11, 2001, terrorist attack in New York City. CARE USA eventually provided US$ 302,000 at the beginning of 2002, and the mitigation projects were reintroduced to the implementation schedule. But the funding allocated for this activity was only enough to cover 70 percent of the target communities. The evaluators question The Project's decision, within the context of a budget shortfall, to jettison the small mitigation project component. The small projects that eventually were executed were extremely economical and had a large impact on the target communities. The value of the projects far outstripped the cost of materials invested by CARE-CAMI. They involved community members in a decision-making process that implied practical application of the knowledge they had gained through CARE-CAMI workshops. And the projects strengthened the leadership of participating community members by providing the community at large with a concrete example of what community action can accomplish. This was especially true given the labor counterpart contribution. The communities implemented the projects, The Project only provided the materials.

Noting the context of both CARE and USAID looking for ways to generate private sector support for development projects and processes in Central America, the evaluators recommend that CARE-CAMI explore the possibility of corporate sponsorship for these small mitigation projects in the future.

d. Phase III

Phase III of The Project was designed to execute strategies 4 and 5: Validate and disseminate lessons learned on managing risk in local systems; and support efforts by local networks to implement curricular reforms. Parts of Phase III had not been implemented at the time of this evaluation.

Sharing Lessons Learned
Throughout the implementation of The Project CARE-CAMI's regional team has promoted its materials, ideas and experiences through participation in forums and meetings in Central America and beyond. CARE-CAMI Nicaragua participated in the Humanitarian Allied Forces (FAHUM) annual forum, the first time a non governmental organization had been invited.

CARE-CAMI plans to have an important presence at the Mitch Plus 5 events being planned for by CEPREDENAC for later this year.

CARE's regional technical unit
The project proposal called for the creation of a regional technical unit within CARE to advise the organization on issues related to risk management. Although a regional technical unit has not been created in name, CARE-CAMI team members have acted in this capacity when called upon to do so. They have trained staff of other CARE programs and projects, advised other CARE units on the inclusion of a risk management focus in proposals, and helped CARE Country Offices form emergency response teams and contingency plans. (See Results in Institutional Development in section VI) CARE-CAMI's Strategic Evolutionary Framework calls for a further strengthening of the regional team's capacities through additional training. The Framework also foresees a dramatic expansion of the team's advisory role within CARE via the process of incorporating risk management into CARE programming. It foresees CARE-CAMI acting in this capacity for NGOs and other clients, although the mechanics of the unit's operations have not yet been worked out.

e. Review of Lessons Learned and Best Practices

1. Best Practices

Training Program
The comprehensive risk management training program was identified as a Best Practice by the evaluators and by The Project's primary donor, OFDA. Salient features include its integral nature, organization into easily accessible modules and its layered nature. The technical manuals appropriate for well-educated learners are complimented with flip charts and posters that make the material accessible to community-level learners with little or no formal education. The division into modules allows for easy tailoring to a range of learning needs.

The evaluators identified the level of coordination between the CARE-CAMI team in Nicaragua and that country's disaster response agency in adapting the training program to the national context as a Best Practice. As a result, the Nicaraguan Civil Defense has totally appropriated the training program and is in the process of implementing it in 124 municipalities. This World Bank-funded effort covers most of the country.

The participatory methodology used to impart the trainings, both to the trainers and in community replication, represents a Best Practice which allowed a high degree of appropriation of the material.

The Project's decision to train community leaders and have them replicate the training program for their neighbors is a Best Practice.

Partnerships
The Guatemala CARE-CAMI team's cooperative agreements with participating municipalities constituted a Best Practice. Under the agreements the municipalities created a risk management office within their facilities and staffed it with The Project's locally-hired community promoters. The municipalities further agreed to maintain the promoters beyond The Project's termination, adding them to the municipal payroll. This method was adopted and successfully adapted by the country team in Nicaragua.

The joint effort under which CARE and CRS hired a local education expert to help an interagency group formed by CARE, CRS, The American Red Cross, CONRED and an OFDA consultant lobby the Education Ministry to adopt a risk management module as part of Guatemala's ongoing school curriculum reform was a Best Practice in inter-institutional coordination.

In Guatemala CARE-CAMI's success integrating CARE's Emergency Response Team with the national emergency agency was a Best Practice. CARE received training from CONRED that included protocols for emergency aid distribution in Guatemala and licensed software that CONRED uses to track disasters. The software and accompanying access to CONRED's computer network gives CARE real time access to the agency's data in times of emergency. In turn, CARE-CAMI provided training to 27 CONRED administrative and program personnel.

The decision of the CARE-CAMI team in El Salvador, at the suggestion of the Regional Coordinator, to enlist CARE's Education Unit in that country in its effort to negotiate a training program for teachers is a best practice. More than 400 teachers from across the country received risk management training as a result.

Administration

The Regional Coordinator's management system constitutes a Best Practice. Project management combined a highly-systematized implementation framework with a hands off management style. This combination ensured compliance with contractual obligations while giving Country Managers maximum flexibility in pursuit of optimum results within their varied country contexts.

2. Lessons Learned

Partnerships with NGOs

Attempts to foster inter-institutional cooperation with other NGOs working in the field of risk management produced better results when CARE and other participating NGOs went into them with a true spirit of cooperation, fostering productive give and take. The meetings were less effective where CARE and other NGOs tried to use them to promote their own training materials or agendas.

Urban vs. Rural

The Country Manager for Honduras said the methods used for organizing communities around disaster response and risk mitigation in rural areas, where most of The Project's target communities are located, did not work as well in the politically sophisticated atmosphere of the urban barrios targeted in the country's capital.

Advocacy

CARE-CAMI staff said they underestimated the amount of time and effort they would need to devote to advocacy with national government officials. This type of advocacy requires intimate knowledge of the targeted government agencies and persistent personal contact with key officials.

V. Results of Project Implementation

To determine the results of project implementation, the evaluators compared reported and directly observed achievements with the objective indicators contained in the CARE-CAMI proposal submitted to OFDA. Qualitative assessments of the data reported by CARE-CAMI staff were made during visits to implementation areas and in evaluation workshops with project beneficiaries.

a. Objective 1: Increase in documented vulnerability-reduction measures among the eleven focal municipalities[9]

- *Indicator: Municipalities have identified risk scenarios, agreed on solutions, and improved disaster response capabilities*.

At the time of this evaluation the principal instrument for identifying risks and agreeing on solutions, Disaster Mitigation, Prevention and Response Plans, had not been completed in many of the target communities. The plans that had been completed, in target municipalities and communities of Nicaragua, were very well done. In other countries, the risk maps, rapid assessments and the discourse of beneficiaries made it clear that the communities had identified their risks and contemplated responses. All of the communities had organized emergency response committees whose members received sufficient training to fulfill their assigned responsibilities, and a critical mass in most of the communities had been educated to some degree about the risks they face and what they should do in case of an emergency. It was abundantly clear that all target communities had improved their disaster response capabilities.

Disaster response committees that recently had formed in Nicaragua as a result of CARE-CAMI were activated in May of 2002 when severe tropical weather produced several minor emergencies. The newly-formed committees proved effective in managing local responses. In Honduras, several beneficiaries said they had used their first aid training to aid injured neighbors.

- *Indicator: 50% of participating key organizations have adopted the risk management approach*.

The Disaster Mitigation, Prevention and Response Plans that have been completed in Nicaragua evidence the adoption of a risk management approach at the municipal and community level, and the evaluators assume that plans in other countries will do likewise. In evaluation workshops, beneficiaries in all target municipalities and communities sampled, representing more than 50 percent of beneficiary communities, displayed an awareness of risk mitigation principles and a desire to apply them to local development. Municipal workers were involved in CARE-CAMI training in all target locations and in Guatemala, Nicaragua and El Salvador to a lesser extent in Honduras there was evidence that they were having an effect on municipal policy. Risk management offices were created in target

[9] *The Project targeted 20 municipalities rather than the 11 identified in the project proposal. While CARE-CAMI did work with the target municipalities, the main focus of The Project was on 100 communities within at those municipalities. The evaluation addresses results achieved at both the community and municipal level*.

municipalities in Nicaragua and Guatemala and municipal officials agreed to fund the offices beyond project completion.

b. Key organizations have improved emergency response and risk reduction capabilities and adopted an integrated risk management approach.

- *Indicator: 4 staff from each regional CARE mission trained in risk management and disaster response as part of regional and national technical units*.

CARE-CAMI has complied with its goal of supporting the development in each of the CARE Country Offices in Central America of a high-quality disaster response capability. Each Country Office has a well-trained contingent of at least four risk management practitioners who work directly with The Project, and CARE-CAMI staff have provided limited training to dozens of CARE employees in Central America who work in other projects and programs. At the time of this evaluation, CARE-CAMI was in the process of designing a procedure that will allow for the incorporation of a risk management focus into all CARE programming in the region. The Project was unable to achieve its goal of making risk management a cross-cutting strategy in the region due to the lack of a clear institutional mandate from the CARE Country Directors. That mandate was made firm in a Country Directors meeting held in El Salvador in August 2003, and CARE-CAMI is taking steps to comply with it in the coming months. (See section VII c)

- *Indicator: 1800 people sensitized and trained in workshop process; 24 trainers trained; 59 workshops carried out;*

It is clear to the evaluators that far more than 1,800 people received some measure of training through The Project, but we were unable to verify the number of direct beneficiaries. Although the training program was completed in target communities by the end of July 2003, the evaluators were not able to obtain a final count of direct beneficiaries of those trainings. After repeated requests and delays of up to a month, beneficiary data was submitted by each Country Manager but the information was incomplete in some cases and reporting methodologies varied from country to country, making it difficult for the evaluators to arrive at a consolidated total. Many of the reported beneficiaries received a full compliment of seven modules of the CARE-CAMI training while others received three modules or less, further complicating the task of counting beneficiaries. For instance, beneficiaries of replication workshops in Guatemala reportedly received training in only Modules 1 and 2 and some beneficiaries in Honduras received only the module or modules most pertinent to their assigned tasks in community emergency committees. The evaluators' efforts in Honduras to obtain the sign-up sheets for workshops as a means of verifying attendance were unsuccessful. As a result, the evaluators recommend that The Project maintain in its documentation center an up to date accounting of this basic indicator, complete with copies of the sign-up sheets for verification purposes.

CARE-CAMI country team reports indicate that more than 3,236 people received at least one day of CARE-CAMI training. In evaluation workshops, training beneficiaries exhibited a high degree of enthusiasm and an excellent understanding of the basic concepts of risk management. The original goal of training 24 trainers in the region was far exceeded. More than 24 trainers were trained in each of the four countries where The Project was implemented. People trained as trainers included 30 members of Nicaragua's Civil Defense,

20 community leaders and six municipal officials in Honduras, and more than 100 community leaders and municipal staff members in El Salvador, although many dropped out of the program before conducting replication workshops. The Guatemala team reported giving complete training to 420 people from target communities and municipalities, but it was unclear how many of them went on to conduct replication workshops.

The number of workshops carried out is not a very useful indicator given the variation in the length and nature of different types of workshops. However, it was clear that more than 59 workshops were carried out.

- *Indicator: 11 local risk management systems consolidated*.

The Project achieved this goal in its 20 target municipalities and 100 target communities through the organization of community and municipal emergency committees and the education of local leaders and significant numbers of community members in risk management principles. As noted above, risk management offices were created in target municipalities in Nicaragua and Guatemala and officials there committed to maintaining the offices beyond the life of The Project. The local systems developed achieved a high degree of integration with existing national emergency systems in Guatemala and Nicaragua. A lesser degree of integration was achieved in El Salvador and Honduras, mainly due to the weakness of the national emergency systems in those countries.

c. Risk management concepts and practices incorporated into local development plans, projects, and programs.

- *Indicator: 11 municipalities to incorporate risk management concepts and practices*.

A majority of the target municipalities reviewed existing development plans to incorporate risk management concepts. At level of the 100 target communities, risk management concepts are being incorporated via the Disaster Mitigation, Prevention and Response Plans that were still being developed at the time of this evaluation. In Nicaragua and Guatemala, municipal planning offices were involved in the risk management training process.

- *Indicator: Communities in 11 municipalities carried out significant, socially prioritized risk management strategies, risk reduction activities*.

Approximately 70 small mitigation projects were carried out in as many target communities. The projects were identified via participatory processes carried out during community training workshops. Mitigation projects were not carried out in the remaining 30 percent of target communities. CARE-CAMI managers said they were obligated to limit the number of mitigation projects due to a shortage of funding. The evaluators believe that the execution of small mitigation projects is a key component of project implementation that greatly enhanced sustainability at a very low cost. We recommend that CARE-CAMI find the additional US$ 30,000 needed to complete this important aspect of the job.

- *Indicator: 11 municipalities incorporated improvements in disaster response preparations*.

The Project greatly exceeded this indicator. All of the 100 target communities and the 20 corresponding municipalities elaborated or strengthened disaster response plans and formed or strengthened disaster response committees. Most of the communities had no disaster plans or committees before The Project. Emergency shelters were identified and, in Guatemala at least three communities stocked warehouses with emergency supplies. Also in Guatemala 7 municipalities established emergency operations centers.

- *Indicator: # of events to disseminate experiences & best practices from project*

The main event identified by CARE-CAMI for this purpose is Mitch Plus Five forums that CEPREDENAC is planning for the fourth quarter of 2003. The event will consist of a series of national disaster response and risk management forums for individual Central American countries and a regional forum to be held in Honduras. The Project's Regional Coordinator said CARE-CAMI was instrumental in getting CEPREDENAC to hold the event. It should be an excellent opportunity for dissemination of the CARE-CAMI experience. CARE-CAMI staff has endeavored to share its experiences with other NGOs and national and international institutions throughout The Project. The training program developed by CARE-CAMI has been widely circulated and well received. Project staff frequently met with other NGOs implementing CAMI projects at the beginning of the CAMI process, but those meetings tapered off as the process advanced. Compliance with this indicator is scheduled for the end of The Project, and CARE-CAMI currently is in the process of systematizing its results and experiences in order to identify lessons learned and best practices.

- *Indicator: At least 2 schools per target municipality incorporated risk management elements into formal or non-formal programs.*

The Project quickly reassessed this goal and arrived at the conclusion that any effort to foster curriculum change in schools had to start at the national level, where curriculum is set. The evaluators support this conclusion and have identified CARE-CAMI's decision to adjust its targets with regards to curriculum reform as a Best Practice. It would have been easy to foster presentations on risk management at the level of individual schools in target communities, and CARE-CAMI community promoters are doing this in many areas, but the effort would not have resulted in any sustainable change in curriculum. The results of The Project's expanded effort to foster curriculum reform at the national levels varied from country to country and are discussed below, in section VI: Results Working with National Governments.

d. Qualitative Assessment

It is clear from the evaluation workshops that a critical mass of participants were trained in a wide range of skills that enhance their vision of development and of their communities. In each workshop, beneficiaries demonstrated a high degree of leadership and commitment to their respective communities.

In evaluation workshops held in all four countries the evaluators were impressed with the depth of knowledge and degree of appropriation of the material displayed by project beneficiaries. The beneficiaries expressed enthusiasm for the community organization fostered by The Project and proudly displayed their risk maps and their response,

prevention and mitigation plans. They uniformly stated that they felt their communities faced a reduced level of risk to life and property as a result of participation in The Project.

Beneficiaries said project trainings and organizational activities had raised awareness about risk mitigation and changed attitudes about the development process, shifting from a purely reactionary stance to one that involves a democratic planning process.

At least one participant in each evaluation workshop stated that their relationship to their community had been fundamentally altered by participation in The Project.

The beneficiaries demonstrated not only heightened awareness and appropriation of the concepts of risk management, but also a high degree of awareness of their practical application.

CARE-CAMI identified the development of networks and the fostering of vertical linkages as essential to the sustainability of The Project. When asked how they were applying what they had learned, 90 percent of the evaluation workshop participants said they have a closer working relationship with their municipal government and with other local organizations working in disaster response. Many beneficiaries said they had engaged in informal conversations with members of neighboring communities in order to share knowledge gained through participation in The Project.

"Here we have vice mayors who are from the outlying communities. They are tasked with managing the local emergency committees. We are grateful to CARE-CAMI for helping us to strengthen this relationship. We have a municipal technician in risk management. He is currently funded by CARE but we will hire him after the project. As a result of this we have a better articulated emergency response system set up."

FRANCISCO JAVIER TENI CHIQUIN
Mayor of Senahu, Guatemala

CARE-CAMI community promoters reported having gone beyond the replication workshops contemplated in The Project, holding mini-workshops in local schools. Trainers. A participating mayor in Nicaragua reported that communities who had not been targeted for CARE-CAMI trainings had requested that they too be trained.

Evaluation workshop participants reported gaining a sense of personal empowerment from participation in the CARE-CAMI process. Many said they felt that for the first time their opinions were being taken into consideration. Salvadoran and Honduran beneficiaries expressed surprise at how confident they had become speaking in public, acting both as facilitators and specialists in the area of risk management. In Nicaragua, where members of the Civil Defense imparted the trainings, beneficiaries confirmed that Civil Defense reports that CARE-CAMI's participatory methodology had changed the way they teach for the better, making them facilitators as well as instructors.

Beneficiaries made the connection between risk management and development, applying the analytical tools they acquired for reducing vulnerabilities to extreme natural events to risks faced in their everyday lives. Some beneficiaries, for example, noted that the construction of sports facilities and other social infrastructure would reduce their vulnerability to violent crime associated with youth gangs that have proliferated in Central America during

recent years. When asked what they would do if additional funding was available, participants at all of the evaluation workshops mentioned not only physical infrastructure, such as flood protection and clean water supplies, but also more training for themselves and their neighbors, and even neighboring communities. The evaluators recommend that the CARE-CAMI staff take into account the needs listed in Table 3 when designing the next phase of their project.

Table 3: Beneficiaries' Expressed Needs

If you had money for mitigation projects, what would you spend it on?	
Reducing Physical Vulnerabilities	*Reducing Social Vulnerabilities*
El Salvador	
Emergency shelter; Warehouse supplies; Creation of emergency fund; Buy radios; Strengthen emergency committees; Provide training in schools; Establish local risk management office; Extend training to nearby communities; Train local instances of social institutions; More training on environmental protection and waste management; Reforest watershed; Strengthen levee; Other small mitigation projects	Health clinic; Vocational center
Guatemala	
Train more people; Focus trainings in schools; Reforest hillsides; Extend coverage of early warning systems to all surrounding communities	
Honduras	
Expanded damage evaluation training; Risk management training for families; Infrastructure projects; Fire prevention education; Programs directed at schools and at working children; Finance more community risk mitigation technicians; Reforestation; First aid, rescue training for youths; Land use planning; Retaining wall; More early warning communication systems; Rescue boats; Elevated housing Drought mitigation projects	Small business development; Potable water; Electricity; Housing
Nicaragua	
Reforestation; Relocate at-risk housing; Wastewater management; Disaster resistant housing; Improved storm water drainage; Waster water management; Street paving; Retaining walls; Extend coverage of risk management training; Community emergency center	HIV/AIDS awareness education; Construction of police post; Sewing workshops and other vocational training for women; Socioeconomic study of the community

VI. Results Working with National Governments

Although project's implementation focused on capacity building at the community and municipal level, a series of efforts were undertaken at the national level in each country in an attempt to enhance sustainability. These efforts were met with a variety of responses from country to country and, within countries from government agency to government agency, and therefore produced disparate results. However, taking into account that the

baselines for this type of effort varied substantially from country to country, the evaluators concluded that results were at least satisfactory and in some cases outstanding.

a. Vertical Linkages

An important aspect of national-level work was the attempt in each of the four countries to link community and municipal disaster response and mitigation networks to their national counterparts. The Project approached this goal through cooperative agreements, government certification of local promoters trained by CARE-CAMI, and the adoption and certification of CARE-CAMI training materials by the national disaster agencies.

The Nicaragua model for project implementation was very successful in linking local emergency committees to the national level because the Civil Defense was intimately involved in the process of training those committees. The Project trained 30 Civil Defense officers in The Project's curriculum and training methodology. The Civil Defense worked with CARE-CAMI to adapt The Project's training program to the Nicaragua context and adopted as its national standard for risk management training.

In Guatemala, the CARE-CAMI country team developed a very good working relationship with the disaster agency. CONRED certified project trainees and recognized the local emergency committees. Members of the agency's training department said working with CARE-CAMI had given CONRED a new capacity for community-level education work. The Project trained 27 CONRED administrators and programming personnel in Modules 1 and 2 of the CARE-CAMI program. The Project also participated in the organization with CONRED and the Planning Ministry of Guatemala's first National Encounter on Risk Management.

COEN, El Salvador's agency, signed a cooperative agreement with CARE-CAMI but very little came of it. COPECO, in Honduras, could not be persuaded to sign a cooperative agreement.

b. School Curriculum Reform

As mentioned in the previous section, the evaluators identified as a Best Practice CARE-CAMI's decision to engage national education authorities in the four target countries in an effort to foster curriculum reforms. The Project quickly abandoned its original objective indicator of affecting curriculum at the local level, in two schools within each target municipality, in favor of the broader goal of seeing risk management concepts incorporated into national primary and secondary school curriculum. It is clear that achieving this expanded goal is impractical within the limited timeframe of the current CARE-CAMI project. However, it also is clear that, given the predominant role of national education authorities in determining curriculum, any sustainable effort to bring risk management into the classroom would have to start at the national level.

Within the curriculum reform effort, the evaluators identified the strategy employed in Guatemala as a Best Practice. The Project in Guatemala joined forces with other NGOs implementing CAMI projects in that country, and especially with CRS and CHF, in an effort to influence a broader curriculum reform process underway there. The NGOs shared the cost of hiring a Guatemalan education expert to translate the CAMI group's risk management proposal into language acceptable to national education authorities and to lobby those officials for its adoption.

In Guatemala, a national curriculum reform was already underway, providing a window of opportunity for CAMI's attempt to insert risk management. In El Salvador, efforts to introduce risk management to curriculum have had to start on from scratch. CARE-CAMI worked with CARE's Education Unit in El Salvador to set up a training program for a group of teachers who form an academic advisory body. An agreement was worked out with the Education Ministry under which CARE-CAMI trained 450 teachers in from 40 schools around the country. The Project views the teacher training program as a necessary first step toward the incorporation of risk management into Salvadoran curriculum.

In Nicaragua and Honduras, CARE-CAMI was supportive of but had little direct impact on World Bank funded efforts to develop national risk management curriculum.

VII. Results in Institutional Development

a. Regional CAMI Structure

As discussed above, CARE-CAMI was considered a pilot project for the development of regional capabilities. CARE already had a good reputation as an implementer of national-level projects and programs and CARE-CAMI has demonstrated to donors that the organization can be successful at the regional level as well. The Project provided a model for effective regional action within an organization that traditionally has focused on interventions within national boundaries.

b. Emergency Response

The Honduras Country Office, motivated by its experience with Hurricane Mitch, already had hired an outside consultant to design a contingency plan for disasters, including creation of an emergency response unit. The Project was used to create similar structures in the Nicaragua, El Salvador and Guatemala and to consolidate the emergency response teams in all four country offices.

Key individuals from a variety of program and administrative posts were incorporated into the response teams and given training in disaster response methodologies such as ADAN, SUMA and Sphere. The teams are composed of personnel at the main Country Office, where provisions for a "situation room" were made, and of personnel in regional offices within each country, which generally are located in highly vulnerable areas.

"When Mitch came, CARE was not prepared. It was total chaos. Now we are in a completely different situation. There is a communications network. The response team will activate immediately. We know what protocols have to be implemented. We feel very prepared, and we now know what to do in case of emergencies."

RODOLFO CUEVAS
PODER Project Manager
CARE International - Honduras

The mechanisms for upgrading CARE's emergency response capabilities are explained in detail above, in Section IV on implementation. The results are as clear as they can be without the new systems having been tested in a real emergency. The CARE missions in Central America now are organized around disaster response. They have a well-defined

system involving a cross-section of CARE staff in each Country Office. Each person knows what to do and is backed up by detailed work plan for dealing with any likely scenario. Members of the newly formed response teams said the CARE-CAMI training and preparation had left them feeling confident that their missions were ready to swing into action the next time Central America is threatened or struck by a major disaster. The installed emergency response systems should guide response teams in the prompt design and implementation of interventions that optimize CARE's available logistical, human and financial resources while minimizing loss of life and property in communities where CARE has a presence, thus hastening their recovery.

c. Risk Mitigation and Development

Despite the recognition in CARE-CAMI's proposal that The Project should be a vehicle for incorporating risk management concepts into all CARE programming, the organization thus far has failed to take advantage of this opportunity. While CARE Country Directors for Central America agreed that steps should be taken to mainstream risk management, there has not been well-defined plan to do so. In March 2003, The Project submitted a strategy paper for getting the process started, called *Programacion Segura*. But only the Nicaragua Country Office took steps to implement it in a systematic way. Country Managers reaffirmed their commitment to incorporation of risk management at an August 2003 regional meeting attended by the Country Directors, CARE-CAMI's regional team and members of CARE's Atlanta-based Latin America Regional Management Unit. As a result, CARE-CAMI has beefed up this aspect of institutional development in its proposal for a second phase of CARE-CAMI. However there remains a lack of clarity about the best strategy for incorporating risk management into CARE programming. CARE-CAMI management and two CARE Country Directors at the August 2003 meeting suggested that CARE-CAMI should develop a strategy on its own. At least one Country Director was adamant that people outside of The Project with more experience in CARE programming and in general development issues should participate in the process, and the evaluators agree.

In 1994, CARE USA put a good bit of time and effort into the development of Household Livelihood Security (HLS), an integrated approach to addressing the needs of chronically vulnerable households. HLS is a guide for achieving synergies between CARE programs and projects that operate within the same geographic area. CARE-CAMI and other CARE programming personnel should look to HLS for guidance in developing a strategy that applies the concepts of risk management in the most holistic manner possible. Given that HLS is supposed to be CARE's standard programming methodology, the most efficient method of mainstreaming risk management may be incorporating it into the HLS framework and adapting that operationally to the Central America context.

Despite the lack of an clear plan for incorporating risk management, CARE-CAMI responded to requests for support from other CARE programs, providing risk management training and advising them on the development of proposals incorporating a management focus. Team members estimated they had helped with eight proposals. In Nicaragua, Honduras and Guatemala, CARE-CAMI participated in the development of Long Range Strategic Plans with a risk management focus.

At CARE's Coban office, in the Guatemalan highlands, CARE-CAMI overlapped with other CARE programs. Exchange between The Project and other programs occurred spontaneously there. In Honduras, members of the Title II projects PODER and HOGASA and of the PASOS project have received CARE-CAMI training in community assessments,

risk maps, risk scenarios and community planning. CARE's Title II program director in Honduras said her project staffs are anxious to learn how to incorporate risk management into their implementation strategies. She said her program would incorporate risk management into its next proposal in anticipation of donor USAID requesting more of an emphasis on reducing vulnerabilities.

There clearly is a demand within CARE for the incorporation of risk management. The evaluators recommend that Country Office management lend strong support to the process of mainstreaming risk management.

d. Creating Opportunity

The CARE-CAMI project has made CARE a leader in the field of risk management in Central America. In building a strong, regional team The Project has laid the foundation for further work in this new area for CARE interventions. The strong relationships forged through The Project between CARE and the national emergency management systems of Nicaragua and Guatemala translate into a strong selling point for CARE involvement in further efforts to bolster those two agencies. While the US$ 11 million that OFDA put into the first round of CAMI represented a one-time opportunity spawned by the effects of Hurricane Mitch, OFDA is likely to continue to fund the initiative at some level, and CARE should be well positioned to capture part of that funding. Other international donors also are supporting risk management projects in the region, such as the World Bank and the European Union. USAID is leaning towards an increased emphasis on risk reduction in all their programming areas, which should create new windows of opportunity for CARE given the risk management capabilities that CARE-CAMI has been able to pass on to other program areas. This trend should accelerate dramatically in coming months given the commitment CARE Country Managers recently expressed for mainstreaming of risk management.

VIII. Long-Term Impact/Sustainability

The Project was designed to foster the development of sustainable and replicable processes so that key risk reduction and emergency response activities will continue after The Project ends. The project proposal approached sustainability from the standpoint of the organization of target communities and municipalities around risk management, with vertical links to national and regional networks. It also addressed sustainability from a broader perspective, through engagement of CARE's Country Offices in Central America, of national education systems, and of the Coordination Center for the Prevention of Natural Disasters in Central America (CEPREDENAC).

a. Sustainability in Target Communities

The key to long-term impact in the target communities is organization of a critical mass of community members around the themes of disaster response and risk management. Once key members of target communities had received training in these issues, they set about forming disaster response committees and, in most places, tried their hand at prevention and mitigation through the participatory implementation of one small mitigation project per community. In some areas, target communities displayed empowerment by soliciting projects and improvements from different levels of government. In Guatemala, CARE-CAMI helped the municipality of Santa Catalina La Tinta develop a project proposal for protecting the city's water treatment plant from flooding. The municipality won a US$ 153,600 grant

from Guatemala's Office of the Presidency. In Nicaragua, the target community of La Candelaria felt empowered to solicit a National Police post, to demand waste management ordinances from the municipality and to ask the Health Ministry to provide training on the handling of drinking water to avoid gastrointestinal problems.

The evaluators note that The Project produced or reinforced well-trained, and empowered local organizations in all its target communities. The level of commitment displayed by members of the communities in the evaluation workshops bodes well for the sustainability of these efforts. Installing capacity at the community level helps to get around the problem of training municipal government officials only to see the entire municipal government turn over with the next election cycle.

The Project succeeded in linking most of the target communities to risk management systems that consisted of neighboring communities, local organizations, municipalities and national disaster systems. The disaster response, prevention and mitigation capabilities of municipalities in which target communities are located have been strengthened, greatly enhancing the sustainability of The Project's efforts to foster local risk management networks. The incorporation of risk management specialists trained by CARE-CAMI into municipal structures in Nicaragua and Guatemala involved the creation of new offices and payroll positions that should survive the next electoral cycle. These new mechanisms provide a support system for the community-level organization fostered by The Project. In many of the target communities of Honduras and El Salvador, a lack of vertical links and of interest in risk mitigation at the municipal level makes the sustainability of community organization less sure.

b. Sustainability at National and Regional Level

The Project focused much of its effort on CARE's Country Offices in terms of fostering sustainability at the national and regional levels. This was done by building the capacity of the CARE-CAMI regional team itself. Team members received a great deal of training in the varied aspects of risk management and, with the expected continuation via a second phase of CARE-CAMI, will be on hand to continue assisting CARE's risk management activities at all levels. The four CARE Country Offices in Central America also have developed and institutionalized a sophisticated disaster response capability.

CARE-CAMI's advocacy work with the regional organization CEPREDENAC, which is an official cooperative agency of the Central American governments, serves to enhance sustainability.

IX. Conclusions and Recommendations

a. Conclusions

CARE-CAMI was a well-executed, high-impact project. Two-thirds of the way through its revised implementation schedule, The Project has met or exceeded most its objective indicators. In participatory evaluation workshops with project beneficiaries the evaluators determined that CARE-CAMI not only exceeded its numerical targets for training people in risk management but provided its beneficiaries with high-quality service. The information imparted and organization fostered potentially will save lives and property when the next disaster occurs. If maintained and applied over time the organization and knowledge

acquisition fostered by The Project has the potential to improve the quality of life in beneficiary communities. While focused mainly on narrower issues of disaster response and prevention, the trainings linked risk mitigation to the broader concept of development. This novel and creative approach to project design should be considered for application to future CARE projects.

The interactive training methodology employed by CARE-CAMI made the training program easily accessible to people with diverse cultural and educational backgrounds and generated a high degree of appropriation of the materials. Beneficiaries displayed a great deal of enthusiasm, which bodes well for the sustainability of this effort.

The training program developed by CARE-CAMI has gained widespread recognition in Central America and has helped position CARE as a key player in the field of risk mitigation. The CARE-CAMI team worked tirelessly to position CARE as a leader in the field, promoting The Project in forums and meetings with government officials and representatives of NGOs and international organizations.

CARE was a major beneficiary of The Project. It provided a model for effective regional action and showed donors that CARE is capable of implementing regional projects. CARE-CAMI supported the four Country Offices in Central America in the development of a sophisticated emergency response capability. CARE should redouble its efforts to take full advantage of the institutional development opportunities represented by CARE-CAMI, working with The Project's regional team to give all CARE programming a risk management focus.

CARE-CAMI's emphasis on staff development created a highly motivated, well-trained group of professionals specialized in a area in which CARE had not previously worked.
We would like to highlight the commitment and dedication of the CARE-CAMI staff. At the same time, CARE-CAMI is somewhat isolated from CARE. The evaluators believe future efforts to incorporate risk mitigation into CARE programming will help to strengthen the bonds between CARE-CAMI staff and the organization, and we suggest that both parties do whatever they can to facilitate this process.

As CARE-CAMI moves towards a second phase of operations, a broad cross-section of CARE programming staff should be involved in the process of designing a mechanism for incorporating risk management.

CARE-CAMI is a valid model for replication by the CARE International Country Offices in Bolivia, Ecuador and Peru as the South American Mitigation Initiative (SAMI). With minor revision, the training program can be adapted for use in South America. CARE-CAMI management and the CARE Country Office in Peru have begun discussions on joining forces to form a Latin America Mitigation Initiative (LAMI), which would enhance CARE's positioning as a leader in the field of risk management.

b. Replication in South America (SAMI)

The evaluating team counted on input from two members of CARE International in Peru to assess the replicability of CAMI in South America. Based on their input, the enthusiasm they displayed during their visits to Central America to assess CAMI and the planning underway in South America, the evaluators believe that the CARE International missions in Bolivia,

Ecuador and Peru will be able to adapt the CAMI experience to their own context and in so doing take a leadership role in the creation of a South American Mitigation Initiative (SAMI).

The Peruvian evaluators concluded that replication in South America should be carried out and that CAMI can be relatively easily adapted to this purpose. Bolivia, Ecuador and Peru, the three countries CARE is targeting for SAMI, are exposed to common threats such as flooding, landslides, earthquakes, drought and the consequences of the "El Niño" phenomenon. The people of the three countries confront similar vulnerabilities, especially in communities near the borders of Peru with Ecuador and of Peru with Bolivia. CARE International in all three countries has existing programs and regional offices in these border areas, enhancing the feasibility of bringing SAMI to those communities. Having branch offices of two different CARE missions in such close proximity also will facilitate coordination between the three country offices, which will be necessary to management of a regional project.

The CARE-CAMI training modules are easily adaptable to the South American context as is the participatory methodology employed in Central America. The minimal nature of modifications needed to adapt existing training materials will translate to cost-effective implementation of an eventual SAMI.

In the case of Peru, the level of communication and coordination between international NGOs in general, and CARE in particular, and the country's official emergency management agencies has increased markedly in recent years, creating a window of opportunity for SAMI. CARE Peru is a member of the National Civil Defense System (SINADECI), providing an operational link to the National Civil Defense Institute (INDECI), which is the government agency legally in charge of regulating and leading emergency response and prevention activities. These institutions have formed the INDECI-NGO Working Group and a Joint Activities and Training Working Group formed by NGOs, social sectors and INDECI. These operational alliances can be an effective vehicle for coordination of SAMI activities and an effective forum for SAMI advocacy efforts. A risk management project like CAMI will notably enrich SINADECI, which to date has not undertaken any initiatives of SAMI's proposed scope.

Based on the experience of CAMI, the evaluators recommend that SAMI be implemented in areas of the three South American countries where CARE has existing programs, enhancing CARE's ability to incorporate risk management into its other programming.

Besides institutionalizing the sharing of experiences, CAMI and SAMI joining forces to create LAMI could attract additional funding for the implementation of truly regional projects.

c. Recommendations

1. Future of CARE-CAMI

Evolutionary Framework

The Evolutionary Framework developed by CARE-CAMI as a proposal for action beyond the current project cycle contemplated three phases that include incorporation of risk management into all CARE programming in the region, expanding and deepening coverage of the CARE-CAMI community training program, publication of a 2nd Edition of the training program modules and, in the third phase, spinning off CARE's CAMI unit as an independent

foundation. The evaluators recommend that CARE Country Office management in Central America authorize and participate in the implementation of the first two phases of the proposed Evolutionary Framework. Given the Country Directors lack of support for the creation of an independent foundation, the evaluators recommend the third phase of the Evolutionary Framework be subject to further study. We further recommend that CARE-CAMI staff refrain from further promotion of said foundation with potential donors until such time as they are able to gain Country Director support for the idea.

Working Group

CARE immediately should form a working group for the incorporation of risk management into CARE programming in Central America. The working group should be made up of CARE-CAMI regional staff – and especially the Regional Coordinator – and key CARE programming personnel from the four Country Offices. It should develop not only a strategy which would articulate how to incorporate risk management into other CARE programs and projects but also provide strategic guidance for the second phase of CARE-CAMI. Participation of directors of other CARE programs in this effort will build support for the incorporation of a risk management focus into non-CAMI programming, will make that process more responsive to programming needs, and will reduce the isolation of the CARE-CAMI team from the rest of CARE. CARE-CAMI should also play a more active role in CARE's existing internal program networks. CARE-CAMI personnel should recognize that they have as much to learn about development work as the other programs have to learn about risk management. The working group should look for ways to help CARE-CAMI strengthen its adherence to existing CARE methodologies: Rights Based Approach, Gender, Equity and Diversity and Household Livelihood Security.

Regional Coordinator

The CARE-CAMI Regional Coordinator position should be a staff position rather than a consultancy. This will foster greater integration of CARE-CAMI into the organization.

Maintain Regional Focus

Each CARE Country Office should support CARE-CAMI's efforts to maintain and strengthen its regional structure. The evaluators believe that the regional model developed by The Project has excellent potential for use in other regional programs and note that increased regional action and coordination has been identified as a strategic objective for CARE by the Central American Country Directors and by CARE's Latin America Regional Management Unit. Central America Country Directors should be more attentive to the lessons and opportunities represented by CARE-CAMI.

Second Edition of Training Program

CARE-CAMI has committed to producing a second edition of its training modules. We recommend that in doing so project staff take a second, more objective look at the critique of the first edition commissioned by CARE's former Country Director for Guatemala. CARE-CAMI should also carefully consider additions and modifications made at the country level, such as Nicaragua's addition of a unit on the special needs and rights of children and Guatemala's incorporation of additional material on volcanic activity. CARE-CAMI should consider the feedback of various actors, such as national emergency management offices, CARE programming staff and academics. The team should solicit expert advise on the strengthening of the training programs treatment of gender and the rights-based approach.

Expanding Geographic Coverage

When selecting new areas of intervention for the second phase of CARE-CAMI, the team should consider working in areas where other CARE programs have a presence. This would provide a greater opportunity for the integration of risk management into the other programs and allow for other programs to provide follow-up linking the community level organization fostered by CARE-CAMI to the broader issues of development and the reduction of vulnerabilities.

Utilization of Local Facilitators

In expanding to new geographic areas CARE-CAMI should enlist the support of a cadre of the best community promoters developed during the current project. We believe that these facilitators can be a valuable resource for transmitting the risk management message to new communities. These facilitators can also help train staff of other CARE programs on the incorporation of a risk management focus.

2. Project Implementation

Small Mitigation Projects

The participatory identification and implementation of small mitigation projects by target communities was a crucial aspect of project implementation that fomented community involvement and empowerment while allowing beneficiaries to put what they learned into practice. The evaluators note that The Project did not provide this component in roughly 30 percent of target communities. CARE-CAMI should return to those communities and finish this important aspect of the job. We also recommend that CARE country management help the CARE-CAMI team explore alternative funding sources for these small projects, such as private sector sponsorship. The evaluators note that CARE-CAMI country teams used different methodologies for these small projects and we recommend use of the model developed in Honduras, which maximized community participation.

Baseline Survey

The evaluators strongly urge CARE-CAMI to complete the baseline survey it developed as the main instrument for measuring project impact. Much time and effort went into conducting the first part of the survey as the project was getting under way but project management indicated that there were no plans to complete the survey and possibly not enough resources to do so. Failure to repeat the survey at project's end for comparative purposes would waste the initial investment in this instrument and constitute a failure to comply with obligations to the principal donor. Completion of the baseline survey holds the additional benefit of providing The Project with feedback from communities that could instruct CARE-CAMI's future actions.

Advocacy

CARE-CAMI should attempt to work closely with other NGOs to lobby for changes in national policies. The Project's joint effort with CRS to advocate national curriculum reform in Guatemala is a good example of this. CARE-CAMI's advocacy efforts also should rely more heavily on the contacts and resources of the CARE Country Offices. CARE health or education programs, for instance, are likely to have well-established contacts with government officials in those areas.

3. Project Administration

Improved Reporting, Information Management

The evaluators recommend that CARE-CAMI renew its commitment to timely, standardized activity and financial reporting. An analysis should be conducted to identify and deal with bottlenecks or inconsistencies in the submission and handling of information. The Project's regional documentation center in Honduras is in need of improved mechanisms for collecting and dissemination project data. In terms of financial reporting,

Formalize Internal Relationships

Given The Project's regional nature, the evaluators' recommend formal, written agreements between each CARE Country Office and CARE-CAMI defining lines of authority and the division of responsibilities. The agreements should identify Country Office responsibilities to CARE-CAMI and vice verse. They should address the issues related to personnel decisions, budget management, accountability for results, information systems and communications.

Improve Communication

CARE-CAMI should work towards ensuring better and more constant communication with CARE management, particularly with respect to funding opportunities and the process of incorporating risk management into CARE programming. Conversely, CARE management should put more effort into staying informed about CARE-CAMI.

Diversification

Future additions to the CARE-CAMI management team should endeavor to increase diversity. The team should look towards incorporating staff that would provide alternative perspectives on development and risk management that could serve to enrich the quality of its technical approaches.

FINAL DRAFT OF THE TERMS OF REFERENCE

EVALUATION OF THE PROJECT "RISK MANAGEMENT FOR LOCAL SUSTAINABLE DEVELOPMENT"

(CAMI Project) as of June 10, 2003

1 INTRODUCTION

The losses provoked by hurricane Mitch revealed the high levels of vulnerability of the Central American region. The government of the United States of America, by means of the Office for Foreign Disaster Assistance (OFDA) decided to contribute to the process of mitigation of these vulnerabilities by putting in place the Central American Mitigation Initiative (CAMI), providing financial resources to non-governmental organizations present in the region..

In this context, the CAMI-CARE project in Central America, financed by OFDA-USAID, the Canadian International Development Agency (CIDA) and CARE USA, was launched in March 2001, setting the goal to "contribute to the strengthening of local capacities for risk mitigation and to boost the sustainability of local development processes, as well as to simultaneously review many of the processes of response capacity building and the management of development". The project spans for two and a half years with an investment of 2.7 million dollars.

After two years of execution, CARE has identified the need to evaluate the project to establish lessons learned and best practices regarding the adoption of the risk management approach and the strengthening of local response capacities to evaluate its replication potential in other regions where CARE has an institutional presence.

2 OBJECTIVES OF THE EVALUATION

2.1 General Objective

Review, document and systematize the programmatic, operative, administrative and strategic processes of the project "Risk Management for Local Sustainable Development" at the national and regional levels, in order to identify "probable impact", lessons learned, best practices, intervention models and its replication potential, at both a regional (Latin America) and within other CARE programmes around the world. The results of the evaluation should enable us to refine our proposed follow on initiatives and/or suggest new approaches as well as inform the South American teams on the development of a SAMI. In order to do that effectively, it is important that we not only assess our achievements in line with the "baseline" but also to gain the perspectives of our clients including our partners but more importantly the beneficiaries themselves of the existing program. Therefore, a quantitative as well as qualitative process should be followed and most importantly, a participatory approach should be undertaken, wherever possible, not only in the design of the evaluation methodology but also in implementation and most particularly, in the analysis.

2.2 Specific Objectives

- Which were the critical internal processes of the CAMI project? What was the execution rationale behind the administrative, operating and strategic processes? Which elements can be identified to standardize a regional project such as CAMI? How has the adopted managerial approach enhanced CAMI's capacity to share leadership and knowledge, position itself and develop the adequate materials and methodologies to implement the logical framework?

- Has the proposed logical framework been fully implemented or exceeded, and what indicators provide evidence of such implementation? How has the project adapted to changes posed on this framework?
- What problems, opportunities, threats, strengths, weaknesses, learning processes and best practices were identified during the execution of the project? What were the courses of action to overcome difficulties, seize windows of opportunity and learn from the experiences?
- How has the CAMI experience been socialized and validated with stakeholders, both internal and external, in order to ensure ownership, adoption, support and replication of this initiative? How can it be improved? Which aspects of this experience should be emphasized on to build support around a replication effort?
- How can CAMI be subject of replication by CARE in other regions where it operates? How can CAMI contribute to this effort?

3 COVERAGE

The project systematization process should be perceived in two levels: the first one at the national level, in which implications of the project with respect to the communities assisted as well as CO should be evaluated; and the second one at the regional level, in which a cost/benefit analysis should be carried out to determine the advantages of an intervention coordinated at the regional level.

4 DURATION

Six weeks

5 METHODOLOGY

This evaluation will focus in the compilation of primary and secondary information for its analysis. The project staff will facilitate all relevant documentation as well as the organization/collaboration in four national workshops in which beneficiaries and municipal authorities will analyze the project's intervention and contributions, as well, as individual interviews when deemed appropriate with beneficiaries, donors and other stakeholders. These interviews must be of two kinds: open interviews for key personnel and guided for other stakeholders. The project staff will also provide logistic support for the field trips to the intervention areas as well as for the results socialization and validation processes.

The consultant should submit all the tools to be used during this evaluation to the regional and national managers for their approval and technical advice. Permanent communication must be established, both orally and written, between the consultant and the managerial level of the project. Previous to the launching of all field activities, the consultant must submit a work plan to the managerial level of the project for its discussion and approval.

The consultant will have the support of a CARE staffer appointed as his/her counterpart, most like from a South American country office. In this sense, the latter will become the link of the consultant throughout the whole period of consultancy with the internal structure of the project, channeling the entire consultant's information needs to the persons in charge. The CARE staffer will also provide feedback on the writing of the final report, will provide insights on the processes described and will contribute to the understanding of internal procedures and the project's rationale.

<u>Suggested Methodological Outline</u>

An evaluation team should be established led by an external evaluator with participation of selected CAMI staff personnel and a representative from CARE South America.

Suggested team composition:

1 Team Leader
1 CARE South America staff
1 OFDA representative, if possible

TOTAL: 2-3 team members

Activities and Timeframe:

1. Expectation Meeting with Consultant: CAMI team and senior CARE Honduras team meet with Evaluation Team leader to review and agree upon expectations and expected outputs. Key documents provided to consultant for review (include project proposal, all reports to date, and concept outlines produced) Total: ½ day
2. Planning: 2-3 days in Tegucigalpa with the Team Leader and the CAMI staff to review documentation, identify key questions, methodologies and agree on outcomes from beneficiaries workshop (including qualitative focus group discussion, interviews and review of documentation as well as surveys if needed). Total: 3 days
3. Pre-testing of evaluation methodology in 1 or 2 communities in Honduras – 1 day/review and revision of methodology and materials. Total: 2 days
4. Evaluation Phase per country: 3-4 day field visits-survey and interview process, review with partner representatives and community representatives to ensure that all perspectives are being taken into consideration: adjustments made accordingly. Total: 12-16 days
5. Intermediate analysis workshop with beneficiaries: ½ day per country to confront and adjust findings in a participatory way. Evaluation results have to be summarized for presentation to workshop audience. Total: 4 days
6. Analysis Workshop in Honduras: with CAMI staff members, OFDA and CIDA representative, could potentially invite other non-CARE staff and partner organizations as well as community reps to participate in this 1 day workshop. Total: 1 days
7. Consultant write up of results and recommendations: 5 days
8. Office Workshop Dissemination per country: 1 day

TOTAL No. of Days: 30 days approximately.

<u>Key Documentation and Reference Materials</u>

- CAMI proposal to OFDA
- CAMI Quarterly Update Reports
- CAMI Strategic Framework for a Continuation of the Project
- CAMI Risk Management Training Program
- CAMI systematization process outputs (videos, process description and layouts, reporting, etc.)
- CAMI website: www.cami.care.org

- CAMI Baseline Survey

Evaluation Outputs

- Evaluation report with recommendations and follow-up plan
- Summary Chronology of project execution and evolution, identifying key milestones

Key Contact Personnel

CAMI Board Supervisor: Barbara Jackson, jackson@hon.care.org

CAMI Regional Manager: Rigoberto Giron, giron@hon.care.org

CAMI evaluation liason: Luis Sanchez Zimmerman, lsanchez@care.org.sv

6 COSTS

Line Item	Unitary Cost	TOTAL
Consultant fees (30 days/person)	$400	$12,000
Travel and per diem for evaluation team member from SA		$ 3,500
Travel and per diem for lead evaluator		$2,500
National participatory intermediate analysis workshops (one per country with beneficiaries and municipal authorities)		$ 4,000
Analysis workshop with evaluation team and CAMI staff (1day), including travel costs for six members of CAMI staff.		$ 2,000
TOTAL		**$24,000**

Funding sources : CARE USA funds assigned to CARE Guatemala -- 12,000 (consutant fees)
FY04 UNR assigned to CAMI in CARE Honduras -- 8,000 (travel expenses)
OFDA fundcode in each country -- 4,000 (participatory workshops)