

Disaster Preparedness and Mitigation Living above the Floods Final Evaluation



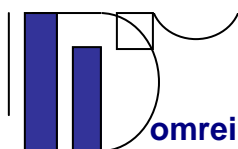
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Evaluation by

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Executive summary

The Mekong river basin occupies around 85 percent of Cambodia's land area. Together with the Tonle Sap, it is Cambodia's most significant geographical feature. Every year the Mekong floods because of heavy rainfall in the upstream countries.

Prey Veng Province is located in south-eastern Cambodia, on the Mekong River flood plain. A cycle of flooding and drought affected Prey Veng between 2000 and 2003, beginning with severe floods in 2000 that affected 30 percent of the population, killed 347 people, destroyed more than 7,000 homes and ruined almost 350,000 hectares of rice. During the same period, floods inundated more than 80 percent of the land area in the province.

In 2001, CARE conducted a study to assess the effects of flooding on poor communities in Prey Veng. The findings led to the design of the Prey Veng *Disaster Preparedness Action Planning Project (DPAP)*, funded by AusAID and implemented by CARE between Feb 2001 and Jan 2003.

DPAP was also used in a pilot assessment exercise initiated by the Humanitarian Accountability Project (HAP) that was later to evolve into the Humanitarian Accountability Partnership International (HAPI). The results of the HAP assessment identified a number of areas where activities could be improved to increase accountability and transparency both by CARE and by Commune and Village level structures.

The ***Disaster Preparedness and Mitigation (DPM) – Living above the Floods (LAF)*** project draws on lessons learned and recommendations from the final DPAP evaluation. The Norwegian Foreign Ministry funded the DPM project and AusAID funded LAF. The DPM implementation period was from March 1, 2004 to July 31, 2005 while LAF was from June 2004 to December 2005. Despite different donors, the two projects shared the same goals and objectives.

The DPM/LAF goal was to *contribute to the increased capacity of vulnerable households in the project area to cope with disasters and to reduce their vulnerability to disasters.*

Domrei Research and Consulting conducted the final evaluation of the DPAP project in 2003 and subsequently was involved in preparing the proposal for the DPM/LAF project. This gave the evaluation team the opportunity to see how lessons learned had been integrated and project implementation developed since the DPAP project.

This evaluation, conducted in December 2005, focuses on the processes used in implementing the project, in keeping with the DPM/LAF efforts to increase participation, transparency and accountability, and assesses its relevance, impact and sustainability.

The evaluation team used a variety of methods and triangulated results to increase the reliability of the findings:

1. A review of project documentation and records
2. A full day meeting at the CARE field office, where the project coordinator and staff presented a detailed overview of the DPM-LAF project to the evaluation team.
3. A survey among a random sample of households in eight villages (n=210)
4. Structured interviews with 35 Government counterparts, Village leaders and CARE staff
5. Case studies
6. Informal interviews with villagers
7. On site observations and photographs

8. On site village evaluation reports
9. Discussing preliminary results between the evaluation team and the DPM/LAF Co-ordinator

Evaluation findings

Equity. The project was successful in reaching the most vulnerable households in all the villages. There were a higher proportion of female-headed households among the beneficiary sample showing that the project was effectively targeting these families. Project beneficiaries are on average significantly poorer than non-beneficiaries are, and an impressive 98 percent of household grants went to the poor and poorest households.

Participation. All phases of the project maximised community participation, although this inevitably slowed down and complicated implementation. High community participation, beneficiary empowerment and CARE's responsiveness to individual needs explains in large part the projects popularity, and the **relevance** of its outputs.

Transparency. Community participation and informing communities of the process (e.g. in the selection of grant beneficiaries) increased the transparency of all the project processes. CARE set up complaint mechanisms, albeit a little late.

Accountability. CARE demonstrated what might be a unique commitment to accountability in Cambodia when they set up the *Special Committee to Address DPAP Complaints* (SCAC) under the DPM/LAF project. This committee was designed to resolve complaints and issues related to the DPAP project that were revealed in the final evaluation. The DPM/LAF project also took these lessons on board and initiated complaint mechanisms in every new project village.

Impact. Major floods have fortunately not occurred since DPM-LAF started, so it is too early to evaluate what effects the project has had on coping strategies. Likewise, Government counterparts did not yet have the opportunity to demonstrate their capacity to assist the population during and after severe flooding. However, the project was implemented in areas that are regularly flooded. The people whose coping capacities were increased belong to the poorest and most flood-exposed households in their communities. The household grants allowed them to get what they needed the most, thanks to a participative and empowering provision system. The flood protection infrastructure and equipment are in place.

Sustainability. Capacity building activities at all levels ensure some degree of sustainability in the short term. The project time-line is too short to assess its medium-term sustainability, especially around government intervention during and after flooding. We can assume that villagers will appreciate the positive effects of training and planning, and that they will be emulated and sustained because it is in people's interest.

Documenting best practice. The participatory processes designed and implemented by the LAF CARE team are rights-based, fair, efficient, transparent and culturally appropriate. We strongly recommend that they be replicated within CARE and shared with other organisations. The approaches, methods and tools developed by the LAF project are well documented, with practical component manuals. This will greatly facilitate their replication.

Village selection. All the DPM/LAF villages visited were vulnerable to flooding and contained a large proportion of poor households. Most counterparts and staff interviewed reported that there was no need to change or improve this process.

Project Orientation. Many people attended project orientation meetings in Preah Sdach (57%) and in Kampong Trabaek (67%). Overall, 25 of the 35 counterparts and 72% of the household respondents said that the orientation was good or very good, mostly because many people attended the meetings and then understood what the objectives of the DPM/LAF project. Donor visibility was also high for the project.

Disaster preparedness video. The disaster preparedness video was a very effective way to disseminate information to a largely illiterate population and this process should be expanded and continued. Using equipment already located in the village was a practical and sustainable approach. This could be taken a step further by providing copies of the video to television and video owners in exchange for playing the video in the evening when people have more time to watch.

Purchasing and Bidding committee. CARE and the DPM/LAF project should be congratulated for setting up an elected committee tasked with procuring project goods and services, thus increasing transparency and accountability to their beneficiaries. However, additional community promotion is required for procurement to become truly accountable to the beneficiaries. A more widely promoted and better-understood PBC could have avoided some issues concerning the price and quality of the procured goods.

Participatory Risk Assessment. PRA informed CARE staff and counterparts about the specific problems while demonstrating their commitment to accountability and community participation. Counterparts facilitated the PRA exercise, thus putting these principles into practice. PRA activities included village mapping, seasonal calendar, timeline and problem ranking. Over half of the respondents knew about PRA. They were most aware of village mapping (26%) and problem ranking (20%). Eighty-five percent of the household respondents said that PRA was either good or very good.

Vulnerable household selection. The evaluation team was impressed at the high level of awareness and participation in the selection of grant beneficiaries: 91% respondents knew about the household selection meeting; and 84% of households reported that they participated in the meetings. The community identified and ranked vulnerability criteria, and then selected the most vulnerable households according to these criteria. According to 80% of the household respondents, the selection process was either good or very good. Villagers chose the selection criteria so they were widely accepted. Despite impressive participation and transparency, beneficiary selection was also the source of most complaints, with non-beneficiaries inevitably complaining about favouritism and manipulation.

Household planning. Three quarters of the households and of the counterparts ranked the household planning as either good or very good, because people could choose what they wanted. As a result, “each household got what it really needed.” Most (81%) of the respondents reported that there were no issues or inequalities in this process. However, some household heads were old and/or illiterate, and had difficulty in deciding what to get. They found it especially difficult to calculate how much they could get with the grant budget. In this case, the direct involvement of CARE staff was crucial and praise-worthy.

Household grants. Among the 210 households surveyed, 47% in Preah Sdach District and 69% in Kampong Trabaek District target villages received grants. The overwhelming majority of beneficiaries reported that the grants would help them deal with the next flood (96% in Preah Sdach and 99% in Kampong Trabaek). Households obviously had different needs, so the fact that different households got different things was seen as

positive. It also shows that CARE was responsive to beneficiaries' needs, despite the additional procurement work that this entailed.

Project notice board. Over half of the respondents (123/210 household and 17/35 counterpart) said that the notice board is good, but less than a third read it. Part of the reason is that only 20% of the women interviewed and 56% of the men are functionally literate.

Complaint mechanisms. Few NGOs have gone as far as CARE in implementing a complaints mechanism, thereby showing villagers, local authorities and project staff that NGOs are accountable to their beneficiaries. While the complaint mechanisms require some fine-tuning, the fact that they existed and were used is commendable.

Capacity building. While the LAF project ran for only a short time, it succeeded in strengthening the local Committees for Disaster Management. CARE trained NCDM, PCDM and DCDM staff. Capacity building of these local government officials was achieved by their involvement in all the phases of the project. They played an important role as implementers and facilitators. LAF provided them with opportunities to work directly with the communities, to put into practice their knowledge and test their management skills. One very important result was the counterparts' practical understanding of their accountability to the community. District and commune level officials, and community leaders, by becoming facilitators, learned to be accountable to the people they serve.

Evaluation Recommendations

The evaluation team's recommendations, particularly for complaint mechanisms, mirror some of those made by the Cambodian Humanitarian Accountability Review in 2005.¹ The review recommended that CARE document lessons learned and revise processes for accountability.

Target area selection:

- The selection workshops held with authorities from provincial to village level were a transparent and appropriate way to identify project target areas.
- Although time consuming, the participatory process of selecting target areas was valuable in increasing ownership and ensuring that the most vulnerable communes and villages were chosen for the intervention.
- Additional time should be allocated during project planning to allow full participation without delaying the project.
- This process, which has already been documented in Khmer and English, should be distributed to other projects as a draft 'CARE best practice' publication for target area selection.

Project orientation process:

- The project orientation sessions were an important tool to begin working with communities in a participatory manner. This process should be adapted and used in other community development projects to improve transparency and participation
- Given the poor level of literacy, using many pictures makes it easier for illiterate community members to understand

¹ CARE International, Cambodian Humanitarian Accountability Review, May 2005.

- Project orientation meetings should be publicised as widely as possible. Complete attendance is probably not achievable, but it is important to ensure that no groups are deliberately excluded.

Participatory risk assessment:

- Announce dates of meeting 3 or 4 days in advance to let the information spread and allow families to get organised. This could be done cheaply and effectively by posting small photocopied notices in multiple locations in each village.
- Shorten the length of PRA meetings so that people are not bored and can tend to their business
- Explain to villagers beforehand what PRA is for, what people will do and why it is important for people to attend the meeting. Posters are a good way to inform people about the PRA and its results.
- CARE should pilot the use of GPS devices and a GIS for village mapping activities. This would improve household mapping accuracy and facilitate updating of maps.
- This process, which has already been documented in Khmer and English, should be distributed to other projects as a draft 'CARE best practice' publication for community risk assessment in Cambodia.

Selecting the most vulnerable households:

- The beneficiary selection process is one of the most crucial processes in the project and one of the vulnerable to corruption and bias. DPM/LAF designed and implemented an excellent and equitable method for this difficult step.
- Inevitably, some problems occurred in beneficiary selection and the process should be further refined and improved in other community-based projects.
- Invite all villagers to the meeting and have project staff distribute the invitation letter themselves.
- Inform villagers on the purpose of the meeting in advance.
- Review and correct the list of households before the meeting
- Seek villagers agreement on each household's rank anonymously (secret ballot)
- Have project staff visit each household to check that the selected households are really among the most vulnerable
- This process, which has already been documented in Khmer and English, should be distributed to other projects as a draft 'CARE best practice' publication for participatory beneficiary selection in Cambodia

Disaster preparedness video:

- The disaster preparedness video was a very effective way to disseminate information to a largely illiterate population and this process should be expanded and continued
- Using equipment already located in the village was a practical and sustainable approach. This could be taken a step further by providing copies of the video to television and video owners in exchange for playing the video on multiple occasions and in the evening when people have more time to watch.

Household planning process:

- Invite beneficiaries two or three days in advance and state meeting's purpose clearly
- Shorten and simplify the existing household planning process. Use more pictures and less text to explain the process.
- Announce the price of items before household planning process to help villagers calculate their contribution.

- Fix and announce exchange rate between the dollar and Riel
- Explain, repeat and post disbursement procedures.
- Include in the household profile form
 - household priority rank,
 - total money received, contribution, remaining balance;
 - Household number (for easy reference)
 - financial procedures
- Give each household one copy of the household profile form as a receipt, to be used as evidence if they want to make a complaint
- Set up a user friendly beneficiary database to find data on specific beneficiaries and for statistics
- This process, which has already been documented in Khmer and English, should be distributed to other projects as a draft 'CARE best practice' publication for household action planning in Cambodia

Purchasing and bidding committee:

- The concept of an elected committee tasked with procuring project goods and services is an excellent one. CARE and the DPM/LAF project should be congratulated for making such a concrete step towards accountability to their beneficiaries and transparency.
- However, many beneficiaries did not know that the committee existed, thus reducing the positive effect of the committee. This process requires additional community promotion to become truly transparent.
- Some beneficiaries had issues with the price and quality of items they received (see household grants) a more widely promoted and better understood PBC could have solved and perhaps avoided these issues.
- This process, which has already been documented in Khmer and English, should be distributed to other projects as a draft 'CARE best practice' publication for project purchasing and bidding.

Household grants:

- Improve the quality of the items procured for the grant beneficiaries.
- Avoid issues regarding unspent or overspent budgets and refunds by simplifying the guidelines.

Complaint mechanisms:

- CARE and the DPM/LAF project should be congratulated for making accountability to beneficiaries a reality instead of empty rhetoric. This component demonstrates a right-based approach to development and makes CARE accountable to the people it assists
- Project staff and community leaders need to be encouraged to view complaints as opportunities for change and learning rather than threats to be avoided if possible. This will take time. One simple suggestion to mainstream this would be to include complaints received as an indicator of success in project log frames – demonstrating a commitment to accountability and participation.
- People clearly value a variety of complaint mechanisms – having several different methods make the mechanism accessible to more people.
- Compliant mechanisms should be established early in the project and beneficiary communities informed about the mechanisms during project orientation.

- Project staff should visit each village regularly and talk with people – this is perhaps the most effective complaint mechanism of all. This was how the best project feedback was gathered for both the DPAP and DPM/LAF evaluations.
- It's better if local authorities don't always know the visiting schedule and project staff do not always visit households with the local authorities
- Households in distant parts of the village should be a priority for project visits. Often these families are isolated from their communities for a variety of reasons – extreme poverty, HIV/AIDS, political affiliations, mental illness – that can also make them more vulnerable to disasters.
- Project staff should keep the complaint box key to reassure villagers
- People who want to complain should not be required to show or write their names their name and their complaint should be confidential
- The complaint box should be in an appropriate place (far from authorities house)
- Villagers should be encouraged to dare to complain. It is important to explain the purpose of complaint mechanisms clearly and to make it clear that complaining will not affect their benefits or the possibility of getting aid in the future.
- This process, which has already been documented in Khmer and English, should be further developed and distributed to other projects as a draft 'CARE best practice' publication for promoting accountability and a rights-based approach in community development in Cambodia

Community notice board:

- The project notice board was a useful process and contributed to both disseminating community information and increasing project transparency and accountability. This process should be continued and expanded.
- Investigate whether other notice boards exist in project villages before erecting new ones - use existing notice boards if possible
- Use a larger font/increase the size of lettering on information posted on the board for villagers with poor eyesight.
- Information posted on the board should always include colourful pictures to capture the interest of passers-by. More pictorial information is also more appropriate for less literate villagers
- If durability is desired, make the protective roof larger to protect the board from the weather.
- Have more than one notice board in large villages. In large sprawling villages with multiple entry roads like Kroich village in Kampong Trabaek district – at least three notice boards would be useful.

Disaster preparedness calendar and associated activities:

- The disaster preparedness calendar was a popular and innovative method for raising awareness and increasing community participation in the project.
- It is important to use a Khmer rather than a Gregorian calendar.
- Printing more calendars would have been an appropriate use of the project budget.
- The village question and answer sessions with prizes were also an innovative method of raising awareness of disaster preparedness issues. These sessions should be used in other programs that aim to increase community awareness or change behaviour.
- It would be useful to measure the change in knowledge and attitudes due to community interventions like the calendar, question and answer sessions and other participatory processes. A small baseline survey of knowledge and attitudes to disaster preparedness followed by a small survey at end line would probably demonstrate substantial change.

- The picture drawing contest was widely known and appreciated and should be repeated in future projects

Food aid:

- Food aid distribution in the DPM/LAF project area followed the principles of best practice and accountability.
- The thoroughness of the planning that was evident before any aid was distributed is borne out by the fact that all but one beneficiary in our random sample reported that 1) they received exactly the amount of aid they were entitled to 2) no additional money was extorted from them in the process.
- CARE should translate the documentation for this process into Khmer and distribute to other projects as a draft 'CARE best practice' publication for aid distribution in Cambodia.

Capacity building:

- Capacity building activities were appropriate to those who received training – no respondents reported that training was poor, difficult to understand or a waste of time. This was the project component ranked highest by counterpart respondents.
- All counterparts and staff emphasised the usefulness of the training they received to their own jobs and responsibilities, particularly leadership training and disaster preparedness
- Capacity building in communities through participation in various activities was one of the DPM/LAF project's greatest strengths many household respondents spontaneously told us about things they had learned from various project meetings and workshops.
- In future participatory projects designed to increase community capacity, CARE should consider conducting a small-scale survey to measure knowledge and awareness at project start. Comparing this with a second survey during the final evaluation would probably show significant improvements in community knowledge and awareness.