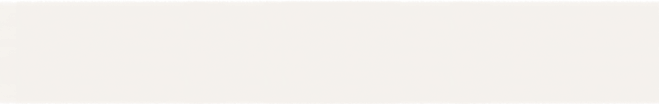
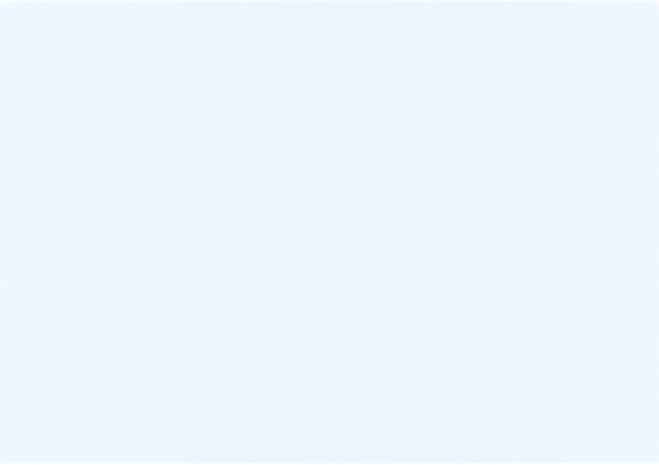
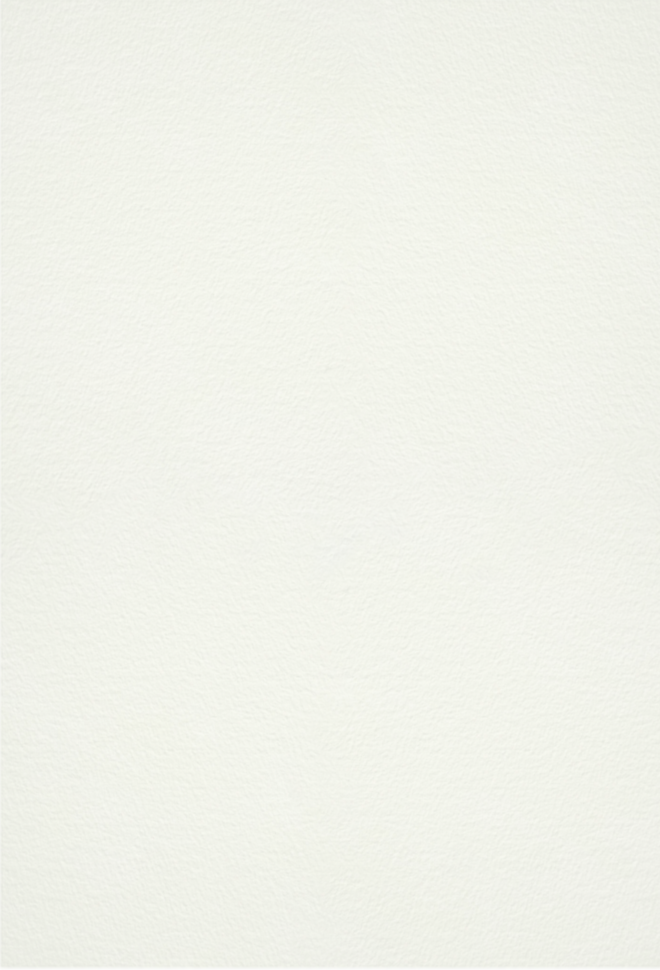
**Disaster Risk Reduction**



**DIPECHO Final Project Evaluation 2010-2011 For CARE LAOS, Vientiane**

**Davel Patel**

Acknowledgements

This evaluation would not have been possible without the support and cooperation of a wide group of people. The evaluator would like to extend her appreciation to the members of VDPU and villagers of the three villages visited during the field mission, the representatives of the Government of Lao PDR, and the support staff of CARE Laos. Special appreciation is due to the DRR Team Leader, who effectively managed the evaluation process during a tight end-of-project schedule. A note of thanks is furtherextended to the Sekong Provincial Coordinator and the CARE Laos Assistant Country Director. In addition to the DRR Team Leader and other key stakeholders, theyshared a great enthusiasm for learning from the DRR project and the formative evaluation.

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Acronyms & Abbreviations

AAA Accra Agenda for Action

CO Country Office

DDMC District Disaster Management Committee

DDR Disaster Risk Reduction

GOL Government of Lao PDR

MDG Millennium Development Goals

M&E Monitoring and Evaluation

MIS Management Information System

MOU Memorandum of Understanding

MLSW Ministry of Labour and Social Welfare

MTR Mid-Term Review

NGO Non-Governmental Organization

NDMO……………..National Disaster Management Office

OECD Organization for Economic Cooperation and Development

PDMC....................ProvincialDisasterManagementCommittee  
PDMO……………..Provincial Disaster Management Office

ToR Terms of Reference

TNA Training Needs Assessment

UNDP United Nations Development Programme

VDPU Village Disaster Preparedness Unit

WHO World Health Organization

EXECUTIVE SUMMARY

**BACKGROUND**

1. The Decree 097/MLSW behind the National Strategic Plan for Disaster Risk Management 2003-2020 (1139/MLSW, April 2003) and the more recently developed Draft National Disaster Development Plan (2011) set the policy context from which the DRR project evolved. Studies such as the baseline ‘Livelihoods of Ethnic Communities in Sekong Province Project[[1]](#footnote-1)and the CARE Management Assessment and scoping of needed response[[2]](#footnote-2) provided additional rationale and project direction.
2. The DRR Project was designed “To increase resilience and reduce vulnerability in Sekong Province through support to strategies that enable stakeholders to better prepare for, mitigate, and respond to natural disasters”. The Project logic defines its principle objective as “*increase[d] capacity of Provincial and District DRR stakeholders to create and implement a sustainable DRR/M programme in Sekong Province*”. Three results are expected to contribute to that objective, more specifically:

* *Improved DRR/DRM programme cycle management and CBDRR capacities of selected staff of the Sekong PDMO and Lamam DDMO and other key stakeholders including the Laos Red Cross;*
* *Prioritized and gender balanced protection activities implemented at the village level to reduce risks for livelihoods and family security;*
* *Communication and IEC strategy and action plan implemented*

1. At present, CARE Laos does not have a definition or operating framework for capacity development. For the purpose of this evaluation capacity development has been defined as “*the ability of people, organizations and society as a whole, to manage successfully their own affairs’* and ‘*the process by which individuals, organizations, institutions and societies develop abilities to perform functions, solve problems, and set and achieve objectives.”*
2. Capacity development features prominently in the evaluation primarily because it is cited as the means for achieving the disaster risk reduction objective. Capacity development is known to be a multi-layered, wide-ranging process, encompassing a variety of inter-related initiatives, and across three levels known as the individual, organizational and societal/ enabling level. The DRR project is largely output based with the potential to additionally contribute to the outcome and impact level in the medium to long term.

**EVALUATION PURPOSE SCOPE AND METHOD**

1. This report is the output from the formative evaluation comprised of sixteen days paid work, conducted during the months of August and September, for the project duration from June 2010 to September 2011. The purpose of the evaluation on the DRR Project is to “*evaluate the effects of the CARE DRR project at all levels of implementation*.” The scope of the evaluation included the provision of lessons and guidance “for further development of DRR activities by CARE in Laos”. The evaluation methodology was developed through a series of iterations including a) desk review, b) development of evaluation framework and questionnaires, c) the use of semi-structured interviews and focus group discussions and, d) field visits with key stakeholders including and CARE project staff following the desk review. The formative nature of the evaluation determined a qualitative approach; results were additionally triangulated with quantitative survey data.
2. Expected users of the evaluation results include CARE Laos staff, DIPECHO Regional Focal Points, and targeted GoL officials. Realistically speaking, VPDUs are not expected to use the findings but should have access to simplified and select findings in order to demonstrate how their voices and opinions have been represented in the evaluation.

**FINDINGS**

**CARE’s approach to DRR and the achievements from capacity development work**

1. Overall, the DRR Project has enacted a vast majority of the activities set out in the implementation plan contained in the EC Single Form.
2. Where modifications have occurred, such as the provision of an additional refresher course for the GoL officials, benefits can be clearly cited in terms of improved technical skills and DRR awareness of targeted GoL officials. Increased levels of knowledge on DRR and early warning systems by members of the targeted eight villages are also clearly evident. On the basis of feasibility and relevance of village needs, the project was justified in its decision to omit activities related to ‘cash for work’, utilizing the funds for building eight warehouses and commissioning a contractor to complete increasingly challenging small infrastructure projects.
3. Ownership is considered to be important for capacity development to succeed and be sustained. High levels of project ownership could be observed at three government levels (i.e. district, province and national level). Of the three levels of government, NDMO demonstrated the least amount of ownership for advancing the project achievements. At the provincial Level, the Vice Governor of Sekong and Lamam ‘owned’ various components of the DRR work, including the concept of the DRR as a development objective, the completion of the Sekong DRR Strategy and the commitment to support DRR activities as and when budgets allow. At the village level women and men, particularly the representatives of VDPU, were visibly engaged in both the process of enhancing their DRR capacities as well as the means with which to achieve these capacities.
4. Project efficiencies were significantly undermined by the GoL NGO project approval process, cutting the implementing timeline from fifteen to nine months. Project effectiveness is therefore assessed with this constraint in mind, particularly with regard to the ability of the project to a) achieve results pertaining to [program] cycle management skills[[3]](#footnote-3) of targeted GoL officials, b) adequately addressing gender mainstreaming in a concerted manner and, c) development and implementation of an exit/phase out plan.
5. The scale of results achieved in the shortened time available for the project, favorably implicates ability by the project team to effectively manage the project and its resources. Inter-agency coordination took place in a timely manner and DRR resources and the IEC strategy and booklet have been produced to a high technical standard. Government stakeholders felt the quality and level of CARE technical advice and management support was both relevant and effective.
6. Although disappointed with the lack of financial support for larger infrastructure and long-term livelihood support, as well as the limited opportunity to continue village level DRR activities with CARE Laos, village representatives had mostly positive feedback on the DRR capacity development intervention.
7. Pre and Post test results and knowledge survey data substantiates the increase in DRR knowledge and understanding demonstrated by the sample group of villagers and the GoL officials. Positive behavioural change was not expected, but did occur during the project lifetime. The greatest degree of observable behavior change occurred with VDPU members, where their ability to delegate DRR duties and increase shared responsibilities of DRR was clearly demonstrated.
8. The DRR Project has implemented training and learning inputs with notable effectiveness. Capacity gaps were typically captured through the use of VCA at the village level. However, the VCA method was not suited for capturing capacity strengths of villagers. At the government level, informal discussions constituted the prime method for capturing and assessing capacity needs of Provincial and District level staff. The design of the capacity intervention was somewhat weakened by overlooking the importance of using a systematic capacity assessment tool which would have otherwise captured (butnot necessarily addressed),the complex and systemic constraints underlying GoL DRR management. For example, an effective organisational level capacity assessment may have captured the importance of strengthening thesupervisory system in order to increase performances of GoL DRR trainees.
9. There appears to be no shared understanding on what capacity development is and what it entails beyond the provision of training and coaching. CARE Laos does not yet have a definition of capacity development. In more precise terms, there is no operating framework on how capacity development interventions on the various levelscan be linked, engendered, and measured.
10. The village level survey is well designed, but tends to capture changes in perception rather than changes in knowledge. While changes in perception is easier to capture and more realistic for project implementation period, future work of this nature may benefit from a more rigorous survey design.
11. Positive attitudinal shifts have clearly occurred among the cohort of GoL trainees and DRR focal points. GoL in general claim to be more interested in addressing DRR more proactively, strategically and most importantly, with the needs of vulnerable people in mind. With regard to the survey design for GoL trainees, a greater mix of perception and knowledge-based questions are clearly evident. However, there are no indicators from which to assess the extent of change in the performance levels of trainees. To some degree, the DRR Project countered this oversight by recruiting good quality trainers who were able to observe the trainee performance levels at key junctures of the training program (e.g. practice sessions requiring trainees to analyse the VCA data and apply it to the village level DRR planning process).
12. The DRR project has demonstrably positioned CARE in a strategic light, providing a relevant mix of downstream activities with rights holders and upstream evidence-based policy support to NDMO and the Provincial Disaster Management Committee (PDMC). The IEC Strategy and DRR booklets are outstanding examples of the latter, which provide the GoL with some concrete measures with which to finalize the National Disaster Plan and Strategy 2012-2015.
13. Good practices and lessons have emerged from the DRR Project. A lessons learned workshop helped to gathered diverse perspectives, while the use of training effectiveness tools such as pre and post-test knowledge surveys, have begun to build up an evidence-based approach. The importance of following up on training is notable as a measurement of good practice; the use of a refresher course, a ‘learning by doing’ approach in real-life settings, and the process of explaining survey results to a diverse set of people, are all examples of good practice. The use of existing local expertise rather than hiring external training providers, has reinforced inter-agency collaboration and the ability to modify and shift the focus of support during the course of the implementation period. This demonstrates flexibility and a willingness on the part of CARE to use monitoringinformation for the purpose of decision making.

**KEY RECOMMENDATIONS**

**DRR Project exit phase/ continued support for sustainability**

* 1. Optimise on the gains made in Sekong and continue the momentum for improved DRR planning to consolidate the results:
  + Allocate experienced CARE management support to PDMC and review the Draft Sekong DRR Strategy, in particular with the PDMC Secretariat. Ensure the strategy is ‘costed’ and contains technically sound contents, including a simple management plan to help senior management implement the next steps for short-term objectives
  + Synchronise further capacity development of PDMC and DDMCwith other development partners. If additional funds allow, promote the use of capacity assessment. Capacity intervention will most likely require coaching senior management of PDMC and District Vice-Governors to practice the basics of performance management. Continue to use a learn- by- doing method and avoid an over-reliance of presentations on the theory of management.
  + Maintain CARE’s profile in key DRR/DM meetings, continue to advocate for a follow up of the IEC Strategy and booklets (including key and disaster-specific messages)through the final drafting phase of the National Disaster Management Plan (NDMP) as well as part of upcoming NDMO capacity assessment and/or any other planned reviews/assessments. In alignment with the short-term outputs of the NDMP, consider the commissioning of ‘light touch coaching support’ to NDMO in order to produce an action-results oriented plan for operationalizing the IEC Strategy..The National DRR/DM meetings area very useful forum to consolidate partnerships with other INGOs, particularly for coordinating capacity development support to NDMO.
  + VDPU members remain in need of encouragement and positive reinforcement to make DRR a habitual practice. Consider integrating existing project village visits (livelihood/UXO) to repeat DRR good practice and continue CARE’s presence, albeit very limited, to the eight DRR villages
  + To reduce the wear and tear of DRR paper documents provided to VDPU members, laminate master copies of forms/templates. Provide durable folders and section dividers to assistVDPUs manage their documentation duties.
  + Facilitate a reflection meeting, internal to CARE Laos, in order to learn from DRR experience from a project cycle management perspective and document the reflections/lessons for institutional memory

**Short-medium term recommendation for CARE Laos for Capacity Development**

* 1. Agree on a definition of capacity development and develop a shared, practical understanding on what is meant by capacity development (conceptual, programmatic and operational). Among other points:
  + Explain the endogenous character of the capacity development process (and increase the opportunities for CARE to sustain its capacity investments with stakeholders)
  + Clarify the three levels on which capacity development can be realistically supported by CARE Laos
  + Inform teams on the practicalities of integrating gender into the management of the capacity development work
  + Explain CARE Laos’ role under different contexts (output, outcome/programmatic and impact level). Similarly, explain CARE Laos role in the short, medium and long term
  1. Ensure future capacity development work benefits from the use of tools and methods for a) capacity assessment, b) capacity measurement (e.g. how to identify and formulate capacity development indicators at the different capacity levels) and, c) capacity lesson learning

1. INTRODUCTION

**Disaster Risk Reduction in Lao PDR**

* 1. According to the National Disaster Management Office (NDMO), more than one million people were affected by floods and 97,000 people by drought during the period 2000-2007. The assessed losses to the floods during this period were in excess of eight million U.S. dollars and the losses to drought were recorded at$84,251 U.S. dollars. Losses were also incurred during the August 2008 floods along the Mekong River and the September 2009 floods associated with Typhoon Ketsana.
  2. Disasters are not a new phenomenon in Lao PDR; the need to set a policy framework was acknowledged as far back as 1999. At that time, the Government of Lao PDR established the National Disaster Management Committee (NDMC) to ensure risk reduction and comprehensive disaster management remained a focus of national policy and programmes[[4]](#footnote-4).The responsibilities of the NDMC include a) the development of disaster management policies, b) the mobilization and coordination of national and international assistance, c) information management and public awareness, d) disaster preparedness, response and recovery and e) promotion of local disaster management committees at the district and village levels. The creation of NDMC’s secretariat, the National Disaster Management Office (NDMO) is also considered as an important step for forwarding a DRR agenda in Lao PDR.
  3. More recently, the Decree 097/MLSW and the National Strategic Plan for Disaster Risk Management 2003-2020 (1139/MLSW, April 2003) attempted to establish a holistic approach for disaster management, with added emphasis on building strategic and implementation partnerships. The Decree aimed to: reduce the risk of disaster for communities and strengthen capacities of disaster management bodies at the national, local and community levels on disaster risk management. Despite a multitude of policy directives, it was not until the development of the Draft National Disaster Development Plan (2011), that the roles and responsibilities of the Provincial Disaster Management Committee (PDMC) and District Disaster Management Committee (DDMC) were outlined and considered as important components for the nationalisation of the government DRR agenda.
  4. At a national level, the UNDP country team is mandated to provide capacity and policy support to NDMO up until 2016. The overall objective of the joint UNDP/NMDO project is “to strengthen national and local capacities for effective disaster risk management in Lao PDR”. The project is expected to enhance the institutional and legal systems/framework for disaster risk management, and to strengthen institutional capacities of the NDMO to coordinate with line Ministries and humanitarian agencies on disaster risk management activities throughout the country. The project also has the ambitious task of enhancing the national disaster planning and response capacity at provincial, district and village level. Once it is clear which ministry NDMO will reside under, UNDP plans to conduct a capacity assessment and jointly produce a capacity response plan to help achieve these long-term objectives over the medium term of four to five years.

According to the UNDP/NDMO project document of 2009, “NDMO possesses limited authority and influence to plan, implement, and monitor disaster management activities which it is expected to undertake. It does not have a functional organizational structure, there is evidently lack of clarity on roles and functions, and the staff do not have clear job descriptions/ Terms of Reference that match tasks and responsibilities expected of NDMO. While there are a number of training opportunities made available by regional and international partners and donors on disaster management, the NDMO does not have a clear strategic training programme for its staff much less for DM focal points of other ministries”[[5]](#footnote-5). Overall, NDMO’s internal capacity to carry out its coordination function between the government led NDMC/PDMC/DDMC structures and the humanitarian agencies, is generally considered weak. This set of circumstances complicates the scope and impact of any capacity development planned and/or provided by development partners, including the DIPECHO funded DRR Project. Subsequent work with NDMO should be carefully tailored with these endemic problems in mind. The real cost of capacity investments are likely to remain underestimated, and the real causes of poor organisational effectiveness will continue to be ignored or unaccounted for.

**Understanding Capacity Development**

* 1. There are a number of definitions of ‘capacity’ and ‘capacity development’. The UNDP definition is among the most widely used as ‘*the ability of people, organizations and society as a whole to manage successfully their own affairs’* and ‘*the process by which individuals, organizations, institutions and societies develop abilities to perform functions, solve problems and set and achieve objectives’*. CARE Lao PDR does not yet have a shared definition of capacity development.
  2. Capacity development has earned a central position in contemporary thinking on development. Considered as vital for the achievement of the Millennium Development Goals (MDGs), capacity development is promoted as both a means and as an end in itself to ensure that developing countries are able to bring about sustained improvements in services, public resource management, and good governance. Global agreements such as the Paris Declaration on Aid Effectiveness[[6]](#footnote-6) and the Accra Agenda for Action,[[7]](#footnote-7) have further enhanced capacity development by promoting capacity development collaboration between international development organizations themselves. Agreements such as these, remind development practitioners that financial inputs and even external technical assistance will not, on its own, lead to sustainable development unless the change is internally driven and endogenous.
  3. Capacity development is known to bemulti-faceted, encompassinga variety of activities including advocacy, organizational restructuring, support for policy-making, strengthening networks, and joint strategy development and training. A growing body of research[[8]](#footnote-8)recommends that capacity development interventions should be designed across three levels- individual, organizational and finally societal/ enabling level. Box 1 below explains the three levels of capacity and capacity development. The societal/ enabling level comprises political and socio-economic factors affecting development outcomes. Capacity development is generally accepted as more straightforward at the individual level and most challenging at the societal or enabling environment level[[9]](#footnote-9). Similarly, development of technical capacities, such as disaster preparedness planning, is concrete and generally better defined than that of cross-cutting and less tangible capacities embodied by good governance and effective organisational functioning. Good governance examples include evidence-based policymaking, development and effective implementation of strategies and action plans, progress monitoring, and the cultivation of partnerships and mobilization and management of resources.

**Box 1: Three Levels of Capacities and Capacity Development**

**Societal or Enabling Environment**

Policy framework, legislation, allocation of public resources, societal norms

**Organizational, Institutional and Community Level**

Procedures, frameworks, management systems of organizations and institutions   
including government, civil society, private sector and local communities

**Individual Level**

Skills, knowledge, experience, attitudes and beliefs

**Operational Context of the DRR Project**

* 1. Context matters for capacity development because it provides the environment in which capacity development initiatives are implemented. Earlier in the report, the introduction cites the significant capacity constraints facing NDMO, particularly in light of the fact that the GoLis a largely centralised government only recently beginning to decentralise some of its functions to the provinces. Unlike its neighbouring countries, virtually all public sector services in Lao PDR are provided through government systems, including those of the UN agencies, albeit through parallel implementation units to the government.
  2. In Laos PDR, the NGO movement is nascent and has been met with some level of caution by theGoL. Compared to its South East Asian neighbours, Lao PDR has a less vibrant and extensive network of NGOs. Generally considered as innovators, closer to the activity level and open to using participatory mechanisms, NGOs would normally provide a network through which DRR could potentially be scaled up to reach vulnerable or remote communities[[10]](#footnote-10).
  3. Internal to CARE Laos, the country office is in the midst of shifting its organisational emphasis from a project to programmatic approach. Capacity development is increasingly considered as a means of meeting goals and objectives with the aim of securing the protection, welfare, livelihoods and social capital potential of vulnerable communities. A reconfiguration of operational support to sub-offices and a reorientation of resources, both human and financial are likely to evolve from CARE’s strategic redirection over the next fifteen years. In context of these endogenous changes to CARE Laos, the capacity development experiences of the DRR project can provide vital lessons for the organisation’s own development, as well as its contribution to the 7th National Socio-Economic Development Plan(NSEDP).
  4. In addition to other DIPECHO funding, the five year AUSAID livelihood/UXO funded LANGOCA grant has lent CARE Laos a number of opportunities for integrated DRR capacity development in Sekong Province. First, the DRR project has drawn upon the trust and good working relations with provincial and district level government decision makers, particularly the Sekong Governor and Vice Governor. Second, the DRR project selected eight villages previously known to CARE Laos through its emergency response activities related to the 2009 Ketsana floods. As a result, village representatives have been exposed to and therefore, more responsive to CARE community based approaches and participatory methods. Third, the project has linked DRR knowledge with community awareness about food security and livelihoods, both of which are felt needs of the communities concerned. CARE’s livelihood experiences have generated a number of lessons, helping it to understand the reality of the policy environment in which it works. And finally, AusAID short-term disability activities “Improving support and services for people with disabilities and UXO victims in Sekong” and “Improving socioeconomic integration services for people with disabilities in Sekong Province”, enables CARE to advocate DRR objectives through contacts with the National Rehabilitation Centre, Ministry of Health.
  5. CARE Laos’ presence in Sekong Province has encouraged effective INGO collaboration and networking on DRR related interventions. Among other agencies, OXFAM and Save the Children share DRR technical and programmatic updates on a needs basis. The Laos Red Cross have been commissioned to provide the necessary DRR training to GoL, and a good working relationship with ACDP has led to a sharing of the agency’s community based DRR training materials (with CARE Laos).

1. EVALUATION PURPOSE and methodOLOGY

**EVALUATION PURPOSE, OBJECTIVE AND SCOPE**

* 1. The purpose of the evaluation was originally ‘to evaluate the impact of the CARE DRR project at all levels of implementation.” Following adebriefing with the Team Leader, the purpose of the evaluation was adjusted to act as an end of project evaluation, rather than an impact evaluation only. The scope of the evaluation included the provision of lessons and guidance “for further development of DRR activities by CARE in Laos”.The evaluation is not intended to duplicate the documentation of activity and process level details contained in the Final DIPECHO Report 2011. Evaluation findings are additionally expected to include the extent to which stakeholder knowledge and abilities in disaster risk reduction has been strengthened and participation levels improved in DRR.

The evaluation makes use of the four OECD DAC evaluation criteria, taking a formative stance geared towards identification of good practice and lesson learning from DRR capacity development.

**Methodology**

* 1. The evaluation methodology was developed through a series of iterations including a) desk review, b)discussions with the DRR Team Leader to determine the broaderquestions CARE Laos would like addressed, c) a Skype-based debriefing session prior to deployment, and d) an orientation to the CARE Country Program by the Assistant Country Director, Programs
  2. Following the desk review and initial discussions with the DRR Team Leader, an evaluation framework was designed to focus the scope and direction of the evaluation, a copy of which can be found in Annex 1. In addition to a detailed explanation of the evaluation process, Annex 1 also provides a copy of evaluation interviewee questions.
  3. The evaluation does not include an impact level analysis, for which a country level assessment would have been necessary.Instead, the evaluation focused on the changes in capabilities at the individual level and to a lesser degree, changes at the organisational level.
  4. The field mission entailed semi-structured interviews with government officials drawn from national, provincial and district level offices. A purposive sample of three out of eight villages(i.e. 37.5%) participated in the line of enquiry,providingfeedback of their experiences of the effects of the DRR Project. The largest community based group, the Village Disaster Preparedness Units (VDPU), wascomprised of eight village representatives[[11]](#footnote-11). 80% of the DRR Sekongsenior staff were interviewed (i.e. four out of five people). Each of the CARE project officers were female and interviewed as one cohort, with the aim of generating data on project implementation issues, local staff support, and other related matters. The DRR Team Leader and Provincial Coordinator were interviewed as the second cohort in order to generate additional evidence of a strategic and systemic nature (e.g. coordination from local to national level capacity development).

**Methodological Limitations and Constraints**

* 1. As is often the case for evaluations, time constraints prevented a broader and deeper line of enquiry.For example, the use of women only feedback groups could have been possible and would have reduced the number of villages visited from three to two.In light of the need to encourage women to participate actively in the feedback process, women were positioned at the front and nearest to the evaluator to encourage an informal, friendly talking environment in Pakthone and Tuidanvillages. With the exception of one village, women’s voices were not as vocal compared to that of the male members of the village meeting. At the government level, three officials were available for interviews for a relatively short period of time in between workshop intervals. Many of the government trainees were attending a meeting in the capital of Vientiane during the field mission and only two technical staff (DRR trainees)wereavailable for interviews between workshop intervals.Time allowing, participatory evaluation techniques would have been the preferred mode of enquiry, in order to encourage ownership of the evaluation findings, as well as to reduce the extractive nature of a largely externally driven evaluation.

1. THE Practice OF DRR Capacity Development

At present, there is a gap in technical capacity development specialist advice and trainingwithinCARE Laos. The country office is in the midst of developing its Partnership Strategy, of which capacity development is a component. The contribution of capacity development is likely to be enhanced by developing a) a shared definition of capacity development, b) a guiding framework and c) a set of good practice tools from which to steer its partnershipwork. Among middle and senior level CARE expatriate staff, there is ashared understandingthat capacity development is made up of different interventions beyondthe provision of training. By comparison, national staff at the provincial level are less familiar with the nuances ofcapacity development and what this entails.

**Ownership Of The DRR Initiative and Capacity Development Process**

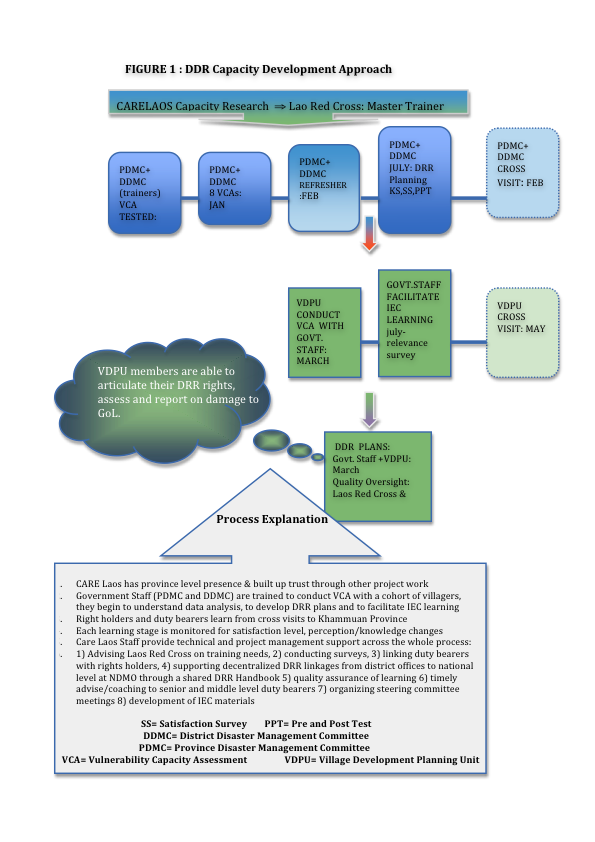
* 1. Ownership is considered to be important for capacity development to succeed and be sustained. The Paris Declaration (2004) and Accra Agenda for Change (2008),suggest government ownership of development changes should at the very least be accompanied by a concrete plan with objectives and a clear vision.
  2. Evidence gathered throughout the evaluation indicates a strong ownership of the DRR concept and the IEC Bookletand Strategy. The Programme Manager, NDMO, Vice Governor of Sekong/Chairperson of the PDMC, the Vice Governor of Lamam District all spoke highly of the quality of the IEC Strategy and materials and the VCA and DRR planning templates. These products are likely to be referred to if and when DRR operational plans and budgets manifest at the provincial and district level. All ofthese managers unanimously agreed that the timely technical guidance and high quality support provided by the DRR project contributed to highlighting DRR as a provincial priority across several government ministries/agencies[[12]](#footnote-12). Ownership of the Sekong DRR Strategy is also likely to be stronger because its development has been championed by Mr Payavanh, who is the Head of the PDMC Secretariat.
  3. By comparison, the process of managing DRR initiatives is not adequately understood nor sufficiently ‘owned’ by the GoL. The GoL supervisors/managers have not dedicated the necessary time for coaching or ‘shadowing’[[13]](#footnote-13), particularly for understanding the effort required to develop and promote the use of the IEC strategy and Booklet, nor the technical oversight required to assure good quality training.OneGoLparticipant attending the lesson learned workshop in September 2011, admitted that further support was required for DRR focal points to advocate for DRR budgets, oversee the scale up of DRR activities to other districts, and practice DRR planning.This finding suggests that senior management have not fully grasped their responsibilities for the continuation of the DRR activities.
  4. The process leading up to the development of the IEC strategy wassupported but not necessarily owned,by NDMO. While NDMO staff would have liked to have learned more about the technicalities behind the development of the IEC materials, by their own admission, the NDMO Project Manager reiterated the limited time to learn about DRR technical details or effective group facilitation (to co-facilitate workshops). *In comparison* to the other government offices, NDMO demonstrated the least degree of ownership foradvancing the interim results achieved by the DRR Project. Leadership, project management and DRR vision of NDMO remainsa work in progress. Frequent out of office travel by the Project Manager has further limited the pace of work on the National DRR Strategy (UNDP supported), and there is no roadmap or agreement on how NDMO will ensure effective use of the IEC strategy once it has been disseminated. NDMO commitments to expand DRR capacity development within the GoL provincial/district structures or at community level will continue toexperience setbacks until NDMO leadership is genuinely in the driving seat and effectively steering the process of organisational change. Despite technical support from UNDP, the National Plan is in its third draft and the strategy has yet to be formalised.
  5. Village level ownership of DRR activities appears somewhat mixed. All three villages visited during the evaluation demonstrated clear ownership of the DRR concept and the relevance of learning about DRR. VDPU members were more informed than the other village members about DRR early warning messages and their responsibilities to take forward DRR plans within their villages. Two out of three villages visited had VDPU male and female members who have internalised the need for using DRR templates e.g. to document damage assessment and press the GoL for support. However, only one village visited has committed to reduce vulnerabilities by concrete and agreed actions e.g.Nangyong VDPUorganized villagers to clean up village areas, moved soil to barricade low lying houses near the river bank, and prepared an emergency shelter. While changes in village level knowledge levels can be an indication of levels of ‘ownership’, sustained behaviour changes would need to occur for claims about ownership to be proven.

**The Focus of Support**

* 1. In light of the implementation time available to the DRR project team, the DRR project has demonstrated an ability to tailor and modify its projectsupport on a needs basis.

**Support at theIndividual Level**

* 1. Training isthe main capacity development instrument of choice at the individual level.Due attention has been given to the management of the training process, as well as concerted efforts to measure training effectiveness. The Project Team Leader worked closely with the Vice Governor and Director General of the Ministry of Labour and Social Welfare in Sekong to identify individuals perceived by colleagues as “early adopters” of the new DRR approach. The GoLTraineeswere drawn from a range of government ministries and hierarchical levels,with the intention of generating a wide network of DRR informedGoL officials. In total, 17 people attended the five-day Vulnerability Capacity Assessment (VCA),and Basic Disaster Management course delivered by the Laos Red Cross in December 2010. Further evidence of effects of training is presented in Table 1 of Annex 3.
  2. The DRR project’s learn-by-doingapproach has been a distinguishing feature of the training programme. By taking the GoL officials to the village level, the DRR Project injected a sense of pragmatism and purpose to the training course. VCA data was gathered by (the GoL) trainees in consultation with VDPU members of eight villages. Feedback from two ofthe GoL representatives suggests the analytical capacity of villagers was too low to help practice VCA in its entirety andthe variety of hazards wasnot discussed by VDPUs. An analysis of hazards was not possible, leaving at least two DRR officials with a sense of missing a useful learning opportunity. In the time allowed, the DRR project provided a half day orientation on ‘participatory techniques’.However, this amount of time proved to beinsufficient to support DRR trainees to learn such a demanding skill. Feedback from UNDP and the French Red Cross confirm a consistently low level of functional skills across the GoLofficials.It is entirely possible that the level of absorption for learning participatory group work was negligible for the task that was set out and DRR trainees struggled to generate the necessary information from members of the VDPU
  3. Atwo day follow up training course was held in January 2011 to consolidate the newly acquired VCA/DRR skills. An overview of the training process can be found below in Figure 1. Feedback from two ofthe GoL trainees suggest that intense training support was necessary to help traineesuse the VCA tools,as well as to understand how to use the data for developing DRR village plans. However, findings also indicate the poor quality of all eight DRR plans. This suggests a need for extended learning and practice periods in order for the GoL to become satisfactorily proficient in DRR assessment, planning, and documentation.“*The analysis […] of the data they had collected through the VCA was of a lower standard than demanded by the project. Out of the 4 VCA tools used by the participants, only three were partially understood. All lacked in details and some repeated the information collected by others. The hazard mapping was very imprecise and most maps did not show hazards. The vulnerability (1) and capacity analysis tables (2) did not address the problems faced by the villagers. Most tables had “problems”, “causes” and “consequences” mixed up, without a focus on hazards and the potential for disasters. Hence, the DRR plans first produced by the trainees were inaccurate and at times wrong. This can be attributed to the fact that the participatory skills of the PDMC and DDMC staff were at first significantly low, as well as their general awareness of DM and DRR logic”[[14]](#footnote-14).*
  4. In light of the above progress, the DRR team tailored the remaining training sessions from February onwards,to improve the quality of analysis required to produce useful VCA analysis tables, hazard maps and resource maps etc. The ability of the DRR project team to modify its training support and adjust learning approaches for maximumeffect, signifies a sensitivity to remaining flexible during the remaining course of the DRR Project.
  5. The DRR project’s innovative approach to learning was further advanced by organising a cross visit from Sekong to Khammouan Province, where DRR awareness raising activities by the Laos Red Cross had previously taken place at the village level. The GoLParticipants feedback suggests the cross visit was relevant but was in need of improvement, in terms of better organisation and a reduction in the amount of learning expected in the limited time provided[[15]](#footnote-15). Satisfaction levels of DRR trainees wereacceptable at 77.5%.
  6. A pre-post test given to the trainees compared knowledge variances between the first training, delivered in December 2010, with the last training delivered inAugust 2011. The result is indicative of the positive effects arising from the DRR Project training program, with a 22.4 point increase in DRR knowledge
  7. With six months remaining before the project completion and having only partially completed the training course, the GoLSekongstaff were reassigned in November after the Party Congress and as a result, the PDMC was temporarily halted. The Governor nominated and the DRR Project trained 21 people. When the new PDMC was nominated, the project incorporated the new members so they could benefit from the DRR capacity development intervention. Subsequent monitoring of trainee knowledge levelsrevealedthat newest trainees struggled to grasp the concept and content of the DRR training course.[[16]](#footnote-16)
  8. With regard to the progress of learning and capacity changes at the village level, survey results indicated that villagers DRR awareness/knowledge had exceeded the target of 80%[[17]](#footnote-17). 96.3% of survey respondents were aware of the existence of a village evacuation plan (compared to 29% in January 2011) and 85.4% knew the roles of the VDPU (compared to 5.2% in January 2011).
  9. InSeptember 2011a knowledge survey was conducted with VDPU members,indicatinga higher level of knowledge with correct answers reaching 97%.This result is significant when compared with a 33 pointsincrease from pre-knowledge survey results produced at the beginning of the capacity development work, seven months prior to the survey. Although a vast majority of the questions were perception-based, the survey results demonstratedthe increased level of awareness ofrisks, hazards and disasters. Of particular interest, the survey results also reveal a parallel increase in participants’ understanding/acknowledgement that they are not fully prepared to address the impact of a large scaledisaster.



***Support to the Organizational Level***

* 1. Project activities at the individual/activity base level have been converged to support change at an organisational/system level. For example, by training government officials, the DRR Project has directly contributed to the existence of 8 village VCAs in the Sekong province. At a minimum, each VCA contains details of hazard maps, DRR plans, and small scale infrastructure needs.Multiple VCAshave in turn provided the Governor and Vice Governor of Sekong witha knowledge and practice base from which to improve and finalise the DRR Sekong Strategy.
  2. The names and contact points of eight village VDPUs and 20 the GoL DRR informed focal points at the provincial and district level are now in place.VDPU members have documented roles/responsibilities and now have copies of relevant DRR information[[18]](#footnote-18)
  3. The development of the highly practical and bottom up designed national IEC strategy has afforded the NDMO (through the support of UNDP) an opportunity to re-align its (draft) National DRR Plan strategy in the context of sub-national needs and realities. The GoL now has IEC learning materials on early warning systems, which have been trialled and tested with regional ethnic groups, who are particularly vulnerable to disasters and hazards.
  4. The Project has demonstrated to DRR government focal points:a) that DRR awareness raising activities among targeted villagers and the GoL officials can be implemented and b) how gender sensitivity can begin to be practically applied within the context of DRR. Through the delivery of lesson learning workshops attended by NDMO, PDMC, DDMC and several ministries and INGOs, the DRR Project has also modelled how inter-ministerial collaboration can be fostered and meetings betterorganised. Although DRR Inter-ministerial coordination has yet to be addressed in asystematic way, a recent Prime Minister’s Decree (2011) is in theory, supportive ofcontinued inter-ministerial coordination.
  5. Due to the absence of government management systems necessary to sustain the results achieved by the DRR short-term project, the above project level gains are likely to be undone over the medium term. While *systems* for project management, training management, and staff performance measurement were not results expected from the DRR Project, these types of organisational level changes are nevertheless, vital mechanisms for government led DRR planning and implementation to occur.
  6. Alternate DRR Project staffing arrangements may well have contributed to more frequent and in-depth technical support and management guidance to NDMO. However, the time and financial resources required to support the NDMO level staff was beyond the capacity of the Sekong based Team Leader. Subsequent DRR programmatic work may need to consider additional allocation of staff time at the national level or increase *the pro*ject management competencies of national level staff to allow Team Leaders to be out of office without compromising on the quality of implementation at the provincial level.

***Support to Enabling Environment***

* 1. The DRR Project has the potential to contribute to changes at the enabling level where norms, values, and beliefs determine the environment in which good governance and equitable behaviour/practices are embedded. The manner in which the GoL has been supported to understand DRR has led to a larger cohort ofGoL officials who are supportive of the mainstreaming of DRR as a concept and development priority. If the DRR knowledge is harnessed and the DRR trainees are managed effectively, they potentially serve as crucial change agents for the government.
  2. Piloting and modelling of innovative practices with the intention of scaling up by the Government is also a means of capacity development. For piloting to occur effectively however, CARE Laos would have to design its next DRR phase with greater monitoring rigorto track progress and performance data against baselines and jointly determined change/process indicators at the organisational and enabling level. Furthermore, for piloting to support the enabling environment where polices are developed and budgets allocated, the key government decision makers would need to understand the linkages between activity level inputs (e.g. training) with improvements to systems working towards equity and results based management.
  3. Norms, values,and the confidence level of eight villages have been affected, if not entirely changed as a consequence the Project’s DRR activities. The opportunityof VDPU members to visit other villages in neighbouring province Khammouan further promoted the principle of being “prepared” in the event of a disaster. The table in Annex 3further highlights the type of changes that have occurred across the eight villages. The confidence of VDPU members to make their opinions and feedback heard by the GoL is one such example. In his feedback to the evaluator, the Vice Governor of Sekongreiterated the distinct improvement of village representatives to speak more precisely to him on the damages incurred from flooding, as well as the mitigation measures necessary to combat future damage. Villagers cited the relevance of food security and livelihoods to reducing the negative impact of disasters. Village representatives clearly demonstrated a familiarity with referring to documents for assessing village level damages post-disaster in all three villages visited during the evaluation. Prior to the project’s intervention, villager’s relied on verbal communication to relate to the GoL, after the project intervention and the VCA exercise, VDPU representatives claimed to be able to articulatesome risks and hazards (particularly those related to flooding), as well as specific mitigation measures. One out of three villages visited during the evaluation provided feedback related to the VDPU’s ability topromote DRR to other villages[[19]](#footnote-19).Finally, villager perceptions of their own resilience overall, has noticeably increased. At the beginning of the project, 2% of survey respondent felt their village was prepared in case of an emergency. By the end of the project, 59% of the same cohort believed their ability to deal with emergencies had been enhanced.

**Gender and the DRR Project**

* 1. Since gender inequality is a product of unequal power relationships in formal and informal structures, the DRR Project can only contribute to gender equality if it contributes to changing the relationships contained within these structures. Changes in gender relations is a long-term investment, requiring deeper and more concentrated efforts to redress deep-seated norms and values of society and to rebalance the ownership of capital assets and decision making authority. With this in mind, longer termDRR programming should, in the future, attempt to build the self-esteem of women through practical means, much like the self-help model used in CARE Food Security intervention.[[20]](#footnote-20)
  2. Within the confines of the project term, the DRR attempted to apply gender sensitivity to project activities. For example, IEC materials have photographically promoted women as active and informed decision makers in the DRR process. The results from the relevance study (which tested the IEC materials) were gender disaggregatedand analysed to reveal women as stronger proponents of DRR. By encouraging women to speak up and voice their opinions during VDPU meetings, the DRR Project Officers demonstrated an awareness of gender dynamics at the village level. The DRR Project staff were also acutely aware of the lack of control in setting gender quotients for VDPU membership or government trainees, but attempted to address the poor gender balance of VDPU by suggesting the additional inclusion of women as part of the VDPU cross visit.
  3. Nevertheless, the focus of support and/or time investments for gender mainstreaming appeared to be insufficient compared to the time allocated to initiate and improve other aspects of the project interventions (e.g. the development of technical guidance/resources). The practical requirements for building capacities for engendered programming are often not sufficiently understood by the team as a whole. There appears to be a gap between knowledge and awareness on gender concepts and tools, with national staff unable to relate gender analysis to the capacity development approach.
  4. Practical measures could have been put in place to help integrate gender into the project design and implementation phase. For example, In recognition of the fact that women are less likely to speak up in the presence of men, the VCA and Community Facilitation Skills training materials could have promoted women only problem solving group work. There appears to be no guidance on how VCA findings could be analysed through a gender lens. Presentations made to the GoL could have optimised on sharing results and issues with gender as an explicit priority (e.g. lessons learned workshop held in September). Knowledge survey findings at the village level were gender disaggregated but could have been reported moreconsistently[[21]](#footnote-21). On the occasion when data was analysed with gender variances in mind (i.e. the IEC Materials Relevance Pre/Post knowledge survey), gender results were informative, highlighting women as more knowledgeable and informed about colour coding and early warning systems.
  5. The reduced implementation timeline for the project from almost fifteen months to nine months constrained the quality and frequency of involvement by women members in all three villages. The seasonal timing of the village level VCA exercises and IEC awareness raising sessions meant that women were out in the field during the harvesting or production periods, and unable to attend DRR learning sessions for the time required. Of the women present during evaluation feedback sessions, at least half (of two villages visited) were consistent in their feedback that such events should take place during the month of February and March.
  6. While the DRR project results framework reflects the language of gender e.g. “women and men identify ....local infrastructure projects”[[22]](#footnote-22) there were no engendered indicators to detect the quality of women’s involvement and whether or not there has been a shift of gender power positions during the course of the intervention.
  7. At the time of the DRR project design and early implementation phase, CARE programming systems were insufficient to ensure the quality of gender implementation, monitoring, and reporting”. Plans are currently underway to support all project teams to incorporate engendered M&E and programmatic support over the coming years.

1. DRR Capacity Development in project Cycle Stages

**Baseline, Assessments and Project Design**

* 1. Findings from The UXO Needs Assessment[[23]](#footnote-23) and CARE Lao Disaster Management Assessment[[24]](#footnote-24) provided useful contextual information for project design and rationale. The proposal also contained elements for baseline information, such as the absence of a provincial DRR Strategy and the gap in job descriptions for provincial and district government DRR focal points. Although the actual project duration does not justify a heavy investment in conducting a baseline study, CARE Laos may have benefited from a simple but ‘good enough’ baseline with the aim of measuring the progress and extent of change over the course of the operation. And while pre and post knowledge surveys have proven to be extremely useful[[25]](#footnote-25), the survey data does not serve as baseline information for the project as a whole.
  2. With regard to a baseline for national level capacities at NDMO, UNDP is mandated to conduct a capacity assessment in the very near future.
  3. A formal capacity assessment was neither expected nor conducted.However, this omission limits the profile, specificity,and definition of capacity increases required(by the various stakeholders) to sustain DRR outputs. The use of a relevant capacity assessment tool may have otherwise generated useful process indicators to measure progress and achievement of performance changes. A well designed or adapted capacity assessment would also aim to capture knowledge on the underlying issues of ownership, sustainability, and the necessary incentives to achieve good governance and equity.
  4. While the DRR Project benefited from early, informal discussions with the GoL (on the project rationale and process), the DRR initiative did not incorporate discussions on the necessary unit/organisational level mechanismsnecessary to support the GoL to sustain newly acquired DRR planning and VCA skills for the future. Ideally, the DRR project would have benefitted greatly from a well timed capacity assessment of NMDO; relevant capacity data at national level would have supplied the necessary information required to support project management capacities of sub-national mechanisms.
  5. At village level, the VCA tool captured capacity gaps and physical assets/structures such as boats and side roads,more effectively than it did capacity strengths. If CARE Laos is planning to implement a DRR programmatic approach with equity issues strongly in mind, the agency may benefit from using different participatory methods able to capture the essence of ‘resilience’. The willingness to self-organise, take consultative decisions, and/or draw on women’s knowledge and experiences are some useful examples. Villagers are likely to be the best source of knowledge for expressing what ‘resilience’ means from their own world-view.
  6. Training Needs Assessments (TNA)were not conducted as part of the DRR training package of support to the GoL.If in the future CARE Laos considers integrating capacity development as part of its programmatic approach, the use of TNA may assist in determining the scope and nature of training in relation to organisational/unit level objectives (e.g. in the case of DRR, training needs could have been assessed in relation to the mandate of the Provincial Department of Labour and Social Welfare).

**Implementation and Monitoring**

* 1. The ability of the DRR Project Team to manage some project risks and resources effectively and efficiently can be demonstrated in a number of ways. Despite the delays in the GoL project approval, the DRR Project Team effectively prepared for and organised the training in the same month the MOU was signed (i.e. December 2010). This allowed for the delivery of much needed consecutive training events and cross visits for the remaining nine months of the project term. Satisfaction survey results of over 80% for four training events suggested that the overall quality and relevance of the Laos Red Cross training was not significantly compromised[[26]](#footnote-26).
  2. The DRR Project Team took advantage of the GoL meetings and workshops to relay progress made, issues raised, and risks and corrective action required to ensure activities were completed in line with DIPECHO proposal. Where project modifications were deemed necessary (i.e. omission of cash for work project component), the Team Leader provided a clear justification without jeopardizing the achievement of the project principle objective. Time and cost savings from the cash for work wasreinvested in the identification and supply of relevant mitigation measures such as eight warehouses and the reparation of one village school.
  3. The DRR Project has shown initiative and good practice in its endeavour to monitor DRR knowledge changes at key points of the project implementation phase. Pre and Post knowledge survey results were analysed, documented, and communicated to the GoL but to a much lesser extent, to villagers.
  4. While the progress and achievement of activities have been monitored adequately, the *performancechanges* following training and village level capacity support has been less well captured. With the exception of the GoLofficials ability to jointly analyse VCAs with village representatives, there has been no monitoring of supervisors ability to manage the DRR work of those newly trained in DRR planning. This finding was further verified by the inability of some the GoL supervisors to explain the basis on which they ranked their (80%) satisfaction levels of their team’s performance.
  5. The definition of process indicators for performance measurement should contribute to CARE Lao’s future capacity development interventions.
  6. Training in and of itself, has proven to be insufficient for improving organisational effectiveness. In turn, government driven incentives schemes are increasingly cited as an important mechanism for improving civil servant accountability and performance levels.[[27]](#footnote-27)With regard to practising DRR analytical and planning skills, feedback from the GoL indicates the need for additional on-the-job learning support.While the DRR Project inserted an additional one-day refresher course to coachthe GoL teams on their DRR analysis and planning skills, this one day input was insufficient to significantly improve critical thinking skills of the GoL, who have been largely unfamiliar with the notion of critical analysis and planning. Box 1 below, provides some further insight into the assumptions underlying the project logic.
  7. On the occasions when GoL officials have made the time to meet with the DRR Team Leader to benefit from timely technical support and one to one coaching, the evaluation has found the course of project implementation and use of DRR Project staff time as well served. As an example of good practice, a series of meetings were held, advise given and technical reviews conducted by the Provincial Coordinator and DRR Team Leader, well before the Head of Social Welfare Dept, PLSW was able to understand what a satisfactory DRR Strategy may contain. The resultant draft Sekong Strategy (September 2011) may serve as a benchmark from which other provincial strategies will be developed in the coming years.
  8. The rate and type of financial expenditure[[28]](#footnote-28) signifies a transparent and methodical approach to the financial management. A review of the financial tracking record indicates that the DIPECHO grant has been used in line with the achieved outputs.
  9. Based on the interim DIPECHO progress report and a review of process documents produced during the course of the project implementation phase (e.g. training guidance, IEC testing materials, pre/post test raw documented evidence), it is entirely feasible that a longer project term could have achieved more ‘depth’ in terms of testing and incremental build up of newly acquired technical knowledge and skills at the government and village level.Given more time, the project could have integrated much needed functional skills to support the GoLSeniorManager to supervise and track the performance of DRR assigned technical staff (e.g. how to oversee and coordinate DRR work in community settings, how to cost DRR activities at provincial and district levels, work planning, how to prepare, manage, and follow up on intra and inter-ministerial meetings, how to use basic monitoring formats to track progress and performance of work etc).
  10. Result One of the DRR Results Framework claims to achieve “improved DRR/DRM programme cycle management…. of PDMO and DDMO [*staff*].” However the term “programme management cycle” should have been clarified at an early phase of the project. The term is not commonly used in development settings (unlike ‘project cycle management’). In a working environment where the GoL officials struggle with the concept and feasibility of practicing ‘project cycle management’, the relevance oflearning ‘programme’ cycle management is highly questionable.
  11. There are good indications that CARE Laos provides a conducive environment in which to reflect upon what works and does not work. Meetings are held at the Sekong Provincial office to exchange experiences from its different projects. In light of the evidence gathered from stakeholders, as well as a review of the DRR EC Interim Report and other project documentation, the evaluation findings have noted the DRR team’s commitment tocandidacy and transparency for reporting on progress, project constraints and achievements.
  12. However, capacity development appears to be a relatively new area of specialization and further technical understanding is required to elevate the quality of lesson learning derived from its capacity development work.

**Box 2: Assumptions regarding DRR Project Results**

1. The DRR is a project-oriented intervention by which capacities are developed through a short term project intervention. Among other constraints, the project logic cites the risks as:
   * 1. [no incentives for the GoL] “*officials to remain motivated*” [in order to improve DRR plans and policy]
     2. [the low] “*motivation of the poor and vulnerable to access project activities*”

However, neither of these changes can be realistically addressed through a short-term project. A long-term intervention is necessary to address gender relations, improved government human resource planning, good governance and GoLperformance measurement. The identified assumptions are in actual fact, strong enough to undermine the achievement of the principle objective in a sustained and consistent manner.

1. The project logic assumes the implementation of plans, strategies and other documents will be achieved once training has been completed and staff rank training satisfaction levels of 80% and above. However, deeper changes in organizational effectiveness are necessary for knowledge and practices to take hold, as well as for the coordination of DRR work to manifest in coherent and verifiable ways.
2. Assessment against DAC Evaluation Criteria

**Relevance**

* 1. In line with the Draft National Disaster Management Plan (2012-2015) and in relation to the short-term DRR needs of the GoL, the overall approach and activities of the DRR Project has clearlydemonstrated relevance. The following forms of support were considered most relevant to the GoL a) the provision of training and b) the development of the IEC strategy and materials. The technical support to the Provincial Government was particularly noted as necessary and well invested in by the DRR Project.
  2. The DRR Project identified and took relevant measures to avoid duplication of effort with INGOsconducting DRR in the Sekong Province. The DRR Project team collaborated with different agencies to ensure DRR learning/training materials were effectively used during the course of the intervention. Collaboration with UNDP was particularly useful in ensuring alignment of national DRR objectives and DRR vision with Provincial and District level plans.
  3. The project focused on DRR priorities of the province,and usefully incorporated food security, livelihoods and UXO outcomes as part of its scope of work.
  4. While villagers expressed disappointment with the prospect of no large scale infrastructural and livelihood supportfor their villages,theyare beginning to accept that they are largely responsible for sustaining the result achieved through the DRR project.

**Effectiveness**

* 1. Within the confines of a nine month project implementation timeline, knowledge survey results of VDPU and villagers indicate a distinct increase in DRR awareness and knowledge levels. VPDU membersare more DRR informed and motivated than villagers who have had less interface time with the DRR Project Team and newly trained DRR sub-national GoL officials. While the data indicates that women are generally more aware of early warning systems (e.g. colour coding), as a group across some villages, they have been less involved and empowered to take on a more active DRR role within their households and villages. This result is not surprising in light of the fact that a) activities to address gender relations were not part of the project intention and, b) addressing deep seated norms and practices which prolong gender equality, is unrealistic within the scope of a nine-month implementation period.
  2. In light of the time and resources constraints, the manner in which the DRR Project was implemented demonstrated a degree of gender sensitivity. For example, women are portrayed as active decision makers in IEC materials andthere was attention to disaggregate data by gender in some but not all data samples.
  3. Village level capacities have increased in a number of ways, of which most distinguishing are DRR decision-making and delegation by newly established VDPU; the confidence to use documentation to assess damage; the confidenceto articulate the type and level of disaster related damage to the GoL. Impact evaluation findings would better reveal whether these and other village level capacities increased by the DRR Project would suffice to “enable [*villagers as*] stakeholders to better prepare for, mitigate and respond to natural disasters”.
  4. While knowledge survey results provide evidence of high levels of the GoLsatisfaction, at times exceeding expected output level targets, the project did not establish a means with which to enable supervisors to determine changes in performance levels of the GoL trainees.
  5. The process by which capacities of the GoL and villagers had been identified by the DRR Project is consistent with the project intention. There is added value to using a range of capacity development methods to capture and respond to the bottlenecks surrounding behaviour changes within the GoL. Nevertheless, the application of tried and tested capacity assessment tools is particularly important in the event CARE Laos decides to address sustainability as part of its programmatic approach.The DRR Project has effectively tailored its technical and project management support, particularly in relation to the provision of training tothe GoL. The use of training effectiveness methods such as pre and post-test surveys, refresher courses and learning-by-doing is, in the context of Lao PDR, very innovative.
  6. Within the boundaries of the project scope, the DRR Project has effectively supported a bottom- up and evidence based approach to DRR planning. Through timely technical support from the CARE Provincial Sub-Office, the DRR Project has further enabled key decision makers within the Sekong Province to develop a purposeful draft outline of the Sekong DRR Strategy.
  7. In light of the above findings, the DRR Project has assisted CARE Laosto position itself strategically. The effectiveness with which the project was able to identify, modify, and implement activities at the downstream level, coupled with its upstream, evidence-based policy support is noteworthy.The development of the IEC Strategy and IEC materials are expected to be an integral component of the NDMO inter-ministerial and inter-agency DRR mandate.[[29]](#footnote-29)

**Efficiency**

* 1. Bearing in mind the need to consider different staffing arrangements at the provincial level and the endemic problems of DRR management and inter-ministerial coordination within the GoL, the evaluation findings indicate an efficient use of time and resources to achieve project output level results.
  2. Modifications to project actions were justified. The training materials were adapted rather than designed from scratch (APDC, French Red Cross/Laos Red Cross), and a good collaborative working style enabled cross-fertilization of ideas and learning exchanges (e.g.a timely cross visitto a neighbouring province with the support of the Laos Red Cross). The cash for work component was substituted by hiring an expert without significantly undermining the short-term income levels of vulnerable families.
  3. The nature of a short-term project will naturally be limited in its propensity to reach long-term objectives. Risks, where they had arisen, were acknowledgedbut not necessarily addressed because the risks were outside of the DRR Project’s control. For instance, the level of the GoL staff turnover had proven to negatively affectthe rate of and depth of learning of new trainees.
  4. The additional risks affecting the level of project efficiency (but not captured in the project logic anddesign) include:
* Government staff vacancies or out-of-office presence hampers the scale up and replication of good practice;
* Inadequate supervision of front line workers/focal points weakens capacity investments;
* Staff turnover in middle to high level ranking government officials limits the effect of training;
* DRR prevention work can be perceived as cost inefficient by government officials with limited budgets; geographically remote and vulnerable communities are particularly hard to reach and even less likely to benefit from urban/centralised capacity development investments;
* Poorly paid, supported, and motivated government staff are less likely to advance on capacity development interventions, no matter how well a capacity development intervention is designed.
  1. Systems strengthening initiatives require a complex set of interventions that go beyond the provision of training, the development of guidance materials, and time-limited advice on developmental planning. While the DIPECHO project grant did not intend to change government systems explicitly, the project design implies it through the intention of increasing DRR management skills of targeted GoL staff. Due to the fact that organisational level capacities were not assessed, the cost of implementing capacity development interventions is at risk of not being sustained by theGoL. Equally important, capacity development work which does not assess the endemic nature of performance inefficiencies increases the risk of underestimating the true cost of capacity development investments.
  2. As an INGO, CARE Laoshas made use of its comparative advantage through itsphysical presence at provincial level, enabling it to keep a ‘finger on the pulse’ of provincial and district level realities. The DRR Project has made effective and efficient use of the CARE sub-office in order to inform CARE of the impact of policy work set at the national level.
  3. Learning from what does not work is a reference point for efficiency as well as for programmatic effectiveness. While there appears to be opportunities to learn on aspects of capacity development across the CARE sectors, it has not yet featured significantly as a form of good practice from which to learn and avoid mistakes in the future.

**Sustainability**

* 1. The level of ownership and possibilities for sustained DRR activities is variable. The Vice Governor, Mr Thavone, has observed notable changes in the manner in which DRR is perceived by his team who “urge for the timely relief and recovery response rates”. The Vice Governor further states that his team intends to use the DRR planning experiences to help budgeting “before it was ad hoc and without much thought on results”. With regard to the management of DRR he admits “*we don’t yet have the system to do this systematically every time, but we will work towards this*”.
  2. At the provincial level, agreements have been made to take on different components for prevention, mitigation, and response. The Department of Education has agreed to focus on using schools as safe houses (if it is on higher ground) and potentially using DRR as part of the curricular. The Department of Health is tasked with health support but has not specified how it will work to provide the necessary support to urban or peri-urban communities. DLSW conducts weekly meetings to help coordinate the DRR effort and has publically committed to increasing the frequency of meetings at the onset of a disaster.
  3. However, the scale up of capacity development has not been discussed without mention of more external support from development partners such as CARE. In any case, there are no plans to train DDMC officials because DDMC has not been ratified and the composition of DDMC is not yet known.
  4. NDMO does not have a plan of action or vision on how to take forward the implementation of the IEC Strategy. Relief efforts have been prioritised over DRR work because of the cost implications to the public sector and resource constrained Sekong Province.
  5. At the village level, VDPU kits continue to be distributed and VDPU retain a commitment to draw on the templates provided to assess and report damages from disasters and hazards. Nevertheless, few villages have committed to taking forward more than the cursory mitigation measures such as promoting villagers to build boats. Evidence suggests that where women have been active VDPU or village members, they will continue to be so. In the absence of deeper and longer term gender inequality interventions however, changes are not expected in gender relations, particularly with the women who remained as passive recipients of power and knowledge.

1. Conclusions
   1. Overall, the DRR Project has effectively implemented a vast majority of the activities set out in the Implementation Plan and results section of the DIPECHO funded proposal (2010-2011). Where modifications have occurred, the benefits have been verified by the results of several knowledge surveys. Evidence gathered by the DRR Project as well as findings from the external evaluation indicates positive attitudinal changes among villagers,including some basic behaviour changes that contribute to a slightly greater level of DRR resilience.The evaluation finding substantiates the high percentage of satisfaction expressed by GoL trainees and focal points,who directly experienced the effects of the DRR capacity development initiative.
   2. Ownership of some, but not all components of the DRR Project is clearly demonstrated. This is suggestive of the need for a longer implementation timeline to consolidate the expected outcomes related to a) strengthening village level resilience to DRR related vulnerabilities and b)increasing the programmatic management capacity of GoL officials.
   3. Nonetheless, the scale of results achieved in the shortened time available to the project,indicates the ability of the project team to effectively manage the project and its resources.Inter-agency coordination took place in a timely manner and DRR resources and the IEC strategy and Booklet have been produced to a high technical standard. While it is unreasonable to expect IEC Strategy to have been implemented as a result of a nine month project, government stakeholders felt the quality and level of CARE technical advice and management support was both relevant and effective. In the absence of an explicit CARE capacity development approach, the DRR Project has implemented training and learning inputs with effectiveness.
   4. The DRR project has positioned CARE Laosin a strategic position, providing a relevant and grounded mix of downstream activities with rights holders, withmore upstream evidence-based policy support to NDMO/PDMO.Good practices and lessons have emergedfrom the DRR Project, providing a good platform from which to design a pilot before the premature scale up of DRR work is further promoted by enthusiastic GoL officials.
2. Recommendations

**DRR Project exit phase/continued support for sustainability**

* 1. Optimise on the gains made in Sekong andcontinue the momentum for improved DRR planning to consolidate the results:
  + Allocate experienced CARE management support to PDMC andreview the Draft Sekong DRR Strategy. Ensure the strategy is ‘costed’ andcontains technically sound contents, including a simple management plan to help senior management implement the next steps for short term objectives
  + Synchronise further capacity development of PDMC and DDMCwith other development partners. If additional funds allow, promote the use of a capacity assessment. Capacity intervention will most likely require coaching senior management of PDMC and District Vice Governors to practice the basics of performance management. Continue to use a learn- by- doing method and avoid an over-reliance of presentations on theory
  + Maintain CARE’s profile in key DRR/DM meetings, advocate for a follow up of the IEC Strategy and Booklet through the final drafting phase of the National Disaster Management Plan (NDMP), upcoming NDMO capacity assessment and any other planned reviews/assessments. Consider the commissioning of ‘light touch coaching support’ to NDMO in order to produce an action-results oriented plan for operationalising the IEC Strategy, in alignment with the short-term outputs of the NDP
  + VDPU members remain in need of encouragement and positive reinforcement to make DRR a habitual practice. Consider integrating existing project village visits (livelihood/UXO) to repeatDRR good practice and continue CARE’s presence,to the eight DRR villages.
  + To reduce the wear and tear of DRR paper documents provided to VDPU members, laminate master copies of forms/templates. Provide durable folders and section dividers to assistVDPUs manage their documentation duties.
  1. Facilitatea reflection meeting, internal to CARE Laos, to learn from the DRR experience from a project cycle management perspective and document the reflections/lessons for institutional memory
  2. As part of the planning phase for further scale up of the DRR Project, develop a simple M&E capacity development framework to increase the M&E capacity of stakeholders. Capacity increases include competencies to understand the rationale, utility and efficacy of evidence and how evidence can be used as part of a person’s work routine (e.g. performance tracking of trainees, progress tracking of project implementation, quality assurance tracking of capacity development inputs). The M&E capacity development framework could also include simple templates and guidance to assist GoL Supervisors to understand how evidence gathered from piloting ( of scale up ventures) and feeds into the bigger picture ( e.g. bottom up policy and planning). A tailored M&E Data Plan will support middle managers cope with linking information management duties with project management duties during a piloting phase.
  3. Additional Implications for CARE: Invest staff time to research into piloting good practices. To support teams and stakeholdersto understand and practice the management of piloting include at a minimum a) an explanation of the theory of change of the DRR pilot and b) diagrammatic explanation of the capacity development implementation process (e.g. rich picture diagrams, flow charts, mapping diagrams). Once CARE staff are familiar with the nuances of piloting and scale up, facilitate the DRR Working Group/ key government counterparts to learn about piloting and scale up as part of the discussion on expanding DRR and DM in Lao PDR.
  4. Implications of piloting and scale up for PDMC: Learn and apply the basics of piloting, testing and project management as part of the PDMc annual/quarterly work plan. If there is no PDMC work plan, one needs to be developed with added coaching support from CARE, a development partner or a competent NDMO staff member/technical adviser
  5. Implications of piloting and scale up for NDMO: Draw from technical expertise (DM Working Group) to comprehend theoperational and budgetary implications of scaling up the Sekong DRR Project. Document piloting plans as part of the finalisation of the National Strategy.

**Short-medium term recommendation for CARE Laos for Capacity Development**

7.3 Agree on a definition of capacity development and develop a shared, practical understanding on what is meant by capacity development (conceptual, programmatic and operational). Among other points:

* 1. Explain the endogenous character of the capacity development process (and increase the opportunities for CARE to sustain its capacity investments with stakeholders).
  2. Clarify the three levels on which capacity development can be realistically supported by CARE Laos.
  3. Inform teams on the practicalities of integrating gender into the management of the capacity development work:
* Draw lessons from one VDPU where the role of a woman is the most prominent;unravel what ‘meaningful’ participation/involvement*looks like and what behaviours are demonstrated* by women who feel empowered. Consider developing a role model of successful VDPU female members (including incentives to provide mentoring support to other women self-help groups in future pilot work/scale up activities). Utilise this knowledge and invest in additional M&E support to define engendered process and outcome indicators for gender sensitivity and progress towards gender equity.Indicators should remain authentic to the local interpretation of ‘meaningful involvement’ and detect shifts in power relations. Definition of indicators/results shouldalsofactor the additional burden of work with added levels of authority/status for women who participate in the project work.
* Adapt DRR materialsand project design to explicitly communicate the effects of gender relations (i.e. in training or ToT documents, powerpoint presentations reporting mid-term findings/lessons/progress, monitoring/survey results, the preparation of male and female community meetings, the adaptation of VCA tool to reflect the role/contribution of women.
* Reconfigure the timing of village level learning events by season as well as the time of day to capture a higher participation rate of femalemembers.
  1. Explain CARE Laos role under different contexts (output, outcome/programmatic and impact level). Related, explain CARE Laos role in the short, medium and long term
  2. Ensure future capacity development work benefits from the use of tools and methods for a) capacity assessment, b) capacity measurement (e.g. how to identify and formulate capacity development indicators at the different capacity levels) and, c) capacity lesson learning

1. Lessons

**Lesson 1: For capacity development to evolve and be implemented effectively with sustainability truly at the forefront of the design and planning phase, the process must be explicit, well informed by research/analysis, linked to the programming cycle, and familiar to team members.**

Staff must understand what capacity development entails in their various sectors/areas of work and how it interrelates to the programmatic level in clear, practical terms. From the design phase right through to knowledge management and evaluation phase, teams would have to be familiar with the role CARE Laos takes at the different levels of capacity development (i.e. individual, organisational and enabling) in order to contribute effectively to the management of the capacity development approach.

For gender equality to be an integral part of the capacity development approach, gender must feature explicitly and practically across the programming cycle, from using a gender lens for capacity analysis, through to monitoring the progress and performance of an engendered capacity development process. Since new or different good practices requires leadership and direction, engendered and process oriented capacity development indicators are also necessary and deserving of technical and senior management input.

Piloting of capacity development necessitates a means for measuring capacity changes in terms of behaviour and performance change. Claims of scaling up pilots are undermined without rigorous monitoring of performance changes and an evidence based approach.

**Lesson 2**: A **DRR evidence-based approach is feasible in the Lao context. Benefits are more likely to be seen if the evidence based approach is set at a realistic pace to allow for the testing and application of a mixture of learning methods.**

A concerted effort to design, apply and utilise monitoring data has contributed to the efficacy of the DRR Project and its attempt to demonstrate, in practical ways, how capacities can be inter-related and built from the village level upwards. Giving due attention to the research and production of high quality DRR technical resource materialsis time consuming but adds value in the context of Laos because there is a unmet gap for practically oriented guidance materials. Adherence to gender sensitivity- from the design phase of documented materials, through to its institutionalisation within theGoL and village level, can contribute to an engendered DRR approach.

For GoL officials to be potential change agents andcommitted towards working in the interest of mainstreaming DRR into the developmental agenda, they have to understand and practice the rationale of gathering data before it is presented as evidence for the purpose of modifying governmental procedures, processes, policies, and ultimately, systems. Related, a learn-by-doing approach has workedmore effectively than if training had been delivered though the didactic approach of power-point presentations. A learn-by-doing approach requires a heavier commitment of time and human resources.

Annex 1 Evaluation Methodology

**Evaluation Purpose**

The evaluation purpose contained within the ToR is intended “*to provide an end-of-project evaluation. The general objective is to contribute to the comprehensive process of monitoring and evaluation set up to evaluate the [effect] of the CARE DRR project at all levels of implementation, provide lessons learnt and orientation for further development of DRR activities by CARE in Laos*.”

**Scope and Focus of the Evaluation**

The evaluation covers the period between June 2010 and September 2011. The evaluation acknowledges the official start of December 2010 whenthe MoU was signed and project implementation could officially begin. The assignment entails an evaluation of DRR capacity development activities implemented at the village, district, and provincial level, with comparatively fewer activities at the national level; for a total of eight villages, one province and one district.

**Framework for Capacity Development in International Development**

Preliminary research on capacity development guided the design and content of the Evaluation Framework which is presented as Figure 2on the next page.[[30]](#footnote-30) The Framework consists of six key aspects of capacity development a) ownership b) the way in which stakeholders are engaged in the process c) the stakeholders / entities that are selected for capacity development d) the kind of capacities that are being built e) how enhanced capabilities relate to changes in performance and f) how this relates to the wider context and contextual issues addressed.

The evaluation consultant applied an appreciative approach, valuing what has been achieved in the project term, probing for good practices, and examining the challenges and the contexts in which these occurred.

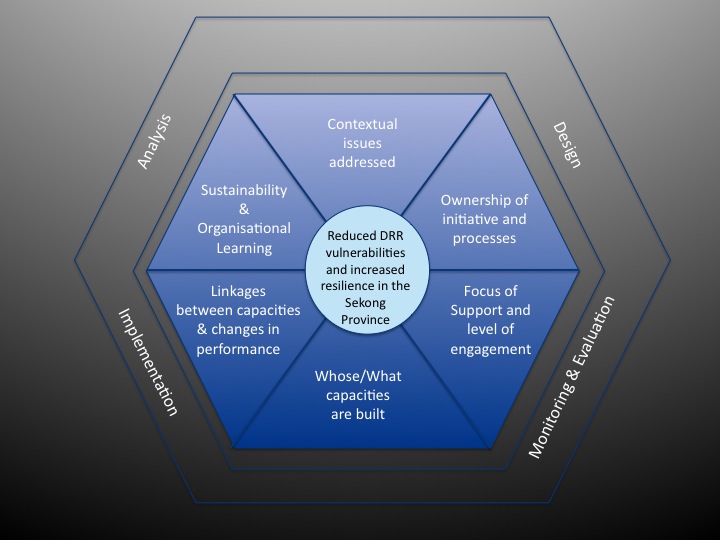
The evaluation consisted of six stages. An overview of the methods applied at each stage is presented on the next page.

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**Stages of the Evaluation Process and Method**

|  |  |  |
| --- | --- | --- |
| **Stage** | **Description** | **Methodology** |
| **Stage 1** | Review of project documentation and capacity development action research | Desk Review |
| **Stage 2** | Remote discussion with DRR Team Leader to fine tune the evaluation objectives, scope and methodology | Development of a) Evaluation Framework and General Evaluation Questions  Development of interviewee semi-structured questionnaire (1. master copy, 2. the GoL questionnaire 3. Village level questionnaire) |
| **Stage 3** | Meeting with Head of Programmes | Meeting to clarify the organisational and country context of the DRR Project |
| **Stage 4** | Field Assessment | Semi-structured interviews using appreciative enquiry   * Village representatives and villagers * Government Officials * CARE Sekong Sub Office Provincial Coordinator * CARE Head of Programmes * DRR Team Leader and provincial team * Selected (I)NGOs, UN and partners agencies   Reflection and Feedback Questions   * Village representatives and villagers |
| **Stage 5** | Preliminary Analysis | Iteration and analysis of gathered data  Presentation of initial findings to Provincial Coordinator, DRR Team Leader and Head of Programmes |
| **Stage 6** | Reporting | Compilation of evidence and report writing |

**Figure 2 The Evaluation Framework**

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**Evaluation Questions jointly developed by CARE DRR Project, in line with DAC Evaluation Criteria**

|  | **CARE LAOS Evaluation Questions** |
| --- | --- |
| **Relevance** | 1. To what extent is the project approach and DRR intervention (including the activity level) relevant to policies and/or plans?  * At National level (Communication Strategy and IEC) * At Provincial and District level (capacity development/training and support to Sekong DRR strategy) * At Village level (capacity development and mitigation measures) * At CARE country program level (including gender equality)  1. To what extent is the project intervention in synergy with other international DRR actors in the country? 2. To what extent have (project) actions been of relevance to the identified needs of targeted villages? |
| **Effectiveness** | 1. Have the project ‘actions’ been effective according to expected outcomes and outputs? 2. To what extent have targeted government officials at provincial and district levels increased and sustained their DRR project management performance? 3. Has the awareness of DRR among targeted communities improved, particularly for women?   **Underlying Questions**   * How effectively has the project supported trainees to manage their DRR work (e.g. do trainees understand their roles and responsibilities)? * To what degree are trainees satisfied with the impact of the project on their DRR work? * Are the senior staff of the Sekong PDMC satisfied with the performance of participating staff? * Has the project intervention helped to introduce DRR in the development strategy of Sekong province and Lamam district? * Has the project intervention reinforced CARE’s position as a DRR partner for the GoL as well as DIPECHO’s? * Has the project employed creative/innovative approaches to meet its expected results? |
| **Efficiency** | 1. Were the resources (time, expertise and material), used efficiently and were adjustments made in response to changing context/needs? 2. How efficiently were funds managed to achieve the expected results? 3. Was risk managed properly with regard to the resources described above? 4. Has CARE made use of its comparative advantage? |
| **Sustainability** | 1. To what extent are the changes resulting from the DRR Project sustainable at government level?  * Trainings in Sekong and Lamam- will the GoL staff continue DRR work and/or upscale to other villages in Sekong and Lamam? * CSDRR? and IEC material: will it be followed up?  1. To what extent are the changes resulting from the DRR Project sustainable at village level?  * Trainings at village level and VDPU creation, including VDPU kits distributions: will the community continue in these functions due to an increase or change in their capacity? * Mitigation measures: are they enhancing DRR capacity in the communities, in particular women and vulnerable people?  1. What government measures have been put in place for longer-term outcomes to be realised? |
| **Gender** | 1. To what extent has the intervention been gender sensitive? |

**Master Template of Evaluation Questions from which the GoL interviewee questions and Village questions were later designed**

| **Evaluation Issues & Questions** | **Sub-Questions** |
| --- | --- |
| **Relevance** | |
| 1. To what extent is the project approach and DRR intervention relevant to policies/plans? | * 1. What are the theGoL national key DRR priorities?   2. In what ways has the DRR project aligned itself at: * CARE country program level (including gender equality)? * National level (Communication Strategy and IEC)? * At Provincial and District level (capacity development/training and support to Sekong DRR strategy)? * At Village level (capacity development and mitigation measures}? |
| 2.To what extent is the project intervention in synergy with other international DRR actors in the country? | 2.1 What approaches have been used to synergise/coordinate with other international DRR actors in the country? |
| 3.To what extent have (project) actions been of relevance to the identified needs of targeted villagers and targeted government officials? | * 1. What capacity assessment approach was used at village and government level?   2. What are the capacity gaps/strengths identified at village level?   3. What are the capacity gaps/strengths at identified at governmental level?   4. Was the design, planning and implementation approach relevant to the general DRR project objective?   5. What factors influenced the implementation of the project?   6. How has the DRR Project monitored progress towards results, particularly in terms of performance changes at village and government level? |
| * **Effectiveness** | |
| 1.Has the DRR project contributed to positioning CARE as a key player in the national/state/district DRR agenda? | * 1. How does the government view CARE’s role in the area of DRR (national and province level) with respect to the work implemented?   2. Has the project intervention reinforced CARE’s position as a DRR partner for the GoL as well as DIPECHO’s? |
| 2.Have the project ‘actions’  and overall approach  proven to be effective according to the expected outcomes and outputs? | 2.1 What is the evidence that DRR project activities and outputs have contributed to the project’s general objective?   * Has the project contributed toward the national DRR strategy? * Has the project contributed toward improving government DRR   project management systems, if so, what is the level of change?   * Has the project intervention helped to introduce DRR in the   development strategy of Sekong province and Lamam district?   * 1. How adequately was gender analysis/equality addressed across the project cycle?   2. Has the project employed creative/innovative approaches to meet its expected results? |
| 3.To what extent have targeted government officials at provincial and district levels increased and sustained their DRR project management performance? | 3.1 What have been the improvements in performance of duty bearers:   * How effectively has the project supported trainees to manage their DRR work from a project cycle perspective (e.g. do trainees understand their roles and responsibilities)? * To what degree are trainees satisfied with the impact of the project on their DRR work? * Are the senior staff of the Sekong PDMC satisfied with the performance of participating staff? |
| 4.Has the awareness of DRR among targeted communities improved, particularly for women? | * 1. Does the capacity building approach match female, male, and adolescent DRR needs?   2. What factors have enabled and restricted targeted female, male, and adolescents to understand the concept and actual practice of DRR? |
| * **Efficiency** | |
| * 1. Were the resources (time, funds, expertise) allocated by ICO appropriate to achieve the general objective? | 1.1 Were the resources used efficiently to achieve expected goals?  1.2 Were adjustments made in response to changing context needs?  1.3 Does the DRR project have the appropriate capacity to implement the activities?   * 1. Was risk managed properly with regard to the resources described above? |
| 2. How has the project made use of CARE Laos comparative advantage? | * 1. What is CARE’s comparative advantage vis-à-vis other agencies?   2. Has UNICEF’s comparative advantage been maintained, strengthened or weakened in its approach to work with the government at national and sub-national levels? |
| * **Sustainability and Organisational Learning** | |
| 1. To what extent is the DRR project contributing or likely to contribute to overall NDMO programme sustainability? What are the contributing or constraining factors to make a durable change? | * 1. To what extent are the changes resulting from the DRR Project sustainable at government level:   2. Trainings in Sekong and Lamam- will the GoL staff continue DRR work and/or upscale to other villages in Sekong and Lamam?   3. CSDRR? and IEC material: will it be followed up? |
| 2.To what extent has the government created an enabling environment for the DRR project to be replicated and/or to be sustained? | 2.1 What are the key factors for the sustainability of any replicated innovations? Are they prevalent?  2.2 What factors constrain the replication of innovations? Are they prevalent? |
| 3. What government measures have been put in place for longer-term outcomes to be realised at village level? | 3.1 To what extent are the changes resulting from the DRR project, sustainable at village level?   * Trainings at village level and VDPU creation, including VDPU kit distributions: will the community continue in these functions due to a increase or change in their capacity? * Mitigation measures: are they enhancing DRR capacity in the communities, in particular women and vulnerable people?   1. What innovations have been adopted by the national and provincial governments?   2. What have been the changes in government with respect to planning, budgeting, implementation and coordination with respect to innovations? |
| 1. What has been learned during the course of the DRR project that might be of use for future DRR/   development work? How can CARE do things better? | 4.1 What organisational learning mechanisms are in place to support learning lessons from DRR Project?  4.2 What good practices and lessons have been identified and shared among stakeholders and beneficiaries?  4.3 Have good practices been replicated and lessons learned led to changes in CARE’s country programme? |

Annex 2: Stakeholders / Persons Interviewed

|  |  |
| --- | --- |
| **Stakeholder/Interviewee Name** | **Designation** |
| **Ban/Villages** |  |
| Three villages: Ban Nangyong (25M:7F:7Youth), Pakthone (7M:10F) and Tuidanh (2M:7F) | VDPU Members and villagers comprised (Males:M, Females :F) |
|  |  |
| **Government Representatives** |  |
| Mr ThavonePhommalailoon | Sekong Vice Governor |
| Mr PayvanhPhanthavong | Head of Social Welfare Dept, PLSW |
| Mrs KhamsengThoommavongsa | Vice Governor, Lamam District |
| Mr | Program Manager, NDMO |
| Mrs Khamphong (DRR Trainer from PDMC) | Vice Director, Education Department |
| Mr Visienth (DRR Trainer from PDMC) | Further details to be provided |
| **Interview the Rep from the NGO Unit, During Lessons Learned Workshop inSept ??** | Ministry ofForeign Affairs, NGO Unit |
|  |  |
| **CARELaos** |  |
| Ms Mona Girgis | Assistant Country Director |
| Mr Chris Wardle | Provincial Coordinator |
| Mr Francois Guegan | DRR Team Leader |
| Ms SomjitPhatsada | Project Officer |
| MsPhonpaserte | Project Officer |
|  |  |
| **INGO and UN Agency** |  |
| Mr Benoit Gerfault | Disaster Preparedness Technical Adviser, French Red Cross |
| Ms Chikako Kodama | Head of CPRU, UNDP |
|  |  |
| **DIPECHO** |  |
| Marie Theres Benner (incl. two DIPECHO Team members) | Lao Focal Point and Nutrition Adviser |
|  |  |

Annex 3: Evidence of DRR Project Results

|  |  |
| --- | --- |
| Principal Objective | To increase resilience and reduce vulnerability in Sekong Province through support to strategies that enable stakeholders to better prepare for, mitigate and respond to natural disasters. |

| Intervention Logic | Objectively Verifiable Indicators  (Please refer to Annex 5 for links to HFA Indicators) | Evidence Gathered on Indicators | |
| --- | --- | --- | --- |
| To increase capacity of Provincial and District DRR stakeholders to create and implement a sustainable DRR/M programme in Sekong Province | 1. A Sekong DRR strategy and plan in keeping with national strategy/ policy available and discussed with NDMO by end of project (EOP) 2. Sekong DRR/M Plan has been building on at least 5 villages in Lamam using CBDRR processes 3. Plan demonstrates cohesion with NDM Strategy and priorities 4. Plan demonstrates sensitivity to gender and vulnerability issues on livelihoods protection and family security 5. List of DRR/M lessons learned prepared and circulated by participants based on their activities in the DIPECHO project | 1.Sekong DRR Strategy developed by Oxfam Australia, technically improved upon by CARE DRR Project by September 2011, and currently being approved by the GoL. No national strategy due to UNDP/NDMO delays to project work  2. Findings from VCAs and community feedback from 8 villages have informed the contents and scope of the Sekong DRR/M Plan  3. Sekong Plan awaiting translation into English and cannot verify the extent to which it demonstrates alignment with 2011 NDM Plan (the National Strategy has to yet be finalised via UNDP support). Discussions with PDMC does suggest alignment with the National Plan  4. Feedback from province and district government staff indicates an understanding of the need for DRR gender sensitivity, however the GoL do not have the sufficient competencies to develop/take forward the work[[31]](#footnote-31). Not feasible to evaluate this component in September 2011 because Provincial Government has decided to prioritise disaster relief over DRR. No documentation to verify that the GoL will address women’s needs as a priority during relief operations let alone for DRR activities  5. Lessons documented from a joint government workshop held in September 2011 but no concrete plan of action by the GoL on how they will utilise these lessons by NDMO, PMDMC or DDMC | |
| 1. Improved DRR/ DRM programme cycle management and CBDRR capacities of selected staff of the Sekong PDMO and Lamam DDMO and other key stakeholders including the Lao Red Cross | * 1. A costed list of priority DRR interventions in place for key past infrastructure investments and for development interventions in the new 5 Year Plan that benefit the targeted areas   2. 100% of PDMO stakeholder staff trained by the project understand their roles and responsibilities in relation to the DM plans and the periodic review of these plans   3. 80% of DDMO and PDMO staff trained score 80% or above on training satisfaction survey   4. 80% of provincial and national management report staff performance improved on DRR/M work in the targeted pilot areas   5. All nominated PDMO and DDMO staff have participated in the development of DRR interventions | * 1. See Indicator 2.2.   2. As part of a post project knowledge survey conducted in September 2011, trainees self rated themselves. 97% of trainees *believe* they understand 80-100% of their assigned DRR roles and responsibilities[[32]](#footnote-32). However, there is no the GoL performance appraisal procedure to determine whether (and how many) trainees actually understand their roles and responsibilities. Trainer observations[[33]](#footnote-33) and DRR plans revealed trainees struggled with analysing VCA findings. Trainees have not demonstrated the additional uptake of DRR responsibilities beyond the training environment and DRR workshop attendance. Interview findings from two out of four the GoL officials (1 national, 2 provincial and 1 district level) suggest more needs to be done by the GoL to ensure trainees understand and apply the responsibilities stated in the DDMC and PDMC Booklet   3. 88% of government trainees were more than 80% satisfied with the DRR training provided by Lao Red Cross in December 2010. The next month, 80% of the participants rated 80% and above for satisfaction levels. By July 2010,51% of the participants were more than 80% satisfied.A post-test given to trainees compared knowledge variances between December 2010 and August 2011. The resultspoint to a 22.4 pointsincrease in specific DRR knowledge. Only two questions were answered less well at the end of the training period   4. 100% (i.e. two) provincial level supervisors are at least 80% satisfied with staff performance on DRR/M work in the targeted pilot areas[[34]](#footnote-34). Both managers quoted the ability to do VCA and DRR planning effectively as criteria for judging staff performance. The NDMO program manager confirmed at least 80% satisfaction with the manner in which CARE has supported NDMO and developed (IEC) materials. NDMO does not carry supervisory duties of provincial governors and cannot comment on performance matters. NDMO does not use staff performance measures of its own team and remains uninformed of the progress made at provincial level   5. 100% participation of DDMO staff. Measures for determining the quality of participation is missing but considered unrealistic to implement during project timeline | |
| 2. Prioritized and gender balanced protection activities implemented at the village level to reduce risks for livelihoods and family security | 2.1 Measures for identified livelihood risks and family security adopted by 50% of men and women participants in at least 5 villages prioritizing the most vulnerable families  2.2 Village men and women participants identify 3 key infrastructure projects in each village for cash for work / other activities to safeguard village livelihoods, local clinics, schools and water supplies, access tracks or roads, .  2.3 Eligible and vulnerable / poor men and women, as identified by the community, have participated in cash for work for community and livelihoods asset protection  2.4 80% of village participants score at least 80% on their understanding of DRR/M based on lessons learned from the project  2.5 Gender balanced participation from at least 5 villages develops a community mechanism to ensure that extremely poor families benefit from cash for work activities that target household level infrastructure (i.e. agricultural land, household latrines). | 2.1 A minimum of three measures identified for all eight villages. 100% villages have a warehouse to store DRR and response equipment and 100% of villages have identified most vulnerable families. No way of verifying whether most vulnerable will be prioritised in the event of hazard/disaster ( i.e. require impact evaluation).  2.2 Costed mitigation measures produced, but only two measures were feasible in project timeline, in line with village capacity (warehouse and a school reparation in Tuidanh). No cash for work was implemented.  2.3 N/A  2.4 VPDU Knowledge Survey indicates 97% level of understanding with a 33% increase from pre-knowledge survey results, derived from the same cohort of villagers seven months previously. Although a vast majority of the questions were perception-based, survey results demonstrate VDPUs awareness of risks to hazards and disasters, has clearly increased, alongside peoples understanding that they are not fully prepared to address the impact of disaster.  A randomly selected survey with confidence level of 95%, was issued to 96 household members. Overall, survey respondent scored 74.7% on their understanding of DRR/M based on lessons learned from the project.  By August 2011, villagers’ knowledge had generally increased. 96.3% were aware of the existence of an village evacuation plan (compared to 29% in January 2011) and 85.4% knew the roles of the VDPU (compared to 5.2% in January 2011).  Higher DRR confidence levels of villagers is directly attributable to the project. 59% of respondents felt their village was prepared in case of an emergency, following DRR project work compared with before the project began, when 2% made the same claim.  The results suggest that villagers are not as well informed and DRR aware as VDPU members. 61% of survey questions were correctly answered in both January and August 2011. Significant Improvement in knowledge occurred for a third of survey questions, and moderate improvement in knowledge for 61% of questions.  75% rated themselves poorly on their own DRR knowledge levels.  2.5 N/A. refer to indicator 2.3 for cash for work |
| 3. Communication and IEC strategy and action plan implemented | 3.1 List of output documents and materials of the strategy  3.2 Examples of Sekong PDMO / target area engendered achievements are available to inform decisions to replicate/ use lessons learned  3.3 Enhanced awareness of disaster risks and reduction options among men, women and children  3.4 DIPECHO is identified as the supporting partner by NDMO, PDMO and DDMO officials | 3.1 IEC materials and outputs documents produced as planned with exceptions to a) Laos Red Cross CBDRR Handbook (due to French Red Cross delays)  3.2 100% of the GoL officials interviewed are strongly supportive of the IEC materials. Although fewer village women then men clearly understood the colour coding and IEC material (41: 60), 82% of VDPU members demonstrated their DRR knowledge through the use of the IEC materials  3.3. Village level survey results are effectively gender disaggregated for project decisionmaking and lesson learning purposes. Women’s DRR knowledge has increased by 19.4 points (16.4 for men). It is beyond the scope of a *project*-level evaluation to determine whether actual vulnerabilities between women and men has changed (require evidence of behaviour change)  3.4 CARE as the interfacing agency, is perceived as a supporting partner, by INGOs and some government officials for a) scaling up activity level DRR awareness raising at village and provincial levels b) providing technical guidance and project management advise at PDMO and DDMO level and assisting in the development of province level DRR plans and c) generating evidence and DRR lessons from the field, and generating practical documented guidance for use by key national agency (NDMO) | |

Annex 4: References

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Gender and Power Relations for Remote Ethnic Groups, CARE Laos 2011

*OTHER REFERENCE DOCUMENTS*

UNDP/Lao PDR Project Document 2009: “Institutional Strengthening and Capacity Development on Disaster Risk Management in Lao PDR” a copy of which was kindly provided by NDMO and UNDP

Prime Minister’s Decree 158, August 1999

DRAFT National Disaster Management Plan, Government of Lao PDR 2012 - 2015

The Paris Declaration on Aid Effectiveness, 2005

Evaluation of UNDP contribution to strengthening national capacities ownership, UNDP, Evaluation Office. December 2010; Seeking Better Practices for Capacity Development: Training & Beyond, OECD/DAC & CD Lens, February 2010

An update on the performance monitoring of capacity development programs. What are we learning? Peter Morgan, 2003

Towards concrete action, Perspectives on Capacity Development for Accra and Beyond, CD Lens, 2008

Monitoring and Evaluating Capacity Building: Is it really that difficult? Praxis Paper 23, INTRAC, January 2010

Capacity Development, Measuring Capacity, UNDP, 2010

What do we know about capacity building? An overview of existing knowledge and good practice, WHO, June 2001

Annex 5Evaluation Terms of Reference

## BACKGROUND

## CARE in Sekong

CARE International has been operational in Sekong since 2007, first in the framework of LANGOCA (Laos-Australian NGOs Cooperation Agreement). Since Typhoon Ketsana hit the South of Laos in September 2009, CARE has implemented a number of emergency response projects in the province (with a focus on Lamam and Dakcheung districts) which has been followed by recovery programming including a WASH recovery project and a Disaster Risk reduction project.

## Project summary

This project, named “Strengthened participation of Sekong Province peoples in the National Disaster Management Strategy (NDMS) for Lao PDR”, started in July 2010 and runs until the end of September 2011 (15 months). It is funded by the Disaster Preparedness Programme (DIPECHO) of the European Commission´s Humanitarian Aid and Civil Protection department (ECHO). In Sekong, the project carries out its activities in Lamam district and works in partnership with the Sekong Provincial and Lamam District Disaster Management Offices (PDMO and DDMO respectively). At national level, the project works in cooperation with the National Disaster Management Office (NDMO) under the Ministry of Labour and Social Welfare (MLSW).

This project targets 8 villages in Lamam district, mainly composed of ethnic Halak people (Mon-Khmer ethno-linguistic group). The overall target communities contain 3,731 people, of which 63% are considered poor.

# Purpose of the consultancy

The specific purpose of this consultancy is to provide an end-of-project evaluation. The general objective is to contribute to the comprehensive process of monitoring and evaluation set up to evaluate the impact of the CARE DRR project at all levels of implementation, provide lessons learnt and orientation for further development of DRR activities by CARE in Laos.

# Methodology and outputs

|  |  |
| --- | --- |
| **Output** | **Tasks** |
| 1-Pre-field activities (2 days) | * Literature review (documents to be provided by CARE)   + *Project proposal (July 2010)*   + *Interim report to DIPECHO (March 2011)*   + *Monthly report (CARE Sekong)*   + *Relevant field documents from the field staff* * Work plan design (detailed daily activity plan including consultant requirements (e.g. translator), consultations and interviews, field visits, travels, etc.) |
|  |  |
| 2-Field work design (2 day) | * Design assessment methodology |
|  |  |
| 3-Initial Field assessment in Vientiane  (1 days) | * Meeting with key DRR/project stakeholders   + *National Disaster Management Office*   + *Ministry of Labour and Social Welfare* * Meeting with CARE Vientiane Senior Management Team * Communication with Sekong DRR team to identify scope and participants for a lessons learned meeting/workshop in Sekong   + *CD, ACD-Programs and ACD-Finance* |
|  |  |
| 4-Field assessment in Sekong (4 days) | * Review achievements against project logic (log frame) through: * Meeting with local DRR stakeholders   + *Sekong Department of Labour and Social Welfare*   + *President and/or deputy of Sekong Disaster Management Committee (PDMC)*   + *President and/or deputy of Lamam Disaster Management Committee (DDMC)* * Meeting with CARE Sekong Team   + *CARE Sekong Provincial Coordinator and Provincial Manager*   + *CARE DRR team (3 local officers and 1 international project manager)* * Meeting with village authorities and villagers in 8 target villages   + *Review VDPU*   + *Review CBDRR* * *In addition, evaluate project in terms of*    + *Strengthening stakeholder knowledge and participation in DRR*   + Strengthening stakeholder abilities in disaster risk reduction   + *linking to other DRR initiatives regionally/ nationally* |
|  |  |
| 5. Lessons’ learned work shop (3days) | * *1 day for preparation of agenda for lessons learned workshop* * *1day for workshop with DRR stakeholders (representatives from PMDC, DDMC, VDPU, CARE)* * *1 day for write-up* |
| 6. Follow up Field assessment in Vientiane (1 day) | * *Meetings with DRR actors*   + *French Red Cross and Oxfam Belgium, and WHO (2010 DIPECHO recipients)*   + *Save the children*   + *Members of the Disaster Management Working Group* * Discuss potential synergies with other DRR actors * Review lessons learned from the Sekong workshop to see how this compares to other DRR actor’s experiences * Identify future initiatives that have potential for greater sharing/coordination with other stakeholders |
| 5-Debriefing (1 day) | * To be organized in Vientiane with ACD and project manager |
|  |  |
| 6-Reporting (2 days) | * A report written in English to include, but not limited to, the following:   + *Executive summary*   + *Methodology*   + *Context (e.g. experience of other DIPECHO recipients)*   + *Result(including but not limited to: evaluate achievements against project logic; review quality of implementation; discuss findings of lessons learned workshop)*   + *Recommendations*   + *Annex (including lessons learned report)* |
| **Total: 16 days** |  |

# Timeframe

The consultancy is expected to be completed in 16 working days, as follows:

|  |  |
| --- | --- |
| 1-Pre-field activities: | 2 days |
| 2-Field work design: | 2 day |
| 3-Field assessment in Vientiane: | 1 days |
| 4-Field assessment in Sekong: | 4 days |
| 5- lessons learned workshop | 3 days |
| 6-Follow up assessment in Vientiane: | 1 day |
| 5-Debriefing: | 1 day |
| 6-Reporting: | 2 days |
| **TOTAL** | **16 days** |

# Deliverables

|  |  |
| --- | --- |
| 1-Workplan (upon initial approval) | * A work plan will be submitted to and agreed by the Sekong Provincial Coordinator, prior to authorisation for the consultant to travel. |
|  |  |
| 2-Final evaluation report | * Report submitted in English electronically in Word format. An initial draft will be submitted to ACD programs for comment. The draft final report will be submitted to and accepted by the ACD Programs, CARE Lao PDR prior to final payment and within 10 days of completing field work. * The report may also present qualitative analysis in terms of efficiency, effectiveness, relevance, creativity/innovation, and sustainability of processes, approach, and results (included but not limited to a) rice compensation, b) cash for work, c) mitigation measures); this in order to measure benefits towards the villagers, capacity improvement of the authority, role of private sector, and advocacy/awareness raising for ethnic groups residing in very remote areas, as well as recommendations/orientations for DRR in Laos. |

# Selection criteria

* **Experience:** at least 5 years humanitarian response programming, including experience in disaster preparedness and/or, with a focus on SE Asia preferable. Experience with ECHO and/or DIPECHO funded project an advantage.
* **Qualification:** relevant post graduate qualifications.
* **Skills:** Project evaluation; project implementation experience; workshop facilitation; report writing
* **Language:**Excellent written and spoken English. Spoken Lao an asset.
* **References:**A minimum of two referee contacts who have managed the proposed consultant previously

# General conditions

As a matter of course, all consultants are subject to the following policies:

* CARE Laos Child Protection Policy
* Terrorist Check
* Safety and Security Management Plan
* Code of Conduct

# How to apply

Interested applicants should send the following documents to this email address: [evaluation-drr@carelaos.org](mailto:evaluation-drr@carelaos.org)

* CV
* Brief letter of introduction and basic workplan (max one page)
* Financial proposal (daily consultant fees)
  + CARE will cover basic accommodation costs whilst in Sekong, provide transport when in the field in Sekong, and cover return travel from Vientiane to Sekong. Any additional costs should be included in the daily fee quotation for the 16 days.

Deadline for application in COB August 12, 2011. Only shortlisted applicants will be contacted.

# Appendix

Appendix 1: Example letter of agreement for Care consultancy

Appendix 2: General conditions for engagement of Care Consultant

Appendix 3: DRR project Log frame

1. Livelihoods of Ethnic Communities in Sekong Province Project, Baseline Study CARE, Steeve Daviau, 2008 [↑](#footnote-ref-1)
2. See Annex 1 "*CARE Laos Disaster Management Scoping Visit 16-25 Feb 2009*"; Chris Northey Feb 24, 2009 [↑](#footnote-ref-2)
3. Refer to the main body of the report for further explanation on the use of the term ‘program cycle management’ as well as the efficacy of achieving results related to this objective [↑](#footnote-ref-3)
4. Prime Minister’s Decree 158, August 23, 1999 [↑](#footnote-ref-4)
5. UNDP/Lao PDR Project Document 2009: “*Institutional Strengthening and Capacity Development on Disaster Risk Management in Lao PDR*” a copy of which was kindly provided by NDMO and UNDP. Page 1 [↑](#footnote-ref-5)
6. The Paris Declaration on Aid Effectiveness, 2005 [↑](#footnote-ref-6)
7. Accra Agenda for Action, 2008 [↑](#footnote-ref-7)
8. An update on the performance monitoring of capacity development programs. What are we learning?, Peter Morgan, 2003,Towards concrete action, Perspectives on Capacity Development for Accra and Beyond, CD Lens, 2008 [↑](#footnote-ref-8)
9. * Monitoring and Evaluating Capacity Building: Is it really that difficult?, Praxis Paper 23, INTRAC, January 2010

   [↑](#footnote-ref-9)
10. Capacity Development in practice, Edited by Jan Ubels, Naa-Aku Ackaye Baddoo, and Alan Fowler Earthscan, 2010 [↑](#footnote-ref-10)
11. Based on the government of Lao quota system of village representatives including :Village Head, Lao Women’s Union, Youth Union Representative, health worker, member of the military and a member of the police [↑](#footnote-ref-11)
12. Ministry of Labour and Social Welfare (coordinating Ministry of DRR), Ministry of Agriculture and Forestry, Ministry of Public Works and Transport, Ministry of Health and Education [↑](#footnote-ref-12)
13. Shadowing is a process by which a trainee observes and learns skills and techniques from an experienced practitioner as the work is being undertaken. The benefits of shadowing presupposes the existence of good analytical and/or observation skills, sufficient time and good quality mentoring to help contextualise the learning [↑](#footnote-ref-13)
14. Single Form for Humanitarian Action, Final EC Report, September 2011:39 [↑](#footnote-ref-14)
15. Ibid:44 [↑](#footnote-ref-15)
16. Ibid: 53 [↑](#footnote-ref-16)
17. Ibid: 33, 53 [↑](#footnote-ref-17)
18. All three villages visited during the evaluation mission demonstrated relevant paperwork and documented resources related to the DRR project [↑](#footnote-ref-18)
19. Single Form, Final Report to EC 2011: 75 and interview findings of the village level feedback during the final evaluation [↑](#footnote-ref-19)
20. Gender and Power Relations for Remote Ethnic Groups, CARE Laos 2011 [↑](#footnote-ref-20)
21. Gender analysis and reporting has taken place with the DIPECHO Final Report, but not in other reports such as the INT Report. [↑](#footnote-ref-21)
22. Single Form 27/11/2007 : 26 [↑](#footnote-ref-22)
23. Steeve Daviau, Reducing UXO Risk and Improving Livelihoods of Ethnic Communities in Sekong Province project, – Baseline Study , 2008 [↑](#footnote-ref-23)
24. Chris Northey, *CARE* Laos Disaster Management Scoping Visit, 16-25 Feb 2009 [↑](#footnote-ref-24)
25. Pre Testing DRR IEC Materials in Sekong Report Mr Arnold Marseille [↑](#footnote-ref-25)
26. Single Form for Humanitarian Aid Actions, Final Report, February 2011: 71 [↑](#footnote-ref-26)
27. Evaluation of UNDP contribution to strengthening national capacities ownership, UNDP, Evaluation Office. December 2010 and ‘Seeking Better Practices for Capacity Development: Training & Beyond’, OECD/DAC & CD Lens, February 2010 [↑](#footnote-ref-27)
28. [↑](#footnote-ref-28)
29. NDMO has not specified how the IEC Strategy or DRR capacity development plans will enfold [↑](#footnote-ref-29)
30. Horton, D et.al. *Evaluating Capacity Development. Experiences from Research and Development Organizations around the World*. Canada / The Netherlands 2003; Baser Heather and Peter Morgan *Capacity, Change and Performance, Study Report*. European Centre for Development Policy Management Discussion Paper No 59B, April 2008 [↑](#footnote-ref-30)
31. T [↑](#footnote-ref-31)
32. [↑](#footnote-ref-32)
33. [↑](#footnote-ref-33)
34. Quantitative sum arrived at through a rapis ranking exercise, conducted during the interview ( 5:very statisfied; 4:somewhat satisfied; 3:neither satisfied or dissatisfied, 2:dissatisfied, 1:very dissatisfied) [↑](#footnote-ref-34)