ENDLINE EVALUATION REPORT

DISASTER READY PROJECT

August 2022

This report was produced at the request of CARE International in Timor-Leste. It was prepared independently by Olivier Habimana, Independent consultant.

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LIST OF ACRONYMS

AHP	Australian Humanitarian Partnership
CBOs	Community-Based Organisations
CBDRM	Community-Based Disaster Risk Management
COVID	Corona Virus Disease
CP	Civil Protection
DMC	Disaster Management Committee
DPO	Disabled People's Organization
DRR	Disaster Risk Reduction
DRM	Disaster Risk Management
DRP	Disaster READY Project
EOP	End Of Project
EQ	Evaluation Question
EWS/I	Early Warning System/Information
FBOs	Faith-Based Organizations
GALS	Gender Action Learning System
GAR	Global Assessment Report
NGOs/LNGOs	Local/Non-Government Organization
PMP	Performance Monitoring Plan
RHTO	Raes Hadomi Timor-Oan
SPSS	Statistical Package for the Social Sciences
ToT	Training of Trainers
VCA	Vulnerability and Capacity Assessment
US$	United States Dollars
VSLAs	Village Saving and Loan Associations
WVI	World Vision International

EXECUTIVE SUMMARY

1. This report describes the endline evaluation of the Disaster READY Project implemented by the Australian Humanitarian Partnership consortium in Timor Leste   from 2018 to 2022. CARE (the lead agency), along with Caritas Australia, Oxfam, Plan International, and World Vision, aims to strengthen *the local humanitarian capability in Timor-Leste so that communities are better prepared for and able to manage and respond to rapid and slow onset disasters*. The project was jointly implemented in 9 out of 13 Municipalities (Oecussi, Covalima, Bobonaro, Aileu, Lautem, Liquisa, Manufahi, Manatuto, and Viqueque). DRP program theory ranges from communities-based disaster preparedness, addressing the needs of women, people with disabilities, youth, and children, and strengthening coordination mechanisms between communities, government, private sector, national NGOs, and AHP INGOs for inclusive disaster preparedness and response

2. The evaluation followed a theory-based mixed methods approach to answer the seven Key evaluation questions (EQs). Primary data, household surveys, FGDs, and KIIs from knowledgeable stakeholders were collected in all nine municipalities. 361 survey respondents and 160 FGD participants, and eight key informants provided insights into DRP's performance and their perspective on Disaster Preparedness in their communities. Secondary data from monitoring reports and financial accounts were used to supplement and confirm the primary data's meaning.

FINDINGS:

Effectiveness: To what extent and how has the project contributed to achieving each of the five project objectives?

3. DRP has successfully increased communities' knowledge, and awareness of disaster risks and has increased preparedness capacities of the 90% coordination structures (DMCs) that were established. 99% of communities have developed community action plans, 78% implemented disaster mitigation activities, and 88% have received and acted on early warning information. Through training in CBDRM, GEDSI, Women Leadership, and Men Engage concepts and their socialization, DRP has increased the women and PWD representation in DMCs mostly at subnational levels to 28% and 5% respectively. Moreover, AHP NGOs, local NGOs, and FBOs have worked together to influence the inclusivity of the humanitarian system at the institutional level (DRM policy, CP law) and decentralized governance level (e.g., Suco, Aldeia).

4. Early warning alerts were successfully disseminated to women, people with disabilities and children, mostly by Suco and Aldeia Xefes, and were used to inform decisions on DRR actions. The evaluation found that, Faith leaders who have integrated DMC's structure are supporting communities to understand and take action against risks, a sign for their increasing influence in the DRR governance.

Sustainability: To what extent can or will the changes be sustained?

5. The project uses local actors from national and subnational institutions and local NGOs as TOTs to cascade the capacity-building efforts to community members. DRP has also ride on the possibilities offered by the DRM policy and CP law to socialize practices such as risk, vulnerability, and capacity assessment to inform community action plans and include women and persons with disabilities in disaster management committees. The implementation of inclusive and participatory disaster risk reduction plans presents the potential for sustainability of project interventions through the established DMCs structures.

Impact: To what extent has there been a change in the community and humanitarian actors' attitudes towards the role of marginalized people (women, people with disabilities, Youth, and other marginalized people) in preparing for and responding to disasters as a result of this project?

6. The project has led to a paradigm shift in the humanitarian actors' consideration of the needs and capacities of women, PWDs, and Youth in their DRM process from DRM policy, civil protection law, DMC structures, and capacity building. The GEDSI, Women-in-leadership, and men engage training have increased knowledge and awareness of both male and female participants on women's rights and equality principles but did not change structures and relations that perpetuate inequalities.

Efficiency: Which aspect of the project generated the most (or least) value, given the time, money, and effort required?

7. The judicious combination of local organizations' partnerships, consortium-driven coordination of AHP agencies, and co-financing with communities for the small-scale mitigation activities has proved to be main strategies to cost-effectively achieve results.

CONCLUSIONS:

8. By supporting the formation of DMCs, building their capacity, and supporting them to lead the entire CBDRM process-from vulnerability and capacity assessment, the project has strengthened communities' ability to anticipate and respond to the impact of likely hazards effectively. In addition, the project introduced a novel way of tackling the unique needs of social groups such as women, children, youth, and people with disabilities in the community contingency planning process, although with varying degrees of success.

9. The project has proven that it is possible to build women and PWDs' agency in the DRR planning and implementation. However, the participation of children and youth and the private sector have not been optimized. It suggests the need for deeper consideration and addressing of root causes that sustain structures, relations, and institutions, causing inequalities that delay the attainment of full preparedness.

RECOMMENDATIONS:

10. DRP 1 has successfully piloted many DRR options that DRP 2 can increase the depth and scale: i) Complementing the DRP 1 capacity building of communities and DMCs in all dimensions of CBDRM by 'a hardware' component involving i) Early Warning System integrated with regular hazard monitoring and forecasting, ii) a Standby disaster respondent team/capacity at all levels (especially in Aldeias), and iii) a disaster management funding mechanism. Also, DRP 1's success in increasing women participation in both project activities and DMCs forms the basis for DRP 2 to expand its focus on addressing needs of persons with disabilities, youth and children. A deliberate technical assistance to government and decentralized structures to enforce the DRM policy and CP law is recommended to reinforce the ground paved by DRP 1. Moreover, it is recommended to integrate resilience and livelihood building into DRM by supporting community's climate adaptation and women led income generating activities.

11. DRP's implementation approach should pivot to indirect implementation with local NGOs where CBOs and FBOs are engaged in transformational work at the subnational level, and their umbrella associations operate at national levels. This shift will make it easy to advocate for integrating DRR activities into the sub national development plan and budgets.

1. INTRODUCTION

1.1 DISASTER READY PROJECT

Timor-Leste is a small, mountainous country with a population of around 1.2 million exposed to drought, flooding, landslides, storms, earthquakes, and the COVID-19 pandemic. The 2015 Global Assessment Report (GAR) on Disaster Risk Reduction identifies flooding as the most frequent natural disaster, followed by drought and storms. Climate change is likely to impact Timorese communities significantly. Climatologists have predicted that the weather in Timor-Leste will become hotter and drier, leading to harsher and more drawn-out drought conditions, causing heavier and more erratic rainfall, and increasing flooding and landslide hazards. The warming trend and declining water availability in many areas are already affecting health, access to safe water, crop and livestock yields, triggering food insecurity and entrenching poverty. Disaster risk reduction (DRR), disaster preparedness, and response are vital humanitarian intervention priorities by the Government of Timor-Leste.

The Australian Humanitarian Partnership (AHP) is a five-year partnership (2017-2022) between the Australian Government and six lead Australian NGOs with their partners to save lives, alleviate human suffering and enhance dignity during and in the aftermath of conflict, disasters, and other humanitarian crises in five countries: Fiji, Solomon Islands, Vanuatu, PNG, and Timor-Leste. In Timor-Leste, the AHP consortium comprises five International NGOs: CARE (the lead agency), Caritas Australia, Oxfam, Plan International, and World Vision, in close collaboration with RHTO, the national Disabled People's Organisation (DPO).

The disaster READY, one of the AHP projects, was implemented in Timor-Leste in 2018 to strengthen the local humanitarian capability in Timor-Leste so that *communities are better prepared for and able to manage and respond to rapid and slow onset disasters*. The project was implemented by the consortium in 9 out of 13 Municipalities (Oecussi, Covalima, Bobonaro, Aileu, Lautem, Liquisa, Manufahi, Manatuto, and Viqueque). The Disaster READY project was designed to achieve five specific objectives:

- Communities are better prepared for rapid and slow onset disasters
- Women, people with disabilities, youth, and children's rights and needs are being met in disaster preparedness and response at all level
- Government, NGOs, the private sector, and communities coordinate more effectively for inclusive disaster preparedness and response
- National NGOs and churches have more influence and capacity in the country's humanitarian system
- AHP NGOs work effectively together and with other relevant stakeholders (e.g., Red Cross, other NGOs, donors, and Government) in the country's humanitarian system

1.2 EVALUATION FEATURES

The objective of the endline evaluation was to measure the extent to which the project outcomes were achieved. The evaluation answered seven main evaluation questions (EQs) as per the project Monitoring, Evaluation, and Learning (MEL) framework as follows:

EQ1. To what extent and how has the project contributed to achieving each of the five project objectives? (Effectiveness and impact)
EQ2. To what extent can or will the changes be sustained? (Sustainability)
EQ3. To what extent has there been a change in the community and humanitarian actors' attitudes towards the role of marginalized people (women, people with disabilities, youth, and other marginalized people) in preparing for and responding to disasters due to this project? Who in the community/areas of Government and the humanitarian system is changing their attitudes and why? (Impact)
EQ4. Has the project influenced any other changes (unintended) in the lives of women, people with disabilities, and marginalized people? (Impact)
EQ5. Which aspects of the project generated the most (or least) value, given the time, money and effort required? (Efficiency)
EQ6. What aspects of the program need to be improved? What are we learning about building preparedness and response capability at different levels in Timor-Leste?
EQ7. To what extent is slow-onset disaster better understood as an emergency by key stakeholders at all levels, and how are they better prepared to mitigate, identify and respond to disaster in the future? (Relevance and impact).

The evaluation emphasized the challenges and drivers for women's leadership and participation in DRP project interventions, and a further summary analysis and a separate report was produced to this end.

1.3 EVALUATION APPROACH AND METHODOLOGY

The Endline Evaluation adopted a mixed method approach due to the nature of the project scope that combines 'Empowerment", "Policy Influence," DRR Behaviour change, and structural changes in the individual and community "preparedness" for natural disasters.

The study design prioritized the exact geographical and population disaggregation of the baseline. However, some changes were made to reflect the actual sample size and distribution across all the nine municipalities (as opposed to 5 municipalities covered by the baseline).

Given the more expansive 'National' scope/zone of impact of DRP and a number of direct program participants of 29,924, including 13,626 women and 16,298 men, the endline collected and used responses from a representative sample of both direct program participants and key informants about the implementation of the project, its outcome, and indicator targets.

The study established the endline project indicators and assessed the level of skills, knowledge, and practices on core impact themes relevant to the five objectives of DRP using the Sendai Framework for Disaster Preparedness and Responses as the conceptual framework. It also adopted CARE's Gender Equality Framework to identify the factors and enablers of women's empowerment at the community level.

The study employed both primary and secondary (mainly monitoring) data. A household survey questionnaire was administered using the Kobo Collect a pp to 361 households to collect quantitative data. Also, the key informant interviews (KII) guide and Focus Group Discussions (FGDs) note sheet were used to collect qualitative data. AHP Agencies were given, in addition to the KII guide, an online self-administered questionnaire and secondary data sheet to fill the data gaps identified in the reports.

A triangulation approach was employed by combining open-ended questions and qualitative responses from KIIs and FGDs to the household-based close-ended questions and the secondary data from DRP monitoring datasets and reports.

The endline study adopted a comparative approach to assess the difference between the before (baseline) and after the intervention (endline) on the preparedness of individuals and communities. In addition to the level of achievement, the endline study included perception indicators to gauge the stakeholders' perception of the quality or depth of the achievement.

⊃ **Sampling methods, size, and distribution**

The endline survey respondents were **purposefully** drawn from the tier 1 project impact group[1], while FGD respondents were purposively drawn from tier 2 program participants[2]. A **two-stage stratified cluster sampling** method that would usually be applied in this context was adapted as follows:

i.   The first stage applied **stratification by municipalities/Sucos**. The project zone of influence is made of 9 municipalities and 56 Sucos. From the nine (9) municipalities that are *defacto* **purposively** selected, two Sucos were chosen from the entire list of Sucos in the municipality. Efforts were made to ensure sampled Sucos are in different directions and keep the same households participating in the baseline. Each sector's villages were elected with a probability proportional to the number of households.

ii.   The second stage was the **stratification by beneficiary types (strata)** where two strata were created with the first stratum of the respondents being the women-headed households and the second stratum composed of participating men's headed households, 52% (187) and 48% (174) respectively.

iii.   Regarding disability status, table 2 shows that 25% (88) of respondents were PWDs, of whom 56% are female.

The formula for the infinite population:	
$$ss = \frac{Z^2 \times P(1-P)}{M^2}$$	SS= Sample Size for infinite population Z = Z value equal to 2.576 for 95% confidence level P = population proportion 50% (0.5) M = Margin of Error at 5% (0.05)

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[1] Tier 1 direct beneficiaries: women, men and youth grouped receiving O1-O3 package of DRP Intervention.

[2] Tier 2 direct beneficiaries: community members reached by community outreach programs including preparedness programming

Table 1: HH survey sample coverage in selected Sectors

Municipalities	Plan	WVI	Oxfam	CARE	CARITAS	Total
Aileu	21					22
Bobonaro		68				68
Covalima			36			36
Lautem	40					35
Oecusse			73			73
Viqueque				60		61
Liquisa					25	25
Manufahi					15	15
Manituto					25	26
TOTAL	68	68	109	60	65	361

Table 2: Characteristics of HH survey respondents

		Female		Male		Total	
		Count	%	Count	%	Count	%
Respondents with Disability	No	138	38	135	37	273	76
	Yes	49	14	39	11	88	24
Total		187	52	174	48	361	100

For qualitative data collection, the discussion with the AHP agencies concluded the principle of selecting 2 Sucos, facilitating 2 FGDs per Suco – one for females and another for males – and one key informant per Suco. Agencies working with or through local NGOs and Faith-based organizations to conduct 1 KII per type of organization. Table 3 presents the allocation of participants in qualitative data collection.

Table 3: non-HH survey sample coverage in selected Sectors

Method	Sessions	Participants	CANDO	CARE	Oxfam	PLAN	WVI	Total
FGD - Women	2	8	2	2	2	2	2	80
FGD – Men	2	8	2	2	2	2	2	80
KII – Xefe Suco	2	1	2	2	2	2	2	10
KII - LNGO		1				2	1	3
KII - FBOs		1	2			2	2	6

↻ **Data analysis, report Compilation, and dissemination**

Data derived from FGDs and Interviews were sorted according to key themes and sub-themes. A data entry form was developed in KoB   o Toolbox and deployed to tablets using the Kobo   Collect a pp. The final data spreadsheets were prepared and analysed using the Statistical Package for Social Sciences (SPSS) and Microsoft Excel.

Frequency tables, cross-tabulations, and descriptive statistics were produced and used in reporting and interpreting the survey data. The analysis techniques tracked general trends, points of consensus, and firmly held opinions. The preliminary analysis was shared with the AHP Agencies' focal points in a debriefing session. A draft report was compiled based on the deeper analysis (comparison with baseline data and End of Project (EOP) targets and disaggregation) and feedback received during the preliminary findings' discussions. The final report captured the second review from AHP agencies' focal points

along with recommendations and lessons learned section identifying potential areas of adaptation of the DRP 2.0.

1.4 EVALUATION LIMITATIONS

This endline evaluation was initially designed to mirror the baseline to answer all EQs and establish the endline values of all indicators in the MEL plan. But the following few challenges were met in the way:

a) Only 57% of the initial participants of the baseline were able to be identified in the endline study population because of several factors, including the fact that the baseline only looked at five municipalities (that were targeted by then) among the nine and that some Sucos and Aldeia were shifted after that.

b) The combination of change in a baseline population, the search for baseline participants, and the heavy rains during data collection have resulted in a purposive sampling of Sucos/Aldeias and respondents. Adapting to the context has affected the representativeness of the sample, especially that of the baseline, and a possible valid extrapolation/generalization and a meaningful disaggregation.

c) The endline exercise coincided with project closure activities and a few months' extension to prepare for the exit. This has constrained AHP agencies to provide data, observations, and feedback to queries on time, leading to delays for the evaluator to analyses and interpret data coherently within the initial timescale.

d) The MEL plan and, more specifically, the indicator matrix used by DRP 1.0 have some outcomes without explicit activities. Most of all, they do not have indicators that can be validly tracked at the endline level. For example, in all 28 indicators, 6 are of the type "Example of" or marked "N/A"; in some cases, they represented a significant part of the outcomes.

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2. EVALUATION FINDINGS

2.1 EFFECTIVENESS

To measure DRP's effectiveness, the evaluator considered the project progress reports and indicator matrix compiled from October 2018 to June 2022. Annex 1 summarizes the project's current MEL indicator matrix against end-of-project (EOP) targets. In reviewing the project's reported results regarding these indicators, the evaluation also analysed changes compared with the baseline status (where possible) and observation from household surveys and key informants. The evaluation answered the EQ1 for each of the five outcomes before making a general conclusion on the project's effectiveness. The EQ1 classified the effectiveness level into four ratings from highly unsatisfactory (major shortcomings), moderately unsatisfactory (not significant shortcoming), satisfactory (minor shortcomings), and highly satisfactory (no shortcoming).

2.1.1 EQ 1 - To what extent and how has the project contributed to achieving each of the five project objectives?

Outcome 1: Communities are better prepared for rapid- and slow-onset disasters

Of the six indicators on which the project reported this outcome, two are highly satisfactory (above 80% target achievement), one is satisfactory (above 60%), and the remaining three are unsatisfactory (below 50%). Most communities are better aware of the disaster risks and have mitigation plans in place but have limited capacity to execute them fully.

Figure 1: Effectiveness rating – Objective 1
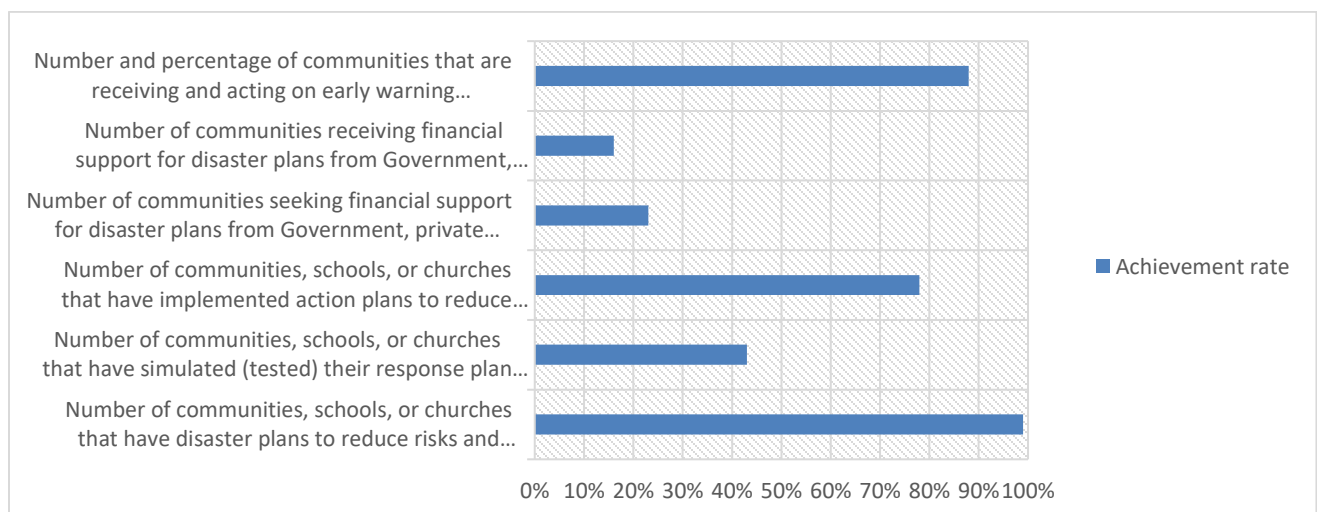
Communities understand likely hazards and risks and have knowledge, skills, and resources to manage these. DRP built the capacity of communities to understand disaster risks and assess their vulnerabilities and capacity needs before they develop, fundraise for, test and implement their community action plans. The analysis of monitoring data shows that 90% and 86% of

targeted Sucos and Aldeias have developed strategies to reduce risks and respond to disasters. The HH survey revealed that community members had improved their knowledge of risks and hazards, as 81% of community members can identify risks compared to 63% in 2018 (baseline). All FGDs agreed that thanks to the CBDRM approach the project promoted, community members could participate in disaster risk and vulnerability and capacity assessment as the first step toward developing community action plans that increase their knowledge of the disasters. The most reported disasters with high occurrence are strong winds (82%), heavy rains (66%), landslides (60%), drought (45%), and floods (44%).

"*We have conducted meetings related to risk reduction planning and implementation after identifying risk, hazards vulnerability, and capacity to face disasters through participatory assessment tools such as mapping and seasonal calendar.*" Francelino A. Gomes, Xefe Suco, Uaimoli Tula, Viqueque
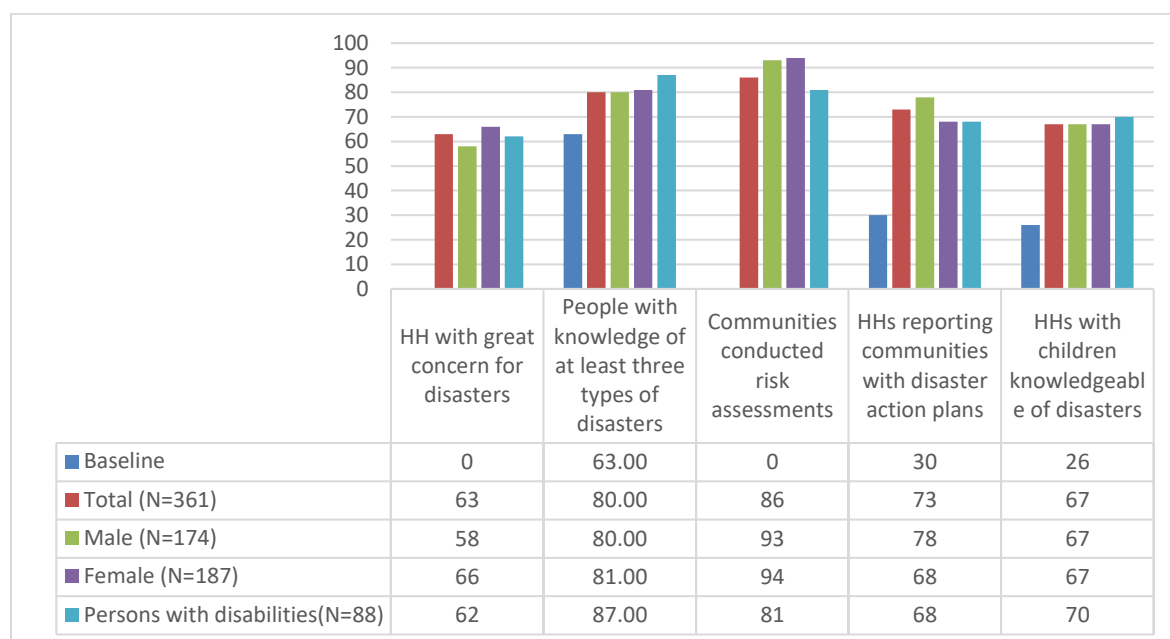
Figure 2: Disaster risk knowledge

	HH with great concern for disasters	People with knowledge of at least three types of disasters	Communities conducted risk assessments	HHs reporting communities with disaster action plans	HHs with children knowledgeable of disasters
Baseline	0	63.00	0	30	26
Total (N=361)	63	80.00	86	73	67
Male (N=174)	58	80.00	93	78	67
Female (N=187)	66	81.00	94	68	67
Persons with disabilities(N=88)	62	87.00	81	68	70

Community disaster mechanisms are prepared for and respond to rapid- and slow-onset disasters. Household surveys and feedback from FGDs indicated that the DRP-sponsored training in CBDRM, risk assessment, action planning, and simulation have contributed to the development and implementation of disaster reduction mechanisms in the communities where 65% and 78% of targeted communities tested and implemented elements of their action plans. Also, 61% of DRP participants reported to have participated in the development of action plans, 48% of whom are women (56% of all women) and 21% are persons living with disability (53% of all persons living with disabilities. All FGDs reported that DRP assisted them in implementing one significant mitigation activity of their community action plan. The monitoring data show that 90% of targeted Suco and 63.2% of targeted Aldeias have implemented DRR planned activities. KIIs from AHP agencies revealed that using a cost-share arrangement, DRP assisted, on average, ten small-scale activities per agency in water conservation, potable water well installation, protection walls, and small bridges.

Figure 3: Community disaster mechanisms

	HH reporting participation in the simulation of DRR measures	Communities that implemented DRR plans (N=226) *	HH reporting communities that implemented DRR plans	HH involved in the development of DRR Plans	HH involved in activities to reduce the community's risks	Communities implementing mitigation activities
■ Baseline N/A	0	81	54	67	23	75
■ Total (N=361) 65	34	78	60	61	74	61
■ Male (N=174) -	38	0	66	66	78	67
■ Female (N=187) -	31	0	54	56	68	67
■ Persons with disabilities(N=88) -	36	0	57	53	68	70

Communities understand and seek support from sub-national government planning, budget processes, and other funding sources to prepare for and respond to disasters. Although monitoring reports show that 23 out of 53 communities received training in proposal development, overall, 15 proposals were submitted to the Government, and 11 (73%) were funded. However, the 11 Sucos who received funding from the Government represent 17% of the target. Also, the 23 communities who received training represent 43.4% of the targeted SDMCs to be trained. 16 of the 20 FGDs claimed to not receiving neither funding nor feedback from the Government. The primary reason cited by KIIs is that the Government's budget is limited and that the government expenditure is based on national plans. Given that not all Sucos were initially targeted for fundraising capacity development and that the few who were trained could not receive funding, the approach to resource mobilization should be strengthened and expanded to all targeted areas for it to bear fruits.

Table 4: Financing the DRR Plans

Action area	Baseline	N	Count	Endline
SDMCs trained in proposal development	0	53	23	43 %
SDMCs developed and submitted proposals	31%	65	15	23 %
SDMCs received funding for their proposals	6%	65	11	17 %

Women, People with Disabilities, and children demand, access, understand and act on early warning information for rapid and onset disasters. Monitoring reports show that 15 of 65 communities were supported establishing early warning systems; 71% of respondents reported receiving early warning information on disasters, mostly from Aldeia and Xefe Suco. The endline revealed that after receiving early warning information, 66% of the respondents (91% of recipients of EWI) acted on it. Compared to all 361 respondents, variation of actions averaged from moving their assets (29%), building stronger shelter (24%) and storing food and water (23%), and moving to a safer place (22%) to all disasters. The endline finds that, compared with 17% and 16% of HHs who received

EWI and acted on them respectively, households and communities have increased access and utilization of EWI.

Figure 4: Access to Early Warning Information

	Respondents who received EWI	Respondents who received and acted on EWI	Action on property/assets	Action – building a more substantial shelter	Action – store food and water	Action – moving to a safer place
Total (N=361)	71%	66%	29%	24%	23%	22%
Male (N=174)	70%	64%	27%	23%	22%	19%
Female (N=187)	72%	67%	30%	24%	23%	25%
PWD (N=88)	76%	67%	36%	27%	21%	19%
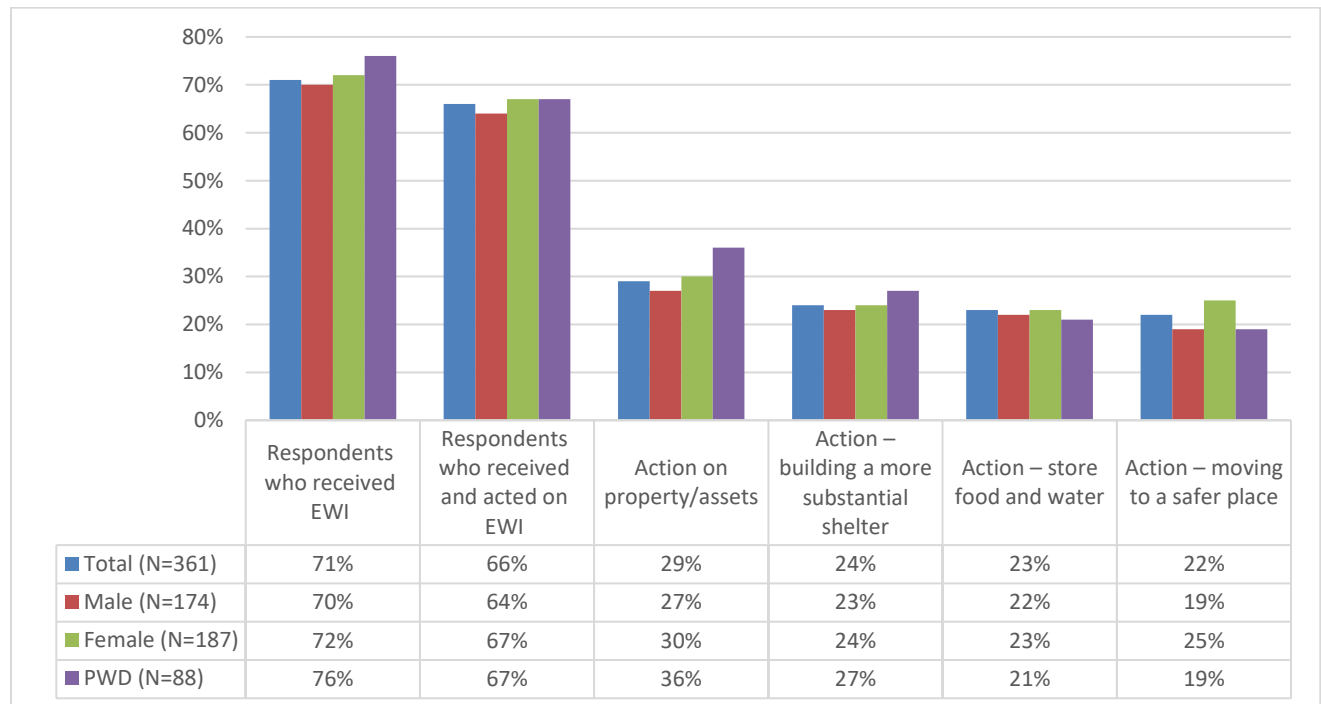
Furthermore, as table 5 shows, after EWI actions vary by type of disaster with strong wind and landslide being the top responded to.

Table 5: Action made upon receiving EWI (by type of disaster)

Mechanism	Informed others	Checked on property/asset	Built more strong shelter	Moved property/asset	Moved to a safe place	Keep children home	Stored food and water
Drought	47%	56%	53%	56%	54%	36%	49%
Landslide	62%	68%	73%	62%	68%	53%	66%
Strong wind	90%	91%	98%	95%	94%	93%	96%
Earthquake	33%	43%	43%	38%	43%	30%	45%
Flood	59%	69%	69%	71%	68%	69%	63%

Outcome 2: The rights and needs of women, people with disabilities, youth, and children are being met in disaster preparedness and response at all levels

Through training, the project will increase community members' knowledge of gender equality, social inclusion, and women's leadership. Of the nine indicators on which the project reported this outcome, five are highly satisfactory (above 80% target achievement), and four are satisfactory (above 60%). The project made significant efforts to engage all population segments in the community-based risk reduction planning and management, especially women and people with disability. However, youth and children seem not to have been significant contributors, and the needs of women seem to have been prioritized the most compared to those of children and persons with disabilities.

Table 6: Effectiveness rating – Objective 2

Indicator	Target	Endline	Achievement rating
H1. Number of community, school, or church disaster plans were developed with active participation from women, Youth and children, and people with disabilities.	W:369 Y&C: 369 PWD: 369	W:358 Y&C: 296 PWD: 330	Highly Satisfactory - 97% Highly Satisfactory - 80% Highly Satisfactory - 89%
H2. Number of community, school, or church disaster plans that address the specific needs of women, Youth and children, and people with disabilities (equal benefit).	W:369 Y&C: 369 PWD: 369	W:299 Y&C: 288 PWD: 261	Satisfactory - 81% Satisfactory - 78% Satisfactory - 70%
H3. Number of community, school, or church disaster plans are presented in accessible formats that women, youth, children, and people with disabilities can receive and understand.	W:369 Y&C: 369 PWD: 369	W:265 Y&C: 265 PWD: 221	Satisfactory - 72% Satisfactory - 72% Satisfactory - 60
J. a. Number of disaster committees that have women represented (by national or sub-national level)	National: 1 SDMC: 65	National: 1 SDMC: 47	Highly satisfactory - 100% Satisfactory - 72%
J. b. Percentage of members that are women (by national or sub-national level)	National: 30% SDMC: 30%	National: 37% SDMC: 28%	Highly Satisfactory - 123% Highly satisfactory – 93%
K.a. Number of disaster committees that have people with disabilities represented (by national or sub-national level)	National: 1 SDMC: 65	National: 1 SDMC: 29	Highly satisfactory - 100% Unsatisfactory – 44%
K.b. Percentage of disaster committees' members that have a disability (by national or sub-national level)	National: 5% SDMC: 5%	National: 8% SDMC: 5%	Highly satisfactory – 160% Highly satisfactory – 100%
N1. Number of AHP country committee members who have preparedness and response plans that include an assessment of the specific needs of women, Youth and children, and people with disabilities	W:5 Y&C: 5 PWD: 5	W: 5 Y&C: 5 PWD: 5	Highly satisfactory - 100% Highly satisfactory - 100% Highly satisfactory - 100%
N2. Number of AHP NGO country committee members who have preparedness and response plans that include actions to ensure women, Youth, children, and people with disabilities are included in and benefit from activities	W: 5 Y&C: 5 PWD: 5	W: 12 Y&C: 11 PWD: 12	Highly satisfactory – 240% Highly satisfactory – 220% Highly satisfactory – 240%

Increased representation and capacity of women, people with disabilities, Youth, and children in disaster committees and planning processes, particularly at community and sub-national levels. The results of the monitoring reports show that on the targeted 369 disaster reduction plans, 97%, 80%, and 89% were developed with the participation of women, Youth and children, and persons with disabilities, respectively. The household survey results reveal that 61% of respondents participated in developing community action plans, where 29% and 13% were women and persons with disabilities, respectively, in 94% of Sucos. Put differently, 56% of all women and 53%

of all Persons living with disabilities reported having participated in the community action planning. Both KIIs with Suco Xefes and FGDs agreed that the participatory methodology Sucos used in developing the contingency plans succeeded in attracting women and persons with disabilities to participate from risk vulnerability and capacity assessment at the Aldeia level to validation of plans at the Suco level.

Table 7: Plans addressing specific needs of social groups

Action area	Baseline	Target	Count	%
% Of community disaster plans developed through the engagement of women*[3]	10%	369	358	97%
% Of community disaster plans developed through the engagement of Youth & children*	7%	369	296	80%
% Of community disaster plans developed through the engagement of persons with disabilities*	7%	369	330	89%
% Of respondents who participated in the development of DRR plans - Women	N/A	187	106	56%
% Of respondents who participated in the development of DRR plans – persons with disabilities	N/A	88	47	53%
% Of DRR plans that address the specific needs of women*	0%	369	299	81%
% Of DRR plans that address the specific needs of Youth and Children*	0%	369	288	78%
% Of DRR plans that address the specific needs of persons with disabilities*	0%	369	261	70%
% Of women who reported that disaster plans address their needs	N/A	106	75	70%
% Of persons with disabilities who reported that disaster plans address their needs	N/A	47	33	70%
% Of women who reported that disaster plans address their children's needs	N/A	106	77	72%
% Of community disaster plans that are accessible to Women and Youth*	0%	369	265	72%
% Of community disaster plans that are accessible to persons with disabilities*	0%	369	221	60%
% Of women sitting on subnational DMCs	27%	30%	28%	93%
% Of persons with disabilities sitting on subnational DMCs*	0%	5%	5%	100%

However, a similar but decreasing trend is found in the number of community action plans that address the needs of different social groups. The monitoring data show that 81%, 78%, and 70% of the plans are reported to address the needs of women, Youth and children, and persons with disabilities. Again, when asked about DRR plans that address specific needs of social groups, respondents from vulnerable groups who participated in the development of the plans reported that the plans address the needs of women (70%) and persons with disabilities (70%) in 66% of communities (24 of 36 surveyed Sucos). In terms of addressing children's needs, the survey reveals that 73% of adult males and females (72% females only) who participated in the development of action plans agree that the needs of children and Youth were addressed in 61% of communities (22 of 36 surveyed Sucos). Although the monitoring and survey data look at different aspects of inclusivity of the DRR plans, they both indicate that not all 360 communities have plans developed to address special groups' specific needs fully, instead 78, 81, and 108 plans are not inclusive of women, youth and children, and people with disabilities. Most of the FGDs provided an example of "clean water facilities" as a particular need for women and children. Such multipurpose disaster mitigation action may not be considered as a "specific need" to a specific group to some respondents, leading to different responses.

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[3] The * denotes measurements whose data were retrieved from project monitoring data but mixed with endline survey data in same table.

Table 8: Mostly cited DRR measures addressing the needs of social groups

DRR Measure	Target group
Water source protection	Women
Water canalization/drainage	Women, Children
Water conservation and storage	Women
Early warning information billboard	ALL
Protection wall	ALL
Tree planting in landslide-prone area	ALL

DRP also sought to increase the participation of Women, Youth and Children, and persons with disabilities in the community disasters management committees. The evaluation found that 37% and 72% of disaster committees at national and subnational levels have women represented, with women seats being 28%. This finding is supported by the household survey where 71.2% of respondents declared that their SDMCs include women representatives. Also, the evaluation finds that the representation of persons with disabilities has increased from 1% and 0% to 8% and 5% in national and subnational level organs. Given the end-of-project target of 30% seats for women and 5% for persons with disabilities, the evaluation finds that the representation is commendable. This is confirmed by KIIs and FGDs who reported that women are now represented in the DMCs structures, especially Suco and Admin post levels:

> "*The project has provided many benefits to women and people with disability [because they] are participating or involved in the Suco Disaster Management Committee. They benefited from water source protection, and their life priorities are [now] in the preparedness plan.*" Afonso dos Reis, *Xefe Suco, Makadiki, Viqueque*

Humanitarian operating practices, procedures, policies, laws, and tools from community to national level incorporate and are responsive to the rights and needs of women, people with disabilities, Youth, and children: Key informants reported the project's success in advocating for consideration of specific needs of women and persons with disabilities(e.g., disability accessibility tools such as ramps) and the principle of equal representation of the DMCs at all levels (national and sub-national) by the Civil Protection law and national disaster management policy. The project has provided training to Civil Protection on GESI in Emergency, Protection against Sexual Harassment, Exploitation, and Abuse. The DRP engagement in the humanitarian coordination system has also started to bear fruits. For example, one key informant said, "*By bringing RHTO to the humanitarian coordination system, needs of persons with disabilities have started to be recognized and integrated into the flood 2021 response.*"

> "*As co-chair of the national humanitarian coordination committee, AHP/DRP has supported the establishment of disaster management operational centers where the civil protection leads and INGOs support it through information sharing to local authorities and communities, reducing overlapping or duplication of interventions.*" Maqsood Kabir, Coordinator, Disaster READY Project

However, while three AHP agencies reported having built the capacity of municipalities' DMCs and Municipality civil protection on Gender in Emergency and PSHEA, all Xefe Suco and all FGDs reported not being aware of minimum humanitarian standards for women, children, and persons with disabilities.

All community members, including men and boys, faith leaders and other community leaders, and government staff address the barriers that prevent women, people with

disabilities, Youth, and children from having their rights and needs met in disaster preparedness and response: According to the monitoring data, the project has exceeded its target of disseminating gender equality and social inclusion training where 100% of Admin posts, 116% of Suco and 123% of Aldeia were reached. As a result, 94% of respondents reported being more aware of equality and inclusion matters related to the emergency. Also, 66% of respondents at endline agreed that community members were trained to assist different vulnerable categories in the event of a disaster, and 35% and 34% reported participating in first aid training and disaster emergency drills, respectively, for assisting community members. The feedback from the FGDs revealed that women and persons with disabilities were encouraged to participate in SDMCs on one hand, and the population has been trained on prioritizing persons living with disability during emergencies on the other hand.

AHP NGOs apply more inclusive approaches in their internal and external preparedness and response planning. The findings from KIIs revealed that all the five AHP agencies have standard disaster preparedness plans that guide their emergency response teams to address the needs of various disadvantaged groups. Also, all agencies have onboard staff trained in core DRR competencies that can be mobilized during an emergency. Most agencies also reported having tools to be used in response needs assessment and contingency plans to support the distribution of specific materials (food and non-food items) to people of different needs. In addition, all agencies reported having GESI, Child Protection, and PSHEA policies that staff must sign. Table 12 shows that most AHP agencies have a relatively higher proportion of female and male social categories (46% and 54% respectively) compared to youth and persons with disabilities categories (23% and 2% respectively). Agencies use a variety of tactics to ensure disaster preparedness is inclusive such as:

"*To allow PWD and women to participate in DRP activities, we deliver the training to the Aldeia instead of Suco, provide transport allowance for PWD and their caregivers.*" *Aquino, Program Manager, Caritas Australia*

"*...identification of people with disability using Washington group question to ensure equality and equity in their participation.*" *Delfina de Jesus, Project Manager, CARE International in Timor Leste*

Table 9: Social Inclusive approaches of AHP NGOs

Social categories	Count	Proportion
Proportion of program program participants that are female	13,626	46%
Proportion of program program participants that are adult female	10,237	34%
Proportion of program program participants that are male	16,298	54%
Proportion of program program participants that are adult male	12,128	40%
Proportion of program program participants that are Youth	7,056	23%
Proportion of program program participants that are PWD	580	2%
Total	29,924	

Outcome 3: Government, NGOs, the private sector, and communities coordinate more effectively for inclusive disaster preparedness and response

According to the project document, efforts to strengthen the national humanitarian system consisted of establishing more inclusive and active DMCs at national and sub-national levels. Of the four indicators on which the project reported this outcome, one is highly satisfactory (above 80% target achievement), two are satisfactory (above 60%), and one is unsatisfactory (below 60%). The project successfully facilitated the creation and running of the DMCs across all targeted Sucos coordinating DRR measures with stakeholders through implementing their community action plans. However, their path to autonomy or self-reliance without the project assistance is still long, as well as their effective coordination with the central Government, private sector, and the population.

Table 10: Effectiveness rating – Objective 3

Indicator	Target	Endline	Achievement rating
O1. Number of sub-national (at Suco/village level) disaster management committees established or re-established	65	59	Highly satisfactory - 90%
O2. Number of sub-national disaster committees that meet regularly (e.g., more than once/year)	65	29	Unsatisfactory - 44%
Examples of sub-national disaster committees that have improved disaster preparedness practices (e.g., they have mapped evacuation assets or risk profiles for communities)	N/A	75%	Satisfactory – 75% (15/20 of FGDs)
R. Examples of improved communication between communities and Government (e.g., community assessments have informed government-led responses)?	N/A	63%	Satisfactory – 63% (satisfaction with government relations)

National and sub-national disaster committees are functioning. The project's annual reports show that 90% of Sucos have established their SDMCs, although 44% meet regularly. Survey data also show that while 65% of the population believe their SDMC is operational, 83% of SDMC members reported their committee operates periodically. However, 68% of SDMC members have still implemented their DRR plan. DRP played a crucial role in establishing SDMCs, their capacity building on their roles and responsibilities, assistance in organizing regular meetings, data collection during disaster strikes in respective areas, collaborating with Municipal Civil Protection Focal Point, and simulation exercises. All Xefe Suco interviewed agreed with FGD finding that DRP was able to use the civil protection and national disaster management policy requirement of mandatory SDMC to socialize it. They also confirmed that DRP trained members in the basics of CBDRM, including participatory approaches to risk assessment and action planning, all greased by facilitation to organize meetings for committee and their engagement with community members. However, many Xefe Suco reported limited resources and disaster-centred nature of DMCs operation as critical reasons for irregular functionality of the committee; a possible indication that many DMCs have not yet become independent from DRP assistance.

Table 11: Functional Disaster management committees

Functionality	Baseline (N=16)	Target/ N	Count	%
% Completion of the establishment of SDMCs*[4]	38%	65	59	90%

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[4] The * denotes measurements whose data were retrieved from project monitoring data but mixed with endline survey data in same table.

% Of SDMCs that meet regularly*	68%	65	29	44%
% Of respondents who report operational SDMCs	N/A	361	238	66%
% Of members who confirm their SDMCs are functional	71%	116	97	83%
% Of DMC members who participated in the implementation of the DRR plan	N/A	116	79	68%

Sub-national governments are better able to respond to community needs during rapid- and slow-onset disasters. All Xefe Suco reported that their SDMCs had gained hands-on knowledge to conduct preparedness activities such as mapping disaster-prone areas, participatory vulnerability and capacity assessment, developing and implementing community action plans, and performing simulation exercises. However, according to monitoring data, only 26% of Sucos have established comprehensive early warning systems that channel information from early warning organizations (e.g., national meteorology service) to communities. Still, Xefe Aldeias and Xefe Sucos are by far the leading sources of early warning information, as reported by 76% and 70% of respondents, respectively. Also, survey data reveal that the project has trained SDMC members in CBDRM (68%), first aid (55%), disability inclusion (45%), and has involved 47% members of DMCs contingency plan simulation exercises. The evaluation finds that DRP built the capacity of DRR leaders in the basics of DRM and there was no significant difference in the participation of all social categories, as shown in table 15.

Figure 5: Abilities of SDMCs to respond to community needs

	Baseline	Total (N=116)	Male (N=72)	Female (N=44)	PWD (N=30)
% Of DMC members trained on CBDRM	0	68%	71%	63%	66%
% Of DMC members trained on First Aid	0	55%	54%	56%	66%
% Of DMC members trained on Disability inclusion	0	45%	50%	36%	36%
% Of DMC members who participated in simulation exercises	0	47%	27%	30%	50%
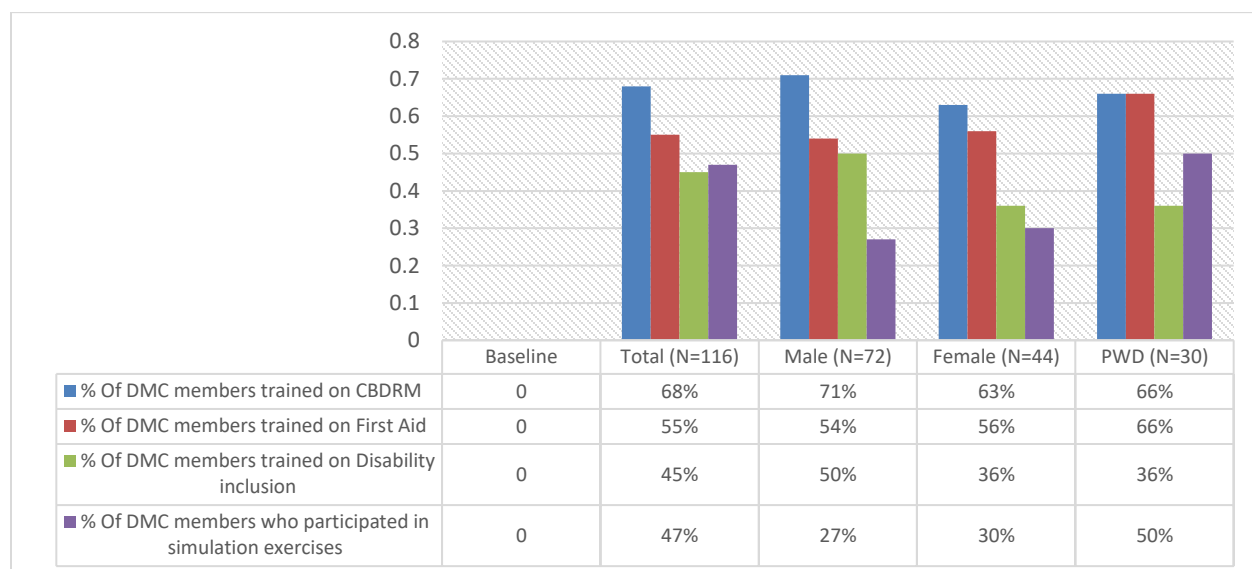
Moreover, results from FGDs and KIIs show that subnational governments have limited resources to allocate to DMC's operations. For example, one Xefe Suco said, "*landslide is a big scale operation, especially along the public road. It is not easy to solve. We do not have specialized technical skills*." When asked what parts of community action plans work well and what need improvements, FGD and KIIs participants reported what is captured in Table 16.

Table 12: CAP/SDMC status

What is going well	Areas of improvement
Tree planting to protect the water source	Increase the scale of tree planting and gabion boxes

Disaster-related billboards	Adequate time allocation for SDMC members training to improve their knowledge in DRR		
Community knowledge of disaster risks	Incorporating the Suco DRR plan into the municipality development plan		
CBDRM Approach: 1. Participatory Risk Assessment 2. Evacuation road/centre identification 3. First Aid Training 4. Simulation	Strengthen roles and responsibilities of SDMC members		
	Suggested improvements by SDMC members	Freq.	%
	Better coordination	75	65%
	Better hazards risk/vulnerability assessment	64	55%
	Good information management	47	40%
	Useful/swiftly early warning system	44	38%
	Realistic resource mobilization	35	30%

Improved two-way communications between communities and Government for preparedness, early warnings, disaster impact, and response. The evaluation finds that communities and government interact through decentralised structures such as Sucos, Admin Post, Municipalities and representatives of the Civil protection secretariate. The household survey finds that 46% of community members and 70% of SDMC members have been involved in planning process with local government. KIIs and FGDs pointed to the fact that the Government has shown more interest in supporting disaster response and recovery stages of disasters, albeit continual exposition, by SDMCs through Xefe Suco, of the preparedness resource needs. FGDs participants agree that in many instances, the Xefe Suco is heard by the upper level of decentralised government structures (e.g., Admin Post). Still, the communication on preparedness matters and early warning is often one way, especially in the flow from Xefe Suco to community members or from Xefe Suco to Government. There seem to not be clear feedback channels that permit two-way communication among various actors. The evaluation gauged appreciation of government services by local communities and found that they prefer to be assisted by Government (63%), DMC (60%), and fellow community members (56%). The same trend is noticed among SDMC members who perceive the primacy of see the Government in DRM given past response to emergency cases and its level of funding compared to decentralized structures. However, they would prefer also to be assisted before disasters. Fourteen of the 20 FGDs converged to not the fact that the pre-disaster coordination between Government and Suco is not very effective. One FGD concluded that even during disaster response, the Government goes directly to affected communities and supports humanitarian response and sometime without meeting community needs nor basing on level of damages. Key informants also mentioned the need to improve the communication channels at both ends of users to ensure there is two-way communication:

"*Although the communication flow moves from SDMC to Aldeia to Postu MDC to MDMC, there is a need for more training on communication channels and tools. There is also a need to have a clear communication channel from National to Aldeia and from Aldeia to National in any situation*." Afonso dos Reis, Xefe Suco, Makadiki, Viqueque

Outcome 4: National NGOs and faith-based organizations have more influence and capacity in the country's humanitarian system

The primary focus of Outcome four is to create a critical base of local NGOs and faith-based organizations capable of influencing the attitudes, policies, and practices of the actors in the country's humanitarian system. Of the three indicators the project reported under this outcome, one is highly satisfactory (above 80% target achievement), one is satisfactory, and one is unsatisfactory (below 50%). Although the evaluation could not find interventions leading to this outcome, monitoring reports reveal that although DRP did not reach targets for CSOs representation at the national and subnational level, AHP agencies that use indirect implementation approach have built the capacity of local implementing partners to mainstream social inclusion in their DRR plans. The project has also engaged faith leaders in the DRR processes and governance mechanisms, mainly at subnational levels.

Table 13: Effectiveness rating – Objective 4

Indicator	Target	Endline	Achievement rating
T. Number of CSOs and churches represented on national or sub-national disaster clusters or coordination committees	National:16 Subnational: 16%	National: 2 Subnational: 7	Unsatisfactory 12% Unsatisfactory: 43%
U1. Number of national NGOs and churches that have improved operational or financial policies or practices that align with humanitarian standards	16	12	Satisfactory: 75%
U2. Number of local non-government partners or churches with preparedness and response plans that explicitly prioritize social inclusion and gender (not including the NGOs in the indicator)	16	15	Highly Satisfactory: 93%

<u>Local NGOs and faith-based organizations are better represented in national and sub-national disaster coordination mechanisms.</u> The project annual reports shows that the CSOs and churches represented in the humanitarian system was 12% at national level and 43% at sub-national levels, probably because only Caritas, from all the five AHP agencies, was mandated to deliver on this outcome. CARITAS and RHTO were assisted to integrate humanitarian coordination systems at the national level. However, all FGDs reported that faith leaders such as catechists are now part of the SDMC structures because of their perceived influence on community members coming from the trustworthy and believing solid culture of the Timorese people. Through Caritas Australia, DRP has supported diocesan CARITAS to integrate DRR in its program, where USD 2,000 to USD 4,000 is now allocated as an emergency response fund at the Maliana Diocese. Also, KIIs with Priest and Catechists revealed that they had embraced their role within subnational DMCs where priests tend to participate in the coordination mechanism at the admin post and municipality level. In contrast, catechists participate at Suco and Aldeia levels.

> "*As a church leader, I have the responsibility to pass to the community all information related to risk and hazards, including climate change, so that they can be ready to respond to the disasters by themselves or can coordinate with relevant actors, including church and convents.*" *Father Augusto Ermelindo, Priest of Paroquia Maubara.*

KIIs with catechists also revealed that, on the one hand, they facilitated DRR training to SDMCs and community members after receiving Training of Trainers from Caritas Diocesan Maliana. On the other hand, they were conduits for the information from communities to local leaders.

> "*Aside from the training roles, I actively shared data and information on disaster occurrences in 2021 to a local leader and mobilized the community to collect the stones from blocking water flow from river banks to reduce flooding.*" Alarico da Silva, Catechist, Suco Guico

National NGOs and faith-based organizations have improved organizational capacity for disaster preparedness and response, including policies, processes, equipment, and distribution systems. The DRP has prioritized building capacities of local NGOs implementing activities on behalf of AHP agencies. Key informants from AHP agencies revealed that RHTO and three diocesan CARITAS had improved organizational capacities and advocacy competencies for DRR. AHP agencies reported that, except for those implementing directly without local partners (e.g., CARE International and World Vision), they had provided DRR training to 70, 65, and 71 partner staff specific to gender, Child protection, and PWD, respectively. The evaluation observed that some local NGOs directly coordinate with the local government in responding to disasters and organize regular meetings at local levels. For example, "*the three local CARITAS already have an emergency response system that supports disaster management when they occur,*" said one key informant.

Table 14: DRR Organizational Capacities of LNGOs

Social inclusion feature	CARE	CAN	WVI	PLA	OX	Tot.
Partners staff trained in basic gender in DRR	0	46	0	3	21	70
Partners staff trained in Child Protection in DRR	0	46	9	3	7	65
Partners staff trained in basic gender in PWD in DRR	0	46	9	4	21	71

National NGOs significantly influence INGOs and the country's humanitarian system. Although DRP has supported national NGOs to increase their participation in the country's humanitarian system, INGOs are still more influential because of their financial capacity, outreach, and core competencies. Results of KII show that some NGOs have influenced government practices in DRM. For example, RHTO has provided some form of capacity building on Disability inclusion to the government. KIIs also show that DRP has engaged, beyond local implementing NGOs, the association of 38 NGOs involved in DRR through capacity building and linkage to the CBDRM Network to provide them with space for influence. The association has advocated for including persons with disabilities and faith leaders in the DRM structures throughout the national DRM policy reform.

> "*By bringing RHTO to the humanitarian coordination system, needs of persons with disabilities have started to be recognized and integrated with the flood 2021 response.*" Cris Caetano, Resilience Senior Program Manager, Oxfam.

Outcome 5: AHP NGOs work effectively together and with other relevant stakeholders
The primary focus of Outcome five is to create an enabling environment for the AHP NGOs to smoothly implement their action plans, including shared services, and better coordinate with government and other humanitarian stakeholders. Of the four indicators the project reported under

this outcome, three have been rated with two being highly satisfactory and one satisfactory. Both AHP agencies and government officials are satisfied by the DRP coordination although not all agencies were able to integrate DRR in their organization-wide programming.

Table 15: Effectiveness rating – Objective 5

Indicator	Target	Endline	Achievement rating
W. Level of satisfaction of key government partners with AHP coordination	N/A	Civil Protection is satisfied	Highly satisfactory
N. Number and percentage of AHP NGOs who have preparedness and response plans that explicitly prioritize social inclusion and gender	75%	100%	Highly satisfactory - 100%
N1. Number and percentage of AHP NGOs staff who have participated in the gender, persons with disabilities, and Child protection training social inclusion and gender (not including the NGOs in the indicator)	GESI: 55 CP: 55 DI: 55	GESI: 40 CP: 56 DI: 38	Satisfactory - 73% (GESI) 101% (CP) 69% (PWD)
X. Examples of where AHP NGOs have integrated DRR into their other work	N/A	2 over 5 AHP NGOs	Not rated.[5]

AHP NGOs are well coordinated and engaging with Government, Red Cross, women's and other NGOs, and donors. The project has forged a good relationship with the Government of Timor-Leste through an active MOU and regular consultation with the Ministry of social affairs and the Secretary of State Civil Protection. The MOU has allowed DRP to complement the government system and to avoid creating parallel, new systems and tools that could interfere with existing ones. According to key informants, the country committee (made of a representative from each AHP consortium member) and the collaboration of agencies' focal points have been instrumental in improving relationships with external stakeholders and in a collective adaptation to the new needs or context (e.g., flood in 2021, covid-19 in 2020, new DRM policy). Through the AHP DRP coordination, the secretary of state civil protection received capacity development assistance for its human resources in CBDRM and social inclusion. Also, AHP agencies are recognized as essential actors in DRR and Emergency response as they co-chair the humanitarian coordination mechanism.

> "*DRP was helpful to Government secretary of state civil protection in increasing its ability on disaster risk reduction, as opposed to disaster response, and sensitivity to gender and inclusion of people with disability. DRP also coordinated the participation of consortium members in the DRM policy review process where they provided inputs related to gender, child protection and disability, as well as the inclusion of roles and responsibility of DMCs.*" Mariano Ana Lopez, Government official, Secretariat of State Civil Protection

AHP NGOs are using shared services to champion inclusive approaches and demonstrate and share impact. AHP Agencies successfully championed their core expertise where CARE led gender equality, Oxfam led disability inclusion, World Vision and Plan International jointly led Child protection, and CARITAS led Church engagement. The primary approach to providing "shared" services has been training trainers by the lead agency followed by cascade training by consortium member agencies in their respective geographic areas. The training of trainers (TOTs) reached 40, 56, and 38 staff for gender, child protection and PWD related DRR training, representing 73%, 101% and 69% of the target respectively. According to the survey data, the cascade training at

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[5] Indicator X had no target and was qualitative which biases the quantitative rating.

community level reached 22% and 31% of the community members respectively in GEDSI and disability inclusion. However, given consistent low achievement in child and Youth related targets gaps in cascading the master trainer's training in child protection to the community level are apparent; few participants reported their children to have acquired disaster specific skills (39%), vulnerability awareness (36%), knowledge of evacuation routes (35%) and only 19% in first aid skills.

Table 16: Outreach of Shared Services

Shared service	CARE	CAN	WVI	PLAN	OXFAM	Tot.
AHP NGO staff trained in basic gender in DRR	10	9	9	5	7	40
AHP NGO staff trained in Child Protection in DRR	10	24	9	6	7	56
AHP NGO staff trained in PWD in DRR	10	9	9	3	7	38
Community members trained on Gender equality	-	-	-	-	-	6,703
Community members trained on PWD inclusion	-	-	-	-	-	9,456

Results from AHP agencies' KIIs revealed that shared services were essential because they helped i) creating impact by optimizing and scaling individual INGO's core expertise, ii) avoid duplication by clearly dividing implementation areas. Two of the five AHP agencies mentioned that the coordination at the consortium level was adequate in mapping the operational areas and in joint implementation at the national and municipality levels. An example of a benefit of the consortium approach is:

"*Working as a consortium is an added value because the project has reached nine municipalities out of 13 and 29,924 people over 4.5 years at consortium level, with CARE reaching more than 10.000 people in one municipality.*" Delfina de Jesus, Program Manager, CARE International

Key informants also mentioned the regular progress updates from each agency, one country MEL plan, and implementation project tracker at the consortium level as channels through which DRP coordination avoids overlaps and duplication of activities.

However, key informants from AHP agencies alluded to the need to improve coordination by bridging the gap between the country committees and focal points. A key informant from Oxfam mentioned that "*a regular annual reflection meeting where country directors of AHP agencies participate with focal points could help streamline and harmonize DRP implementation at the agency level.*" In the same fashion, the need for the consortium to have a focal point or liaison government official to ensure coordination with the Government was evoked. This is true because all the five AHP agencies reported to "*support the government at the CP, municipal and Post admin levels, in addition, to participate in CBDRM coordination network.*"

AHP NGOs are using good practices from humanitarian programs to mainstream disaster preparedness and risk reduction into their other non-Disaster READY work. Except for Caritas Australia and Oxfam, mainstreaming DRR into non-DRP work was not intentionally planned and thus unsuccessful. Caritas Australia has included elements of disaster preparedness, including the disaster emergency fund, multisectoral perspective, and involvement of local leaders, in its resilience programming. For example, as Domingo Aquino Brando of Caritas says, "*when developing community plans or implementing small-scale activities as well as some kind of training, the community is coordinated by local leaders to participate all, be it women or young children or people with disabilities.*" Similarly, Oxfam's HAFORSA and Gender Justice programs have taken up some of the unresolved issues, especially advocacy related (e.g., litigation for disaster affected landless), from DRP program

participants they are currently tackling. Also, the move to resilience programming, as explained by Cris Caetano of Oxfam, has informed the identification of real needs of program participants in terms of resilience capabilities and vulnerability.

2.2 SUSTAINABILITY

2.2.1 EQ 2 - To what extent can or will the changes be sustained?

The project's fundamental changes, according to section 2.1. are establishing and operationalizing SDMCs, increased knowledge of disaster risk and measures for risk reduction, small-scale mitigation activities, and early warning information.

Establishment and operationalization of SDMCs. Data from FGDs and Xefe Suco key informants converge that SDMC is the cornerstone of effective community-based disaster management. Given that SDMCs is now a structure established by the Civil Protection decree and national DRM law, these structures will continue to operate even after DRP has closed. Election and capacity building of their members is a responsibility of the upper levels such as municipality and CP, and the latter has also received capacity building from DRP. However, operationalizing the Suco DRR plan will require material resources that DRP has been providing, especially for the training, campaign, and community engagement exercises.

Increased knowledge of disasters and hazards and the adaptive and mitigative measures. Community members, including women, children, and persons with disabilities, have an excellent basic understanding of DRR that will continue to be disseminated to their peers and family members by trained TOTs at municipality and CP levels. Also, community members have been trained as trainers and first aid respondents, although their numbers are not large enough to keep the momentum. Moreover, agencies that partner with local NGOs to implement a part or all activities of DRP provide a compelling model for localizing capacities that can continue to roll out capacity-building activities in the absence of INGOs. This said, efforts to have a large base of trained first Aid respondents that would not only lead the emergency responses but also keep the knowledge of the population updated should be prioritized.

Small scale mitigation activities. Structural interventions such as water source protection, potable water wells, gabion boxes, and wall protection will continue to protect communities against disasters for some time after DRP. However, no financial mechanisms are created at the Suco level for maintenance and operations to extend their shelf lives or repair or reinforce in case needed. Similarly, the process of establishing small-scale activities was strongly driven by DRP's financial support, which contributed a part that complemented communities' contribution, most of the time in kind.

Early warning information. Both FGDs and KIIs revealed that early warning alerts were provided by local leaders, especially Aldeia and Xefe Suco, themselves informed by the municipality or admin post's DMCs. Although the community level early warning system used such as megaphone, emergency sirens, water level board is simple to sustain, for it to create a two-way feedback system and also to fetch disaster risk-related data from a variety of sources to predict, monitor, and reduce damage, it must be linked to national climate data organizations, use technologies accessible by end users (e.g., phones) and must also be well-resourced (human, financial and technology) to be effective.

2.3 IMPACT

2.3.1 EQ 3 - To what extent has there been a change in the community and humanitarian actors' attitudes towards the role of marginalized people (women, people with disabilities, Youth, and other marginalized people) in preparing for and responding to disasters as a result of this project? Who in the community/areas of Government and the humanitarian system is changing their attitudes and why?

DRP has significantly contributed to change in attitudes towards the roles and inclusion of needs of women, persons with disabilities, and Youth in DRR practices.

<u>Behaviour changes at the national level</u>. According to KIIs, DRP has influenced the acceptance of social inclusion aspects in the national DRM policy and Civil protection law, which dictate the standards of inclusion from disaster risk and capacity assessment up to the inclusion of their needs in community DRR plans and disaster management committees. Although the DRM policy is yet to be approved by the Central Government, evidence of its effect on the structure and composition of DMCs, the roles and responsibilities have started to materialize: women's representation in those structures has increased.

> "*The national Government has committed to putting more attention for accessibility of people with disabilities to evacuation centres built by the Government by adding ramps. Also, the Government has invited RHTO to meetings on DRR preparedness and response plans.*" Mariano Ana Lopez, Government official, Secretariat of State Civil Protection

<u>Behaviour changes of faith leaders</u>. DRP has influenced the position and involvement of faith leaders in matters outside the church teachings, especially disaster risk reduction through training and socialization and advocacy at civil protection secretariate level. Most of the FGDs and all KIIs pointed to the fact that before DRP faith leaders just led and organized church services/mass but they have been utilizing church services to socialize information related to disaster prevention, such as the practice of tree cutting, burning forests, and clearing new lands. Faith leaders are also now members of disaster committees at the Suco level because of not only their behaviour change but also a change of attitudes of community members who see them as essential to non-religious matters.

<u>Inclusive disaster risk reduction plans.</u> FGD participants converged on the idea that social inclusion has become a norm to check the quality of a good plan. Asked about the role and actions of the DMCs, most of the FGDs explained the journey from risk, vulnerability, and capacity assessment and how a difference in various social groups is considered from analysis to action plan development. According to most of Xefes Suco (5 out of 7), all evacuation plans prioritize persons with disabilities, pregnant and breastfeeding women, children, and older adults. Prioritization of mitigations activities to be submitted to supporters also consider those activities such as community water wells and river bridges that offer multiple benefits to various social groups. This norm is now commonly applied by DMCs at all levels.

> *"The significant benefits or changes that women and girls experience were: i) their basic needs are considered in the DRR plan such as accessibility of water sources at household level that contributed to reducing women workload, ii) gender sensitive toilet for students at school, and also iii) improved learning outcome for girls."*
> *Delfina de Jesus, Project Manager, CARE International*

<u>Increased participation of women and persons with disabilities in disaster management committees.</u> DRP has contributed to the change of attitude toward women's involvement in DMCs. The household survey revealed that 83% believe women can participate in different DRR activities, while 79% perceive women's ability to influence DRR-related decisions. In terms of participation, 71% of respondents reported that women participate in their SDMCs. All FGDs agreed that women are represented in DMCs and have started to raise their concerns and needs. However, traditional gender roles still limit their physical participation and active engagement in public. Male FGDs recognized they have begun to allow women to work outside their homes and to speak in meetings. Similar to women, the participation of person with disabilities in DRR governance has increased from 0 representation at national and SDMC level to 8% and 5%, well beyond the national statistics of 3%, by end of DRP.

<u>The behavioural impact of GEDSI, Women Leadership and Men Engage Training</u>. The household survey results show that attending GEDSI has contributed to increased women's participation in public meetings (reported by 74% of respondents) and males' positive attitude toward women's participation (reported by 67% of respondents). Similarly, attending Women Leadership Training increased women's self-confidence to talk in public meetings (70%). Findings from FGDs corroborate with the survey and point to the fact that the intense focus of DRP on gender equality has motivated women to participate in both SDMCs and training activities as well as influencing men to give opportunities to women to participate.

2.3.2   EQ 4 – Has the project influenced any other changes (unintended) in the lives of women, people with disabilities, and marginalized people?

Although DRP is conceptually designed as a community-based intervention, it has had cascading effects on households and individuals' resilience. For example, 81% of households reported having discussed or planned what they would do if a disaster occurred, while 82% implemented household-level disaster mitigation activities. Closely linked to that, most FGDs converged to the conclusion that small-scale mitigation activities- the majority being increased access to clean water in the community- also address the basic needs of women and children by reducing the time and physical efforts used in fetching water for cooking and sanitation.

Moreover, certain DRR measures proved to create impact on people's livelihoods especially on food security and employment as said by one key informant:

> *"The implementation of small-scale activities provides opportunities and creates employment opportunities for young people to start horticulture activities, grow vegetables and sell so that they increase their income to meet their own needs and also for the family."* Domingos Aquino Brandao, Program Manager, Caritas Australia

2.4 EFFICIENCY

The measure of the project efficiency entails assessing whether the resources (financial and human) were converted into results in terms of quality, quantity, and time-based on cost-benefit or value for money analysis.

2.4.1   EQ 5 – Which aspect of the project generated the most (or least) value, given the time, money, and effort required?

The evaluation finds three implementation features that seem to have increased the cost-effectiveness of DRP. Firstly, the AHP agencies' shared services have avoided wastage in terms of time and financial resources for agencies learning new DRR required competency (e.g., CARE outsourcing capacities for Child Protection) that is not in their core competencies. However, the evaluator did not find evidence of separation of responsibilities between World Vision and Plan International in the shared services of child protection.

> "*Sharing best practices of other agencies and its expertise, including through the shared services training, has improved each other agency's competence*." Humbelino Pereira, Operation Manager. World Vision.

Secondly, AHP agencies such as Oxfam and Caritas that indirectly implement activities through local partners reported that socialization and uptake of project-promoted practices are quicker to materialize. The adoption and realization are cost-efficient because national NGOs have local presence and acceptability. A key informant from Caritas mentioned that "*influencing behaviour change in DRR depends greatly on the trust and performance of influencers . . . catechists are likely to influence many people because they live in communities, are old, and involved in many other things that cultivate trust from followers even more than priests*."

Thirdly, AHP agencies introduced a cost share financing arrangement to incite communities to implement the most critical action of their DRR plan. According to all AHP agencies, a cost share was one of the funding requirements, and communities made in-kind contributions (e.g., workforce, stones, wood). All KIIs and FGDs cited "small scale activity" as the main legacy of DRP after CBDRM training.

The analysis of the budget expenditure for a sample of four out of five AHP agencies depicted a breakdown of the project's implementation budget by program elements, key activities, and period and compared with critical results discussed in §2.1 (the detailed breakdown is in Annex 1). A closer analysis of the financial reports, as table 21 shows, reveals that the project completion rate is at 86.9%, suggesting significant deviations, especially in outcome three and shared services. In addition, 57.9% of the budget was used for core programs (including shared services) and 42% for operating expenses. The significant inequality in the budget allocation/expenditure among the outcomes tallies their relative contribution to results. For example, outcome one has more activities directly linked to the development of preparedness capacity and contingency planning and the ones that reach many program participants at the grassroots level. However, outcomes four and five, with a combined budget share of 10%, have created less impactful outputs. Moreover, an operating expense of 42%

indicates either a higher footprint in the communities or higher expenditures at home office levels, not directly linked with the results/activities. For a project that builds the capacity of communities to run their plans, such a higher operating expense ratio could be justified in the first 2-3 years but not across the entire project timeframe.

Table 17: Project Budget allocation

Budget lines	Project Completion Analysis			
	Projected	Used	Burn rate	Value
Outcome 1: Communities are better prepared	438,975	346,464	78.93	20.51
Outcome 2: Rights and needs are met	89,962	91,830	102.08	5.44
Outcome 3: Effective coordination of DRR actors	118,484	90,399	76.30	5.35
Outcome 4: Increased influence of LNGOs and FBOs	145,621	116,269	79.84	6.88
Outcome 5: Effectiveness of AHP Consortium	66,604	55,492	83.32	3.29
Shared services	232,720	160,184	68.83	9.48
Coordination	128,216	118,422	92.36	7.01
Operating expenses	723,154	709,839	98.16	42.03
Total	1,943,736	1,688,898	86.89	100.00

2.5 LESSONS LEARNT AND BEST PRACTICES OF THE PROJECT

2.5.1 EQ 6 – What aspects of the program need to be improved? What are we learning about building preparedness and response capability at different levels in Timor-Leste?

An analysis of the DRP design (Community preparedness, socially inclusive DRR governance, stakeholder coordination, and national CSOs influence) reveals that it aligns with three of the four priorities of the Sendai Framework. DRP put more focus on priority 1 (understanding disasters) through objective one by increasing knowledge of community members on disasters and raising awareness through public information (ex. Billboards). However, by promoting early warning information dissemination through sirens and Xefes, DRP does not build systems to provide formal and non-formal education and access to disaster services (e.g., meteorology services). DRP also focuses on priority 2 (strengthening DRR governance) by enhancing coordination platforms, national and local DMCs, supporting the development and fundraising of subnational DRR plans, and superficial work on DRM policy and institutional framework. It applies a low-touch approach to priority 3 (investing in disaster risk reduction for resilience), where it co-financed with local communities the small-scale "mitigation" activities to protect natural resources (water, forest, and sloppy lands). DRP does not align with priority 4 (enhancing disaster preparedness for effective response) as it does not attempt to support the development of vital early warning systems, preserving critical infrastructure for the continued provision of essential services, development of standby capacities, or incorporating early recovery into preparedness planning.

Using Sendai Framework as a conceptual framework helps us formulate observations of the building blocks to an effective preparedness and response capability that projects like DRP should focus on:

Having a clear theory of change aligned to globally accepted best practices or frameworks. The review of the design of DRP reveals that some outcomes are "enounced" but no clear links between activities and results. For example, while objective three is concerned with

effective coordination for disaster preparedness and response by Government, NGOs, and communities, there are no activities to cultivate this coordination as the project focuses on establishing DMCs at national and subnational levels. Similarly, objective four does not have clear actions to incite strong advocacy and operational influence of FBOs and church leaders.

Child-centred DRR planning and implementation. Both household surveys and qualitative data collection (KIIs, FGDs) revealed that the social inclusion agenda of DRP was successful for women and, to some significant extent for persons with disabilities but less for children and Youth. FGDs participants acknowledged limited knowledge of minimum humanitarian standards for child protection and confessed that as parents, their decisions are always in their children's best interests. However, children have specific needs and must develop specific disaster-related capacities if the entire community is "disaster ready."

Meaningful participation of women and people with disabilities. Although women and persons with disabilities are represented at all levels of DMC structures and participate in different DRR activities, the household survey has established that key reasons for their low participation are: household care responsibilities (74%), have limited access to information, skills and experience (44%), and limited knowledge of DRR measures (36%). Female-led FGDs confirm these findings and also suggest that for women to participate as active participants meaningfully, men should proactively encourage, give space and reduce workload for women, so they find time and confidence to participate actively. The project's efforts to gender equality did not fully consider the transitional stages from passive participants to empowered participants with precise interventions supporting that transition.

DRR/Disaster contingency plan. The project has established that the key to preparedness planning is a standing capacity to respond to a broad set of measures embodied in a disaster contingency plan. KIIs with Suco Xefes revealed that SDMCs lack the material resources to implement most of the actions identified in the community action plans and that the central Government has limited resources. Also, the DRR plan is a live document that should be tested, continuously updated, and made accessible to the community members, including persons with disabilities. The resourcing part has not been emphasized previously, yet the experience has proven that relying on external resources does not allow SDMCs to implement their priority action. An emergency fund at the Suco level can adequately fund responses or preparedness action.

Early warning system vs early warning alerts. The evaluation observed that different actors have different types of early warning systems, alerts, and information. Most of the communications received from the Xefes Aldeia and Suco are hazard alerts, or warning-these are the most prevalent in project areas. However, as one key component of preparedness, an early warning system should be conceived as a system of collecting information from many science-accepted sources and analysing it to predict and monitor disaster risks before communicating a warning to end users. This "system" needs human, material, and financial resources to operate. Also, all communities/areas, especially at the Suco level, must have all components of early warning systems.

Small scale mitigation activities. All FGDs and most key informants flagged the small-scale activities as the legacy that DRP will leave because they are not only hardware but also carry an element of resilience. These activities fit well in the priorities 3 and 4 of the Sendai Framework and have been the subject of external funding support submitted by SDMCs, with fewer being funded.

Mitigation activities are practical ex-ante and ex-post disaster preparedness measures that should be encouraged at both community and household levels. They need to be integrated in other development measures and Suco development plans.

Training and capacity building of local institutions. Most AHP agencies used the strategy of building the capacity of the local stakeholders at the national level (e.g., civil protection) or sub-national level (e.g., municipality) and local NGOs as TOTs. Localizing such services is a cost-effective way of disseminating DRR knowledge sustainably. Since the end users of the knowledge are community members living in Aldeias, a more aggressive cascade approach creates a critical mass of trainers at Aldeia levels and in disaster-related skills such as First Aid, Evacuation, and damage avoidance, which could increase the standing capacity at the last mile.

2.6 RELEVANCE

2.6.1 EQ 7 – To what extent is slow-onset disaster better understood as an emergency by key stakeholders at all levels, and how are they better prepared to mitigate, identify and respond to disaster in the future?

The community-based DRR approach has mainly improved the understanding of disasters by Government, NGOs, and FBOs operating at subnational and national levels. Both the DRM policy and the Civil Protection decree provide a framework for regulating and coordinating all critical steps for national and subnational disaster preparation, including risk, vulnerability, and capacity assessment from one hand and the coordination of the response by multiple stakeholders. Participants from 18 out of20 FGDs declared that the central governments tend to finance emergency responses because of the limited availability of resources to finance disaster preparedness. Moreover, while Suco disaster management committees approved their DRR plans by the top leaders, implementation gaps still need to be filled, especially at Aldeia levels. Gaps include means to cascade all training to community members, conducting large-scale simulation exercises, and building effective early warning systems that connect disaster data centres (e.g., meteorology centres) and end-users with options for feedback from the latter.

3. CONCLUSION AND RECOMMENDATION

a. Conclusion

Overall, the DRP successfully raised the level of individuals, communities, and institutions in disaster knowledge, preparedness measures, and laying governance's foundations for effective implementation of those measures.

The project has exceptionally changed the mindsets of different actors from Aldeias to national institutions such as civil protection that, instead of focussing on disaster response and recovery, a lot can be done before disasters strike. By supporting the formation of DMCs, building their capacity, and supporting them to lead the entire CBDRM process-from vulnerability and capacity assessment, the community was better able to anticipate and respond to the impact of likely hazards effectively. In addition, the project introduced a novel way of tackling the unique needs of social groups such as women, children, youth, and people with disabilities in the community contingency planning process.

AHP agencies collaboratively shared leadership roles in rolling out each one's expertise and agreed on geographical areas. The consortium established coordination mechanisms that allowed AHP agencies to implement their action plans without interference but with more complementarities and learning exchanges.

In line with the evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability, the following conclusion is made:

- **Effectiveness**: The project achieved most of the targets within the planned period.
    - o Communities' understanding of disasters and risk mitigation measures has increased. Communities have developed DRR plans, and are supported by the project to implement priority actions. The training in proposal writing proved to be a proactive solution to the challenge of limited resources for SDMCs to implement their plans fully. SDMCs are operational and have been trained in the conduct of preparedness activities from disaster risk assessment up to CAP implementation.
    - o Early warning alerts were successfully disseminated to women, people with disabilities and children, mostly by Suco and Aldeia Xefes, and were used to inform decisions on DRR actions. Communities were supported to establish early warning systems to mark risk prone areas and to alert communities on upcoming hazards and risk reduction measures.
    - o Representation and capacity of women and persons with disabilities in disaster management committees has increased. Women's high representation has correlated with prioritization of women's issues in the selection of project co-funded small-scale activities. Women and persons with disabilities are consulted on communities' initiatives.
    - o The local NGOs and FBOs have improved their systems and DRR plan and their representation at the national and sub-national levels has started to increase. Faith leaders who have integrated DMC's structure are supporting communities to

understand and take action against risks, a sign for their increasing influence in the DRR governance.

- o The coordination with the government and other NGOs has yielded results especially in building capacity of national and subnational structures, and in DRM policy advocacy for inclusion of vulnerable groups. However, due to limited resources of the government, DMC's financial assistance requests have not been always positive.
- o Local NGOs and FBOs supported by DRP have improved their systems and DRR plans, and their representation at the national and sub-national levels have started to increase despite their low technical and financial capacity in effective disaster preparedness. Faith leaders who have been integrated into DMC's structure are supporting communities to understand and take action against risks, a starting point for their influence in the DRR governance system.

- **Efficiency**: Localising approaches and DRP implementation by engaging local organizations contributed to influencing local systems and people's behaviour and accelerate the adoption and acceptance of DRP promoted changes. The consortium approach of AHP agencies and the cost-sharing model for disaster mitigation activities have allowed DRP to achieve results cost effectively.
- **Impact**: The project has led to a paradigm shift in the humanitarian actors' consideration of the needs and capacities of women and persons with disabilities in their DRM process from DRM policy, civil protection law, DMC structures, and capacity building. Women-in-leadership, and men and boys engage training have increased knowledge and awareness of both male and female participants on women's rights and equality principles with effect on structures and relations that perpetuate inequalities.
- **Sustainability**: The project use of local actors from national and subnational institutions as well as local NGOs as TOTs and riding on the possibilities offered by the DRM policy presents the potential for sustainability of project benefits such as knowledge acquired, DMCs created, and mitigation activities funded. Also, the presence of LNGOs and their resources at community level hold the promise for future replication and scale up of good practices promoted by DRP 1.

b. Recommendation

The end line evaluation considered the findings, conclusion and lessons learnt in formulating key programmatic and monitoring recommendations for follow on programs.

Effectiveness:

1. Complementing the 'software' side of the DRP 1-driven capacity building of communities and DMCs in all dimensions of CBDRM by 'a hardware' component such as i) Existing Early Warning System to be integrated with regular hazard monitoring and forecasting and iii) a disaster management funding mechanism will render implementation of CAPs more effective.

2. DRP 1 has successfully targeted and reached women and persons with disability across all outcomes, a basis for DRP 2 to continue its focus on women and persons with disabilities and where applicable children and Youth. Intentional identification and mentoring of potential social inclusion champions or role models in women, and persons with disabilities by DRP 2 at both community and DMC level will prove the concept that a high level of participation is achievable. In the same line, DRP 2 will build on the success of DRP 1 on addressing women and persons with

disability needs to continue CAPs' priority areas to include actions tailored to the uniqueness of women, and persons with disabilities.

3. Supporting women's economic empowerment through creation of VSLAs or other IGAs will complement women's leadership learning agenda by decreasing time poverty and increasing self-confidence and male support. Also, supplementing the successful community based DRR approach and women engagement of DRP 1 with strengthening gender equality at household level can increase the depth of preparedness. OXFAM's Gender Action Learning System (GALS) or CARE's Social Analysis and Action (SAA) can be effective on this end and can also help build disaster preparedness at the household level.

4. DRP 2 can take advantage of the good model of Caritas diocesan and RHTO to further build technical and implementation capacity of local NGOs in DRR. If local NGOs are trained in core capabilities such as financial management, proposal writing, resource mobilisation and project management, they will be the champions to capacitate even more subnational level to become more effective in planning, resourcing and implementation of CAPs. DRP 2 can build CSOs capacity to "influence" by adding mentorship activities with pre-identified "influencing/advocacy themes so that organizations (CSOs/CBOs) are not only learning by doing but also able to track their progress.

5. The momentum created by DRP 1's efforts to expediate the social inclusion and the decentralization in the DRR governance structure is sufficient to allow DRP 2 to build the capacity of National and Subnational governments to coordinate the development, financing and implementation of effective CAPs.

Impact:
6. To increase the depth and sustainability of the transformations DRP 1 has brought in the humanitarian system, especially in terms of social inclusive DRM policy framework, community's knowledge of gender equality principles, and increasing women agency in DRR mechanisms, the evaluation recommends DRP 2 to also challenge the structural and institutional barriers to gender inequalities.

7. DRP 1 has strengthened DRP coordination mechanisms involving communities, LNGOs and public sector but did not impact the private sector engagement in the co-financing of DRR measures. In alignment with the livelihoods, resilience, economic empowerment and climate adaptation perspectives of DRP2, the study suggests the collaborations with private sectoroperating in disaster prone areas as a leverage point.

Efficiency:
8. Replication and scaling of the localisation efforts employed by DRP 1 at national and municipality levels will create more significant and sustainable spill over effects. For example, once DRP 2 is working with or through the Association of local NGOs working on Disaster Risk Reduction (Asosiasaun Redusaun Risku Desastre iha Timor-Leste) and the umbrella organizations for women's rights and children's rights, results will be achived at a larger scale and at less or same cost. These local umbrella organizations have more "boots on the ground" and more legitimacy and technical capacity to represent these social groups in many geographies. Revisiting and harmonising the project implementation arrangement to ensure all AHP agencies are implementing through local NGOs will localize the capacities, scale proven concepts and sustain achievements.

Sustainability:

9. Given the limited incremental funding by the government, ensuring that Suco DRR plans are integrated into the municipality development plans and are funded by Governmentregular budget or emergency preparedness and response fund/budget seems another paradigm shift DRP 2 can introduce. Also, the use of small-scale mitigation activities is critical to DRR and DRP 2 can intentionally use them as catalytic intervention for demonstration effect and incentives for co-creation or scale-up by public and private actors. Moreover, an intentional move to integrate climate resilience into DRM could be a leverage point for sustainable community preparedness.

10. A targeted development of the institutional, technical and financial capacity of government (national and subnational) and local NGOs/CBOs/FBOs in inclusive and resilience-led DRM will allow for diversification of resources, deepening of regular outreach CBDRM activities at the least mile (e.g., aldeia) and ownership of and continuation of mitigation and resilience investment made after DRP 1 and DRP 2.

4. REFERENCES

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5. ANNEXES

ANNEX 1. Indicator Matrix

Objective 1: Communities are better prepared for rapid- and slow-onset disasters					
Outcomes	Indicators	Indicator details	Baseline	Target	EOP 2022
1.1 Communities understand likely hazards and risks and have <u>knowledge</u>, <u>skills</u> and <u>resources</u> to manage these	DR-B. Number of communities, school or churches which have disaster plans to reduce risks and respond to disaster (by new or updated plan);	**New plans**		**370**	368
		Communities (Suco):	3	62	56
		Aldeias	0	252	219
		Schools:	0	52	89
		Churches:	0	4	4
		Updated plans			
		Communities (Suco):	0	3	20
		Aldeias	0	0	7
		Schools:	0	0	0
		Churches:	0	0	0
	% of target vulnerable men, women and PwD able to identify likely risks and hazards		63%		81%
1.2 Community disaster mechanisms are prepared for and respond to rapid- and slow-onset disasters	DR-C. Number of communities, schools or churches which have simulated (tested) their response plan in the last 12 months	Communities (Suco):	0	65	48
		Aldeias	0	133	19
		Schools:	0	28	26
		Churches:	0	4	8
				230	**101**
	DR-D. Number of communities, schools or churches that have implemented action plans to reduce risks	Communities (Suco):	3	65	72
		Aldeias	0	133	76
		Schools:	0	28	24
		Churches:	0	0	6
				226	**178**

	% of HH implementing HH level DRR activities		74%		82%
1.3 Communities understand and seek support from sub-national government planning and budget processes and other funding sources to prepare for and respond to disasters	E1. Number of communities seeking financial support for disaster plans from government, private sector, or international donors	Government:	2	65	15
		Private sector:	0	0	2
		International donors:	0	0	0
		NB: Optional	0	0	6
	E2. Number of communities receiving financial support for disaster plans from government, private sector or international donors	Government:	0	65	11
		Private sector:	0	0	2
		International donors:	0	0	0
		NB: Optional			7
1.4 Women, men, people with disabilities and children demand, access, understand and act on early warning information for rapid- and slow-onset disasters	Number and percentage of communities which are receiving and acting on early warning information for rapid and slow onset disasters	Suco:	0	17	15
	People/Households - Received EWI		43		71%
	People/Households - Took actions		33		66%

Objective 2: The rights and needs of women, people with disabilities, youth and children are being met in disaster preparedness and response at all levels					
Outcomes	Indicators	Indicator details	Baseline	Target	EOP 2022
2.1 Increased representation and capacity of women, people with disabilities, youth and children[3] in disaster committees[4] and planning processes, particularly at	H1. Number of community, school or church disaster plans that were developed with active participation from women, [5] Y & C=youth and children [5] Y & C = youth and children, and people with disabilities.	Women:	0	369	358
		Y&C:	0	369	296
		PWD:	0	369	330

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Area	Indicator				
community and sub-national levels	H2. Number of community, school or church disaster plans that address the specific needs of women, youth and children, and people with disabilities (equal benefit).	Women:	0	369	299
		Y&C:	0	369	288
		PWD:	0	369	261
	H3. Number of community, school or church disaster plans that are presented in accessible formats that women, youth and children and people with disabilities can receive and understand.	Women:	0	369	265
		Y&C:	0	369	265
		PWD:	0	369	221
	J. Number of disaster committees that have women represented, and the percentage of members that are women (by national or sub-national level)	National:	0	1	3
		%:		0.3	37%
		Subnational: SDMC only	10/13 DMC	65	72%
		Write the level of govt:	SDMC	SDMC	SDMC
		%:	27%	30%	28%
	K. Number of disaster committees that have people with disabilities represented, and the percentage of members that have a disability (by national or sub-national level)	National:	0	1	2
		%:	0	30%	8%
		Subnational:	2/13 DMC	65	29
		Write the level of govt:	SDMC	SDMC	
		%:	0.15	30%	5%
2.2 Humanitarian operating practices, procedures, policies, laws and tools from community to national level incorporate and are responsive to rights and needs of women, people with disabilities, youth and children	L. Examples of inclusive humanitarian practices by government during a response	NA	NA	NA	NA

2.3 All community members, including men and boys, faith leaders and other community leaders, and government staff address the barriers that prevent women, people with disabilities, youth and children from having their rights and needs met in disaster preparedness and response	M. Examples of men and boys, church leaders and other community leaders, and government staff addressing barriers to inclusion in disaster preparedness and response	NA		NA	NA	NA
2.4. AHP NGOs apply more inclusive approaches in their internal and external preparedness and response planning	N1. Number of AHP country committee members who have preparedness and response plans that include an assessment of the specific needs of women, youth and children and people with disabilities	Women:	3	5	15
		Y&C:	3	5	15
		PWD:	3	5	15
	N2. Number of AHP NGO country committee members who have preparedness and response plans that include actions to ensure women, youth, children and people with disabilities are included in and benefit from activities	Women:	3	5	12
		Y&C:		5	11
		PWD:		5	12

Objective 5: AHP NGOs work effectively together and with other relevant stakeholders

Outcomes	Indicators	Indicator details	Baseline	Target	EOP 2022
5.1 AHP NGOs are well coordinated and engaging with government, Red Cross, women's and other NGOs, and donors	W. Level of satisfaction of key government partners and the Red Cross with AHP coordination	NA	NA	NA	12% (National), 43% (Subnational)

5.2 AHP NGOs are using shared services to champion inclusive approaches and demonstrate and share impact	N. Number and percentage of AHP NGOs who have preparedness and response plans that explicitly prioritise social inclusion and gender	NA	NA	NA	75%
	N1. Number and percentage of AHP NGOs staffs who have participated in the gender, PWDs and Child protection training				40 (GESI), 56 (CP), 38 (PWD)
5.3 AHP NGOs are using good practices from humanitarian programs to mainstream disaster preparedness and risk reduction into their other non-Disaster READY work	X. Examples of where AHP NGOs have integrated DRR into their other work	NA	NA	NA	40%

ANNEX 2. Household Questionnaire

DRP%20Endline_HH
%20Survey_ENGLISH

ANNEX 3. FGD Guide

DRP%20Endline_Suc
o%20FGD_NOTES%2(

ANNEX 4. Key Informant Interview Guide

DRP%20Endline_Xefe
%20Suco%20KII_NOT

ANNEX 5. AHP NGO Key informant Interview Guide

DRP%20Endline_AHP
%20NGOs%20KII_TAI

ANNEX 6. Key Informant Interview Guide – Government Official

DRP%20Endline_KII%
20Guide_Governent%