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**Project External Evaluation**

**Promote the resilience of disaster affected urban populations in Khyber Pakhtunkhwa**

**Project funded by:**

European Commission Humanitarian Aid and Civil Protection (ECHO)

**Program implemented by:**

CARE International in Pakistan (CIP)

**Project Duration:**

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**Evaluation conducted by:**

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# Abbreviations:

AC Assistant Commissioner

ADF Alfalah Development Foundation

BOQs Bills of Quantity

C&W Communication and Works

CBDRM Community Based Disaster Risk Management

CDPM Center for Disaster Preparedness and Management

CIP CARE International in Pakistan

DAC Development Assistance Committee

DDMU District Disaster Management Unit

DMC Disaster Management Committee

DRM Disaster Risk Management

DRR Disaster Risk Reduction

DWSS Drinking Water Supply System

ECHO European Commission Humanitarian Aid & Civil Protection

EEC Earthquake Engineering Centre

EWS Early Warning System

FCRM Feedback Complaint Response Mechanism

FGD Focus Group Discussion

HH Household

IP Implementing Partner

KAP Knowledge Attitude and Practice

KII Key Informant Interviews

KP Khyber Pakhtunkhwa

M&E Monitoring and Evaluation

MET Metrological Department

MHVRA Multi Hazard Vulnerability Risk Assessment

MoU Memorandum of Understanding

MTs Master Trainers

NC Neighborhood Council

NOC No-Objection Certificate

OECD Organization of Economic Cooperation and Development

P&E Planning and Development

PDMA Provincial Disaster Management Authority

PSC Project Steering Committee

PWDs Persons with Disabilities

SBDRM School Based Disaster Risk Management

SDMC School Disaster Management Committee

SMART Specific, Measurable, Achievable, Realistic and Time-bound

TMA Town Municipal Administration

TOT Training of Trainers

UCs Union Council

UoP University of Peshawar

# Executive Summary:

CARE International in Pakistan (CIP) implemented a Project title “Promote the resilience of disaster affected urban populations in Khyber Pakhtunkhwa” from June 01, 2017 to December 2018 in Peshawar with the primary focus on Community Based Disaster Risk Management, funded by European Commission Humanitarian Aid & Civil Protection (ECHO). The project was implemented in three Union Councils (UCs) of Peshawar district including Andar Shehr, Khalisa-1 and Khalisa-2 and targeted 39,147 beneficiaries including vulnerable women, men, disables, refugees and minorities. The project was also aimed at institutional development of Govt. departments on Disaster Risk Reduction (DRR).

An external evaluation was carried out to collect quantitative and qualitative data through structured survey, key informant interviews and focus group discussions. The study was conducted in the project targeted UCs of Peshawar and with the stakeholders involved. The evaluation was based on Organization of Economic Cooperation and Development – Development Assistance Committee (OECD-DAC) criteria including relevance, effectiveness, efficiency, impact and sustainability. In addition, the evaluation focused on project management and verification of DRR mitigation schemes rehabilitated.

Some of the key findings of the evaluation have been summarized according to different aspects covered in the evaluation and are presented as:

## 2.1 Relevance and appropriateness:

* While working under the overall humanitarian framework with ECHO and partners such as HOPE’87, SOLIDAR, HELVETAS, and UN-HABITAT, the needs assessed for the project had been pre-conceived. The needs were not gathered from the targeted urban population. The needs assessment have mostly been based on the gaps identified during the earlier intervention by CIP on DRR with different Govt. departments like Provincial Disaster Management Authority (PDMA). The evaluation team, however, has found no hints or evidence that life-threatening needs had been overlooked in favor of pre-conceived prioritized interventions by CIP, rather a step towards Community Based Disaster Risk Management (CBDRM) model in urban context was appreciated by PDMA. At household level 58% of the respondents declared the CBDRM activities (training and infrastructure schemes) to be relevant to the needs of the area.
* The community was engaged through random meetings at different neighborhood councils (NCs) before formation of Disaster Management Committees (DMCs). These meetings were facilitated by local government representatives and influential. However, the DMCs formed mostly followed a direct process of selection, in most cases by the concerned chairman of the NCs due to the limited availability of time and project staff. The challenge of social mobilization in the urban context hampered this activity to a greater extent. During the data collection at HH level, it was found that only 27% of the respondents mentioned their awareness about the DMCs formed in the respective area. Moreover, there are always chances of political influence while relying totally on the elected members.
* The urban communities are not always readily available to participate as compared to rural areas. So there is need of more efforts and time required to ensure their collaboration along with more material inputs. The project under evaluation lacked both material inputs for communities as well as dedicated social mobilization team, which was, however, available during the project for a limited time.
* While analyzing component wise performance of the project activities, the project interventions were found more focused on institutional development of government agencies than the communities. Though the project objective was to support vulnerable communities through CBDRM approach but less focus was paid to the capacity building of communities with little follow-up with DMCs and provision of material inputs to motivate them.

## 2.2 Effectiveness:

* The approach of formation of Project Steering Committee (PSC) for such project is highly appreciated. The members of the committee were nominated in joint consultation with PDMA. The participation of various relevant departments in PSC meetings was achieved through effective coordination.
* According to HH survey 13% of the DMCs have confirmed that these committees were functional, whereas 27% thought these were non-functional and 60% were not aware of it. Those who termed DMCs functional further added that there were informal meetings but only among few members.
* According to the following graph, up to 85% female and 100% male DMC members could recapitulate topics on first aid and disaster preparedness by individuals and families. Other topics such as CBDRM, mutual help through community participation and to some extent preparation on part of the Govt. departments were also recalled by the respondents.
* According to analysis 57% of the respondents did not know what a DRM plan was, as per 33% there was no DRM plan and only 10% shared that a plan was developed for the neighborhood council.
* The DMC members could not cascade training to the local community in general but were able to hold informal meetings to discuss about DRR measures occasionally among themselves. Due to awareness level of the DMC members, general understanding about DRR among a small portion of the population is likely to prevail.
* The situational analysis of high-rise buildings was known to all the relevant stakeholders. There has been extensive deliberations on this study during the Project Steering Committee meetings and sensitization sessions with different line departments. Due to 7 months delay in acquiring NOC for this project, the study could not be advocated to an extent to immediately trigger policy and management decisions by various government departments.
* The advocacy strategy document was developed on CBDRM as per the stipulated target during the project. The same has been furnished to other partners of ECHO for review. The review has been carried out in the technical working group meetings formulated under Project Coordination Group (PCG) which was comprised of different ECHO partners such as CIP, HOPE’87, Solidar Switzerland, and HELVETAS. Due to short duration left in the project, CBDRM advocacy strategy could not be presented and discussed with relevant government stakeholders for its understanding and implementation.
* The DRR mitigation schemes were initially not part of the project plan, however, upon frequent community requests, 3 schemes were identified and implemented. This reflects flexibility on part of ECHO, to understand the community needs. Up to 32% community members were aware about the mitigation schemes.
* The project offered need based support for institutional development of PDMA. The process comprised of working with PDMA and analyzing their different emerging needs. Based upon the needs identified, the project provided necessary IT equipment and support in conducting activities like DRM annual day celebration, EIC materials review and development, etc.

## 2.3 Efficiency:

* The project M&E system was made strengthened through Pre and Post KAP surveys and other research studies, however, the project requires internal monitoring plan to be implemented through process and progress monitoring and reporting to carry out self-assessment at least on monthly basis. There could be some improvement in the project design e.g. CBDRM model which was not institutionalized through any proper mechanism. For instance, SBDRM model has been institutionalized by strengthening and improving school management committees i.e. Parent Teacher Associations (PTAs) for each school. Similarly, activities/deliverables were not result oriented in a short run, hence the indicators did not seem SMART.
* It was observed that the project related information have been shared in the PSC and PCG meetings regularly. Similarly, the information have been shared during the sensitization sessions with different line departments. However, due to delayed issuance of project NOC, very limited time was available towards the end of the project to advocate project findings and lessons learnt properly.
* Being a single staff member i.e. Project Manager (PM) had to work on each and every front in the field. Whether it was identification and networking with the departments, training and institutional development assessment, identification of consultants for different deliverables or the most time consuming community mobilization, the PM had to cater for each and every major or minor activities.
* Nomination of DMC members was based on recommendations of the respective neighborhood councils, as the time and staff availability did not allow proper democratic process through sufficient community engagements.
* In order to achieve a high degree of program efficiency, CIP involved Govt. departments during implementation and monitoring. CIP strived to build capacity of the Govt. institutions both with formal training (TOT) and on-the-job support and experience.
* The project could not ensure appropriate level of community participation in the project due to Lack of dedicated community mobilization team throughout the project, no material support to attract communities, and limited time and unrealistic targets.

## 2.4 Impact:

* The capacity building of DMCs has resulted in the transfer of knowledge about preparedness to a greater extent. During the HH interviews with the DMC members, 85% knew about first aid, 80% about self-help and 35% about safe evacuation during disasters.
* The evaluation team observed close coordination during the project among the stakeholders. This strategy helped in institutional development of PDMA as well as supported CIP to smoothly implement the project. CIP has been able to build synergies through effective coordination with different stakeholders including Govt. departments and other ECHO partners.
* Many young men and women have learnt basics in self-organization, preparedness, rescue and first aid. In order to see long term impact of the intervention, engagement with the same communities have to be carried out to let them cascade training to other people around them.

## 2.5 Sustainability:

* The capacity building activities conducted with different communities like early warning, rescue and first aid are the key approaches for sustainability. However, these skills learnt by DMC members could not be sufficiently cascaded to the general communities due to lack of follow-up.
* The project in principal did not followed a proper exit strategy, in fact the evaluation team did not find the presence of an exit strategy while discussing with different stakeholders. The components of institutional support, as well as community engagements were left unconcluded without providing any way forward.
* During KIIs interviews with staff of CIP and DMCs, it was found out that the infrastructures build at the community level have been effectively functional and responding to DRR needs.

## 2.6 Recommendations:

* Urban communities have greater complexities in terms of community involvement. The urban communities are not always readily available to participate as compared to rural areas. So there is need of more efforts and time to ensure their collaboration along with tangible inputs such as equipment for EWS, DRR Schemes etc.
* For effective engagement of community and elected Govt. functionaries at local level, small community level infrastructure schemes may be supported on matching grant basis. This will not only result in greater interest by the stakeholders but also mainstream DRR into public sector development initiatives.
* The training received by DMCs needs to be further cascaded to the community in general. This can be done through supporting the DMCs through refreshers and planning for arrangement of training resources at community level.
* The project design should have reviewed the implementation of CBDRM model at the planning stage as it was more likely to be an “institutional model in testing” for the donor.
* To enhance effectiveness of the project deliverables, there is need of proper workload distribution. Since the project was implemented at both community level as well as engagement with different institutions. Therefore, separate teams with proper work load distribution are highly advisable to properly interact with communities and institutions to conduct required follow-ups.
* The research studies such as Situational Study on High-Rise Building and Advocacy Strategy on CBDRM should have been shared with all the relevant stakeholders during the project for wider consultations. There is also a need of conducting tailored workshops/focus group discussion with the relevant line departments to identify their respective mandate where these documents can be applicable.
* At planning stage, setting SMART indicators and targets are highly advisable especially while working with the government departments. The project under evaluation was highly dependent on the performance and contributions by the government departments. Therefore, indicators/targets should avoid performance factors which are not internally under control.

# Introduction:

This report presents external evaluation of the CARE International in Pakistan (CIP) CBDRM project “Promote the resilience of disaster affected urban populations in Khyber Pakhtunkhwa” funded by ECHO and implemented in the Peshawar district from June 2017 to December 2018. The purpose of the evaluation was to get learning and research on aspects of relevance, effectiveness, efficiency, management, sustainability and impact. Additionally, the study also covered verification of DRR mitigation schemes/infrastructures.

The project can be seen active on two fronts such as community and institutional. On one hand the project was organizing the communities to form DMCs in three UCs of the Peshawar district including Andar Shehr, Khalisa-1 and Khalisa-2 and capacitating it to become linked with PDMA. On the other hand the project was active to institutionalize DRR into development agenda of different government departments through evidence based advocacy.

**Principle Objective of the Project:**

To promote the resilience of urban populations living in areas most affected by natural and human induced disasters in Khyber Pakhtunkhwa Province

**Specific Objective of the Project:**

To reduce the vulnerability of most at risk urban population in Peshawar by strengthening capacity of the communities and government institutions in disaster risk reduction through consolidated CBDRM and SBDRM models

**Result 1:**

Improved delivery of urban disaster risk governance by provincial, city, town and neighborhood councils governments in Peshawar promoting risk sensitive development

**Result 2:**

Improved coordination for effective implementation of DP/DRR actions

**Indicators:**

* % of target population whose lives and livelihoods can be saved by disaster risk reduction &amp; response measures adopted through the project – (Target 60%)
* Number increase in agencies at all level &amp; sector adopting and implementing CBDRM and risk analysis into their planning – (3 PDMU, DDMU and CDMP target)
* % of funds allocated by government for CBDRM and SBDRM activities in District ADP 2018-19 (1% target)
* Improved coordination on DRM established at provincial and district level by PDMA &amp; DDMU for communities and schools – (target 1 at DDMU)

# Evaluation Criteria/Questions:

The evaluation of the CIP’s CBDRM project has been carried out as per the OECD-DAC criteria such as Relevance, Effectiveness, Efficiency, Impact and Sustainability. However, CIP has included an additional criteria i.e. Project Management.

## 4.1 Evaluation Methodology:

The evaluation methodology was discussed in the inception meeting with CIP officials. Orientation about the project was carried out and contacts of the concerned CIP staff and stakeholder were shared. The framework for the study was also discussed and decided upon a list of documents to be shared. All the relevant project documents including proposal (single form), Pre & Post KAP, list of DMCs and members, list of Master Trainers, research studies, advocacy strategy documents, meeting minutes, etc. were provided for review and data collection tool development.

The program evaluation study designed by ADF is a summative, exploratory and cross-sectional in nature. Both qualitative and quantitative methods have been applied to capture data. Only the prescribed standardized data collection tools have been used for data collection which were shared with CIP for review to finalize mutually.

**Sample Size:**

Study sample was calculated on the basis of 95% confidence level and 10 confidence interval. The total sample calculated was 94 respondents. At household level the respondents had been divided into 02 strata i.e. DMC members and Non-DMC members. So, during the inception meeting it was decided to take equal representative sample of both the strata. In order to have gender representation, equal number of male and female respondents were included in the sampling framework from both DMC and non-DMC members.

The direct beneficiaries of the project included DMC members, population in 3 targeted UCs, Master Trainers and representatives of govt. line departments. The project output did not include cascading of CBDRM training, that’s why, sampling on the indirect beneficiaries in the project UCs may mislead the findings. Hence, it was decided to include 100 respondents from general community where the cascading was expected. Similarly, it was decided to carry out up to 06 FGDs (3 with females) involving DMC and general community members.

Each male and female DMC had up to 25 members. Initially up to 17 DMC members were marked for household interviews and up to 7 for FGDs in each DMC. However, availability of these members was a challenge due to their working hours, job and business, migration to other city or country. Hence, it was decided to involve DMC members randomly for interview or FGDs whoever is available. Each FGD has 7 to 12 members depending on the availability of the DMC and general community members. The evaluation team shown flexibility in conducting FGDs as per convenient timings in the evening or during holiday for the FGD participants.

Table 1: Sample size for interviews of DMC and Non-DMC members

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Union Councils (UCs) | DMC Members | | Non-DMC Members | | Sub-Total | | Total |
| Male | Female | Male | Female | Male | Female |
| Ander Shehr | 17 | 13 | 28 | 15 | 45 | 28 | 73 |
| Khalisa I | 6 | 16 | 17 | 17 | 23 | 33 | 56 |
| Khalisa 2 | 16 | 22 | 17 | 16 | 33 | 38 | 71 |
| Total | 39 | 51 | 62 | 48 | 101 | 99 | 200 |

The number of Key Informant Interviews (KIIs) was increased accordingly as the project was predominantly implemented with relevant stakeholders for institutionalizing DRR. The availability of the key informants was also a challenge, nevertheless, a total of 25 KIIs (list annexed) were administered with different stakeholders including PDMA, DDMU, P&D, CDPM, EEC, Education Dept, Rescue 1122, Civil Defense, TMA Town 1, DMCs, CIP staff, Helvitas, HOPE’87, Solidar.

**Team Formation for Field Data Collection:**

Three teams were formed to carry out data collection from the field. One team was comprised of 2 female and another team was comprised of 2 males. All these 4 enumerators were graduates of Centre for Disaster Preparedness and Management (CDPM), University of Peshawar (UOP). The third team was comprised of the ADF Senior Management for conducting FGDs and KIIs. Two of the female enumerators were recruited for a period of 30 days for the evaluation exercise to help the evaluation team in reviewing secondary data, confirm appointments with stakeholders, assist in preparation of data collection tools, administer household interviews and conduct female FGDs.

Orientation of the data enumerator was carried out on 4th March 2019 and field work in the field started on the next day. Due to urban context, the availability of DMC and non-DMC member was unpredictable and hence field exercise at the UCs carried out from 9 am to 7 pm in the evening till 11th March. Similarly, availability of Key Informants was also a challenge and could only be managed during official and non-official hours.

**Data Analysis:**

Household questionnaires data entry was carried out in MS-Access database. Data cleaning and validation carried out and queries were developed to do different analysis of data. Similarly, the data was also exported to MS-Excel in order to develop graphs for presentation.

Analysis of qualitative data of 06 FGDs (03 women FGDs) was carried out by tabulating different responses for questions discussed with the community. During FGDs it was ensured to collect those set of responses for question on which the group had consensus. Trend analysis was conducted to conclude the discussion regarding each discussion point.

**Limitations of the Study:**

As per the project document, the total beneficiary count was nearly 39,000, however, these beneficiaries could not be reached through cascading training by DMCs. A wider population was reached through print and electronic media. Therefore, responses of non-DMC members who have not received any training or information about DRR can deviate the findings to a greater extent. That’s why, a mix sample of DMC and non-DMC was selected for the study at household and FGD levels.

# Relevance & Appropriateness:

The program’s appropriateness is related mainly to the design phase, beginning with the initial needs assessments and strategy development while ending with the timing of implementation of interventions. Discussion of the program strategy includes targeting, the inclusion of vulnerable groups and gender issues. A review of the initial needs assessment and overarching program strategy is presented here:

CIP successfully managed the project with a wider scope in a very challenging operating environment in urban areas of Peshawar, (not just NOC but lack of required staff and patchy coordination with line departments). Also, working in a holistic manner i.e. linking and integrating different component of this project especially Institutional Strengthening of Govt. departments and working directly with the communities at the same time with least human resources were some of the main success factors.

Urban resilience/DRR has been one of the neglected area in the humanitarian world especially in Pakistan, the project under evaluation accepted the challenge and implemented such a unique intervention. The project was designed by CIP keeping in view the need identified during and after the implementation of previous projects conducted, however, according to the KIIs conducted during the evaluation, least involvement of the line departments was mentioned at the design phase of the project.

## 5.1 Needs Assessments

While working under the overall humanitarian framework with ECHO and partners such as HOPE’87, SOLIDAR, HELVETAS, and UN-HABITAT, the needs assessed for the project had been pre-conceived. The needs were not gathered from the targeted urban population. The needs assessment have mostly been based on the gaps identified during the earlier intervention by CIP on DRR with different Govt. departments like PDMA. The evaluation team, however, has found no hints or evidence that life-threatening needs had been overlooked in favor of pre-conceived prioritized interventions by CIP, rather a step towards CBDRM model in urban context was appreciated by PDMA.

The choice of geographic intervention area (district/union council) was often directed by the coordination mechanism with PDMA. The choice of neighborhoods within a UC was consistently based on CIP assessments. The evaluation team did not find any evidence of wrong area selection, as all of the communities visited were in the urban setups and vulnerable to different hazards like Fire, Flood and Earthquake.

## 5.2 Beneficiary selection

The selection of direct beneficiaries especially for capacity building was one of the most important tasks for the Disaster Management Committees (DMCs) that were formed. The DMCs formed mostly followed a direct process of selection, in most cases by the concerned chairman of the neighborhood councils due to the limited availability of time and project staff. During the data collection at HH level, it was found that only 27% of the respondents mentioned cognizance with the DMCs formed. Moreover, there are always chances of political influence while relying totally on the elected members. Nevertheless, CIP project manager played an important role in the scrutinizing the nominations for the DMCs and ensuring representation.

The selection of Master Trainers (MTs) were mostly based on the nomination from the respective departments. During the discussion with Key Informants, it was found that the selection of these MTs was relevant to the roles.

The selection of steering committee members were based on the recommendations by PDMA, which mostly identified the relevant line departments involved in urban planning and DRR, however some of the departments like Archives being an attached entity of Higher Education Department got omitted. During visit to the targeted communities, the evaluation team found old buildings with higher vulnerability. However, when asked the concerned town administration, it was mentioned that some of these buildings have been declared as heritage sites by the archives department and therefore may not be demolished or altered for avoiding the hazards.

## 5.3 Relevance of project focus and appropriateness of inputs

The evaluation team found not a single project activity with irrelevant focus. In all beneficiary interviews and other KIIs, a high level of relevance was noted to the project interventions. At household level 58% of the respondents declared the CBDRM activities (training, infrastructure schemes) to be relevant to the needs of the area.

The project interventions were designed keeping in view the critical DRR needs of the targeted communities. All the programme components including capacity building, research, advocacy, institutional development and small community infrastructure were declared as relevant and needed, by both the community members and stakeholders. However, while analyzing component wise performance of the project activities, the project interventions were found more focused towards institutional development of Govt. agencies than on communities. Though the project objective was to support vulnerable communities through CBDRM approach but less focus was paid on capacity building of communities through follow up with DMCs and provision of material inputs to motivate them. The project provided very few inputs to communities for their preparedness and building their resilience both in soft and hard form. There was least staff availability for community mobilization as well as no follow ups of the training received by the DMCs. Few physical infrastructure schemes were conducted but these were not part of the original project design.

Both CIP and ECHO were flexible enough to accommodate for the changing needs of the beneficiaries. Based upon the request of PDMA, the project supported documentation, printing of various items like process of NOC, MHVA. However, these documents are still to be delivered to PDMA. Similarly the Advocacy Strategy and study on the High Rise Building were also not shared with the relevant departments.

## 5.4 Community Involvement

The social mobilization context plays vital role in the success or failure of any community based intervention, the context in which the current project was implemented was urban, which has greater complexities in terms of community involvement. The urban communities are not always readily available to participate as compared to rural areas. So there is need of more effort and time in order to ensure their collaboration along with more material inputs. The project under evaluation lacked both the material inputs for communities and dedicated social mobilization team, which at the end of project was provided for limited time.

The backbone of sustainability is the structure of community organization (transparency, ownership, true representation, capacities, mandates, and financial means). The formation of specialized DMCs was a standard tool and implemented through the project. CIP formation of DMCs was effective in building a sense of empowerment and ownership in the process and product. At the household survey, 27% respondents confirmed the existence of DMCs in their respective villages at the time of project implementation. However, during FGDs, the team found few situations that the short term intervention ensured community participation in the project life to some extent but could not sustain for longer period. For example, only 13% of the household surveyed beneficiaries explained that those committees were still functional.

During the key informant’s interviews, the evaluation team found that the PDMA, district administration, and other line department i.e. Education, TMA were involved and consulted in the implementation, coordination and monitoring of intervention. The line departments’ role especially in Capacity Building was appreciated for successful implementation of the project. However, due to the changes in the key staff transfer, it was challenging to capture the views and feedback of all relevant officials regarding the project implementation, coordination and success from the current staff who were not much in picture of this project. Nevertheless, CIP made all efforts to keep these officials on board when and where required and share progress and updates with them during the implementation of the project.

# Effectiveness:

## 6.1 Formation of Advisory Group at PDMA level with technical lead on project

The project initially formed an Advisory Group including PDMA as the chair and other concerned line departments as members. The purpose of the group was to serve as steering committee for the project. The committee had the role of overseeing overall project implementation, progress tracking of each project component and provide strategic and technical support. The members of the committee were nominated in joint consultation with PDMA. The approach of formation of Project Steering Committee (PSC) for such project is highly appreciated as it ensures:

* Participation and ownership among departments
* Liaison and coordination among stakeholders
* Technical and operational support of the concerned departments
* Wider dissemination of information

The agenda items of the PSC meeting included project progress, updates on situation analysis of high-rise building, CBDRM Advocacy Strategy, standardization of IEC material, DMCs formation and training, and other project related interventions. The PSC meeting was attended by various departments including PDMA, MET Department, P&D, C&W, Education, Agriculture, Finance, EEC, CDPM and CIP. There had been 4 PSC meeting carried out throughout the project cycle which in itself was a gigantic task.

Authorities from different government departments confirmed receiving invitation for PSC meetings. However, the evaluation team found out that meetings of PSC could not continue after project completion.

## 6.2 CBDRM Model and establishment of DMCs

The CBDRM model at the community level was implemented as test case in the urban context. The DMCs’ formation was carried out directly by CIP as per the project document. As per the envisaged model, DMCs are connected with PDMA through its sub-committee on Early Warning System (EWS). PDMA is a coordinating body at provincial level and apparently it could have been better linked with the DMCs through DDMU which are established at Assistant Commissioner (AC) office level in each district. It was observed that AC/DDMU office has limited staff and is also responsible primarily for law and order situation in the district. This is why, the CBDRM model will likely to be less sustainable and effective. A community based model with comparatively permanent structures will have more chances to grow and deliver. In this case, already existing and established School Disaster Management Committees (SDMCs) could have been among better choices for utilizing as community based structures.

A total of 10 Disaster Management Committees (DMCs), of which 05 were women committees, have been formed under the project on neighborhood council (NC) level in the 3 Union Councils (UCs) such as Andar Shehr, Khalisa 1 and Khalisa 2. The DMC members were provided 2-day training on CBDRM and related topics during May 2018. The Master Trainers who were nominated by different government line departments and trained on CBDRM were involved for conducting these training to the DMC members. The TOT has resulted in creation of resource pool of Master Trainers on CBDRM, which are readily available in different line departments.

The DMC members who were interviewed in the evaluation study were satisfied to a greater extent with the training in all the NCs as it created awareness among the committee members about DRR. The respondents could recall the training topics and related information such as self-help, mutual help, CBDRM, First Aid and 1122. Both male and female respondents of FGDs also shared that after the training no contact was made with the DMC for future activities by CIP or the elected representatives who brought them for the training. Only a few female DMC members were able to share the learning from the training to their family members. A young female DMC member also narrated a whole story of cascading the training to her students in the schools and tuition center.

As compared to males DMC members, some female members were not aware of the DMC mandate. These women were mostly housewives with limited exposure. Most of the DMC members were aware about the mandate of the committee. All of them pointed out their inability to play a role in the absence of engagement by the parent organization, lack of training material and refresher training. Up to 69% of the respondents shared the project activities were relevant as per the needs while up to 47% were not aware of the relevance and the needs.

As per male and female DMC members, the members are known to each other either due to the fact that they belong to similar area or similar profession. Except for 8% women in Andar shehr NC, female members of the DMCs knew most of the members by their names and location which was also observed in the FGDs. In male DMCs in Khalisa 1 and 2, majority of the members know each other in the committee except for Andar Shehr, where 25% of the people don’t know other members.

The above graph shows responses of the DMC member interviewed. As per the graph, 13% of the DMCs have confirmed that these committees were functional, whereas 27% thought these were non-functional and 60% were not aware about it. Those who termed DMCs functional further shared that there were informal meetings among few members only.

The formation of DMCs and identification of its members was tried to be carried out through social mobilization processes. However, due to urban culture the common practices of social mobilization did not seem valid. The social mobilization practices can be altered as per urban or rural setups, however, involvement of all the stakeholders, rigorous meetings, formal and informal consultations and consensus to nominate better volunteers require ample time. It was observed that initial contacts with the community were made and neighborhood level local government representatives were involved. These public representatives made it easy to form DMCs and include members from the nearby community. It was observed in the field, that these public representatives were the influential to steer these DMCs and the inbuilt operational mechanism of the committees was lacking. The DMCs were found difficult to be approached through its President or other members and only the local community representatives were able to engage few members for meetings in all the NCs.

As per the graphs, 50% of the respondents thought community based DRR forum was available, 37% of the DMC members thought that the DMC was not existing and 13% did not know about the DMC at all. Analysis of DMC and non-DMC members revealed 27% respondents saying there is DMC available, 26% shared that no DMC available and 47% did not know if the DMC was available or not.

According to FGD findings, the DMCs were not formed as per proper procedure by carrying out consultations in the community. Furthermore, the females were invited randomly to collect govt. approved stipend after attending training. The DMCs did not involve vulnerable members of the community. Each male and female DMC has at least 5 active members which could have served to cascade training. However, no training material and equipment were given to impart training to others.

All the female members of the DMCs have shared that there has been no meeting after the training, whereas the male DMC members had conducted at least a meeting after the training. It was confirmed from the FGDs that informal meetings of the male DMCs took place after the training completed at Khalisa 1 and 2. The purpose of these meetings was to identify hazards and to carry out some infrastructural improvements. Hence, two culverts were identified and constructed to avoid flash floods and similarly one drinking water supply line was replaced and protected from sewerage line. Few reasons for not holding meetings included lack of proper office/venue and setup, lack of equipment, no guidance, etc.

According to the following graph, up to 85% and 100% of the female male DMC members respectively could recapitulate topics on first aid and disaster preparedness by individuals and families. Other topics such as CBDRM, mutual help through community participation and to some extent preparation on the part of the government departments were also recalled by the respondents.

Although a sub-committee on EWS was formed in each DMC, however, it was found inactive. The only knowledge the community members could share was the information received through different sources before, during or after the disaster. The graph on EWS showed that 35% respondents did not know about it, up to 55% confirmed there was no EWS, and up to 15% knew the EWS. It was learnt in the FGDs that people refer to MET department for early warning and predictions regarding the weather. 37% respondents shared that they had received warnings before disaster earlier on.

In response to a question on provision of help or rescue in the first place during an emergency, 35% mentioned PWDs, 29% children, 27% old age persons, 6% women, and 2% thought that young people at the end. However, there was a common understanding among the community that vulnerable people should be provided help on priority basis.

As per the above graph “Ever received early disaster warnings” 37% of the respondents confirmed that they have received such information in the past. Out of these 37%, the following graph show, as maximum as 63% respondents received information regarding early warning from mosques in Khalisa 2, followed by 45% in Andar Shehr and 40% in Khalisa 1. Other external source of information regarding early warning system was electronic media according to 33% in Khalisa 2, and 19% each in Andar Shehr and Khalisa 1.

## 6.3 Research and Advocacy

### 6.3.1 Awareness Campaign on Preparedness

CIP has provided technical and financial support to PDMA in carrying out an extensive awareness campaign through IEC materials and radio broadcast messages. These radio messages were broadcasted through local FM channels for mass awareness. Similarly, CIP also helped PDMA in organizing Disaster Management Day event at Peshawar. There has been extensive effort made by the ECHO partners to standardize IEC material after thorough review. A committee of partners (mid-level management) was formed for this purpose in a Project Coordination Group (PCG) or the technical working group. The partners shared their IEC materials developed during their earlier projects and the committee reviewed it and finalize the IEC materials. PDMA was fully onboard in the process for ownership and replication. CIP also brought updates about IEC materials in the Provincial Steering Committee meeting at PDMA so that stakeholders can review and provide their inputs on these materials.

Although there has been information available for general public on DRM but still the CBDRM model cannot become effective unless the communities have been organized to perform certain action. In the CIP’s CBDRM project, due to lack of cascading mechanism of the DRM training by the DMCs, the community was left with limited information about the NC’s DRM plan which was part of the DMC training.

The evaluation team gathered information about usual source of information for the targeted community in the 3 UCs. According to the analysis, 46% mentioned TV/Radio and Newspaper, followed by mosques 26%, 10% families, 9% DMCs or local committees, and 3% each police and Govt. departments were the source of information regarding any hazards. The community in general was not caring about potential hazards and termed it an act of God, this is why, there was no need to get prepared rather react when it has occurred. The community mostly rely on their local sources of information which is available in their neighborhood.

The following graph shows 57% of the respondents did not know what a DRM plan was, as per 33% there was no DRM plan, and only 10% shared that there was a plan available for the neighborhood council. NC and gender wise analysis of DMC members show lack of knowledge among them as well. Up to 35% of the females knew about NC level DRM plan whereas only up to 5% of the male members knew about it.

As per the respondents the DRR skills and learning have not been significantly utilized by the DMC members. As mentioned above, the DMC members could not cascade training to the local community, however, were able to hold informal meetings occasionally to discuss among themselves to carry out DRR measures. NC and gender wise analysis show 10% to 20% of the DMC members who received training were practicing DRR skills and learning. According to the male and female participants of the FGDs, there was no follow-up of the training except construction of culverts and water supply line rehabilitation.

The following graph shows disaster preparedness by the respondents of the study at household level. The respondents have come up with various options and majority 33% thought that securing valuable documents was prime focus. It was followed by attaining disaster knowledge 18%, move items to safe place 17%, place items on high shelves 11%, storage for monsoon 2%, 9% opted for other options, and 10% were remained undecided about this question.

Similarly the respondents were asked about aspects to get better prepare to handle disaster. In order to be better prepared for disaster, 27% consider awareness about safe places should be the priority. Whereas 20% thought getting correct warning information, 20% prefer right place to go for help, and 21% were not aware about it. Analysis of responses in 3 UCs also revealed limited awareness among the community to better prepare for disaster. As much as 30% of the respondents in these UCs have opted for safety measures to manage disaster.

### 6.3.2 Situational Analysis of high rise building study

The situational analysis study of high rise building was carried out under the CBDRM project by CIP during 2018. This was a pilot study ever carried out in Peshawar on different urban buildings including multi-story building including schools, hospitals, etc.

In order to promote resilience of urban population of Peshawar, the study has suggested DRM retrofitting various buildings particularly in high rise buildings of Peshawar city. The study necessitates inclusion of building codes in the upcoming Strategic Master Plan of the Peshawar urban region by all relevant stakeholders by devising SOPs/guidelines and protocols for vetting of design plans.

After constitutional amendments and restructuring in various provincial departments, there is overlapping of responsibilities which left lacunas in understanding of roles of different government departments. One such example is Department of Archeology which is an attached department with Higher Education Commission (HEC) and has to deal with urban slum as cultural heritage. The study further shared “the previous master plans of Peshawar have failed to address and identify the need for disaster risk management in high rise buildings construction. Unfortunately, almost all relevant line departments doesn’t have proper SOPs and guidelines for designs vetting of high-rise buildings”.

According to the Chief Engineer Town 1, Mr. Rasheed Ullah, all the 26 UCs in his jurisdiction are urban and includes densely populated slums. These UCs comprising the central Peshawar city includes historical places already declared cultural heritage by the concerned department. These include some very primitive houses which are continuously undergoing decay. However, we could only intimate the concerned Archeology department officially who never showed intent to take care of these sites.

As per C&W and P&D departments of provincial government of Khyber Pukhtunkhwa, the structural designs have been sufficiently improved as compared to practices in the last decade. The government has been revising Composite Schedule Rates (CSR) almost every year to include all the costs which are necessary for improved structures like steel reinforced rafts and frame structures as per site soil specifications. It was also shared that the building designs were not fully DRR compliant and this can be included if the respective department on DRM initiate the process. The higher authorities at PDMA also indicated towards lack of proper building codes particularly in urban areas with all the concerned departments. This has made the coordination about institutionalizing DRM difficult among various departments. However, it is worthwhile to mention that Planning Commission of Pakistan has already issued notification in November 2010 thereby making it necessary to integrate DRR in to development practices through an extensive checklist.

This was encouraging to find out that the efforts on DRR by CIP has built synergies together with other ECHO partners in institutionalizing DRM. According to the Elementary and Secondary Education Department (E&SED), DRR measures have been initiated through approval of a comprehensive Emergency Standard Operating Procedures (ESOPs) in order to institutionalize School Safety in Khyber Pukhtunkhwa by involving all levels of management at E&SED, District Administration and I/NGO partners.

The evaluation team concluded that situational analysis of high-rise buildings was known to all the relevant stakeholders. There has been extensive deliberations on this study during the Project Steering Committee meetings and sensitization sessions with different line departments. Due to 7 months delay in acquiring NOC for this project, the study could not be advocated to an extent to immediately trigger policy and management decisions by various government departments. However, the government counterparts were found ready to build on this study for future course of action with respect to DRR compliant urban planning.

### 6.3.3 Advocacy Strategy for CBDRM developed and shared with ECHO Partner’s for review

CIP has been able to produce a very important document on Advocacy Strategy for CBDRM. The document opens avenues for multi stakeholders to intervene for tangible contributions on the lines explicitly described. In order to implement CBDRM model in letter and spirit, the strategy has presented milestones into short, mid, and long term periods. The project through Advocacy Strategy on CBDRM has been supporting the stakeholders in mainstreaming DRR in developmental interventions and prioritization within government’s diverse priorities.

The strategy document on CBDRM as per the stipulated deliverable during the project. The same has been furnished to other partners of ECHO for review. The review has been carried out in the technical working group meetings formulated under Project Coordination Group (PCG) which was comprised of different ECHO partners such as CIP, HOPE’87, Solidar Switzerland, and Helvitas Swiss. There has been several meetings among these partners in which detailed discussions took place on each section of the CBDRM and SBDRM to compile a consensus document. ECHO partners successfully engaged each other in advocacy and knowledge capitalization events and include their strategic inputs. The CBDRM advocacy strategy also underwent series of consultations and revisions at the provincial as well as the national levels.

Due to short duration left in the project, CBDRM strategy could not be presented and discussed with relevant government stakeholders for its understanding and implementation. However, the evaluation team gathered from ECHO partners that the CBDRM advocacy strategy has enough potential for mainstreaming DRR at provincial and district levels.

## 6.4 Repair small scale mitigation schemes

The evaluation team observed three small community infrastructure schemes built under the project. The schemes included two culverts as measure to minimize the effect of flash floods in the target communities, while a drinking water supply scheme was rehabilitated to control water contamination, thereby reducing the potential water borne diseases in the area. The schemes were initially not part of the project plan, however, upon frequent community requests 3 schemes were identified and implemented. This reflects flexibility on part of ECHO, to understand the community needs. The identified schemes included rehabilitation of a drinking water supply pipeline and a small culvert at Khalisa 1 and a main culvert at Khalisa 2 which greatly helped minimizing risk of flash floods and community was happy about it. The evaluation team, while asking community members about the effectiveness of the scheme, found that the concerned community members who were involved in the consultation process for designing these schemes were highly appreciative of the support provided.

The above graph shows perception of the respondents about the DRR mitigation schemes constructed in the project target areas. A sizable percent respondents were not aware of these schemes and hence were not able to share their opinion. Whereas, 26% in Andar Shehr, 32% in Khalisa 1 and 8% in Khalisa 2 shared that these interventions created positive impact. This shows that up to 32% of the respondents were aware about the mitigation schemes and shared that these have a very positive impact on the lives of the people as well as appropriate mitigation of DRR in the area.

## 6.5 Support to PDMA as per their need and request

The project offered need based support for institutional development of PDMA. The process comprised of working with PDMA and analyzing their different emerging needs. Based upon the needs identified, the project provided necessary IT equipment.

Similarly, the project has also supported PDMA in printing of different documentations such as guidelines on NOC processes, IEC materials as well as arrangement of disaster management exhibition.

## 6.6 Sensitization of Government Departments on urban resilience and CBDRM

The evaluation after key informant interviews found out that the project has been able to sufficiently engage with various government departments such as Urban Policy Unit of Planning and Development (P&D), town 1 municipal administration, University of Engineering and Technology (UET) and Earthquake Engineering Centre (EEC). The sensitization sessions with these departments were properly planned with respective authorities and discussion held with relevant staff about streamlining DRR in to development activities. The Project Manager of the project shared learnings from high-rise building study during these sessions and generated very fruitful discussion. The evaluation team observed that the authorities in these line departments have been sensitized to the extent that they frequently discuss the anomalies in the existing system in the urban areas.

# Project Management:

Monitoring and Evaluation is a system which runs parallel to the project and regularly suggest course corrections The project M&E system was made strengthened through Pre and Post KAP surveys and other research studies, however, the project requires a monitoring plan to be implemented through process and progress monitoring and reporting to carry out self-assessment at least on monthly basis. There were some gaps in the project design e.g. either CBDRM model should have been envisaged as a pilot initiative in urban area or institutionalized on the like of SBDRM model. Similarly, activities/deliverables were not result oriented in a short run, hence the indicators did not seem SMART. All the project activities were having different dynamics and huge scope, which was actually too much for a short term project.

The project was planned to be implemented from June 2017, however, due to 7-months delay in obtaining NOC, the project could be started in optimum capacity from January 2018. In the absence of NOC, an MOU was signed with PDMA for initiating some of the activities as per the need of PDMA. The project also sought two No Cost Extensions (NCEs) till 31st December 2018. Although the project was flexible about changing needs/priorities, however, limited input of resources hampered project implementation and attainment of targets.

It was observed that the project has been able to share project related information in the PSC and PCG meetings. Similarly, the project related information have been shared during the sensitization sessions with different line departments. However, due to short duration left in the project towards the end, the research studies could not be advocated properly.

# Efficiency:

Under this criterion, the team observed the system of cooperation/support between CIP Islamabad and CIP Peshawar offices as well as the stakeholders under a cost-effectiveness angle. This was largely the allocation of personnel capacities, the use of technologies to save time and controls.

CIP somehow completed the project activities after the provision of two No Cost Extensions (NCE). The project actual start date was 1st June 2017 with ending date 31st June 2018. However, the actual implementation was started 22nd January 2018 after NOC was granted. The MOU with PDMA was signed in the end of 2017. The Project Manager was appointment on 22nd Aug, 2017, while the community mobilization team joined the project by the end of 2018. After availing the two NCEs i.e. 1st July 2018 – 30th October, 1st Nov – 31st December 2018 the project was concluded in the end of 2018.

Due to certain restructuring at the country office in Islamabad, the project activities in some project component had a slow start in the beginning of the project. The reason being a single staff member i.e. Project Manager (PM) had to work on each and every front in the field. Whether it was identification and networking with the departments, training and institutional development assessment, identification of consultants for different deliverables or the most time consuming community mobilization, the PM had to cater for each and every major or minor activities.

During FGDs and KIIs, it was found that the capacity building of DMCs in some areas was carried out in hastening manner. However, in most cases the trainees showed their satisfaction with the quality of training delivery. As mentioned earlier the nomination of DMC members was based on recommendations of the respective neighborhood councils, as time and availability of staff did not allow proper democratic process through sufficient community engagements. Nevertheless, the involvement of existing elected members in DMCs can be attributed as relevant keeping in view the limitations.

CIP project manager was found very dedicated and committed to the job. During the field visit to various communities, the evaluation team observed their cognizance with targeted communities and stakeholders.

## 8.1 Geographical Spread:

CIP programme ensures the *responsibility to focus and* make best use of limited resources. The geographical area over which the project was implemented was slightly large covering three urban UCs. Though all the three UCs fell under same town, however, in these urban areas the population was big as compared to rural areas. Keeping in view the available time and resources the project should have focused one UC. Focussing small area would have also enabled the project to make follow up of DMCs to fulfil their mandate.

## 8.2 Partners’ Contribution:

CIP implemented its project exclusively through direct implementation. However, under this project, some of the activities were outsourced to different service experts and institutions. The efficiency of this project was also dependent on contributions from Govt. counterparts departments. In order to achieve a high degree of program efficiency, CIP involved Govt. departments during project implementation and monitoring. CIP strived to build capacity of the Govt. institutions both with formal training (TOT) and on-the-job support and experience. Moreover, PDMA has also been supported in shape of equipment and printing services on need bases. As a part of the training, CIP incorporated guiding principles of partnership and program quality and accountability. Communication between CIP and PDMA was regular at all stages of implementation. However, the research study and advocacy strategy was not shared with all the relevant departments.

## 8.3 Community Contribution:

Community contributions were incorporated into program through participation in training as DMC members. Moreover, during the implementation of small infrastructure schemes the community was also involved in quality assurance. Being urban area, the community involvement needed greater efforts and material resources. As per the KIIs conducted, the project could not ensure appropriate level of community participation in the project due to the following reasons;

1. Lack of dedicated community mobilization team throughout the project
2. No material support to attract communities
3. Limited time and unrealistic targets

# Impact:

CIP is widely-recognized for exemplary efforts and achievements in various disaster responses all over Pakistan. CIP project manager under this project, did his best in a challenging operating environment. As per the important stakeholders interviewed, a tremendous willingness was witnessed to learn and improve throughout the whole Program from CIP. The relationship between CIP and PDMA became stronger by supporting and understanding each other.

The capacity building of DMCs has resulted in the transfer of knowledge about preparedness to a greater extent. During the HH interviews with the DMC members, 85% knew about first aid, 80% about self-help and 35% about safe evacuation during disasters. During FGDs with women DMC members, it was mentioned that some of the women members have already developed necessary first aid kit at their homes.

Generally, it can be stated that positive impact is easier to be achieved with solid, long-lasting tangible support such as rehabilitation and repair of community infrastructures. However, the projects majorly relying upon soft components are posed with challenges to create impact and sustain it for longer.

No negative impacts of the CIP interventions have been observed. Different political affiliations of the DMC members created hesitance for some members to actively participate in DMC activities.

The formation of Steering Committee at Provincial level, not only enhanced the project quality in terms of monitoring and ownership but also resulted in the interdepartmental coordination and liaison. This coordination could have been further strengthened if the reports of High Rise Building study and Advocacy Strategy was shared during the project period for wider dissemination and consultation.

CIP philosophy of “working with the partners” helped in building the capacity of the Govt. counterparts especially PDMA. During interviews with the staff of CIP and PDMA, the evaluation team observed close coordination during the project among the stakeholders. This strategy helped in institutional development of PDMA as well as supported CIP to smoothly implement the project. CIP has been able to build synergies through effective coordination with different stakeholders including Govt. departments and other ECHO partners.

Many young men and women have learnt basics in self-organization, preparedness, rescue and first aid. In order to see long term impact of the intervention, engagement with the same communities have to be carried out to let them cascade training to other people around them.

# Sustainability and Connectedness

Here the team was focusing on structures, capacities, knowledge systems and behaviours that had been supported during projects at the community and institutional level. The main issue of strategic importance for CIP was the way in which it seeks to link projects, experiences and capacities to the long term development. Connectedness and sustainability can be seen as a sub-set of the impact criterion, or *impact-creating*. Impact was here looked at from a structural perspective (“*impact-enabling structures and planning*”).

CIP approach of partners’ capacity building for effective and sustainable approaches in the implementation is the key of its successful and effective programming. The capacity building activities conducted with different communities like early warning, rescue and first aid are the key approaches for sustainability. However, these skills learnt by DMC members could not be sufficiently cascaded to the general communities due to lack of follow-up.

The project in principal did not followed a proper exit strategy, in fact the evaluation team did not find the presence of an exit strategy while discussing with different stakeholders. The components of institutional support, as well as community engagements were left unconcluded without providing any way forward. The findings of the study on High Rise Building and Advocacy Strategy were not shared with relevant departments for follow up and mainstreaming in their respective development plans. Similarly, the DMCs after receiving training were left without any follow up.

During KIIs interviews with staff of CIP and DMCs, it was found out that the infrastructures build at the community level have been effectively functional and responding to DRR needs.

# Recommendations:

1. Social mobilization plays a vital role in the success or failure of any community based intervention. Moreover, effective social mobilization is highly dependent of the context in which project is being implemented. The context of the project under evaluation was urban resilience. Urban communities have greater complexities in terms of community involvement. The urban communities are not always readily available to participate as compared to rural areas. So there is need of more efforts and time to ensure their collaboration along with tangible inputs such as equipment for EWS, DRR Schemes etc.
2. In order to improve the effectiveness of awareness campaign, social media including Facebook, Whatsapp, Tweeter, etc. should have been part of the communication channels. Since most of the urban population has access to these sources.
3. The training received by DMCs needs to be further cascaded to the community in general. This can be done through supporting the DMCs through refreshers and planning for arrangement of training resources at community level.
4. The project design should have reviewed the implementation of CBDRM model at the planning stage as it was more likely to be an “institutional model in testing” for the donor.
5. At designing/planning stage, setting SMART indicators and targets are highly advisable especially while working with the government departments. The project under evaluation was highly dependent on the performance and contributions by the government departments. Therefore, indicators/targets should avoid performance factors which are not internally under control.
6. To enhance effectiveness of the project deliverables, there is need of proper workload distribution. Since the project was implemented at both community level as well as engagement with different institutions. Therefore separate teams with proper work load distribution are highly advisable to properly interact with communities and institutions and conduct required follow-ups.
7. An inclusive neighborhood council based committee, approved by the elders, elected by the whole village and delegating detail work to technical groups would be a tool of the communities to formulate needs, opportunities, and challenges. Such a comprehensive mandate would enable communities to organize relief, rehabilitation and development initiatives.
8. In order to have greater synergy among the efforts made by other ECHO partners, the existing structures i.e. School DMCs being officially notified by the Education department, could have been involved in the project instead of developing parallel community structures. This will also ensure sustainability of the DMCs, since Education department has greater presence at field level as compared to PDMA.
9. The research studies such as Situational Study on High-Rise Building and Advocacy Strategy on CBDRM should have been shared with all the relevant stakeholders during the project for wider consultations. There is also a need of conducting tailored workshops/focus group discussion with the relevant line departments to identify their respective mandate where these documents can be applicable.
10. Though, CIP has established a very comprehensive and good accountability and feedback/suggestion or grievances handling mechanism for beneficiaries and non-beneficiaries to ensure accountability and program quality. The available MEAL systems should have implemented FCRM through its delegated staff.
11. For effective engagement of community and elected Govt. functionaries at local level, small community level infrastructure schemes may be supported on matching grant basis. This will not only result in greater interest by the stakeholders but also mainstream DRR into public sector development initiatives.

# Annexes: