FCGRP-Final Evaluation Report
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The Assessment Team

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INTRODUCTION

On January 26, 2001, a shattering earthquake devastated Gujarat, one of the more progressive states of India. Measuring 7.9 on the Richter scale, the earthquake reduced rows and rows of homes to rubble in just 90 seconds, and multi-storied buildings fell like a pack of cards. All told, the earthquake left more than 20,000 people dead, 68,478 people injured and fractured, and 397,615 homes destroyed. Within minutes, people's lives took a complete turn and all that was left was collapsed homes, orphaned children, widowed women and disabled men. This was the worst earthquake to have hit India in the last fifty years.

Institutions, Organizations, Governments, National and International NGO's and Individuals from all over the world rushed with assistance of all kinds immediately after the earthquake. CARE India's emergency relief operation started immediately in 153 villages of Anjar, Bhachau and Rapar blocks of Bhuj district.

The FCGRP

FICCI and CARE collaborated to contribute collectively to rehabilitate the affected community. FICCI-CARE is a partnership of corporate philanthropy with development professionalism to support the community initiatives in reconstruction of disaster affected region. Socio-Economic Development Foundation (SEDF) of FICCI provided the platform through which this initiative took shape. A Project Management Committee (PMC) was set up jointly by FICCI and CARE to guide the over all initiative. A task force supported this PMC providing expert advice based on which PMC managed the FCGRP. Task force included members from FICCI, CARE and other external experts and professionals from the field of housing and engineering.

The **reconstruction project** was one of the most ambitious interventions, initially planned to rebuild 10000 houses. But later on due to resource constraints the target was brought down to 5000 houses covering 23 villages. Even this target was the most ambitious one as compared to all other NGO initiatives. FICCI though initially expected to be major donor for the FCGRP program contributed approximately 10% of the total FCGRP funds. Nearly 90% of the contribution came from CARE donors.

FCGRP was probably the first initiative that responded to peoples' **livelihood** needs in the post-earthquake situation. CARE India utilized its initiatives during the initial relief phase and mapped peoples' needs that were articulated strategically through the mid-term commitment in the form of FCGRP. Soon, CARE India's lead in the field of livelihood was converted into emergence and recognition of FCGRP as the coordinating agency of all activities aimed at restoration of livelihood of the earthquake affected population in Kutch.

On the basis of two need assessment studies, conducted at different points of time of the program, by SUDRAK and MARAG, the FCGRP developed its livelihood initiatives around off-farm and on-farm activities. The SUDRAK Study provided FCGRP an overall picture of the socio-economic realities of the rural areas in the district. On the other hand, the MARAG Study, based on baseline survey, provided necessary information to the program on gaps in the area of Natural Resource Management (NRM) in the surveyed villages of the district.

The disaster preparedness of the community has been identified as one of the important intervention area for long term vulnerability reduction. In aftermath of Kutch earthquake, there have been many initiatives taken up by different agencies for strengthening disaster preparedness of the communities in Kutch. It will be interesting to see the initiative of FCGRP in this regard in context of various other initiatives. The GOG has promoted formation of 'Sajjata Sena' (preparedness brigade) in each village of Kutch under its disaster preparedness program. This 'sajjata sena' is supposed to be trained in various aspects of relief, evacuation, vulnerability and need assessment. There is also effort to equip them with information about resources accessible in times of disaster. Similarly UNDP and some other organisations working with support from 'Concern Worldwide' have taken up formation of task forces in the village to look into various aspects of vulnerability and accessing resources for relief. However, one of the major issues facing these initiatives is of sustainability of 'sajjata sena' or 'task force'. There have been no satisfactory answers to this. It is in this context, the Assessment Team found CARE initiative of **DMF** very interesting.

Rapid assessment carried out by CARE India's **Population and Reproductive Health** Unit showed the complete breakdown at the primary health care level. In the two blocks of Anjar and Bhachau, covered during this assessment, CARE found that 100 percent of the Community Health Centers (CHCs), Primary Health Centers (PHCs) and Primary Health Sub-centers (PHSCs) therein had been destroyed, resulting in a complete breakdown of the preventive and basic health services.

The earthquake brought along with it large scale death, injury and disability. People were reorganizing their livelihoods, arranging for their shelter and attending to the seriously injured. In the gravity of the situation, treatment for 'common' illnesses (as perceived by the people) merited hardly any attention. So issues like the health requirement of pregnant and lactating women and children was neglected most. At the same time there was a need for providing psychosocial support to people in general and children in particular.

Access to safe drinking water was also disrupted. Villagers from peripheral areas like Anjar, Bhachau, and Rapar had to travel long distance to get water. There was no method for testing the water quality and villagers complained that the water had become saline following the earthquake. Sanitation conditions have always been a weak point in our rural communities. The traditional practices included open field defecation and no proper disposal of household wastewater and garbage. Such unsanitary conditions contribute significantly to recurrent infections (diarrhea) and illness and the risk of such infections is

higher in times of such calamities. To avoid any outbreak of epidemics, WHO recommended focus on Water and Sanitation.

There were 2960 damaged schoolrooms in Kutch. However, based on a rapid damage assessment survey and considering the estimated future demand, the Govt. planned reconstruction of about 5000 odd rooms. This included small hamlets that did not have any school earlier, but now had to be provided with a school. There were about 90 different agencies involved in the reconstruction of school buildings, prominent among them being UNICEF, Rotary and Amul. Rebuilding of schools was made mandatory for Agencies adopting a particular village. The Government through the District Primary Education Programme also reconstructed a large number (about 1800) of classrooms.

Restoration of the school system was a major challenge. The govt. adapted an approach that included (i) opening of non formal schools and camps to bring back a sense of routine among the children and (ii) construct temporary shelters for schooling to take place. The aim was to start off the schools in tents and temporary shelters pending reconstruction of the school building in due course.

In the post earthquake scenario, two kinds of needs were emerging – on the software side to regroup the scattered children, to address their psychosocial needs and motivate them to enroll themselves into formal schools. On the supply side, there was a need to provide temporary shelters with basic teaching learning materials while the government, in association with various other agencies, embarked upon the task of reconstructing the damaged school buildings.

Evaluation of the FICCI – CARE Gujarat Rehabilitation Project

The DEMOL unit at CIHQ took the initiative to undertake the end-term evaluation of the FCGR Project. Following are the main objectives of the evaluation exercise –

- To assess the impact of the project interventions post the Gujarat earthquake against the objectives set in each proposal.
- To look at each of the interventions in relation to the phase of interventions, viz., relief phase or rehabilitation phase or the development phase.

Methodology

The evaluation exercise was undertaken under the overall guidance and leadership of the DEMOL unit, CIHQ. The Terms of Reference (TOR) for the evaluation was developed by the DEMOL unit. The methodology for pursuing the evaluation was developed

together by the DEMOL, the Evaluation Team[1] and through a process of consultation with the FCGRP team at Bhuj, Kutch.

As the first step, the members of team met the senior staff at CIHQ and got the 'feel' of the project from various reference points, such as, partnership with FICCI, human resource mobilization during relief and post-relief stages, and then more sector specific ones around livelihood, health, education and reconstruction.

Following this the Evaluation Team was given some project documents as well some studies conducted under the project for review as well for 'orientation' purposes. Now, the relatively 'informed' team met the project staff at Bhuj and acquired details of specific interventions. During this meeting 12 villages for visit by the Evaluation Team was also decided. The selection was based entirely on certain 'parameters' prescribed by the Evaluation Team.

During field visits, the Evaluation Team concentrated on unstructured discussions with villagers – individually as well as a "focused group". The Team ensured to meet the SHG in the villages wherever it was possible. During the field visits, the Team, further, ensured to see the School, PHC, PHSC, Panchayat Ghar, Community Centre, Village Service Centre, Roof Rainwater harvesting structure, tanks, wells or any other community infrastructure besides housing constructed under FCGRP. The Team interacted with people in villages where the later have either abandoned the community infrastructures (e-g., School, panchayat ghar, in Kharoi village) or are using them partially (in some cases, out of say 4 rooms only one or two are being used as class rooms). The Team also visited both kinds of villages where reconstruction (housing) has been done 'in-situ' and where it has been done in a 'relocated' place.

The Evaluation Team had lengthy meetings with some of the partners (mostly during field visits) at Bhuj and at Ahmedabad as well. It also met with some NGOs operating in the district of Kutch to acquire 'holistic picture' of developmental activities led by them as well others. This could provide the Team some kind of comparative picture and help in understanding FCGRP's contributions against those of some others.

Further, the Evaluation Team met with some key government officials at the district level. This included officials from the health, education and general administration departments. The Team also met key functionaries of the GSDMA, the nodal agency responding to the developmental requirements of the people of Kutch (and other districts affected by the earthquake).

All above tasks were completed within a fortnight. The Evaluation Team came up with its preliminary observations and findings and presented them before some senior staff at CIHQ (along with a FCGRP staff) on 21 September 2003. The Evaluation Team was advised to look into some of the issues deeper before starting to work on the report. The

[1] Dr. (Ms.) Beena Agarwal – Health; Mr. Vivek Rawal – Reconstruction & DMF; Mr. Saurav Banerjee – Education; Dr.K.Amarendra Singh – Livelihood. The report has been consolidated By Mr.Saurav Banerjee and Dr.K.Amarendra Singh

next two weeks were utilized to acquire more information and clarifications on the issues raised during the presentation. Most of them have been suitably incorporated.

Constraints

- Instead of detailing through narratives, the Team would like to highlight some of the major constraints through which it had to carry out the task of end-term evaluation of the FCGRP :

- Certain interventions had completed their tenure much before onset of the evaluation exercise. Thus, the evaluation team could not meet the concerned staff who coordinated such interventions.

- Some key senior staff at CIHQ and at Bhuj (viz., ACD, SED; Director, ANR; Director, Emergency; Project Director, FCGRP; Project Manager, Reconstruction) could not be met.

- The Evaluation Team could access only a few Project Proposals (submitted to the donors), thereby, depriving the team to know about the proposed 'objectives' and 'target' of the project intervention.

The TOR of the evaluation is appended in the annex.

EVALUATION
OF THE
FICCI – CARE
GUJARAT REHABILITATION PROGRAMME (FCGRP)

RECONSTRUCTION

FCGRP Evaluation: Report for Reconstruction Component

Project Description

FICCI and CARE collaborated to contribute collectively to rehabilitate the affected community. FICCI-CARE is a partnership of corporate philanthropy with development professionalism to support the community initiatives in reconstruction of disaster affected region. Socio-Economic Development Foundation (SEDF) of FICCI provided the platform through which this initiative took shape. A Project Management Committee (PMC) was set up jointly by FICCI and CARE to guide the over all initiative. A task force supported this PMC providing expert advice based on which PMC managed the FCGRP. Task force included members from FICCI, CARE and other external experts and professionals from the field of housing and engineering.

The reconstruction project was one of the most ambitious initially planned to target 10000 families. But later on due to resource constraints the target was brought down to 5000 families. Even this target was the most ambitious one as compared to all other NGO initiatives. FICI though initially expected to be major donor for the FCGRP program contributed approximately 10% of the total FCGRP funds. Nearly 90% of the contribution came from CARE donors.

The reconstruction work was taken up in 23 villages. Community infrastructure needs were varied in different villages and were planned and implemented as per the needs identified. The following table provides an overview of the scope of the reconstruction work under FCGRP.

Type of work	**Total quantity**	**Villages**	**Unit cost**
Houses Reconstructed	4999 houses	23 villages	Rs. 100,000
Schools	15 schools with total 96 classrooms	15 villages	Rs. 13,272,638 (total cost of all schools)
Anganwadis	19 + 2	13 villages	Rs. 288,111
Panchayat Building	12	12 villages	Rs. 369,645
Health Centre	3 + 2	3 villages	Rs. 197,259
Community Centre	11	11 villages	Rs. 280,511
Drinking Water facility/ other basic services		18 villages	Stand post - Rs. 65,000; Soakpit- Rs. 6000; Community toilets - Rs. 12000

Project Context and Constraints

It will be useful to briefly describe and understand the context and constraints under which FCGRP was planned and executed. The enormity of destruction in Kutch and overwhelmed the local communities and the Government and the support from all over the world poured in spontaneously for relief work. FICCI-CARE partnership was conceptualized and formalized within a few days of earthquake and the leaderships of both CARE and FICCI need to be commended for identifying this path.

The post disaster initiatives were typically marked by relief efforts initially for about 4-6 months, semi-permanent shelter reconstruction and later rehabilitation phase for past two and half years. This evaluation is being taken up at almost the end of rehabilitation phase and start of development phase. Each time period – relief, rehabilitation and development – has been marked with its own constraints. The assessment team would like to point out some of the major constraints experienced by FCGRP during relief and rehabilitation phase.

1. Unclear Policy Environment:

The government policies in regards to rehabilitation process were not very clear for long time. Even though the government mobilized many NGO partnerships as it was overwhelmed and realized the reconstruction at this scale required such partnerships, the framework for such a partnership was not clearly spelt out. This resulted in lot of confusion among the affected community and the NGOs. Damage assessment taken up by the government had many loop holes as it was basically an amateur exercise which was manipulated a lot by politically influential and many genuine people from the poor and vulnerable communities were left out. The scale of damage assessment, the criteria of damage assessment, eligibility for the housing compensation were confusing for the local level officials and were not well understood. All this resulted in many flaws in damage assessment.

Rehabilitation packages declared by the government were hasty and many issues were not addressed. This became clear only after NGOS had established partnerships with the Government and hence had to bear the consequences of the same.

2 The Community Scenario:

The communities in Kutch rejected the first Government package of relocation and chose for in-situ reconstruction through owner driven process. The Government proposal of providing monetary assistance to the affected directly influenced their relationship with NGOs and many villages who had earlier shown willingness to work with NGO support for reconstruction of their houses withdrew from the partnership.

From the identified 30 villages, only 9 villages continued to stay with FCGRP. Many other NGOs like CII withdrew completely from housing reconstruction. But as the

damage assessment and scale of compensation approved became clear, the communities changed their stance and again looked for NGO support. This back and forth of decisions by the community created many problems for NGOs who had gone in the region to support reconstruction activity. FCGRP was greatly affected by this. These scenarios caused the rationale of selection of villages go haywire.

In addition to this, the implications of the existing caste system for success of program were far reaching. This was a complicated issue for the program but that had to be confronted in all activities taken up. Success or failure in strategies to address caste divisions had impact on rehabilitation efforts. The traditional role of women, like other places, is restrictive. It is not common for women to play active roles in the community or assume an equal role in decision making either in the home or in the community. Achievement of 'real' community participation, decision-making and empowerment, gender equality, poverty reduction and project sustainability- all such objectives are enhanced by an active and participatory role for women. It was a challenge to develop strategies to maximize the contribution of women, given the constraints inherent within the existing societal value system.

3. Flawed Rehabilitation Packages by the Government:

The rehabilitation packages declared by the Government were very flawed and as they defined the framework for Public Private Partnership Program, it affected the outcome of NGO initiatives. Many of the outcomes of FCGRP criticized in this assessment report can actually be attributed to the flaws in rehabilitation package.

The government package defined the framework of partnership with NGOs only in adoption mode. Even though the government promoted owner-driven policies, it did not provide any space to NGOs in the owner driven framework. This major flaw not only took away the opportunity for creative and useful NGO contribution, but also actually ensured their failure. At the same time, even the outcome of government's owner driven policy was negatively affected in absence of NGO role.

Many developmental NGOs working for reconstruction of housing in Kutch chose to stay away from the Public Private Partnership Program. But FICCI-CARE made efforts to do its best under the provided framework. And in this context, FICCI-CARE's experience is unique in Kutch rehabilitation scenario and offers a useful case study for future interventions.

4. The Donor Pressure for Completion

FCGRP had 52 donors. The donors expected FICCI-CARE to deliver the houses fast. The donors' expectation in this regard without understanding the fluidity of real local scenario built lot of pressure on CARE to complete the project. Typically donor understanding of rehabilitation is of short time duration and this in complex post disaster scenario of Kutch made it very difficult for CARE. Actually many of the

decisions which resulted in the outcome criticized in this report can be attributed to these constraints.

5. The Government Pressure for 'Speed':

It is essential to identify another critical constraint for FCGRP and that is the government pressure. In the post earthquake scenario, the government had political compulsions for being seen as quick and effective. The government leadership on various occasions promised achievement of targets that were completely unrealistic. But these political promises and lack of pace of the Government's own initiatives resulted in the Government putting pressure on FICCI-CARE to start the reconstruction work. Partnership with FICCI probably made CARE more vulnerable to such pressures. This pressure at both PMC level and at local level resulted in making many compromises with the process criticized later in this report. However, CARE needs to be commended to carry through this partnership with all the baggage that came with it in form of constraints, pressures and later on criticisms of process.

Project Design and Strategy:

CARE's interventions after disasters have developed into well focussed strategies for relief, rehabilitation and development phases for various sectors like livelihood, education, health and nutrition, etc. In case of construction of permanent houses, the approach has mainly been rooted in context of rehabilitation phase with a very clear objective of speedy delivery of houses to the affected communities.

Reconstruction component of FCGRP unlike other components like education and health was very much driven by rehabilitation policy of the Government of Gujarat (GOG) and its partnership with FICCI. Although initially it aimed at reconstruction of 10000 houses, target was brought down to 5000 houses due to financial constraints. The FCGRP reconstruction program was based on package 2 for rehabilitation brought out by GOG. However, it is seems FCGRP would have benefited with deeper review of rehabilitation packages and the identification of constraints.

A village is not merely a cluster of "strongly built" houses, interspersed with standard amenities but an organic entity with its own culture and history and with deeply entrenched human relations built over a period of time. This is the understanding that got strengthened when rehabilitation package-1 was initially rejected by the villages in Kutch who preferred to go for 'owner driven' housing program supported by GOG. As mentioned earlier, the rehabilitation packages have some inherent flaws in their design particularly about NGO participation. NGO role in reconstruction was envisaged only for adoption of village settlements initially under package –1 and later also under package – 2. Most of developmental NGOs stayed away from adoption and it were mostly welfare organizations that went in for adoption program. A detailed review of rehabilitation

packages would have helped in better decision-making in regard to project design and strategy in such a scenario. As per FCGRP there were only two packages available, package II for insitu houses and package I for relocated houses were announced by the GoG, hence there was no other options for choosing the any other packages.

FCGRP adopted most of the villages under rehabilitation package-2 (in-situ reconstruction) and decided on a 'contractor driven' approach. The rationales offered for this decision are priorities in term of 'speed' of construction and 'better quality control' of construction.

It is true that in the immediate post-disaster scenario, the most visible needs of the affected are generally given priority. Emphasis on such short-term goals should not, however, result in ignoring the strategic goals of economic recovery, and sustainable and equitable development of the region. And even though the project proposals identified these strategic goals, FCGRP found it difficult to balance these short-term visible needs with long term strategic goals due to constraints mentioned earlier. As result, the priority was accorded to short term goals compromising on desired process.

The whole project taken up through Socio-Economic Development Foundation (SEDF) of FICCI and was guided by PMC, jointly formed by FICCI and CARE. PMC set the directions and made the critical decisions for reconstruction program. Appointment of architect and structural consultants and other construction staff, targets for the FCGRP program in terms of total houses and other infrastructure were decided by PMC. There was also a task force formed to advise on the reconstruction program. But Assessment Team is not able to determine its effectiveness in guiding the path taken. Assessment team could not find any documents or minutes of task force meetings and is not sure if task force offered any strategic advises for overcoming the project constraints faced by PMC as mentioned earlier.

Architectural and structural design was done for a typical housing unit of about 30 sq. mtrs. and that was constructed 4999 times. Based on detailed design and specifications, construction process was taken up through contracts. Four main contractors were awarded the contracts (Katira construction 1837, JMC 1777, BSES 1095 and Shree Gandhi Harijan Labour Cooperative Society 290). FICCI-CARE teams were based in Bhuj, Bhachau camp, Anjar and Rapar site offices which supervised the contractors and the structural consultant periodically visited the construction sites. Though housing design is claimed to be with community inputs, such a process doesn't seem visible in the outcome. It is also not clear in what ways the community participation in design was solicited. The project design left little scope for people's participation in design, construction management or site supervision. The housing reconstruction program though seemingly "speedy and effective" was not based on developmental understanding of people's housing processes but conventional mass housing construction schemes of builders. Though contractor driven program was taken up because it was thought to be speedy as compared to participatory housing processes, the owner driven program should dispel such doubts. According to GSDMA data, in past two and half years, more than 1.5 lakh houses have been constructed at a cost of Rs. 3000 crores.

Another shortcoming of the program design in reconstruction component of FCGRP seems to be the view that it was merely an architectural or engineering task of delivering strong houses. Even though the project proposal document prepared by CARE India HQ shows very good understanding of development processes associated with housing, the actual process doesn't seem to be with the same perspective.

Reconstruction is actually a socio-economic process and needs appropriate programming to address that. The actual implementation process adopted by FICCI-CARE involved NGO partnership in the same format as that for contractors. In case of one NGO, Gandhi Harijan Labour Cooperative Society, that was involved in construction of FCGRP houses, it was a better experience than other contractors. However it was not a developmental partnership and was only within the format defined by construction tender document. From the discussion with field staff and understanding of composition and role of staff members, it seems that the social team had little involvement, mostly in getting village resolutions prior to reconstruction. Two ex-CARE employees were hired to support construction team with social aspects and they played that role till the completion of the project. However, they had their background in handling commodities.

Housing issues like sustainability of technology, people's investment capacities and patterns for housing stock's incremental growth, various local delivery mechanisms for design, technology, materials or skills were not properly understood and hence given no place in program design and subsequently in the strategy. However, it is interesting to note that actually CARE had thought of many people-friendly ideas having strong developmental perspective at certain stage of mobilizing donor contributions. But the ideas expressed in the project objectives are not reflected during design of the strategy as the processes adopted are just the opposite of what initial proposal documents mentioned. The issue that arises is why translation of project objectives in appropriate program design and strategy could not be done successfully.

Monitoring and Evaluation System:

Monitoring and evaluation of reconstruction program seems to have happened only in terms of quality of construction and its timeliness. Technical monitoring of the program was rigorous and was very well in place. Each site has been well monitored for quality of materials, site management, quality of works executed by contractors, timeliness of construction progress, any other logistical issue, etc. Any modifications or improvements suggested by the structural consultant regarding quality of construction were satisfactorily incorporated as and when these came up.

However, the weak part was that the field construction team to supervise the program was not really trained and equipped to facilitate and monitor any of the community participation components. Also there was not much support available to the field team from outside through partner organizations or development consultants on the missing aspects. Though there have been some mid term evaluations of FCGRP program, such as

DEC Independent Evaluation, CIDA evaluation, and some other reports by external consultants hired by CARE, the suggestions were not adopted and the ongoing way of delivering houses was continued on the plea of various constraints mentioned earlier in this report. Assessment team feels that the contracts awarded in the beginning of FCGRP may have been a major constraint in modifying the planned strategy. There was not much scope within the design and structure to incorporate the learning half way through the construction.

Partnership with FICCI:

Partnership with FICCI is the most important characteristic of FCGRP program. CARE's partnership to demonstrate corporate philanthropy for developmental purposes with professional organization provided a very important theoretical framework to this whole initiative. FICCI – a leading representative body of various Indian businesses – could benefit from the development management skills of CARE. However, the perceived benefit of gaining from each other's strengths doesn't seem to have really taken place. From the project outcome it seems that FCGRP was not able to leverage the 'development knowledge' of CARE or 'business enterprise skills' of FICCI for the housing reconstruction program.

Assessment team could not meet FICCI officials to discuss the partnership. But the impression from field visits is that CARE shared all the credit of building 5000 houses with FICCI as a good partner, but did not benefit much from the partnership. However, one of the benefits mentioned during discussions with field staff was that FICCI partnership helped FCGRP get the Government share in the program with very little hassles. Another benefit that CARE team at CIHQ mentioned was involvement of Mr. Joglekar as architect and Prof. Arya as structural engineer. FICCI helped in building these relationships. Unitech and Hiranandani – FICCI's corporate members provided very little help on ground but helped in decision making about project strategy and management. Assessment team feels this may have been the prime factor in making decisions for 'contractor driven mass housing scheme in builders' mode'.

Assessment felt that this partnership with a corporate body, though a good idea, made CARE more vulnerable to various pressures from the government and FICCI to be seen as 'quick'. May be CARE should have such partnerships in development phase not in extreme emergency cases. However, FCGRP staff at field level must be complimented to have worked through all the difficulties that came up in the process due to this partnership. Even GOG officials are highly appreciative of FCGRP.

Project Management:

The project management of this scale of reconstruction project in only two years is one of the most difficult aspects of FCGRP. However, the discussion with field office staff in Bhuj and site visits revealed that project management was quite effective. Reconstruction

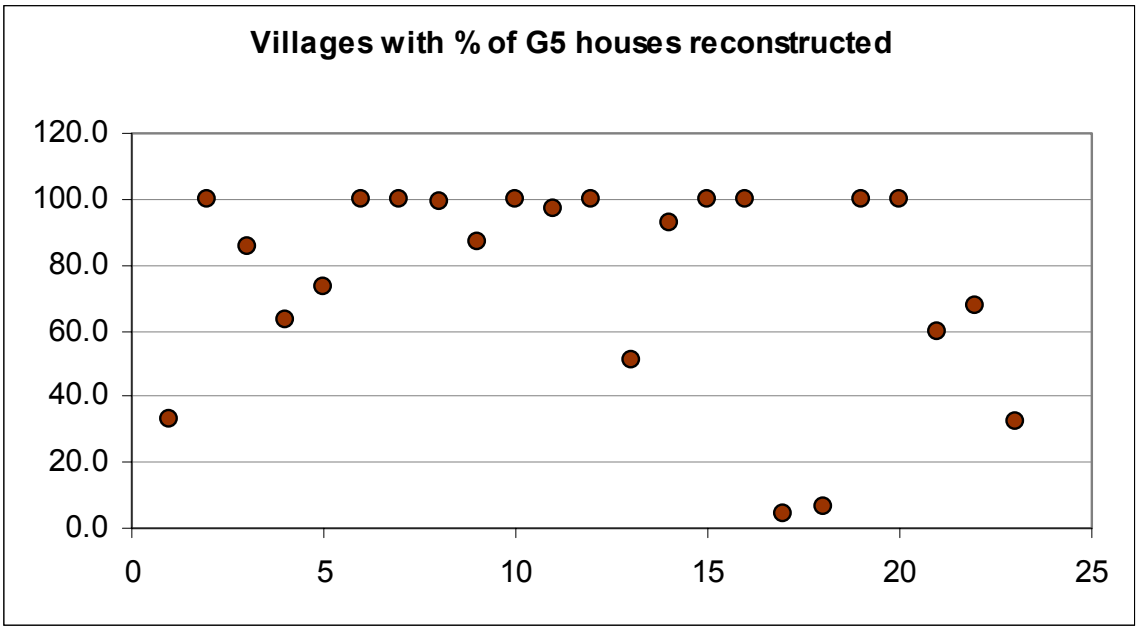
component of FCGRP was for more than Rs. 500 millions in two years only. This was a scale unmatched by any other NGO involved in housing process in Kutch. It reflected the capacity of CARE to raise such resources and ensure effective and transparent utilization. One of the aspect of this reconstruction program on which Assessment team would like to compliment FCGRP field team is that even after handling this much of money and construction in conventional contractor mode, there was no feeling in any village community that funds were misused during construction. After working at this scale, the good feeling of the community for CARE staff on this aspect calls for appreciation.

Further efforts to educate the community about the project expenses, transparency and social audit of FCGRP by the beneficiary communities would have added more value to partnership with community.

Village and Beneficiary Selection:

Of total 23 village settlements, 5 are in Anjar taluka, 7 are in Bhachau taluka and 11 are in Rapar taluka. Three of the villages adopted have been relocated on new sites away from old existing villages. These villages are Moti chirai, Mai and Trambau . In the aftermath of earthquakes, many village settlements have disintegrated in more than one part along the community-caste divisions. Under FCGRP, the houses have been constructed for one of the part that agreed for adoption. Besides this, there is also some relocation within the in-situ villages where some families have opted for new location depending on their castes or ownership of land. It is not possible for the assessment team to know the exact number of such relocation as this data is not available. However, assessment team came across such houses in Lakhapar during field visit and learnt such cases exist in many villages. The relocation in all the cases has taken place on land purchased by the community itself. Assessment team found the division of village settlements on caste-community lines a disturbing trend. The issue is whether a development organization should ignore it due to exigency of reconstruction or facilitate some public dialogue on it.

The selection of beneficiaries in these 23 reconstructed village settlements doesn't seem to have been very good. There doesn't seem to be any rational criteria on which these villages have been selected for reconstruction. In 8 villages, less than 70% of the houses constructed are of families whose house damage was of G5 category. In villages of Makhel and Palaswa of Rapar taluka, only 4.3% and 6.3% houses belong to families of G5 category damaged houses. However, the field team explained that this was decision of the PMC to provide houses for all irrespective of the damage categories with a view that even less damaged houses were not safe. Assessment team in such cases feels options of retrofitting should have been explored.



In more than 50% of villages (12 villages) people accepted first installment before going into adoption scheme that was implemented by FICCI-CARE. And in rest of the 50% villages (11 villages) where people did not take any government money, at least 30% were not getting compensation more than Rs. 30,000 as they belong to damage categories G1 to G4. At least 60% of the beneficiaries either took first installment from government or were getting less than 30,000 compensation due to comparatively lesser damage to their houses (G1 to G4 categories).

CARE mentioned that beneficiary list was provided by Government. Assessment team feels if beneficiary list of the Government was accepted, then guidelines for damage assessment should have also been accepted. But many influential community members forced FCGRP to give houses even to G1 to G4 category beneficiary. The assessment team got the feeling in discussions with field staff that houses were provided to families of any village who agreed to provide resolution for adoption. Assessment Team could not get caste profile of village beneficiaries. And it is clear from the available data, the criteria were not based on poverty or vulnerability. Assessment team also feels that rehabilitation aid needs to be biased toward helping disaster victims who are less able than others to regain dignified living conditions on their own. It is a matter of concern if utilisation of financial assistance is biased towards better off sections of the society. The analysis of the Government compensation contributed to FCGRP indicates what kind of beneficiaries benefited from FCGRP.

Total contribution of GOG in each village was divided proportionately for houses in different damage categories. These proportions were computed using a set of weights that adjusted the compensation for different categories of damage. Taking 1 for G5, the weights used for other categories are as follows. 0.8 for G4, 0.6 for G3, 0.4 for G2 and 0.2 for G1. In other words, we assumed that on average the compensation for a G1 house was 20 per cent of compensation of a G5 house. Using these compensations, we computed the average share of GOG for two sets of villages, those where people had

already claimed the first installment and those where people had not. The results are shown in following table.

Type of village		Type of houses				
		G1	G2	G3	G4	G5
With first instalment disbursed	Actual GOG share (30%)	3947	7220	10546	12480	16532
	If first installment had not been taken (50%)	6578	12033	17576	20800	27553
Without first instalment	Actual GOG share (50%)	3802	6197	8323	13636	31101

Note: This table is based on data from Fourth Vision Report

It is clear from the table above that the compensation paid for beneficiaries in villages where first installment has been disbursed is much higher that the villages where people did not accept first installment. This disparity in beneficiary compensation despite same levels of damage is explained by only two reasons. One that these people were big house owners or were politically influentially to have manipulated damage assessment. Hence it is very likely that the villages where FCGRP built houses for people after first installment was disbursed were not the poor or marginalised but the rich and influential who took benefit from the government compensation as well as got FCGRP house.

Government Contribution in FCGRP:

As calculated by the Fourth Vision report, the average compensation was only Rs. 20075. This led to statement by CARE staff many a time that the government contribution in actual turned out to be merely 20% even after the promises of contributing 50%. Assessment team took up little analysis to further understand this issue.

Our calculations in table above show that the average compensation for G5 house in villages where people had not already taken an installment of compensation was about 31,000. If we compute the 50 per cent installment even for other villages, we get a figure very close to Rs. 30,000 (Rs. 27,553 to be precise). In other words, the GOG contribution for G5 houses was about Rs. 30,000. It is to be noted that the GOG compensation was based on damage assessment and the size of the destroyed house. The GOG contribution was not determined on the basis of either the size of the house that the NGO decides to provide or on the basis of cost of construction of the type of house that is provided. In determination of the damage assessment, the government uses a norm for construction cost of Rs. 240 per sq.ft. for Package I (where villages are relocated) and Rs. 200 per sq.ft. For Package II (for in situ villages because old foundations can be reused). Assuming the unit cost of Package II, even a house of 300 sq. ft. (though that is above the minimum stipulated size of 250 sq.ft.) would cost only Rs. 60,000 of which the GOG has actually paid the half. The GOG contribution apparently seems lesser due to two reasons – firstly, FCGRP gave houses to people who did not have much damage to their earlier

houses and were in G1 to G4 categories. And secondly, FCGRP provided a costlier house much beyond the ceiling suggested and followed by the Government.

Community Infrastructure Planning:

Various studies on the vulnerability of the communities have shown that lack of community assets in poor and marginalised communities aggravates their vulnerability during the disaster times. Therefore, reconstruction of community infrastructure and assets needs to address this issue and bring in more equity by adding such assets to reduce the vulnerability of the poor and the marginalised. Site planning is important because it decides where certain community infrastructure and assets will be located. The location governs its usage and control by certain communities. Looking at the caste and community divide, in village settlements, it is very clear that so called upper castes like darbars, patels and ahirs will control the community institutions and assets. In Moti Chirai where assessment team visited, the community assets are mainly located in clusters of 'darbar' community. In many of the village settlements that have homogenous community like Nilpar or Ekalwand, this issue will not be arising. But it is a concern where the village settlement is based on caste-class lines.

Of course, FICCI-CARE has built such facilities only where village panchayat has given land for the purpose. The assessment team found it to be located usually in area inhabited by 'well offs' in the community in heterogeneous village settlements such as Moti Chirai and Lakhapar. In Moti Chirai, these were located in 'darbar' area and in Lakhapar, in 'ahir' area and both the communities are dominant castes, not marginalised. Although assessment team did not see any conflict in communities of the reconstructed settlement for location of this infrastructure, however, it will be naive to assume that cast-class divisions do not exist in our traditional society. Poor and marginalised castes and communities do not have strength to voice such concerns. The trend of breaking of village settlements along caste lines in post earthquake scenario is an indicator of the deep socio-economic caste divide. It is very likely such division though not so sharply visible in many villages affect access and usage of community infrastructure. This needs to be recognised and addressed by the intervening agency. Assessment team feels FICCI-CARE being a development organization needed to be aware of caste-class dynamics and should have devised community strategy for the same. It is probably due to project deadlines, such aspects of community infrastructure were ignored.

Another important aspect of community infrastructure planning is assessment of needs. Although it has been mentioned that design inputs were taken from the village communities, the same are not visible in building design. Firstly, the size of community facilities such as community centre is same in all the villages irrespective of its population. For example in Nilpar, which has only 36 houses, and Moti Chirai, which has close to 600 houses, both have same size of buildings constructed. Community size should have been considered into design criteria to optimize the resources spent. The field team explained this could not be possible due to constraints of existing plots.

House Design, Construction Technology and Other Technical Aspects:

Solid concrete block walls and RCC roofs have been used in all structures. The blocks have been manufactured in the villages by contractors or purchased from local markets. The quality of concrete blocks is good and has been monitored rigorously. However, the block making enterprises have not been supported through this construction programme. FICCI-CARE has argued that contractors were told to use the blocks from trained entrepreneurs wherever possible. But it did not happen in any significant scale. Assessment Team's discussion with one such entrepreneur making blocks with FICCI-CARE support revealed that he had been unsuccessful in selling the blocks to the contractor as his blocks, though of superior quality (80 kg/ sq. cm.), could not be sold at competitive prices as compared to the blocks that were being manufactured by others by conventional machine. Even though of lesser strength, these blocks of other manufacturers were within the safety limits (50kg/sq.cm. compressive strength) prompting FCGRP contractors to use them. Cast in situ RCC slabs have been used for the roofing. These roofs lack any waterproofing on them. The technology used is water intensive and this is a serious issue in Kutch which is water scarce region facing situations of recurring drought many times in a decade.

1. Climatic Suitability

The climatic suitability of houses is less as the thermal capacity of the RCC roofs is low. Climatic suitability could have been improved by adding other materials such as layers of mud and brickbats. Also almost all the houses assessment team visited had water leaking from the roofs during the rain. As there is no water proofing on the roof, the insufficient slopes had resulted in collection of water on the roofs. Almost all the families complained on this issue and this was very much visible from the conditions of walls and roofs.

Assessment team is not in consonance with the FCGRP engineer's explanation that rain water pipe outlets were choked with silt and other rubbish materials, that's why rain water collected on roof tops and the roof tops and rain water outlet pipes need to be cleaned before rainy season to avoid any dampness in the roofs. Assessment team feels it's a case of design and construction fault. Outlet should not get choked on it own and it is difficult to clean if there is not access to roof. And in cases observed by assessment team the slopes were not properly constructed. The following photograph of a typical case should explain how the house owners had to make the outlets in another direction due to slope in the wrong way.

2 Seismic Safety

All the houses built under FCGRP have been built with all seismic features using IS codes and GSDMA guidelines. However, the school design is a concern. Almost all the schools visited had developed horizontal cracks in the walls below ceiling. In addition to these there are also diagonal cracks at openings and settlement cracks in walls in some cases. The assessment team would like to recommend an independent detailed technical audit of these school buildings. After assessment teams comments on this issue Dr. A. S. Arya, the structural consultant, has been contacted by FCGRP and remedial measures for preventing further cracks and for confidence building of the villagers are planned.

3 Functional Utility

The house design constrains its usage in traditional way. The kitchens provided are not likely to be used as kitchens and people are using these as storerooms. Also, since there are no storage spaces in the houses, it is difficult for people to keep belongings in the rooms. The internally connected rooms are not culturally appropriate, as people in traditional houses prefer to open all rooms to a common veranda. It also gives more freedom to the women to move around freely if men are sitting in one room. Other issue pointed out by the community that hampers the functional utility is the small size of rooms. Assessment team has one more observation that is indicative of

peoples' priorities. House owners have not built toilets with the first instalment of funds as assumed by CARE.

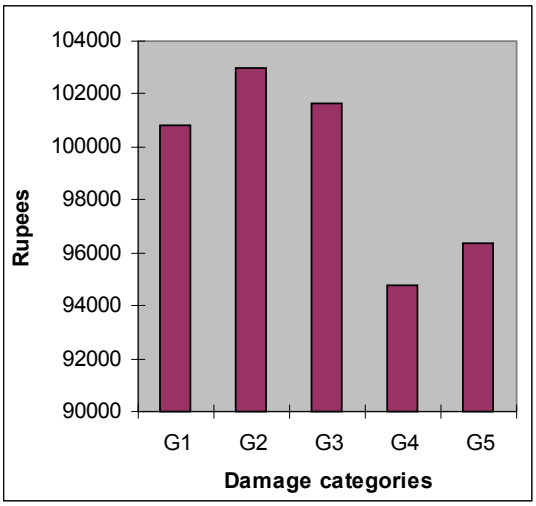
4 Cost Effectiveness

Construction cost for FCGRP house is approximately Rs.300/sq.ft. A few organisations like SEWA, Abhiyan and UNNATI have built houses at the cost of Rs. 190/sq.ft., Rs. 130 to 150/sq.ft., and Rs. 145/sq.ft. The government guidelines regarding this were quite comfortable and it suggested Rs. 200/sq.ft. in case of in-situ construction and Rs. 240 in case of construction at relocation site. But FCGRP houses cost approx. Rs. 300 sq ft with some variations due to transportation costs. Though FCGRP team feels costs to be reasonable due to materials and specifications adopted, Assessment team takes another perspective. The choice of materials and specifications can be rationalised only with objective of seismic safety and there are many other cost effective options demonstrated for the same. From development perspective, the construction technology options should consider the means and affordability issues of the poor.

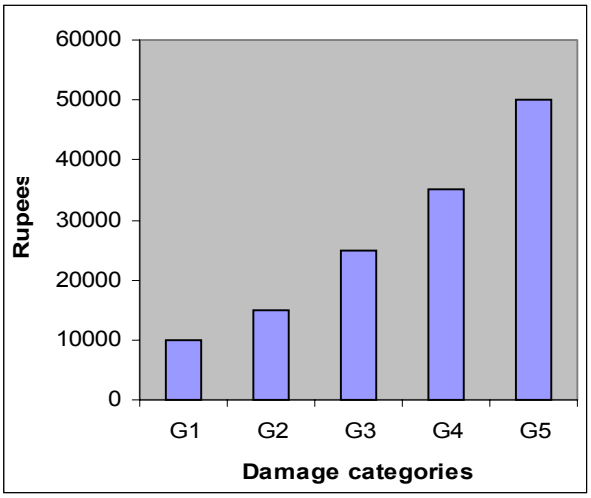
The high costs are a result of using concrete based technologies and using a contractor driven process. Though difficult to ascertain at the time of evaluation, there were indications of involvement of layers of contractors. This made the FCGRP house expensive. Economic benefits, in terms of wages, of the housing investment to the local communities were not monitored but were likely to be negligible.

Cost per house by damage categories

Actual FCGRP costs



Costs in owner driven process



Of total 500 million rupees, approx. 150 million rupees have been spent on G1 to G4 houses. The chart above shows that the average cost per house spent on G1 houses (Rs. 100790) is actually more than what has been spent on G5 houses (Rs. 96365).

However, the costs of the same size house follow a declining trend with less damage in an owner driven process of repair and reconstruction. Also the overall costs for a new house are significantly lower in owner driven process. Therefore, Assessment Team feels FCGRP has not appropriately focussed on targeting and did not develop any rational mechanism of supporting affected families in accordance with damage and needs. Giving a new house to every one irrespective of damage seems to be a poor decision.

FCGRP team has argued that the houses of houses in G1 to G4 categories were considered unsafe as they did not have seismic features and hence new houses with earthquake resistant features were also built for beneficiaries of G1 to G4 categories. Assessment Team absolutely disagrees with this rationale. Though the concern for safety of other families is appreciable, the option of seismic strengthening is a well developed concept and GSDMA had brought out clear guidelines for the same. Therefore, decision of handing out houses to every one irrespective of damage categories is not justifiable.

5 Sanitation Facilities

55.7% houses (2783) have been constructed with toilets. The rest of them had accepted first installment of the Government compensation and therefore, FICCI-CARE decided not to build toilets for such families. FCGRP field team mentioned that the toilets are being used by women and children regularly and they are quite happy with the privacy and convenience provided to them by way of toilets. However, assessment team in its field visit did not find optimum utilisation of the toilets and primarily because of non-availability of water and lack of habit in the community. But assessment team agrees with FCGRP team that in case of women, aged and disabled people, this facility is useful.

Community Process Aspects

Participation of the community has been low. The process of construction through contractors left little scope for the community to own the process. Design decisions, choice of materials, material procurement, site management, water management, supervision and technology transfer are some of the areas where community participation could have been strengthened if the processes involved had been more appropriately designed.

The community is familiar with the use of concrete blocks and their incorporated seismic features. However, the buildings are not designed for incremental growth and people have built houses having roofs of burnt clay tiles instead of RCC. This was evident in many of the houses visited during field visits by the assessment team. Residents have extended their houses and have not integrated seismic feature in the extensions. The lack of technology transfer and future safety in house extensions despite a safe core house remains a concern. The lack of safety measures in extensions made by house owners

raises questions about capacity development of the community. The community, particularly the poor, lack access to good quality materials and skills and prefer to use sloping roofs instead of flat RCC roofs. Training to use locally available materials in seismically safe way would have built the local community capacities. As the saying goes, 'Give some one a fish, you feed her once. Teach her how to fish, you feed for life.' And as the concern is not merely ensuring strong CARE houses, but ensuring safe community housing in long term, it becomes critical to teach and propagate technologies that are viable and sustainable in that particular socio-economic context.

Project Impacts Vs Project Objectives

Finally, Assessment team would like to assess the FCGRP reconstruction work against the principles that CARE had identified in project proposal. Project objectives and conceptual principles, on which 'Reconstruction' component of FCGRP was based, seem quite impressive. The document proposes the whole reconstruction initiative with very good development perspective. However, the same cannot be said about the outcome of the project even while acknowledging the constraints FCGRP faced.

Objectives of reconstruction component of FCGRP do not seem to have been properly shared with FCGRP team in the field. Though Assessment Team found a document 'Building a Safe Future Together', outlining project objectives and its broad concept, the field team leaders were quite unaware of this document.

The following table describes the assessment team's opinion of FCGRP reconstruction against the proposed ideal.

Objectives and Principles Identified in Project Proposal	Assessment Team's Comments
Structural Integrity – Seismic and cyclone safe	Good as per GSDMA guidelines, but problems in school buildings. Independent technical audit is recommended.
Cultural Acceptability – Form, Shape and Construction materials	Form, shape and materials do not follow traditions. If proposed design could merge with rural milieu, it would have been much better.
Full Participation – in design, planning, material mobilization, implementation and monitoring	Community participation was weak in all aspects primarily due to contractor driven approach.
House Size or Design – design options for design, incremental growth	Single house type design was built resulting in little flexibility for house owners.
Replicability – Use of local	Local materials are not used as proposed. RCC based

materials (aggregate, sand, stone)	construction is not easily replicable due to water and skill constraints.
Affordability – financial means of the poor will be considered	FCGRP house is expensive. This is mainly because of layers of contractors and the technology used.
Appropriateness – adaptable construction techniques	The construction techniques of FCGRP not adopted in any extensions visible. It is more appropriate to make improvements in the ways people are used to construct.
Employment – local economy to be strengthened with employment opportunity	Contractors minimized this opportunity. Intensive use of cement also meant that most of the money went out of local economy.
Economic Development – Micro-enterprises to be supported for production and supply of materials	Micro-enterprises for production of blocks supplied material to FCGRP. However in one case, contractors preferred other more cost-effective suppliers. Technology adopted for production of materials by these micro-enterprises though giving better products is not competitive.
Responsibility – Communities to be given the responsibilities of payments for labour and materials.	No such community involvement or responsibility sharing as the process was centralized and contractor driven. Easier project management forced this compromise.

LESSONS LEARNT

a. CARE has well evolved strategies for relief, rehabilitation and development phase of intervention after disasters for all the programmatic sectors like livelihood, education and health and nutrition. These strategies have been designed with a developmental perspective in mind that threads all the sectoral activities in different phases. CARE should look at 'Reconstruction' with the same development perspective.

b. Reconstruction should work towards strengthening of local economy. Construction as compared to other development activities is more resource intensive using more resources per household. So it is absolutely must to use the opportunity for developmental purposes. Internalisation of economic opportunities and subsequent benefits is very important aspect that program design and strategy must keep in focus.

c. Village and beneficiary selection should be based on clear and equitable criteria such as damage extent and socio-economic vulnerability in coping with impacts of disasters. Issues of poverty, caste class discrimination are the issues which lead to acute conditions of vulnerable communities. They need to be primary target. This may require very proactive advocacy by CARE and change in investment priorities during post disaster efforts of reconstruction.

d. Housing is one of the primary areas that needs attention in the aftermath of a disaster and can not be ignored by an agency like CARE. CARE seems to be very good at various relief activities and also in sectors of education and health, some more capacities need to be built in the sector of 'shelter'. So that the housing approach is in consonance with rights based approach of development like other sectors. May be CARE should invest some resources in developing a 'habitat strategy' for disaster times that identifies the guiding principles, operational mechanisms during relief and rehabilitation phase, long term strategic goals such as vulnerability reduction for future and subsequent form of initiatives to ensure achievement of these goals. For an agency that has considerable expertise in disaster management, it will be very useful.

e. Owner driven process is far better than contractor driven. Despite some criticism of GOG policy, given the extent of the disaster, their response has been commendable. The GOG established an implementation strategy encompassing guiding principles, which attempt to harmonize the emergency nature of reconstruction program with a strong emphasis on community participation and seismic safety measures. Elements of the government's strategy which add to our learning include a strategy which actively promotes owner-driven construction, stresses the need to establish effective community participation mechanisms, facilitates decision-making at the community level and emphasizes social and community development and gender empowerment. But NGOs have to learn to contribute in this process and help in removing the bottlenecks such as community awareness on safe techniques, corruption in

disbursement of compensation, rights based issues such as housing entitlement of left out poor people.

f. CARE had to manage the tough task of balancing developmental priorities and pressure of 'speed' from the Government, FICCI and donors. However, priority of 'speed' should not lead to loss of community control in the process. 'Priorities' and 'Pace' need to be rooted in community process. The most visible needs to be balanced with long term strategic needs of equitable and sustainable development and hence, the 'pace' of such a program should not be donor driven but community process driven to strengthen coping capacities of the community. The learning that 'Owner driven process' is much more developmental in its perspective may require CARE to work on 'Donor Education' also. 'Donor mindset' that rehabilitation is a short-term work needs to be changed.

g. Design and planning process should allow people to take their own decisions, particularly women. Technology should have socio-cultural basis. Improving traditional technologies for disaster safety is more affordable and viable option. Disaster does not justify the changes in house lay out by intervening support agencies. People can continue to place their rooms and spaces as they always do, but technological improvements are required and must be made. This should form the focus of NGO intervention. Beneficiary satisfaction in such projects where people have done the layout themselves has been relatively higher. Technology adoption should be based on environmental constraints of the region. Water and other resource constraints should be well understood so that sustainable building practices are promoted.

h. The program constraints identified at the beginning of FCGRP may be justifiable in the beginning of work in some initial villages, but adoption of the same methodology even after considerable passage of time and when all other sectors are strategising for development phase, there will be little justification if the same contractor led delivery of houses is continued in adoption mode. CARE should make changes in its future projects of reconstruction. Project design and strategy should be evolved to be more in consonance with rights based developmental approach. House type design, technology, construction process, management mechanisms should be suitably changed in accordance with the vision that had already been identified in proposal document prepared by CARE at the onset of reconstruction program. 'Contractor driven approach' should be reviewed. This may also require social and developmental orientation of technical staff involved in reconstruction. And the new mechanism should involve social team as well. One specific suggestion that can be made is that the over all project management of construction program at field level should be in hands of some one with social – developmental background instead of a technical person. In addition to this, instead of contractors, CARE should also consider partnership with other development oriented field based local NGOs like it had in other sectors.

Table showing damage wise details and village wise average cost of houses reconstructed

Sr No	Village	Damage Categories					Total Houses	Cost per House	Remarks
		G1	G2	G3	G4	G5			
1	Ajapar		4	1	34	19	58	88,426	No Toilet
2	Devisar					24	24	99,665	Toilet provided
3	Kotda			3	54	334	391	88,900	No Toilet
4	Lakhapar	15	11	23	56	183	288	88,718	No Toilet
5	Rapar	10	1	3	58	198	270	88,676	No Toilet
6	Bharudiya					124	124	90,327	No Toilet
7	Ekalvand					49	49	102,566	Toilet provided
8	Kharoi		3		2	453	458	104,325	Toilet provided
9	Lakhdhirgarh				6	39	45	100,214	Toilet provided
10	Mai					254	254	91,664	No Toilet
11	Moti Chirai			4	12	577	593	101,783	Toilet provided
12	Nilpar					36	36	97,116	Toilet provided
13	Balasar			1	140	148	289	89,888	No Toilet
14	Dhabunda			13	3	209	225	104,419	Toilet provided
15	Davri					222	222	105,982	Toilet provided
16	Khengarpar					138	138	90,327	No Toilet
17	Makhel	106	50	47	62	12	277	105,982	Toilet provided
18	Palaswa	38	95	309	120	38	600	104,494	Toilet provided
19	Saranwandh					24	24	89,508	Toilet provided
20	Trambau					157	157	90,598	No Toilet
21	Vajepar			5	42	70	117	99,982	Toilet provided
22	Vanoi	36	5	14	12	138	205	89,988	No Toilet
23	Vanoi Vandh			48	57	50	155	89,988	No Toilet
	Total	**205**	**169**	**471**	**658**	**3496**	**4999**	**97,055.79**	

EVALUATION
OF THE
FICCI – CARE
GUJARAT REHABILITATION PROGRAMME (FCGRP)

Livelihood

FCGRP Evaluation– Report on Livelihood Component

Background

CARE India utilised its initiatives during the initial relief phase and mapped peoples' needs that were articulated strategically through the mid-term commitment in the form of FCGRP. Soon, CARE India's lead in the field of livelihood was converted into emergence and recognition of FCGRP as the coordinating agency of all activities aimed at restoration of livelihood of the earthquake affected population in Kutch.

On the basis of two need assessment studies, conducted at different points of time of the program, by SUDRAK and MARAG, the FCGRP developed its livelihood initiatives around off-farm and on-farm activities. The SUDRAK Study provided FCGRP an overall picture of the socio-economic realities of the rural areas in the district. On the other hand, the MARAG Study, based on baseline survey, provided necessary information to the program on gaps in the area of Natural Resource Management (NRM) in the surveyed villages of the district.

Following are the two distinct categories under which the FCGRP livelihood initiatives were pursued –

Categories	INITIATIVES
OFF FARM	**Business Resource Center** **Disaster Mitigation Fund**
ON FARM	**A N R** **C B N R M**

ON FARM INITIATIVES -ANR

MARAG, a development organization based in Bhuj, Kutch was engaged by FCGRP to undertake a baseline survey of villages in the district of Kutch with the objective of identifying NRM based needs of the people particularly after the earthquake of 26 January 2001. The FCGRP identified five clusters (each comprising a number of villages) spread over three talukas, namely, Bhachau, Bhuj and Rapar for NRM activities. The identified clusters were:

- Jungi in Bhachau taluka
- Nilpar in Bachau taluka
- Khavda in Bhuj taluka
- Balasar in Rapar taluka, and
- Jatawada in Rapar taluka

Its pertinent to mention here that FCGRP's NRM and reconstruction activities coincided in five villages of the Nilpar cluster and two villages of Jungi cluster. This provided a 'composite rehabilitation option' to the villagers in this cluster.

NRM activities:

- Water conservation / harvesting
- Farm bunding
- Farm ponds
- Pastureland development
- Plantation
- Capacity building of the communities
- Agriculture inputs

1. **Water conservation / harvesting : Under this broad term following specific activities were pursued –**

   a) **Repair of existing and damaged water harvesting structures –** This specific activity took off during the relief phase (2001) when 29 percolation tanks (PTs) were renovated. These PTs suffered damages during the earthquake and required renovations/repair. During the Rehabilitation phase, 2002-03, the project successfully completed the task of renovating 48 PTs in 30 villages. It is important to note here that during this phase, the project created Village Development Committees (VDCs) to ensure villagers active participation in planning, implementation and maintenance of the PTs. All the VDCs have good representation of women as members.

   b) **Repair of wells damaged by the earthquake –** Several wells in the villages were damaged by the earthquake. The project repaired 32 such damaged wells within its operational area (spread over 30 villages in three talukas). The task of repairing such wells was initiated and completed in 2002. Here again, the project, implemented through the PIAs, engaged the VDCs in designing, implementing and maintaining the community wells. The initiative took special care of providing enough security to women while withdrawing water from the wells.

   c) **Farm ponds :** This can be seen more as a soil and water conservation measure in this region of the State, where rainfall is very low. The project constructed 123 new farm ponds (Data on coverage in units not available) within its area. The entire process was facilitated by the concerned PIA with support from the VDC.

   d) **Check dams :** The project, in the year 2002, constructed three check dams with enhanced capacity of storing water for use in agriculture, at locations

where channel type waste weir was not possible. This helped the small farmers in optimising usage of water for agricultural purposes.

e) **Field bunding :** During 2002-2003, 715 hectares of agricultural land was covered under the NRM's field bunding initiative.

f) Roof RainWater Harvesting Structures (RRWHS): The project successfully constructed 96 RRWHS in the year 2002. Each of these structures has capacity of storing 5000 liters of water. Such structures have been done at household level. The VDCs were involved in selecting such houses where the project would build the RRWHSs.

2. Capacity building of the communities: Under this, awareness building on ANR/NRM, formation of SHGs, exposure trips for community members, training to NGO partners and Training to community members were pursued during the project tenure, 2002 – 2003.

As part of building awareness on ANR, 56 camps were organized covering all 30 project villages in the year 2002. On an average, 60 villagers participated in each camp. In these camps, audio-video tools were used to inform the people on enhancing agriculture production, micro-finance (saving and credit), Panchayati Raj and basics on NRM. Such shows were follwed by group discussions so those villagers can access more information.

During the same period (i.e., 2002), 65 SHGs in 30 villages were formed though only 46 were planned as mentioned in the project document. All SHGs have their account opened in the local Kutch Gramin Bank. The members have to begin with Rs.25 as savings. The PIAs have provided training to members in SHG concept, book keeping, recording the meeting proceedings. Further, the SHGs also discuss health and education issues affecting lives of their immediate members in the families. PRAYAS in particular is building capacities of these (where it works) SHGs in micro-finance and provided specialized training to the members.

Nearly 140 people (90 men and 50 women) from different villages were taken to Rajsamadiala and Tarun Bharat Sangh to expose them to the processes of implementation, participation and contribution of people in creating a ANR structure and then its management.

3. Agriculture Development : Under this, following specific interventions were taken up-

a) **Agriculture Inputs :** Tillage, organic manure and improved seed distribution were done for the target beneficiaries to increase their crop yield for food security. In total, 3984 households were covered. Through tillage, total coverage was 7000 acres. Organic manure (50 kgs. Per household), and

improved seeds (21 kgs. Per household) were also distributed. In all cases, 20% of the total cost was beneficiary contribution.

b) **Kitchen Garden development –** This activity was undertaken to help the beneficiary households grow enough vegetables for their own consumption. About 17.5 kgs. Seeds of five varieties (lady's finger, guwar, chauli, chilly and tomato) were given to 1441 households.

c) **Plantation and Horticulture –** 3920 grafts and 25000 saplings were planed during the project period. This was done with the objective to provide greenery to the villages as a step towards restoration of the ecology.

d) **Demonstration Plots:** A total of 20 demonstration plots were developed during the project tenure with the objective of conducting research and testing of 13 varieties of four kharif (groundnut, jowar, bajra and tuar) crops. The varieties were supplied by the ICRISAT. The demonstration plots are treated by farm bunding for increase in moisture regime and tsts are conducted under local check.

e) **Seed/Grain Bank:** The project created four Seed Banks in as many villages in 2002. Owing to drought conditions, the initaitive could not be taken further.

f) **Drip Irrigation Kits –** During the relief phase, 1200 drip irrigation kits were distributed among as many households within the project area.

g) **Fodder Bank :** The project successfully institutionalized five Fodder Banks with the objective to provide fodder security in the given villages.

h) **Animal Health Camps:** 16 animal health camps were organized under the project to provide immediate medical attention as well build levels of awareness, mainly among the livestock dependent communities

Bharudia Village - An example of integrating livelihood activities with construction

Kulsaben Hussein lost her husband during the devastating earthquake that hit Kutch during earthquake in Kutch district. Today she with her fifteen farmer friends stand proudly on their freshly harvested fields in Bharudia village. Their pride stems from the fact that they now have water in their open wells and tube wells to irrigate the fields. The increased water supply is coming from a new tank that was constructed under FICCI Care's Agricultural and Natural Resources (ANR) Programme. Dawood Sulemain, a farmer in the village mentions that his bore which was working for three hours a day now works for five hours. About sixteen farmers from Bharudia reports that there is increase in water level in their wells which falls within a radius of one km from this tank.

The village Bharudia is located 35 Kms from Rapar. This village is one of the badly affected villages of Bhachau Taluka. Most of the houses were severely damaged/destroyed. A shadow of darkness gripped the community about the future. All the old water-harvesting structures were damaged and water level had gone down in many wells. People were also worried about the reconstruction of their houses due to which they were not able to go outside in search of work. There was no livelihood option available within the village. At this juncture FICCI - CARE came in and adopted this village for construction. This village was also taken up by CARE's ANR sector to present a composite rehabilitation option for the community.

The focus of ANR programme in the Phase I was on employment, asset creation and income generation**.** Care and its partner Prayas in the name of **'CARE- PRAYAS'** targeted the most vulnerable sections in the village like Muslims, Kolis and Harijans. The activity was carried out with community participation in site selection and provision of labour. We were successful in forming village committee to take care of maintenance of new structure. CARE insisted that the earthwork be done only by using labour and not machines to generate more employment for the local people.

Participation and awareness level of women in all the activities was encouraging at all the levels. Two women self help groups were formed. Women represented in good numbers and actively participated in the planning exercise for all the activities. Community was motivated when they were taken to successful water shed programmes like Tarun Bharat Sangh in Rajasthan as well as Raj Samdiyala in Gujarat

Two drinking water wells were repaired and farm bunding was done on the field of small and marginal farmers. About five ponds were constructed which supplemented support irrigation.
Employment was generated for about three months for 50 labourers.

An attempt was made in Bharudia village to compliment construction and livelihood interventions to the extent possible.

ANR programme was continued in this village in phase II and this time focus was on water harvesting, agriculture inputs and pastureland development.

OBSERVATION AND ANALYSIS

☛ Project Impact Assessment

The Assessment Team found the ANR / NRM interventions heavily tilted towards infrastructure development (restoration) which in fact appears ‘natural and obvious response’ to the impact of the earthquake on people’s livelihood. Loss of human and animal lives, destruction of community resources, mainly the water harvesting structures

and the severe drought of 2001 following the earthquake worsened the economic conditions of the people of Kutch.

FCGRP's relief interventions in the area of livelihood restoration helped many households in surviving through this crisis time. Local labour, against wages, was used in restoration of the village tanks under the FCGRP's ANR interventions. Similarly, around 200 people were trained in masonry, fabrication and other skills. All were provided with remuneration on daily basis for participating in the training programs. One of the PIA's documents record 80% of those trained have been "successfully employed" with increased income leading to improved lives.

Through its ANR interventions, the FCGRP has been able to impact upon livelihood of nearly 20,000 population in 34 villages in four talukas of the district. The target groups, largely belonging to the poor and deprived sections of the society were identified on the basis of baseline survey conducted by MARAG, a locally based NGO. Through its 'agriculture input' the project helped 2143 households in accessing improved quality seeds and tillage support. Though, because of drought, the support could not achieve its desired impact. Similarly, very few of the 1441 households who received support to develop kitchen gardens, could optimize the benefits.

The Assessment Team appreciated the work of 'renovation of wells'. In all the villages visited by the Team, it could see optimum utilization of such wells by the community mainly for drinking water. The project document informed the Assessment Team that during the project period, 77 tanks were renovated. During its visit to some of the tanks, the team found that this monsoon has filled up all of them to their capacity. The beneficiary farmers were satisfied, as this will help them in increasing their agricultural production capacity since they will have water for irrigation. This at the same time would also help them in sowing second crop (because of shortage of water for irrigation the farmers sow only one crop in a year).

Seed banks and Fodder banks: from a document

Background: Kutch being susceptible to all kinds of natural calamities, has a very unfavorable environment for sustainable livelihood to the community. Studying the last hundred year's rainfall data, one reaches at a conclusion that crop failure out of severe drought situation has been a frequent phenomenon for Kutch. In a 10-year cycle, there is only one above average year when very good agriculture production potential is realized. Three years are average years, next three years are bad years and the other 3 years are drought years. This indicates the degree of vulnerability of dry land farmers in Kutch. To cope up with such critical situation, savings from the good year are one solution. Keeping in mind the fodder shortage in bad years leading to large-scale migration of maldharies, fodder bank was established in many villages in phase 1, of the ANR project. In dry land farming of Kutch, mostly local varieties of seeds are used. If the harvest of the crops is properly stored can be used as seed for next year. Hence some seed banks were planed to

be formed out of the produce of those farmers receiving seed inputs under the programme. This was an ambitious plan given the climatic condition. It could not yield result due to the following reasons.

- The rainfall in Kutch was scanty as compared to the average rainfall. Whatever rainfall occurred was only in the beginning of the season and then there was a dry spell of more than a month and half. This led to the failure of standing crops.
- In Kutch, sowing of seeds are generally done after second shower. Hence most farmers could not sow. The sowing of crops was hardly 5 to 10 % of cultivable area. Those who sowed in later stages, which was very late from agriculture point of view could not harvest the crop due to failure of rain after that.
- Thus the seeds provided under the programme were either stored for the next season or were wasted in the field due to drought. This over ruled the chance of collecting the seed for seed bank for next season.
- Same thing was applicable to Fodder bank. In some villages with large maldhari population, fodder was provided to he community with the agreement that they would return the fodder with a 30% interest (in terms of fodder weight) in the community fodder bank. But failure of monsoon and distribution of whatever rainfall occurred was not favorable to crops as well as fodder. In Kutch, if the monsoon arrives late but provides the average rain, it favors grass and fodder production. But failure of rain in early as well as later stages ruined the chances of crops as well as fodder.
- The project duration of 10 months for the phase 1, was a very short period to do any follow up after the cropping season. The next year (2003) when it rained above average, we were not working in most of the villages of first phase. In 4 villages where phase 2, in terms of CBNRM was continued is also over before the harvest season (31st July 03).
- In villages, where partner's presence is still there (they are continuing with support from other sources), are mobilizing the community for sustenance of the banks.

☛ Project Design

The Assessment Team reviewed certain project documents including presentations made by the FCGRP staff as well some documents prepared by the PIAs (partners). The Team found lack of coherence between such documents. Most interesting observation has been the fact that even 'objectives' of the specified interventions vary though the later have remained constant. Secondly, the objectives appeared to the Assessment Team more as "dreams" rather than 'realistic'. Thirdly, the Assessment Team could not lay its hands on any form of logframe prepared for the project, though the project team informed that it was in place and so was the detailed activity plan.

The ANR activities and reconstruction could only be pursued in 7 villages (out of 34 of ANR project villages). The ANR villages were selected more on the basis of the MARAG baseline survey (which itself did not cover all the reconstruction villages of FCGRP). The list of the villages prepared initially were also changed mainly on 'demands' of the PIA in the given area. Usually this was done when the PIA (partners)

reported that they were finding poor response from the villagers and hence wanted to shift to other village with better possibilities of successes.

The concerned ANR staff informed the Assessment Team that the project was designed around areas of interventions pre-determined by the concerned sector in its proposal submitted to the donor(s).

The Assessment Team felt that each intervention was well thought out and had all possible expertise for its development and operationalization. Though the Team would like to highlight lack of strategic alignment between certain activities under ANR as following -

One of the PIAs, provided training and orientation to the communities on ANR in 11 villages but worked intensely in the areas of Animal Husbandry, Agricultural Development and Soil and Water Conservation in 6 villages. The remaining five villages could not capitalize on the training that they got on ANR. Similarly, out of 6 villages where agricultural demonstration plots were developed, training on farming practices was provided only in 2 villages.

The project was compelled to make changes in the intervention areas (unit-village) depending upon the response/cooperation of the community. There are documentary evidences to inform that certain changes in 'activities' were made to respond to the local situation and requirements of the communities. All such amendments were done within the objectives of the project.

The Assessment Team could not see any document where 'assumptions' were recorded. It appears that assumptions were not taken into account while designing the project. The consequences are reflected in the sudden 'need' to change the villages, or intervention, and in the failure of certain interventions, viz., Fodder Bank and Seed Bank.

☛ M & E Systems

The Assessment Team could not access any project document where M & E system was detailed out. The closest that the Team could get to this was the well developed 'reporting' schedules. Furthermore, the Team did not find any evidence wherein recommendations / findings of studies/MTR were incorporated/any corrections made in the project.

The project was typically monitored through periodic reporting by the PIAs and through field visits by the project staff. The PIA reporting has been well documented by the project.

☛ Project Management

The project was well managed by the FCGRP. All recruitment was made well on time. Though given the vastness of the project area as well as its intensity owing to short duration, many opined that a larger ANR team would have yielded better results.

Some of the staff felt that the project would have been better managed under guidance and strategic directions of an expert on livelihoods as Project Director. Absence of PD for longer duration aggravated the loss. This deprived the project from getting quality time and inputs from the Manager, Livelihood, as he had to respond to the administrative and financial requirements of FCGRP in absence of the PD.

The Assessment Team felt that the project has quite successfully covered its stated target group and was able to mobilize the community through setting up of Village Development Committees. This also ensured a certain level of community participation and its commitment to the whole process. The ANR descriptions clearly tilt more in favour of 'processes' rather than on 'target constituencies'. In light of the repeated natural disasters (drought followed by earthquake and then again drought) which the entire region has gone through, it appears to be an appropriate and effective response by the project.

The transition from relief to rehabilitation exists more in the form of a concept than in operation. The linear transition was difficult to gauge since most of the villages were different in the two phases. It would certainly have been better to work with the same villages over a long period.

☛ Partnerships

The PIAs often described as 'partner NGOs' or simply as 'partners' were responsible for implementing the project interventions in the areas specified and agreed upon with FCGRP. The project documents specifically mention the process adopted for selection of partner NGOs. The project staff initially mapped the presence of NGOs working in Kutch followed by a detailed capacity assessment. This was followed by discussions with the short listed NGOs. After which, the partners were selected and contracted through STCs/MoUs. The Assessment Team felt that the process adopted for selection of partners was appropriately designed and executed.

The ANR interventions capitalized upon the expertise acquired through its strategic partnerships with GSDMA, ICRISAT, IWMI, WASMO and other such specialized institutions. The Assessment Team felt that since these institutions were engaged against specific 'tasks' it would not be appropriate to call them as "strategic partners".

☛ Gender

The Assessment Team felt that gender integration within the project was inadequate. The project documents also do not talk much about gender integration apart from having 'women' among the target groups. One of the partner staff said during discussion that

'*since ANR interventions focused on households it was difficult to segregate men and women. The project has been gender focused and this can be seen in the number of exclusively women SHGs. Other indicator used was membership of women in the VDCs, which varied between 2 to 7 in general to all women VDCs in a particular case.* The Assessment Team felt that the very understanding of 'gender' among the PIAs was very low.

Even SUDRAK and later on MARAG did not cover the 'gender' issue in their respective studies. As far as social inequity is concerned, both have limited themselves to 'caste determinants' and have not look into gender at all.

The FCGRP staffing varied during the project period as far as gender balance is concerned. Though for most part of the duration, the staffing has been tilted toward male bias. At the time of evaluation (early September 2003) there were 4 female staff against total staff strength of 41. Two of them are posted at Bhachau field office and two are the Bhuj office. Since start of the project, the FCGRP recruited 86 employees under four categories – (1) CARE Employees; (2) STC from SEDF); (3) STC from CARE and (4) STC from FCGRP. Out of these only 11 were women. The Assessment Team could not find satisfying answer to low women employee ratio at FCGRP. Many of the partners have much better male-female employee ratio than FCGRP.

ON FARM INITIATIVES-

Community Based Natural Resource Management [Phase II]

Objectives:

- To increase the productivity of the grasslands in the project villages thereby strengthening grass reserves of the communities
- To strengthen traditional drinking / irrigation water resources
- To build the capacity and abilities of the communities and the NGOs to plan for and implement NRM programs

Key Interventions

- Capacity Building
- Research and Studies
- Grassland restoration
- Nursery raising
- Agriculture Inputs
- Soil and water conservation

The CBNRM is basically a project developed as a package and concentrated only on 9 villages (though spread over three talukas of Rapar, Bhuj and Abdasa). During previous interventions under ANR, the FCGRP initiatives were limited to areas severely affected by the earthquake. The CBNRM was launched with the objective to exemplify graduation from rehabilitation to 'development' phase.

The initiatives under CBNRM show changes in the donor profile too. The Phase I or the ANR activities received support from DEC II, CARE France, CIDA, CARE US ER and Kressgie Foundation whereas the CBNRM initiatives, or the Phase II (better to call it as the CBNRM phase) got support from CARE US ER and the Kressgie Foundation.

Initiatives	Budget in INR	Tenure	Coverage (no. of villages)	No. of Project Implementation Agencies (PIAs)
ANR	2,36,29,149	12 months (Jan-Dec. 2002)	30	4
CBNRM	1,58,02,639	9 months (Jan – Sept. 03)	9	5

Accomplishments

During a short period of 9 months, the project has been able to achieve 'targets' against almost all activities. Out of the 9 villages, five continued from the ANR phase (lets call this phase CBNRM phase for clarity).

As part of capacity building of the community, this phase witnessed organization of 15 training programs for orienting the community in the area of NRM / ANR. During the 9 months of this project, five exposure trips were organized to show the villagers how best practices in the field of ANR / NRM works on the ground.

More concrete outputs are visible in the area of natural resource development and in soil & water conservation. 109 hectares of pastureland were developed during this period. The project succeeded in renovating 23 tanks; 190 field bunding and conducted 10 research studies. Further, 25000 saplings were raised and distributed under this project.

Observation and Analysis

Since most of the activities continued from the ANR Phase, the Team felt that comprehensive analysis of the ANR could be read in continuation to capture evaluation points even for CBNRM. There are a few points that the Team would like to emphasize here.

The Assessment Team is unable to understand the rationale behind selecting new villages whenever new funds were available. The documents justify why it went to Abdasa under CBNRM but does not highlight why it did not prefer to work in the area where it had already done ground work. If 5 villages can be continued from the ANR phase why

another four could also not be taken to complete the list of 9 villages from the older villages.

Many of the shortcomings of the ANR phase (Ist Phase) were addressed during this period of interventions. The Assessment Team felt that the shift from 'providing infrastructural support through community participation to community-led interventions' is worth complementing. During this phase, though only of 9 months, the project focused more on engaging the community and building its capacity for the same. Towards this, the project had several community focused training programmes, exposure trips and more importantly institution building activities. The learnings of the previous interventions probably provoked and motivated the project staff and the partner NGOs to engage themselves more with the communities rather than on 'providing infrastructural support' to the communities. The shift in focus, from 'service' to "community mobilization" is certainly a concrete step towards sustainability more of the processes and also of the project inputs. Further, the Assessment Team felt that engagement of the PRIs would certainly help and sustain the process. The concept of Seed Bank and Fodder Bank needs to be propagated and strengthened.

OFF FARM INITIATIVES - CRAFT BASED

Business Resource Center (BRC)

The idea to enable 3000 artisans to be owners of a financially sustainable BRC with under mentioned objectives germinated in May 2001 and found support from the Conrad Hilton Foundation in July 2001. The FCGRP was prompt enough to take this under its umbrella of livelihood restoration initiatives as they fell in line with its relief operations, particularly – skill upgradation, support production on a cash for work basis, supporting market mainstreaming and so on. The BRC was launched with following objectives –

- Mobilize artisans to empower them by organizing them into groups owned by them
- Offer end to end solutions to artisans through relevant Business Development Services (BDSs)
- Increase employment and earnings by over 50% (annually)
- Sustainable support to the artisans.

The BRC was conceptualized as a single-window solution to artisans with emphasis on empowering them to emerge as entrepreneurs. Towards the development of the BRC, the project identified following main activities to focus upon :

- Community mobilization
- Capacity building
- Credit facilitation
- Product and design development

- Technical interventions, and
- Marketing services

At the time of evaluation, the project was working with 546 artisans, 80% of whom were women. 20% belong to the SCs; 20% are from Muslim community; 40% belong to OBCs; 30% are BPL and 5% are members from women headed households, locally called 'ekal nari' (earthquake widows/single women).

The project has been successful in creating 25 SHGs in as many villages from Bhuj and Anjar talukas and one umbrella federation called KACHCHHI HASTKALA MAHAMANDAL (KHMM).

Interventions

- Significant product and design development initiatives, including major design support from National Institute of Fashion Technology (NIFT) which have resulted in the development of 500 new product designs and product ideas.
- Major market facilitation operations, which have resulted in sales and orders totalling about Rs.32 Lakhs with additional fresh orders of Rs. 17 lakhs.
- Links established with buyers (Indian and International), mainstream Indian funding agencies like the Development Commissioner (Handicrafts)
- Strong links of artisans forged with local suppliers and vendors
- A business process automation created and being used to manage inventory & business processes.
- A brand name "KOLORS of KUTCH" created to give unique identity to the members of the KHMM.

OBSERVATIONS AND ANALYSIS

☛ Project Impact Assessment

The Assessment Team interacted with the project staff and the artisans to understand and assess the impact of the interventions against the stated objectives in the project document. The Team also interacted with staff from KMVS to know perceptions of others about the BRC. The Team felt that most of the members of the SHGs, organized around embroidery and hand-made pappers, have taken to handicraft as their secondary source of income/livelihood. Whereas, 'craft' is a primary source of livelihood for the male artisans. Secondly the artisans require more indepth and long term training to sharpen their design skills to survive in the highly competitive market. The embroidery market seemed to be exceptionally competitive. Whereas, block-making, paper work, metal work would require more time to create its niche and presence felt in the market. The Team felt that a lot required to be done as far as establishing linkages with the market as well with the credit institutions are concerned.

It is commendable that the project could bring together 546 artisans under one umbrella, as well as mobilize them to form as many as 25 SHGs. The Team learnt that two out of 25 SHGs, have membership of less than 5. One has disintegrated whereas the other could not expand since there were only five potters in the village. The project team should have done some kind of feasibility study before initiating the process of formation of such groups which later turn out to be highly fragile. While interacting with the artisans, the Team felt that they were happy with the additional income that they were earning.

The project document mentions that the project would work with 3000 artisans in three talukas – Rapar, Bhachau and Anjar. The Team found that some time in late 2001 the target as well the project area was amended by SEAD at the CIHQ. The target and project area was reduced to 550 artisans and Bhuj and Anjar talukas respectively. Within the amended parameters, the project has successfully achieved its target, except for forming 34 SHGs. As seen earlier, it could form 25 SHGs.

The most commendable achievement of the project is creation of the federation "KHMM". The KHMM was established and registered as Society & Trust (as per State law) in early 2002 within a short period. This provides all support to the artisans. The Team felt that its impact would only be assessable after some time when FCGRP and PRAYAS have withdrawn.

The formation of KHMM at a very early period was a strategic decision of the project. The rationale behind this was to create a body that would be legally entitled to do the business and handle the sale proceeds. The Assessment Team would have liked to probe the sense of 'ownership' of the KHMM amongst the SHGs as an indicator to assess its sustainability.

☛ Project Design

The Assessment Team felt that the project was designed well and has been documented too. Though the design puts right weightage on community mobilization (including formation of SHGs), the Assessment Team felt that more energy was concentrated in forming the KHMM itself. The project design was amended by SEAD at CIHQ probably to make the objectives more realistic and achievable.

The Assessment Team felt that by and large FCGRP's sectoral interventions were operationally independent of each other. Even the BRC was no different. It did not flow from any synergetic design and any overlap was more by default. The initial project design does not talk of creation of a federation and it appears that the idea was firmed up later probably influenced by presence of other federations in the district. In this case, the Team felt that gestation period for formation of the federation was too short.

The Team felt that the donor Conrad Hilton Foundation has been very supportive and did not put pressure of any kind on the project. Apart from annual reporting, MTR and Final Evaluation report, the donor had no conditionalities that could be seen as hindrance or challenges.

☛ M & E System

The project reporting system was well developed and adhered to by all concerned. The Assessment Team was told that the project has logframe as well developed periodic activity plan. However the team could not see either during its stay at Bhuj. Further, the Team could not find any M & E system for the SHGs as well for the KHMM – against their accounts and administrative systems, organizations and business.

However the project was monitored through various periodic reporting systems. The project went through external Mid Term Evaluation (MTE) too. The Assessment Team is unable to comment on whether the recommendations of the MTE were incorporated or not. The project also sent two project updates (report) to the donor, Conrad Hilton Foundation.

☛ Project Management

The project remained headless during its entire tenure. Throughout it was run jointly by second level technical heads of specific activities, viz., marketing co-ordinator, and a community mobilization officer. For a longer duration of its tenure, the project had only two staff. The Assessment Team felt that the two-member team must have been constrained in covering widely spread out project villages in the two talukas. Further, absence of the Project Co-ordinator during the entire project period should have hindered the expected progress of the project.

As per project staff, the "process" and not the 'target' drove the initiative. The Assessment Team however felt that emphasis upon 'process' is perceived in retrospect, as the same is not reflected in any of the documents made available to it. Secondly, the creation of the KHMM at early stage, in fact even before creation of some of the SHGs, certainly does not exemplify process oriented intervention. Similarly, absence of Marketing Officer for larger part of the tenure of the project in fact raises question on the project management itself, particularly in light of the objectives with which the KHMM was created.

The BRC is a component of the FCGRP's livelihood restoration package. The available documents at best indicate that the idea of working with the artisans germinated during CARE India's relief phase operations in Kutch. As mentioned earlier, any linkage with other components, mainly with reconstruction may be more by default rather than by any design/strategy.

☛ Partnership

In the initial stages, PRAYAS and Development Alternatives (DA) were two partners of the project. DA provided inputs to groups on production of various items made from

hand-made paper. PRAYAS worked initially on community mobilization and later took over other to implement other components of the project as well. Based on needs and requirements, BRC had strategic supports from ICECD and FWWB.
PRAYAS has done commendable job in mobilizing the community and in formation of the 25 SHGs. The Assessment Team felt that involvement of the FCGRP staff is very high as far as functioning of the KHMM is concerned. The delegation of responsibilities between FCGRP and the partner seemed blurred.

☛ Gender

The project's target group largely comprises of women. Yet, the presence of gender component is weak. The Business Plan document does not even use the term in the entire document. Similarly, the reports to the donor also do not talk about gender. It can be said that under this project "gender" was nowhere on the agenda and thus its absence while implementing the interventions.

☛ Participant & Village selection

The target group of the project was "artisans" with emphasis upon 'women artisans'. This is reflected from the fact that out of 546 artisans, 80% are women. Usually the women artisans belong to relative 'well-off' families and this is evident from the fact that only 5 % of the total came from BPL families. This is because for many it is a secondary livelihood option and among women, most belonged to higher castes as they live under 'purdah' and have time to pursue such activities.

OFF FARM INITIATIVES - Disaster Preparedness - DMF

Project Description:

Under this programme for disaster preparedness, insurance of 5000 women involved in SHGs promoted by CARE during rehabilitation was taken out in phase –1. This insurance was taken up in partnership with SEWA. In phase –2, CARE partnered with local NGOs like 'ICECD' and 'Cohesion' and an interesting concept of 'Disaster Mitigation Fund' was evolved. In this phase 2500 women were covered under insurance scheme with help from ICECD and 900 women have been covered under Disaster Management Fund of Rs. 5 million.

The disaster preparedness of the community has been identified as one of the important intervention area for long term vulnerability reduction. In aftermath of Kutch earthquake, there have been many initiatives taken up by different agencies for strengthening disaster preparedness of the communities in Kutch. It will be interesting to see the initiative of FCGRP in this regard in context of various other initiatives. The GOG has promoted formation of 'Sajjata Sena' (preparedness brigade) in each village of Kutch under its disaster preparedness program. This 'sajjata sena' is supposed to be trained in various aspects of relief, evacuation, vulnerability and need assessment. There is also effort to

equip them with information about resources accessible in times of disaster. Similarly UNDP and some other organisations working with support from 'Concern Worldwide' have taken up formation of task forces in the village to look into various aspects of vulnerability and accessing resources for relief. However, one of the major issue facing these initiatives is of sustainability of 'sajjata sena' or 'task force'. There have been no satisfactory answers to this. It is in this context, the Assessment Team found CARE initiative of DMF very interesting.

Assessment Team met SHG members who are part of DMF and also discussed the issues with partner NGOs at head office level as well as with field staff.

Project Evaluation:

Project Design and Strategy:

The project design and strategy for DMF is well conceptualized. The objectives identified are twofold. Firstly, dedicated fund for meeting credit needs during disaster and secondly, strengthening of disaster preparedness through savings and credit. For this programme, effective partnerships have been built with ICECD and 'Cohesion'. ICECD has been working in Anjar taluka and 'Cohesion' in Rapar taluka. Both the partners are well-rooted field based organization having good developmental orientation. ICECD has considerable expertise in micro-financing and insurance activities. DMF covers 900 women in 60 SHGs. Both the partner organizations will federate these SHGs at taluka level. Rs. 50 lakhs in total have been parked with both these organizations for DMF purpose. It has been suggested Rs. 10 lakh should be used as normal time fund and the rest of 40 lakhs for disaster time. To strengthen this idea and the staff working in the field, Basix from Hyderabad has been involved as resource agency. They are helping plan this fund and train the staff accordingly. The DMF right now parked with partner NGOs is proposed to be finally managed by the federations.

The DMF concept is quite interesting as it identifies the crucial link between vulnerability and livelihoods and seeks to address that for strengthening disaster preparedness. All other disaster preparedness efforts in Kutch are aimed at community organization but not at livelihoods. And this makes DMF activity an important intervention. Also the idea to park funds with SHG federations and build their capacity to manage it is very developmental in its perspective. But it is this aspect which would require CARE and the partners to move carefully and ensure certain level of maturity and capacity level of SHG federations before they can access this fund. A staff member from the partner NGOs is right now given charge of federation manager.

Besides establishing capable federations of SHGs, CARE is yet to finalize the forms of products in which DMF will be accessed by its beneficiaries. Even though the discussions with partners are on, the final products are not yet evolved.

Beneficiary Identification:

These SHGs have been formed in Anjar and Rapar taluka primarily in villages where CARE has taken up other activities as well or the partners have been working earlier. However, CARE doesn't seem to have strengthened the linkage between its various activities such as education, NRM and these SHGs. However, as 'Cohesion' has been partner for multiple activities they have been able to build this kind of linkages. Assessment team visited these groups where housing or livelihood activities have been taken up.

Both the partners have specially focused on making SHGs of women from vulnerable community besides high caste women. However, there seemed another opinion (partners indicated it to be of Basix) about viability of this activity only if beneficiaries were selected on the basis of repayment capacities. Partners particularly 'Cohesion' was focused on dalits and other socio-economically vulnerable groups like kolis, muslims and widows, single women, etc. and felt that they need to be covered through this programme. The beneficiary selection of DMF seems to be quite good and is rightly targeted at the vulnerable.

Partnerships:

The Assessment Team met both the implementing partners, ICECD and Cohesion. There is also another resource agency partner – Basix from Hyderabad. ICECD and Cohesion have been working in Kutch immediately after earthquake and have been doing quite good work. In initial phase, SEWA was also partner in Insurance program. But this partnership was not continued in second phase. CARE doesn't seem to be satisfied with SEWA's work. It was mentioned that Anjar and Rapar talukas were not SEWA's program areas and that's why it did not have a base and also did not depute full staff here for such an activity. Even though 5000 women were insured through SEWA in phase -1, Assessment Team could not ascertain its benefit.

Assessment Team focused more on the current partners and their work. ICECD and Cohesion, both are involved in formation of SHGs and micro-finance activities through other funding sources as well. ICECD is engaged primarily in this activity only and has considerable expertise. 'Cohesion' is involved in multiple activities. Basix is providing design and training support. Partnerships in this program seem to be a strong point.

Project Duration

The project period is till April 2004. So there are effectively six months left to achieve the project objectives. However, the federations have not yet been formed. Actually Assessment Team felt during its visit that SHGs have been formed but still require time to maturise before they federate. Most of the SHGs are only about one year old and are just engaged in saving and credit activity. Most of them are not yet exposed to the idea of federation or DMF. SHGs are yet to federate and register themselves. And after the capacity building of federation takes place, its members can utilize DMF. The project duration in this context seems to be too small.

Project Impacts vs. Project Objectives

It is too early to assess the impacts.

Comments/ Recommendations

- The Assessment Team feels that the process of forming federations at taluka level and their maturing process should be given time. As DMF is experimenting with a unique idea of parking DMF with these federations, appropriate level of capacities should be achieved first.

- The insurance scheme through ICECD has positive results. Assessment Team was able to meet some women in Khari Pasarwiya where people had taken the benefit of medi-claim and were now confident to continue because of benefits they saw. Inter SHG interaction with such beneficiary can motivate other village SHG members.

- As the time duration is short, CARE should plan to continue this process through its next phase of projects rather than pushing too hard to complete it before April 2004. The success of DMF will further the knowledge of disaster preparedness in Kutch. And advocacy with government may be taken up on these lines.

- CARE should strengthen its programme with community based disaster preparedness by organizing community to train them in various aspects of disaster management such as identification of the vulnerable, immediate relief and coordination, damage assessment, access to the government's social security program and other public infrastructure facilities. CARE can derive many learning from similar programs of UNDP, Concern Worldwide and the Government's programs. Such training of the community will be useful.

LESSONS LEARNT

Project Design & M & E

- Due recognition should be given to the process of Project Design and logframe should be made mandatory component of it.

- CARE India needs to build its capacity to be able to integrate M & E systems in the project. It needs to grow beyond 'reporting' mechanism to ensure systemic monitoring of the process as well of the 'outputs' and the 'impact'.

Project Management

- Effective and efficient synergy between the project and the HR (at CIHQ) should be evolved to minimize duration of 'vacuum' at key positions, particularly at the level of Project Director.

- HR policy should look into the problems and difficulties faced by the staff while working in difficult areas like post-earthquake Bhuj. Issues like special allowances, leaves, medical reimbursements should be made more 'motivating' and "attractive". HR should also develop 'interface' with the project staff to know the ground level problems faced by the later.

- Some mechanism of 'appreciating' the work done in such difficult situation by the staff should also be developed.

- Ensure legal responsiveness while contracting with individuals on STC. [FCGRP despite being a 'non-legal' entity contracted a number of staff on STC]

Partnerships

- Engage the partners more proactively in the project cycle. The practice of sub-contracting "Project Implementation Agency" needs to be replaced by having "Partners" against a jointly owned MoU, to achieve the project goals.

Gender

- Integration of 'gender equity' at all levels – within the project, in its implementation and as a major objective of the project.

Sustainability

- The projects should have a comprehensive understanding and well designed strategy to ensure sustainability of its processes and objectives. The 'resource driven' initiatives should be carefully articulated and strategized to respond strongly to elements of 'sustainability'.

- The target of the 'resource driven' initiatives should essentially be the community. Often the 'inputs' under 'resource driven' initiatives become property of the household and the community looses interest in it affecting its sustainability.

Documentation – Organizational Learning

- Process documentation should be practiced and shared widely. Similarly, Mid Term Evaluation reports, major workshops under the project, important studies, reports should also be documented and disseminated.

Cross-Project / Sector Linkages

- The culture of working in isolation needs to be replaced by a system where the project is given space and opportunities of learning from other projects of CARE India, within and outside the specific sector. The project should also develop interface with other projects (run by other agencies) in operation in the given area.

EVALUATION
OF THE
FICCI – CARE
GUJARAT REHABILITATION PROGRAMME (FCGRP)

Health

FCGRP Evaluation – Report on Health Component

PROJECT CONTEXT

Rapid assessment carried out by CARE India's Population and Reproductive Health Unit showed the complete breakdown at the primary health care level. In the two blocks of Anjar and Bhachau, covered during this assessment, CARE found that 100 percent of the Community Health Centers (CHCs), Primary Health Centers (PHCs) and Sub-centers (SCs) therein had been destroyed, resulting in a complete breakdown of the preventive and basic health services.

The earthquake brought along with it large scale death, injury and disability. Issues like the health requirement of pregnant and lactating women and children was neglected most. At the same time there was a need for providing psychosocial support to people in general and children in particular.

Access to safe drinking water was also disrupted. There was no method for testing the water quality and villagers complained that the water had become saline following the earthquake. Sanitation conditions have always been a weak point in our rural communities. The traditional practices included open field defecation and no proper disposal of household wastewater and garbage. Such unsanitary conditions contribute significantly to recurrent infections (diarrhea) and illness and the risk of such infections is higher in times of such calamities. To avoid any outbreak of epidemics, WHO recommended focus on Water and Sanitation.

Project Interventions

Keeping the above needs of the community in mind two projects were formulated, under the Health component of FCGRP, namely:

Population Reproductive Health Project (POP-RH)

Funded by: David and Lucile Packard Foundation, USA
Duration: May 2001-November 2002 (18 months)
Villages Covered: All villages of Anjar and Bhachau (138)
PopulationCovered: About two lakhs
Implemented by: CARE in active partnership of the District Health Department (DHD)

The main objective was to restore and to enhance accessibility and availability of primary health services, especially reproductive Health, in earthquake affected Anjar and Bhachau blocks of Gujarat within 18 months, by:

- Restoring Primary Health Care services infrastructure;
- Strengthening and improving the quality of reproductive health services for the target population and, Promoting appropriate health care – seeking behavour for optimum utilization of reproductive health services.

Child Survival And Disease Project (CSD-GERI)

Funded by: US Aid
Duration: July 2001-June 2003 , extended up to January 2004
Villages Covered: Villages of Anjar, Bhachau and Raper (145)
Population Covered: About 2.5 Lakh
Implemented by: 8 partners

The main objective of this project was to restore child survival and maternal services within 18 months, by

- Re- establishing child survival interventions and optimum nutrition practices.
- Organizing system for micronutrient supplementation and immunization services of the public health system in Kutch
- Mainstreaming the orphans and disadvantaged children, and
- Organizing system and build capacity for community involvement in water and Sanitation initiatives (WATSAN).

To achieve the objectives of the two health projects, following interventions were planned:

- Construction of DHTC and equipping 3 PHC's and 44 Sub Centers.
- Capacity Building training to different health providers.
- Using BCC for promoting Health Care seeking behavior.
- Operating mobile clinic vans to provide curative and preventive health care to women and children.
- Building Capacity of Health providers on Infant feeding.
- Mainstreaming the Orphans and Disadvantaged Children.
- Generating Awareness on Water and sanitation Initiatives.

ANALYSIS OF PROJECT INTERVENTIONS

Impact V/s Objectives

1. District Health Training Centre

First of its kind in the entire district, District health Training Center at Madhapar Bhuj, is fully furnished, seismic resistant and cyclone proof infrastructure, built in the plot area of 640 sq.m having two storey academic and hostel block with latest training aids. The Centre was handed over to the concerned Government Department (State Institute of Family welfare) in December 2002.

The Evaluation team particularly admired the quality of construction work, furnishings and equipments that have been very thoughtfully selected and used hence, providing a conducive environment for learning. Talking to the health nurse of the centre, the team could make out how useful the centre is and how well it is being utilized for the training programs of different functionaries on regular basis, like:

Village Development functionaries which include Talati, Gram Sevaks,
Principals of Primary school, Representatives from cooperatives, AWW, TBAs (These are being done Taluka wise)
On job training at PHC and SC for nursing staff.
Continuing Education series for Health functionaries on different areas like RCH, AIDS, etc.
Awareness generation training for extension educators, Education Inspectors and TDO's on family Planning, MCH, Immunization and Malaria Prevention.

The government has plans to rent out the facility in order to generate resources for the future maintenance of the building.

2. Supply of Medicines and Equipments

For restoring the collapsed health system and equipping the health centers, various agencies like the UNICEF, Save the Children (SCF), Red Cross(IFRC), Merline etc. were actively working in the Kutch region. CARE provided medicines (for one year) and equipment to three out of the ten PHCs and 44 out of the 67 sub centers in the project area of Anjar, Rapar, and Bhachau. To streamline the immunization services, refrigerators were provided in the SHCs so that vaccines can be stored conveniently.

The lists of PHCs and SCs was decided in consultation with GOG. Similarly, the lists of equipment and medicines to be provided was prepared through a three-way communication with the senior Government (state and district level) officials, medical and paramedical staff (actual users) and technical team of CIHQ. The functions and scope of work of the PHCs and Sub Centers were also taken into consideration to evolve the final list. The Health Commissioner of Gujarat later approved these lists. Consultation with the stakeholders, especially with the government functionaries, pointed out a need to add a few equipments apart from the usual government supply, like Intra-Uterine Devices (IUD) sets - therefore this was also included.

A need for some additional equipment, furniture and medicines was also felt later and a request was made to CARE. In line with its basic philosophy of active partnering and addressing the felt needs of the stakeholders, CARE responded amenably.

Following the distribution, the project team also conducted a follow-up visit to each of the PHCs and sub centers to check utilization of the provided supplies. It shows clearly

that the processes were systematically followed and that there was perfect coordination between the project team and the Govt.

3. Capacity Building of Health Providers

A training needs assessment exercise was carried out with the district level officials and block/ community level health and ICDS workers of Bhachau and Anjar Blocks. The needs of the Health workers and ICDS staff were defined. The functionaries needed more input in latest knowledge and orientation on topics like gender, adolescent health, RTI/ STI / HIV/ AIDS.

Based on this exercise, a two-day training Curriculum for AWWs and a three-day training curriculum for others were designed and approved by the chief District Health Officer, Kutch. The value addition in this training was that the Curriculum included behavior change communication, obstetric care and also care of neonates. In addition, Management topics such as Human resource management, supply logistics, monitoring and evaluation and Management information systems were included in the curriculum.
The training methodology emphasized more on a practical approach with demonstrations through use of appropriate models, role-plays, simulation exercises etc. This line of approach ostensibly helped to retain the interest of the participants and in retention of the knowledge and skills.

The trainings were conducted by resource people from the district health department, other government departments, other agencies like UNICEF, WFP, UNFPA, private medical Practitioners, Consultants and by CARE technical team.

However, there was no component in built into the capacity building program to follow up and check the effectiveness of the training. It is therefore difficult to comment upon the impact of these capacity-building exercises. E.g the Team felt that it is unlikely that the training would have made a significant impact on the AWWs. - the AWW is already overloaded with work and attends to numerous such trainings. The strategy to plan for the capacity building of the AWWs without trying and making any difference to their service conditions is therefore questionable.

4. Training of Traditional Birth Attendants (TBAs)

According to State Govt. statistics, about 43% of total deliveries are carried out by TBAs in Kutch. It was therefore, apt for FICCI-CARE to take up this challenging task of evolving a supplementary and complimentary relationship of the TBAs with the existing Health Care setup. On one hand the Govt. system, realizing the role and importance of the TBAs in the community, sought support from the TBAs to achieve the goal of "healthy mothers -healthy child". On the other hand TBAs got some form of recognition and respect from the Govt sector.
For training of TBAs, CARE helped in forming a Core Training Team (CTT). The CTT was constituted and comprised of a multi-disciplinary group of locally based district health department officials, Medical Officers, Paramedical staff and a few leading private

practitioners. This CTT was required to prepare and to execute training plans for all active TBAs of Anjaar and Bhachau Blocks over a period of one year.

A two-day Training of Trainers (TOT) was conducted with technical facilitation by CARE-India Headquarters team. Training of each batch of TBAs was conducted in two rounds of six days and four days respectively, with an interval of 4-6 weeks. A series of such bi-phased training workshops involving 151 TBAs out of the total 167 listed and identified, followed in nine separate batches. Pictorial BCC material like flash cards, posters, charts and scrolls, which could easily be understood and identified by the TBAs, were used to impart training.

5. Supply of TBA kits and Disposable Delivery kits (DDK)

To facilitate endeavors for implementation of newly learnt practices, the project provided specially prepared midwifery kits (TBA kits) to the TBAs, along with disposable delivery kits (DDKs), to help them conduct safe delivery. This has been backed by an intensive follow-up by the project team.

The list of materials to be given in the TBA kit and in DDKs was finalized in consultation with Health Department. The number of DDKs supplied, i.e. 5000 was arrived at based on the number of home-based deliveries in the Anjar and Bhachau blocks, as per the figures given by the district health department. A three-month quota of DDKs, based on the average number of deliveries conducted by each TBA, was supplied to the TBAs directly and rest of the stock was given to the PHCs for further supply. Each TBA kit includes a winding clock to help assess time elapsed since initiation of labor. This will facilitate referral at the proper time. Later, on the request of District health department 10,000 more DDKs were also supplied. From February 2002 to November 2002, 98.7% of home deliveries (1084 out of 1098) were conducted using DDKs. (Source : Process Document, Raman Consultant, Dec 2002)

Highlights of the TBA boxes/DDKs

The Clock : It is very important for the TBA to perceive the time elapsed during the delivery process to ascertain the risk and deciding on referral. TBAs were given a clock and were taught to keep a track of time in simple way.

Disposable gloves were provided to prevent spread of any infection.

Neonate weighing scales: The scale had an indicator based on colors for the illiterate TBAs to assess whether the baby is normal or under weight

While talking to the members of the team, Hazra Ben Rajab Ali, a TBA in Antarjal, admitted that the training was very useful as they learnt many new concepts, particularly about the complicated cases. She undertakes only normal deliveries now, and refers the complicated cases to the hospitals. ” We did not know what incorrect things we were doing, now we know many small things which matter a lot in child birth” she said.

6. Dai Sammelan

Responding to the unmet need of TBAs of getting recognition and to reinforce the training further, CARE and the District Health Department decided to organize a "*Dai Sammelan"* (TBA Convention) to commemorate the successful completion of the training component. The three hour first of its kind convention was marked by an enthusiastic huge attendance of TBAs indicating their appreciation of the CARE efforts. The TBAs along with the health staff performed role-plays and folk songs with messages on safe delivery and mother and childcare, developed by them. All the TBAs were awarded 'Merit Certificates'. One TBA from each Anjar and Bhachau block was selected and awarded the 'Best Dai' Shield based on their performance judged on basis of indicators identified by GOG Officials. This was indeed, a unique idea, which boosted the moral of these grass root workers.

It was a big day for the women who worked as TBAs for long years and never received any recognition. As Jalaben , "Best Dai " shield winner of Bhachau block, shared with an emotional tone " I would not have cared for money, I have received many monetary rewards in my 50 years career as a Dai. It is the recognition, the prestige which was given to me , that I will always remember"

7. Behavior change communication

Behavior change is rather difficult area to work on, as there is no quantifiable data that can be collected. A number of BCC materials were developed, including audio cassettes, scripts for folk dramas, flashcards, scrolls and hand outs with messages on safe motherhood, RTIs/STIs, identification of danger signs during pregnancy and delivery, etc. These were distributed to health providers to convey the messages to the community. Though it is difficult to assess what impact BCC had at large on the health care seeking behavior of the women of these villages, these communications were certainly well received by the community women. The women in the villages of Vanoi , Antajhal and Satapar recounted to the Team that the folk dramas pointed out importance on preventive health measures and safe deliveries and attracted huge crowds. The men also became aware of the requirements like adequate money, transport, cleanliness for safe deliveries.

Also, when we talk about maternal and child health it is very important to consider age of marriage, age of having the first pregnancy , the number of pregnancies, parity etc. Neither the capacity building exercises, nor the BCC materials attempted to address these deep rooted social problems which have a significant bearing on the health of the mother and child.

8. Mobile Medical Clinics (MMC)

" Mobile clinics by CARE India, was the right solution at the right place and right time for the ignored primary health related needs of men, women and children in post-disaster scenario ".(source: Report by Raman Consultants)

The medical needs of the people directly affected by earthquake were taken care by the medical camps that were set up immediately after the earthquake. However, the normal needs like - ANC/ PNC / birth deliveries, fever, immunization of children etc., which are addressed through the formal system of SC-PHC-DHC were left unattended as the system had collapsed. At the same time given the general unhygienic conditions of debris and carcasses all around, there was a risk of apparently innocent illnesses assuming endemic proportions, unless promptly addressed to. For example, the debris and the water collection around the area made the environment extremely conducive for the spread of Malaria and other different kinds of fever.

In an overtly patriarchal society, the women are responsible for most of the household work from fetching water to rearing kids. As a result they are left with little time to care for their own health. The men folk of the household is also rarely careful about the health of the women and children. Health seeking behavior is therefore traditionally low among women. The earthquake further compounded the problem and the women were left with no time and energy to access the formal health services.

Given this scenario where the formal health system had broken down and there was a need to address the health problems specially of the women and children who had a very low health seeking behavior, an urgent need was felt to provide access to health facilities within the village.
Doorstep primary healthcare services system was the only method to address unnoticed primary health care needs of poor, marginalized and unreached victims in earthquake affected remote villages in the blocks of Rapar, Anjar and Bhachau.

The mobile Medical Clinics Initiative, although as a part of the CARE's CSD- GERI Project, was a response to this felt need. The mobile van was staffed with one physician, a female nurse, a pharmacist and a driver. Besides each MMC had a community mobiliser. This community mobiliser was taken from the villages and groomed to convince the villagers on importance of health and the advantage of availing the services provided by mobile vans.

The focus areas of the MMC's were :

- Providing primary health services to community, particularly to women in reproductive health and children.
- Treatment of Diseases and Referral services
- Immunization and Malaria control.
- Distributing iron folic acid tablets to adolescent girls and pregnant women and Vit a supplementation to children.
- Providing IEC to change health-seeking behavior of people in villages.

Impact is seen with relation to the coverage table

Total Population covered	About 2.5 lakhs
Total No. Of villages covered	145
Average No. Of working days in a month	25
Average patients per unit per day	50
Total No. Of ANC/PNC cases	20,176
Total Immunization Coverage (children) (pregnant women)	28,928 20,176
Vitamin A supplementation (children) IFA supplementation(adolescent girls/pregnant women)	20,633 27,827
Total No. Of Patients seen {Men} {Women} {Children}	184436 53690 59369 71377

(Data provided by CARE, Bhuj - Data for all seven vans)

Each van was covering three villages per day. The schedule of MMC s was fixed and villagers knew exactly which nearby village to go to access the services if the van was not scheduled for their village. During the field visits it was observed that the villagers simply stopped the MMC on road to show the sick child to the doctor. This kind of doorstep service gave the villagers a lot of confidence in the health care system. It is strongly felt that use of MMC was an effective way to reach the community.

The Mobile vans also facilitated the movement of the ANMs. They were usually allowed to board the van and carry out their immunization in the same villages that the van was attending to.

The cost analysis of mobile vans was previously carried out by Raman consultants, one of the partners in the implementation of the intervention. The analysis shows that the monthly cost of running one MMC in the first and second year was 3.7 lacs and 2.7 lacs respectively, which is definitely very high. But looking at the advantages and the services provided in terms of coverage in the time of crisis, this cost is justified.

However, running such MMCs on a long term basis would not be economically viable. Realizing this, an exit policy has been worked out – under which the Govt is informed well in advance about the withdrawal of the mobile units. The process is gradual, i.e. the frequency is reduced from once a week visit to once a fortnight to once a month and the communities are also well informed. At the same time, through the network of AWWs, ANMs, and TBAs , the villagers are motivated - to go back to the formal system of PHCs and SCs. With all the BCC activities, capacity building of health providers and community mobilisers, it is assumed that the health seeking behaviour of village people will improve and that they will start going to the PHCs and SCs. In fact, one van from Junakataria has already been withdrawn.

In fact shortage of staff in the Health department is an area of concern. There is a shortage of staff by 40% in the health department. This was also noticed by the Team during the field visits. Many of the initiatives started under the programme should ideally be continued by the health dept. In absence of adequate staff, there would be a question mark on the sustainability of the initiatives. Though the Team was informed that the project has raised this issue consistently with the government, there do not seem to have been much impact. CARE may need to be much more pro active in advocating for necessary systemic reforms.

9. To promote better infant nutrition and health practices

The project chose to partner with The Breast Feeding Promotion Network of India (BPNI) and continued with their efforts in building capacity of health providers, counselors and community members to promote correct lactation and infant feeding practices. These included information on initiation of breast-feeding, colostrums feeding, exclusive breast feeding, timely weaning and complementary feeding. These messages got disseminated to the community well. The impact of this intervention was visible while talking to the AWWs and lactating mothers of Satapar and Ratnal villages as they reported to have followed the correct practices. In fact, the field workers are doing a systematic impact analysis study on 800 infants who are born after the intervention, taking full information on Breast-feeding practices and weight gain of infants. The final results are yet to be compiled.

However a major shortcoming observed by the Team was the fact that the Capacity Building was solely on Breast Feeding Initiation and Exclusive Breast Feeding. Information on diet and care during pregnancy, immunization, family planning, small family norms, difference between two pregnancies should also have been included, as all these factors affect the health of the mother and child.

10. WATSAN

To organize and build capacity for community involvement in water and sanitation initiatives in the areas of safe drinking water, proper disposal of household and agricultural waste and appropriate defecation practices, various activities were planned and undertaken. There was however, no baseline data collected on different aspects of water and sanitation before the intervention.Also, the intervention involves behavioral change, which is a very slow process, and at the same time difficult to measure.

For creating awareness about WATSAN, activities like street plays, film show, children rallies, drawing competition, slogan writing etc were carried out. Illustrative posters and flash cards developed by partner NGOs (Prayas and Anarde) were distributed by door-to-door campaigns. Flash cards used for training sessions at schools and in Mahila Mandal meetings were found to be very effective in conveying the messages and involving people in the discussions over the issues of water and sanitation.

The progress repots of the program indicate that these inputs were able to generate certain level of awareness as majority of families started using doya (a long handled utensil) to draw water from the pot. Some of the families started using the latrines. In some villages like Ravechi Nagar and Varnu arrangements for the disposal of household waste have been made. (Source : Progress Report April to June 2003, CSD-GERI)

The best impact of the WATSAN has been the creation of *'Safai Samities'* in 145 villages. Visiting and interacting with one such samiti at Bhawanipar was an overwhelming experience. This *Samiti* had 15 members team including the Sarpanch, sanitary inspector, school teacher, elderly men of the village two women members, school boys etc. The *samiti* meets regularly and discusses different issues and finds solutions. The water supply tank of the village is cleaned once a month and water is chlorinated, the whole village is cleaned once a week, each family has IEC material displayed in their houses, and the *samiti* has demanded for anti malarial spray in the village. These activities certainly reflect the success of the intervention.

11. Mainstreaming the orphans*:*

" Had we focused on psychosocial support earlier, we could have reduced the number of cases of depression" says Dr, Bheda, civil surgeon, kutch, as reported in the 5th edition of 'Coming Together'.

Psychosocial care has been the area that has been overlooked in the health rehabilitation programs.This remained as a weak component of the program. The organization CASP was chosen as partner for implementing this component. They organized children's' fair, sports meet, health check ups, drawing and painting competitions etc. for the orphaned children, which diverted their attention for some time, and made them happy. However, no counseling on coping with stressful situations was done. There was no value addition in this program and also proper reporting has been missing.

There were three issues with regard to such an intervention:

- There were a number of NGOs and other agencies targeting these children. But there was no communication established with them and also the experiences were not shared.
- It was not easy for an agency from outside to work in this area because they were not very competent to understand the psychosocial requirements of these children.
- This is not strictly a medical intervention – it required a lot of linkages with other components of development like education, social rehabilitation etc. No such linkage was explored.

Project Design

A look at the objectives of the Health interventions would reveal that the first two objectives of POP- RH and the first three objectives of CSD Project were appropriate to the rehabilitation phase of the project as the focus was on restoring the affected health

system. On the other hand, the last activity of both the projects were process intensive, seeking to bring about behavioral changes - these activities should have ideally been taken up during the development phase of the program

Similarly, if we look at these two projects in isolation, the projects were well designed. But when we look at these two projects in totality, it is felt that there has been overlapping of objectives in the two projects. POP – RH should have been simply the RCH program and it would have automatically included Child Survival component. In fact it is difficult to segregate the reproductive health and child survival. The implementation would have been simpler and easier and the project would have been less confusing.

And the second project could have been purely on Water and Sanitation, which should have been more comprehensive addressing issues of cleanliness, hygiene, water sanitation and environment at house hold , school and community levels, on the lines of UNICEF's *Swachh project*.

Project Strategies

The main strategies used by CARE for both the health projects were:

- Partnership with NGOs and other private sector bodies
- Compliment and synergies with government program
- Promote successful models and best practices.

Complementing and synergizing with Government's health and ICDS program emerges as a very successful strategy as it facilitated the implementation of the project interventions and their ownership. The entire project from its design, initiation and implementation had full involvement of District Health officials. This benefited the project in a number of ways e.g.

- Securing a good site for construction of DHTC
- Developing the training curricula
- Developing the training plan
- Execution of the training plan as per schedule
- Provided excellent outreach
- Provided captive audience for training

The government is now planning to use the same training material and methodology for future trainings.

The strategy to promote successful models and best practices was adopted for bringing about behavioral changes in WATSAN. Although, *safai samities* were set up in all the villages, it was best to concentrate in a few villages to create model villages, which would in turn have a rippling effect on nearby villages. For this a list of indicators were

developed that helps the partners and villagers alike to convert their village into a model village. The prominent indicators include a) active village *safai samiti* b) designated areas for defecation and other solid waste disposal c) depot of chlorine tablets and bleaching powder d) awareness generation on personal hygiene e) water testing through the kits supplied by WHO or through the networking with GWSSB.

Donor Compulsions

Under CSD – The population control and family-planning component could not be included into the design, which is a very important and relevant area of intervention in our country. Secondly, if the project objectives were not donor driven, the two projects on RH and CSD could have been integrated into one project, which would have made the project more comprehensive.

Assumption

It was assumed that by the end of the project period i.e. June 2003, all the PHC's and SHC's will be constructed, equipped and properly staffed specially in remote areas, so that Primary Health services will be provided through them and the mobile van services would be phased out. This eventually turned out to be an unrealistic assumption as the PHCs and SHCs are still not fully functional.

Sustainability of strategies

Sustainability of the interventions would have three aspects:

Interventions like providing medicines and equipments, DDK kits and Construction of DHTC were one time activities and has no sustainability issue.
Interventions like capacity building, training, etc. needs to be continued and sustained by the govt. It is not clear whether the government has developed enough capacity to continue such training programme. The CTTs and the partner NGOs are however likely to continue the training of the TBAs and ANMs and thereby help the government in sustaining these efforts.
Intervention like Mobile vans have major sustainability impacts. The villagers have now been accustomed to a certain quality and efficiency of service. Withdrawal of the MMCs would suddenly create a vacuum in these areas. The project should have simultaneously planned to improve the quality and efficiency of the government health care system so that the community is not denied of the benefits.

For WATSAN, local NGOs who were in the field for a considerable time like Anarde (12 years) & MKT (15 years) and had rapport with the community were chosen. CARE in turn built their capacities pertaining to the health issues-mainly water and Sanitation so that they may keep working in these areas in future also. The formation of Safai Samities in the villages is also proving to be a good strategy and is aimed at sustainability of the Project as the samiti members meet once in a fortnight, and discuss various issues regarding water and sanitation in their village, and take action accordingly. The project

should now link up with the health department to show the impact of WATSAN on reduction of diarrhoea episodes and other infections and fevers.

"The fully equipped District Health Training Centre , medical equipment at PHCs and SCs and BCC materials are some of the resources, which the health project is leaving behind with the people of Kutch", said the District Development Officer , Kutch

Midway Modification

Activities proposed initially for the project were to construct and to equip all 3 PHCs and 26 Sub centers in Anjaar block of Gujarat along with supply of medicines for one year and to build the capacity of medical, paramedical and ICDS staff and of TBAs in Anjaar block on Reproductive health.

Some alterations were, however, was made in the proposed activities, later, with approval from the funding agency, as the construction of PHCs and SCs was already awarded to other agencies by the Government of Gujarat (GOG). The changes made to the proposed activities, therefore, were to construct District Training Center in place of PHCs and SCs and to build the capacities of medical, paramedical and ICDS staff and of TBAs in Anjaar and Bhachau blocks.

Partnership

CARE directly implemented POP-RH program with active partnership of the DHD and DWCD, Govt. of Gujarat. The partnership with GOG was very smooth. The government was very quick in responding. All the processes for finalizing equipments at PHCs and PHSCs, operating areas for mobile vans, training of health and ICDS functionaries went off well. The government also requested CARE to help streamline the immunization services, which was readily done by CARE. CARE also played an important role in Polio Vaccination Drive.

For operating the Mobile Vans, Rajbhra and PMR were selected by CIHQ on their capacity and experience, of running such services. BPNI and NNF, national level bodies, for the respective areas were selected for Capacity Building, on Infant Feeding Practices, and Neo-Natal Care. ANARDE, MKT and Prayas were selected because of their being local NGOs and working in this region for a long time on WATSAN issues. They also had a good rapport with the community.

The partnerships were managed well. Constant Communication, feed back on fieldwork, helped in building capacities especially of local NGOs. The partners were required to give monthly reports, quarterly progress reports of the programs and accounts review. Regular field visits by project managers, coordinators; field officers were made to interact with the functionaries.

Synergy between different interventions

Some form of convergence is evident between the health and the education sectors as once a month, a 2 hours session on Adolescent health and general health related issues were held with AGLC project. Similarly, all the health melas, rallies and WATSAN components were held in schools. Informal meetings with SHG's and Mahila Mandals were also held but no formal system for converging with other sectors was evolved.

Project Management

It took about 6 months to place the project team in the field. The major reason for delay was to select and appoint the capable Human resources, willing to relocate in a difficult area like Kutch.Finding the partners and formulating agreements took time, but once the partners were in place, the interventions started immediately. The Following problems were faced during Implementation:

Because of number of International and other NGOs working, it became little problematic in finding suitable partners.
Capacities of local partners were limited in terms of management, documentation, and adhering time line. It was taken care of by regular meetings with management of partner NGOs, and workshops with the field staff.

At that time of disaster and even after that the focus was not on primary health. The priorities were different. The govt priority was also to provide more essential need s of the community than primary health, which focused more on preventive health. Therefore community mobilization was difficult initially.

The project staff maintained a constant dialogue and linkages with a number of other agencies working in the health sector like-save the children, World Food Program, WHO, ANM training Institute, Chetna, and Safai Vidhyalaya.

The project successfully involved the community members actively in all the health days, health melas , school competitions and awareness campaigns. All the street plays and film shows were attended by large number of village people. Community mobilization was particularly difficult in the WATSAN component, as the interventions did not have any physical benefits. This was taken care of by reinforcing the ideas and making people realize how much is the economic impact on them if somebody in the family gets sick. The partners and local NGOs played an important role in convincing the villagers through regular meetings and group discussions and succeeded finally in involving the community members in different activities..

Gender issue was well addressed. Both the health projects were targeted on Women and children. The inclusion of women as team members were looked into and conveyed to the partner NGOs as well. All the community mobilisers associated with MMCs were

female; the field workers to build capacities of AWWs and pregnant and lactating women on infant feeding were also female.

M & E System

Joint Review meetings with all partners were held regularly and the suggestions were incorporated to improve the implementation of the program. The partners had to submit monthly and quarterly reports. Besides, the project coordinator also traveled extensively to the field to monitor the activities. The Sector Director also visited to monitor the field activities once in a quarter. Interaction with Beneficiaries/ Community was done regularly to find out about the activities, at the field level. To get feed back from community on BCC activities, an innovative approach was followed in which addressed, post cards were provided to villagers to seek their feed back on the various activities. The response was good, as the office received as many as 150 replies from the villagers.

However, the project was being monitored more against the activities and not against the objectives. Thus while the various capacity building programmes have been carried out meticulously, there is no systematic information on the impact of the various training programmes.

Besides, the absence of baseline data is also not a good practice with regard to M&E systems. If for some reason the baseline could not be collected before the initiation of the project, it could have been done subsequently. The idea should have been to generate data that would help monitor the impact of the project interventions with respect to the objectives.

LESSONS LEARNT

a) CARE should develop capacities for providing medical relief , may be by hiring doctors and specialized staff to cater to the needs of orthopaedic and paraplegic patients including physiotherapy.

b) In health project mother and child health should always be taken together, as they can not be segregated .

c) In future, if project with orphans or disturbed children is to be under taken , experts in the field of child psychology or NIMHANS should be consulted.

d) Water and sanitation project should be more comprehensive akin to "swasth" program of UNICEF

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EVALUATION
OF THE
FICCI-CARE
GUJARAT REHABILITATION PROGRAMME (FCGRP)

Education

FCGRP Evaluation – Report on Education Component

PROJECT CONTEXT

The earthquake on January 26, 2001 completely disrupted the educational system of Gujarat with the educational infrastructure suffering massive damages. Estimates indicate that about 2000 primary schools were totally destroyed and about 12,000 schools damaged all over the state– around four lakh children were affected. In Kutch alone, more than 1200 schools were damaged beyond repair – around two lakh children were affected. Educational material, school furniture and mid day meal cooking utensils were also wrecked under the debris. The quake and its aftershocks traumatized the children – for them the world became a chaotic place, filled with uncertainty and fear.

The calamity left most of the villages of Kutch devastated – Anjar, Bhachau and Rapar were the worst hit blocks. Those who survived the quake were left homeless - they were scattered around the devastated villages, some moving out of the villages and others even migrating to other parts of the state. Both teachers and students were homeless and in a state of shock. With the school building broken down, the children scattered and the teachers involved in relief operations, learning had come to a complete halt and the potential impact on primary education was the loss of an academic year.

Restoration of the school system was therefore a major challenge. The govt. adapted an approach that included (i) opening of non formal schools and camps to bring back a sense of routine among the children and (ii) construct temporary shelters for schooling to take place. The aim was to start off the schools in tents and temporary shelters pending reconstruction of the school building in due course.

In the post earthquake scenario, two kinds of needs were emerging – on the software side to regroup the scattered children, to address their psycho-social needs and motivate them to enroll themselves into formal schools. On the supply side, there was a need to provide temporary shelters with basic teaching learning materials while the government, in association with various other agencies, embarked upon the task of reconstructing the damaged school buildings.

There were 2960 damaged school rooms in Kutch. However, based on a rapid damage assessment survey and considering the estimated future demand, the Govt. planned reconstruction of about 5000 odd rooms. This included small hamlets that did not have any school earlier, but now had to be provided with a school. There were about 90 different agencies involved in the reconstruction of school buildings, prominent among them being UNICEF, Rotary and Amul. Rebuilding of schools was made mandatory for Agencies adopting a particular village. A large number (about 1800) of classrooms were also reconstructed by the Government through the District Primary Education Programme.

While there were a number of agencies working towards restoration of the physical infrastructure, only 15 odd agencies were working on the much needed software interventions. These included international agencies like UNICEF, CRS, SOS, SCF, and local NGOs like Saishav, Saraswatwam,, Veerayatan, Marag, Prayas, Pratham, Gram Sevak Sangh and Gantar. A special mention needs to be made of the UNICEF interventions and the Sneh Samuday *– a group of seven NGOs funded by ActionAid. Five of the above NGOs also got together to run a children's helpline service called 'Childline' - this was initially funded by CII and then by the SCF.*

UNICEF's response

Immediately after the quake, UNICEF started operations by distributing tents, school kits and water tanks to affected schools. The restoration effort started with reviving around 300 Cluster Resource Centres (CRC) in the worst affected blocks by providing them with tents, water and sanitation facilities and family relief kits. These CRCs became the nodal centers for restoring the educational system in its catchment of 10-12 schools. Initially the CRCs were used by the shelter less teachers to live in and later became administrative centers.

In order to initiate the process of normalization of the education system, UNICEF in collaboration with the govt. of Gujarat started 300 Summer schools - these were informal activity centers where any child, whether enrolled or not, could participate in a variety of educational activities for a period of three hours everyday. The idea was to initiate educational and recreational activities throughout the summer vacation for a smooth transition to the regular school session.

In collaboration with the department of Education and Health, the UNICEF also took up a project on psycho-social interventions. The project trained teachers to be able to identify the manifestation of post trauma stress in children. Through the project, the children are also encouraged to share their feelings, perceptions and experiences of the earthquake by engaging them activities like games, stories, drawings and discussion. Art therapy was found to be an excellent method of understanding the feelings of children who may not express themselves verbally or in other ways.

SNEH SAMUDAY (Action Aid's Response)

The Sneh Samuday is a consortium of seven local NGOs viz. Marag, Ganantar, Prayas, Behavioral Science Centre, Unnati Saath and Hath Milao – they were being funded by Actionaid.

Two major initiatives were taken by Sneh Samuday -Day care centers and community based rehabilitation of children. The main objective of day care center has been to create an enabling environment for the children within their own community so that they could cope up with the post disaster situation in a better way. It was also an attempt to temporarily fill up the gap created after earthquake as all schools were closed for few

months. Day care centers were started in 96 villages covering 5784 children wherein regular recreational and educational activities including singing songs, creative dramatics, origami, pottery making, craft training, indoor games etc. were carried out. The centers also provided regular psychosocial counseling to children and give special attention to orphans and the disabled.

The community based rehabilitation programme aimed at rehabilitation of the orphaned children within the same community to which they belonged. Effort was made first to place the child with close relatives, failing which other community members were motivated to adopt the child. A monetary provision for looking after the child was also made. The attempt was to prevent the child from being sent to an orphanage.

CARE, being one of the major agencies in the emergency relief phase, joined hands with the government to provide temporary shelters to the schools within its project area. It also distributed 200 pre school education kits, 100 sets of blackboards, chalks and erasers and 1000 personal school kits with slates, chalks, notebooks and writing tools.

There was a conscious decision on part of the organization not to intervene with software components at this stage – lack of capacity within the organization was cited as a reason for the decision. Lack of donor support has also been a factor guiding such a decision.

The other important factor to be highlighted with regard to the context of the educational interventions is the poor educational status of the district. As per the Human Development Index, Kutch features as one of the most backward districts of Gujarat. The district had traditionally lagged on the education front in terms of female literacy rates, literacy of scheduled castes, tribes and Muslims, availability of teaching learning materials within the classrooms, availability of teachers and access to quality education. Enrolment and retention rates of girl students are significantly low primarily because of reasons including early marriage of girls, involvement of girls in wage labour, housework or in looking after siblings.

Analysis also reveals that groups such as Rabaris, Kohlis and Muslims also have lower literacy rates compared to those of the general population. Preliminary feedback from the Rabaris, who are a cattle rearing migratory group, indicates that their nomadic lifestyle is a significant barrier to school enrolment and retention, particularly during the dry season when they are forced to migrate long distances in search of fodder and water.

Some of the major issues with respect to education in this district are as follows:

- Generally low level of awareness towards education and its benefits.
- A defunct govt. school system. There are large number of teachers vacancies. Most of the teachers who are posted in this district are from outside and consider it a punishment posting – teacher absenteeism is therefore rampant and teacher pupil ratios are adverse.
- Rabaris, a major section of the population, are usually nomadic in nature. For most of the year, they migrate out of the village along with their family and cattle.

Providing education facilities to the children of this community on a regular basis is therefore a challenge.

- Literacy rate among the girls/ women of the upper castes is also low. In upper castes like the Darbars, the women confine themselves to household work and are not allowed to step out of home. The community therefore do not see any benefit in educating the girls of the community.

The earthquake and the subsequent damage to the education delivery systems only exacerbated the traditional problems of education the district faced. It was therefore important that any intervention in the rehabilitation phase should try and address some of these larger educational issues.

Project Interventions

During the initial relief phase of the programme, CARE restricted its interventions to provisioning items only – this included temporary shelters for running schools and basic teaching learning materials in the beginning and then reconstruction of school buildings. 15 school buildings with a total of 96 classrooms were constructed in the FICCI – CARE supported villages.

Educational interventions started around April 2002 – almost fifteen months after the earthquake. Funding was received from two sources – DEC II and W. P. Carey. Though the process of planning and developing Donor proposals started around December 2001, the actual implementation after need assessment, staffing, selection of partners etc. started only in April.

The project proposals were prepared by the GPE sector in CIHQ. Since CARE had prior experience in working with adolescent girls, it was identified as a priority area for interventions. Subsequently a detailed need assessment was done from the Bhuj office by a team comprising of a Program officer and three field officers. The Team visited the three blocks of Anjar, Bachau and Rapar and held discussions with the community members on their views regarding barriers to education and their current status. Subsequently Gram Swaraj Sangh and Ganatar were chosen as the two partners through whom the project was to be implemented. The various interventions and activities were finalized in discussion with the partner NGOs.

The interventions and activities that followed can be classified into the following four major catagories.:

- Provisioning activities like school kits, teachers kits, children kits, books and reading materials, play materials for *anganwadis*, value additions to schools and computers to cluster resource centers.
- Activities targeting out of school children like enrolment drive, Residential camps and the Adolescent Girls Learning Centres (AGLC).

- Capacity building activities like training of NGO members, teachers, *anganwadi* workers, Cluster Resource Co-ordinators and Village Education Committee members. and
- Awareness building activities like community meetings, video show, wall writing, cycly rally, celebration of *guru purnima*, independence day etc.

While the first set of activities (provisioning activities) were implemented directly through the CARE office, the rest of the interventions were implemented in association with partner NGOs. The time frame of the Project was from April to December 2002. The interventions were spread over 91 villages in Anjar, Bhachau, Rapar and Ghandhidham. This included the 23 villages that were reconstructed by FICCI-CARE. The rest of the villages were selected on the basis of a strong presence of the partner NGOs in these villages.

Subsequently, an extension of the education initiatives was granted through funding from CARE – Deutschland . This funding, which was received in March 2003, is available till February 2004. The number of activities have however been reduced in the extension phase – the focus is on the AGLCs and in trying to develop the AGLC girls into social change agents.

The main activities under this phase are as follows :

- 50 AGLCs for 1500 girls
- Training 300 adolescent girls to mobilize 50 communities
- Develop capacity of partner NGOs to transact curriculum aspects
- Formation of mother's groups and
- Baseline survey on education.

Some of the successful interventions are also likely to be carried forward under the 416B Project, presently under consideration.

ANALYSIS AND OBSERVATIONS

Analysis of the Education Interventions (what worked and what did not)

Project Achievements and Impact

The physical achievements of the project, as gathered from the progress report of the partner NGOs and other documents, are as follows:

- School kits distributed to 75 schools
- Teachers kits distributed to 350 teachers
- Children's kit provided to 15,000 children
- TLM provided to 12 *Anganwadi* centres

- Computers were supplied to 58 Cluster Resource Centres and the CRC co-ordinators trained on the use of computers.
- Value additions done in 13 schools.
- One residential camp held in May 2002 for non school going children, specially focusing on orphans and single parents
- 50 AGLCs set up catering to 1000 non school going girls of the age group 12-18 years.
- 353 children enrolled in the 26 villages of Anjar and Bhachau.
- One day workshop with VECs
- One day workshop for teachers
- One day workshop for anganwadi workers
- 198 teachers and 8419 students participated in *Guru purnima* celebrations in 26 villages of Anjar and Bhachau.
- 6387 people participated in celebration of Independence day in 18 villages of Anjar and Bhachau.
- 5542 people covered during *Bhantar pheri* (cycle rally) in 35 villages of Anjar and Bhachau.
- 2048 people covered through video show in 24 villages of Anjar and Bhachau.

The physical achievements of the project has been quite impressive. However, it is important to go beyond the physical numbers and evaluate each intervention with respect to its objective and impact

Reconstruction of school buildings

Though this is not an activity under the educational interventions of the Project, it merits a detailed discussion as it has an impact on the overall educational outcomes. There is no denying the fact that reconstruction of school buildings was a pressing need – almost all the schools of the district had collapsed in the earthquake and the temporary structures in which the schools were running would not have lasted long. However, during the design and construction of the school buildings, there was hardly any involvement of CARE's education sector. This is sad as the Sector, through their programmes in other states, had a thorough understanding of the pedagogical renewal process in the country and the need for the building design to compliment the modern day teaching practices. Thus the ***design of the school building*** that was adopted did not meet the functional requirements of a classroom – the classrooms did not even have a chalkboard or a space for storing or displaying teaching learning materials. At a later date, a separate project had to be taken up to provide the necessary value additions to the school buildings, which ideally should have formed part of the original design brief.

There was also a problem with the ***number of rooms provided*** in a school. Though the Team could not determine as to who decided on the number of rooms to be provided, it seems that there was a govt. directive to construct three rooms in excess of what existed in the original school. This directive, if any, would have been based on the assumption that most of the schools prior to the earthquake did not have adequate classrooms. But

after the quake there were cases where villages were split (Moti Chirai) resulting in a split in the number of children attending school - having a school in each of the split villages with an equal number of rooms did not make much sense. Similarly there were villages, rather hamlets, that did not have a school earlier (Devisar). There are a very few number of children in the hamlet and providing for a three-room building is a waste of resources. Cases like these could have been proactively persued with the government and more cost-effective structures (with lesser number of rooms or with lesser area of rooms) constructed. The entire effort it seems was to construct more number of classrooms and one gets an impression that the various agencies were competing with each other in constructing more number of classrooms. FICCI –CARE cannot probably be blamed for joining the rat race - however involvement of the organisation's own Education Sector at this stage would have at least helped in flagging off such issues.

Education inputs in the reconstruction process would have also raised the case of providing teachers quarters. An analysis of the education scenario in Kutch would reveal that absence of adequate teachers is a major problem in the district. And the main reason for this is the fact that most of the teachers come from outside. Provision of a couple of houses for the teachers would have helped in making an impact on the teachers attendance.

The next major concern with respect to the constructed school building is the quality of construction. Almost all the school buildings visited had cracks in them with some of them being major structural cracks. Some of the cracks have been repaired once and was found to be re-appearing. It was not immediately clear to the Team whether these were design faults or faults in construction. However, given the reaction of the community members, it seems that the project has failed to provide a safe (as perceived by the stakeholders) teaching learning environment to the children.

Supply of Teaching/ Learning materials

In an effort to strengthen the basic infrastructure of the schools, 75 schools (in 50 villages) in the project area were provided with various Teaching learning materials. The school kits, teachers kits, children kits and books provided to the schools have been of great help. The materials were well chosen after speaking to teachers and ensuring that there is no duplication with the materials provided by other agencies. The project office at Bhuj has subsequently done a study on the usage of the TLM provided and the findings show a high level of usage. The study however restricts itself to the number of schools using a particular TLM – it dosen't throw light on the frequency of usage.

The computers provided to the CRCs have also been well received. The CRCs use the computers for a number of administrative work and also for compilation of educational data. There is a further scope however to train the CRCs to analyse the data and identify educational issues. Interaction with govt. officials revealed that they also perceive this as an important provisioning – specially since no other agency had concentrated on restoring the academic monitoring structures in the aftermath of the earthquake.

Value additions to classrooms

Value additions to the school buildings have been another useful intervention. As mentioned above, the school buildings constructed under the reconstruction programme did not meet the functional requirements of a classroom – basic facilities like chalkboards, display and storage spaces were missing. Under this component, elements like teachers and children chalkboards, display reapers and racks, cupboards, shoe racks and play elements have been provided as 'add-ons' to the existing school buildings (only 13 of the 15 schools reconstructed under the programme have been provided with value additions due to financial constraints). Some of the schools have also been provided with a boundary wall and water supply facilities.

The interventions were made in discussion with the concerned teachers and keeping modern teaching practices in mind. The provision of the colourful elements have helped to enliven the atmosphere inside the school and make it joyful. The various play elements provided in some of the schools have provided a reason for the children to stay even beyond school hours. As before, a study has been conducted to look at the usage of these elements and some elements have been found to be used more than the others. It would also be interesting to know whether provisioning of such elements has resulted in an improvement in learning outcomes. It has been found that with respect to certain elements like the gridboard, the teachers are not aware of its usage. It is therefore important that any such intervention be followed up with adequate training to orient the users about its importance.

Adolescent Girls Learning Centre

The principle focus of the Project have been on the adolescent girls learning centers. These are learning centers for girls in the age group 12-18 years who have never attended school or have not studied beyond class II. Around 30 such girls are identified in a village and is taught by a *'sakhi'* , who belongs to the same village and is educated enough to teach the girls. The curriculum was designed specially with a view towards meeting the educational needs of the girls and focused on imparting knowledge and information on basic literacy, numeracy and social skills. The centers run for three hours at a time suitable to the learners and the teacher. 50 such centers have been set up under the project covering 1000 adolescent girls.

This is an important intervention considering the fact that CARE was probably the only agency working with this target group. The illiterate adolescent girls are definitely more prone to social disparities and therefore has a lesser capacity to cope with disasters. Imparting them with basic literacy and social skills is a major step in reducing their vulnerability. The objective of empowering such girls was therefore a step in the right direction. The impact was clearly visible. In the centers that the team visited, one encountered girls who were confident and have gained a reasonable level of literacy.

There are numerous instances of girls like Pramilabehn, Kesar, Sabibehn, Rudibehn and Nikita who, till a few days back, were restricted by various social barriers and confined to performing household chores - they have now found a new meaning in life after attending the AGLC classes. Village girls from backward classes riding bicycles freely in the village speaks volumes about women's empowerment. Speaking to the partner NGOs it was evident that detailed and intensive processes preceded formation of these centers – processes of targeting of girls, involving the community, selection of sakhis etc.

It is this intensity of activity that raises a question about sustainability of these centers. The community has not yet reached that level of mobilization where they can be expected to run the centers on their own – neither are the NGOs in a position to sustain them. In fact between the first and second phase of the project there was a gap of three months and many of the centers had to close down during this period.

The intervention therefore cannot be seen as a strategy towards creating an alternate schooling option for adolescent girls – its objective is limited to providing basic literacy skills to these girls in an effort to reduce their vulnerability, specially in times of disaster.

The second issue with respect to these centers relates to the target group of girls. A caste wise break up of the students in the 30 AGLCs run by Ganantar are as follows:

CASTES	**Nos.**
Dalit	179
Rabari	54
Muslim	61
Ahir	192
Koli	54
Others	56
TOTAL	**596**

Most of these centers are located in that part of the village which is dominated by backward and lower castes. This has helped in providing access to the girls of such castes, who are also economically and socially more deprived. But at the same time the center has become inaccessible to the illeterate girls of the upper castes. These girls, specially of the Durbar community, faces a lot of social restriction even in coming out of the house. Such groups, though economically well off, are educationally backward and would therefore also need to be targeted proactively.

Residential Camp

The residential camp for non-school going children was by far the most apt intervention in the rehabilitation phase. It was exactly what was needed at the time – to bring children out of the grief and shock and provide them a platform to unwind themselves. At the

same time such an intervention do not have a major sustainability component – it was an one-time activity which need not be repeated for the same group of children.

This two month summer camp was organized for orphans, non school going and dropout children of various villages with a view towards motivating parents interests in their children's education and mainstreaming the children who had dropped out of school due to the quake back into formal schools.

The targeting of orphaned and single parent children was a major positive point of the programme. The partner NGO played a significant role in identifying children, convincing their parents and enrolling them in the camp. Most of the children belonged to the Koli, Dalit and the Muslim communities. 13% of the children were of single parent, 1% were orphaned, 3% were physically challenged and the rest 83% were school drop outs. The number of boys however were significantly more than the number of girls (91 boys, 9 girls) – this was understandable given the social dynamics that prevent families from sending their girl child out for a two month period.

The essential objective was to reacquaint the children with learning basics through the use of child centered joyful pedagogical methods so that the children were adequately prepared to be re-enrolled into the existing formal government schools. The camp experience "augmented the level of children's learning and desire to know more, improved their physical and mental health and had a tremendous impact on their personalities" *(process document, GPE, CIHQ)*.

Another positive feature was the fact that all children were periodically examined by a govt. doctor. The children were administered with essential vitamin capsules and distributed oral rehydration S packets.

Of the 102 children who had registered initially, only 75 remained after a month. At the end of the camp all except seven of these children were mainstreamed into formal government schools. The balance seven children were enrolled in a residential school.

Though the Team could not meet any of the children who were in the camp, the fact that all of them are continuing their education in formal schools is a definite indicator to the success of the programme. It was not clear however as to why more such camps were not taken up, either in the same year (only one of the partner NGOs had conducted the camp) or in subsequent years. A separate camp, of a smaller duration could have been thought of exclusively for the girls also.

Community Level Activities

A host of activities were planned and implemented at the community level. The overarching objective was to increase enrolment and retention in schools with an emphasis on equity. The activities planned were expected to create an awareness towards education in the community and at the same time establish a link between the school and

the community. The increased awareness was to lead to an increase in enrolment while a stronger school – community linkage was to help in reducing dropouts.

While the figures provided indicate an increase in enrolment post the enrolment drive, there is no evidence of an improvement in retention and attendance rates. The emphasis of door to door contacts, wall writings, video shows and the cycle rally was mainly on enrolment – the government was also making a concerted effort to put all children into schools. There was a certain level of synergy that took place between the govt. efforts and the CARE interventions that is reflected in the rise in enrolment figures. However, while mobilization drives and awareness campaigns can goad the children into the school, it may not help in retaining them in the long run.

During discussion with the partners it was evident that there were three major issues plagueing the formal school system.

- Absence of teacher and low quality of education. Community not perceiving the school as a place where the child would have any meaningful learning.
- A poor link between the school and the community.
- Extreme poverty and deprivation which leads the family to withdraw the child at the slightest pretext of economic hardship and use him/ her for income generation.

The various activities planned at the village and school level failed to address these basic issues in a holistic way. There were no strategies to address the economic considerations for dropout. Similarly, though the physical infrastructure of the school have improved, teachers and their capacities remain a critical factor in the quality of education. There were no efforts to address this critical issue -the teachers felicitation during *Guru Purnima* was probably the only activity designed to make an impact on the teacher.

Orientation of VEC members, celebration of independence day and guru purnima were activities aimed at strengthening the link between the school and the community. However, these were all one time activities and do not attempt to create a link on a sustained basis.

Capacity Building Activities

Capacity building was taken up at two levels – capacity building of the partner NGOs and that of the stakeholders like VEC, teachers. Awaganwadi workers etc.

There has been a marked improvement in the capacity of the partner NGOs in planning, and implementing education programmes. The partners were exposed to various ideas of alternative learning options across the country. The co-ordinators for both the partner NGOs admitted that the exposure trips have helped them immensely in implementing

interventions like the Residential Camp and the AGLCs. There has also been an increase in their capacity to manage (generate and analyse) data and in their documentation abilities.

However, the interventions towards capacity building of the various stakeholders were grossly inadequate and did not have much of an impact. The project took up orientation of the VEC members as a part of the strategy to strengthen the link between the school and the community. However this was a one- day orientation programme taken up only once during the course of the project. While the VEC members were explained about their roles and responsibilities in this workshop, there was not adequate time for them to internalize their roles. Also there was no proper follow up of the workshop. During the field visits it was observed that in many cases the VECs have changed and the new members have not been trained/ oriented.

Kalpanabehn is a member of the Village Education Committee in Laliana village. She has two sons and two daughter. Her elder daughter studies in class III in a private school nearby. Her sons however study in the government school – they are in the upper primary classes and there is no private school nearby teaching upper primary. In Laliana village. The last VEC meeting was held on the 22nd of June. In that meeting it was decided that the community would provide for a teacher in the school, considering that there are only two teachers in the school. Since then an education volunteer has been provided to the school by Pratham, an NGO working in the area. It was not clear whether it was villagers who had persuaded pratham to provide for an education volunteer. Kalpanabehn is however not too concerned about the quality of education in the school – she is not sure whether proper teaching learning takes place in the school or whether the teachers are regular and punctual. She also could not recall any discussion with respect to quality of education to have ever been discussed in the VEC meeting. Kalpanabehn is also a member of the Panchayat : however all panchayat meetings are attended by her husband.

Thus the VEC in no case has become a pressure group in the village that demands quality education from the system. There is neither any evidence of any substantial change in the quality of education (achievement levels) in the project villages.

Similarly a one day workshop was held with the anganwadi workers to orient them on school readiness and to explain them on how to use the TLM provided to the center. This again is inadequate to bring about any significant attitudinal changes.

Training of teachers in child centered pedagogy and post disaster trauma detection was a major requirement. Though uninteresting teaching learning environment was identified as a major reason for low attendance and retention, there were no strategies planned for the enhancement of the capacity of the teachers.

The notable exception has been the training of the CRCs on computer applications. Most of the CRCs spoken to by the Team had found the training helpful and were found to be using the computers.

The objectives of the project had also listed the following activities with respect to capacity building:

- Provide teachers training on child centered pedagogical methods
- Training of teachers in English teaching
- Training of anganwadi workers and helpers on PTSD
- Training anganwadi workers and helpers on enhancing children's school readiness
- Build capacities of key government officials at the district and block level.

These activities could not be taken up within the limited time frame of the project. However, some efforts on these areas have started in the extension phase of the project.

Anganwadi Interventions

The pre school interventions were very cursory in nature and one of the weakest component of the project. The interventions were decided without any proper assessment of the needs in this area. There is also no evidence of any discussion with other Agencies working in this area, specially SCF who were extensively working with the anganwadis. The various activities under this intervention were as follows:

- **Construction of anganwadi centers** – 15 anganwadi centers were constructed under the reconstruction component of the programme. This was again based on a govt. directive that all reconstructed village has to have an anganwadi. At present many of these centers do not have an anganwadi worker with a result that the centers are not being used.
- **Provision of TLM/ Play elements.** : funds from two different projects were used for the purpose of providing play elements and boundary walls to these centers. Some of the centers were covered by funds received from CARE France under the Community Rehabilitation Project (?). Materials for the remaining 12 anganwadis were provided through the education project (W.P. Carey).
- **Workshop with anganwadi workers** – this component, as already discussed earlier, was a part of the education interventions.
- **Training of Anganwadi workers on population and reproductive health** – this intervention was under the Health component of the programme whereby a 2 day training was conducted for the Anganwadi workers, supervisors and CDPOs on reproductive and adolescent health, RTI/ STI/ HIV/ AIDS, gender etc.

However all these are cases of 'too less too late', and are unlikely to have any major impact. The problems affecting the Anganwadis and the pre-schooling component of the same are much deep rooted and need tong term strategies.

The most unfortunate part has been the total lack of co-ordination, even within the various sectors of the project, in planning out the interventions in the anganwadis. The play material supplied from the two projects also differed widely from one another. The supplies from the CARE France project mainly comprised on swings, slides and other play materials. the play elements did not take into consideration the anthropometrics of the pre school children. Most of these elements were too high or unsafe for the little kids and ended up being used by the primary school students (in certain cases, they have been removed and locked up by the teacher to avoid possible misuse). The materials provided through the education component are however more useful and has an educational value.

Similarly it is surprising to note that the target anganwadis for the Health component intervention are different from those of the Education/ Reconstruction intervention. While logically it would have made much more sense that the interventions of the various components should have focused on the same set of anganwadi centers – if the same anganwadi worker was provided training in both pre school and health aspects, the synergic impact would have been significant.

Project Design

The education interventions were supported from two funding sources – DEC II and W. P. Carey. The initial time period of both the projects were three months which were subsequently increased to nine months.

The **Project Goal** laid down in the DEC II proposal was to " strengthen household and community assets to enable and empower communities to reduce their vulnerability to disasters.

The Intermediate goals were as follows:

1. Increase participation of parents in their own and their children's education
   The outputs were :
   - 50 villages to be oriented on the importance of literacy and basic education, specially for girls
   - School community linkages to be established through inter school events and women group meetings

2. Develop competencies of local NGOs to provide sustainable alternative learning options for adolescent girls and young women.
   The outputs were:
   - The project staff of two NGOs to be trained on providing alternative learning options for adolescent girls and young mothers.

- Short term learning centers will be operationalised which will enable sustainability in the programme.

3. Impart basic literacy and life skills to adolescent girls and young mothers in the age group 10-18 years.
   The outputs were:
   - 1000 adolescent girls and women to acquire basic literacy and life skills.
   - 30-50 adolescent and young mothers groups to be formed
   - 30-50 centre education facilitators to be trained for providing literacy and life skills.
   - Modules will be developed for literacy and life skills which will be made available in local language for replication.

4. Improve classroom environment in selected schools.
   The outputs were:
   - Resource materials to be developed for teachers and supervisors on child centered and activity based methods
   - 150 teachers and supervisory staff acquire skills on child centered and activity based methodologies.
   - Schools and classrooms to be equipped with appropriate TLM and basic infrastructure.

The **goal** laid down in the W. P. Carey proposal was to "ensure children's enrollment and retention in school, through improvement in quality of, access to, and community participation in schools. The project would specifically target vulnerable groups, including girls, orphans, children with PSTD and disabled children". To accomplish this goal, it was stated that the project would work at the Community level, School level, Pre school level and at the formal education system level.

The activities laid down were as follows:

1 At the community level:
- Intensive community mobilization and awareness building to reinforce the need for quality education
- Involving the community in actual rebuilding of schools and pre school centers
- Forming groups of parents and older youth to assist in the process of attitudinal and behavioural changes towards education
- Organizing mothers groups in particular to assist with enrolment and retention.

2 At the School level:
- Training teachers in child centered pedagogical methods
- Devising a curriculum that fosters critical thinking and analytical skills
- Expanding the curriculum to include basic life skills
- Building stakeholders in an improved education system by creating or strengthening teacher support groups.

3 At the pre school level:

- Providing age appropriate educational kits, books and toys
- Training teachers and helpers in PTSD for children affected by the earthquake
- Sensitizing teachers and helpers to interventions that build self confidence, specially among girls, and enhance school readiness for all children.

4 At the formal education system level:

- Building capacities of key government officials at the district and block level to understand and sustain an improved educational process
- Providing technical support and training to all government teachers.

As evident from the above, both the proposals had similar goals but were of varying nature. While the DEC proposal was more focused and had definite outcome indicators, the W.P. Carey proposal had a number of activities which were more general in nature. It is not clear how much of these proposals were influenced by the donors. However the impression that the Team received was that Carey insisted on capacity building and curriculum related activities. DEC was more flexible and was willing to fund the activities proposed by the education sector.

Instead of implementing the two projects separately, the education sector did a sensible thing of converging the two sources of funding and implementing a combined project that addressed most of the activities and outcomes stated in the donor proposals. A frame of objectives and activities were drawn up with division of responsibilities between CARE, the NGO and Consultants worked out. The Detailed Implementation Plan (DIP) agreed with the partner NGOs followed this frame.

Objectives	**Activities**	**Responsibilities**		
		CARE	**Con**	**NGO**
1. Increase participation of parents in their own and their children's education	Identify 20 villages in addition to 30 FCGRP villages			
	Study existing community mobilization activities in the villages			
	Selection of NGOs for community mobilization, parents/ mothers/ adolescent group formation			
	Develop strategy for mothers parents group participation in school activities			
	Intensive community mobilization and awareness building			
2. Develop competencies of local NGOs to provide sustainable alternative learning options for adolescent girls and young women	Identification of NGO			
	Develop detail implementation plan with NGO			
	Provide general orientation to NGO			
	Organize cross visit for NGOs to resource centers			

Objectives	Activities	Responsibilities		
		CARE	Con	NGO
	NGOs training programme on alternative schooling, social learning, gender and camps			
3. Impart basic literacy and life skills to adolescent girls and young mothers in the age group of 10-18 years.	Data collection of 10-18 years adolescent girls and young mothers			
	Training of learning center facilitators			
	Develop modules in local language on literacy and life skills			
	Operationalise short term learning centres			
4. Improve class room environment in selected schools and create a friendly school atmosphere free of biases and condusive to learning	Identification of schools			
	Discussion with education officials for required furniture, TLM and training.			
	Survey of adopted schools for availability and reqmnt. of furniture, TLM and training.			
	Procurement of TLM, furniture			
	Distribution of TLM, furniture			
	Training on use of TLM			
	Development of English primer			
	Supply of basic furniture			
	Training of teachers for English teaching			
	Provide teachers training on child centered pedagogical methods			
	Expand curriculum to include basic life skills			
	Devise curriculum that fosters critical and analytical thinking skills			
	Strengthening of Cluster Resource Centres			
5. Strengthening pre school / Anganwadi	Identification of pre school/ Anganwadi			
	Training of anganwadi workers and helpers on PTSD			
	Provide pre school kits			
	Training anganwadi workers and helpers on enhancing children's school readiness			
6. At formal system level : ensure continued and sustainable effect of the current programme	Build capacities of key government officials at the district and block level			
7. Research	*Identification of external agency/ resource persons for research on:* ▪ School dropout			

Objectives	Activities	Responsibilities		
		CARE	Con	NGO
	▪ Causes of children not attending school ▪ Gender ▪ Requirement of TLM and furniture ▪ Role of BRC, CRC and its functionaries.			

The above frame has been able to capture the essence of both the donor proposals and build them into a comprehensive whole. However the objectives and the activities are not in a logical framework. It is not clear how the various activities are going to lead to the objectives and what are the outcome indicators with respect to a particular objective. The objectives themselves needed to be articulated in terms of quantifiable changes that one expects to see at the field level within the given time frame. The problem has been compounded by the fact that there is no baseline data/ information available with respect to the objectives. It is therefore very difficult to assess the impact of the interventions with respect to the objectives.

One of the important features of a well designed project is the incorporation of past learnings. The observations in this regard has been mixed. The project has very effectively utilized its past learnings with respect to the AGLCs. The curriculum adopted in these centers have been largely influenced by the experiences of 'Udaan' in Uttar Pradesh. However the same cannot be said with respect to the community and school level activities. Experience elsewhere have shown that VEC may not be the most appropriate platform to create awareness and demand for education. CBOs and Mothers Groups have been found to be very effective as pressure groups. Incorporation of this learning was however not evident in the project interventions. Similarly the learnings of the Education Sector with respect to pre school education do not seem to have informed the anganwadi interventions.

The other important aspect in the project design is the prospect of convergence and co ordination. Convergence with other agencies have been effected to the extent that duplication of efforts have been avoided. But a proactive convergence with other agencies working in the same area has not been sought. This is not even mentioned in the project proposals. Similarly the education interventions were planned in isolation and possibilities of co-ordination with other components of FCGRP were not explored. The lack of co-ordination in the anganwadi interventions have already been discussed earlier. Another possibility of linkage was the self-help groups formed in the village, either through CARE's own livelihood programme or through other NGOs. Given the short time frame available, the education project could have concentrated on orienting these already formed groups in educational issues.

Project Management

Most of the project implementation was done through the partner NGOs. Both the partners had a dedicated team in their organization looking after the project. The teams essentially comprised of a Project co-ordinator/ executive and separate cluster co-ordinators in charge of implementation in each cluster. At the village level, there were the community mobilizers/ organizers who were local villagers oriented and trained by the NGO. Both the NGOs had a gender balanced team of cluster co-ordinators and community mobilisers.

The project management system within FICCI-CARE comprised of a Program Officer based in Bhuj and three field officers based in Anjar, Bhachau and Rapar. While the programme officer has been constant , there has been turnover at the level of field officers. It was also noted that there was no women representation ever in any of these posts.

Partnership

The partners were decided following a logical process. A listing of all NGOs working in Kutch was prepared along with their areas of expertise, staff and other details. While selecting the partner two factors were given importance

- The NGO should have a presence in the villages/ blocks where CARE was working i.e Anjar, Bhachau and Rapar and
- The NGO should have an experience of working in education project.

Following the above two criteria, three NGOs were chosen out of which two were finally selected. It is not clear whether the project discussed the option of working through the already formed NGO groups. One such group was the 'Sneh Samuday' . This was a group of five NGOs working with children – the group had a presence in all the districts and the member NGOs had an experience of working in education – in fact both the partners chosen were part of the Sneh Samuday.

The partners however have been very effective in translating the thoughts of the project to the field level. Both the partners had a very strong field presence with GSS having run schools for over 25 years. Ganantar also had the experience of running alternate schooling centers for the salt pan workers. During the field visits, it was found that the field teams were oriented, motivated and had a good understanding of local issues. The presence of the local NGOs have also helped CARE to get an easy access to govt. agencies. Besides both the partners were also implementing programmes for other agencies – there was therefore some kind of cross learning that took place.

The partners have also gained from the partnership. As explained under the 'Capacity building' section, none of the two agencies had any prior experience in working with adolescent girls and had an immense capacity building in this area. They also gained skills in planning, monitoring and organizational issues.

M & E Systems

The Monitoring and evaluation systems were weak throughout the project. This basically resulted from the fact that there was no baseline information and no monitorable outcome indicators in the log frame. In absence of these, the only thing being monitored at the CARE level were the activities being performed by the NGOs. The partners submitted monthly progress reports to the Programme Officer at Bhuj. These reports would typically comprise of a list of activities performed by them the previous month. It was therefore not possible to monitor the programme against the laid down objectives.

The AGLCs became the focus of the project interventions and most activities revolved round the strengthening of these centers. In contrast the activities related to formal schooling received less importance (except for the activities related to enrolment drive), though strengthening of formal schooling systems was a major objective under the project. Similarly the various capacity building activities as laid down under the project objectives were largely ignored. The monitoring systems failed to detect these variations in achievements towards the objectives and take necessary corrective actions.
The following examples would help in further highlighting the issue:

- While there is information available on the various community mobilization activities and the number of people (dissagregated by gender) attending such events, there is no data to show the impact of such activities in the school enrolment and retention.
- There is no systemic data on the usage of the various TLM supplied to the schools. The study conducted by the project office was on a sample basis and did not capture the frequency of usage. In absence of data, it is also not possible to find a relation between the TLM usage and an improved learning outcome.
- Similarly there is data available on the number of girls attending each AGLC and their caste composition (this data was available only at the NGO level). However, there is no information on how many 12-18 years girls are there in the village (caste wise) and what percentage of them are attending the Centre. It is therefore not possible to determine what percentage of the target group is being covered.
- Though VEC members have been oriented and trained, there is no system of collection of information/ documentation of the number and frequency of the VEC meetings and the kind of issues discussed therein. In absence of such information, it is difficult to assess the impact of the VEC level interventions.

The project management team at the CIHQ has however realized the weakness in the M&E systems. Under the extension phase of the project, a detailed M&E system is being worked out for the project. A baseline survey on education is also planned in this phase.

Analysis of CARE's response as an organization to the post earthquake education needs (how else could CARE have helped?)

Following are the excerpts from 'Coming Together' – a newsletter being published jointly by the Government (GSDMA), UNDP and Abhiyan (a group of NGOs). The newsletter provides information on the activities of the various agencies and NGOs and also listed issues and concerns relating to a particular sector. Listed below are the concerns expressed with respect to 'education interventions'.

Concerns expressed in 'Coming Together' - 1st edition, June 2001

- Need for house reconstruction has overshadowed educational needs
- Reconstruction of schools should have higher priority but education should begin irrespective of the construction of schools.
- NGOs ready to run schools ina big way approvals and procedures are stopping them . they should be facilitated and procedures made easy.

Concerns expressed in 'Coming Together' - 2nd edition, September 2001

- Construction of earthquake resistant school buildings with adequate emergency exit facilities should be completed as soon as possible.
- A system of Social Watch has to be developed and strengthened in order to ensure that the most vulnerable children like disabled, orphans, single parent children are not left out from being integrated into school education system.
- School building should not be barrier for disabled children.
- There is a need to generate awareness for Psychosocial Support and train teachers to identify and respond to trauma related disorders in children.
- Present earthquake rehabilitation should also be seen as an opportunity to identify and enroll all those children who are left out of school education.
- All school teachers should be given orientation on psychosocial counselling and disability so that they can effectively and sensitively help disabled and traumatized children.
- In schools children should also be given orientation on earthquake safety measures.

Concerns expressed in 'Coming Together' - 3rd edition, January 2002

Status on the concerns expressed in the second edition

- Construction of earthquake resistant school buildings with adequate emergency exit facilities should be completed as soon as possible.

Status : Construction is being done under the guidelines prescribed by GSDMA, for the earthquake resistant structures.

- A system of Social Watch has to be developed and strengthened in order to ensure that the most vulnerable children like disabled, orphans, single parent children are not left out from being integrated into school education system.

Status : Mainly UNICEF and Sneh Samuday are currently supporting the programs related to psychosocial counselling.

- There is a need to generate awareness for Psychosocial Support and train teachers to identify and respond to trauma related disorders in children.

Status: Few organizations like Sneh Samuday and Unicef have undertaken the Psych-social Support programme. However, it still remains a concern.

- School buildings should not be a barrier for disabled children.

Status: This remains a concern, as this is not being addressed adequately.

- Present earthquake rehabilitation should also be seen as an opportunity to identify and enroll all those children who are left out of school education.

Status: NGOs like Pratham, Community Aid & Sponsorship Programme and Veerayatan, Vivekanand Research & Training Intitute, Gram swaraj Sangh and Kutch mahila Vikas Sangthan are working in this area.

- All schoolteachers should be given orientation on psychosocial counseling, earthquake safety measures and disability so that they can effectively and sensitively help disabled and traumatized children.

Status: This remains a concern.

Recommendations : In schools, children should also be given orientation on earthquake safety measures.

The education intervention of CARE has to be seen in the light of the concerns and needs expressed above. It is evident that the educational interventions were much delayed. Being a developmental organization, it is surprising why education was not given importance in the initial stages while it should have been the 'epicentre of recovery'. There were some efforts at provisioning of temporary school buildings and stationeries like roller chalkboard, chalks, copies etc to start off the school. But the need of the hour was more than that – schools were closed and the children were in a state of shock, with many having lost their dear and near relatives. Provisioning of shelters and stationeries were important but not following it up with the necessary software interventions would raise a question on the utility of the provisions.

There was a pressing need to bring the children out of that environment and engage them in creative and joyful activities. A large number of day care centers **were needed.**

The advantages of such centers were being increasingly felt:-

- **It provided a place where trauma counseling can help children who are struggling to recover**
- **It helped to keep the children out of the labour market where they could be exposed to all kinds of exploitation**
- **It gave the parents peace of mind and the extra freedom to focus on family recovery**

At the same time there was a dearth of agencies who could provide such schooling facilities. UNICEF and Sneh Samuday were the only two agencies majorly working in this area. Representatives of other agencies and NGOs met by the Team during the course of the evaluation expressed the opinion that CARE should have also helped with the provision of such schooling facilities at that stage.

Psycho-social counseling **was also emerging as a major area in which support was required. While the thrust of the relief activities was on material distribution, no one had the time to look at the psychological condition of the child. This left a big scar on the children and many of them have lost their playfulness as a child. Most children were in a state of shock and the teachers were not equipped to deal with such children. The teachers, both government and volunteers, needed immediate capacity building in identifying such cases and then dealing with them.**

Adult literacy : after the earthquake there emerged a constituency of women who had lost their husbands and all other means of livelihood. Most of them were illiterate and did not know how to negotiate the cumbersome procedures of getting government compensation. There was a need to provide these women with basic literacy and life skill– to help them get their due compensation as well as to equip them for the future. An intervention similar in nature to the AGLCs could have been designed to provide basic literacy and life skills to these women..
It is possible that CARE might have consciously kept itself out of these areas considering the other agencies already in the field and their own lack of expertise in these areas. However, interaction with the various project functionaries within CARE did not give that impression. There just seemed to be little concern about the education interventions in the initial stages - children were not seen as a possible 'target group' of relief operations.

Once the initial relief phase was over, the need was to restore the formal schooling system and in the process address some of the deep rooted problems with regard to elementary education in Kutch.

The needs in this stage were therefore the following:

- Bring back children to school and anganwadi centres

- Provide alternate learning options for hard to reach target groups (adolescent girls, children of migratory communities, severely disabled children, illiterates of higher age group etc.)
- Create a demand for quality education
- Strengthen existing delivery systems (pre primary to upper primary) and in the process address systemic issues and influence govt. policies.
- Capacity building of teachers, specially in the areas of Post Trauma Stress Disorders (PTSD) and Inclusive Education for the Disabled (IED)

The Education component of FCGRP tried to address to all these needs within the limited time frame. As a result, none of the interventions were comprehensive. Focus on enrolment was restricted to the school going children and left out the pre school children. In providing alternate learning options, only one target group of adolescent girls could be catered to. A few community mobilization activities were conducted but did not result in a sustainable movement towards quality education. Though the physical infrastructure in the formal schools were strengthened, more deep rooted systemic and policy issues remained un-addressed. Capacity building of teachers in PTSD and IED remained ignored.

On hindsight, it seems that the project should not have tried to address all the rehabilitation needs. After a mapping of the activities of the other NGOs and Agencies, the project could have identified one or two priority interventions and concentrated on those. eg. If alternate learning options was found to be a priority (in which no other organizations were working), the project could have concentrated only on this area and cover all the various target groups that needed alternate learning options.

LESSONS LEARNT

The learnings from the project can therefore be summarized as follows:

- CARE should develop capacities for educational interventions in the immediate aftermath of a disaster. Children being more vulnerable in disasters, need to be proactively targeted and addressed through various educational interventions.

- Educational interventions cannot remain limited to 'primary education' in an emergency. Its scope should be broadened to look into all education and child right issues. This is specially important as the organization do not have a separate unit looking after child rights.

- Areas like psycho social interventions for children, anganwadi and adult literacy (sply of women) need immediate attention after a disaster and CARE should develop capacities in these areas.

- In about six month's time, after addressing to the immediate requirements, the focus should shift to restoration of the educational system. This should also be taken as an opportunity to address some of the major educational constraints of the region.

- Education interventions at this stage should be planned after a proper assessment of the needs and an analysis of support being provided by other govt. and non-govt. organizations.

- Activities in this phase should have a minimum time period of two years. Effort should be made to concentrate on a few areas of intervention. However, the interventions should be holistic and comprehensive.

- The project design at this stage should have a detailed log frame with monitorable outcome indicators. Appropriate targeting and possibilities of convergence/ coordination with other program components should be built into the project design. Baseline information and an in built M&E system are the other requirements of a well-designed project.

Summing up

Bhookamp ayo…saro thayo…

It's not a cynical Raniben speaking sitting in Lakhapar village but a highly pragmatic woman who has realised rather soon in life that along with destruction, the flip side of it is that the earthquake has also unleashed huge resources and scope to improve the situation. She wants every woman in her village to make use of the opportunity to get into the business of embroidery or various craftworks. She demands boldly from ICECD staff what marketing support can the sanstha provide for their bharatkaam besides imparting training. When asked about the imminent withdrawal of the external aid support, she says...no problem…we have a great coping mechanism…the earthquake has taught us..

Excerpt from - End term evaluation – livelihood : B.Chakravorty & A P Nanda, November 2002, CARE India.

VILLAGES VISITED BY THE EVALUATION TEAM

1	**VANOI**
2	**EKALWANDH**
3	**BHARUDIA**
4	**MOTI CHIRAI**
5	**LAKHAPAR**
6	**KOTDA**
7	**KHAROI**
8	**NILPAR**
9	**AJAPAR**
10	**CHANDRANI**
11	**LAKHANIA**
12	**SATAPAR**

Annex 1

Terms of Reference
For
Final Evaluation of FCGRP

Introduction

Following the earthquake in Gujarat on 26th January 2001, which left behind an enormous trail of destruction disrupting lives and economy of a vast number of households in Kutch district, CARE India in collaboration with FICCI responded with immediate relief measures ranging from providing food, shelter and equipment to rehabilitation of 23 villages in the worst affected blocks of Anjaar, Rapar and Bachau. This essentially entailed reconstruction of 5000 houses and community infrastructure such as schools, Anganwadi centres, water tanks etc. Apart from adopting 23 villages for reconstruction, CARE also garnered substantial funds from different agencies for launching short and long-term rehabilitation projects in the areas of Health & Nutrition, Education and NRM. These, by and large, fell under the broad category of the Livelihoods Project which covered a broad spectrum of interventions. In the area of Health the interventions ranged from health awareness raising to providing direct health services through Mobile van services to 130 villages. Education activities ranged from rebuilding schools to organising formal literacy classes for adolescent girls. The ANR interventions entailed building and repairing of small irrigation water tanks, bunding and other soil erosion activities. The Small Economic Activity Sector attempted to help people rebuild their lives through the provision of entrepreneurial support for their crafts or other economic activities. For details on the project activities and interventions please see the attachments.

Project Context: The project in its entirety had different 'faces' at different points in time. The evaluation needs to be done in the light of these different contexts. In the initial stages, for instance, it was an emergency situation and the relief measures undertaken were driven by this urgency. At the end of this period the project entered the "rehabilitation" phase, wherein interventions were undertaken to cope with the changing demands. Following this the projects assumed the "development" face.

Donors too were eager to fund projects of various kinds in the district. They too had their demands and hence certain projects and strategies were driven by their policies and requirements. Further, the local Government was a key player and the Chief Coordinator of the relief work. Agencies had to abide by policies and decisions made by the Government. It is, therefore, critical to understand the role played by the State Government and the influence it had on the strategies and activities the agencies could or could not undertake.

Objectives: The current end-term evaluation is meant to assess the impact of the project interventions post the Gujarat earthquake against the objectives set in each proposal. The

Evaluation needs to look at each of the interventions in relation to the phase of interventions, viz., relief phase or rehabilitation phase or the development phase. Below are provided specific details of the evaluation set against the expectations of the project as envisaged in the proposals.

A. Core Areas

1. **Project Impact Assessment**

- Assessment of project impact against project objectives as articulated in the project proposals, viz., Reconstruction, Health & Nutrition, Education and Livelihoods.

- Which project strategies worked and which did not work and why? For example: campaign strategy for health, the Mobile van component, training in livelihood, etc.

2. **Project design**

- Was the project well designed?
- What midway modifications were made and why?
- Did the design ensure post project sustainability by building in appropriate strategies?
- Was there any synergy between the different interventions in the selected villages by the different sectors? Or was this done independently?
- What donor compulsions influenced the design of the project? Were these in alignment with CARE Mission, Purpose and Goal?
- Were the assumptions of the project realistic?

3. **M&E systems**

- Did the project have an M&E system in place in time?
- How was it utilised?
- Was the project adequately monitored?

4. **Project management**

- Did the project have project management team in place on time?
- Were there delays in implementation? Why?
- What were the problems in project implementation?
- What was the degree of people's participation and involvement in project implementation (planning, monitoring, evaluating and making midway modifications in project design)?
- Was the project implementation process or target oriented?
- What were the problems in switching over to development from rehabilitation phase and from relief phase? What external factor affected our decision in this?
- What was the nature of coordination between the different sectors within CARE?

5. **Partnership**

- How were the partners selected?
- Were the partners selected for project implementation appropriate?
- How well were the partnerships managed?

- Was a monitoring system built into the project to track the performance and progress made by the key partners, viz., the partner implementing NGO, and other contracting agencies, e.g., Mobile van agency, …..
- What was the experience with partner and key stake holders?
- What problems were faced and how were these resolved?
- Were the MOUs well-thought out?
- Given the fact that many agencies and NGOs were working in the affected districts and blocks, how did CARE coordinate to avoid duplication of effort etc.?
- Partnership with GoG: Nature of this partnership; was this well coordinated?
- What impact did the differences in approach and ideology of the various agencies working in the area have on CARE functioning?
- With which agencies other than the project partners did the project have to coordinate and what was the nature of this coordination/partnership?
- What capacities did we build in NGOs and other stakeholders?

6. **Partnership with FICCI**
- What was the nature of this relationship?
- What was FICCI contribution to the project?
- Could his have been done better and what were the lessons learned from this pioneering experience of working hand in glove with the corporate sector?
- What was the role of SEDF in this project and what was the nature of their contribution to the project?

7. **Gender**
- Was the gender component adequately addressed in all the projects, including Reconstruction?
- Were women involved in the decision making, planning and designing of their houses?
- What was the role of women in planning and designing the ANR projects?
- Were 'gender equity' principles observed in recruitment and among the project personnel?

8. Village Selection
- How were the villages selected for the Reconstruction Project and for the other development-based projects?
- What criteria were used for this selection?

9. **Participant selection**
- How were the participants selected for each of the projects?
- Was the selection/targeting appropriate? E.g., selection of girls for the education programme, members of the women's SHG (credit and savings), members of the BRC group for paper making, families for shelter, etc.?

10. Miscellaneous
- Have the different projects created or reinforced the dependency syndrome?

- Have any of the projects been able to reduce distress migration? Is there any scope for this?
- What was the contribution of the community in the different projects and in what way did they contribute?
- What lessons learned from past such involvement in disaster management did CARE take into consideration while designing and implementing this project?
- What is the image of CARE in the area?
- What have been CARE's contributions to other organisations working in the area?
- What are the unintended impacts of the programme, both positive and negative?
- What are the major achievements and failures of the projects?

B. Specific Interventions

1 Reconstruction

- What was the target and was this achieved?
- Why was the figure brought down to 50% or the original target?
- Was people's management of their houses and village built into the reconstruction plan? How was this followed up?
- What is the occupancy rate? Reasons for non-occupancy/delayed occupancy.
- How was site selection done for house construction, what social and legal problems were faced? Could these have been anticipated and better planned? How was house certification coordinated?
- To what extent was the community involved in the reconstruction work? What was the context in which these choices were made and how appropriate were these choices?
- How were the villages selected for reconstruction and why was there a deviation from the original target of 30 villages?
- What is people's rating of their satisfaction over housing?
- What strategy from this experience has replication value?

2 Education

- How has CARE contributed to improving the educational level of the area?
- What was the impact/output of summer camps and the Adolescent Girls Learning Centres?

3 Insurance

- What is the scale and coverage of the Insurance scheme?
- What is the potential for sustainability of this intervention?
- What is the cost effectiveness and long-term impact of this intervention?
- What is peoples views on the usefulness of this intervention?

4 Disaster preparedness

- What logistical, social and economic systems are in place for mitigating any future such natural calamities?
- Is DMF financially and managerially sustainable?

- Is DMF aligned with the logistical, social and economic systems in mitigating any future distasters?

5 ANR

- What has been the scope and scale of employment generated through the various schemes?
- What sustainable features are built into the ANR schemes/projects?
- Who have been the 'beneficiaries' of these schemes?
- What is the appropriateness of these interventions?
- Have the ANR projects and the BRC initiatives been able to substantially increase the income of the participant households?
- What is the contribution from the other partners (NGO/GoG) for the construction of water storage tanks?
- What Water harvesting measures were adopted in the project and were they the best for the area?
- How have the farmers benefited from this intervention?
- What is the impact at the household level on food security?

6 Business Resource Centre

- Cost-benefit analysis of BRC and the Village Service Centres (in the rehabilitation and development phases);
- Selection process of artisan members; what criteria and principles were observed;
- Functioning of these institutions;
- Coverage and scale of BRC;
- Coordination with NIFT and other partners – nature of ., performance, value addition, cost effectiveness,
- Market linkages, both backward and forward provided to artisans;
- Linkage with govt., for market and other support;
- Impact on HH income;
- Sustainability of the programme;
- Social impact of BRC; how has gender equity been addressed?
- Best practices adopted;
- Exit strategy of BRC – formation of KHMM; Is the new Institution prepared to launch out on its own?

7 Health

- Mobile van: was it cost effective and efficient?
- Was it the best strategy or would another paradigm have worked better?
- What is the phase out strategy for this service?
- What is the impact of WATSAN and the POP-RH interventions?
- Was there a balance between the curative, preventive and promotional activities?
- How were/are the provisions made (medicines, equipment) to the PHCs and Sub-Centres used?

Methodology

The evaluation will be conducted by a team of four experts led by a Team Leader. It will be a multi-disciplinary team consisting of persons with expertise in Community Infrastructure, Community Health, Education and Livelihood. The Team Leader will be largely responsible for overseeing and coordinating the entire exercise. In addition, s/he will also be responsible for a specific segment of the evaluation. Given the expertise of each Team Member s/he will be responsible for data collection, analysis and reporting on the specific component of the evaluation. It will be up to the Team and the Team leader to ensure appropriate delegation of tasks and responsibilities in terms of allocating the different components of the Terms of Reference according to the expertise of the respective Team member. Essentially a qualitative approach will be adopted although, depending on the discretion of the team and the particular variable there may be need to collect some quantitative data as well.

Time Line: The evaluation will begin in the first week of September and is expected to end by mid October. The following timeline is proposed:

September 3 – 5	Team assembles - orientation and preparatory work; this will also include a Briefing with the project staff in Bhuj.
September 8 – 15	Data collection in the field. The data collection will end with a "wrap-up" meeting with the project staff at Bhuj.
September 16-18	Data analysis
September -- 19	Presentation of Highlights of findings to CARE India
September 22 – 25	Preparation of draft Report
September 26	Submission of Draft Report
September 29 –October 6	Review of draft Report by CARE INDIA
October 7	CARE provides consolidated comments to ET
October 8 –10	Finalisation of Report by Evaluation Team
October 11	Submission of Final Report by ET to CARE India

Logistical Support: The ET (Evaluation Team) will be given all the required logistical support in the field by the project staff. This will have to be worked out in advance by the Team Leader with Director DEMOL, CARE India, New Delhi and Project Director, FCGRP, Bhuj.

Expected Output: A Final Evaluation Report is the main output of this exercise. The Report should contain an assessment of all the components of the project. It should also contain a "Lessons Learned" section at the end of the Report, highlighting some key lessons for CARE to be considered in any future undertaking of such magnitude and nature.

Donor List

Sl No	Donor	Resource (In US dollars)	Time Frame	Area/Focus	Villages
1	Canadian International Development Agency	$140,000	One Year	➢ Water Conservation ➢ Agriculture Inputs ➢ Field Bunding ➢ Plantation ➢ Research and Studies	• Balasar • Davri • Versara • Bela (Visasar) • Dhabda (Dhorathana)
2	Disaster Emergency Committee II	$380,000	One Year	➢ Capacity Building ➢ Institutional Development ➢ Animal Husbandry ➢ Agriculture Development ➢ Water Harvesting/Conservation	All the 30 villages given in the village list
3	Care France	$ 79,000	One year	➢ Water Harvesting and Conservation	==do===
4	Kresggie Foundation	$350,000	One and half year	Water Harvesting Pastureland Development Field Bunding Agriculture Inputs	Nine villages in Phase II
5	CARE US ER	$350,000	One and half year	Water Harvesting Pastureland Development Field Bunding Agriculture Inputs	Nine villages in Phase II

Partner List

Phase I (March to December 2002)

Number of beneficiaries – 3500 HH or 25,000 Population

Sl No	Partner	Area of intervention	Resource (Source and amount)	Coverage
1	Cohesion	Renovation of tanks and wells • Farm Ponds • Farm Bunding • Roof Rain Water Harvesting Structures (RRWHS) • Agriculture Development • Institutional Development • Capacity Building	CIDA DEC II Care France **Budget 55,37,400**	Balasar Cluster (8 Villages)
2	Marag	• Renovation of tanks and wells • Roof Rain Water Harvesting Structures (RRWHS) • Farm Ponds • Farm Bunding • Agriculture Development • Institutional Development • Capacity Building	CIDA DEC II Care France **75, 933,52**	Jatawda Cluster Khavda Cluster (12 Villages)
3	MKT	• Renovation of tanks and wells • Roof Rain Water Harvesting Structures (RRWHS) • Farm Ponds • Farm Bunding • Agriculture Development • Institutional Development • Capacity Building	DEC II Care France **56,21,420**	Jungi Cluster (5 Villages)
4	Prayas	• Renovation of tanks and wells • Roof Rain Water Harvesting Structures (RRWHS) • Farm Ponds • Farm Bunding • Agriculture Development • Institutional Development • Capacity Building	DEC II Care France **Budget 48, 76,977**	Nilpar Cluster (5 Villages)

Phase II (January to July 2003)

Sl No	Partner	Area of intervention	Resource	Coverage
1	Cohesion	• Water Conservation • Farm Bunding • Agriculture inputs • Capacity Building • Pastureland Development • Nurseries	CARE US ER Kressgie Foundation Budget- **35,06,959**	Desalpar Ekalwandh Vanoiwandh
2	Marag	• Water Conservation • Farm Bunding • Agriculture inputs • Capacity Building • Pastureland Development • Nurseries	CARE US ER Kressgie Foundation Budget: **33,92,550**	Dhabda Dhorathana
3	MKT	• Water Conservation • Farm Bunding • Agriculture inputs • Capacity Building • Pastureland Development • Nurseries	CARE US ER Kressgie Foundation Budget **33,163,42**	Pratapgadh Mewasa
4	Prayas	• Water Conservation • Farm Bunding • Agriculture inputs • Capacity Building • Pastureland Development • Nurseries	CARE USER Kressgie Foundation **Budget** **32,22,399**	Bharudiya
5	Vivekanand Research and Training Institute	• Water Conservation • Farm Bunding • Agriculture inputs • Capacity Building • Pastureland Development • Nurseries	CARE USER Kressgie Foundation **20,64,389.10**	Lakhaniya

List of Studies

S. No	Title	Sector	Conducted by	Period of Study	Comments
1	Cost Efficiency Analysis of the Mobile Vans being operated under CARE's GERI – CSD project in Bhuj , Gujarat State .	Health	Dr. Abu Saleh Sharif	June 15, 2002- November 15, 2002	
2	Cost Effective Study of the GERI - CSD Project at Bhuj , Gujarat	Health	Raman Consultants	March 6, 2003-April 15, 2003	No cost extension was given upto May 31, 2003
3	Study of the Community Toilets constructed by CARE in District Kutch, Gujarat	Health	AnaRDe Foundation	June 20, 2002- July 10, 2002	
4	A Strategic Model for refining the strategies of FICCI-CARE Business Resource Center for Artisans.	Livelihoods (BRC)	Shikha Kalra, IIFM Student as a part of her internship	May – June 2002	
5	Proposed Road Map for CARE INDIA'S Business Resource Center (BRC)	Livelihoods (BRC)	Shirsendu Ghosh 'Fourth Dimension' 36 C Pocket J Sheikh Sarai Phase II New Delhi 17 Phone – (011) 26444537 shirseng@rediffmail.com	9-22 April 2003	
6	**A Stitch in Time** ***Current Challenges and Prospects for Business Resource Centre, Kutch***	Livelihoods (BRC)	Rajiv Khanfelwal SUDRAK, Udaipur, Rajasthan	January 2003	

S. No	Title	Sector	Conducted by	Period of Study	Comments
7	Rehabilitation to Self Sustainable Development: An Effort Towards Empowering Rural Artisans	Livelihoods (BRC)	Vijay Jaani Samarthan, Centre for Support	May 2003	
8	Charcoal Making as a sustainable livelihoods option	ANR	Prayas, Rapar		
9	Health Services in the Vandhs of Rapar Block	ANR	VRTI, Naliya		
10	Functioning of SHGs in Abdasa Taluka	ANR	VRTI, Naliya		
11	Drought Coping Strategy	ANR	GUIDE, Bhuj		
12	Diagnostic Study of Livestock Practices and Scope for Livelihood Interventions	ANR	COHESION Foundation		
13	Dryland Agriculture as a Source of Food Security and Livelihood Alternative	ANR	COHESION Foundation		
14	A Study of Handicraft Markets and Gender Relations.	ANR	Dharti Daftary		
15	Strategy for Integrating Dryland Agriculture and Organic Farming Marketing Concerns in Kutch	ANR	Ajay Desai		
16	Agriculture and Natural Resources Assessment Study in Selected Villages in Kutch District, Gujarat	ANR	ICRISAT		
17	A Study of Villages and Communities of Kutch	ANR	MARAG, Bhuj		

ANR Activity LIST

Taluka	Village	Activities	Funding Source
Abdasa	Lakhaniya	Water Harvesting/Conservation Farm Bunding Pastureland Development Plantation Capacity Building of the communities Agriculture Inputs	CARE US ER Kressgie Foundation
Bhachau	1.Bharudiya (Phase I and II)	Water Harvesting/Conservation Roof Rain Water Harvesting Farm Ponds Farm Bunding Pastureland Development Plantation Capacity Building of the communities Agriculture Development	DEC II CARE FRANCE CARE US ER Kressgie Foundation
	2. Ekalwandh (Phase I and II)	Water Harvesting/Conservation Roof Rain Water Harvesting Farm Ponds Farm Bunding Capacity Building of the communities Agriculture Development	DEC II CARE FRANCE CARE US ER Kressgie Foundation
	3. Lakhdirgadh	----------do----------	DEC II CARE FRANCE
	4. Navakatariya	----------do----------	
	5. Modpar	----------do----------	
	6. Godpar	----------do----------	
	7 Chandrodi	----------do----------	
Rapar	Pratapgadh (Phase II)	Water Harvesting/Conservation Farm Bunding Plantation Capacity Building of the communities	CARE US ER Kressgie Foundation
	Mewasa (Phase II)	Water Harvesting/Conservation Farm Bunding Pastureland Development Plantation Capacity Building of the communities	CARE US ER Kressgie Foundation

Taluka	Village	Activities	Funding Source
	Vanoiwandh	Water Harvesting/Conservation Farm Bunding Plantation Capacity Building of the communities	CARE US ER Kressgie Foundation
	Desalpar	Water Harvesting/Conservation Pastureland Development Farm Bunding Plantation Capacity Building of the communities	CARE US ER Kressgie Foundation
	Visasar Dhabda Balasar Versara Davri	Water Harvesting/Conservation Farm Bunding Farm Ponds Plantation Capacity Building of the communities Agriculture Development	CIDA
	Dhorathana	Water Harvesting/Conservation Pastureland Development Farm Bunding Plantation Capacity Building of the communities Agriculture Development	CARE US ER Kressgie Foundation DEC II CARE FRANCE
	Saranwandh Vajepar Ravechinagar Nani Rav Moti Rav Vrajawani Lodrani Jatawada Manjuvas Fategadh Naranpar Vrajwani	Water Harvesting/Conservation Roof Rain Water Harvesting Farm Ponds Farm Bunding Capacity Building of the communities Agriculture Development	DEC II CARE FARNCE
Bhuj Taluka	Ratadiya Tuga Godpar Dhoravar	Water Conservation Farm Ponds Farm Bunding Capacity Building	DEC II CARE FARNCE