

# **EVALUATION REPORT**

*“Sustaining the lives and dignity of IDPs in Purnea district – Bihar”*

**Implementing Agency: ChildFund India**



**Donor**

**Office of Foreign Disasters Assistance / United States Agency for International Development**

**Evaluator: Chowhan Balaji Singh  
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## **List of Abbreviations**

CCS	:	Child Centered Spaces
CFI	:	ChildFund India
CWBC	:	Community well being committee
DRR	:	Disaster Risk Reduction
GBV	:	Gender Based Violence
IDP	:	Internally Displaced People
NGO	:	Non Government Organization
OFDA	:	Office of Foreign Disasters Assistance
PWD	:	People with disabilities
USAID	:	United States Department for International Development

## **Section I: Introduction**

### **I.A. Background**

In August 2008, the Kosi River which after traveling from Nepal enters India through the Northern Bihar changed its course as a result of a breach and inundated vast areas covering 5 districts in Bihar. As a result more than 3 million people were displaced from their homes leading to one of the biggest search and rescue operation undertaken by the Military and Civilian agencies supported by many civil society organizations. Many civil society organizations supported the relief operations and assisted the Internally Displaced People (IDPs) in the camps setup by the administration initially, and later at the villages when the IDPs started to returning to their villages. When the Kosi changed its course much of its new course flowed in locations heavily inhabited by people resulting in massive damage to the infrastructure, agriculture and habitations of people. The affected geographical locations were poor and suffered from lack of industrialization & low infrastructure. The geographical location with low Health & Hygiene and Education indicators further worsened making the IDPs highly vulnerable to disease. The affected locations were also known as potential child trafficking routes due to its porous international borders. Existing poverty provided fertile ground for trafficking and sudden unexpected flood potentially enhanced the danger further<sup>1</sup>. The danger of increased trafficking was identified as one of the major worries not only by the initially assessment study of the Child Fund India (CFI)<sup>2</sup> but also by assessments of other Non Governmental Organizations. To sum up, due to the floods the poor households affected by the floods were in danger of losing their lives and dignity due to lack of safe drinking water, health and sanitation facilities and the children suffered additional threat of the trafficking.

### **I.B. Introduction to the project**

The Office of Foreign Disasters Assistance (OFDA) / USAID contracted with CCF to provide assistance amounting to \$ 499,970 vide Award number DFD-G-00-09-000210-00. The program period envisaged was initially from December 11 2008 to May 1, 2009 but the end date was extended to October, 2009 through a no-cost extension dated April 14, 2009. The initial proposal from the ChildFund India (CFI) proposed to support the IDPs living in the camps set up by the administration. But as the beneficiaries started returning to their villages and in order to respond to the changing context the CFI decided to focus on working with the affected community in 20 most affected locations. To this effect a revised proposal was sent to the OFDA/USAID in January 2009. The revised proposal focused on working in 2 villages in Purnea district and 18 villages in Madhepura district. The sectors of focus for the project were: Protection and Water Sanitation & Hygiene (WASH). Under the Protection, activities related to the protection of children and women were implemented and under the WASH, activities related to safe water provision and sanitation & hygiene promotion related activities were undertaken in 20 flood affected habitations. Under the Protection sector the project proposed to cover the

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<sup>1</sup> Children for Sale By Amitabh Srivastava; Page 50, India Today Page 30 March 2009

<sup>2</sup> Christian Children Fund (CCF) during the course of this project changes its name to Child Fund India (CFI). This document hence uses the names CFI

sub-sectors related to child protection, gender based violence (GBV) prevention & response and under the WASH sector the project proposed to cover hygiene promotion, strengthening sanitation facilities & promoting better habits, and establishing water supply facilities. The activities were expected to benefit 15,522 beneficiaries.

**I.C. Purpose of evaluation:**

The purpose of evaluation is to learn about the appropriateness of activities undertaken, their usefulness to the target population, understand project impact as well as to provide recommendations for the future actions in similar setting and in the current affected area. More specifically the ChildFund India suggested that the evaluation cover the issues related to the level of achievement, analyze efficiency, effectiveness, effect of the activities related to child protection as well as disaster risk reduction and ownership & receptiveness of the communities and the beneficiary families.

**I.D. Methodology:**

The methodology consisted of review of relevant documents, meetings and discussion with the relevant stakeholders including the primary beneficiaries, NGO partners, and project staff of the ChildFund India. During the field visits to the project locations community meetings, focus groups discussions, individual meetings with some beneficiaries and as well as meetings with the key informants were undertaken. As part of the field visits the following nine habitations (out of twenty covered under the project) were visited:

Name of the habitation	Name of the field level partner NGO
Bhanga	Nav Jagriti
Borarahi	Nav Jagriti
Jorgama	Nav Jagriti
Rampur Tesrasi	Adithi
Baghinia	Adithi
Gamaria Muslim Tola	Adithi
Rahta ward 7	PGVS
Rahta ward number 2	PGVS
Rahta war number 9 & 10	PGVS

Villages for the field visits were selected in consultation with the ChildFund India staff, however the consultant was given a free hand to add or delete the sites. The consultant added Bhanga village to the eight suggested by the ChildFund India team. The consultant had also access to various progress reports and other relevant documents to facilitate the evaluation.

Conclusions related to the project were arrived based on the meeting with about 650 beneficiaries (including about 150 children) during the field visits, about 50 key informants (elders of the community), discussion with the heads of three implementing partner NGOs on the field, discussions with about 5 project staff of the ChildFund India

(based in Purnia, Bihar) and with the SPHERE India district Coordinator based in Purnia.

To facilitate meaningful enquiry and discussion with the stakeholders guiding questions were formulated. These questions were finalized, modified and agreed upon during the meeting with the project staff of the ChildFund India. Debriefs after each day of the field visits as well as at the end of the field visits were provided to Mr. Kabir the Team Leader of the project and to other staff members of the CFI. .

The next two sections deal with sector level findings (Protection and WASH) proposed in the project.

## **Section II: Evaluation of activities related to the sector - Protection**

Kosi floods had displaced the people from their original habitations and also weakened the social protection system that existed at the community level. The care and protection for the children at the household level was weakened at the household level as well as the parents of the children had become preoccupied in repairing their assets. Practice of gender based violence which was existing in the communities prior to the floods also negatively impacted the protection for the women and children. In order to protect women and children from the vulnerabilities due to floods as well as the pre-existing vulnerabilities the ChildFund India formulated the following actions:

- Establishment of 20 Child Centered Spaces (CCS)
- Training 3000 Youth, Men and Women on GBV Prevention and Response

### **II.A. Context and Appropriateness of activities**

When the communities returned to their villages from the relief camps much of the fragile infrastructure related to education was destroyed due to floods. Risk to children and women increased in a scenario where the individual housing and education-infrastructure was destroyed. Children especially were at risk due to hazards related to health and social hazards such trafficking. The baseline also indicated that 70% of the children have feared drowning as many children living in the affected locations have not seen floods in the past. Absence of adequate space for children to get together and interact with each other decreased chances for recreation for the children and negatively affected their normalization process.

The baseline study carried by the project in 5 villages as well as the discussions with the community during the evaluation indicated prevalence of gender based violence as well as low levels of awareness about the legal provisions among the communities. 60% of the women contacted during the baseline study mentioned that the verbal abuse and domestic violence was practiced in the communities where they lived. The women also confirmed the negligence at the households towards their health and excessive workload. In this backdrop the project implemented training related to the GBV Prevention and Response.

ChildFund India established the Child Centered Spaces (CCS) in the twenty identified habitations, these CCS' were the center of various activities designed to strengthen protection to the children and women. The CCS' were established on the land owned by the community or an individual in way it was accessible to various needy families. They were simple, temporary structures made with the local material such as bamboo and thatch. There was no uniformity in the size and material used for the setting up the CCS. These decisions were left to the community and were also based on the extent of land available to set up the CCS. The CCS was managed by had two facilitators who were trained under the project to implement various activities related to non-formal education, nutrition, awareness and hygiene promotion among the children as well as mobilizing youth, men and women for the GBV Prevention and Response. The CCS provided

nutrition support to the children visiting the center and also imparted non-formal education as well as activities related to the strengthening hygiene and awareness about education. The CCS facilitators played an active role in the GBV Prevention & Response training and assisted the activities related to the training of youth, men and women mainly by mobilizing the community and by bringing these issues for discussion during their interaction with the Community Well Being Committees (CWBC) members as well as with the mothers of the children attending the CCS.

During the discussion with the community and stakeholders such as the implementing partners, the activities were found to be well connected to the post emergency as well as the existing social context and appropriately implemented. Community participation was ensured by involving them from the time of site selection and also through setting up the Community Well Being Committees (CWBC) which monitored the activities of the CCS. The CCS facilitators were also from within the community which increased the community ownership.

## **II.B. Findings during the evaluation:**

The evaluation findings related to activities under this sector are based on discussions with about 650 beneficiaries including about 100 children, youth, 75 village elders, 20 CWBC members, 12 CCS facilitators, ChildFund India staff, partner NGO staff as well as other community members from nine project villages. Details of the evaluation findings are as following:

1. All the community members interacted mentioned that the infrastructure related to education was destroyed when they returned to the villages from the relief camps and there were no availability of alternative education / recreation facilities available for the children. The parents were unable to pay adequate attention to the children as most of the parents were involved in repairing their houses or chasing relief. This situation increased the vulnerability of children to health and social hazards such as trafficking.
2. All the community members mentioned that the CCS and the efforts of the CCS Facilitators were successful in making the children feel safer in the given context. The community mentioned that the presence of CCS provided the children with a safe place to congregate, play, interact, ;earn and spend time in a useful manner in care & supervision of the CCS facilitators.
3. The community in one voice mentioned that the activities related to education, health & hygiene promotion undertaken at the CCS were very useful learning to the children & their families.
4. Nutrition support provided to the children in the form of local dry food not only provided the much required nutrition and prevented possible malnutrition but also to was instrumental in attracting the children to go to the CCS regularly. Provision of dry food to the children also helped the parents as they were unable to focus on the issue of children nutrition.

5. More than 90% of the children met during the evaluation successfully and clearly recalled the learning related to health and hygiene imparted to them while they were at the CCS.
6. The entire community unequivocally mentioned that the CCS and the CCS activities were highly beneficial not only to the children but also to the community especially the parents of the children who attended the CCS.
7. The community based mechanism to supervise and monitor the functioning of the CCS worked very well and created a sense of ownership to the activity.
8. All the facilitators interacted mentioned that apart from the income they earned working at the CCS the training they received from the project was very useful for them. Additionally the facilitators mentioned that they are extremely satisfied that they were able to be useful to the community in a situation of need.
9. Great demand for the CCS and the CCS activities was expressed by the community members in every village visited and the community members requested for extending the CCS activities as they are extremely useful to the children and community members.
10. Women as well as men mentioned that the GBV Prevention and Response training was very useful for them and successful in making the environment at the household better.. More than 90% of the men mentioned that as a result of the training they realized they were behaving inappropriately towards the women of the household.
11. More than 90% of men and women during the interaction mentioned that there is a significant sensitiveness towards the GBV Prevention and Response after the trainings and also expressed that knowledge from such trainings is easily forgotten and hence such training should continue and be imparted at least 3-4 times in order to enhance understanding and strengthen memory.
12. The adolescent girls who received the Dignity Kits were happy with the contents of the kit but more than 50% mentioned that they would not be able to repurchase many of those items
13. The parents of the children who received the children potties were happy with the intervention
14. More than 90% the youth, CWC members, men & women who were trained on the issues related to the GBV Preventions and response training mentioned that the knowledge gained from the training is relevant to them in their day to day lives as well as protecting the women and children.
15. The community members also mentioned that the activities such as the back to school campaigns are extremely useful to ensure the children are sent back to the schools.

### **II.C. Efficiency and effectiveness of the activities:**

Return of the IDPs from the relief camps to the villages happened sooner than anticipated after the Kosi floods. In line with this, one of the parameter related to the efficiency was realign the efforts and provide the required services to the affected population at the affected villages / habitations instead of the relief camps. The ChildFund India project successfully managed to adapt to this change and started to work in some of the most affected villages / habitations. Visit to nine of these twenty habitations revealed that the

habitations identified for the project were highly affected due to the floods. All the villages / habitations selected for the project activities had witnessed displacement of people to the relief camps during the floods and significant damage to individual property & social infrastructure. The villages were remote. Therefore it is concluded that the villages were highly affected and well deserved the activities implemented during the project.

The establishment and running of the CCS was one of the most effective steps to ensure child protection. All the beneficiary members and other important members of the community met during the evaluation mentioned that the children were highly vulnerable to the health and social hazards due to the absence of education, recreation facilities and infrastructure that could provide care & attention at the village to the children. To make matters worse the parents of the children were busy rebuilding / repairing their shelters which increased the neglect of children. In such a situation a safe CCS with caring facilitators which provided nutritional, recreational and education support to the children ensured their safety and was one of the most useful activities. Almost 90% of the community members mentioned that these communities lack awareness related to the child care and education and hence the CCS activities would be very useful during the normal situation also. The community members during the discussion emphasized that the CCS not only provided a safe space for children of the village but also additional nourishment and implemented activities to bring about a behavior change related to health & hygiene practices in children and parents, hence they are very useful not only in short term but also on longer term.

In the backdrop of widespread prevalence of violence against women, 90% of the community members mentioned that the GBV Prevention and Response training to the men, women and youth of the village was also found to be useful and effective. The men and women alike were unable to specifically mention about the degree of decrease in the incidence of abuse and violence (as a percentage) but they are vocal about positive change the training brought at the household as well as the community level. The men and women both felt that such training should be imparted more frequently in order to strengthen their understanding and to enhance retention. There was a clear feeling that the seeds for some long term change in attitudes related to issues such as the GBV Prevention and Response had started through this project.

Back to school campaigns and ensuring that the children return to their schools is a true indicator of normalization of life for the school going children. The project clearly demonstrated intent to ensure sustainability of the child protection activities by taking up back to school campaigns.

#### **II.D. Integration of Disaster Risk Reduction (DRR)**

Addressing issues related to DRR by enhancing knowledge, strengthening awareness leading to change in behavior to increase chances of survival is a long drawn process and is captured as a part of the HYOGO framework for action 2005-2015. Under one of its priority related to the use of knowledge, innovation and education for building resilience

the framework for action emphasizes on education and training and promotes community based training initiatives. Similarly holding workshop for the media also was per the recommendations of the HYOGO framework. This project has successfully adhered to the recommendation related to the 'use of knowledge, innovation and education' by building awareness on issues related to health & hygiene, training local volunteers on issues related to the GBV Prevention and Response and enhancing awareness on issues related to the GBV in the community at large. These are typically software activities i.e. the activities which try to bring about a change in thinking and behavior and is a step towards bringing resilience on a long-term.

The activities related to building awareness about health & hygiene, child protection and GBV Prevention and Response have successfully helped the communities understand health & hygiene and protection related issues. The entire community strongly expressed their understanding about the purpose & usefulness of education and its long-term benefits to the children and communities. While strengthening this understanding is a great step it is unfortunate that the strengthening education services and infrastructure which is a long term action is not under the realm of this project. However, the project through various workshops related to handing over of the CCS involving Panchayat Raj Institutions (PRI)<sup>3</sup>, school teachers, District Child Protection Unit officers and the UNICEF attempted to take the issues where they could be attended to. Needless to say the attempt to strengthen knowledge and create a genuine demand for education is true DRR action on a long-term as education and awareness go hand in hand.

Attempt to change negative behavior pattern based on gender inequality with a potential for violence and abuse is another attempt to address issues of DRR. It is evident in a community which exhibits gender equity everyone has a fair chance of survival in an event of disaster hence action related to bringing gender equity is an attempt to achieve DRR on a long term.

## **II.D. Coverage**

The project succeeded to identify villages/habitations which were severely affected to implement its project activities. While implementing projects in locations such as Bihar, which is divided significantly along the caste lines it is important to locate / build the infrastructure in locations where deprived social groups / communities could also access the services / benefits being provided by the project. To address issues such as caste domination and to ensure inclusion of deprived communities the project established the CCS in a manner that every section of the community had an access to it. However in one village / habitation i.e. Borarahi, the CCS was located in locality which decreased the access of a particular community known to be from lower social strata.

The project working with the field level NGOs was also able to identify the CCS Facilitators from different social groups thus they do not reflect preference to any

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<sup>3</sup> Local governance mechanism

particular social / caste group. Inclusion of disabled was given a special focus while identifying the project beneficiaries and the CCS Facilitators.

In terms of the numbers the project successfully established 20 CCS' which on an average serviced about 175 children<sup>4</sup> and trained more than 4200<sup>5</sup> youth, men and women on issues related to the GBV Prevention and Response. This is beyond the targets the project had set for itself.

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<sup>4</sup> Information gathered from community interaction

<sup>5</sup> From records of the ChildFund India

### **Section III: Evaluation of activities related to WASH sector**

The floods had damaged the drinking water sources i.e the tube wells and the open wells in the geographical location where the project activities were implemented. The floods had damaged the water sources extensively increasing the demand for repairing old water points or establishing new water points at public places so that the entire community could draw water from them. Further lack of drinking water sources also potentially contributed to increase in the water-borne infection and other related health hazards.

#### **III.A. Context and Appropriateness of activities**

The Kosi floods had resulted in extensive damage to already weak infrastructure. It was evident during the evaluation the weak infrastructure related to water and sanitation at the project habitations / villages. Increase in vulnerability of communities to water borne infections is evident in such instances and the same were confirmed by the communities during the evaluation. Lack of safe drinking water and hygiene practices increase the vulnerability of children more than the others. During the baseline most of the families mentioned that they suffered from the water-borne diseases only after the flooding has taken place. Out of the 57 households which were part of the baseline, 2 households have reported death in their families due to illness.

The baseline study undertaken indicated lack of awareness about safe hygiene practices in these communities. Up to 84% percent of respondents in the base line indicated that they do not have latrine in their home and used public places for defecation. The baseline study indicated that 72% practiced hand wash with plain water or water with mud after defecation. General lack of awareness about safe hygiene practices and non availability of latrines were some of the critical issues. Hand washing after urination reflected as the most commonly neglected action pertaining to the hygiene. The community confirmed the findings of the baseline study results during the evaluation of the project activities.

In order to address these issues in a way to be effective in short as well as in long term the ChildFund India implemented the following activities under the WASH sector:

- (1) Construction 187 latrines and 187 washing facilities
- (2) Distribution of 3000 hygiene kits to the households
- (3) Distribution 1100 child potties for safe disposal of children stool
- (4) Distribution of 1000 dignity kits to women and adolescent girls to promote personal hygiene
- (5) Enhance awareness on hygiene

Keeping in mind the level of destruction and the resultant increase in vulnerability, low baseline indicators and social context the activities designed were extremely appropriate and succeeded in addressing the issues. The appropriateness of these activities was confirmed by the community during discussion at the time of evaluation. The activities undertaken combined actions targeting the immediate short-term needs such as provision

of hygiene kits with the long-term needs such as construction of latrines and washing spaces as well as the activities needed to bring in behavior change such as the puppet shows. As a result of judicious combination of activities, the community members during the evaluation demonstrated a significant understanding about the issues related to safe drinking water, health, hygiene and sanitation. The community acknowledged the contribution of this project in making them more aware as well as motivating them enhance their condition related to hygiene status and practice. Under its priority to reduce the underlying risks factors, the HYOGO framework for action 2005-2015 recommends activities related to incorporation disaster risk reduction features in the work during the rehabilitation and recover phase. The activities related to establishing raised platforms tube wells are as per this priority.

### **III.B. Findings during the evaluation:**

The evaluation findings related to activities under this sector are based on discussions with about 650 beneficiaries including about 100 children, youth, 75 village elders, 20 CWBC members, 12 CCS facilitators, ChildFund India staff, partner NGO staff as well as witness 87 constructed toilets and washing spaces, 29 water points established, 5 water body disinfection sites from nine project villages. Details of the evaluation findings are as following.

- (1) The beneficiaries for the construction of latrines and washing spaces were identified taking multiple vulnerabilities in to consideration as well as availability of land and willingness of the beneficiary to raise the plinth of the structure to make it flood resistant. While selecting the beneficiaries for the construction of the latrines and washing spaces critical parameters such as age, single woman, persons with disability were considered resulting in provision of the benefits to some of the most deserving families who were affected in the floods and enhancing inclusion of the most vulnerable. The beneficiaries covered various social groups within each of the habitation / village visited, however in the village of Borarahi while the selection of beneficiaries took multiple indicators including poverty in to consideration there was not a single beneficiary from the most backward social caste i.e. the Mushhars<sup>6</sup>. It gave an impression that the powerful section of this village systematically excluded the Mushars from the benefit of this activity. Upon probing the community informed that one of the criteria for identification of the beneficiary for construction provision of latrine was that the child of the family should be going to the CCS established as a part of the project. As none of the children of the Mushahar community were attending the CCS (as it was located at some distance) they were not covered as beneficiaries. The project could have fine tuned the indicators for selection of beneficiaries in such situations to cover the most backward sections of the community.
- (2) A construction supervisor supervised the construction of the toilets and the washing spaces to ensure the disaster risk reduction features in water points, latrines and washing spaces (raised tube wells and increased plinth in the &

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<sup>6</sup> One of the most backward social groups in Bihar

- washing spaces) was ensured. This was extremely helpful in construction of appropriate structures.
- (3) The water points (tube wells and the open water bodies) were established in location accessible to various members of the community ensuring equity in access.
  - (4) The project successfully helped the beneficiaries well as the other community members understood the purpose of the latrine. The community reflected this understanding during evaluation and committed to use the latrine for defecation only. Ensuring this understanding at the beneficiary and the community level is important and critical as it is often discussed how such facilities are used by the community to shelter sheep and poultry by poorer households.
  - (5) All the latrines and washing spaces visited during the evaluation were constructed incorporating the flood risk reduction features such as increase in height of the plinth so that the latrine does not get inundated in waters during the flooding & severe monsoon.
  - (6) The community welcomed the construction of the latrines for vulnerable families and mentioned that other families are highly motivated to construct their own latrines. It was evident that owning a latrine had become a status symbol and many were willing to invest in construction of a latrine due to this reason. However some also mentioned that the project should help other families in the community to construct the toilet as it is very expensive to construct the toilet.
  - (7) All the water points visited were established in the communities at public points and were accessible to various sections of the community. Activities related to water provision included establishment of tube wells, cleaning open water bodies and cleaning the open water wells and construction of wall around the well. Thus the activities under this category explored options available.
  - (8) All the beneficiaries expressed their satisfaction about the contents and usefulness of the hygiene kits but about 25 to 30% expressed their inability to purchase items provided as a part of the hygiene kits. However, during the interaction some beneficiaries also mentioned that such opinions are made by some as they think they may get another hygiene kit.
  - (9) During the evaluation about 75 women and adolescent girls met had expressed that the dignity kit was very useful and mentioned that they had used the kit provided to them.
  - (10) All the community members and the children interacted during the evaluation expressed their knowledge about various hygiene awareness programs undertaken and clearly recalled the message given through these awareness activities indicating that the project successfully enhanced their awareness & understanding about the issues related to health and hygiene. During the interactions almost 75% of the community members also mentioned that the awareness imparted to them about hygiene was very useful in their day to day lives to combat health related issues.
  - (11) Many children during the evaluation exhibited their clean hands and fingers to make a point that they understood the issues related to hygiene.

- (12) The community members and the beneficiaries of the children potties exhibited the use of the children though it seemed comical to the community. Along with demonstrating an understanding about the use of the children potties, various beneficiaries also mentioned about safe fecal disposal techniques.

### **III.C. Efficiency and effectiveness of the activities:**

Repairing the water points in public places is a very efficient way to providing access to water to the community in the post disaster context where much of the personal resources are destroyed. Also repairing and reestablishing the public water facilities is an efficient mechanism to support the poorer and socially underprivileged groups as the public water facilities are used by the poorer and less privileged social groups more often.

Latrine construction benefiting the poorest and families with other vulnerabilities such as the women headed households, people with disabilities is a very efficient way of motivating the other families in the community also to take up similar actions with their resources.

The project had to recast its geographical locations for various activities as the people moved from the relief camps to their habitations sooner than anticipated and during the life time of the project. As a result of this the activities needed to be implemented in a larger geographical area, this challenge was efficiently accomplished by working through three field level partner NGOs instead of the ChildFund India working directly.

The strategy to implement the activities through the field level NGO partners proved to be effective as well as the activities were completed within the stipulated project period.

Material required for construction of the latrines and washing spaces needed to be transported to the villages and habitations which were difficult to access in some instances, in such a situation the partner NGOs efficiently accessed community support in accomplishing the task. Similarly community support was accessed for storage of the building material.

Distribution of hygiene and dignity kits was planned by the partner NGOs in a manner that the staff of the ChildFund India was present during the distribution.

From the evaluation it was evident that the awareness activities implemented by the project were very effective. The community members and the children during the interaction demonstrated good understanding of issues related to hygiene and recalled the awareness activities very vividly.

### **III.D. Integration of Disaster Risk Reduction (DRR):**

The activities related to WASH successfully addressed the issues related to the DRR by incorporating the design elements related to the plinth raising in the construction of the latrines and washing spaces. Similarly the tube wells established as a part of the project had raised platforms so that the tube well does not get submerged due to excessive monsoon or due to floods. These are essential DRR features that need to be considered while setting up these facilities.

Awareness raising activities have successfully initiated a long term behavior changes related health & hygiene practice in these communities. Change in personal behavior is an integral part of the DRR to combat the health and hygiene related issues.

Short term risk related issues of health and hygiene were addressed by provision of hygiene kits, dignity kits and children potties.

### **III.D. Coverage:**

As mentioned earlier the project covered some of the most affected geographical locations. Further at the habitation level the WASH related activities exhibited extensive coverage of the community specially the vulnerable / poorer sections by repairing and reestablishing public water facilities. Similarly the identification of the beneficiaries for the construction of latrines and washing spaces taken in to consideration multiple parameters such as families headed by a woman, families with person with disability and thus ensured some of the most vulnerable families of the habitations were benefited.

From the records submitted by the ChildFund India the project has successfully completed establishing 187 toilets & washing spaces, provision of solar lanterns, bucket and mugs to these 187 beneficiaries as well as provision of 1000 of dignity kits (out of 1000 planned), 2730 hygiene kits (out of 3000 planned) and 1046 child potties (out of 1100 planned). During the evaluation the numbers mentioned for the evaluated villages were consistent with the figures provided in the records.

#### **Section IV: Project Management:**

This project was managed by the ChildFund India from its project office set up in Purnia which was supported by its offices in Delhi, Kolkata and Bangalore. Various documents suggested that after the initial confusion about the grant management various offices worked well to obtain the necessary permission related to no-cost extension, and involving sub-grantees. The delay in obtaining the no-cost extension and getting an OK for participation of sub-grantees resulted in delay in releasing the payments to the field based NGO partners. This delay made the field level NGOs apprehensive. However during this phase the ChildFund India Team especially the Team Leader was in continuous communication with the field level NGOs and motivated and assured them to continue with project activities.

The project management exhibited adequate planning especially relating to the designing and costing of the construction of latrines and washing spaces. Due to this planning the structures constructed in various locations by all the three NGO partners incorporated planned DRR features.

The NGO partners mentioned that the ChildFund India staff especially the Team Leader provided clear communications to update the position during confusing moments and assured them of the support from the ChildFund to keep their motivation high.

The Project Management Office in Purnia maintained records related to details of activities underway, however the information was available after considerable search.

There was a different understanding at different levels about the parameters employed for selection of beneficiaries for latrines and washing spaces. One of the issues related to this activity was that the beneficiaries were identified by ChildFund India staff was different from those who implemented the activities through the field level NGO partners. Absence of clear handing over notes from the earlier project management team to the project management team that managed the construction seem to have resulted in this lack of clarity.

The project successfully leveraged capabilities of its NGO partners for the implementation of the project activities. In line with this, Aditi one of the three NGO partners steered the training and activities related to GBV Prevention and Response not only for the communities of the villages where it is operational but also for the communities of the other two partner NGOs. This was achieved by making Aditi responsible for GBV Prevention and Response training to youth, men and women from all the project habitation / villages. Similarly PGVS another partner NGO took the lead in undertaking studies related to the baseline and the behavior change analysis for the entire project area. These are clear demonstration of leveraging capabilities of partner NGO involved in implementation.

Change in the location of the project activities from the relief camps to the villages needed the project to change its implementation strategy from direct implementation to

implementing activities by working through the field based NGOs. ChildFund India adapted to this requirement and was able to forge partnership with the field based NGOs. This change also ensured closer interaction with the communities during the implementation of the project activities. Working through the field level NGOs partners helped the project to interact with the communities in a short period on subjects related to culture such as Gender Based Violence and initiate activities related to GBV prevention and response.

## **Section V: Conclusions and Recommendations:**

### **Conclusions:**

The project successfully adapted to the changes in the context when the IDPs moved back to their habitations and designed appropriate activities related to protection and WASH. Similarly the project also engaged the sub-grantees to efficiently implement activities in wider geographical areas.

Activities were designed keeping in mind short-term and long-term benefits expected from the sectors. The GBV Protection and Response related training was able to initiate discussion about a sensitive and critical issue at the community and in that sense initiated an activity which could have long term benefits in case it is pursued in future. The project successfully integrated the DRR elements in to the implementation of activities. There was a high level acceptance to activities undertaken which was evident from the appreciation indicated by the communities during the interaction.

The issues related to the Child protection were addressed in more than one way. The issues related day to day protection, awareness about health & hygiene, nutrition and education were addressed through establishing CCS and through various activities at the CCS. Actions as establishing water points, cleaning water bodies, distributing hygiene kits, dignity kits, child potties, latrine and wash space construction addressed needs related to water and sanitation. Plays and puppet shows in the villages to promote health & hygiene extensively reached out to various members of the community. Similarly back to school campaigns were successful sent a message to the parents that the school is where the children should be.

The project attempted to ensure sustainability of actions by training the CWBC members, youth, men and women at the village level at the same time holding media workshop. Handing over meetings with the administration were also undertaken to ensure the community level efforts are carried forward.

The project was successful in creating awareness and demand for services for children and health & hygiene.

The ChildFund India and the field level project staff worked well to complete the project activities within the no-cost extension period in spite of the confusion created due to the delay in obtaining the clearance for engagement of the sub-grantees and subsequent release of funds to the sub-grantees. ChildFund India also worked well with other like minded organizations in taking forward the issues related to the child protection during the implementation of this project. As a result of this collaborations with Save the Children in the area of child protection were worked out.

**Recommendations:**

ChildFund India should consider taking forward the good beginning they made in these geographical locations. ChildFund India should especially consider continuation of their work related to Child Protection through the CCS which had become very popular at the community level. Similarly the GBV Protection and Response related activities were highly appreciated and the community specifically mentioned that more frequent training in this area is required to enhance & retain knowledge.

Based on the experience of this project the ChildFund India should establish more comprehensive Grants and Contract management procedures and systems. Grants and contract management systems are especially critical as the ChildFund India considers emergency response actions which tend to be short term and quick actions to be integral part of its future strategy.

It is also recommended that the ChildFund India specialize in issues related to child protection during emergency as this is a niche area needing special attention.

It is recommended that the donor of the project consider funding long term initiatives related to child protections and behavior change in order to understand how the issues related to child protection could be addressed during the disaster as well as immediately after the disasters.

The ChildFund India is also recommended to document its learning from this project and share them with other stakeholders and advocate good practices with the government.

SPHERE India need to bring the organizations working on the child safety & protection during the disaster and formulate guidelines that could help the organizations working in emergency response to address issues related to child protection and safety.

**References:**

Initial Damage and Needs assessment report from the ChildFund India  
Damage and Needs assessment reports prepared by TISS and ActionAid  
Various progress reports sent by ChildFund India to OFDA  
Correspondence related to no cost extension and sub-grantee permission  
Project proposal prepared by the ChildFund India and the sub-grantees  
HYOGO Framework for action 2005-2015

## Annexure – I

Case Study: A story of Affected Village

Name of the village: Rahta ward number 7

As a part of the evaluation on 8 October 2009, Laxmipur Village Ward Number-7 in Kumarkhand block of Madhepura district was visited by the evaluator. Almost about 100 villagers assembled and in detail narrated about the impact of floods as well as the project activities. The assembled included the CWBC members, elders, women, youth and children. According to the villagers the flood waters started entering the village as early as 18 August 2009, however 28 August was the most difficult day when the flood waters reached about 5-7 feet high and inundated much of the village. It is on this day that the entire village decided to evacuate themselves. During the evacuation, a person by name 'Baldev Master' helped the villagers providing them with 'lathis'<sup>7</sup> which were very helpful in crossing the flood waters. They went on to the embankment nearby embankment. The boats undertaking the search and rescue reached the embankment and wanted to evacuate the women, girls and children first. The community resisted the idea of evacuating the women and girls first without the men fearing their safety. However two women from Darjeeling who were one the boats as a part of the Search and Rescue team convinced the villagers about the safety of the women. This convinced the villagers and they let the women and girls along with the children be evacuated first. Finally almost after a week they reached a government organized camp. Food was available adequately after they reached the relief camp but until then there was relief and the people eat what they brought with them initially.

The villagers returned to their village almost after 45 days and at the time of their return they were given 2250 rupees and 100 kgs of rice by the administration. However no compensation yet was provided to the their goods and property damaged due to the floods.

When they returned to their village the houses and the infrastructure such as the school was completely damaged and in such a context the opening and running of the CCS was highly beneficial to the children and their family members. The children who did not want to return to their school were motivated by the activities at the CCS and many of them have returned to the schools. The community also mentioned that the puppet shows shown in their villages about the child safety, health & hygiene, and evils of child labor and careless migration were very popular and were watched by hundreds of people. The villagers also praised the GBV Prevention and Response training imparted to them and said that there were visible changes in the behavior due to such training. However, they said that such training need to be more regular in order to strengthen behavior change. The villagers appreciated the contribution of the project in the form of provision of toilets and other relief material to some vulnerable families and people. They said that each of the family would strive to build a toilet for themselves.

They requested for the extension of the project especially the CCS and the GBV Prevention and Response Training.

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<sup>7</sup> Thick Bamboo Sticks

## **Annexure-II**

### **Case Study: Inspired CCS Facilitators**

Two of the CCS facilitators who were markedly highly inspired were Ms. Ruby Kumari at Jorgama and Mr. Manoj Kumar Verma at Rahta ward number 9&10. While Manoj is a graduate, Ruby Kumari is studying for her graduation currently. Manoj is a person with disability with a polio affected limb. However this does not pose any problems for him and he looks forward for a career in teaching or public service. Ms. Ruby Kumari is highly interested in studies and wishes to study beyond her graduation and become a teacher in a college. Both of them mentioned that the work they performed at the CCS Facilitators has been immensely satisfying to them. Especially helping young children has given them a lot of satisfaction. Ruby mentioned that the experience as a CCS Facilitator also helped her to learn how to take care of children which is going to be very helpful for her in the life. Ruby further mentioned that the learning about hygiene influenced her a lot helped to make her own home & surroundings cleaner. While Mukesh spent his earning on his family and Ruby saved the money for her higher studies.

### **Annexure-III**

#### Case Study: Child inspired by back to school campaign

Mohamed Ghani aged about 11 years lives in Jorgama village. The project established and ran a CCS at this villages as a part of the project. Mohamed Ghani's father and two of his elder brothers have migrated to Delhi. His father works as Rickshaw puller and his brothers work as labor in Gurgaon-one of the suburbs of Delhi. He has an younger brother who s studying in class 3. Ghani is one of the out of the school child having stopped going to the school an year back. He was looking at the future of joining his brothers and father. However, life at the CCS and the Back to School Campaign has inspired him and with the help of the CCS facilitators and the CWBC of Jorgama, Mohamed Ghani has succeeded in joining class 5 in the school nearby. Mohamed Ghani is currently highly inspired and mentioned that he will not be going his father and brothers way and would focus all his energies on educating himself. He said that only education is going to help him in life in overcoming the problems of his life and his family. He is also keen on getting his younger brother educated. The villagers said that he has the backing of the entire community in his endeavor.

## **Annexure-IV**

Reaching out to the PWD:

Arjun Kumar Mandal aged about 19 years had lost his father before the floods and lives with his mother in Rahta ward number 7. During the floods while crossing a railway track he met with an accident and lost one of legs. Currently he and his mother live in Rahta Ward number 7. His mother supports the family through daily labor. The project identified the Arjun Kumar Mandal as one of the beneficiary for the toilet construction activity. Arjun said that earlier to the construction of the toilet he needed to walk a lot of distance for defecation and this would be very difficult if he needed to attend nature's call in the night. The construction of toilet has greatly facilitated his life and he is thankful for the project.