Yumi Redi 2: A Disaster Risk Reduction Project

Implemented by CARE International in Vanuatu

End of Year Project Evaluation

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List of Abbreviations

AusAID	Australian Agency for International Development
BFA	Basic First Aid
CCA	Climate Change Adaptation
CDCCC	Community Disaster and Climate Change Committee
CRP	Community Response Plan
ETAC	The Erromango Technical Advisory Committee
EWS	Early Warning System
DGMWR	Directorate of Geology Mines and Water Resources Department
DIPECHO	Disaster Preparedness Program of European Commission's Humanitarian Aid Department
DRR	Disaster Risk Reduction
IRCCNH	Increasing Resilience to Climate Change and Natural Hazards Project
LLEE	Live and Learn Environmental Education
MEL	Monitoring Evaluation and Learning
MoH	Ministry of Health
NDMO	National Disaster Management Office
PRRP	Pacific Risk Reduction Program
PDO	Provincial Disaster Officer
PDC	Provincial Disaster Committee
SRP	School Response Plans
VRDTCA	Vanuatu Rural Development and Training Centre Association
VCA	Vulnerability and Capacity Assessment
VHT	Vanuatu Humanitarian Team
WASH	Water Supply, Sanitation and Hygiene
WGE	Women and Girls Empowerment Program

1. Introduction

The following report sets out the findings and recommendations from an evaluation undertaken of the Yumi Redi 2 (We Are Ready 2): Disaster Risk Reduction Project implemented by CARE. The evaluation draws on data gathered during focus group discussions with community members in the project sites, interviews with key stakeholders and CARE Vanuatu staff, and an extensive review of project documentation.

The report is structured around evaluation criteria and questions relating to relevance, effectiveness, efficiency, sustainability and replication, and impact. Given the importance of context considerable detail is provided in relation to the effectiveness of project activities and outputs, as well as approaches taken by CARE Vanuatu to enhance social inclusion, and gender equality and women's empowerment.

1.1 Overall Aim of the Evaluation

The overall aim of the evaluation is to provide evidence on the outcomes and impact of the Yumi Redi 2 Disaster Risk Reduction Project implemented by CARE Vanuatu in order to learn which approaches and models work in the communities and to provide recommendations for future programming strategies and direction.

1.2 Objectives of the Evaluation

The objective of the evaluation is to identify if and how Disaster Risk Reduction (DRR) approaches and models used by CARE Vanuatu have been effective in achieving intended objectives and outcomes in building the resilience of women, men, girls and boys in the targeted communities, particularly with respect to the effectiveness of Community Disaster and Climate Change Committees (CDCCCs) in general, and the secondary outcomes of CARE Vanuatu support to the committees related to gender equality and women's empowerment.

Specifically the evaluation seeks to assess the extent to which the project approach, strategies and implementation of activities are relevant and represent value for money in terms of economy, effectiveness, efficiency and equity; identify the success factors and constraints of the project including in relation to gender and social inclusion; and identify lessons learned and recommendations for the third phase of the DRR project proposal relating to:

- Sustainability: Which current sustainability measures are in place and what else needs to be put in place to ensure sustainability of the project at local and provincial levels and how long CARE Vanuatu should invest in communities to attain significant traction and sustainability (using Futuna as a case study example);
- Potential for replication to other islands;
- Integration of Climate Change Adaptation (CCA) and Disaster Risk Reduction (DRR) and the identification of priority sectors (i.e. Water Supply, Sanitation and Hygiene (WASH));
- Ownership and involvement of local and provincial government; and
- Women's meaningful and sustainable engagement in decision-making (lasting changes in gender equality and women's empowerment).
- The Terms of Reference for the Yumi Redi 2 End of Project Evaluation are attached as Annex A.

- Integration of Climate Change Adaptation (CCA) and Disaster Risk Reduction (DRR) and the identification of priority sectors (i.e. Water Supply, Sanitation and Hygiene (WASH));
- Ownership and involvement of local and provincial government; and
- Women's meaningful and sustainable engagement in decision-making (lasting changes in gender equality and women's empowerment).

The Terms of Reference for the Yumi Redi 2 End of Project Evaluation are attached as Annex A.

2. Background and Introduction

2.1 The Project and Context

Community-Based Disaster Risk Reduction in Vanuatu

The Republic of Vanuatu is made up of over 80 islands of which 68 are inhabited. Its population of approximately 250,000 people is scattered across 12,336 km2 and its most northerly and southerly outer islands situated about 1,300 km apart.

People reside mainly in the coastal areas of rugged mountainous islands of volcanic origin, although there are several outer atoll islands. Approximately seventy five percent (75%) of the population live in the rural areas and are engaged in subsistence livelihoods. The Government of Vanuatu faces significant challenges to deliver basic services such as education, healthcare, infrastructure, and early warning systems to its people.

Located in the 'Pacific Ring of Fire' and situated at the center of the Pacific cyclone belt, Vanuatu is considered to be one of the most disaster prone countries in the world. The country is particularly vulnerable to cyclones, earthquakes, tsunamis and volcanic eruptions, as well as droughts, storm surges, coastal and river flooding and landslides.

The Vanuatu Geohazards and Meteorological Department (VMGD) has received significant support from the Australian Government, the World Bank and other donors. As a result it has a range of technological and weather surveillance systems, as well as access to real time data for cyclone tracking, earthquakes and tsunami warnings. There is however a significant gap in relaying this information to community members, in particular to those living on outer islands. Although regular climate updates are produced the VMGD is not able to ensure remote rural communities are able to access this information.

The Department of Local Authorities (DLA) is currently undergoing a process of standardising Area Council development planning processes and integrating climate change and hazard data into plans. Programs are underway to support this standardization process include the directly implemented World Bank Increasing Resilience to Climate Change and Natural Hazards Project (IRCCNH) and the UNDP Pacific Risk Resilience Program (PRRP), which is being implemented by Live & Learn Environmental Education. The DLA, IRCCNH and PRRP have requested CARE Vanuatu support in various forms for implementation, particularly with regards to information about communities in Tafea Province and technical support for community mobilisation.

The Needs and Capacities of Tafea Province to Support Community-Based Disaster Risk Reduction

The Government of Vanuatu delivers services in Tafea Province through the Provincial Council and Area Councils. Area Secretaries are appointed by the Province and each Area Council is comprised of Area Secretaries and members representing six 'pillars' namely chiefs, churches, women, youth, business and people with disabilities. These council members are also tasked with representing the villages where they live.

At the provincial level, although there has been progress in all provinces, notably Tafea and Torba there are still significant gaps in disaster management capacity[1]. The capacity of provinces is limited and the NDMO require additional support to build the capacity of Provincial Disaster Officers (PDO) and strengthen the coordination and technical capacity of the Provincial Disaster Committees (PDC).

Tanna is the third largest island in Vanuatu both in size and population in Tafea Province and serves as its Provincial Centre. The island is serviced by two daily flights from Port Vila from the national carrier, as well as air charters. Services remain basic although there is road infrastructure around the island, access to public transport, a hospital, schools and representatives from all government departments. A steady stream of tourists come to Tanna many to visit Mt Yasur the most publicly accessible active volcano in the world.

The outer islands of Tafea are serviced by weekly flights from Tanna and irregular shipping services. Many of the communities on these islands are remote and transportation is mainly limited to travel by boat and on foot. All islands have access to mobile phone reception although some communities do not have coverage and receive only weak radio signals. All islands have primary school facilities and some communities also have secondary schools. All islands also have a health centre and some health posts although health services are not always adequately staffed and have limited medical equipment.

2.2 Project Summary

CARE Vanuatu has been implementing a disaster risk reduction project in Vanuatu with funding support from the Disaster Preparedness Program of the European Commission's Humanitarian Aid department (DIPECHO) and the Government of Australia's Australian NGO Cooperation Program (ANCP). The Yumi Redi 2 Project is a follow up project to the Yumi Redi 1 Project that was implemented on Santo, Maewo, Vanua Lava and Futuna islands from July 2011 to December 2012. In recognition of the ongoing need to support CBDRR in Vanuatu DIPECHO agreed to fund ongoing CBDRR activities in Vanuatu. Yumi Redi 2 draws on the findings from the first evaluation of the first project evaluation and most notably narrowed the geographic focus of the project in order to provide more focused support to a single province. The implementation period for Yumi Redi 2 was initially 18 months from May 2013 until October 2014 but the project received a two month no-cost extension to December 2014. The budget for the project is EUR 350,000.

Principal Objective

The principal project objective is increased resilience of at-risk communities and schools to the impact of natural disasters in Vanuatu. In achieving the principal objective, project activities aim to increase the capacity of vulnerable communities, (and vulnerable groups within these communities), key government bodies, and stakeholders to prepare for and respond to disasters through community based disaster risk reduction activities.

Expected Project Results

The anticipated results of the project include strengthened ability among newly targeted at-risk communities and schools to effectively prepare for and respond to natural disasters; increased capacity among national and provincial disaster management bodies to support communities and schools to

[1] Anda Ingvar, Vanuatu Humanitarian Team (VHT) Evaluation Report, September 2014.

effectively prepare for and respond to natural disasters; as well as increased coordination between DRR stakeholders.

2.3 Project Geographical Focus

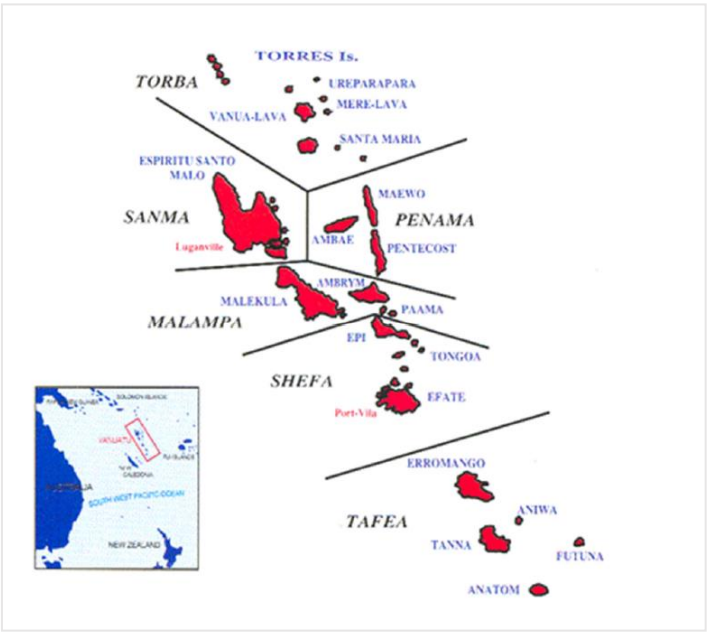
The Yumi Redi 2 Project is implemented in the outer islands of Aniwa, Erromango and Futuna in Tafea Province in the south of Vanuatu. Twelve (12) main communities and nine (9) satellite communities were newly targeted. The project also supported communities on Futuna that had been part of Yumi Redi 1, although activities in these communities had mainly shifted to the CARE Vanuatu Climate Change Adaptation Project, which is as part of the wider NGO Climate Change Adaptation Consortium Program, funded by Australian Aid.

The project takes a whole-island approach seeking to involve all communities and particularly the most vulnerable. This is considered an appropriate strategy that helps to avoid social conflict and which coincidentally also serves to strengthen linkages between neighbouring communities.

The project also supported activities at provincial level in Tanna building the capacity of provincial government stakeholders, and at national level in Port Vila, through the NDMO[2].

Erromango is the third largest island in Vanuatu and the largest in Tafea Province measuring 48km long and 32km wide with a total land area of about 887km². The island is mountainous and the interior consists mainly of dissected volcanic craters in the northern half of the island and a chain of peaks in the south. The peaks slope down to a narrow coastal plain where the majority of the main communities are located.

Aniwa is a small island in the southernmost province of Tafea. As a coral island (a raised coral atoll), it rises 42m above sea level. The island is elongated measured around 4 km from south to north with a large lagoon Itcharo (Tiaro) located north of the island and open to the sea. The southern coast of the island features high rising cliffs facing strong southerly winds and strong sea currents. As there are no rivers, streams or lakes on the island the population of 488 relies on rainwater harvesting for their freshwater consumption. The island is known for periodic droughts with the last drought in 2013 requiring external assistance through the NDMO2.



Vanuatu Map

[2] Aniwa Drought Assessment Report, Vanuatu National Disaster Management Office, 2013.

2.4 Project Activities and Outputs

Project activities for the Yumi Redi 2 Project include the following:

Local level activities have focused on increasing the capacity of vulnerable communities, key government bodies and stakeholders to prepare for and respond to disasters through community-based disaster risk reduction activities. This includes establishing Community Disaster and Climate Change Committees (CDCCCs) and subsequent training on roles and responsibilities; undertaking community and school risk assessments and compiling community profiles; the development of community and school safety plans; providing basic first aid (BFA) training in partnership with Red Cross in Vanuatu and the distribution of BFA kits; training and facilitating emergency simulation drills for various hazards; training in early warning systems (EWS) and the distribution of EWS kits; facilitating community and school DRR/CCA awareness; the development of community action and mitigation plans; and the initial implementation of several small-scale mitigation measures. Project approaches also aimed to enhance communication and strengthen the linkages between communities, the Area Councils and the Province.

Provincial level activities have focused on increasing the capacity of the Tafea Provincial Disaster Committee (PDC) and Area Council Secretaries to prepare for, assess and respond to disasters. This includes the provision of disaster management training and facilitation of a multi-hazard simulation exercise involving one community on Futuna and one on Tanna. Gender and Leadership training was also provided to male and female CDCCC members.

National level activities have focused on increasing capacity of the NDMO to support communities to prepare for, assess and respond to disasters and enhancing coordination and collaboration among partners to support this objective. This includes co-leading in the Gender and Protection Cluster and participating in the WASH, Education and Agriculture Clusters; as well as collaborating with partners in the Vanuatu Humanitarian Team (VHT) and the DRR Working Group to streamline and standardize community-based DRR approaches, techniques and tools (such as the ToR for CDCCCs and standardized messages for DRR); as well as share and discuss experiences and lessons learned.
The project has endeavoured to integrate gender equality and women's empowerment at all levels and throughout all activities.

3. Evaluation Methodology

3.1 Evaluation Team and Project Sites

Communities to be visited were selected by the CARE Vanuatu team with the aim of visiting as many communities as possible within the timeframe in order to get a sense of differing community contexts. Over a period of 11 days project sites visited included two (2) communities in Futuna, three (3) communities in Aniwa and four (4) main communities and one (1) satellite community in Erromango (which was well worth the steep hike). During the visit to Futuna the team decided to cancel a planned visit to Matagi because the long travel time (3 hrs return) would not have allowed sufficient time with other communities. The smooth logistical and travel arrangements for the rather compressed agenda are testament to CARE's well-honed field visit procedures and well-established relationships with the communities.

In both Futuna and Erromango, CDCCC members from other communities joined focus group discussions, often travelling a fair distance on foot. A small number of CDCCC members noted that they had not been sufficiently informed in advance about CARE's visit by the Area Secretary however CARE Vanuatu was able to effectively address their concerns. The program for the field visits is attached as Annex B.

CARE Vanuatu is a partner in the Australian Aid funded NGO Climate Change Adaptation Consortium Program. Since evaluations for both projects were being undertaken at the same time, a joint visit was undertaken in Futuna order to avoid excessively burdening communities with back-to-back visits. The NGO CCA Consortium Program Evaluation Team consisted of a consultant, a gender-balanced team of two staff members from CARE, a staff from Vanuatu Rural Development Training Centre Association (VRDTCA) another NGO partner in the project, an international researcher and the OXFAM Vanuatu CCA Program Coordinator.

The evaluation was supported by CARE Vanuatu field officers and a woman hired on contract to facilitate separate focus group discussions with women and provide translation services during the community visits. Mr. Isaac Savua, a senior CARE Vanuatu field officer played a key role in the evaluation organising logistics, as well facilitating the men's separate focus group discussions and translating key points during plenary sessions. It was recognised that the active involvement of a staff member in a project evaluation, particularly in terms of direct data collection, may have potentially influenced the responses of informants and constrained the ability of community members to openly share their views. In this regard, data gathered from the separate focus group discussions and key informant interviews undertaken without the presence of a CARE staff member were triangulated. Data analysis, participant observation and evaluation debriefings suggested that the presence and participation of CARE staff (and the external evaluator) did not significantly influence the feedback of respondents. Community members appeared to be forthright in their responses concerning the project and the support provided by CARE Vanuatu, noting both good aspects as well as recommending areas for improvement. It may even have been the case that existing relations with CARE Vanuatu field officers increased the level of disclosure among community members. In addition, the opportunity for a senior national staff member to play an active role in the evaluation potentially served to build capacity regarding the evaluation process, as well as deepen his understanding of the targeted communities.

3.2 METHODOLOGY

The evaluation questions were reviewed with the CARE Vanuatu Program Manager and field staff participating in the field visit and are attached as Annex B. The in-country program of activities for the evaluation is attached as Annex C.

Desk Review

An extensive review of Yumi Redi 2 project documentation was undertaken of all key documents. Given the importance of context, a wide range of data was examined from all communities. Particular emphasis was placed on documents pertaining to CBDRR in order to collect quantitative and qualitative data relating to women's participation in various project activities. Documents reviewed included the project document drafted within the framework of the DIPECHO template; the project baseline report; the Monitoring Evaluation and Learning (MEL) and Gender Action Plan (GAP); the DIPECHO monitoring and debriefing report community profiles and Vulnerability and Capacity Assessment (VCA) outputs for the risk assessments; participant lists for all activities; trip plans and reports; Community Response Plans (CRPs) and School Response Plans (SRPs); simulations debriefings; community DRR action plans/tables; and mitigation plans and prioritization tables. Other documents reviewed included project tools national and provincial workshop reports and reflections pertaining to rapid post disaster assessment and standardization of DRR tools and training; provincial training; staff training Gender and Protection Cluster reports and VHT reports; and financial documents including the project budget. The CARE Australia theory and framework for women's empowerment[3] was reviewed, as were trip reports from the monitoring visit from CARE Australia and trip reports from the CARE Australia DRR Advisor.

Focus Group Discussions

Discussions were held with CDCCCs and members of the community in the selected project sites. One focus group involved a small number of teachers and school administrators. Separate focus groups were held with women and men to enable members of different groups to comfortably share their experiences and views. Young women and young men, as well as people with disabilities were included in these discussions. Informal discussions were also held with children in two communities. The list of questions for the community focus group discussions is attached as Annex D and questions for the CDCCC discussions is attached as Annex E.

Key Informant Interviews

Key informant interviews were held with CDCCC members, community leaders and gender advocates. The list of questions for the Key Informant Interviews is attached as Annex D. A meeting was also held with the NGO Live and Learn Environmental Education (LLEE) to discuss collaboration to date and future directions of the project. The list of key informant interviews from the communities and national and provincial government is attached as Annex F.

National and Provincial Stakeholder Interviews

A meeting was held with Shadrack Welegtabit, the Director of the National Disaster Management Office (NDMO), Paolo Malatu, and the Vanuatu Humanitarian Team (VHT) Coordinator. An interview was held with David Tovovur, the Assistant Secretary General at the Tafea Provincial Office based in Tanna. It was not

[3] See 'Strong Women, Strong Communities: CARE's holistic approach to empowering women and girls in the fight against poverty' July 2010.

possible to interview Reynolds Surmat, the Secretary General as he was occupied with a provincial consultation on the climate change policy being facilitated by GIZ. At this time Daniel Samson, the Provincial Disaster Officer based in Tanna was in Port Vila for training and was later interviewed on the last morning. The visit to the Provincial Office also provided an opportunity to interview Wendy Tomasi, the Area Secretary for West Tanna and the only female occupying this position in the province.

Staff Interviews

Various staff members from CARE Vanuatu were interviewed to gather feedback particularly in relation to the effectiveness and efficiency dimensions of the project and a telephone interview was held with Takara Morgan, Senior Program Officer with CARE Australia. The list of all stakeholders, community members and staff interviewed is attached as Annex G.

Debriefing with CARE Vanuatu Staff

A debriefing of initial findings was held with CARE Vanuatu staff members who provided a number of useful comments and recommendations.

Participant Observation

Data was also obtained throughout the evaluation through observation of processes, relationships, participation and decision-making.

3.3 Data Analysis

Data from the CDCCC membership lists and participant lists from various community activities was collated and reviewed to quantify the number of project outputs according to the Monitoring, Evaluation and Learning Framework (MEL) and to determine levels of gender balance in structures and activities according the Gender Action Plan (GAP). The MEL and the GAP are attached as Annex H and Annex I respectively. Qualitative data from various project reports and outputs and information gathered during evaluation focus group discussions and interviews were analysed in relation to impact, effectiveness, sustainability and ownership. In order to avoid bias indirect evidence was gathered to assess the effectiveness of the project and data was triangulated by comparing the results of different sources.

3.4 Limitations and Constraints

The most significant constraint for the evaluation was the cancelled Fiji Airways flight to Port Vila that delayed the start of the evaluation and resulted in insufficient time to adequately review the evaluation methodology and questions with the CARE Vanuatu team. The delay also meant an extra trip to the Tafea Provincial Office in Tanna had to be arranged following the field visits.

The shared visit with the NGO CCA Consortium Program helped to coordinate logistics and share learning but also presented a few challenges for the evaluation of the DRR project. Given that it was the only opportunity to evaluate CARE's contribution to the Consortium Program, the other team took the lead in focus groups discussions and where time allowed our team followed up with additional questions about DRR. In Herald Bay, people were less inclined to continue discussions, whereas in Mission Bay several of the women were quite happy to stay and discuss aspects of the DRR project. In some cases both teams had identified the same people for key informant interviews so in one instance our team sat in on the interview and we

identified other people to interview. Debriefings helped to improve coordination for the following day, particularly with respect to people selected for the key informant interviews.

Apart from the very first meeting it was not possible to arrange focus group discussions with students or teachers since it was exam period. During this time teachers and school administrators were very busy and many women were away at the schools preparing food for the students. Some schools are quite a distance away and some women had temporarily relocated to these villages.

On arrival in Imatu for the focus group discussions the UNDP community mobiliser noted that they had just spent a week with Live and Learn and were 'tired of talking', which resulted in perhaps limited enthusiasm for discussion. For the rest of the communities, the evaluation went smoothly apart from being unable to meet with a few key informants that were engaged in other training or projects or on another island. The timeframe of the evaluation was short and required a fair amount of travel given the remoteness of several communities. However the well-planned program enabled the evaluator to meet with various communities to get a sense of both the context and the working environment of field staff and more importantly, provided a large number of beneficiaries the opportunity to provide feedback on the project.

4. Key Findings and Analysis

Within a relatively short time frame, the Yumi Redi 2 Project has led to a range of benefits for the targeted communities. As a result of the project, CDCCCs and community members, Area Secretaries, teachers, students and school administrators on Erromango and Aniwa Islands now have increased awareness, knowledge and skills to be able to effectively prepare for and respond to disasters. The project has helped to change attitudes about disaster risk reduction and safety and with many community members now taking disaster preparedness and response seriously. The project has helped to strengthen community and household cooperation in this regard and several communities have begun to independently implement actions to reduce risk. CDCCCs and Area Secretaries have acquired greater clarity regarding their roles related to disaster risk and in many cases have significantly strengthened their linkages and opened lines of communication. As a result of the project's approach to gender equality many women and men in the communities have come to recognise that women have an equally important role to play in disaster preparedness, response and recovery and women are increasingly sharing their views, actively contributing to community development and taking on leadership roles. In addition, the Yumi Redi 2 project has made significant contributions towards improved DRR coordination and capacity strengthening of the Tafea Provincial Disaster Committee.

Many women and men in the communities have come to recognise that women have an equally important role to play in disaster preparedness, response and recovery.

Further details of the project relevance, efficiency, effectiveness and impacts are discussed below.

4.1 Relevance

The Yumi Redi 2 Project has an overall relevant approach focusing on prevention, preparedness, response and mitigation at community level, while at the same time building capacities and strengthening linkages with stakeholders at all levels.

The Government of Vanuatu

Given the country's high exposure to a various disaster risks and the high priority given to disaster risk reduction and climate change, the Yumi Redi 2 project is considered highly relevant to the Government of Vanuatu. CARE Vanuatu works with communities located in remote areas that face significant communication and transportation constraints. The capacity of the Government of Vanuatu to effectively respond to disasters is limited both at national and provincial level. It is therefore highly relevant that CARE Vanuatu has supported these communities to become better prepared and better able to respond to disasters.

The Government of Vanuatu is appreciative of CARE Vanuatu's support in building the capacity of communities, the PDC and Area Council Secretaries. The NDMO Director noted that the CDCCCs set up by CARE Vanuatu in Aniwa were found very useful during a recent period of drought. The NDMO is supportive of CARE's approach to involve Area Councils in order to strengthen the link between communities and the Province. The NDMO is eager for the PDO to accompany CARE Vanuatu staff on field visits even noting the 'possibility of sharing the cost' and to receive continued support from CARE Vanuatu with regards to

improving the conditions of existing buildings and addressing privacy and safety issues for women and girls during disasters. Both national and provincial government are pleased with the approach CARE Vanuatu is taking with regards to gender, encouraging women, but also encouraging men to better appreciate the role of women in DRR.

The VHT Coordinator expressed his gratitude to CARE Vanuatu for their contribution to coordination at national level. He noted that CARE Vanuatu is a very active lead in the Gender and Protection Cluster, faithfully attends other coordination meetings and supports other clusters[4]. CARE Vanuatu has actively supported the working group to standardise DRR tools and was instrumental in integrating gender into the post disaster assessment form and process, ensuring at least one woman was on each assessment team.

As a result of increased awareness from CARE Vanuatu, [community members] came to consider the project highly relevant to the community.

Communities

Women and men in the communities stated that the project had addressed their needs, interests and expectations and were very satisfied with the project overall. During focus group discussions various community members noted that they had never considered the possibility that they could reduce their risks to hazards but as a result of increased awareness from CARE Vanuatu they came to consider the project highly relevant to the community. Project activities were considered particularly relevant among geographically remote and isolated communities that are most at risk. As one respondent noted, the 'community needed the project and wants safety.'

Although the broad direction of project activities was driven by CARE Vanuatu, community ownership of the project was fostered in various ways. Rather than put in place pre-set risk reduction initiatives, community planning processes enabled each community, no matter how small or remote to plan their own risk reduction activities and devise their own mitigation measures. In addition, templates and costing for small-scale mitigation measures stipulated the inclusion of community contributions in labour and/or materials.

In large part the overall attitude and flexible approach of CARE Vanuatu field officers supported community ownership of the project. It was evident during the evaluation that field officers treat women and men in the community with respect and actively encourage open and transparent dialogue. This approach enabled community members to openly share their ideas and express their views about the direction and content of project activities. Adjustments were made over the course of the project demonstrating that views and concerns by communities were taken seriously and effectively addressed by CARE staff.

Recommendations

Align CARE Vanuatu's new resilience program with key national, provincial and island policies and plans and discuss the relevance of these documents with programme staff.

[4] An evaluation was undertaken of the Vanuatu Humanitarian Team (VHT) and includes information about CARE Vanuatu's contribution to DRR at national level (See Evaluation Report of the Vanuatu Humanitarian Team 2014.)

4.2 Effectiveness

4.2.1 Project Activities and Outputs

The following examines the effectiveness of the implementation of various activities undertaken by the Yumi Redi 2 Project and forms the bulk of the findings. The first section examines a range of community-based DRR activities which are structured around outputs; as well as risk governance activities that include the establishment of CDCCCs and efforts to strengthen the linkages between the CDCCCs, Area Councils and the Province. The second section examines the effectiveness of approaches used by CARE Vanuatu over the course of the project to enhance social inclusion and gender equality. Significant detail is provided as data and responses varied considerably within and between different communities.

A. Community Based DRR Activities

I. COMMUNITY PROFILES

Community profiles were developed in order to provide community members with an assessment of vulnerabilities and capacities to help them reduce risk and build resilient communities. These profiles and the risk assessments within them lay a critical foundation for risk reduction and planning for resilience and therefore were examined in some detail. Findings noted below are not intended as a critique but rather as food for thought to strengthen existing and future risk assessments.

Community profiles were developed for all new communities and contain a range of data and scanned maps, however many of these were incomplete. Profiles were compiled by CARE Vanuatu staff (rather than CDCCCs or communities) and field officers stated that frequent trips to communities resulted in limited time to update the filing systems. Community profiles did not take into account gender issues or include any gender analysis as recommended in the Gender Action Plan. Templates for reconciling and cross-checking information with communities were included in the profiles but none contained any data.

Community profiles appeared to be a compilation of basic data and partially completed templates and were notable for their lack of analysis relating to specific data collected and the absence of key DRR findings. This would suggest a limited understanding and appreciation of how this information should be compiled, analysed and utilised to reduce risk. At the beginning of the risk assessment exercise facilitators reportedly asked participants, participants, 'Why is it important?' and 'How can it be used?' It would also have been useful to also pose these questions at the end of the exercise, particularly in relation to key DRR findings.

'Why is it important?' and 'How can it be used?' It would also have been useful to also pose these questions at the end of the exercise, particularly in relation to key DRR findings.

i) Community and School Risk Assessments

The main component of each community profile is a risk assessment comprised of data collected through the use of vulnerability and capacity (VCA) tools. The risk assessment is a critical process and output that enables communities to better understand their vulnerabilities and capacities in order to plan and implement appropriate community risk reduction actions and mitigation measures.

All new communities in Aniwa and Erromango were involved in developing community risk assessments. The

community profile for Imatu did not contain any information pertaining to historical hazards, risk perceptions, calendars or maps. Risk assessments were completed for nine communities in Erromango with three of these being incomplete (Happy land, South River and Andioch). School risk assessments were undertaken in seven schools in Erromango (Cooks' Bay Primary School, William's Bay Bilingual School, Danpy JS School (Port Narvin), Ipota Secondary and Port Melo Primary School, (Ipota) Umpoyenelongi Primary School (Happy land) and Tapisi Primary School (Antioch). Five of the school assessments were incomplete. In Aniwa a school risk assessment was undertaken of Irumori Primary School. CARE staff noted the development of school hazard risk maps however these were not found in any of the community profiles.

During focus group discussions for the evaluation many communities demonstrated a hazy recollection of the risk assessment or risk mapping exercises. Referred to by staff and community members as 'VCA tools' community members were able to note the hazards that affect their communities, however there appeared to be limited understanding of the overall rationale behind these activities.

ii) Historical Hazards and Risk Perceptions

Risk assessments templates list up to three priority hazards identified by separate groups of women and by men. Traditional knowledge of women and men was integrated into the risk perceptions. Identified hazards included for example 'cyclone', 'tsunami', 'wild pigs', 'heavy rain', 'drought', 'hot sun', 'climate change', and 'sea level rise'. In some cases women and men identified the same hazards and in some cases they differed. From the available data it was unclear what criteria were used to identify or prioritise hazards and if and how differing perceptions were reconciled.

The profiles include a template that lists the perceptions of women and men about vulnerability. Categories in the table note 'who in the community are most at risk' and 'in what ways they are specifically vulnerable' and provides for responses based solely on 'age, gender, occupation and location (houses)'. As a result of this prior classification, with few exceptions community members concluded that girls and boys under 10 years and men and women over 60 years were vulnerable, along with people with disabilities in some cases, with the reason generally given that they 'are dependent'. Curiously one table identifies only men of these ages as vulnerable. Occupations were often listed as 'children and elderly' and locations described as 'up on the hill' or 'near sea coast'. It is not clear if locations referred to specific people, households or generally high-risk areas.

There are a host of other factors besides age, gender and physical and mental ability that place people at risk or that can increase their resilience. These include for example, levels of income, assets and resources; family or tribal ties; access to information and communication; levels of education and literacy; and social networks and cooperation. It would have been useful if the risk assessments referred to these factors and had identified particularly vulnerable households or individuals (which is possible given the relatively small size of many of the communities).

Committee members and CDCCCs getting a boat to shore

It has increasingly become standard practice to take into

consideration climate and scientific data in order to obtain an accurate assessment of a community's risk. Diverse types of data ensure risk assessments support the identification and design of appropriate and sustainable mitigation (and adaptation) measures. Although it was not a stated requirement for the project, the risk assessments and community profiles would have been considerably strengthened with the integration and cross-validation of varied and diverse sources of data, including available scientific information, climate data or projections for Vanuatu or the local area - for example rainfall data for Aniwa.

iii) Transportation and Communication

Transport access and communication are critical aspects of resilience for many of the communities in the project. The profiles contain some very basic information in this regard however significantly more detail could have been provided to outline the full range of transportation and communication challenges particularly among high-risk areas and remote communities.

iv) Transect Walks and Village Maps

Transect walks were generally undertaken with the chief of the village and the identified risk areas then discussed with community members during the initial CDCCCC training. CARE staff noted that men and women were reportedly involved in drawing separate community risk maps and these were later presented to the whole group and reconciled into one community risk map. There was no evidence of separate maps from men and women in the community profiles. While everyone may have been satisfied with the final output it was not possible to assess the extent to which women and girls were meaningfully involved in reconciling the maps.

Undertaking this activity in the early stages alone and solely drawing on the views of a senior male missed out an important opportunity to strengthen the outcome and the process. Transect walks enable different community members to consider and contribute to the overall geo-physical picture of the community. The activity allows community members to identify not only areas but also assets, resources and livelihoods that may be at risk and these often differ depending on people's gender, age and differing household and community roles and responsibilities. Undertaking this activity with women, men, young and old can significantly enhance the outcome - the final community map - but more importantly increases localised DRR awareness among different social groups.

Likely as a result of the approach, village risk maps do not systematically identify community assets, resources or livelihoods at risk (i.e. fishing grounds, gardens, paths and travel routes, existing safe houses, etc). Field staff noted that this information would be included by community members at a later date when they received laminated maps, however an overall picture of community risk – the areas and also the assets and resources at risk - should form an essential building block to the planning of community DRR actions and mitigation measures which was subsequently undertaken. Two maps from the risk assessments were on display, one on the wall of the Area Council hall in William's Bay and the other on a laminated but washed out map on the billboard in Herald Bay. Neither map indicated high-risk areas, resources, assets or households at risk in the communities.

v) Health Calendars

Many health calendars were partially completed or not completed at all. One calendar noted only men's illnesses or men's perceptions suggesting that perhaps no women were in attendance. The tables are

confusing and do not capture gender disaggregated health data. For example, it is unclear if the data entered under the heading 'men' includes views from men or about men - data entered in various calendars suggest both. There was no evidence of women's specific health concerns related to reproductive and sexual health, for example in relation to pregnancy and childbirth. These are critical aspects of a women's life that can place her and her unborn child's health at risk generally, and particularly when hazards strike. Health calendars in one community noted STIs among both women and men and 'pain pis' for men in another and a few communities noted the increase in NCDs. It would be useful to include any relevant health data where available since at present the calendars are based solely on perceptions of 'illness' and there is no validation of these perceptions, for example from records from the nurse or community health worker.

vi) Livelihood and Seasonal Calendars

In order for livelihood and seasonal calendars to adequately support risk reduction it would have be useful if the VCA exercises and templates had highlighted different resource uses, particularly those that can be negatively impacted by disasters. In addition, annual event calendars could have been strengthened with the inclusion of specific activities undertaken by women, men, girls, and boys before, during or after these events and the specific resources that might be at risk.

vii) Venn Diagram

In order to reduce risk communities need to build on and strengthen their capacities and coping mechanisms. The VCAs did not generally identify capacities – the range of skills, knowledge, family and social networks and livelihoods - that help make communities strong and resilient. Presumably the Venn Diagram was intended to support the identification and analysis of the institutional and social context of communities. All of the community profiles contain a blank page for this exercise leading to the conclusion that none of the communities undertook this exercise. As a result there is no attention to social organisations such as youth groups, women's handicraft groups or church groups (and community gatherings and events) that play important roles in strengthening social cohesion and cooperation that can help to reduce risk. In addition, it would have been beneficial if the VCAs had enabled communities to identify and reflect on socio-cultural attitudes and practices that can help or hinder risk reduction.

viii) DRR Main Findings and Recommendations

The main findings of a risk assessment should be discussed with community members in order to develop a comprehensive understanding of risk and resilience in support of the identification of future DRR actions. This stage is critical because it is the point where the analysis is undertaken and all the data and information collected from the tools and other sources is consolidated is analysed to provide an overview of community risk and resilience. Very few profiles contain any data in the DRR Main Findings and Recommendations template. The few that contain information do not substantively analyse the data in the risk assessments or draw any conclusions.

Recommendations

- Incorporate and cross-validate all available social, technical and scientific data into the community risk assessments.
- Strengthen the identification and analysis of the full range of capacities and vulnerabilities that can help or hinder risk reduction and adaptation.
- Record key DRR findings and consolidate data into comprehensive overviews and risk maps for all communities.

II. DRR AWARENESS AND CAPACITY BUILDING

Awareness, capacity building and information all contribute to community resilience. Rather than undertake awareness-raising in isolation an effective approach of the project was to combine awareness-raising with a range of training activities in order to concurrently build knowledge, skills and capacity. For example, awareness-raising activities were reportedly undertaken in communities and schools in combination with the risk assessments and the development of response plans and the simulation of hazard drills.

Members of the CDCCCs attended various training sessions and participated in peer exchanges (see more information below). A Disaster Risk Reduction Community Reflection Workshop was undertaken in Tanna in June 2014. This was the first PDC training involving all Area Secretaries from Tafea. The workshop agenda featured a session on gender and protection and significant discussion the following day about women and leadership at community level. Many participants stated that they learned a great deal from these capacity building opportunities.

Both women and men stated that learning from project activities and workshops was shared during church group meetings, informally one on one, and with family members at home. Communities noted that this was also how DRR information was generally passed in the community to people who had not participated in project activities. The aim of training individuals is for benefits to flow on to the wider community. Training activities included action planning and many participants had imparted knowledge to others, however it was apparent that a small number of individuals who had attended training had not effectively disseminated learning on to others.

Some community members and individuals who had attended training noted cases of community resentment against a few women in particular who were repeatedly invited to participate in external capacity building opportunities. As one former participant noted, 'Sometimes when CDC members do good things (i.e. go on training) people talk about them. There is jealousy.' In some cases community members stated that CARE had invited specific individuals to training, though CARE Vanuatu staff stressed that it is community members who decide amongst themselves who should attend workshops. In addition, during separate focus group discussion some men pointed out the need for women to seek prior approval from families regarding their participation in workshops, however women who had attended training highlighted the support received from their husbands and families.

Support the participation of a range of community members in capacity building opportunities and peer exchanges and ensue selection criteria and expected outcomes of training are effectively communicated to community members.

III. IEC MATERIAL

CARE Vanuatu has produced a variety of IEC materials to support project objectives. These include comics about various hazards, radio spots, newspaper articles, posters, banners and stickers. Support from DIPECHO and AusAID was mentioned in media and the DIPECHO logo features on the hailer in the EWS kit and on life jackets and t-shirts worn by staff in the field, and in fact most working days in the office. The project featured in newspaper articles in the Vanuatu Post and Wan Smol Bag was engaged to perform role-plays about DRR.

CARE Staff reviewing a notice board in Futuna

There was no evidence of IEC materials in the communities visited, whether produced by CARE Vanuatu or generated by community members during the project. School administrators noted that SRPs and cyclone posters were kept in a storeroom. A noticeboard had been constructed in Futuna however it featured very limited information and a laminated but washed out map. Several communities noted that they expected to receive materials by year-end to construct their noticeboards. One community in Futuna had already received material (date unknown) and the CDCCC Chair noted that since the notice board 'was not a hazard', it was not considered a priority and therefore would be constructed next year.

Various facilitation methods were used to support project activities including VCA tools for risk assessments and participatory activities for training sessions. Simulation exercises and debriefings were an effective way of involving all members of the community. Comics developed by CARE Vanuatu were distributed to female and male students and read aloud by field officers before developing CRPs and SRPs. Following awareness-raising and training activities community members had the opportunity to seek clarification about any IEC material and field staff asked questions to ensure participants had acquired a good grasp of the material. Field officers allowed time for CDCCC members to translate and explain vital information in local languages during sessions.

The majority of community members do not have access to computers, internet and in many cases reliable or affordable sources of electricity. Several communities have limited or no mobile coverage and weak radio signals, and geographic remoteness prevent many people from regularly accessing any kind of information at all. As a result, many people in the targeted communities have very limited access to information, education and learning material generally. Videos about disaster risk reduction were shown in the evening in communities with high numbers of women, men, girls and boys in attendance. Evening screenings of DVDs about DRR and climate change brought by CARE Vanuatu (who also pay the cost of fuel to run the generators) were well attended by community members of all ages. There is clearly a thirst for information and during the evaluation several CDCCC and community members, and even CARE Vanuatu staff requested DVDs about DRR and climate change.

Recommendations

- Integrate DRR activities into other community settings and events wherever feasible, for example targeting nakamals, church or women's meetings and community, sporting and youth events.
- Support CDCCCs and Area Councils to actively promote DRR and CCA awareness and disseminate a range of information and IEC material (ideally in Bislama and/or close-captioned for people with hearing impairments).

IV. COMMUNITY RESPONSE PLANS (CRPS) AND SCHOOL RESPONSE PLANS (SRPS)

All new communities in Erromango and Aniwa except one developed Community Response Plans (CRPs) for cyclone. Staff noted that the CRP for cyclone for Isavai would be completed at the end of the year (presumably by CARE staff) and would be explained to the CDCCC during the delivery of mitigation materials. The CRP would then be updated by the CDCCC together with the community members. Eight (8) of the communities also developed CRPs for earthquake and tsunami and two (2) for flood (Pongkil Bay and South River).

In Erromango roughly equal numbers of women and men participated in the development of the CRPs. Available data from Aniwa highlight that exactly half of the participants involved in developing the CRP for Ikaukau were women, whereas in Isavai thirty percent (30%) of the participants were women.

CARE Vanuatu also supported the development of seven (7) School Response Plans for cyclones. SRPs were reportedly formulated by teachers and school administrators, the SDCs and students representatives.

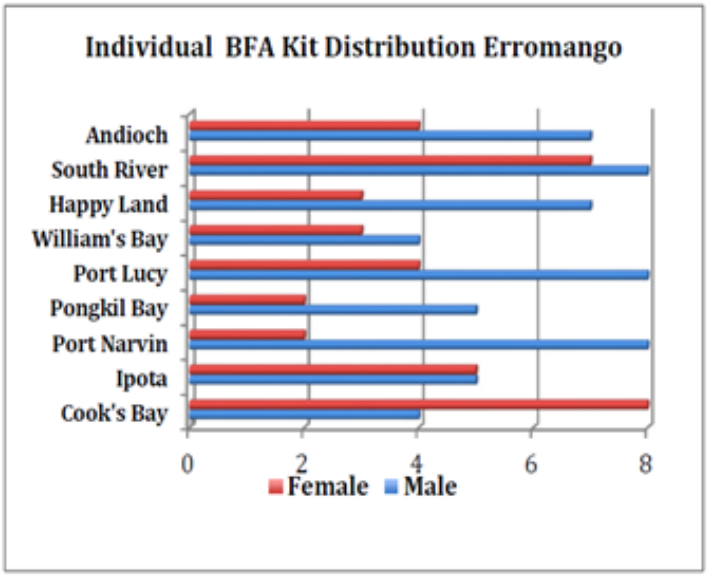
During focus group discussions some community members demonstrated limited recollection of the CRPs and SRPs. When asked where plans were located most community members stated that they were kept with the CDCCC Coordinator. In many cases CRPs and SRPs seemed to be 'owned' by the CDCCC Coordinator, the school administration or the CDCCC for safekeeping. A few community members indicated that they had the information 'in their heads and hearts'. No plans were seen publicly displayed in the communities visited. Response plans are written in Bislama and identify roles and responsibilities for CDCCCs, women and men, youth (not disaggregated by gender) and the wider community. Staff noted that men and women in the community and the CDCCCs know their specific roles to perform before, during and after a disaster and how to pass information in the community and these are mainly associated with traditional tasks normally carried out by women and men. In some cases roles outlined for youth in the CRPs under the category 'Yungfella' refer solely to specific tasks to be carried out by young men. The project did not develop a CRP module specifically encouraging women's leadership as per the recommended action in the Gender Action Plan. The draft CRP module still needs to be standardized by the National Government and partner agencies and it is unknown if it specifically addresses women's leadership.

Recommendations

- Review CRPs/SRPs standardised modules from social inclusion and gender equality perspectives.
- Encourage CDCCCs to publicly display CRPs and SRPs in visible and accessible locations.

V. BASIC FIRST AID (BFA), EARLY WARNING SYSTEMS (EWS) AND SIMULATION EXERCISES

BFA and EWS training were undertaken in all new communities and schools in Erromango and Aniwa. All the communities received EWS kits and laminated information sheets about kit maintenance. All (100%) communities in Erromango and Aniwa received Medium BFA Kits and Individual BFA Kits and nine (9) schools received EWS Kits. In Erromango sixty percent (60%) of the recipients of individual BFA kits were men as compared with forty percent (40%) women with significant differences between communities (see chart below).



Erromango sixty percent (60%) of the recipients of individual BFA kits were men as compared with forty percent (40%) women with significant differences between communities (see chart).

Given the large numbers of participants, the BFA training evidently generated a lot of interest in the community. On average equal numbers of men and women attended the BFA training in Erromango. Anomalies include Ipota where 70% of the participants were female, William's Bay where 62% of the participants were female and Pongkils Bay where twice as many men attended as women. In Ipota men reportedly cooked lunch in order for women to be able to attend the training. On Aniwa, roughly equal numbers of male and female participants attended BFA training in Imatu (9 men and 8 women`); in Ikaukau twice as many men participated in BFA training as women (17 men and 8 women), and in Isavai 61% of BFA participants were men (14 men and 9 women).

Focus group discussions highlighted that community members and particularly CDCCC members now have better access to early warnings. The vast majority of women and men in the focus group discussions reported that they understood the alert system, although a small number said they had difficulty recalling the specific aspects of each colour. In one community the NDMO short code was posted on the wall of the community hall beside the Area Council Office. The vast majority of community members in attendance were aware of the NDMO short code and EWS messages and warnings were reportedly clearly understood by all. However in one community, several young women coaxed into joining the focus group discussions did not know the NDMO short code or the alert system. Female and male community members reported having mobiles, coverage and credit, and using radios occasionally. Most people noted that hazard warnings are communicated informally but quickly. In one community it was noted that a man with a disability had a radio and he relayed warnings to the community. Several participants reported a lack of mobile coverage and communication remains a considerable challenge for many particularly remote communities.

Early warning systems did not appear to be in use for slow onset hazards such as drought. Very few participants in the focus group discussions had heard weather or drought forecasts on the radio and none of the newly targeted communities reported having knowledge of climate change projections for Vanuatu. Data from the end-line survey should be able to give an indication of the overall level of EWS awareness within the community and ideally among women and men of different ages.

CDCCC member giving announcements

Community members were clearly pleased to have acquired basic first aid skills. The BFA training and kits were particularly effective in highlighting the importance of ensuring communities have the capacity to save lives during a disaster. It was also evident that the EWS Kit is greatly appreciated by community members and although in some cases it appeared to be 'owned' by the CDCCC Coordinator, everyone noted its relevance to the community. In several communities the hailer was used to summon people to the evaluation focus group discussions, reflecting its simple but effective use for wider community mobilising.

All new communities undertook simulation drills and these involved active participation by CDCCC members and Area Secretaries, women and men of all ages, girls and boys, students, teachers and school administrators. The community of Mission Bay in Futuna participated in a provincial simulation, as did the community of Isaka in Tanna. Some communities conducted initial mini simulations and learned important lessons that were applied in the full simulations. Debriefings offered opportunities for community members and CDCCCs to identify lessons learned to improve future simulations. During the discussions men and women noted that before they did not understand their specific roles and tended to delegate tasks and responsibilities but the simulation drills had been effective in testing them with regards to the specific roles outlined in the CRPs. Discussions identified gaps in preparedness and response and mitigation measures that were needed by the community. In some cases during debriefings community members reflected on the socio-economic impacts of disasters and broader development issues impacting livelihoods.

VI. COMMUNITY ACTION PLANS AND MITIGATION MEASURES

Communities should have a clear picture of their situation and goals following the development of risk assessments. All communities in Erromango, Aniwa and Futuna developed Community DRR Action Plans (see example below). In general, these plans or tables contain very few details and indicate confusion between hazards, disaster and climate change as well as limited understanding of the linkages between hazards, 'the problem' and 'the action to be taken'. Given the gaps in the risk assessment noted above the prioritisations of actions were evidently undertaken in the absence of an analysis of all available data and technical considerations. Several communities however had identified and initiated actions to mitigate against disaster risks but in many cases these actions were not actually identified in their community action plans.

Example of a Community DRR Action Plan

Priority	Name of disaster	Describe the problem	Action to be taken	Community Capacities	Funding	Timeframe
1	Climate Change	• Low level of water • All garden crops died up • Bush fire • Shortage of water	• Back yard garden • Health awareness	• Human resources • Community resources Needs • Storage tanks • Pipe and taps	• Agriculture • Care • Rural water supply	Early 2015

Community members understandably want to see tangible evidence of increased resilience and mitigation is an important component of the Yumi Redi 2 Project in this regard. Many communities were eager to provide evidence that the CDCCC and the community are taking concrete steps to reduce risk. The evaluation was an opportunity to observe 'mitigation planning in action.' Following focus group discussions, CDCCCs and community members engaged in discussions to finalise mitigation measures that were identified in community action plans. In some cases time constraints, an insufficiently robust technical process, and social dynamics hindered the community's ability to effectively prioritise and cost appropriate mitigation measures. In one community, discussions and decision-making were rushed, complicated by a community conflict, and clearly dominated by one or two men. In other communities however, discussions proceeded smoothly and involved more equitable decision-making.

During mitigation discussions some people had difficulty recalling or deciding on their priority hazards and did not appear to have established clear links to the risk assessments and community DRR action plans previously developed by the community. In several cases identified measures did not relate to a hazard and decisions were made in the absence of technical considerations. This was evident for example when a mitigation measure for water was prioritised based on a lack of adequate infrastructure to deliver water closer to households rather than an identified need to cope with insufficient rainfall and periods of drought.

Recommendations

- Strengthen community action and mitigation plans linked to technically robust risk assessments and ensure these substantively address gender equality and social inclusion.
- Strengthen engagement and partnerships with DRR, CCA and sectoral experts to provide technical support and capacity building for mitigation.
- Address safety, privacy and physical mobility issues relating to safe houses and toilets for women and girls, and people with disabilities.

B. Risk Governance

An essential component of the project centred on setting up the CDCCCS and subsequently building their capacity to help support communities reduce their risks in the immediate and longer term. This alone however was considered to be insufficient to ensure community resilience and the project also aimed to strengthen the linkages between CDCCCs, Area Councils and the Province. The project supported several effective initiatives in this regard and key findings are noted below.

I. COMMUNITY DISASTER AND CLIMATE CHANGE COMMITTEES (CDCCCS)

Community-based structures form a critical foundation for resilience. All targeted communities in Aniwa and Erromango have established CDCCCs and the committees on Futuna Island continued their engagement with CARE Vanuatu through the Yumi Redi 2 Project and the NGO Climate Change Adaptation Consortium Program. During focus group discussions it was evident that there is strong commitment among CDCCC members and Area Secretaries to save lives. Many community members noted that it was hard to assess effectiveness of the CDCCC because they had not yet experienced a real disaster, suggesting perhaps a lack of appreciation for their roles in building resilience through ongoing preparedness activities. Women and men in the community, CDCCC members and Area Council Secretaries participated in various project activities together.

Do you know the CDCCC membership?

The vast majority of community members consulted during the evaluation knew about the CDCCC, its purpose and its membership although some were not sure about the roles of certain members. People who participated in the evaluation focus group discussions are likely to be the more engaged members of the community so it remains to be seen if those who rarely attend project or community activities are equally informed about the CDCCC. It is expected that the end-line survey will provide more information regarding the levels of awareness of the CDCCC within the wider community. Given that coordinators have primary responsibility for CDCCC activities they were the most familiar with the committee's roles and responsibilities. The few younger women who participated in focus group discussion for the evaluation tended to be the least familiar with the CDCCC membership. The level of awareness of the CDCCC membership is insufficient to measure the effectiveness of the committees and ideally the MEL would have included an indicator in this regard.

The level of effectiveness of CDCCCs varies and generally appears to be reflective of the level of social organisation in the community. Social cohesion and cooperation are important elements of community resilience. Several communities have strong and equitable social networks and institutions, effective community governance structures and by association effective CDCCCs. Many community members noted that the CDCCC met regularly, that members were pro-active and generally reported 'the CDCCC is working well'. Other communities however noted the lack of cooperation as one of the main challenges to

CDCCCs and community members engaged in discussions

effectively prepare, respond and recover from disasters. These CDCCCs appeared to be less effective and driven solely by CARE Vanuatu interventions or visits from other NGOs.

Capable and committed drivers and committee members are critical to the effectiveness of the CDCCC (and the Area Council). Although a few coordinators requested 'incentives' the vast majority appeared to be motivated by a genuine desire to help the community. Comments made by CDCCC members such as 'CDCCC is dead' or 'needs to wake up' appeared to reflect frustration among committee members about their limited ability, capacity or delegated responsibility to initiate DRR activities.

CARE Vanuatu did not specifically support the establishment of any School Disaster Committees (SDCs) for several reasons. Some communities had already established SDCs and given the small size of many communities, others had incorporated school safety and response into the wider CDCCC and CRP. In some cases CDCCC members were also represented in School Disaster Committees. Existing SDCs in some of the targeted communities are generally gender-balanced being comprised of male and female staff, as well as female and male parents or guardians serving on the committees as community representatives.

Recommendations

- Build the capacity of the CDCCCS and SDCs to undertake annual action planning, monitoring and reporting, supported by guidelines and templates.

II. STRENGTHENING LINKAGES

Does the CDCCC talk with the Area Secretary (presumably about DRR)?

Communication and cooperation was noted by many community members as an important part of an effective CDCCC. CDCCC and community members considered the main purposes of CDCCCs to act as a conduit to pass information to and from the community through the Area Secretary, as well as play a key role in supporting hazard preparedness and response. Several communities stated that they also considered the CDCCC to be a general community organising body that would be activated to support other NGOs.

Focus group discussions for the evaluation, along with data gathered during the DIPECHO monitoring visit highlight significant variation between communities with regards to the level of communication and cooperation between CDCCCs and Area Secretaries. In some communities women, men and youth noted that CDCCCs and Area Secretaries had good cooperation and open lines of communication, whereas in others they expressed that either the CDCCC was not functioning effectively or the Area Secretary was not sufficiently active. During focus group discussions several women stated that they had limited awareness of when the Area Council met and in one case noted that the Area Secretary 'does not bring issues to the Province'.

CARE Vanuatu effectively supported linkages between all levels in a number of ways. In June 2013 NDMO and VHT participated in training to undertake a provincial simulation exercise through support from CARE Vanuatu which was followed by a Provincial and Area Council Simulation in Futuna in August 2013. In October 2014 CARE Vanuatu supported training for the Tafea Provincial Disaster Committee (PDC) involving a range of participants including CDCCCs, members of the Provincial Disaster Committees (PDCs), Area Secretaries and the NDMO. An effective approach was to involve Area Secretaries from Tanna, as this helped

to disseminate information to communities where CARE Vanuatu had yet to provide targeted DRR support. During the training NDMO presented information about CDCCC roles and responsibilities and CARE Vanuatu prepared the CDCCCs to use the initial damage assessment form and facilitated sessions on gender & protection in response. PDC members also received training about logistics and preparation for the simulation that was subsequently undertaken in Mission Bay on Futuna (cyclone) and Isaka on Tanna (volcano). Members of the Provincial Disaster Committee formed the Tafea Provincial Emergency Operations Centre that was activated and trailed for the simulation. CDCCCs and community members from Mission Bay and Isaka, as well as Area Secretaries participated in this simulation. These activities were effective approaches to strengthen linkages, as well as build capacity among a wide range of stakeholders at various levels and across several islands.

An important aspect of CARE's support to strengthening linkages involves leading by example. During the evaluation several Area Secretaries noted that they are pleased that CARE Vanuatu uses appropriate lines of communication, passing information through the Province and Area Secretary when undertaking activities in contrast to some NGOs that reportedly 'go through the window instead of coming through the main gate.'

Recommendations

- Increase awareness among new and existing communities about the procedures and working structures of provincial and national structures and relevant departments and ministries.
- Establish linkages between CDCCCs, Area Secretaries and Tafea Provincial Water and Agriculture Officers to support water and/or food security and adaptation initiatives.

4.2.2 Social Inclusion, Gender Equality and Women's Empowerment

Social inclusion and gender equality and women's empowerment are fundamental principles of CARE. CARE Vanuatu has taken a very pro-active approach in this regard and is currently implementing the Women and Girls Empowerment Program (WGE). The commitment to social inclusion and gender equality is evident both in terms of the attitudes of staff and the approaches taken by the Yumi Redi 2 Project at all levels. The findings below are intended to strengthen key dimensions of CARE's new resilience program. As with the other findings and recommendations, it should be noted that these should in no way be considered exhaustive.

A. Social Inclusion

There is clearly considerable willingness among CARE Vanuatu staff at all levels to enhance social inclusion in the project. As a result of the commitment and approach taken by CARE staff during field visits there is increased awareness and widespread appreciation among community members of the need to assist people with disabilities, children, the elderly and pregnant women during disaster preparedness and response. Many community members expressed a significant change in their attitudes, noting a greater appreciation of the needs of these social groups and the importance of including women, youth and people with disabilities in project activities.

The project supported an approach that broadly targeted children, the elderly, people with disabilities and women with an implicit assumption that these groups are homogeneous and uniformly vulnerable. The project did not explicitly aim to identify or meet the needs or interests of people within these groups or

identify specific vulnerabilities and capacities, needs and interests, roles and responsibilities of these different groups or the individuals and households within these groups that might be at particular risk. However, progress has been made with regard to the project's support of disability-inclusive development with more details noted below.

Apart from Gender Action Plan, the project and the communities did not develop any specific strategies to support the inclusion of specific groups. Community mobilization efforts by CARE Vanuatu field officers were generally ad hoc but nonetheless effective in getting a range of community members, ie women and men of all ages and people with disabilities to attend project activities.

Recommendations

- Develop a social inclusion strategy for the new resilience program.
- Gather gender and age disaggregated data to identify groups, communities and individuals who are most at risk and analyse their specific vulnerabilities and capacities, needs and interests, roles and responsibilities.
- Collate and analyse disaggregated quantitative and qualitative data from beneficiary tracking lists, trip reports and community reflections and use findings to inform and monitor the project approach from a social inclusion perspective.

I. REMOTE AND SATELLITE COMMUNITIES

During the evaluation, community members often referred to the vulnerability of remote communities, acknowledging the challenges they face in receiving early warnings, general DRR information and material and external assistance in the event of a disaster. CARE Vanuatu and community members made considerable efforts to include distant satellite communities in project activities and ensured their needs were not overlooked. This was evident during the evaluation when several larger communities specifically prioritized the needs of satellite communities during discussions about mitigation.

Field teams strive to undertake activities in all communities, however since it is not possible to visit satellite communities during every visit, field officers often specifically requested Area Councils and CDCCCs to inform these members about upcoming activities and to invite them to attend sessions in other communities.
Ongoing challenges in terms of distance and communication systems for EWS highlight that these smaller and isolated communities are often at considerable risk and need to be as well prepared as possible with safe houses, food and water security, as well as EWS and BFA supplies and skills.

Recommendations

- Develop a strategy to prioritise satellite and particularly remote communities to ensure they receive ongoing support.
- Integrate risk mapping of satellite communities and vulnerable households more comprehensively into larger community maps and profiles.

II. JOHN FRUM COMMUNITY

A community located adjacent to one of the main communities in Aniwa are followers of the John Frum religion. This community does not regularly or actively participate in project activities in large part because of their beliefs about formal education. As one woman from Ikaukau noted, 'they never let the people come. Some people don't know bislama, only the local language. Some people can't read or write…explanations must be very clear… they are afraid to speak. In training, they don't want to go or have difficulty understanding.'

> 'Not all of them came. Tried to include people from John Frum but then they left to drink kava.'
>
> - Community member

Several attempts have been made by community members to enhance the participation of the John Frum community. (Male) members from this community were selected to be on the Ikaukau CDCCC and during one activity community members asked all people to bring food to encourage their participation as one community member reported 'not all of them came. Tried to include people from John Frum but then they left to drink kava.' Participatory learning techniques were used during project activities, however many involved some writing and these approaches were apparently insufficient to entice members of this community to come and/or stay.

During the evaluation some of the men from this community were clearly uninterested and left the focus group discussions. It is not known to what extent field officers have been able to reach out to these groups and trip reports did not contain any evidence of specific mobilisation efforts in this regard. CARE Vanuatu staff noted that they are keen to involve this community in project activities and are eager to hear of ideas or approaches to address their lack of interest and limited participation.

Recommendations

- Undertake focused discussions with neighbouring communities in Aniwa, the Area Secretary, CARE Vanuatu staff and any partners that have worked with this community in the past to identify key actors and entry points within the John Frum community.
- Develop a strategy to increase wider community engagement in DRR/CC activities more generally, using interesting and innovative activities that do not involve writing and will not be viewed as 'meetings'. Hold activities in a neutral venue perhaps undertaking activities outdoors instead of using the church (which by association may also encourage the participation of members from other denominations).

III. PEOPLE WITH DISABILITIES

CARE Vanuatu has taken concrete steps to increase the focus on people with disabilities. Staff received disability awareness training during a monitoring visit from CARE Australia and an experienced volunteer with relevant technical expertise has made notable contributions to the CARE's efforts to support disability-inclusive development.

During a scoping mission in Futuna and Erromango data was collected from and about people living with disabilities and their caretakers and the findings and recommendations were included in a report accessible to all staff. The mission also involved disability awareness training in William's Bay.

According to participant lists, one or two people in the community living with a disability attended some of the project activities. In several communities one person living with a disability regularly attended project activities and these individuals were present during the focus group discussions for the evaluation. Focus group discussions for the evaluation highlighted that in most cases addressing the needs of people with disabilities was mainly confined to response activities, such as 'rescuing people with disabilities in cyclone simulation.' One woman noted 'some involvement of people with disabilities but sometimes we forget about people with disabilities after the disaster.'

Some people with disabilities who have participated in CARE activities

There were no references in trip reports to the degree of the participation of people living with disabilities in project activities and although it may have occurred, reports do not provide details of field staff or communities specifically addressing the needs of people with disabilities during activities. During the evaluation a young deaf woman was interviewed with the help of a female CDCCC member. She reported having very limited knowledge of DRR and noted that she had not attended any project activities. She also had not seen any of the DRR videos. Although she reads lips and is a good reader she noted that she would not have been able to follow the discussions or make any contributions during project activities. It was apparent that her lack of confidence may likely also have been a factor. This example gives an indication of a gap where DRR activities and approaches could have been strengthened to address the needs of people with disabilities.

During the staff briefing for the evaluation the Disability Advisor noted that community m embers and staff do not necessarily always know how to recognise disabilities. Both staff and community members are clearly very open to learning about how to better support and include people living with disabilities in community activities. In this regard, CARE Vanuatu is committed to increasing the capacity of staff to address disability dimensions and a half-day awareness session was being planned for next year.

Recommendations

- Continue to build the capacity of CARE Vanuatu staff to effectively address disability-inclusive development, particularly in relation to risk reduction.
- Make use in-country technical expertise wherever possible and establish links with the Pacific Disability Forum based in Suva.
- Report on lessons learned, constraints and changes that have occurred for people living with a disability and their caretakers as a result of the program's approach.

IV. CHILDREN

Informal discussion with children during the evaluation process

Children were targeted in school DRR awareness activities; received comics developed by CARE Vanuatu about various hazards; and completed a quiz to gauge their level of DRR knowledge in preparation for awareness sessions. Large numbers of boys and girls attended the evening DRR/CCA video shows. Videos show children actively involved in simulations, waiting for and following instructions from teachers to secure classrooms and materials and leaving for safe areas in an orderly manner. Boys and girls undertook the same roles in the exercises as per the ones outlined in the SRPs. The Project's Gender Action Plan promotes the participation of girls in the formulation and dissemination of the SRPs, however no available data was available regarding the participation of either girls or boys in the development of the SRPs or the dissemination of these plans generally.

The small sample of children who were informally questioned during the evaluation demonstrated a basic understanding of hazards and how to prepare and respond to cyclone, earthquake and tsunami warnings in their homes and schools suggesting that awareness-raising in schools and simulation drills had been effective.

Participant lists for project activities disaggregate data by age from 0-17 years. There are clearly differences between the levels of participation from children in this age range. The fact that young children attended meetings is less an indication of children's participation than a possible indication of lower levels of participation among adults, particularly women.

During an interview one man noted that the CDCCC had been ineffective because of a conflict between communities and a case of incest of a young girl in a satellite community had constrained links with the main community. This information highlights both the vulnerability of the girl, her child and her community. There was no evidence that any specific risks pertaining to girls (or boys) were identified or addressed by the project.

Recommendations

- Target children for DRR/CCA awareness where a gap in support has been identified, partnering with key government departments and organisations such as Save the Children.
- Identify and address the needs of the most vulnerable children, for example girls and boys who do not attend school, who are living with disabilities or have parents living with disabilities, or who at risk of abuse or in socially dysfunctional homes.
- Collect baseline and endline data for the new program from and about children ensuring it is disaggregated by gender and includes reference to any disabilities.

V. YOUTH

The project targeted youth in secondary school DRR awareness activities and the comments noted above about children are also generally applicable. Youth representatives reportedly attended meetings to develop SRPs however there is no data to determine their age, sex or the qualitative nature of their participation.

> "Bad cooperation between youth and community leaders 'lo side blo disaster'. No youth voice in the Area Council, Province and National level. Cooperation between men is not good enough."
>
> - Youth representative

According to participant lists, in many communities large numbers of young people attended BFA and EWS training, CRP and Community Action Planning sessions, simulations and evening video shows. It would have been useful to gather qualitative data to show if and how this age group was meaningfully involved in the process and decision-making. In addition, many young people in the communities do not attend school and beyond school-based interventions young people were not specifically targeted in any project activities.

Confidence levels and skills to effectively participate tend to vary considerably in the age range identified for youth (18-35 yrs). While young people do attend and participate actively in project activities many others do not. The report from the CARE Australia DRR Advisor's visit to Aniwa notes an instance where older men constrained the participation of young people when presenting in a larger group. Field officers were not specifically tasked to take into consideration or record any specific constraints faced by young women or young men regarding their participation in project activities.

Focus group discussions for the evaluation highlighted that women and men consider youth to be 'active' and physically able-bodied. Debriefings from the simulation exercise highlight that many young people were actively involved. The participation of young people, particularly with regards to disaster preparation and response was widely acknowledged by women men and youth within all the communities. Discussions from the project evaluation highlighted that youth in many communities are keen to be involved and support community efforts to address disaster risk.

CARE Staff with youth member in Isavai

It is important to note that in many cases, the term 'youth' implicitly referred to men and this underlying assumption was evident among women and men in the communities, as well as CARE Vanuatu field teams to a certain extent. The majority of youth representatives in communities and on councils tend to be male. In many cases the definition of who fits into this age group is implicit. 'CDCCC set up already but we youth we want to take the lead and the role of CDCCC cause we smart boys of the community.' (Isavai DIPECHO Youth FGD)

Separate focus group discussions were held with male and female youth during the DIPECHO monitoring visit. The views obtained during these discussions were collated under the

heading 'Youth groups' with the gender balance of participants was not stated. Youth reported 'Bad cooperation between youth and community leaders 'lo side blo disaster', 'No youth voice in the Area Council, Province and National level'; and noted that 'cooperation between men is not good enough'. They also listed 'effective involvement of youth' as a priority. It would have been useful if the project had analysed gender disaggregated data collected during community reflections to examine if young women and men shared different views from their seniors and if the views of young women differed from those of their male counterparts.

Recommendations

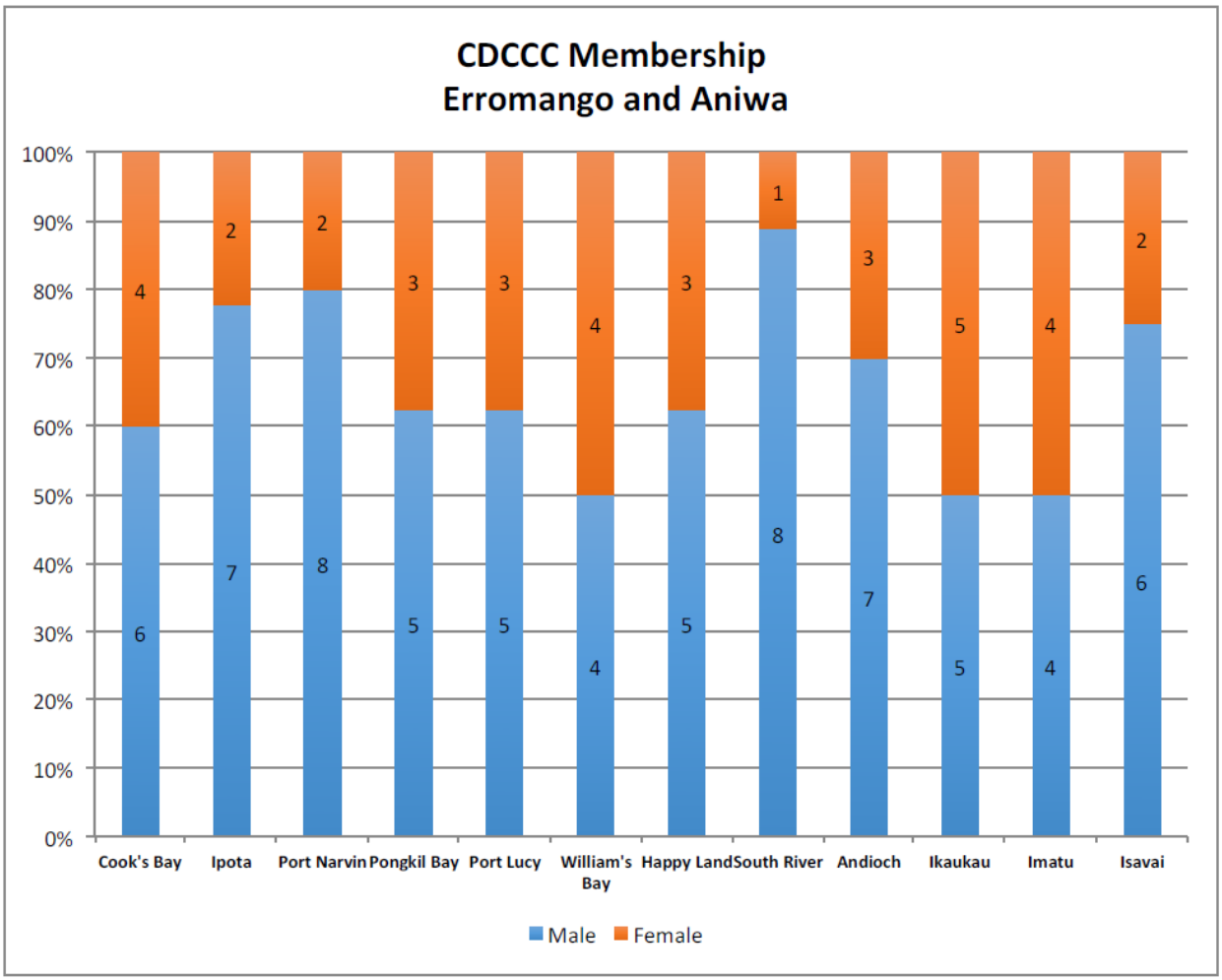
- Ensure there is a clear rationale for working with youth and the expected outcomes and target young people where there is an identified need, objective or window of opportunity.
- Identify and address constraints to the participation of specific groups of young women or young men in resilience activities.
- Disaggregate quantitative and qualitative data referring to 'youth' in all community activities, discussions and reporting.

B. Gender Equality and Women's Empowerment

There is widespread recognition among CARE Vanuatu staff that women's participation and decision-making is an important aspect of the project. The Yumi Redi 2 Project has taken significant steps to enhance gender equality and foster women's empowerment and efforts to integrate this approach into DRR appear to be achieving positive results. In the field, CARE Vanuatu sets the example by ensuring female and male field officers alternate as team leaders. During project activities male and female field officers undertake all roles and are equally responsible for encouraging women to share their views during plenary discussions.
The Gender Action Plan (GAP) developed for the project identifies expected results and actions. There is very limited reporting on gender in trip reports by field officers. Evidence regarding the project's approach to gender equality is mainly captured in reports from external monitoring visits from CARE Australia; reflections following the Gender and Leadership training; and discussions from this evaluation.

The project's approach to gender equality and women's empowerment is commendable and could be further strengthened by systematically and substantively reporting on these efforts; critically analysing and addressing any ongoing constraints to the meaningful participation of women and girls; and monitoring and recording changes in attitudes and actions among women and men in the community and in the CDCCC.

The findings below suggest both significant progress, along with suggested areas for improvement.



I. GENDER BALANCE AND WOMEN'S PARTICIPATION AND DECISION-MAKING IN THE CDCCCS

One of the project's aims was to foster women's participation and decision-making through the establishment of gender-balanced membership. According to the CDCCC lists in the community profiles the level of gender balance in the committees on Aniwa and Erromango vary (see chart). On average 66% of CDCCCs members from Aniwa and Erromango are men, compared with 34% women. By comparison, the CDCCCs established under the Yumi Redi 1 project that reportedly had less of a focus on gender have a total of 81% (25) male members and 19% (6) female members.

Another objective for the project was to promote women's nomination for key roles and leadership responsibilities within the CDCCC. There is presently one (1) female CDCCC Coordinator from Aniwa with the remaining eleven (11) Coordinators from newly targeted communities being male. Half (50%) of the Assistant or Deputy CDCCC Coordinators from these communities are female and several female CDCCC members have assumed the lead role in their respective areas (see figure below).

CARE Vanuatu's training module on CDCCC roles and responsibilities notes, 'It is also very important that women and men are well represented, as complementarities of preparedness activities as well as identification of special needs during disasters are essential'. This approach is noteworthy however 'complementarities of preparedness activities' is somewhat confusing and the rationale could have been strengthened beyond preparedness alone and 'special needs' during disasters.

Martha, CDCCC in Aniwa

The facilitators' notes for setting up a CDCCC state: 'To be effective, a CDCCC has to include people from all parts of the community (make sure to explain why!). Members should include… (among others) representative of women's group, representative of youth group, elderly people, and people with disability.' CARE field staff noted that during the establishment of the CDCCCs they explained that the committee should include people from different parts of the community to ensure fair representation of voice; to recognise challenges of different locations (for example relating to specific hazards or access to information); and to facilitate the participation of men, women, youth, elderly and people living with disability. CDCCCs established in new communities have a good cross-section of different representatives from the community. However representation by women in male-dominated settings is not always easy and it should be noted that some women reported that they do not have a voice in the Area Council even when there is a women's representative.

The notes state that women should be well but not equally represented and there are no references to gender balanced membership or women's leadership. Trip reports do not record efforts undertaken to achieve gender-balanced committees or specifically encourage women's leadership. In setting up future CDCCCs it would be very useful to report if it was easy or difficult for community members to nominate equal numbers of women to the committee or for leadership roles and what strategies were used by CARE Vanuatu staff to address any challenges in this regard.

With the available data it is not possible to directly attribute the number of women CDCCC members or the lone female CDCCC Coordinator to the project's approach to encourage gender-balance membership. Some of the women may have been nominated regardless because they are active members in the community. However it can be surmised that many CDCCCs likely have more women members than they would have

had otherwise as a result of CARE's advocacy for women's participation in the committee.

Gender and Leadership training was undertaken to increase the leadership skills of elected female CDCCC members, as well as enhance gender equality in community activities. Gender-balanced teams of CDCCC members, as well as Area Secretaries of the targeted communities were invited to attend. Debriefing notes demonstrate that this approach was particularly effective in increasing women's leadership skills and also in changing attitudes among both women and men about women's potential to be leaders in the community. During focus group discussions for the evaluation all women and many men who had attended the training noted that they had learned about the importance of 'gender' and women's roles as leaders, however a few men emphasised solely the leadership dimension of the training.

On the whole, male and female community members expressed that women CDCCC members make important contributions to the committees. As one male community member noted, 'If men only on committee cannot function so it is good for women to come because they have good ideas for decision-making in the community. If (male) CDC members continue to be absent they won't know their roles. Most of the men are committed to other tasks but women take up the role and responsibility.'

II. WOMEN'S PARTICIPATION IN PROJECT ACTIVITIES

Both male and female CARE Vanuatu field officers recognise that cultural barriers restrict women's ability to speak publicly and stated that on many occasions they had advocated for women's participation and encouraged women to voice their opinions. This approach was also evident during the evaluation when CARE field officers encouraged women to come physically closer for group discussions and actively solicited their views. Gender disaggregated outputs of VCA exercises provide evidence that women and men were involved in most activities related to the risk assessments. Women and men attended community multi-hazard risk mapping and the views of women and men were captured in relation to historical hazards, risk perception, health calendars and seasonal and livelihood calendars. Separate focus group discussions during community reflections demonstrate CARE's efforts to ensure women are provided with an opportunity to share their views.

In relation to the Gender Action Plan, there was no evidence to suggest that any measures had been taken to encourage the attendance of girls and women who have not gone to school.

Quantitative data

A review of participant lists revealed that the percentage of women in different activities varied considerably for different communities. On average approximately 39% of participants involved in developing Community DRR Action Plans were women. In Erromango women's attendance in this activity ranged from a low of 32% in Pongkils Bay to a high of 70% in Ipota. In Ikaukau 33% of participants involved in developing these plans were women, whereas in Imatu 15% of participants were women and in Isavai the percentage of women was 85%. On average equal numbers of men and women attended BFA training in Erromango. Anomalies include Ipota where 70% of

Women participants in Erromango

the participants were female, William's Bay where 62% of the participants were female, and Pongkil Bay where twice as many men attended as women (however this was not uncommon as very few women reportedly resided in the community when the project was being implemented).

Personal observation of mitigation consultations during the evaluation highlighted very limited involvement of women in discussions and decision-making within some communities, as well as good representation and participation by women in others. Staff noted that time constraints and limited staff precluded the possibility of conducting separate focus group discussions for mitigation activities.

Records of disaggregated responses in the simulation briefings demonstrate that women, men and young people had opportunities to voice their opinions. Debriefings and trip reports do not refer to the specific roles of either women or men in the simulations making it difficult to evaluate whether or not these were 'equal'.

Records show very limited attendance by women in discussions and decision-making about mitigation activities in communities on Futuna. For example, in Herald Bay 70.9% of participants were male, as were 77.7% of participants in Matagi. In some cases there were few participants in mitigation discussions generally and shown by the trip report for Futuna which noted 'no women rep and only 4 men in the Iasoa community participation as a lot of families had gone to Vila and Tanna for rituals, holidays etc...' Although the gender imbalance of participants may point to gender-based inequities or household and community responsibilities, competing priorities and other events can also influence the attendance of both men and women.

Some trip reports refer to good levels of overall participation but apart from the previous example few reports refer to low levels of attendance by women even where participant lists indicate this to have occurred. Nor do they note any particular constraints faced by women. One woman in the focus group discussions noted 'DRR workers come to the field but women are too busy'. It would be worthwhile for field officers to examine the reasons behind this frequently heard statements.

Qualitative data

Numbers and percentages of female participants alone do not provide evidence of meaningful participation by women and girls. Qualitative data is needed to determine the degree of meaningful participation by women and men in project activities and record any changes over time. Focus group discussions and participant observation during the evaluation highlighted examples where some older women confidently shared their views and a few girls seemed eager to be part of project activities. However it was also apparent that equal participation of women, and particularly among younger women remains a challenge in several communities.

A mother with her young child

During the discussions women noted that in general women attended and actively participated less than men in project activities. One

community member noted 'women sometimes find it difficult to speak up in meetings because it's their first time' however both women and men noted that this was changing as more women attend project activities. During the evaluation some young women were reluctant to speak even in separate groups. Members of this social grouping often lack self-esteem, confidence, communication and leadership skills to participate in community activities.

In addition, the responsibilities associated with raising young children often make it difficult for women to attend or participate effectively in project activities and community meetings. Young children are often a source of distraction for mothers during project activities and this was evident during the evaluation. One participant list for one of the project activities includes the names of five children under the age of five and a very small number of women.
While the limited participation of women and girls was fully acknowledged by the CARE Vanuatu team, there was limited evidence to suggest that the project had identified or addressed their specific constraints. The only notable example involved a youth group in one community that was apparently charged with making lunch so women could attend the BFA training. It is not known whether this idea came from one or more women or men in the community or was suggested by field officers.

III. GENDER DISAGGREGATED DATA, GENDER ANALYSIS AND GENDER-SENSITIVE INDICATORS

Overall there was very limited evidence of the use and analysis of gender disaggregated data. Where some gender-disaggregated data was produced, for example through the use of VCA tools or community reflections, there was no evidence that it had subsequently informed project activities or planning in any way. The report from the DRR Advisor notes that women included flood as a hazard because they are affected more due to their roles and responsibilities caring for the home and children. While the DRR Advisor took note of these gender dimensions, it was not clear whether community members and CARE Vanuatu staff also had considered these issues as there were no further references in the risk assessments or trip reports.

Separate focus group discussions and community reflections were held on many occasions and were effective in giving women space to share their views. However disaggregated responses were not analysed using a gender lens to examine if women or men as a group shared different views and experiences.

There is insufficient evidence in trip reports to assess whether women and men's views were equally considered when community views or maps were reconciled. Apart from pregnant women being identified as 'vulnerable people' that needed to be cared for in an emergency, few gender-differentiated aspects of risk and vulnerability were identified. Feedback from staff in relation to preliminary evaluation findings highlighted limited appreciation of the need to identify and analyse gender-differentiated risk and capacity during community mapping exercises.

Risk assessments did not identify any gender issues and did not incorporate a gender analysis and there was no evidence of attention to gender dimensions in either the community action plans or the mitigation plans.

There is insufficient evidence in trip reports to assess the qualitative nature of women's participation in project activities or changes during what was essentially a very short timeframe. However staff and

community members stated that CARE Vanuatu's approach had helped to change attitudes and increase women's participation. Both men and women in the separate focus group discussions highlighted that although men remain largely responsible for decision-making because of custom, this was beginning to slowly change.

Baseline and endline data

Baseline data is a critical component of monitoring and evaluation of project results. CARE Vanuatu staff members and Youth Challenge interns conducted surveys to collect baseline information about DRR awareness, knowledge and practices in targeted communities and technical support was provided by a volunteer. The guidelines for the interviewers emphasise the importance of collecting data from both females and males, however it appears the purpose of this approach was unclear as the baseline report does not disaggregate any data by gender or include any gender analysis. In addition, baseline and end-line surveys missed an opportunity to collect gender-disaggregated data about and from children, youth or people with disabilities to assess any changes in DRR awareness, knowledge and practices among these groups.

Questions related to gender equality were incorporated into the end-line survey in order to have an improved baseline for the new resilience program. During the evaluation field visit to Aniwa, the CARE Vanuatu team worked long days sometimes into the early evening to complete the end-line surveys. During the debriefing it was recommended that interviewers and interviewees should ideally be the same gender. The team noted that this would not allow their team to complete the end-line in time because in this instance a gender-balanced team was not possible because one staff member was on maternity leave. Comments from staff reflected limited understanding of why it is preferable for women to interview women. These findings suggest a need for staff training about the gender dimensions of data collection; advance planning to secure sufficient women surveyors; and due consideration to safety issues for women in the field.

IV. FOCUSING ON MEN, AS WELL AS WOMEN

The project approach to foster gender equality and women's empowerment focuses on men and woman and this appears to have been very effective to date. The Gender and Leadership training in particular was very effective in building a shared understanding of women's leadership potential among male and female CDCCC members and Area Secretaries. Reflections from this workshop highlighted changing attitudes among men and women regarding women's leadership. As one participant noted, 'I learnt a lot on leadership and gender because (before) every time I am looking down on women'.

Key informant interviews highlighted that the training and overall approach by CARE teams in support women's participation and decision-making is beginning to convert many men into gender equality advocates. Many men stated that were now generally more supportive of women's participation and decision-making. Overall men in the focus group discussions for the evaluation stated that they were supportive of women's participation and decision-making in

Workshop with men

the CDCCC and in the community generally. In these discussions and the project documentation there was no evidence of men's outright opposition to women's increased participation or decision-making, however some stated that it should 'happen slowly because of custom'.

Male CARE Vanuatu staff who regularly encouraged women's participation in activities was perhaps one of the most effective uses of male gender advocates in the project. A senior member of the field team participated in a CARE gender workshop in Cambodia and this had reportedly significantly increased his commitment to gender equality. CARE field officers noted that in almost all DRR activities, women expressed their appreciation for the opportunity to be included in community initiatives and men noted how thoughtfully CARE's activities had been implemented and as a result they could now see the value of including women.

Success Factors for Gender Equality and Women's Empowerment in the Yumi Redi 2 Project

- Dedicated and competent management team that promotes a sustained focus on gender equality and women's empowerment
- Committed national staff who are keen to learn about and support gender equality and women's empowerment
- Use of DRR as an entry point to address gender equality
- Targeting both women and men in gender and leadership training
- Targeting (mainly male) Area Secretaries and senior provincial leaders in gender training
- Gender training opportunities for national staff in-house, as well as abroad
- Participation by staff in gender and protection cluster meetings
- Consistent efforts by male and female field officers to encourage the attendance and active participation of women in project activities
- Separate focus groups discussions for women and men in project activities and participatory activities
- Confident and experienced women community mobilisers within the community

Recommendations

- Develop a strategy and action plan to promote gender equality and women's empowerment for the new resilience program.
- Specifically target girls and young women to build their confidence, communication and leadership skills, identifying entry points and establish linkages between the resilience program and the WGE Program.
- Ensure women are meaningfully involved in managing resources and making decisions regarding disaster and climate change funds and supplies.
- Establish a network of male gender champions and strategically involve them in program activities.
- Share stories about gender-differentiated dimensions and experiences related to mitigation and adaptation.
- Continue to build the capacity of CARE Vanuatu staff to effectively support gender equitable programming.

4.3 Efficiency

Project Design

The Yumi Redi 2 Project did not include a fully-developed project design and logical framework that would have assisted the monitoring and evaluation of project activities, outputs, and impacts. Despite this shortcoming, CARE's methodological approach to work planning and the adoption of a Monitoring, Evaluation and Learning and Gender Action Plan ensured that the lack of design did not compromise overall outcomes. It is however recommended that any new resilience program include the development of a comprehensive project design and logical framework.

Monitoring and Reporting

A range of project management systems have been set up for the project. This includes a simple and effective work plan and electronic filing system for trip reports and project documentation that can be accessed by everyone in the office. Templates have been developed for field trip reports and an action tracking system has been established to ensure follow up. Debriefings are held at the end of each day in the field during which time staff reflect on what went well and recommend areas for improvement. A beneficiary tracking system has also been set up to record the name, gender and age of participants in activities, as well as note if they have a disability. In order to supplement limited project monitoring and reporting requirements, a Monitoring, Evaluation and Learning Framework was developed, along with a Gender Action Plan. Although on the whole these systems and tools work well there are several aspects that could be improved.

Identified means of verification and monitoring tools include separate focus group discussions, trip reports, community reflections and workshop reports. Considerable effort had reportedly gone into reconciling paper documentation and electronic copies. However as noted above many community profiles and risk assessments for communities and schools were incomplete indicating either that critical activities had not been undertaken or that the files had yet to be uploaded. The community profiles were reportedly awaiting input from other partner agencies in the CBDRR Working Group and will then be finalized.

During the evaluation debriefing staff stated that they were not familiar with the Gender Action Plan. Several staff had been involved in the development of the GAP and received copies of the final version. Although they appear to be well aware of general objectives such as increasing women's participation, it was evident that none of the field officers or assistants were using either the MEL or the GAP to guide their work. There was no evidence that trip reports reported against the MEL or the GAP.

Trip reports are listed as one of the main means of verification for monitoring the progress and results of the project and therefore much of the responsibility for reporting rests with field officers, many of whom are relatively inexperienced in M & E. A very small number of trip plans demonstrate a specific aim to address gender. For example, the plan for the Tafea and Tanna simulation exercise notes 'emphasizing the gender participation in all activities done' and 'a Gender Approach'. However there were no references to these aspects in the follow-up trip reports. It would have been useful to note the specifics of the approach and whether or not it had been successful or unsuccessful and why.

A review of trip reports highlighted that debriefing and reporting centres mainly on facilitation processes

and logistics. Although trip reports capture a range of lessons learned ('what didn't work well'), the recommended actions ('how can we do differently?') do not always address areas that need improvement. Similarly responses that touch on issues of sustainability and potential replication ('how can we extend this?') do not systematically correspond to successes or good practices ('what worked well?'). It would appear that the importance of reporting during field visits for monitoring and evaluating project results was not adequately conveyed to field officers. In this regard, reporting mechanisms could have strengthened with the addition of robust indicators that systematically measured progress towards results, particularly in terms of changes within and among communities and at the provincial level.

On various occasions, women and men in the communities, CDCCCs and a range of stakeholders participated in community reflections about project activities and apparently a trial of participatory monitoring was undertaken in Futuna but no reporting on this activity could be found.

CARE Vanuatu staff considered the monitoring visit by CARE Australia to be appropriate in particular because community expressed that it helped them understand more about CARE Australia and CARE Vanuatu generally. Staff also felt that the visit by DIPECHO was important in order for the donor to better understand and appreciate CARE Vanuatu, the targeted communities, as well as the logistical challenges of project implementation.

In-country technical inputs provided from CARE Australia included training in VCA tools and water resources assessment in Aniwa. It is unclear whether technical inputs added significant value, however staff noted that the visit by the DRR Advisor was very helpful in addressing staff concerns and constraints around logistics which resulted in partnership agreements being established with Area Secretaries and service providers for transportation, food and accommodation in the communities.

Recommendations

- Develop a robust logical framework and Gender Action Plan for the new program to measure results, progress and change over time.
- Conduct training for staff about M & E and reporting, using either in-house, in-country or CARE Australia technical support. Build the M & E capacity of project coordinators and train field officers to effectively report on expected project results.
- Analyse disaggregated end-line data (i.e. baseline data for the new program) with technical support sourced locally or from CARE Australia where required.
- Involve CDCCCs and equal numbers of women and men in the community in participatory monitoring of the project, particularly in relation to mitigation and adaptation measures and include report back mechanisms to the wider community.

Operating Budget and Financial Resources

CARE Vanuatu is not an official country office and therefore does not have a general operations budget. Despite financial constraints, the team was able to effectively manage project risks and budgeting for the project though as shown below, some challenges may require attention.

CARE's finance, human resources and logistics team highlighted several issues relating to the efficiency of the project. Given the context and nature of the project working in remote communities in Vanuatu, it was

not surprising that various logistical challenges were reported. Staff and community members noted concerns with shipping of materials to communities as some items were damaged or did not arrive at their destination. Various solutions were considered including pursuing an arrangement for payment of goods on arrival, but the company is no longer interested in this arrangement and arranging a charter but this was found to be too expensive. Staff noted that shipping at the end of the year is problematic as everyone is sending goods and mass travelling to the islands results in limited space on ships and difficulties getting quotes and securing space.

Field officers were required to undertake frequent travel by air and boat and this had generally been without incident apart from occasional lost luggage. Safety considerations are taken seriously by CARE Vanuatu for example staff are required to wear lifejackets during all travel by sea. Finance noted issues with last minute requests for pay and travel funds, and field staff expressed the need to purchase better quality cameras and video recorders to take to the field. Communities stated they wanted to slightly increase the payments for services in the field. These and other issues appear to be competently addressed by CARE Vanuatu management.

The lack of office transportation was highlighted as a constraint because staff members have to take buses to different suppliers to satisfy the procurement policy and this takes considerable time. Staff also highlighted one occasion when the lack of transportation affected CARE's ability to provide technical support to the government. During recent flooding on the outskirts of Port Vila, the NDMO invited CARE Vanuatu to be part of a damage assessment however, the lack of transportation resulted in CARE Vanuatu being one of the few NGOs not in attendance.

The other major challenge impacting activities was the availability of workspace and computers and the CARE Vanuatu management team is planning to address this next year.

Recommendations

- Strengthen field trip and procurement planning to ensure finance and logistics have enough time to meet requests and arrange shipping for less busy times of the year.
- Regularly engage with donors and explore a range of partnerships and shared financial arrangements to strengthen resource mobilisation.
- Address office space and equipment requirements in line with anticipated human resources needs.

Human Resources

The biggest strength of the Yumi Redi 2 Project is its staff. The management team of CARE Vanuatu clearly recognise that committed and capable staff are critical to the effectiveness of the project and the organisation as a whole and actively support their learning and empowerment. Management noted that staff work above and beyond expectations and it was evident that staff members are genuinely committed to community development and fully engaged in the project. The establishment of good systems has also helped the team to do their job effectively.

Considerable investment has gone into training national staff and interns from Youth Challenge many of whom have subsequently been hired or contracted by CARE. Local staff regularly take part in capacity building opportunities and have been involved in in-house training in life skills, gender and emergencies

and disability inclusive development. Management actively support the empowerment of staff by delegating responsibility and decision-making wherever possible and creating an encouraging environment to support their initiative. Various staff attend cluster meetings as CARE Vanuatu representatives and have been involved in the design and facilitation of training and workshops for stakeholders at all levels. Experienced field officers train new staff and they quickly and capably take on their new responsibilities. Both women and men are given equal opportunities to assume leadership roles in gender-balanced field teams. Both management and national staff expressed the need to continue to strengthen the knowledge and technical capacities of staff and various creative options were being considered in this regard. Retention of experienced and committed staff should remain a high priority for CARE Vanuatu.

CARE Staff meeting

Recommendations

- Continue to identify opportunities and find solutions to build staff capacity in-house, in-country and abroad and identify a range of partners who can support training.
- Explore financial and budgeting options to support staff professional development with CARE Australia and CARE Nederland.
- Continue to partner with Youth Challenge to provide work experience for young interns and to build surge capacity for CARE Vanuatu.

Communication and Work Planning

Many project activities were undertaken during a single visit and several trip reports note that sometimes this process was rushed. A similar situation occurred during the evaluation, where discussions and costing for mitigation, as well as end-line surveys were simultaneously being undertaken. Most communities had no issues with the amount of time CARE Vanuatu spent with them, however communities in Aniwa stated they felt pressured with the 'time limit', noted that CARE 'squeeze activities' and would like visits to be longer if undertaken at the right time of year when community members are not occupied with other activities. For their part, field officers stated that they spent sufficient time with communities, Area Council Secretaries and Provincial authorities.

During the evaluation some communities and CDCCCs noted that they had not been sufficiently informed about CARE Vanuatu visits. On several occasions this lack of advance notification hampered the implementation of certain activities. These comments were made several times during community reflections, along with recommended actions that should be taken to address them.

When planning field visits staff take into consideration busy times of the year when many people are travelling or involved with community and personal commitments. They also ensure they notify stakeholders and go through the right communication channels. Although there are cases when planning could have been improved, in many cases there had simply a breakdown in communication at local level.

Recommendations

- Ensure CARE Vanuatu's annual planning and programs are well coordinated.
- Communicate CARE Vanuatu's annual plans to the Province, Area Councils and CDCCCs and partners working in the same islands and communities.
- Review annual work plans with communities during each visit and make any adjustments as required.
- Ensure sufficient time is dedicated to key activities in the field, particularly those related to community resilience planning, and mitigation and adaptation measures.

4.4 Impact

The Yumi Redi 2 Project appears to be making a real difference to the lives of many women and men in rural communities living in the outer islands of Tafea Province. Given the short time frame it is unrealistic to expect significant impacts however a number of positive changes and direct results from the project are highlighted below. Increasing awareness, knowledge and skills. Overall both women and men stated that the project has been very beneficial because it provided more awareness, knowledge and skills about DRR. Community members of all ages, CDCCC members and Area Council Secretaries noted that before and during a disaster they did not know what to do. As one woman noted 'before CARE came we never had any idea about these things.' As a result of the project there is a widespread increase in awareness among women and men, students and teachers in the new communities about hazards and risks, disaster preparedness and appropriate responses to different hazards. Community members, CDCCCs, and many Area Secretaries all noted their increased capacity to effectively prepare for and respond to disasters.

Changing attitudes about DRR and safety

The project has had a notable influence on changing attitudes regarding disaster risk. Both women and men noted repeatedly that they now take disasters seriously and appreciated the importance of being prepared, whereas before they used to 'run around', 'panic' or 'do nothing'. Many community members stated that they are now keen to take action to reduce their risks to disasters. In one community several people noted that the project had resulted in the CDCCC having the confidence to rescue people at sea when their boat motor had broken down.

Clarity regarding roles and responsibilities

Community members and CDCCC members have greater clarity about their roles in preparedness, response and recovery. The strengthening of the CDCCCs and the development of CRPs has taken a considerable load off Area Secretaries in disaster response. The introduction of SRPs has provided school management and teachers with a clear understanding of their roles and responsibilities when a hazard strikes and teachers and parents now know how to respond appropriately. As one mother noted, 'Now it is clear. We know that the children will be cared for in the school so we don't have to run to get them and can instead get our homes prepared.'

Nakamal – *Safe house*

Household and community-initiated actions to reduce risk

During the evaluation several community members stated that a number of mitigation measures had been initiated in their communities. This included activities such as planting more crops; strengthening houses and community buildings; identifying relocation areas; cutting down trees that pose a risk; raising floors to mitigate against flooding; clearing evacuation routes; and planting gardens to help persuade people to relocate to less risky areas. One CDCCC Chair noted the importance of 'doing something at least once a month' to reduce risk to disaster. In one community a CDCCC member had taken into consideration the risk posed by cyclones by reinforcing garden stakes with nails and keeping yam vines closer to the ground. She had also increased the quantity of yams planted in order to have some reserves and some for selling - both effective strategies to increase resilience at household level.

Increased cooperation and coordination

Many community members noted that the establishment of the CDCCCs and development of the CRPs and SRPs has had a significant impact on the community in terms of increased cooperation. The project has resulted in a heightened sense of responsibility among many community members to care for one another in times of disaster - something many people noted they had never done before. Both men and women highlighted that before people tended to look after their own families and houses during a disaster and this was challenging for some families but now the whole community recognised the value of cooperation and looking after each other. As one woman noted, 'now women and men work together.'

Strengthened linkages and shared learning

The Futuna Agriclimadaptation Festival provided an opportunity to strengthen linkages between communities, the Area Councils and Provincial and National Government, as well as foster cross-learning. The attendance of gender-balanced teams of CDCCC members from other communities at the festival was a cost-effective way to build wider capacity in the islands. It was evident during the field visits in that the festival had resulted in significant replication in new communities. During the evaluation, both women and men who had attended the festival proudly displayed their gardens and highlighted the practical application of their learning. In one instance, one garden in a community in Erromango had reportedly inspired ten other community members to start their own.

Increased participation and decision-making by women

There is now increased recognition among both women and men that women have an equally important role to play in disaster preparedness, response and recovery but also more generally in the community. Many women stated that they have taken on more responsibility for their family's safety. 'Women are more prepared. At first men more prepared now women tell men also what they should do.' After cyclone simulation drills comments were raised in many communities by men in debriefings that at times men do not think seriously about the safety of the family whereas women do. CARE Vanuatu staff noted that women's voice is being heard and acted upon in preparedness, response and

> "I learned that women can also be leaders - it helps changing ideas. In Southern province women are not allowed to speak but now it's different, women are allowed to speak more… I feel involved in decisions… I am happy when they listen to my ideas."
>
> - Gender and Leadership training participant

recovery. Men are coming to realize how important it is that women keep on reminding men of the potential damage that hazards may cause.

Both women and men noted a significant change in women's participation stating that before women were not allowed to speak but now more women were able to share their views. As a result of the project women are gradually becoming involved in disseminating information and their voice is heard in CDCCCC meetings which had never happened before. One male community member noted that 'As a result of the project the church is also encouraging women's voice more.' In reference to the Gender and Leadership training, one woman noted, 'I learned that women can also be leaders - it helps changing ideas. In Southern province women are not allowed to speak but now it's different, women are allowed to speak more… I feel involved in decisions… I am happy when they listen to my ideas.'

There was no evidence to suggest that the project has had any positive or negative effects on gender relations however it should be noted that it is difficult to influence and measure changes in gender relations for a project of such short duration. Nonetheless during one focus group discussion it was encouraging to hear one woman report that in the home 'more men now take the ideas of the wife.'

4.5 Sustainability and Replication

A. Sustainability

The sustainability of CDCCCs, resilience practices and positive changes resulting from the project vary according to the context of each community. Time invested in a community does not appear to be a factor of sustainability as much as other aspects, for example the presence of strong social structures and governance arrangements, effective CDCCC leaders and members, and active community organisers within the community. Sustaining positive changes with regards to women's participation and decision-making requires an ongoing strategy, with a particular focus on building the confidence and leadership skills of the next generation of girls and young women. The project did not include an exit or sustainability strategy however CARE Vanuatu did consider the sustainability of several dimensions of the project and these are discussed further below.

Recommendations

- Develop an exit strategy for the new resilience program in consultation with CARE Vanuatu staff and communities and communicate the strategy to CDCCCs, Area Councils, the PDO, the PDC and the NDMO.

I. CDCCCS - BUILDING GOVERNANCE RISK STRUCTURES AT COMMUNITY LEVEL

There are indications that several CDCCCs in new communities are likely to remain active beyond the life of the project as some of these committees are now driving the DRR process. They have initiated community mitigation activities, conducted meetings and provided regular updates during weekly meetings and community gatherings. Many CDCCCs noted that they used the committees for additional purposes, for example when other NGOs visit to discuss and implement various interventions. This level of local ownership and commitment bodes well for CDCCCs taking on broader responsibilities for community development. For these communities minimal guidance, tools, and technical assistance would be required to continue to develop, implement and monitor CDCCC action plans; undertake annual simulation exercises; implement mitigation measures; and enhance social inclusion and gender equality.

Other CDCCCs on the same island and with the same amount of time invested, clearly have far less ability to operate effectively and independently. It would seem that for these CDCCCs and communities the timeframe of the project has not yet been sufficient to be enable them to effectively prepare and respond to disasters without external support. These communities will require considerably more assistance and organizational strengthening to achieve similar levels of resilience and sustainability. People frequently move between islands and to Port Vila and at times the absence of CDCCC members, especially coordinators can impact the effectiveness of the CDCCCs. As one community member noted, 'the challenge is that people leave the island either for a short time or for good.' Several CDCCC members noted the importance of passing on knowledge and skills to new members when people leave. All communities stated that CDCCCs members have open terms, except one where CDCCC members noted 'changes in membership every 2 years so everyone gets a chance'. Although it presents other challenges, changing membership may be an important consideration for the CDCCC in terms of building the knowledge and skills of more women and men in the community; measuring progress in women's participation and leadership; and enhancing overall accountability of the committee.

In general CDCCC members demonstrated a good understanding of the roles and responsibilities of the committee. However in a few communities it was apparent that some CDCCC members did not clearly understand the roles and responsibilities of either the committee or its members, particularly when the committee had been inactive for some time. This did not necessarily reflect the effectiveness of the initial training but rather points to limited ongoing support to the CDCCC to sustain momentum beyond CARE inputs. To date CDCCCs have received limited guidance from Area Councils, the PDO, the Province or NDMO to support ongoing DRR planning and implementation. In addition, there does not appear to be any mechanisms for community members, Area Council Secretaries, Provincial Authorities, National Government or the committee themselves to monitor the work of the CDCCCs.

Recommendations

- Identify CDCCCs in need of continued strengthening and provide targeted support.
- Build the capacity of CDCCCs and Area Councils to monitor and report on progress and challenges in building community resilience.

II. BASIC FIRST AID (BFA)

Skills obtained during the BFA training are easily forgotten and it is widely acknowledged that basic first aid skills need to be regularly refreshed. BFA training was supported by Red Cross representatives in Port Vila as there are few volunteers in Tafea Province. Several communities have nurses and community health workers who have very basic BFA skills and some young people in the communities noted that they are eager to acquire BFA skills.

Recommendations

- Discuss BFA training with Vanuatu Red Cross and others (perhaps MoH) to identify solutions and longer term partnerships to support sustainable BFA training in the communities.
- Explore the possibility of BFA training of trainers for community health workers or other interested young women and men in the community.

III. EARLY WARNING SYSTEMS (EWS)

Along with the EWS Kit, the CARE team provided training, advice and information sheets to ensure the EWS Kits would be properly maintained. Field officers regularly discussed any community concerns about the sustainability of the EWS Kits and to a lesser degree BFA kits. Many community members were concerned that cheaper quality products in the EWS Kits would not last. Several CDCCCs noted that they had begun to collect small funds from community members to be able to restock items when required which provided good evidence of sustainability. Sourcing these items however without external support is likely to be a challenge for several communities.

Recommendations

- Support community planning that identifies sustainable solutions for restocking items in the EWS and BFA kits.

IV. SIMULATIONS

Global experience highlights that commitment and capacity to respond appropriately to disasters tend to fall by the wayside when simulation exercises are not performed regularly. Communities continue to improve their skills, attitudes and response times when they participate in repeated simulations. Over time preparedness and response become more effective and automatic. Simulations will need to be done regularly by CDCCCs and schools to internalize response processes, make actions automatic and teach new generations to be better prepared and respond to hazards.

A solid initial training and full simulation, accompanied by regular reviews of community and school response plans should be sufficient for some communities to perform annual simulations and apply lessons learned. Much depends on the overall commitment and capacity of the CDCCC and the SDC to mobilise the community. Many other CDCCCs and communities however will likely require ongoing technical support and facilitation to reach adequate levels of confidence and capacity to regularly undertake simulations independently.

Recommendations

- Build the capacity of CDCCCs and SDCs to independently regularly undertake simulation exercises for key hazards, particularly at the start of cyclone season.
- Develop simple tool/checklist and guidance sheet to support monitoring and evaluation of simulations and the dissemination of reports and lessons learned from simulation debriefings to the Area Council.

V. BUILDING CAPACITY FOR OWNERSHIP BY LOCAL AND PROVINCIAL GOVERNMENT

A particularly appropriate strategy has been the capacity building of government, both at provincial and national level to act as a facilitator and partner for community-based disaster risk reduction. Increased capacity at provincial level and strengthened linkages between community and the Province through Area Council supports the decentralisation of DRR and shifts responsibility rather than maintaining government dependence on NGOs such as CARE. However this process has only just started. Given the skills needed for DRR and the complexity of operating a Provincial Emergency Operations Center, a single training and simulation is likely to be insufficient to build sufficient capacity and the Tafea PDC will require additional support to reach adequate levels of sustainability.

CARE Vanuatu intends to further support capacity building by bringing the PDO and provincial staff from line ministries on future field visits. In addition, support by CARE for the development of the Tafea Provincial (Emergency) Preparedness and Response Plan and the Tafea Provincial Development Plan should help to further build capacity and strengthen ties between communities and the Province.

Recommendations

- Continue engagement with the DLA to integrate disaster and climate resilience into community plans.
- Support the integration of simulation exercises into the work plans of the PDC, Area Councils and the CDCCCs.
- Involve the PDO and other PDC members on field trips and simulations to build capacity, ensuring roles, responsibilities, outcomes and outputs are clearly identified for all parties.

VI. COMMUNITY DRR ACTION AND MITIGATION PLANNING

Effective and sustainable mitigation and adaptation is reliant on various factors including awareness, knowledge, skills, as well as strong and equitable social networks and institutions. Communities need to plan for the life cycle of the intervention and any required management and maintenance of infrastructure or hardware. There was insufficient time during the evaluation to inspect and evaluate mitigation measures, however some initial reflections can be made based on information in the trip reports.

Some activities, such as clearing evacuation routes or strengthening nakamals, appear to be relevant and relatively easy to maintain. Others measures however raised doubt. For example, is the aim of planting sandlewood seedlings to mitigate against landslide or to generate income? If it's the latter, is the income intended for women or men? When the trees are cut down one day what will happen to the mitigation measure? It is highly measure? It is highly recommended that CARE Vanuatu support communities to develop plans and management systems that ensure mitigation measures can be sustained over time.

Small-scale mitigation projects provide an excellent opportunity for communities to strengthen community planning and increase their skills in project design and implementation. Rushed decision-making is not conducive to effective mitigation and negates any associated benefits it potentially offers. Communities are interested in developing project proposal writing skills and these will assist them to tap into green funds. Using community development principles in the design of small projects will help people's build capacity, strengthen social cooperation and also enhance community ownership of the interventions. Even if the amount of funds available for each community is relatively small, decisions about mitigation measures should be made on the basis of a considered social, political, environmental and technical analysis. Although 'learning by doing' is appropriate in some cases, CARE Vanuatu should not run the risk of later sharing a host of lessons learned related to bad practices or maladaptation.

During the focus group discussions several communities referred to increasing population in relation to water security, as well as to teenage pregnancies in general. These risks should be factored into community resilience, particularly where food and water security are concerned. Life skills training for both young women and young men and links to the CARE Vanuatu WGE Program offer good entry points in this regard.

Recommendations

- Build the capacity of women and men in the communities to design, cost and implement socially and technically sustainable small-scale mitigation and adaptation measures.
- Strengthen and integrate mitigation and adaptation planning into broader sustainable development plans of communities and Area Councils.
- Build linkages between communities and sectoral experts from provincial or national government, as well as advisory bodies such as the Erromango Technical Advisory Committee (ETAC).
- Build the technical knowledge of CARE Vanuatu staff and field officers to effectively support mitigation and adaptation and address the range of social as well as technical aspects of coping and adaptation.

VII. LINKING DRR AND CCA: THE CASE OF FUTUNA

Communities in Futuna involved in the Yumi Redi 1 Project continued their engagement with CARE Vanuatu in the Yumi Redi 2 Project, focusing mainly on mitigation activities and expanded into the area of climate change adaptation through the NGO Climate Change Adaptation Consortium Program. Insufficient time was spent in the communities to make an assessment of whether communities place the same emphasis on previously identified aspects of DRR once they started to engage in climate change adaptation activities. However to a certain extent it did appear that community efforts shifted from mitigation to focus on adaptation measures particularly backyard gardening. This may have occurred because these CCA activities were considered novel and involved activities which actively engaged community members, particularly women and resulted in immediate tangible benefits, ie food for household consumption. Disaster risk reduction often relates to specific short-term hazard events and interventions, whereas climate change adaptation is broader and often characterized by longer-term perspectives. In some ways this seems to have been reversed in Futuna, where CCA interventions, particularly backyard vegetable gardens were short term 'quick-wins' whereas some of the mitigation measures, such as planting hardwood trees, were longer term strategies to reduce risk.

A joint trip was undertaken by the DRR and CCA field officers to Futuna in August 2014. This visit was mainly intended as follow up by the respective teams on parallel activities rather than an attempt to integrate the approaches. DRR activities centred on discussions about mitigation measures and the trip report does not provide any information apart from 'discussion on the mitigation plan for each community is good and they all come up to different mitigation in their community that will reduce risk in their community' and notes that community members were being busy preparing for the upcoming Futuna Agriclimadaptation Festival.

It is quite feasible and in many ways practical to make linkages between DRR and CCA, however it will be important for the project and communities to maintain a focus on reducing known risks through continued attention to such areas as EWS, BFA, simulations and sustainable mitigation measures. Effective community planning that addresses short, medium and long term risks should help to further strengthen this integration.

Recommendations

- Identify synergies between DRR and CCA focusing on CARE Vanuatu's comparative advantage within an increasingly crowded field of actors.
- Integrate climate science and scenarios into community profiles and risk assessments and ensure EWS address multiple hazards (ie slow onset as well as rapid onset hazards).
- Support development planning with communities, island and the Province that addresses known short term hazards, as well as builds longer term adaptive capacity to future climate scenarios.

VIII. STANDARDISED METHODS AND TOOLS

An important measure that supports longer term outcomes has been CARE Vanuatu's support to the national working group set up to standardise DRR tools and approaches. For example, significant technical support was provided by CARE to integrate gender into the post-disaster rapid assessments. A collaborative undertaking with the Gender and Protection Cluster resulted in the integration of gender into post-disaster assessment forms and the guidance sheet for assessors, as well as the inclusion of at least one women on each assessment team post Cyclone Lusi. Sometimes details matter for sustainability. During the evaluation community members expressed that training on the post-disaster rapid assessment form had been a useful exercise however one member noted, 'If CARE Vanuatu leaves, how will the Area Secretary have enough copies of assessment forms for them?'

CARE Vanuatu's contributions to the DRR Working Group to standardize CBDRR tools and approaches is clearly appreciated by the NDMO. The development of standardized tools and processes has provided much needed support to the Government of Vanuatu as it endeavours to address the CBDRR needs of communities in the provinces.

B. Potential Replication

It is quite feasible to replicate project activities on other islands in Tafea. CARE Vanuatu has effectively implemented various disaster preparedness activities and the Government of Vanuatu, in particular the NDMO is keen for the organisation to continue providing support to communities. The project has well-developed systems for the implementation of CBDRR activities. It has established good working relationships with the Tafea Provincial Government and a proven track record of setting up CDCCCs. Capable field officers have considerable experience establishing good working relationships with communities and building linkages with Area Secretaries. Provincial disaster management training and simulations previously undertaken have already begun to strengthen these linkages. It may be possible to involve effective CDCCC coordinators and members, as well as Area Secretaries, to share their knowledge and experience with new communities. The management team's approach to strengthen coordination and collaboration and maintain open lines of communication with partners and stakeholders ensures that any potential replication enhances synergies, as well as avoids duplication of activities in the Province. Finally, the implementation of CARE's WGE program in several proposed new communities provides various opportunities for entry points, cross-linkages and learning.

The NDMO noted that it is keen for CARE Vanuatu to expand its support to other provinces that are not currently being serviced. However replication of project activities beyond Tafea Province would require additional funding, as well as sufficient numbers of experienced field staff to ensure existing communities, as well as new ones receive adequate levels of support.

Perhaps the most critical concern relating to replication centres on the expectations of existing communities and the importance of continuing to support their risk reduction needs. CARE Vanuatu should continue to support communities and CDCCCs that still need considerable strengthening to ensure sustainability, as well as communities in remote and isolated communities who may require additional support. Approaches, strategies and activities can be replicated in other islands where there is a need and gap in support from other partners however it will be important for field officers to spend sufficient time with both new and existing communities to build and enhance effective working relationships.

5. Conclusion

The Yumi Redi 2 Project has made a significant difference to the lives of the people in the outer islands of Tafea Province. The risk mapping process has given people the opportunity to reflect on the hazards they face and the real impact these have on their lives. Many women and men in the targeted communities have acquired the necessary awareness, knowledge, attitudes, and tools to save lives and secure resources. Despite various gaps identified in the risk assessments and the community profiles, once strengthened to include the full range of data, these documents will provide a firm foundation for future community development.

In many communities the establishment of CDCCCS has been an important contribution to risk reduction helping to clarify roles and responsibilities and increasing cooperation at community level. These new committees play a critical role in strengthening partnerships between communities and Area Councils and have the potential to play a key role in future risk-aware development planning at community level.

The training in early warning systems and basic first aid, along with the accompanying kits have imparted critical skills and delivered essential items that will help save lives. Participation in simulations have helped the CDCCCs and community members practice their skills and reflect on lessons learned in order to improve their preparedness activities and response. Community Response Plans and School Response Plans are important additions to many communities but will need to be reviewed regularly in line with repeated simulation exercises in order to become effective and sustained over the long term.

The initiative displayed by several communities to implement mitigation measures in such a short time is commendable. However, communities are advised to take time to plan mitigation and adaptation measures carefully in order to ensure they are appropriate to priority hazards and sustainable from both a social and technical perspective. With due monitoring of process and outcomes, these actions present a great opportunity for CARE to share important lessons learned and model approaches for CBDRR in Vanuatu.

Linking up remote communities with government is no easy task. Many communities and Area Secretaries now regularly communicate and plan together which is a significant achievement. Next steps will be to integrate Area Councils into resilient planning processes. This process will be greatly facilitated by established risk governance structures as well as the overall awareness and knowledge that communities now have about disaster risk. Capacity to reduce risk is increasing at provincial level although more needs to be done to strengthen the capacity of the PDO and the PDC. Future support by CARE Vanuatu in this regard should have a considerable impact on the Province's ability to respond to the needs of the people of Tafea. As a result of the project many women have taken on key roles in the CDCCCs and there is increasing recognition among both men and women of the importance of women's participation in community activities and decision-making. Effective targeting, planning and monitoring of actions taken to enhance social inclusion and foster gender equality will enhance the benefits for communities and provide lessons for government and partners striving to mainstream social inclusion and gender equality into CCA/DRR interventions.

Throughout the Pacific region, countries are integrating approaches on CCA and DRR. By linking specific risk reduction and mitigation measures to longer term adaptation practices CARE Vanuatu can make a valuable

contribute to this holistic approach. It is important however that communities continue to address known risks through targeted DRR measures, as well as adapt for a more resilient future. As immediate follow up to the Yumi Redi 2 CARE Vanuatu should: 1) strengthen risk assessments to ensure community profiles effectively support risk assessments to ensure community profiles effectively support risk reduction and broader development planning; and 2) strengthen staff technical capacity to ensure proposed mitigation and adaptation measures are technically and socially sound, and project monitoring and evaluation systems are effective.

Annex A | ToR for the End of Project Evaluation

CARE INTERNATIONAL IN VANUATU

END OF PROJECT EVALUATION TERMS OF REFERENCE

DISASTER RISK REDUCTION IN VANUATU PROJECT

NOVEMBER 2014

INTRODUCTION

CARE International in Vanuatu is seeking a qualified consultant with technical skills in disaster risk reduction and gender to evaluate the second phase of a disaster risk reduction project. There is potential that this project may enter into a third phase in early 2015.

It is anticipated this project will enter into a third phase in early 2015.

CARE International in Vanuatu has been implementing a DIPECHO and Australia Aid funded Disaster Risk Reduction (DRR) program in Vanuatu from May 2013 – December 2014. 'Yumi Redi 2' ('we are ready') follows on from 'Yumi Redi 1' which was implemented from July 2011 to 31 December 2012.

The project's main (principal) objective is to increase the resilience of at-risk communities and schools to the impact of natural disasters in Vanuatu. In achieving the principal objective, project activities are aimed to increase the capacity of vulnerable communities and vulnerable groups within these communities, key government bodies and stakeholders to prepare for and respond to disasters through community based disaster risk reduction activities.

To achieve the principal objective, the project has been working within the following components:

- **Local Level**: increasing the capacity of vulnerable communities, key government bodies and stakeholders to prepare for and respond to disasters through community based disaster risk reduction activities. This has included the establishment of gender balanced Community Disaster and Climate Change Committees (CDCCCs), completing community profiles and risk assessments (VCA, multi hazards & gender inclusive), school safety plans, community response plans, providing basic first aid training, facilitating emergency simulation drill exercises, provision of early warning system kits and facilitating community and school DRR/ CCA awareness events.

- **Provincial Level:** working with Provincial Disaster Committee (PDC) to increase their capacity to prepare for, assess and respond to disasters. This has included the provision of disaster management training and facilitating simulations

- **National Level**: as a member of the Vanuatu Humanitarian Team (VHT), coordinating with the National Disaster Management Office (NDMO) and others (including Red Cross, Save the Children and Oxfam all funded by DIPECHO) and collaborating on streamlining community based DRR approaches, integrating CCA in DRR methodologies at a community level and sharing lessons, learning and tools.

National level activities have also included co-Leading the Gender & Protection Cluster and participating in other Clusters including WASH, Education and Agriculture.

Project geographical focus: Aniwa, Erromango and Futuna Islands, Tafea Province with some activities in Tanna and Port Vila

Project Implementation Period: 20 months: 1 May 2013 to 31 December 2014.

Estimated time for the evaluation: 15-19 working days (with travel between 1 – 21 November) and final report to be submitted in December

Type of evaluation: External

PURPOSE

The purpose of the evaluation is to provide evidence on the outcomes and impact of our work in the area of community-based disaster risk reduction to learn which approaches and models work at the community level, and to provide recommendations for future programming strategies and direction.

Whilst the project has focussed on three levels (local, provincial and national), the majority of project activity has focussed at the local level and an evaluation of the national level activities has already been conducted. Therefore it is expected that this evaluation will focus on CARE International in Vanuatu's work with communities, in particular Community Disaster and Climate Change Committees (CDCCCs), and evaluate current and future potential of CDCCCs in all development sectors and decision making structures, in general and particularly for women.

Through analysis of CARE's work with CDCCCs, the evaluation will demonstrate how women can be supported more in decision making and how this could be applied in other sectors such as WASH and engaging local government in local development.

Additionally the evaluation will give recommendations as to how best engage at the provincial level in future.

Results from the evaluation will inform the design of the next phase of CARE International in Vanuatu's Resilience Program.

SPECIFIC OBJECTIVES

The evaluation will focus on the project implementation period (May 2013 to December 2014) to assess the approaches and models employed by the project which contribute toward the increased resilience of communities and Provincial Government to disasters.

In particular the evaluation look at the following:

1. Which DRR approaches and models work and why; and what are the secondary outcomes of supporting the CDCCCs (particularly in the area of decision making and women's empowerment)
2. Identify the success factors and constraints of the project including gender and social inclusion
3. Identify the current and future potential of CDCCC's in general and particularly for women; how women be supported more to be in decision making and how this could be applied in other sectors such as WASH and engaging local government in local development.

4. How long CARE should invest in communities to attain significant traction and sustainability (using Futuna as a case study example). What is the expectation for replication to new Islands because of this success and what is the cost effectiveness vs investment of this model
5. How can we better merge CCA and DRR and what are the other priority sectors
6. Which current sustainability measures in place are effective and what else needs to be put in place to ensure sustainability of the project
7. Identify lessons learned / recommendations for the third phase DRR project proposal including (i) ownership and involvement of governmental authorities at the local and provincial levels, (ii) ongoing sustainability of the project at the local and provincial levels (iii) how to continue to engage women sustainably

AUDIENCE, DISSEMINATION AND USE OF THE EVALUATION

⇒ The results of this evaluation are directed first and foremost to the targeted beneficiaries of this project, disaster management and education authorities, CARE, DIPECHO and DFAT (ANCP funds).

⇒ For CARE, the evaluation will identify the achievements and changes generated in the 20 months of intervention at the local level and provide key elements for the continuity and definition of future interventions on issues of disaster risk reduction.

⇒ For the targeted communities, schools, the evaluation will allow identification of achievements, their efficiency and effectiveness in the management of the project and their contribution towards the beneficiary groups within the framework of the project. The results of this evaluation will contribute to the updating of standardised community/school based disaster risk reduction methodologies and resources.

⇒ For national, provincial and local disaster management and education authorities, the evaluation will make it possible to obtain inputs and recommendations on how to improve the coordination and articulation of future initiatives in this area, so that they are aligned with the existing disaster risk management strategies and policies in the country.

⇒ On conclusion of the evaluation period, there will be the evaluation report. CARE will disseminate the results of the evaluation through meetings with the various stakeholders.

PROPOSED EVALUATION METHODOLOGY

The broad methodological parameters for the evaluation are set out below and the details will be finalised by the consultant in consultation with CARE International in Vanuatu. These will be outlined in an agreed evaluation plan and framework[1].

The evaluation will draw on a) relevant CARE Australia and CARE International policies and frameworks including the Women's Empowerment Framework b) program and project documents such as the proposal, baseline, and routine project monitoring data c) interviews with key staff and stakeholders; and d) in-country quantitative and qualitative fieldwork.

[1] These are to be developed in accordance with CARE Australia's Evaluation Policy and CARE's Gender Analysis Framework and Women's Empowerment Framework. Quantitative and Qualitative tools are to be approved by the Quality and Impact Unit prior to mobilisation.

The methodology and techniques will be described in the final evaluation plan. However, it is expected that the evaluation methodology will include:

- *Phase I (Preparation)*: a focussed desk-based review and analysis of relevant program and project documents such as designs, baselines, mid-term reviews and routine project monitoring data as well as CARE International DRR tools and methodologies
- *Phase II (Accountability and Evidence-based learning)*: detailed in-country end-of-project evaluation using both quantitative and qualitative research methods; identify and map good practice examples that demonstrate project impact and sustainability; and make recommendations on how these can be brought to scale to increase the resilience of communities to disasters.

The combination of methods used will be decided in discussion CARE International in Vanuatu and the selected consultant.

DURATION OF THE EVALUATION

The evaluation will last for 15-19 working days with travel between 1 – 21 November 2014 and final report to be submitted in December 2014.

The evaluator will submit a work plan that will address the following phases:

- Preparatory Phase
- Field Phase
- Analysis phase and preparation of the preliminary report
- Presentation of the preliminary report
- Drafting phase and final report
- Final report

The allocation of the number of days that will be required in each phase will be identified in the work plan with a timetable and agreed upon between the evaluator and CARE International in Vanuatu.

DELIVERABLES

The key deliverables for the evaluation are as follows:

Phase I (Preparation)

- Evaluation frame work outlining areas of enquiry and specific questions to be answered through the evaluation; and
- Evaluation Plan for in-country work including methodology, tools and logistics;

Phase II (Accountability and evidence-based learning)

- Debriefing presentations with CARE International in Vanuatu and relevant stakeholders, outlining key country-specific findings;
- Draft evaluation report for comment
- Final Evaluation Report (no more than 40 pages plus any annexes and a case study) in electronic format and including an executive summary of no more than 4 pages.

MANAGEMENT

The evaluation will be undertaken both at home-base and in-country. The consultant shall be managed by CARE International in Vanuatu. CARE International in Vanuatu will provide strategic oversight and assist with necessary logistical support such as accommodation arrangements, local transportn provision of local interpreters, ad aran gementsfor dbnriefing for country offite s aff a d relevant in-t untry s akeholders.

ROLES AND RESPONSIBILITIES

CARE International in Vanuatu:

- Participate in the discussion of methodology and tools to carry out the evaluation
- Organise and manage all logistics for evaluation
- Review and approval of the draft report
- Approval of the final report of the evaluation
- Provide project information and documents to the evaluator

Evaluator:

- Draft a proposal for the evaluation containing: Methodology, detailed sampling strategy, techniques / tools, work plan and budget.
- Preparation and submission of preliminary report
- Preparation and submission of final report with annexes relevant to the work, as well as additional information about the process.

EVALUATION TIMEFRAME

Indicative timeframes for completion of key milestones (exact number of days per task to be determined in partnership with the successful consultant):

Phase I (Preparation)	
Friday 10 October	Consultancy Advertised
Sunday 19 October	Expressions of Interest to be submitted
Wednesday 22 October	Notification of the successful consultant
w/c 27 October	Inception meeting with consultant
Early November	Desk-based analysis and development of evaluation frameworks and in-country evaluation plan Visa approval processes commenced as required
Phase II (Accountability and learning)	
November 2014	In-country fieldwork, Vanuatu
December 2014	Submission of draft evaluation report and draft project case study
	Submission of revised and final draft evaluation Report and case study
	Final evaluation report and project case study received (by 12 December 2014)

CONSULTANT EXPERIENCE

For the duration of the in-country fieldwork, it is proposed that the consultant will be supported by local staff for data collection where needed. Local staff will assist with: providing local context; data collection; translation; connection with local level organizations as needed and any specific delegated tasks. The

consultant will be responsible for managing local staff, including a one day training in any specific tools to be used for the evaluation.

The consultant will be expected to have the following skills and experience:

- A master degree or equivalent in international development, applied anthropology, social science, climate change, disaster risk reduction or related field. Further education or a concentration in evaluation would be an asset;
- Strong technical and analytical skills in research and evaluation including strong skills in quantitative and qualitative research methods;
- Strong expertise in gender and community-based disaster risk reduction and in evaluating disaster risk reduction projects/programs;
- Proven experience in writing high quality reports including evaluation, reviews or research reports for publication;
- High quality communication skills, including the ability to speak and write clearly and effectively; listen to others; and facilitate and encourage participation from others, including in cross-cultural contexts;
- Strong management skills, including the ability to manage time; set and adjust priorities; foresee risks and allow for contingencies;
- Demonstrated knowledge and experience of working in developing countries

EXPRESSIONS OF INTEREST

Expressions of Interest should include:

1. A maximum 2 page statement of capability introducing the evaluator/organisation and how the skills and competencies described above are met, using concrete examples

2. Current CV of the consultant

3. One example of a previous evaluation conducted by the consultant

4. A budget covering major costs for the evaluation or part of the assignment proposed. It is preferred to pay an agreed price for the totality of the work. The total budget for all consultant fees should not exceed AUD 9,000. Reasonable costs for international travel, visa costs, in-country travel, per diem, accommodation and all costs of meetings and evaluation workshops, will be covered directly by CARE. A full quotation should include all of the following:

    - Total cost for the scope of work to be undertaken and expected number of days;
    - Specific point of departure/return to take up the consultancy; and
    - Confirmation of availability to complete the evaluation between November – December 2014

Expressions of interest should be submitted to Charlie Damon, Vanuatu Program Manager
Email: Charlie.Damon@careint.org. **Closing date Sunday 19 October 2014.**

Shortlisted consultants will be contacted and asked to produce a maximum 2-page outline of the proposed evaluation process including proposed evaluation methodology for addressing the evaluation objectives and questions outlined in the terms of reference

FURTHER INFORMATION
Please contact Charlie Damon, Vanuatu Program Manager
Email: Charlie.Damon@careint.org Tel: +678 22951

Annex B | End of Project Evaluation Questions for Yumi Redi 2

Evaluation Issues & Primary Questions	Secondary Questions
Relevance	
To what extent has the project been relevant to the Government of Vanuatu?	In what ways has the project aligned itself with national, provincial and island priorities, policies, plans?
To what extent has the project been relevant to community members?	To what extent has the project identified and addressed their needs, interests and expectations of male and female community members, particularly those from potentially vulnerable groups?
To what extent is the project in synergy with other DRR actors?	What approaches have been used to, harmonise, coordinate, synergise and avoid duplication with other DRR actors, particularly at community level? (approach, sites, stakeholders, activities)
Effectiveness	
Hazard Mapping and Risk Assessments To what extent are multi-hazard risk assessments effective and gender-sensitive?	• How effective was risk mapping in the communities? • To what extent did community multi-hazard risk mapping promote equitable participation and decision-making and local ownership? • To what extent did risk assessments draw on local knowledge of women and men, and integrate this with data from other sources? • Was gender-disaggregated data produced in risk and vulnerability assessments and used to inform project objectives? • Did risk mapping equally take into consideration the views of both women and men of all ages? • To what extent were women and men equally involved in the development of risk and hazard maps? Were there any constraints? How were these overcome? • Did risk assessments identify gender-differentiated aspects of vulnerability and capacity?

Risk Governance **CDCCCs** To what extent have the CDCCCs been effective? **Linkages** To what extent have links between CDCs, Area Councils, Provincial Disaster Committees and the DLA been effective or strengthened to benefit communities? What are the secondary outcomes of the CDCCCs, particularly in relation to gender equality and women's empowerment?	• To what extent are community members satisfied with work of the CDCCCs? • What has contributed to or constrained the effectiveness of the CDCCCs? • To what extent have women played an active role in the CDCCC, taken on key roles and leadership responsibilities and been meaningfully involved in decision-making? • What are the roles and responsibilities of women and girls, people with disabilities in monitoring the CDCCC?
Risk Planning **Community Response Plans (CRPs) and School Response Plans (SRPs** **Community DRR Action Plans and Mitigation Plans** To what extent has community and school planning been effective in reducing risks? **DRR in Schools**	• To what extent are community members satisfied with CRPs, SRPs, Community DRR Action Plans and Mitigation Plans and their involvement in these processes? • To what extent were community members, CDCCCs, and Area Secretaries and Provincial stakeholders actively engaged in planning DRR activities? • To what extent were DRR knowledge and skills of women and of men used in community planning processes? • Do plans include equal opportunities for women and men, girls and boys to take on key roles and responsibilities? • To what extent do response and action plans draw on and take into consideration the roles and responsibilities, knowledge and skills of women and men, girls and boys, people with disabilities and other social groups? • To what extent did community DRR action and mitigation planning draw on local knowledge and resources; integrate technical data; and address social, as well as environmental dimensions? • To what extent were actions prioritized to reduce specific risks among women, men and different social groups? • To what extent are activities outlined in the plans coordinated with other partners?
DRR Awareness and Capacity Building How effective was DRR capacity building for community members, CDCCCs, Area Councils and Provincial Authorities? To what extent have DRR activities in schools been effective?	• To what extent has the project increased DRR awareness, knowledge, skills and capacity among community members? • Do CDCCCs, Area Councils and the Province (PDC, PDO) have increased knowledge and skills to support communities to effectively prepare for and respond to disasters? • Do women and girls, people with disabilities, members of vulnerable communities have increased capacity? • To what extent have increased knowledge and enhanced skills been applied in the community? • To what extent has knowledge and skills been shared within the community and with other communities? • How effective and accessible are IEC methods and materials? Are they regularly accessed by women and men, girls and boys in the community? • Have School Disaster Committees been established? Are they functioning? • Was material specifically developed for schools? • To what extent were the approaches and activities child-centred/child-led? Has the project encouraged children's leadership, particularly among girls?

Basic First Aid Training, EWS and Simulation Exercises How effective were capacity building activities in basic first aid and early warning systems? How effective were simulation drills? (Timing, content, duration, attendance and levels of participation, facilitation…?	• To what extent were women and men involved in BFA and EWS training? • Do women and men have better and equal access to early warnings? • Are early warning communication methods, channels and messages clearly understood by all community members? (ie alerts and NDMO short code) • Did women and men, girls and boys have equal opportunities to play key roles in BFA training and simulation exercises? • To what extent were the needs of different social groups addressed in BFA, EWS and simulations? • Who received and manages BFA and EWS kits in the community? • Do BFA and EWS kits address specific emergency needs of women and men, or other particular groups in the community?
Social Inclusion To what extent has the project strengthened social inclusion in DRR? **Gender equality and women's empowerment** To what extent has the project contributed to the meaningful participation and decision-making of women and girls in different spheres (ie within CDCCCs, households, schools, area councils, provincial government)?	• What approaches did the project use to specifically target and involve specific communities or social groups (ie socially marginalized communities, remote satellite communities, girls and boys, young women and young men, people with disabilities)? • To what extent did the project involve especially vulnerable communities and the most vulnerable members of the community? • To what extent did the project identify and address *specific* vulnerabilities and capacities, needs and interests, roles and responsibilities of different groups in the community? • To what extent was gender and age disaggregated data, gender analysis and gender-sensitive indicators integrated into the project? • What measures were taken to ensure that women and men participated actively on an equal basis in project decision-making? • What approaches were more effective and less effective in promoting gender equality, women's empowerment and social inclusion? What were the challenges? How were they addressed? What were the success factors? • To what extent did the project challenge attitudes and beliefs that discriminate against women? • How has the project involved men and boys to promote gender equality and foster women's empowerment? • What strategies were used to ensure women were meaningfully engaged in DRR activities and control project-related assets (ie EWS)? • Did the project include mechanisms to ensure both women and men regularly provided feedback into the project? • To what extent was the knowledge of women, as well as men promoted to build a culture of safety and resilience? • Did the project have any positive or negative effects on gender relations?
Have project activities and the overall approach been effective according to the expected objectives and outcomes?	• How has the project monitored progress towards results, particularly in terms of changes within communities and at provincial level? • To what extent are women and men in the community, or specific groups, involved in monitoring of the project?
Has the project contributed to positioning CARE as a key DRR stakeholder?	• How does the government view CARE's role with respect to the project? • To what extent has the project reinforced CARE's position as a DRR partner for the Government of Vanuatu?

Efficiency	
Were resources (time, funds, expertise) allocated appropriately to achieve the general objective?	• Were the resources used efficiently to achieve expected goals? • How effective were staff members in providing support to the project? Did they have sufficient capacity? • Were adjustments made in response to changing contexts and needs? • Did the project have the appropriate capacity and budget to implement the activities? • Did project staff spend enough time in the communities, with area council secretaries and provincial authorities? • Was risk managed properly with regard to the resources? • Was CARE or other external expertise and support allocated appropriately?
Impact	
What occurred as a direct result of the project? What real difference has the project and activities made to the lives of different groups within the communities?	• To what extent did plans met expected results (ie increased DRR capacity among women and men in the community, children, teachers, administrators; improved emergency coordination; enhanced leadership skills)? • How has the program enhanced resilience among community members particularly those within potentially vulnerable groups? • What positive changes (tangible and intangible) have occurred as a result of the project? • Were these impacts and changes intended or unintended? • Has the project resulted in any negative impacts or change?
Sustainability and Replication	
To what extent are governance risk structures (ie CDCCCs), resilience practices and positive changes resulting from the project sustainable?	• To what extent are DRR structures, plans and activities owned and driven by communities? • What measures have been put in place for longer-term outcomes to be realised? • To what extent has the project influenced policy or practice? • What are the contributing or constraining factors for sustainability and/or replication? • To what extent are positive changes in women's participation and decision-making sustainable? • How long should CARE invest in communities to attain significant traction and sustainability (using Futuna as a case study example)? • To what extent can approaches, strategies and activities be replicated or upscaled?
What has been learned during the course of the project?	• To what extent is DRR knowledge, capacity and behavior change monitored and evaluated by the project and the communities? • What organisational learning mechanisms are in place to support learning from project? • To what extent have any good practices and lessons been identified and shared with communities or other stakeholders? • Have any good practices been replicated by CARE or other stakeholders? • To what extent was the project guided by CARE and DIPECHO policies?

Annex C | In-Country Evaluation Schedule

Date	Evaluation Activities
Tues 4 Nov	Flight Suva – Port Vila
Wed 5 Nov	Morning Port Vila • Meeting with Programme Manager and key staff to review evaluation methodology Flights Port Vila – Tanna – Tanna – Mission Bay, Futuna, walk to Iasoa, Herald Bay Afternoon Herald Bay • Herald Bay School Focus Group Discussions Debrief and sleep in Herald Bay
Thurs 6 Nov	Morning Herald Bay • KII Annie Seiwake • Herald Bay FGDs with CCA team Afternoon Herald Bay • KII Toka Yatipu, Area Council Secretary • CDCCC FGDs (3 communities) Walk and boat to Mission Bay Debrief and sleep in Mission Bay
Fri 7 Nov	Morning Mission Bay • Mission Bay FGDs with CCA team • KII Tokon Yakowati • Informal discussions with young girls Afternoon Mission Bay • KII Pamely Rosse • KII Sarachi Debrief and sleep in Mission Bay
Sat 8 Nov	Morning Mission Bay • KII Namalinga, Area Council Youth Representative • Informal discussions with children Flights Futuna - Tanna – Aniwa, boat from airport to wharf, walk to Ikaukau Afternoon Ikaukau • Ikaukau Community FGDs (and mitigation discussions) • KII Rotha James, CDCCC Assistant Communications Manager Debrief (including endline) and sleep in Ikaukau
Sun 9 Nov	Morning Ikaukau rest / analysis Afternoon Imatu • Imatu Community FGDs Debrief (including endline) and sleep in Ikaukau
Mon 10 Nov	Morning Isavai • Isavai Community FGDs • KII Lenon Luken Nouka, Area Council Secretary Afternoon Imatu • Informal interview and visit to garden with Leonce Roland, Imatu • KII David Samoria, Chief, Isavai • KII Martha Balcon CDCCC Chair Ikaukau and Alick Balcon, Chief Ikaukau Debrief (including endline) and sleep in Ikaukau
Tues 11 Nov	Morning Travel Flights Aniwa -Tanna, Tanna - Ipota, North Erromango Afternoon Ipota • Ipota Community FGDs (and mitigation discussions) • KII Phillip Thomas, CDCCC Chair Debrief and sleep in Ipota
Weds 12 Nov	Morning Ipota • KII Martin David, Teacher and Acting Principal Travel by boat Ipota to Port Narvin Afternoon Port Narvin • KII Remy Naling, Area Council Secretary, North Erromango • Port Navin FGDs (and mitigation discussions)

Date	Evaluation Activities
	• Informal discussions with children Evening Port Narvin • Community video session Debrief and sleep in Port Narvin
Thurs 13 Nov	Morning - Travel by boat Port Narvin – Bongkils Bay • Bonkils Bay FGDs (and mitigation discussions) Afternoon Bongkils Bay and Tamsal • Visit Tamsal satellite community Evening Bongkils Bay • KII Pastor Ben Lovo and Ruth Atnelo, CDCCC Debrief and sleep in Bongkils Bay
Fri 14 Nov	Morning - Travel by boat Bongkils Bay to William's Bay • Community FGDs (and mitigation discussions) Afternoon William's Bay • KII Thomasi Sempet, Area Council Secretary South Erromango • KII Jocelyn Naupa, CDCCC Deputy Coordinator • Visit to Jocelyn's garden Evening William's Bay • KII Annie Atnelo, Headmistress, Bilingual School Sleep in William's Bay
Sat 15 Nov	Morning – Debrief and travel by truck from Willam's Bay to airport, flight William's Bay to Port Vila
Sun 16 Nov	Port Vila
Mon 17 Nov	Morning Port Vila • Stakeholder consultations with Live and Learn Environmental Education • KII Interviews with Shadrack Welegtabit, Director NDMO and Paulo Malutu, VHT Coordinator Afternoon • Telephone interview with Takara Morgan, Acting Asia-Pacific Coordinator, CARE Australia Flight Port Vila - Tanna
Tues 18 Nov	All day Tanna • KII David Torovur, Assistant General Secretary, Tafea Province • KII Wendy Tomasi, Area Council Secretary, West Tanna Sleep in Tanna
Weds 19 Nov	Morning Flight Tanna - Port Vila • Debriefing with CARE Vanuatu staff Afternoon • Community Profiles and Document Review with CARE Vanuatu staff
Thursday 20 Nov	Port Vila • Interviews with Katimal Kaun, HR and Finance Coordinator and Kalsonghi Esau, Logistics and Admin Coordinator and Issac Savua, DRR Field Officer • Interview with Marie Toto and John Bill, CARE Vanuatu
Fri 21 Nov	Morning • Meeting with Inga Mepham, Programme Director, CARE Vanuatu • KII David Samson, Provincial Disaster Officer, Tafea Province • Meeting with Mala Silas at NGO CCA Consortium Reflection and Analysis Workshop Afternoon Flight Port Vila –Nadi
Sat 22 Nov	Morning Flight Nadi - Suva

Annex D | Community Focus Group Discussion Questions

Review project objectives and outcomes

- What is this project about and what is it hoping to achieve? Post and read project objectives and expected results. Seek general feedback.
- Do you think the community needed this project? Why or why not?
- Did the project address any needs expressed by women or men?

Project timeline and activities

- What are the main activities of the project? List.
- What activities do you think were the most useful to the community? (Vote) Why are some activities considered more or less useful?

Discuss the effectiveness of project activities (For all areas note strengths, challenges, differences it has made to the community, and recommendations)

CDCCCs

- What role does the CDCCC play? Is the committee functioning?
- What does the committee do well? Which areas could be improved?
- Do you think women play an active role and are equally involved in decision-making in the committee? Why or why not?
- How does the CDCCC, Area Council and the Provincial Council link up? Does this linkage work well? Do you have any suggestions to strengthen these links?

Risk mapping/assessments (seasonal calendar, historical hazard, risk mapping)

- Were you involved in risk mapping/assessments?
- What hazards did you identify? What did you learn from this process?
- Did you discuss how these hazards affect women and men differently?
- Do you think doing the risk assessments was useful? Why, why not?

CRPs and SRPs

- Have you completed community response plans or school response plans?
- Do plans consider the specific roles and responsibilities, knowledge and skills of both women and men, girls and boys? If yes, how?
- Where are the plans located?
- Who is responsible for implementing and monitoring the plans?

Basic First Aid,

- Was Basic First Aid training useful? Why or why not?

EWS and Simulation Drills

- Can you explain the EWS? Do you think it works well? Are there any challenges? Can you suggest any improvements?
- Do you think women and men have equal access to early warning information as result of the project?
- Do women/men have better access to EW information as a result of the project?
- What are the roles of women and men in early-warning systems?
- How did the project ensure particularly vulnerable people or communities receive EW or disaster-related information?
- Who manages project-related assets - ie the EWS kit?
- Do you think the simulation drills useful? Why or why not? What could have been improved? Would any other hazard drills be useful?

Capacity Building • Did anyone participate in: i) the Gender and Leadership Workshop and ii) the Agricultural Festival in Futuna? iii) Provincial DM Training? • What have other community members learned from their participation in the training?
Discuss overall impacts of the project • In what ways has the project increased the ability of your family, community or school to prepare for and respond to disasters? • What difference does this new knowledge or skills make to you and your family? Have you changed how you do things? • In what ways has the project increased the ability of your family, community or school to prepare for and respond to disasters? • What difference has this new knowledge or skills made to you and your family? Have you changed how you do things? • Have there been any changes in the attitudes, roles or responsibilities of women or men that occurred because of the project? What activities or aspects of the project do you think mainly brought about these changes?
Discuss project focus on social inclusion • Did the project and community involve people who might not normally be included in disaster-related activities? If yes, how? • Do you think the project included the most vulnerable and at risk groups in the community? How was this done? What were the challenges and how were they overcome?
Discuss changes in participation and decision-making of women and girls • Do you think women and men participated equally in the project? • Were women or men more involved or active in some project activities than others? Which ones and why? • Were women and men equally involved in decision-making related to the project? Why or why not? • Have there been any changes in attitudes about women's participation and decision-making (among women or men) because of the project? What activities or aspects of the project do you think mainly brought about these changes? • Were there any challenges related to the participation and decision-making of women and girls in project activities? If yes, how were these challenges addressed?
Identify challenges in the project • What were some of the overall challenges of the project? • How were these challenges addressed? (ie not enough time for some activities, poorly planned, logistical problems, not enough or too much participation by certain individuals or groups, women or young men too shy to confidently engage, or initiate DRR activities…)
Assess perceptions regarding community ownership, sustainability and replication of the project • Do you think the project, plans and activities are owned and driven by the community? • If the project ended would the CDCCCs keep functioning and the community and school be able to continue to support DRR activities? (ie Would women still be included in the committee in equal numbers? Would communities still prepare and respond effectively to hazards?) • What do you think would be the easiest parts to sustain and the most difficult?
Discuss level of satisfaction with CARE • Do you have any comments about working with CARE? • Do you have any general comments or recommendations to improve CARE's work in the community?

Annex E | CDCCC Focus Group Discussion Questions

1. Setting up the CDCCC
Why and how the committee was set up? Did you encounter any problems setting up the committee and how were they addressed?

2. Leadership
Who provides leadership to the committee? How was this determined? Do you have any comments about the committee leadership?

3. Membership
How were members selected to be on the committee? Was selection criteria based on roles, skills or both? How long can members be on the committee? Are any members on other committees?

4. Gender Balance
Does the CDCCC have equal numbers of men and women? If yes, were there any challenges to achieve this balance and how were they overcome?

Do you think having equal numbers of women and men on the committee has made any difference to i) the committee ii) the community ii) you personally?

5. Roles and Responsibilities
What are the respective roles of each member? How was each role assigned? Do you think women and men have equal opportunities to hold key positions in the committee?

6. Capacity Building
What training have you had as a member of the CDCCC? Does everyone have the same opportunities for training? What knowledge or skills did you gain from the training? Can you provide any examples where new knowledge or skills was transferred to either the committee or wider community?

7. Implementation
When does the committee meet? Is the committee active and functioning well? If not, what are the constraining factors? If yes, what are the contributing factors?
How does the CDCCC share information with the community and the Area Council and vice versa?
What are the most important or useful things that the committee has done so far?

8. Decision-making
How are decisions made in the CDCCC and communicated to the community? Has the committee encountered any challenges in this area? If so, how were they addressed?

Do women and men have equal opportunities to make decisions in the committee? Why or why not?

9. Monitoring
How is the work and progress of the CDCCC monitored? Do you have any ideas about who should do this and how it should be done?

10. Linkages
Does the community have any other committees? If yes, which ones and are they functioning well? Does the CDCCC link up with other committees or with CDCCCs in other communities? How is the CDCCC linked to: i) the Area Council; ii) the Province; and iii) NDMO? Who usually initiates contact and why? Do these linkages work well? What are some of the challenges of these linkages? Do you have any ideas or recommendations to overcome these challenges? How can these linkages be strengthened to better support communities?

11. Moving Forward
Does the CDCCC support other areas or activities? Should the CDCCC guide work related to broader aspects of community development or support other areas? (ie broader community development planning or WASH)

12. Ownership and Sustainability
Do you feel this committee belongs to the community? Why or why not?
If the project ended would the CDCCC remain active? What are the contributing and constraining factors? Do you have any ideas about what can be done to ensure the committee has the ability to sustain itself in the long run?

Annex F | Key Informant Interviews Questions

1. Do you feel the community is better able to prepare, respond and recover from disasters? If yes, how?

2. What positive changes have you seen as a result of the project? Have you seen any negative changes?

3. Do you think the project meets the needs of the women and men in the community?

4. Do you have more knowledge or skills related to disaster risk reduction now? Were you involved in any training? What did you learn? Did you share this learning with any other people or communities?

5. Were you involved in community risk mapping? What risks were identified by the community? Did you discuss how hazards and risks can affect certain activities undertaken by women, men or girls and boys?

6. Are you able to access early warnings or climate forecasts? If yes, how? Is this easier than before? Do you think this information is clear and understandable (ie not overly technical or scientific)?

7. Do you have Community Response Plans or School Safety Plans? Where are they located?

8. Do you think certain groups (women, young men or women, girls and boys, people with disabilities) are involved in disaster risk reduction? Can you give any examples?

9. Do you think CARE's work has changed people's attitudes about women's participation and decision-making? Can you provide any examples?

10. Do you think the project has strengthened linkages between the community, the Area Council, the Province (and National Government)? Do you think communication between these levels works well?

11. What have been some of the challenges relating to the project? How were these challenges overcome?

12. Do you think the positive changes relating to disaster risk reduction would last without support from CARE? What would be the easiest things for the community to keep supporting and what would be the most difficult?

Annex G | Stakeholders Interviewed

Government Stakeholders		
Mr Shadrack Welegtabit	Director, National Disaster Management Office (NDMO)	Port Vila
Mr Paulo Malatu	Vanuatu Humanitarian Team (VHT) Coordinator	Port Vila
Mr David Tovovur	Assistant Secretary General, Tafea Province	Tanna
Mr Daniel Samson	Provincial Disaster Officer, Tafea Province	Tanna
Mrs Wendy Tomasi	Area Council Secretary, West Tanna	Tanna
Non-Governmental Organisations		
Mrs Andrina Thomas	Live and Learn Environmental Education	Port Vila
Mrs Pauliane Basil	Live and Learn Environmental Education	Port Vila
Futuna, Tafea Province		
Mr Samson Shipa	CDCCC Coordinator	Iluga – Herald Bay
Mr Vero Nafiu	CDCCC	Iasoa
Mr Joe Saula	CDCCC	Taru Mara – Herald Bay
Mr Stephen Jauma	CDCCC	Ishia – Herald Bay
Mrs Soutapu Kaman	CDCCC	Iasoa
Mrs Annie Seiwake	CDCCC	Ishia – Herald Bay
Mrs Manipi Tamajira	CDCCC	Matgai
Mr Lui Kaipapa	CDCCC	Matagi
Mr Seimo Jivaka	CDCCC	Iluga
Mrs Kuta Sapata	Head Mistress	Herald Bay
Mr Fred Kaperi	Head of Primary	Herald Bay
Mrs Metai Tamasui	Secondary School Teacher	Herald Bay
Mrs Lewes Matayo	Primary School Teacher	Herald Bay
Mr Toka Yatipu	Area Council Secretary	Herald Bay
Mr Sarachi	CDCCC Coordinator	Mission Bay
Mrs Tokon Yawoti	CDCCC Treasurer	Mission Bay
Mr Nalinga	Area Council Youth Representative	Mission Bay
Ms Pamely Rosse Meake	Community member	Mission Bay
Aniwa, Tafea Province		
Mr Lenon Luken Nauka	Area Council Secretary	Imatu
Mr David Somorai	Chief	Imatu
Mrs Martha Balcon	CDCCC Coordinator	Ikaukau
Mr Alick Balcon	Chief	Ikaukau
Mrs Rotha James	CDCCC, Assistant Communication Manager	Ikaukau
Mr Leonce Roland	Community member	Imatu
Erromango, Tafea Province		
Mr Phillip Thomas	CDCCC Chair	Ipota
Mr Martin David	Teacher, Acting Principal	Ipota
Mr Remy Naling	Area Council Secretary (North)	Port Narvin
Pastor Ben Lovo	CDCCC Chair	Bongkil Bay

Mrs Ruth Atnelo	CDCCC Disaster and Activity Relief Manager	Bongkil Bay
Mr Thomasi Sepet	Area Council Secretary (South)	William's Bay
Mrs Joslyn Naupa	CDCCC, Deputy Coordinator	William's Bay
Mrs Annie Atnelo	Headmistress, Bilingual School	William's Bay
	CARE International in Vanuatu	
Mr Isaac Savua	DRR Field Officer	Port Vila
Ms Winy Marango	DRR Field Assistant	Port Vila
Ms Marie Toto	DRR Field Assistant	Port Vila
Ms Mala Silas	CCA Field Officer	Port Vila
Mr John Bill	DRR Field Assistant	
Mr Kalsonghi Esau	Logistics & Admin Coordinator	Port Vila
Mr Katimal Kaun	HR & Finance Coordinator	Port Vila
Ms Inga Mepham	Program Director	Port Vila
Ms Charlie Damon	Program Manager	Port Vila
	CARE Australia	
Ms Takara Morgan	Acting Asia Pacific Coordinator	Canberra

Annex H | Monitoring, Evaluation and Learning Framework (MEL)

Yumi Redi 2' MEL framework
Last updated version November 2013

	Indicator	Outcome 1	Indicator	Activities	How data sourced /method* Always record dissagregated data -# women,men children	Who will capture data? from whom?	when will the data be captured?	How will it be reported	what do we want to know (monitoring question)
Impact					**# of women, men children and PLWD)**				
To increase the capacity of the vulnerable communtities, key government bodies and stakeholders to prepare for and respond to disasters through community based disaster risk reduction activities.	CDC,Areas secreatary,women, men,youngpeople, PLWD and children in communities and schools have increased knowledged in responding to multi hazards,emergency preparedness,structures in placed of linkages bewtween CDC and area secreataries, succesful simulation excerscise and community leadership + participation and cooperation.	Newly targeted at risk communities and schools strengthen their ability to effectively prepare for and respond to natural disasters (R1)	Community and school have CDC's,/SSC's, risk assessments,DRR action plans,emergency response plans can perform a drill exercise at completion	CBDRR activities - profile and risk assesment (VCA,multi hazards and gender inclusive)SSP, CRPs, SRP plans: BFA,EWS kits; drill exercise DRR school community awareness and events (R1.1)	CBDRR activities documents completed	Field officers	Every field trip	Field trip report	Does the community currently have DRR actions plans and emergency response plans?
					Focus group discussion	Field officers	Mid term and endline	Field trip report, team discussion	
					Community reflection	Field officers + PM	Mid term and endline	Field trip report, team discussion	Do you know who your CDCs are? Does the CDC speak to the area secretary?
					Field observation	Field officers	Every field trip	Field trip report, team discussion	
					Field trip report	Field officers	Every field trip	_	
					Attendance list	Field officers	Every field trip	Field trip report, M&E data	
					Key Informant Interviews	Field officers	Mid term	Field trip report	what actions do people know about disaster? What actions do pepple take after disaster?what new/ different activities are being done to prepare for and respond to disasters?
					Simulation exercise out come	Field offficers	Mid term and endline	Field trip report	
		Outcome 2							
	Effective links with provincial government and NDMO through community knowledge of Provincial disaster committee + NDMO roles an responsibility, simulation to test the communication to PDC to NDMO, awareness and linckages bewtween schools,CDC and PDC	National Provincail disaster management bodies have increased capacity to suppport communities and schools to effectively to prepare for and respond to natural disasters and there is increase in coordination bewtween DRR stakeholders (R2)	Increase awareness of roles and responsibilities at all levels	Traning for CDCs,SSCs and Area Secreataries on roles and responsibilities related to preparedness,CBDRR community response plans & and emergency response asssessment skills (R1.2)	Contact list	Field officers	Every field trip	Field trip report	
					Simulation exercise	Field officers	Midterm	Field trip report	
					Procedures understood	Field officers	Every field trip	Field trip report	
					Focus group discussion	Field officers	Midterm and enline	Field trip report	
					Informal discusssion	Field officers	Every second field trip	Field trip report	
					Key informant interviews	Field officers	Every second field trip	Field trip report	How is the CDC and the Area secreratary working? What are they doing?
					Field trip report	Field officers	Every field tip	_	
					Attendance list	Field officers	Every field trip	Field trip report,M&E data	
			Increase of participation of PDC at community level	Support to Tafea Provincial Disaster committee for community level coordination and planning (R2.1)	Field trip report	Field officers	Every field trip	_	
					Field observation	Field officers	Every field trip	Field trip report	
					Informal discissoin		Every field trip	Field trip report	
					Key Informant Interviews	Field officers	Every field trip	Field trip report	

Annex I | Gender Action Plan (GAP)

Yumi Redi 2
Gender Action Plan: As at February 2014

Project title	Be Better Prepared (Yumi Redi 2)			
Principal Objective	To increase the resilience of at-risk communities and schools to the impact of natural disasters in Vanuatu.			
Specific Objective	To increase the capacity of vulnerable communities, key government bodies and stakeholders to prepare for and respond to disasters through community based disaster risk reduction activities			
Results	**Short description**	**Activities**	**Gender Action Plan**	**CARE WEF Code (A, S, R)**
Result 1	Newly targeted at-risk communities and schools strengthen their ability to effectively prepare for and respond to natural disasters **Objectively Verifiable Indicators:** R1.1 80% of new communities and schools have CDCs/SSCs, risk assessments, DRR action plans; emergency response plans & can perform a drill exercise at project completion .	**1. CBDRR activities:**	**CDBRR activities**	
		a) Community Profile and risk assessment (VCA, multi hazards & gender inclusive)	a) Ensure community profiles take into account gender issues and gender analysis.	S,R
		b) CDC establishment	b) Share CDC responsibilities equally between men and women and encourage women to be nominated into leadership roles.	A,S,R
		c) Community Response Plan	c) Ensure women and girls are involved in CRP formulation and dissemination	A,R
		d) School Safety Plan	d) As per above	A,R
		e) School Response Plan	e) As per above	A,R
		f) Basic First Aid Training (including BFA kit distribution)	f) Include emergency birthing training and kits in BFA module, targeting midwives; Equal participation of men and women in BFA training	R
		g) EWS kits	g) As per above	R
		h) Drill exercises	h) Ensure women are given equal roles to play in simulation exercises	A,R
		i) DRR community and school awareness events	i) Integrate gender awareness into DRR awareness activities	R
		j) Small mitigation projects	j) Ensure women are also consulted on small mitigation activities	A,R
		2. Trainings for CDCs, SDCs and Area Secretaries on:	**Trainings for CDCs, SDCs and Area Secretaries:**	
		Roles and Responsibilities related to preparedness	• Incorporate modules on Value, capacity and importance of women in project activities	A,S,R
		CBDRR	• Incorporate Gender and DRR training	A,S,R
		Community response plans	• Incorporate module on Women as leaders	A,S,R
		Emergency response assessment skills	• Include module on importance of gender when conducting rapid assessments	A,R
		Other	• Conduct leadership and management trainings for female community members	A,S,R

			For all activities: • Ensure equal representation and participation of men and women • Use of male advocates and gender champions • Create a comfortable space to allow women to speak in group discussion • Consider use of WSB drama • Ensure women are included in and participate in any decision making in project activities • Assist girls / women who have not had the chance to go to school by letting them attend trainings / workshops in the community • Use a variety of facilitation methods and IEC materials	R A,R A A,R A,S,R A A,R
Result 2	National and Provincial disaster management bodies have increased capacity to support communities and schools to effectively prepare for and respond to natural disasters and there is increased coordination between DRR stakeholders **Objectively Verifiable Indicators:** R2.1 National and Tafea Provincial Disaster management authorities and Area Secretaries have structures and procedures in place to support and monitor DRR activities in communities and schools at project end R2.2 An emergency simulation exercise is carried out effectively in Tafea province with coordination of national, provincial and community level DRR stakeholders	Support to Tafea Provincial Disaster Committee for community level coordination and planning	• Encourage networks with existing women's organisations	
		Support to CDC participation in NDMO led emergency simulation exercise in Tafea province		
MEL		Baseline Endline Monitoring trips	Focus groups discussions to be held with both men and women	
CARE Internal Activities		Increase gender capacity of staff	Conduct Gender in Emergencies training for all staff	

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