

**Midline Study of Strengthening Community Preparedness, Rapid  
Response and Recovery Project in Nepal**

**Final Report**

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Santosh Kumar Shah  
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## Abbreviation and acronyms

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ACT	Asia Community Disaster Preparedness and Transformation
CBO	Community Based organization
CDMC	Community Disaster Management Committee
DDMC	District Disaster Management Committee
CDO	Chief District officer
DERF	Disaster Emergency Relief fund
DP	Disaster Preparedness
DPRP	Disaster Preparedness Response Plan
DRR	Disaster Risk Reduction
EW	Early Warning
EWS	Early Warning System
EPRP	Emergency Preparedness Response Plan
FGD	Focus Group Discussion
GESI	Gender Equity and Social Inclusion
GoN	Government of Nepal
HH	Household
IRA	Initial Rapid Assessment
KII	Key Informants Interview
MACP	Margaret A Cargill Foundation
MDPRP	Municipality Disaster Preparedness Response Plan
MDMC	Municipality Level Disaster Management Committee
MoHA	Ministry of Home Affairs
N/A	Not Applicable
NEEDS	National Environment and Equity Development Society
PwD	People with Disability
SM	Social Mobilizer
SMS	Short Message Service

## Executive summary

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### Introduction

The project **Strengthening Community Preparedness, Rapid Response and Recovery Project in Nepal implemented by Oxfam** in Nepal and NEEDS-Kanchanpur is a three-year project. This is the mid-term period of the three year project and it is being implemented in 40 communities across two districts of Dadeldhura and Kanchanpur in Nepal. The expected outcomes of the project are (i) increased local DRR capacity and leadership, (ii) protection of assets and livelihoods and (iii) exchange of learning and knowledge on DRR. The main objective of the study is to describe progress made by the project against agreed indicators for implementation, monitoring, and evaluation of the project. Moreover, it also provides the current practices and standards that inform improvements in the design of the planned interventions.

### Methodology

The study was mainly based on primary sources of information, however project documents such as the project's monitoring framework, indicator reference sheets from the donor, project progress reports and baseline survey report, policy, and plan of Government of Nepal (GoN) and other related documents were reviewed during the desk review. In primary data collection, 40 focus group discussions (FGD) were conducted with mixed groups, with participants ranging from 8 to 16 members. Members for the meetings consisted of both Community Disaster Management Committee (CDMC) members and community members. Community members consisted of women, men, people from vulnerable households, senior citizens, and people with disabilities. Moreover, key informants' interviews were conducted with Ward Chairperson and the Disaster risk Reduction (DRR) focal persons of the Municipality. The meeting minutes, guidelines, and plans, water gauge and machines for measuring water level from which people received information or warning about impending flood situation were observed during field visits. Moreover, some success stories of the project were also captured during field visits.

### Results and findings

Since the launch of the project multiple supportive activities have been conducted following the guidelines of the project. Major support was provided to enhance the capacity of CDMCs by facilitating monthly meetings, providing DRR related trainings, providing search and rescue materials, support for sourcing local resources, developing of Participatory Capacity and Vulnerability Assessment (PCVA) with community plan and operational guideline of CDMC and monitoring of the activities.

All 40 CDMCs that existed in the community, during baseline survey, are doing divergent activities on disaster preparedness and response. The knowledge on understanding of disasters and skills of coordination of 5 CDMCs are poor. Similarly, 19CDMCs were developing their leadership skills and knowledge on disaster whereas 16 CDMCs were recognized from the community as well as the Municipality.

Three CDMCs consisted of only one gender, 17 CDMCs of both genders. Similarly, 7 CDMCs were proportionate with men and women and with divergent age and caste, and 13 CDMCs consisted of proportionate representation of gender as well as caste ethnicity with divergent age groups.

All in all, CDMCs conducted monthly meetings with consistent attendance, however, some CDMCs conducted 1-2 monthly meetings independently. But it remains to test whether they can



conduct meetings regularly or not. The project modality needs to slightly change. The support for facilitating monthly meetings needs to decrease based on the capacity of the CDMCs.

All the CDMCs have developed PCVAs that include the community plan. Some of the CDMCs of Beldandi Municipality have developed plans to obtain budget support from the Government of Nepal. However, no CDMCs had made their annual plans.

In eight communities, 0% to 25% households had implemented DRR measures. Similarly, in 19 communities, 25-50% households had implemented DRR measures, in 10 communities 50-75% households had implemented DRR measures and in 3 communities, 75-100% households had implemented DRR measures.

During baseline survey, it was found that 31 communities are connected to an early warning system. Currently the EWS established in Emeliya was not functioning. Thus, only 30 communities have EWS. The activity of conducting mock drills during the project period in these CDMCs was nil. The project had developed plans last year with the PCVA approach and diverse groups of people participated and voiced their concerns.

Out of 40 CDMCs, three CDMCs were able to submit their plans to the Municipality. Among them only one had received the budget for constructing houses for CDMCs whereas two CDMCs were not able to receive the allocated budget which was eventually frozen.

Out of total, 27 CDMCs were following different practices on DP/DRR. Most practices were common whereas some differed from each other. However, practices were not documented and disseminated. During the FGDs with community members and other stakeholders including CDMCs, they reported that they identified some approaches and activities but, in their knowledge, it was not replicated to other communities.

## **Conclusions**

The project activities increased the capacity of CDMCs including their knowledge, skills, resources, and their acceptability in the community and in the municipality. Conducting regular meetings and ensuring community participation for every activity is the major strength of the CDMCs. On the other hand, development, and implementation of the DP/DRR plan, allocating resources from local government and documentation of events that happen are some of the major aspects which needs to be improved. Observing time constraints, the activities of the project could not be implemented in-depth, hence it was difficult to achieve a high level of achievement against the determined rubric by most of CDMCs on most indicators.

## **Recommendations**

Based on the findings, the following recommendations were made:

- Members of the task force should be provided practical training as well as simulation exercises on first aid, early warning system, search, and rescue etc. The task force includes first aid, search, and rescue, EWS.
- Participation of Social Mobilizers (SM) in regular meetings of CDMCs need to be reduced slowly so that CDMCs become independent and can run on their own without outside help. However, monitoring has to be done to ensure CDMCs' smooth running.
- Lobby with wards to conduct mock drill search and every year.

- Lobby with ward to establish better linkages between wards and CDMCs especially with Purnagiri CDMCs, Mahakali CDMCs and Rangoon CDMCs of Parshuram Dham inward number 3.
- Participation of social mobilizers in regular meetings of CDMCs need to be reduced slowly so that CDMCs become independent and can run on their own without outside help. However, monitoring must be done to ensure CDMCs' smooth running.
- Based on the detailed plan, the annual plan of each CDMC must be developed and implementation should be ensured through continuous monitoring.
- The documentation part of the CDMCs needs to be strengthened especially on the practices that they had adopted for disaster preparedness and response.

**Table 1: Preparedness Short-term Outcome Indicators for Disaster Ready Communities (DRC) and their values**

MACP Indicators	Baseline value				Midline value			
	N/A	Low	Medium	High	N/A	Low	Medium	High
<b>MACP 1:</b> Number of communities with a Disaster Risk Reduction (DRR) leadership group with relevant skills and knowledge recognized by the community and, where pertinent, the relevant official body.	0	26	5	9	0	5	19	16
<b>MACP 2:</b> Number of communities with Disaster Risk Reduction leadership group whose current membership reflects key socio-demographics of the community	0	21	16	3	3	17	7	13
<b>MACP 3:</b> Number of communities whose DRR leadership group convenes, makes decisions, and implements them without outside assistance	37	0	0	3	0	40	0	0
<b>MACP 4:</b> Number of communities that complete the actions in their disaster preparedness / disaster risk reduction plan, and review and update the plan regularly	26	14	0	0	0	40	0	0
<b>MACP 5:</b> Number of communities where at-risk households implement disaster risk reduction measures promoted by the project	33	5	2	0	8	19	10	3
<b>MACP 6:</b> Number of communities in which members obtain, communicate and act upon EW information in a timely way and improve the system to reflect lessons learned	9	23	8	0	10	30	0	0
<b>MACP 7:</b> Number of communities where members of all socio-demographic groups feel the disaster preparedness / disaster risk reduction plans and systems meet their priority needs	26	0	0	14	0	0	40	0
<b>MACP 8:</b> Number of communities whose risk-management plan receives support from local authorities	26	0	5	9	37	0	2	1
<b>MACP 9:</b> Best practices, tools, and experience on DRR in this project are identified, systematized, and disseminated to local governmental and nongovernmental actors	19	21	0	0	13	27	0	0
<b>MACP10:</b> Uptake/take-up in non-target communities applying project approach/activities	Yes =0 ; No=40				Yes =0 ; No=40			

## Chapter 1 Introduction

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Oxfam in Nepal and NEEDS-Kanchanpur, have been implementing the project **Strengthening Community Preparedness, Rapid Response and Recovery Project in Nepal**. The project started in October 2020 and is currently in its mid-term period, expected to end in December 2023. The project is being implemented in 40 communities based in Far-Western province of Nepal across two districts of Dadeldhura and Kanchanpur. It covers two municipalities, Kanchanpur and Dadeldhura. It is part of a multi-country program which is simultaneously being implemented in the Philippines, Indonesia, and Bangladesh from October 2020 to December 2023.

The key outcomes of the project are:

- Outcome 1: Increase capacities and leadership of target communities to enable local actors to respond effectively to small-scale disasters with special emphasis on transformative leadership roles of women and youth.
- Outcome 2: Strengthen and protect the livelihoods of the most vulnerable socio-economic groups so they can respond to and recover from recurrent disasters caused by natural hazards, while maintaining or increasing their access to productive assets and actively engaging with relevant private and public sector actors to access services.
- Outcome 3: Communities, local and national actors, and international organizations systematically share knowledge to strengthen local humanitarian leadership to help communities be disaster ready.

To achieve the three outcomes, the project has envisioned 10 short-term outcome indicators common to other Asian countries implementing this project and 11 country-specific indicators. The primary target group of the project is community members, Disaster Management Committees at the municipality, ward, and community levels.

### 1.1 Objectives

The overall objective of the midline study is to describe progress made by the project against agreed indicators for the implementation, monitoring, evaluation of the project. Moreover, it also provides current practices and standards that inform improvements in the design of the planned interventions.

The specific objectives of the assignment are as follows:

- Describe capacity of Local Disaster Management Committees and Ward Disaster Management Committees or other local DRR leadership groups in supporting disaster preparedness and response (Assessment, planning, budgeting, and implementation) on disaster and climate resilience action (disaster response, preparedness, mitigation, etc.),
- Review the baseline data collection tools to adapt to the midline data collection.
- Hire local enumerators and train local enumerators.
- Supervise the data collection process and the quality of the data collection, analyze the data and report it.
- Oversee the quality of the midline process and write a clear report using data visualization techniques, comparing baseline and midline data, collecting explanatory information on the changes observed in the data and other tools to summarize the key data against each indicator.

- Provide short stories of any successes and challenges and provide information if non-target communities of this project are practicing any activities or approaches promoted by the project.
- Help understand how local authorities at different levels connect on disaster management governance and practices institutions to better support community based DRR.
- Help understand the practices of communities, local and national actors, and international organizations to strengthen community disaster and climate resilience.
- Make appropriate recommendations for focusing areas of implementation as well as way forward for successful implementation of the project based on conclusions.

## **1.2 Midline study approach**

### **1.2.1 Adherence to terms of reference**

The study was carried out in reference to and under strict observance of the objective of the study, scope, target areas and project participants, scope, methodology, time frame, deliverables and responsibilities of the consultants, terms of payment. Oxfam commitment and principles to safeguarding and confidentiality/ non-disclosure were laid out in the Terms of Reference issued by Oxfam Nepal.

### **1.2.2 Comparison between midline with baseline**

**Ten short-term outcome indicators developed by the donor** were used in this midline study. The midline value of each indicator was identified and compared with the baseline value. The methodology adopted for midline was aligned with the methodology adopted in the baseline study.

### **1.2.3 Participatory approach**

The study team allowed for meaningful participation of all stakeholders including community people, government agencies and non-government stakeholders, Oxfam personnel and NEEDS personnel in the study process.

### **1.2.4 Gender Equality and Social Inclusion (GESI)**

The study was conducted with GESI lens that is through the lens of marginalized groups, poor, and women, Dalits, People with disabilities, ethnic minority, and senior citizens.

### **1.2.5 Data triangulation approach**

The consultants gathered information through different complementary sources including project monitoring report, direct observations, key informant interviews, focus group discussions, and triangulated them.

## **1.3 Limitation**

The study only covers the ten short-term outcome indicators developed by the donor. It does not cover the livelihood parts.

## Chapter 2 Methodology

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The study was mainly based on primary sources of information. However, it was necessary and required to also collect data through secondary sources by reviewing published and unpublished reports including project documents, baseline survey report and project progress reports. Primary data was gathered through consultation meetings, focus group discussions (FGDs) and key Informants Interview (KIIs).

### 2.1 Review of secondary information

Project documents such as the project's monitoring framework, indicator reference sheets from the donor, project progress reports and baseline survey report were reviewed. The review was carried out to get more insights into the programs and indicators. Further, the indicators and their defined rubrics and descriptions were used to develop checklists as a data collection method from the field. The plans, policies and budgets of all municipalities were also reviewed. The Emergency Preparedness and Response Plan (EPRP)/Disaster Preparedness and Response Plan of Municipalities and documents of CDMC were also reviewed.

### 2.2 Tools for data collection

The tools were developed based on keeping consistency with the baseline study gave a total of six questionnaires:

- Checklist for Community Disaster Management Committee (CDMC) (see Annex2),
- FGD checklist for community (see Annex 3),
- KII Checklist for Ward Chairperson and Secretary (see Annex 4),
- KII Checklist for Mayor/Chairperson/Chief Executive Officer/DRR focal person of Municipality and rural Municipality (see Annex 5),
- Checklist to capture split over effect (see Annex 6).

The feedback received from the project team on the draft inception report and tools were incorporated and utilized to finalize the data collection methods.

### 2.3 Primary data collection

#### 2.3.1 Consultations

A meeting was carried out with Oxfam in Nepal, Oxfam America, and NEEDS Nepal team in-person and virtually. The meetings focused on understanding the assignment at hand and indicators, finalization of methodology and tools, work plan and logistic support.

#### 2.3.2 Orientation on data collection tools

The core team with two support assistants collected the data from the field. One day of training was organized with the core team and supported members to bring them to a common understanding of the surveys and study. After the training, the team collected data jointly in six communities of Parshuram Dham and two teams were made to collect the rest of the data in the remaining communities.

### **2.3.3 Focus group discussions (FGD)**

Forty FGDs were conducted with mixed groups, with participants ranging from 8 to 16 members. Members for the meetings consisted of both CDMC members and community members. Community members consisted of women, men, people from vulnerable households, senior citizens, and people with disabilities. For this a guideline/checklist with semi-structured questions were developed in which questions clearly indicated to whom the questions were asked. A checklist was used to execute FGDs (Annex 1 and 2).

### **2.3.4 Key informants' interviews**

The Mayor/Chairperson of Municipality and rural Municipality and their Ward Chairpersons were newly elected, and they did not have information regarding the situation of DRR of Municipality. Thus, only 4 interviews were carried out with Ward Chairpersons. At the municipal level, the interviews were carried out with three DRR focal persons. A checklist was used to execute KIIs (Annex 3 and 4).

### **2.3.5 Observations**

The meeting minutes, guidelines and plans, water gauges and machines for measuring water level from which people received information or warning were observed during field visits.

### **2.3.6 Capturing success and failure stories**

The success and failure stories of the project were identified during focus group discussions and key informants' interviews. Based on them, case studies, lessons learned, and good practices were extracted. The case studies are presented in boxes.

## **2.4 Data analysis**

Once data was collected from the field, it was compiled, analyzed and triangulated. The project outcome indicators were measured based on an established rubric and selected indicators.

## **2.5 Ethical considerations and informed consent**

All respondents involved in the FGDs and KIIs were fully informed about the nature of the study, research objectives and confidentiality of the collected information. The study team solicited each respondent a verbal consent prior to the enrolment in the study. Only those respondents who voluntarily agreed to participate were involved. All the study participants were informed of their rights to refuse participating and to withdraw from the interview at any time.

## Chapter 3 Findings

### 3.1 Activities of the project for CDMCs

Since the launch of the project multiple supportive activities have been conducted following the guidelines of the project. Major support was provided to enhance the capacity of CDMCs by facilitating monthly meetings, providing DRR related trainings, providing search and rescue materials, support for sourcing local resources, developing of Participatory Capacity and Vulnerability Assessment (PCVA) with community plan and operational guideline of CDMC and monitoring at of the activities.

Social Mobilizers (SM) are attending, facilitating meetings, and solving day-to-day issues raised in the CDMCs. One pivotal activity consisted of providing material support to different communities through distribution of rescue materials such as tubes, torch lights, rain boots, gloves, rope, helmet, hand sirens, hand mikes, life jackets, etc. However, the CDMCs and task force and community members were not trained on ways to use the provided materials. However, they needed help to use the materials through mock drills so that community members are ready to face real time situations.

The project has provided multiple training sessions to different members of CDMCs. To develop the leadership capacity, Disaster Risk Management (DRM) & Leadership training, and Local Humanitarian Leadership training was provided to all 40 CDMCs. Training of a seven-step planning process was provided to all 40 CDMCs. This training will help to incorporate CDMC plans and obtain resources from the Ward and Municipal Offices. Similarly, financial literacy training was provided to CDMC members from all Municipalities. This will facilitate and help with bookkeeping.

**Table 1: Number of CDMCs attending DRR-specific Capacity-Building Activities/Trainings**

Description	Beldandi Rural Municipality (N=8)	Bheemdatt Municipality (N=16)	Dodhara Chandani Municipality (N=10)	Parshuram Municipality (N=6)	Total (N=40)
DRM and Leadership	8	16	10	6	40
Local Humanitarian Leadership	8	16	10	6	40
Financial literacy Training	3	2	4	3	12
Seven step planning process	8	16	10		34
First Aid			10		10
Light Search and Rescue			10		10
Early Warning System			10		10
IRA	8	16	10	6	40
WASH	8	16	10		34

In addition, all 40 CDMCs were registered and renewed at the local level, facilitated by the SMs. The project further supported the development of the PCVAs and CDMCs operational guidelines for all 40 CDMCs.

Disaster related training, first aid training, light, search, rescue training and early warning system training was provided to only Dodhara Chandani Municipality whereas initial rapid assessment (IRA) training was provided to all 40 CDMCs. These trainings were provided to 1-2 members of each CDMC for 1-2 days. They reported that the training focused more on theory and lacked the practical aspect. Thus, more rigorous training for first aid, search rescue training and early warning systems was considered necessary by respondents.

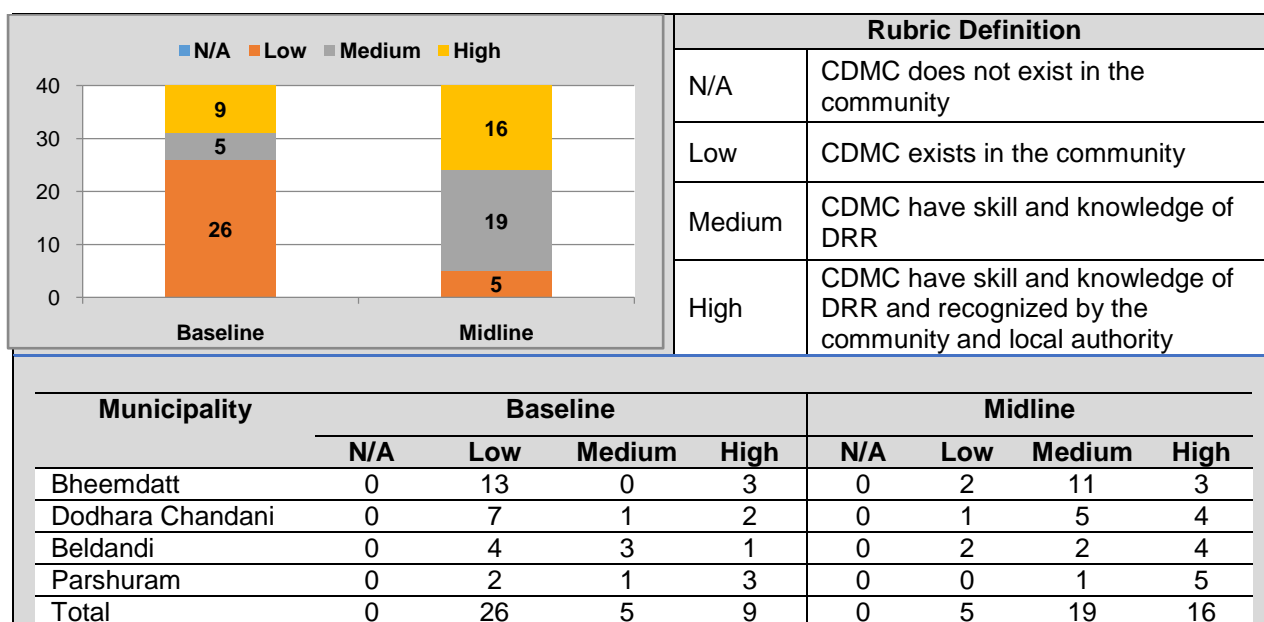
### 3.2 Outcome indicators

#### MACP 1: Number of communities with a Disaster Risk Reduction (DRR) leadership group with relevant skills and knowledge recognized by the community and, were pertinent, the relevant official body.

All 40 Disaster Risk Reduction (DRR) leadership groups named Community Disaster Management Committee (CDMC) that existed in the targeted communities, during baseline survey, are still functional and doing diverse activities for disaster preparedness and response.

Five CDMCs namely Sisamdandi CDMCs and Ratanpur CDMCs of Beldandi, Bhagbati Tole and Dharmbhakta Tole CDMCs of Bheemdatt, and Laliguras CDMC of Dodhara Chandani have been provided training to enhance skills and knowledge on DRR, however their skills and knowledge is still poor and can be rated as low. Some of the people who received DRR training were not able to express what they had learnt.

**Figure 3.1: Socio-demographic representation on CDMCs in baseline and Midline survey**



Thus, 19 CDMCs have acquired the skills and knowledge learnt through training and CDMCs meetings but these CDMCs were not recognized by the municipality. The CDMCs did not



participate in any municipal programs nor received any kinds of support from the municipality. Thus, these CDMCs fall under the category of medium rubric.

Out of all, 16 CDMCs have received different types of training from the project and are in the process of developing their skills and knowledge, which are further enhanced through monthly meetings and by sharing and learning from each other. People from the communities participated in activities like the development of PCVAs, collection of emergency relief funds, sanitation campaigns and emergency response etc. thus solidifying the belief that community people recognize CDMC by participating in events and activities organized by the same. In addition, the ward and municipality involved these CDMCs in emergency response activities, distributed relief to affected people, allocated budget for them, and invited the representatives of CDMCs in ward and municipal-level disaster meeting/programs.

**Case 1: Ensuring sustainability of CDMCs**

One of the good practices set by Purnagiri CDMCs, Mahakali CDMCs and Rangoon CDMCs of Parshuram Dham ward number 3 was establishing a two-way link with the local government to ensure their sustainability. The Chairperson of CDMCs of Parshuram Dham became an ex-officio member of the Ward Disaster Management Committee. Similarly, an elected member of the ward becomes a nominated member of the CDMCs. Hence disaster related problems faced by the community were communicated easily to the wards and any decision or activities to be conducted by the municipalities or wards can easily be disseminated to the CDMCs. In this way the two work well with each other in a connected manner. During the floods that happened in October, the CDMCs and Wards worked in tandem with each other to provide relief to the community. On the recommendations of the CDMCs, the Municipality distributed relief materials. When wards celebrated the International Disaster Risk Reduction Day (IDRR) mass sensitization took place and people became aware of disaster preparedness. Hence when Municipalities and CDMCs create a link and work together, sustainability of the CDMCs will be ensured in the long run.

Thus, these CDMCs lie under high rubric. Comparing with the baseline data, the number of CDMCs with high rubric during the midline survey has increased from baseline value 9 to 16 and the number of communities at a low level decreased from 26 to 5.

It was pointed out during analysis that Srilnaka CDMCs of Bheemdatta were downgraded from high to medium because they had received support for emergency funds, from the municipality, facilitated through previous projects, during the baseline survey. But after the project was initiated, they were not able to continue and establish any working relations with the municipality. The reason being is that all members in the executive committee consists of Dalits and lacked capacity to establish links independently with municipalities.

With the development of the PCVAs, training support and continuous meetings, members of CDMCs are building their knowledge and establishing themselves as DRR actors in the community, which can be attributed as positive effects to the project. On the other side, members of the CDMCs of Parshuram Dham, Beldandi and Bheemdatt associated with task forces namely first aid, early warning system, search and rescue did not receive any training related to the corresponding task force. Hence, they are lacking knowledge and skills.

**MACP 2: Number of communities with Disaster Risk Reduction leadership group whose current membership reflects key socio-demographics of the community (in terms of gender, age, ethnicity, disability, livelihood groups, and others as pertinent to context)**

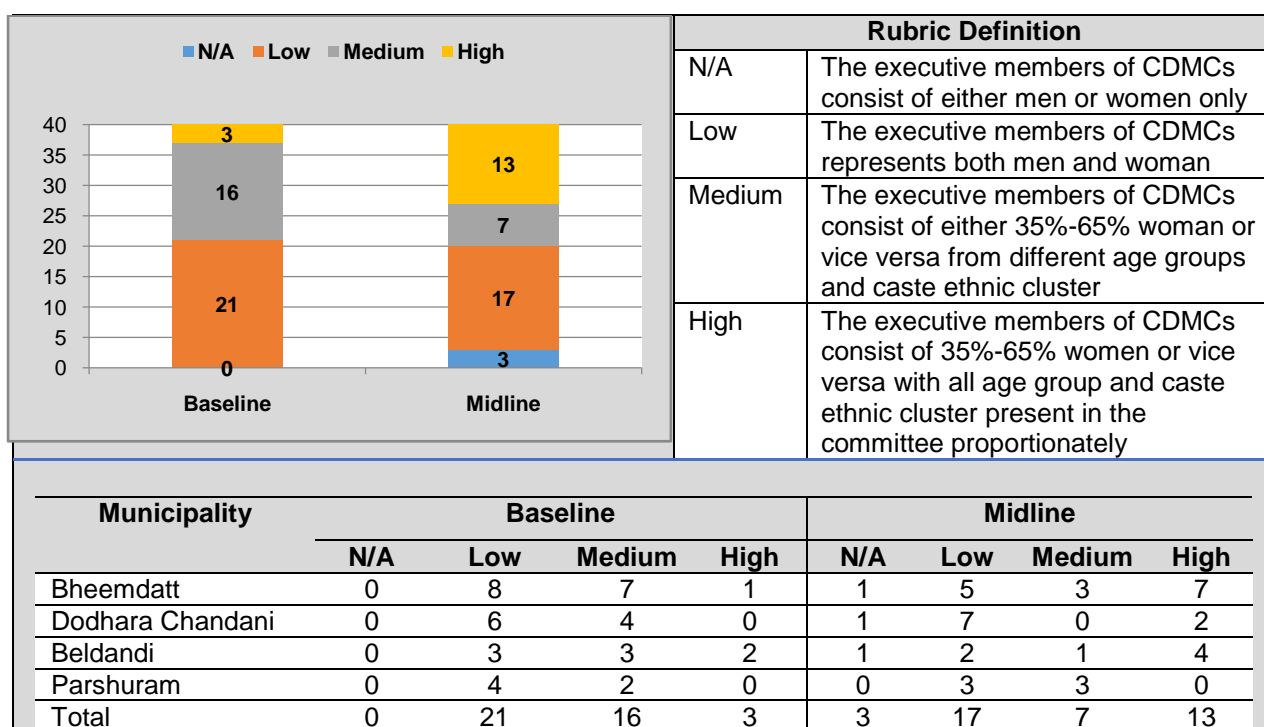
The representation of only one gender in the executive committee of CDMCs that is either men or women falls under the not applicable rubric. If the committee includes both men and women, it is rated as low. Similarly, if the executive committee consists of either 35%-65% woman or vice versa from different age groups and caste ethnic cluster, it is categorized as medium and if the executive committees consist of 35%-65% women or vice versa with diverse age groups

and caste ethnic cluster present in the community proportionately, it is rated as high rubric. The number of CDMCs with high rubric was found to be 13, medium rubric 7, low rubric was 17, and not applicable was 3.

During the project period, some of the CDMCs which were re-formed have become more inclusive and active. In some CDMCs, the executive members are inactive, had migrated for employment and a team was re-created by replacing new members. In some cases, the number of members in the executive body was extended to make the committee inclusive through caste and age. As a result, the number of CDMCs with high rubric increased from 3 in baseline to 13 in the midline. This indicates that these committees were more inclusive and representative in terms of gender, age and caste ethnicity. On the other hand, three CDMCs namely Jharnasagar CDMC of Beldandi Rural Municipality, Tribeni Tole CDMC of Bheemdatt and Pragatishil CDMC of Dodhara Chandani Municipality replaced their all-male members by women and falls under not applicable rubric. It was noted that no CDMCs had fallen under not applicable rubric in the baseline survey. The reason being is that male members went to other places for employment and their place was taken over by female members.

Interestingly, out of 40 CDMCs, 26 CDMCs were led by women, 12 were led by Dalits (so called low caste) and 6 were led by Janajatis. These findings matched with the baseline results indicating no change in the Chairperson position of CDMCs. During FGDs and KIIs, it was pointed out that some of the members of CDMCs learnt from the various activities and meetings and developed their leadership skills, ran for local level elections, and won the elections as well.

**Figure 3.2: Socio-demographic representation on CDMCs in baseline and Midline survey**



Though CDMCs have been recognized in the community, the representation of men in the executive community is lacking. This can be due to male member frequent travel for work. The

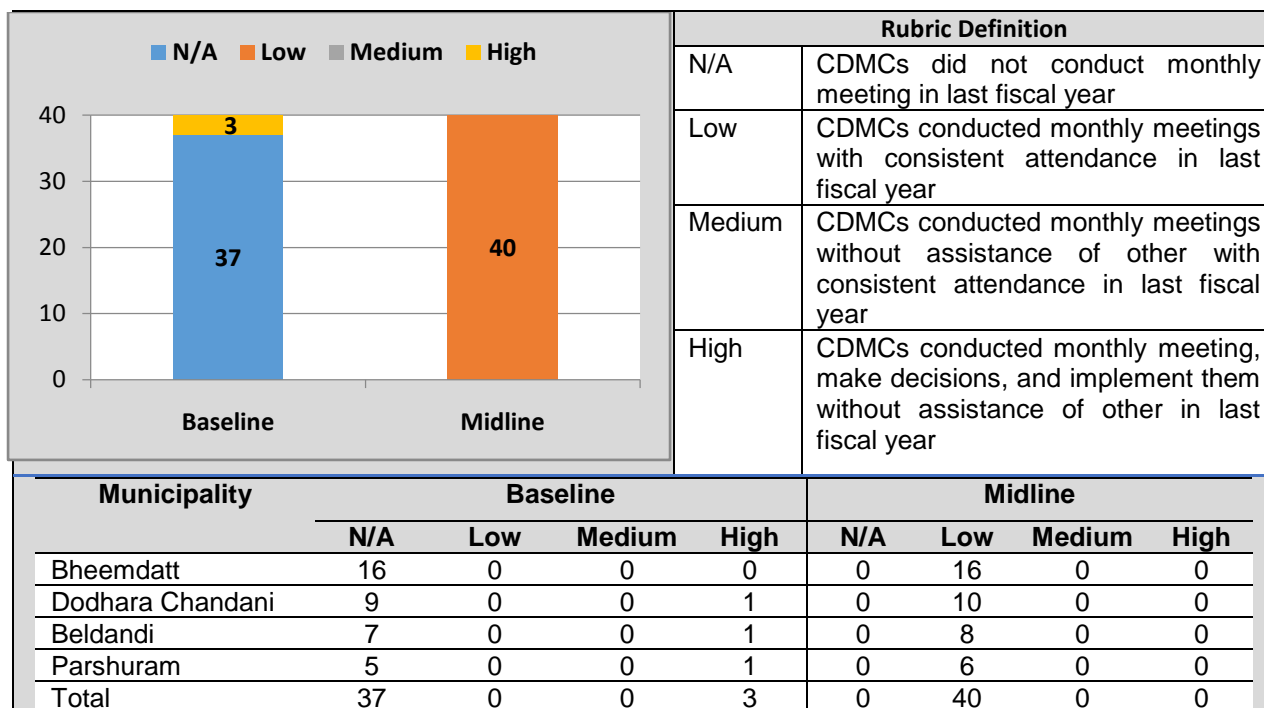
male members need to be sensitized about disasters and they have to be motivated to join CDMCs.

**MACP 3: Number of communities whose DRR leadership group convenes, makes decisions, and implements them without outside assistance.**

Out of 40 CDMCs, all CDMCs conducted monthly meetings with consistent attendance on a certain date every month. Each regular meeting of CDMCs was supported by a social mobilizer from the project. Until now, except for 1 or 2 meetings, no CDMCs have conducted meetings without the presence of social Mobilizers. Thus all 40 CDMCs lie under the low category. It was noted that during the baseline survey 37 CDMCs were not able to conduct monthly meetings. Hence marked improvements can be seen when compared to the baseline survey. However, no CDMC can be categorized as high or medium.

During the baseline survey, Gaudi CDMC of Beldandi, Shanti Tole CDMC of Dodhara Chandani and Motahaltu CDMC of Parshuram Dham had conducted meetings independently, made decisions and had implemented those independently. But during the midline survey, these CDMCs had held meetings in the presence of social mobilizers. These CDMCs might have the capacity to hold meetings, take decisions and implement it, but has not been practiced yet and is categorized as medium.

**Figure 3.3: Capacity of members of CDMC to conduct meeting, make decision and its implementation**



Some CDMCs conducted 1-2 monthly meetings as well as emergency meetings without the presence of a social mobilizer. Their names are Purnagiri CDMCs, Mahakali CDMCs, Motahaltu CDMCs, Gaudi CDMCs and Bijaya Tole CDMCs, Jhilmila Tole CDMCs, Shanti CDMCs, Kutiakabar CDMCs, Tribeni CDMC. During the meetings, these CDMCs put forward agendas, held discussions and made decisions. However, these CDMCs have not conducted any regular

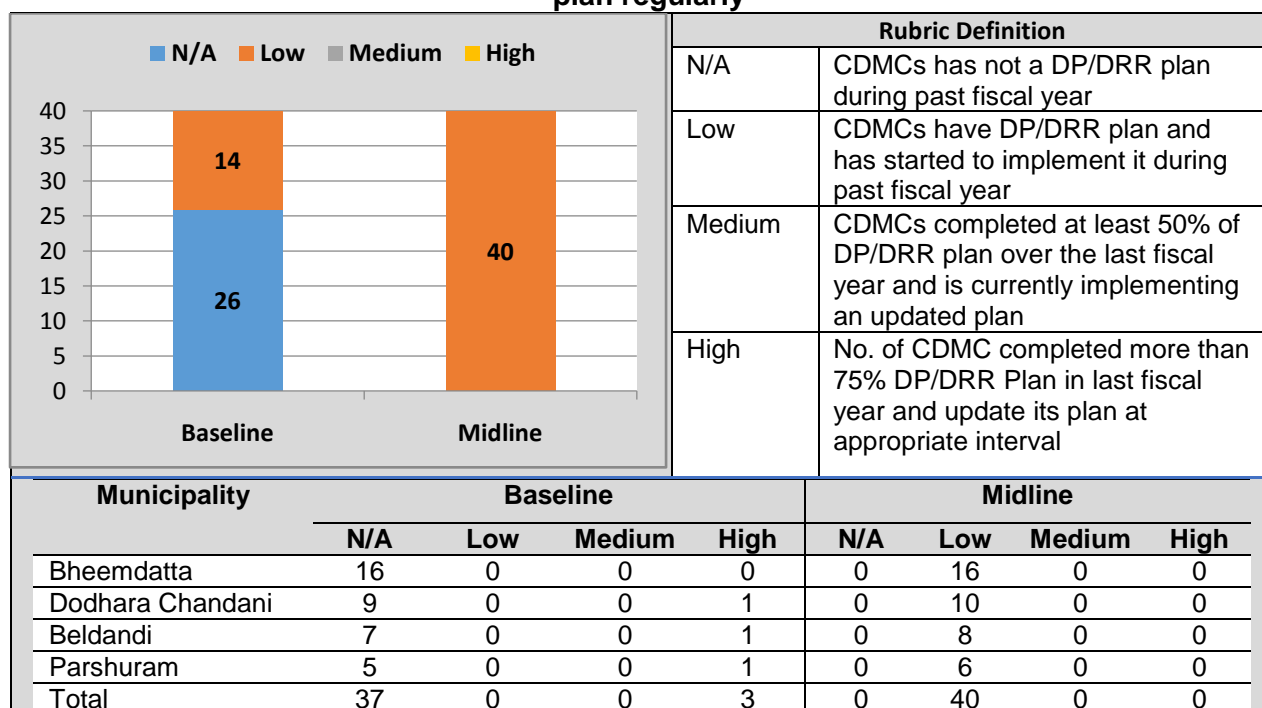
meetings on their own independently, without the help of a social mobilizer, hence they are also rated as low.

To identify progress for this indicator, the project modality needs to slightly change. The support for facilitating monthly meetings needs to decrease based on the capacity of CDMCs. So, it can be measured whether CDMCs are able to conduct regular meetings on their own, make decisions and implement the same without the presence of social mobilizers. As of now the CDMC have always been guided and have not been allowed to work independently.

**MACP 4: Number of communities that complete the actions in their disaster preparedness/disaster risk reduction plan, and review and update the plan regularly.**

The baseline report clearly mentioned that 14 communities had developed DP/DRR plans, implemented them accordingly and had updated it annually, bi-annually and on a quarterly basis for the previous years. These CDMCs have not continued the earlier practices of making plans and updating the same.

**Figure 3.4: CDMCs completed the action in their DP/DRR Plan and review and update the plan regularly**



Currently the project has supported the development of PCVAs including a community plan for all 40 communities that aims to determine people's vulnerability to risks and hazards, and their capacity to cope and recover from a disaster. To address major risks and hazards for communities, plans were identified and included in the PCVA report. Now, the CDMCs have the plan, and are implementing the same, but they do not have a detailed yearly plan. Without a detailed plan it is difficult to calculate the percentage of plans to be implemented. Hence all 40 CDMC were categorized as low rubric.

Eight CDMCs of Beldandi Municipality have developed a plan through their executive committee meetings mainly for submitting a plan at the ward level planning process and obtaining budget from the municipalities.

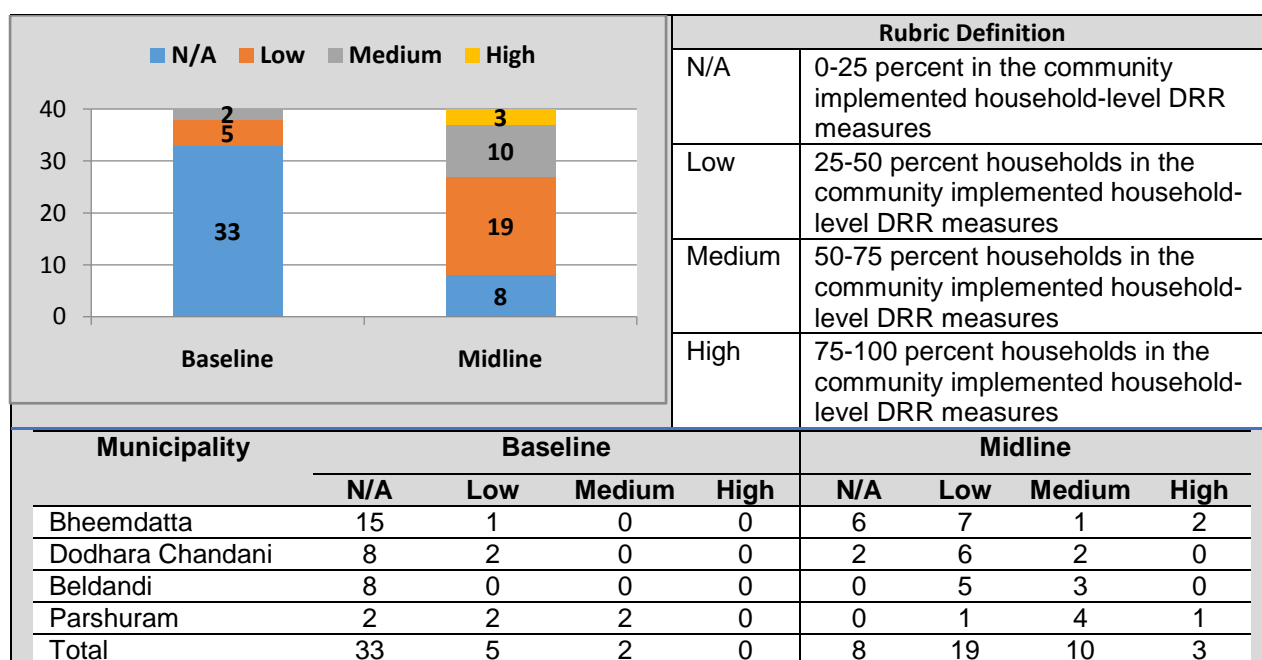
Though most CDMCs did not have a plan, they discussed day-to-day issues in their monthly meetings, made decisions and implemented them accordingly. It was pointed out that a few important decisions were made and implemented during emergency response periods.

**MACP 5: Number of communities where at-risk households implement disaster risk reduction measures promoted by the project.**

According to the baseline survey, a household is considered to implement disaster risk reduction measures in the target areas, if at least 4 out of 8 measures have been applied by households. These eight DRR measures are (i) stockpiling of food, medicine, drinking water, seeds, education kit etc.; (ii) prepare shelter kit (hammer, rope, nail, tarpaulin); (iii) prepare Safety Kits (life jacket, torch, rope), (iv) prepare a go-bag (petty cash, important documents, first aids); (v) develop evacuation route and assemble area (vi) deposit emergency fund in financial Institution; (vii) collection of important/emergency contact numbers; and (viii) prepare communication equipment (radio, TV, mobile, whistle).

In each community, a sample of 8-12 members was interviewed and the percentage of households having 4 measures of DRR in each community was calculated. Out of the total 40 communities it was found that in 8 communities, 0% to 25% households had implemented DRR measures, and were then categorized As Not Applicable. Similarly, in 19 communities, 25-50% households had implemented DRR measures, which rated Low. In 10 communities 50-75% households had implemented DRR measures rated Medium, and in 3 communities, 75-100% households had implemented DRR measures which rated High on the indicator rubric.

**Figure 3.5: Community implementing household-level disaster risk reduction measures**



The number of communities with medium and high rubric in the midline survey has increased from 2 and 0 to 10 and 3 respectively. It was pointed out that there are no direct activities of the project in the communities like awareness raising and any support to households. It might be because some of the CDMCs received training and they discussed it in the CDMCs and in the community as well.

During discussions with community people, the disaster risk reduction measures practiced by most households that are stockpiling of staple food and ready food including noodle, rope and plastic for preparing temporary shelter, important documents such as citizenship, landowner certificate, medicine, some money, emergency contact number, identification of safe assembly area, and using mobiles phones to access information.

Communities where CDMCs have been formed earlier and are highly affected by floods have sound knowledge on disaster preparedness like preparing go-bags, stockpiling materials during the rainy season, and know how to act after receiving messages from EWS. In communities where CDMCs were recently formed (last year) knowledge and information are lacking since they lacked awareness and information on disaster preparedness.

**MACP 6: Number of communities in which members obtain, communicate and act upon early warning information in a timely way and improve the system to reflect lessons learned.**

In the baseline report, it was found that 31 communities are connected to an externally driven early warning system. Among them, 8 had conducted mock drills by following agreed procedures and guidelines. However, after the start of the project implementation, no CDMCs have conducted mock drills and simulation exercises. Thus, these CDMCs could not be rated as medium for this midline study. In addition, the river gauge established in Beldandi ward number 5, fell under the working area of Emeliya CDMCs but was non-operational and categorized as Not Yet Applicable. EWS established in Emeliya had been linked with Gada CDMCs, Gaudi CDMCs, Jhilmila CDMCs and Ratanagar CDMCs. Due to the operational river gauge in place all CDMCs were connected to Emeliya and information was easily dispersed but now due to an un-operational system there are no EWS in these CDMCs. Thus, in the midline survey altogether 30 CDMCs fall under the Low rubric.

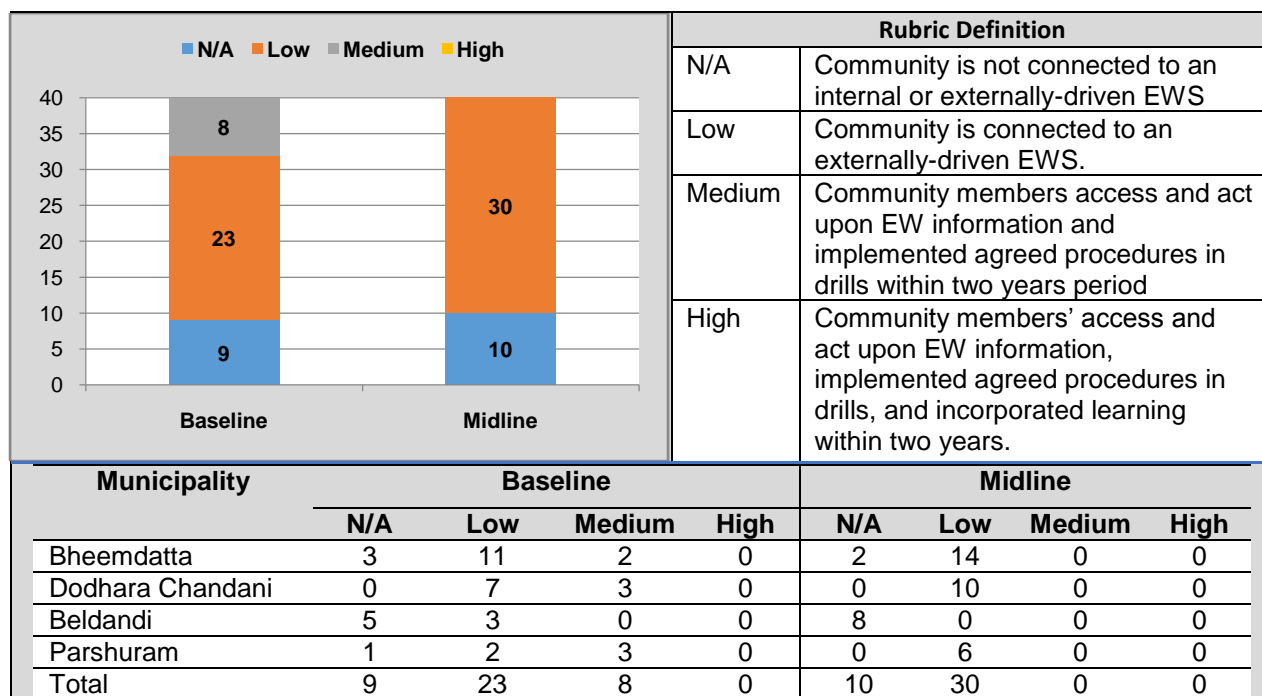
Amongst these, most communities have access to short message service (SMS) from Nepal Telecom and Ncell Company. Some communities have received information from both medium; SMS and communicating with people from river gauge stations or from up-stream communities and some have been receiving from secondary sources. Despite having the EWS in place, this year floods happened at night, during the non-rainy season. Information was not dispersed in a timely manner and could not reach people due to the negligence of the system. Another reason could be the person (gauze reader) assigned by the Government was restricted by the government to disseminate information. Until now the

**Case 2: Early warning established at community level saves materials and livestock**

The Community people of Bhimkund CDMCs of Bheemdatt Municipality faced huge floods during October 2021. The rains did not happen in the area but happened in an upstream area, thus causing floods. It happened at night. The SMS did not reach the people on time, and they were unable to prepare for an impending disaster. The members of CDMCs utilized the EWS and rang the siren at around 2 am. On hearing the siren, people woke up from their sleep and started saving materials and livestock. During this flood two families of Dirgha Mati Khadka and Laxman Nayak were stuck at their homes, and they were eventually rescued by the Nepal army with the help of helicopters.

Government had made provisions to disseminate messages only to government stakeholders. Previously the people living downstream were able to get information through SMS or phone calls but now the system is no longer in place because communication is hard. Hence, communications channel as to be established to connect residents living downstream with upstream and the gauge reader.

**Figure 3.6: Community with early warning information and mock drill**

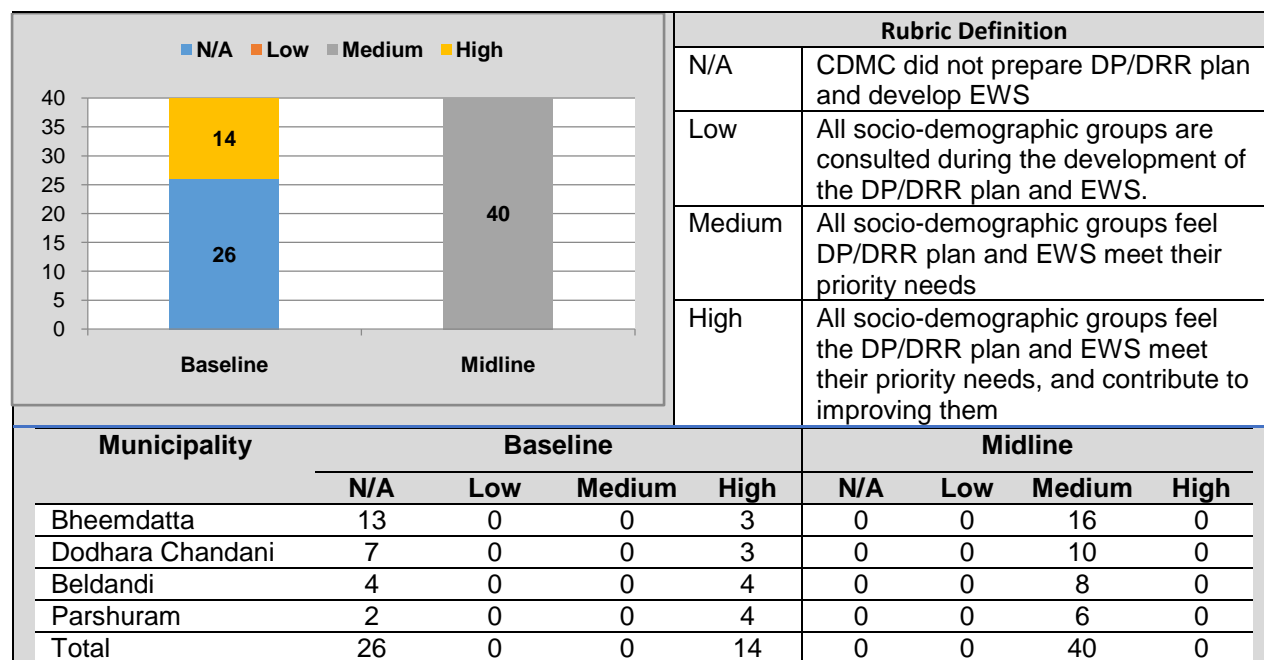


**MACP 7: Number of communities where members of all socio-demographic groups feel the Disaster preparedness / Disaster risk reduction plans and systems meet their priority needs.**

Since the intervention of the project only one PCVA including community plan has been developed by CDMCs with support from the project. During discussions they reported that different age, sex, livelihood, occupation, caste groups of community people were actively involved in the development of the plan. They included local leaders, teachers, ward representatives, etc. of the communities during the plan development. According to them the plan incorporated the needs and priorities of the community. Since the plan has just been developed for all 40 CDMCs and has not yet been updated, it can be categorized as medium.

During baseline, 14 CDMCs had developed plans incorporating needs of the diverse age, sex, caste, occupation groups and had contributed to improving them. But for midline the value is zero because due to limited time constraints the plans could not be improved and there was no scope to work on the plans. It has just been a year since the plan was made.

**Figure 3.7: Community implementing household-level disaster risk reduction measures**



**MACP 8: Number of communities whose Disaster preparedness / Disaster risk reduction plan receives support from local authorities.**

The indicator MACP 8 is about the number of CDMCs whose DP/DRR plan receives support from local authorities. The indicator had been calculated since its establishment in the baseline survey. However, it does not measure the current capacity of the CDMCs to receive support from the local authorities. Thus, this indicator is measured as the communities whose disaster preparedness / disaster risk reduction plan receives support from local authorities since two years.

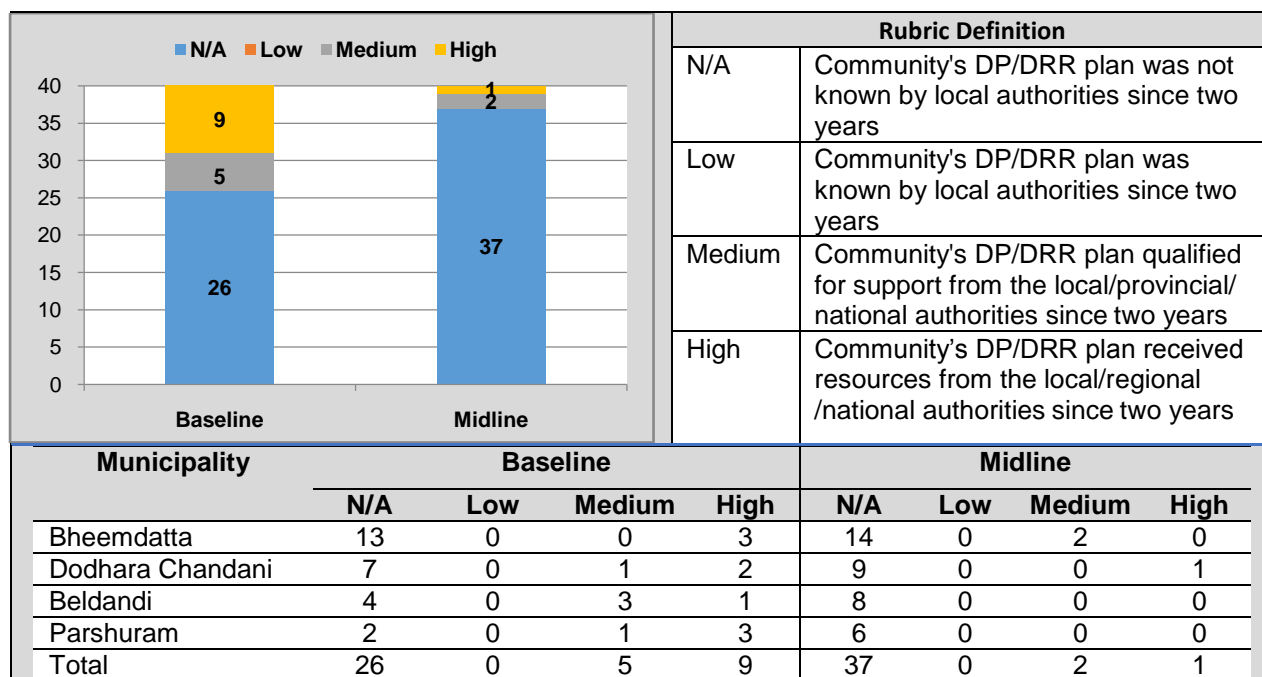
Out of 40 CDMCs, only three CDMCs were able to submit their plans to the Municipality. The plans of these CDMCs were deemed qualified and a budget was allocated to them. However, only Pragati CDMCs of Dodhara Chandani got a budget from the Municipality to construct buildings for the CDMC. Another two CDMCs namely Bhimkund CDMCs and Santnagar Khala CDMCs were not able to receive the allocated budget which was eventually frozen. Hence, Pragati CDMC was rated high and two CDMCs Santanagar Khalla CDMCs and Bhimkund CDMCs were rated as Medium.

In order to contribute to the indicator, 37 CDMCs have received leadership training, seven steps planning process training, and DRR related training. In addition, they developed the plan as well. However, they did not submit the plan anywhere and were rated Not Yet Applicable.

Though they have a plan, they do not have a detailed yearly plan. Eight CDMCs of Beldandi had an intention to include their plan in the seven-step planning process of the Municipality and were in the process of submitting their plans to the Municipality. Most CDMCs had asked for a house as a center for them and an embankment on the riverbeds to protect the communities. The above mentioned required a high budget. There seem to need more knowledge about other low cost-effective materials and factors related to minimizing disasters.



**Figure 3.8: CDMCs whose DP/DRR plan received support from local authorities**



**MACP 9: Best practices, tools, and experience on disaster preparedness / disaster risk reduction in this project are identified, systematized, and disseminated to local governmental and non-governmental actors.**

Out of the total 40 CDMCs, 27 communities were following good practices on DP/DRR. Most of the practices are aligned with the baseline survey while some are different. The aligned practices were collecting relief/emergency fund and providing support to disaster affected people; chasing wild animals away; saving their land from riverbank cutting; and making life jackets from plastic gallons; providing loans to the needy and affected people from emergency funds and help generate income from it; chasing elephant away by making continuous noise and hitting on utensils and starting the tractor, using hand sirens or by lighting sticks with fire; and providing relief support to CDMCs. However, during midline survey, some new practices such as lobby to the wards, municipalities, national park authorities for acquiring relief to the affected people and establish link between CDMC and municipality. None of the DRR practices were documented by them. This compares to 19 communities rated not yet applicable and 23 communities rated low at baseline stage. These practices are still not systematized, nor documented, which is why 27 communities were rated low and 13 not yet applicable.

CDMCs lack awareness about systematization and about documentation. The practices deemed best practices by the project may come across as traditional practices to the CDMCs. They need to be made aware of best practices and documentation.

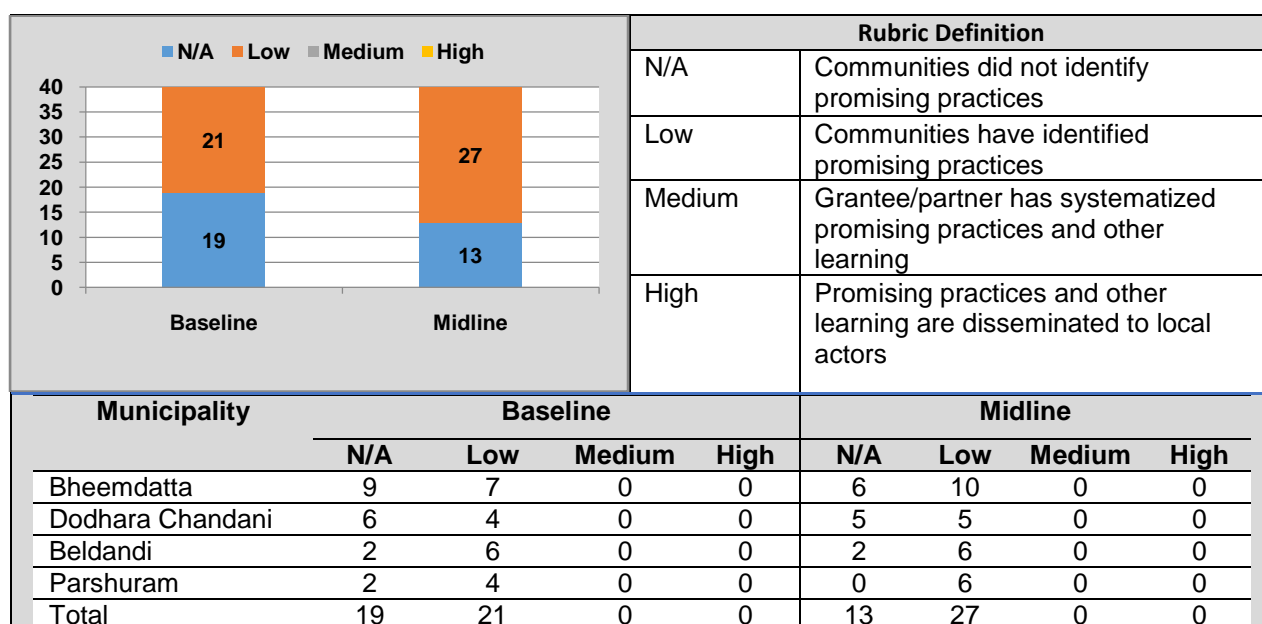
**Some of the best practices identified by CDMCs are:**

Regarding the availability of a Disaster Emergency Relief Fund, the CDMCs which were formed prior to the project have an existing and available disaster emergency relief fund. In addition, community people also raise funds by conducting different social activities such as collection of grains and crops from households, conducting Deusi Bhailo (a singing dancing program that

usually takes place during the festival of lights to raise money) and other social functions during local festivals like Tihar and Holi. Hence different models were identified. Some CDMCs provide funds as loans with low interest, some CDMCs provide loans without any interest; some give out funds. The CDMCs which were recently formed did not have an emergency relief fund, but they were able to provide loan funds from the savings of CDMCs. During the emergency period, the CDMCs want to support the most vulnerable from the community to make CDMCs acceptable in the community. But, due to a lack of funds they were unable to support them. Today, they are exploring on setting up a fund from different agencies including municipalities and the project.

As for the use of materials during a response, at times of floods that occurred during October 2021 at Parshuram Municipality, Purangari CDMC, Mahakali CDMC and Motahaltu CDMC had rescued the community people by using search and rescue materials, such as rope, tube, and life jacket, and were safely evacuated to a safe place where shelter could be taken.

**Figure 3.9: Best practices, tools and experience on DRR were identified, systematized, and disseminated to local governmental and non-governmental actors.**



**Case 3: Vital role played by CDMC after accessing relief funds**

In 2021 December, 6 houses of the Tribeni Tole of Bheemdatt Municipality were destroyed by an elephant attack which came from Suklaphata National Park. With the initiative of the Tribeni Tole CDMCs and Tole Sudhar Committee, the affected people got shelter in the drinking water house for one month, and received rice, oil, lentil from the Ward. Finally, they got support for repair and maintenance for their houses from the national park. In this way, Triveni Tole CDMCs were able to make their presence felt in the community and were able to provide relief as well.

**Case 4: CDMCs provided joint relief**

In 2022 January, an elephant destroyed a house in the Gaudi community. Gaudi CDMC had organized a meeting and coordinated with the Ward Office to support the affected families. The ward donated Rs. 5000. Gaudi CDMC and Jharanasagar CDMCs coordinated and jointly collected grains, rice and provided relief to affected families for 6 months.

**MACP10: Uptake/take-up in non-target communities applying project approach/activities.**

There are activities such as collection of funds, providing relief fund to affected people, generating income for the CDMCs that seems to be replicated within the project CDMCs. However, these activities were not replicated out of the project area. During consultations with DRR focal person and project officials, it was found that CDMCs are not formed in other communities of the same project's municipalities or wards. However, some initiatives will be taken to form CDMCs in other wards of Beldandi Municipality.

## Chapter 4

### Conclusions and Recommendations

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#### Conclusions

The project without any doubt increased the knowledge and skills of the CDMCs and their acceptability in the community, ward and municipality. Most of the CDMCs are capacitated with rescue materials and training and are working for the welfare of the society. Conducting regular meetings, ensuring inclusiveness in the Executive Committee of CDMC and community participation in each activity are major strengths of the CDMCs. On the other hand, developing and implementing of the DP/DRR plan, allocating resources from local government and documenting practices and events that happened are major remain to be improved.

There are two types of CDMCs. The CDMCs that were formed by this project and the other CDMCs formed prior to the project and were re-activated by this project. The re-formed CDMCs have some capacity in DRR such developing plans and they had conducted simulations, etc. However, the new CDMCs were completely new and did not have this type of capacity. The project treats both CDMCs equally due to which some of the indicators went high to medium and medium to low compared to the baseline survey. Observing time constraints, the activities of the project could not be implemented in-depth, hence it was difficult to achieve a high level of achievement on the determined indicators' rubric by most of the CDMCs on most indicators.

#### Recommendations

Based on the finding, following recommendation is done:

- The understanding of some CDMCs members is very weak in the arena of roles and responsibilities. They do not know the workings of the committee and what they should do for the community. They need orientation/training on how CDMCs can be strengthened. Precisely speaking, they need orientation in line with project outcome and the benefit for their community.
- Members of the task force for EWS, first aid, search and rescue should be provided practical trainings such as simulation exercises on first aid, early warning system, search, and rescue. The training and exercise should be focused for flood disaster.
- Participation of social Mobilizers (SMs) in regular meetings of CDMCs need to be reduced gradually based on the capacity of CDMCs, so that CDMCs become independent and can run on their own without outside help. However, monitoring must be done to ensure CDMCs' smooth functioning.
- Representation of men in some CDMCs was very less or almost none. Thus, male members need to be sensitized about disasters and its impact and should be motivated to join CDMCs.
- Lobby with wards to conduct mock drills each year.
- Lobby with wards to establish better linkages between wards and CDMCs such as Purnagiri CDMCs, Mahakali CDMCs and Rangoon CDMCs of Parshuram Dham in ward number 3
- Participation of SMs in regular meetings of CDMCs need to be reduced gradually so that CDMCs become independent and can run on their own without outside help. However, monitoring must be done to ensure CDMCs' smooth running.
- Based on the detailed plan, the annual plan of each CDMC must be developed and implementation should be ensured through continuous monitoring.

- Awareness about disaster risk reduction measures to the communities should be conducted through mass awareness programs, which is needed especially for those communities which CDMCs were formed last year. The modes of mass awareness programs include TV/Radio/facebook message, rally (disaster day celebration), use of international electro-technical commission (IEC) materials, community entertainment events (like Deusi Bhailo).
- The linkage between upstream and downstream communities and the gauge reader should be established for an effective early warning system to operate smoothly. Upstream includes communities living at the edge of upper belt of the river and downstream includes the communities living at the lower belt.
- Documentation part of the CDMCs needs to be strengthened especially practices adopted by them for disaster preparedness and response.
- CDMC and community members should promote the establishment and/or the increase of a Disaster Emergency Relief Fund (DERF) so that some fund can be provided to the affected and needy people of the community.
- Plans with low budget along with some high budget need to be forwarded by the CDMCs, to the Municipality and rural municipality. Thus, members of CDMCs need to be aware about low cost-effective measures to minimize disasters.

## Annexes

### Annex 1: Preparedness Short-term Outcome Indicators for Disaster Ready Communities (DRC) and their values

S. No	Name of CDMC	MACP I		MACP II		MACP III		MACP IV		MACP V		MACP VI		MACP VII		MACP VIII		MACP IX		MACP X	
		Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line	Base line	Mid line
1	Baijanath Tole CDMC Bhi-2	L	M	H	M	N	L	N	L	N	N	L	L	N	M	N	N	N	N	No	No
2	BaijanathTole CDMC Bhi-12	L	M	L	H	N	L	N	L	N	N	L	L	N	M	N	N	N	N	No	No
3	Bhagawoti Tole CDMC Bhi-2	L	L	L	M	N	L	N	L	N	N	L	L	N	M	N	N	N	N	No	No
4	Bijaya Tole CDMC Bhi-13	L	H	M	H	N	L	N	L	N	H	L	L	N	M	N	N	L	L	No	No
5	Bishnu Tole CDMC Bhi-12	L	M	M	H	N	L	N	L	N	N	L	L	N	M	N	N	N	L	No	No
6	Dharmabhakta Tole CDMC Bhi-19	L	L	M	H	N	L	N	L	N	N	L	L	N	M	N	N	L	L	No	No
7	Janajyoti Tole CDMC Bhi-11	L	M	L	H	N	L	N	L	N	L	L	L	N	M	N	N	N	L	No	No
8	Mahakali Tole CDMC Bhi-11	L	M	L	L	N	L	N	L	N	L	L	L	N	M	N	N	N	L	No	No
9	Bhimkunda CDMC Bhi-9	H	H	M	H	N	L	L	L	M	N	L	H	M	H	M	L	L	No	No	
10	Pragati Tole CDMC Bhi-18	L	M	L	L	N	L	N	L	N	L	L	L	N	M	N	N	L	L	No	No
11	Santanagar Khalla CDMC Bhi-9	H	H	L	M	N	L	L	L	N	H	M	L	H	M	H	M	L	L	No	No
12	Shreelanka Tole CDMC Bhi-10	H	M	L	H	N	L	L	L	N	L	M	L	H	M	H	N	L	L	No	No
13	Subhakamana Tole CDMC Bhi-18	L	M	M	L	N	L	N	L	N	N	N	N	N	M	N	N	N	N	No	No
14	Sonapur Tole CDMC Bhi-13	L	M	M	L	N	L	N	L	N	L	L	L	N	M	N	N	N	N	No	No
15	Shree-narayan Tole CDMC Bhi-12	L	M	M	L	N	L	N	L	N	L	L	L	N	M	N	N	N	N	No	No
16	Tribeni Tole CDMC Bhi-19	L	M	L	N	N	L	N	L	N	L	N	N	N	M	N	N	L	L	No	No
17	Baiphata CDMC Dodha-10	H	H	L	L	N	L	L	L	N	L	M	L	H	M	H	N	L	L	No	No
18	Pragati CDMC Dodha-9	L	H	L	L	N	L	N	L	N	L	L	L	N	M	N	H	N	L	No	No
19	Pragatishil CDMC Dodha-3	L	M	M	N	N	L	N	L	N	L	L	L	N	M	N	N	N	N	No	No
20	Twal-twale CDMC Dodha-8	L	M	L	L	N	L	N	L	L	L	L	L	N	M	N	N	N	N	No	No
21	Kutiyakabar CDMC Dodha-10	M	H	M	H	N	L	L	L	L	M	M	L	H	M	M	N	L	L	No	No
22	Rampure Tapu CDMC Dodha-7	L	M	M	L	N	L	N	L	N	N	L	L	N	M	N	N	N	N	No	No
23	Shanti Tole CDMC Dodha-6	H	H	L	L	H	L	L	L	N	M	M	L	H	M	H	N	L	L	No	No
24	Laigurans CDMC Dodha-10	L	L	M	H	N	L	N	L	N	N	L	L	L	M	L	L	L	L	No	No
25	Samajkalyan CDMC Dodha-3	L	M	L	L	N	L	N	L	N	L	L	L	N	M	N	N	L	L	No	No
26	Sundar prakriti CDMC Dodha-8	L	M	L	L	N	L	N	L	N	L	L	L	N	M	N	N	N	N	No	No
27	Emeliya CDMC Bel-5	L	H	M	L	N	L	N	L	N	M	L	N	N	M	N	N	L	L	No	No
28	Gada CDMC Bel-5	M	M	L	H	N	L	L	L	N	L	N	N	H	M	M	N	L	L	No	No
29	Gaudi CDMC Bel-5	M	H	L	M	H	L	L	L	N	M	N	N	H	M	M	N	L	L	No	No
30	Jharnasagar CDMC Bel-1	L	H	H	N	N	L	N	L	N	L	L	N	N	M	N	N	L	L	No	No
31	Jhilmila CDMC Bel-5	H	H	M	H	N	L	L	L	N	M	N	N	H	M	H	N	L	L	No	No
32	Kamari CDMC Bel-3	M	M	M	H	N	L	L	L	N	L	N	N	H	M	M	N	L	L	No	No
33	Ratanpur CDMC Bel-1	L	L	L	H	N	L	N	L	N	L	L	N	N	M	N	N	N	N	No	No
34	Sisamdadi CDMC Bel-3	L	L	H	L	N	L	N	L	N	L	N	N	N	M	N	N	N	N	No	No
35	Ghatteplat CDMC Parshu-5	L	H	L	L	N	L	N	L	M	M	L	L	M	L	L	L	L	L	No	No
36	Rangoon CDMC, Parshuram-6	M	H	M	M	N	L	L	L	M	M	M	L	H	M	M	L	L	L	No	No
37	Purnagiri CDMC, Parshuram-6	H	H	L	L	N	L	L	L	L	M	M	L	H	M	H	N	L	L	No	No
38	Motahaldur CDMC Parshu-12	H	H	L	L	H	L	L	L	N	M	M	L	H	M	H	N	L	L	No	No
39	Mahakali CDMC, Parshuram-6	H	H	L	M	N	L	L	L	L	H	N	L	H	M	H	N	L	L	No	No

40	Jajola dumshijala CDMC Parshu-10	L	M	M	M	N	L	N	L	N	L	L	L	N	M	N	N	N	L	No	No
----	----------------------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----	----

Note: N=Not Applicable; L=Low; M=Medium; and H=High

**Annex 2: Checklist for FGD with CDMC**

**Baseline Survey of Strengthening Community Preparedness, Rapid Response and Recovery in Nepal**  
Checklist for FGD with CDMC

Ask with key persons and members (4-5 members including chairperson/secretary/Treasurer)

Name of the committee:

Date:

Municipality/Rural Municipality:

Ward No.:

Community/village:

CDMC: Yes .....1 No .....2

**1. Attendance of the participants**

S. No.	Name of Participants	Sex (M=male; F=female; T=Third Gender)	Age (18-30=1; 31-40=2; 41-50=3; 51-60=4; 60+=5)	Caste (B/C/T=1; Janajati=2; Dalit-3, Other=4)	Designation	Mobile Number	Do you have difficulty? (No Difficulty=0; Some difficulty=1; A lot of difficulty=2, Cannot at all=3)						Signature
							Seeing (even if wearing glasses)	Hearing (even if using a hearing aid)	Walking or climbing steps (without assistance)	Remembering or concentrating	Washing all over or dressing (self-care without assistance)	Communicating (understanding others or others understanding you/them)	
1.													
2.													



3.													
4.													

2. Have any member(s) of this CDMC received training (skill development, lifesaving training & any others) (MACP 1) in last fiscal year.

Received .....1

Did not receive .....2

2.1 What are these trainings? Please provide the details of following. (WASH, First aid, search and rescue/emergency response, EWS)

S. No.	Name of the trainings	No. members of received	By which Organization?	Do the training participants have knowledge and skills on respective issues? Mention briefly	How is community benefited by the skills/training? <sup>1</sup>
1					
2					
3					
4					
5.					

<sup>1</sup> Captures some case study (if any)

2.2 Which authorities recognize/support to your CDMC? What types of support did you receive? (MACP 1)

S. No.	Authority/Organization	Types of recognition/ Support (Skills development, information, financial, physical goods, participated in the authorities' meetings)	Tell brief how this is contributing to your CDMC and community
1			
2			
3			
4			
5			

4. Information about the representatives of CDMC. (MACP 2)(Observe meeting minutes and interview)

S. No.	Name	Designation*	Sex(M=male; F=female; T= Third Gender)	Caste (B/C/T=1; Janajati=2; Dalit-3, Other=4)	Age (18 -30=1; 31-40=2; 41- 50=3; 51- 60=4; 60+=5)	PWD=1 Normal=0
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

\*Designation: Chairperson-1, Vice-chairperson-2, Secretary-3, Joint secretary-4, Treasurer-5, Members-6;

5. Collect the information regarding meetings and decisions in last fiscal year (MACP 3) (Observe meeting minutes and interview)

S. No.	Date of meeting	# of member participated	Who had supported for the meeting? *	Major decision regarding DP/DRR & associated plan	Implementation status	Who had supported for decision & implementation? *
1						
2						
3						
4						
5						
6						
7						
8						
9						

10						
11						
12						

\*9Self=1; partner=2; Other specify

6. Information about DP/DRR plan and its implementation (Collect the plan, observe meeting minutes and interview) (MACP 4).

S. No.	Questions	Responses			
6.1	Do the community have DP/DRR plan?	Yes.....1      No .....2			
6.2	When was the plan prepared?				
6.3	Who had supported to develop plan?				
6.4	When was the plan reviewed and updated?	Year/month for 1 <sup>st</sup> update	Year/month for 2 <sup>nd</sup> update	Year/month for 3 <sup>rd</sup> update	Year/month for 4 <sup>th</sup> update
	If not updated, why?				
6.5	How many actions planned targeted for last fiscal year in DP/DRR Plan?	Number	Major actions		
			<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		
6.6	How many plans of them completed?		Result-		
6.7	How many plans assigned for last fiscal year are ongoing? (Mention the percentage of task completed)		Result-		
6.8	How many plans of them have not been implemented?		Reasons for not implementing:		

**7. Information regarding Early warning system (MACP 6)**

7.1 Do the community have early warning system? (MACP 6)

Yes .....1

No .....2

Discuss on these four points and circle in yes/no response.

Point (Elements of EWS)	Details
Information collection and risk assessment (Installation of equipment, network)	
Detection, monitoring, analysis and forecasting of the hazards and possible consequences	
Dissemination and communication mechanism	
Preparedness at all levels to respond to the warnings received	

7.2 What EW system has your community developed and practiced (Community driven, connected to externally driven EWS)?

7.3 Guideline or procedure developed on EWS?

Yes .....1

No .....2

7.3 When was the guideline developed? (Focused disaster-flood, earthquake, fire; Roles of task forces; process of conducting simulation /mock drill)

7.4 Are the community people aware about these agreed procedures/guidelines of EWS?

Yes .....1

No .....2

7.5 If yes what % of the community people are aware about the procedure/guidelines of EWS?  
<25% .....1 26-50% .....2 51-75% .....3 >75% .....4

7.6 Did the community people practice on early warning system (Mock drill/simulation)?  
Yes .....1 No .....2

If yes, what percentage of the community people has participated on drilling?  
<25% .....1 26-50% .....2 51-75% .....3 >75% .....4

7.7 How frequently community people conducted mock drill/ simulation?  
Annually.....1 Bi annually.....2  
Quarterly.....3 Other specify .....4

7.8 Did community people implement/follow the agreed procedure/guidelines while practicing of EWS?  
Yes .....1 No .....2

7.9 Did you incorporate the lesson learned in agreed procedure/guidelines of EWS?  
Yes .....1 No .....2

- If yes, mention the lesson learn incorporated



7.10 After a disaster or a simulation, what improvements or changes have you made to your EW system(s)?

7.11 Are community people aware about the updated agreed procedure/guideline?  
Yes .....1 No .....2

7.12 Did you apply the EWS during any disaster? What is your experience of using EWS? Capture the case story.

**8. Information regarding the method of developing DP/ DRR Plan and EWS? (MACP 7)**

8.1 Did you consult with all socio-demographic groups (Caste/ethnicity, HHs with PWDs, elder people, single women, women headed households, livelihood groups etc.) during the preparation of DP/ DRR Plan and EWS?  
Yes .....1 No .....2

8.2 What mechanism did you follow to consult this with those groups? Did any group exclude?

8.3 Do the DP/DRR Plan and EWS respond the prioritized needs of all socio-demographic groups?  
Yes .....1 No .....2

8.3 Did you update/ improve the DP/DRR plan and EW system?  
Yes .....1 No .....2

8.4 If yes, what mechanism did you follow in order to improve it?

8.5 Were the community members of all groups involved in improving DP/DRR and EWS?

Yes .....1                      No .....2

**9. Information about local government technical assistance/funding (MACP 8)**

9.1 Did you submit the DP/ DRR Plan to the local authority? If yes, where did you submit?

District .....1                      Municipality .....2  
 Province .....3                      Not Submitted .....4

9.2 Did your DP/ DRR Plan qualify (follow the criteria- structure, guidelines & documents) for support from local authority?

Yes .....1                      No .....2

9.3 Did you receive support/resources from local authority?

Yes .....1                      No .....2

S. No.	What type of support did your CDMC receive from local authority?	Types of support (Technical=1, Material=2, Financial =3, others=4)	From which local authority do you receive support/resource?	Tell brief how this is contributing to your committee's work and implementation of DP/ DRR Plan
1				
2				
3				
4				
5				

10. What are the best practices, tools and experience on DP/DRR identified systematized, and disseminated by you? What is the mechanism of dissemination? (MACP9)

11. In your knowledge, have any of your activities/approaches been replicated to any other than project area? (MACP 10)

**Annex 3: Checklist for focus group discussion**

**Baseline Survey of Strengthening Community Preparedness, Rapid Response and Recovery in Nepal  
Checklist for Focus Group Discussion**

Ask with women, youth, poor, Dalit, Janajati, HH with PwD and vulnerable communities

**Name of the Community:**

**Date:**

**Municipality/Rural Municipality:**

**Ward No.:**

**1. Attendance of the participants**

S. No.	Name of Participant	Sex (Male=1, Female=2, Third gender=3)	Age (18 - 30=1; 31-40=2; 41-50=3; 51-60=4; 60+=5)	Caste (B/C/T=1; Janajati=2; Dalit=3, Other=4)	Contact Number	Do you have difficulty? (No Difficulty=0; Some difficulty=1; A lot of difficulty=2)						Signature
						Seeing (even if wearing glasses)	Hearing (even if using hearing aid)	Walking or climbing steps (without assistance)	Remembering or concentrating	Washing all over or dressing (self-care without assistance)	Communicating (understanding others or others understanding you/them)	
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

11												
12												

1. What types of disasters have this community faced in past previous 5 years? Please specify major disasters.

- .....
- .....
- .....
- .....

2. Is there Community Disaster Management Committee (CDMC) in your community?

Yes .....1      No .....2

3. Do the CDMCs act on the community on DRR Issue? What activities has your CDMC conducted in the previous two years for your community? Mention it.

S. no	Activities	Perception (not done=0; little bit=1 moderate=2; good=3)	Remarks (Why did you rate this or what activity in particular so we know if CDMC focused on tree planting only (for example)?)
1.	Raising awareness (Street drama, Door to door campaign)		
2.	Preparedness;(evacuation route, go bag, Emergency contact number)		
3.	Mitigation (Plantation, embankment construction, safe community shelter Drainage, conservation of pond, lake etc.)		
4	Mock Drill (Fire Flood & Earthquake etc.).		
5	Development of Disaster Relief fund through collection of grains, seeds, crops etc.)		
6	Other activities		

4. In your knowledge, do your CDMC have a DP/DRR plan? (Probing: Implementation of plan, your involvement in implementation)

5. Among the vulnerable groups (experience significant losses if a hazard/event occurs), how many of you (FGD participants) have been implementing disaster risk reduction measures. (Discussed with project officials) (MACP 5)

Q.	DRR Measures	Please tick marks (√) if FGD participants Implementing DRR measures											
		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
1	Stockpile food, medicine, drinking water, seeds, education kit)												
2	Prepare shelter kit (hammer, rope, nail, tarpaulin)												
3	Prepare Safety kits (life jacket, torch, rope)												
4	Prepare go bag (petty cash, important documents, first aids)												
5	Develop evacuation route and assemble area												
6	Deposit emergency fund in financial institution												
7	Collection of important/emergency contact numbers												
8	Prepare communication equipment (radio, TV, mobile, whistle)												

**6. Early warning System (MACP 6)**

6.1 Do you have early warning system in your community?  
 Yes .....1                      No .....2

6.2 If yes, what EW system has your community/municipality developed and practiced?

- 
- 
- 

6.3 Are you aware about the agreed procedures/guidelines of EWS?  
 Yes .....1                      No .....2

6.4 If yes what % of the community people aware about the procedure/guidelines of EWS?  
<25% .....1 26-50% .....2 51-75% .....3 >75% .....4

6.5 Did community people practice on early warning system (Mock drill and simulation) in past?  
Yes .....1 No .....2

6.7 How frequently mock drill/simulation was conducted in your community?  
Annually.....1  
Bi-annually .....2  
Quarterly .....3  
Other specify.....4

6.8 If yes what % of the community people were participating in mock drill/ simulation on EWS?  
<25% .....1 26-50% .....2 51-75% .....3 >75% .....4

6.9 Why the people were not participated in EWS (mock drill/simulation)?

- 
- 
- 

6.10 Did they implement//follow the agreed procedure/guidelines during mock drill/ simulation exercise on EWS?  
Yes .....1 No .....2

6.11 After conduction of mock drill/simulation exercise, or disaster, what improvements or changes have been made on EW system?  
Improvement on .....1 No changes .....2

Major improvements

- 
- 
- 
-

**7. Information regarding the Method of developing DP/ DRR Plan and EWS? (MACP 7)**

7.1 Were all socio-demographic groups (Caste/ethnicity, HHs with PWDs, elderly people, single women, women headed households, livelihood groups etc.) consulted during the preparation of DP/DRR Plan &EWS?  
Yes .....1                      No .....2                      Not sure .....3

7.2 How had you been consulted by your CDMC? Was any group excluded?

- 
- 

7.3 Were all socio-demographic groups participated in the development DP/DRR plan and EWS?  
Yes .....1                      No .....2

7.4 Do you think the plan and the system responded to the needs prioritized (safety, food, shelter, water, livelihood and dignity) by the socio-demographic groups?  
Yes .....1                      No .....2.

7.5 Were all socio-demographic groups participated in improving /updating the DP/DRR plan and the system?  
Yes .....1                      No .....2

If yes, list out the major improvement;

- 
- 

**8. What are the best practices, tools and experience on DP/DRR identified, systematized, and disseminated by you? (MACP 9)**

9. Have any of your activities/approach been replicated by any of the households in the neighboring community?

Yes .....1                      No .....2

9.1 If yes, list out the activities/ approaches and communities

**Annex 4: Checklist for KII with ward representative**

**Baseline Survey of Strengthening Community Preparedness, Rapid Response and Recovery in Nepal**

**Checklist for KII with ward representative**

**Name of the municipality**

**District**

**Name of the Respondent:**

**Contact number:**

**Mobile number of Respondents:**

**Ward Chairperson/Secretary:**

**Sex, age caste and religion of DRR in-charge**

1. Which communities have faced what type of disasters in your ward?
2. Is there Municipality and ward level LDMC (WDMC)? Are these committee functioning (regular meetings, participation of committee members in the committee)?
3. Are the CDMCs inclusive? How the CDMCs convene/organize and make decision? Who do CDMCs take into account?
4. Do the CDMCs take into considerations all the priority needs of the different vulnerable groups?
5. How does LDMC and WDMC linked with community people and CDMC? (Preparedness, response and recovery)
6. Is CDMC plan linked with ward and municipal level Disaster Preparedness and Response Plan? If yes, how? and if no why?
7. What is the existing EWS system in the community? How do you receive information from/to different agencies including LEOC? How do ward disseminates information to the community? (MACP 5)
8. Your suggestion and recommendation (looking at the future, how ward level support DRR linking 2 levels (community and municipal)? How CDMC can work better with them, why is it important?)



**Annex 5: Checklist for KII with Municipality**

**Baseline Survey of Strengthening Community Preparedness, Rapid Response and Recovery in Nepal**

**Checklist for KII with Municipal Representative**

**Name of the municipality**

**District**

**Mayor/ Chairperson/CEO/ DRR Focal Person:**

**Contact number:**

Name of the respondent:

- 1 Which communities have faced what type of disasters in your municipality? How frequently did it occur?
- 2 Is there Municipality and ward level LDMC? Are these committee functioning (regular meetings, participation of committee members in the committee)?
- 3 Does LDMC at Municipality level have community level network (CDMCs)? If yes, please explain? (MACP 1)
- 4 Does municipality support any CDMCs? If yes, what types of support does municipality provide? List the name of the communities with provided support; (MACP 1)

Name of the communities	Types of support Skills development, information, financial, physical goods, participate in the authorities' meetings	Remarks

5. Do the Municipality have early warning system? What EW system has your municipality developed and practiced? Discuss on these four points. (MACP 6)

- Information collection and risk assessment (Installation of equipment, network)
- Detection, monitoring, analysis and forecasting of the hazards and possible consequences
- Dissemination and communication mechanism
- Preparedness at all levels to respond to the warnings received

6. Please specify those CDMCs whose DP/DRR Plan qualified for support and receive the resources? What support did they receive? (MACP8)

Name of the community/CDMCs	Submit the plan (Yes, No)	Qualify the plan (Yes, No)	Get support to implement (Yes, No)	Types of support provided received

7. What are the best practices, tools and experience on DP/DRR Plan identified systematized, and disseminated by you? Explain. (MACP 9)

7.1 What DRR practices have you been identified and/or mentioned/seen as promising?

- 7.2 What DRR practice have been systematized and documented?
- 7.3 Have you been part of sharing, disseminating, speaking about DRR practices in your community/district/municipality at learning platforms or events? (Yes/No) If yes, which one(s)
- 7.4 How are the identified or documented or disseminated DRR practices useful to your community/district/municipality?
8. Have any of your activities/approaches been replicated to other municipalities? Explain.(MACP 10)
9. Does Municipal Level Disaster Preparedness and Response Plan integrate/include CDMC plan? If yes, how? and if no why? (Collect the plan find the evidence) (Partner 4)
11. Is there a local emergency operation center (LEOC) in the municipality? How is the structure, equipment and documentation? How is LEOC functioning (dissemination, LEOC to ward, ward to community)?
12. Do you have any recommendations/suggestions for the project?

## **Annex 6: Checklist to capture the split over effect**

### **Checklist to capture the split over effect (Beyond the project area)** **(Community, CDMC, WDMCs, Municipality)**

- Knowledge about the project approach/activities.
- DRR Model/best practices/tools/approach/activities that you like most
- Adoption of DRR Model/best practices/tools/approach/activities that you practices

# Annex 7: Photographs



Photo 1: FGD conducted at Purnagiri community and CDMC, Parshuram Dham



Photo 2: FGD conducted at Sri-lanka community and CDMC, Bhemdatt



Photo 3: FGD conducted at Mahakali community and CDMC, Parshuram Dham

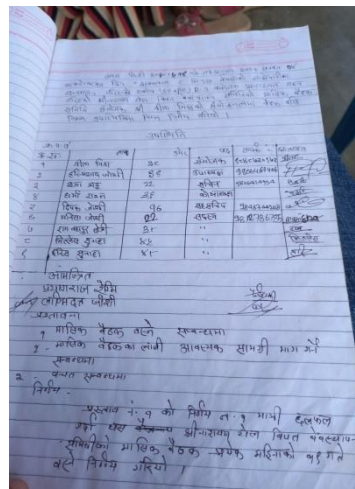


Photo 4: Meeting attendance of Shree Narayan Tole CDMC, Bhemdatt



Photo 5: PVCA report of Purnagiri community, Parshuram Dham

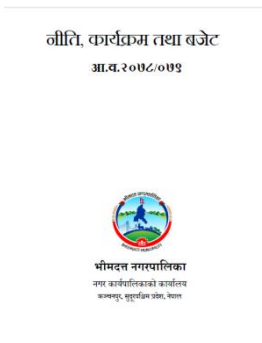


Photo 6: Policy, programme and Budget of fiscal year 2021-22 of Bhemdatt Municipality had allocated budget for Khalla CDMC, Bhimkumda CDMC, Bhemdatt

क्रम	विवरण	परिमाणु	रा.म.रु. (₹)
1	सिमा क्षेत्र विकास		100.00
2	सुदूर पहाडी विकास		100.00
3	स्वास्थ्य विकास		100.00
4	सामाजिक विकास		100.00
5	संस्कृतिक विकास		100.00
6	कृषि विकास		100.00
7	पर्यटन विकास		100.00
8	मकान विकास		100.00
9	व्यवसाय विकास		100.00
10	अन्य विकास		100.00
11	सामुदायिक विकास		100.00
12	सुदूर पहाडी विकास		100.00
13	स्वास्थ्य विकास		100.00
14	सामाजिक विकास		100.00
15	संस्कृतिक विकास		100.00
16	कृषि विकास		100.00
17	पर्यटन विकास		100.00
18	मकान विकास		100.00
19	व्यवसाय विकास		100.00
20	अन्य विकास		100.00
21	सामुदायिक विकास		100.00
22	सुदूर पहाडी विकास		100.00
23	स्वास्थ्य विकास		100.00
24	सामाजिक विकास		100.00
25	संस्कृतिक विकास		100.00
26	कृषि विकास		100.00
27	पर्यटन विकास		100.00
28	मकान विकास		100.00
29	व्यवसाय विकास		100.00
30	अन्य विकास		100.00
31	सामुदायिक विकास		100.00
32	सुदूर पहाडी विकास		100.00
33	स्वास्थ्य विकास		100.00
34	सामाजिक विकास		100.00
35	संस्कृतिक विकास		100.00
36	कृषि विकास		100.00
37	पर्यटन विकास		100.00
38	मकान विकास		100.00
39	व्यवसाय विकास		100.00
40	अन्य विकास		100.00
41	सामुदायिक विकास		100.00
42	सुदूर पहाडी विकास		100.00
43	स्वास्थ्य विकास		100.00
44	सामाजिक विकास		100.00
45	संस्कृतिक विकास		100.00
46	कृषि विकास		100.00
47	पर्यटन विकास		100.00
48	मकान विकास		100.00
49	व्यवसाय विकास		100.00
50	अन्य विकास		100.00