



**Baseline Survey Report of
Strengthening Community Preparedness, Rapid Response and
Recovery Project in Nepal**
Final Report
August 2021



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Table of contents

Page

<i>Acknowledgements</i>	<i>i</i>
<i>Study team members</i>	<i>ii</i>
<i>Table of contents</i>	<i>iii</i>
<i>List of tables</i>	<i>v</i>
<i>List of figures</i>	<i>vi</i>
<i>List of abbreviations</i>	<i>vii</i>
<i>Executive summary</i>	<i>viii</i>
CHAPTER 1	1
INTRODUCTION.....	1
1.1 Disaster context of Nepal.....	1
1.2 Background of the project.....	2
1.3 Objectives.....	2
1.4 Survey strategy/approach.....	2
CHAPTER 2	4
METHODOLOGY.....	4
2.1 Review of secondary information.....	4
2.2 Tools for data collection.....	4
2.3 Primary data collection.....	4
2.3.1 Consultations.....	4
2.3.2 Interviews with CDMC.....	4
2.3.3 Household survey.....	4
2.3.4 FGD with community members.....	4
2.3.5 KII with ward/municipal/district authorities.....	5
2.3.6 Observations.....	5
2.4 Orientation and practice on the questionnaire.....	5
2.5. Monitoring and supervision.....	5
2.6. Data analysis.....	5
2.7 Ethical consideration and informed consent.....	5
2.8 Limitation and challenges.....	5
CHAPTER 3	7
FINDINGS.....	7
3.1 Community characteristics.....	7
3.1.1 Demographic characteristic.....	7
3.1.2 Social characteristic.....	7
3.1.3 Economic characteristic.....	8
3.1.4 Types of disaster faced by community.....	8
3.2 Outcome indicators.....	9
3.3. Country Specific Indicators.....	18
CHAPTER 4	24
CONCLUSIONS & RECOMMENDATIONS.....	24
4.1 Conclusions.....	24
4.2 Recommendations.....	24
References.....	26

Annexes

Annex 1: Terms of reference (ToR).....	27
Annex 2: Checklist for CDMCs.....	35
Annex 3: Questionnaire for household survey.....	47
Annex 4: Checklist for FGDs with community.....	55
Annex 5: Checklist for KII with Ward	58
Annex 6: Checklist for KII with Municipality	59
Annex 7: Checklist for KII with District.....	61
Annex 8: Places of Focus Group Discussions (FGDs) conducted	62
Annex 9: Person to be met during KIIs.....	63
Annex 10: Programme for Interviewers' Orientation	64

List of tables

	Page
Table 1.1: Incidents occurred in project districts between April 2011 to June 2021	1
Table 1.2: Disaster impact on human life between April 2011 to June 2021	1
Table 3.1: Sex and age distribution of the respondents (%)	7
Table 3.2: Caste ethnicity and educational status of the respondents (%).....	7
Table 3.3: Primary sources of income of the respondents (%)	8
Table 3.4: Types of disaster faced by the community in last five years (%)	8
Table 3.5: CDMCs Uptake applying their approach/activities in non-target communities	17
Table 3.6: Households who access essential goods and/or services from local supplier during shocks and/or crisis	18
Table 3.7: Households who apply information on preparedness and response received through EWS	19
Table 3.8: Households that applied or replicated models/tools/approaches learned from different platforms (%)	22

List of figures

	Page
Figure 3.1: CDMC with relevant skills and knowledge recognized by the community and municipal authorities	9
Figure 3.2: Socio-demographic representation on CDMCs	10
Figure 3.3: Capacity of members of CDMC to conduct meeting, make decision and its implementation	11
Figure 3.4: CDMCs completed the action in their DP/DRR Plan and review and update the plan regularly	12
Figure 3.5: Community implementing household-level disaster risk reduction measures	13
Figure 3.6: Community with early warning information and mock drill	14
Figure 3.7: Community implementing household-level disaster risk reduction measures	14
Figure 3.8: CDMCs whose DP/DRR plan received support from local authorities	15
Figure 3.9: Best practices, tools and experience on DRR were identified, systematized, and disseminated to local governmental and non-governmental actors.	16
Figure 3.10: Women shared their best experience and practices (%)	21
Figure 3.11: Youth shared their best experience and practices (%)	22

List of abbreviations

CDO	Assistant Chief District officer
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
FGD	Focus Group Discussion
GESI	Gender Equity and Social Inclusion
GoN	Government of Nepal
HH	Household
KII	Key Informants Interview
LEOC	Local Emergency Operation Center
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
SMS	Short Message Service
SPSS	Statistical Package for Social Science

Executive summary

Project and Baseline Background

The project entitled “Asia Community Disaster Preparedness & Transformation (ACT) Programme in Nepal” is being implemented in 40 communities. It is part of a multi-country programme and is being implemented in Philippines, Indonesia, and Bangladesh from October 2020 to December 2023. The project aims to achieve (i) Increased local disaster risk reduction (DRR) capacity and leadership, (ii) protection of assets and livelihoods, (iii) exchange of learning and knowledge on DRR. The overall objective of the baseline study is to describe benchmark against agreed indicators for the implementation, monitoring, evaluation of the project, and to provide current practices and standards inform the design of the planned interventions.

Methodology

Data were collected through primary and secondary sources. Technical proposal for baseline study prepared by Oxfam America and Oxfam in Nepal; indicators and reference sheet of MACP DRR-I programme, policy and plan of Government of Nepal (GoN) and other related documents were reviewed during the study. In primary data collection, 40 key informant interviews (KII) with the Community Disaster Management Committees (CDMC), 10 focus group discussions (FGDs) with community members, 10 KIIs with ward chairpersons, 4 KIIs with Municipal focal persons and 2 KIIs with members of District Disaster Management Committee (DDMC). The interviews were carried out through telephone and face-to-face FGDs. All these interviews were conducted using checklists. Besides this, 10 households from each 40 communities, with 400 households were surveyed by deploying enumerators for data collection.

The data were cleaned and analyzed using Excel and SPSS. The information collected during the FGDs and KIIs were also analyzed and triangulated. The outcomes of the project indicators were measured against pre-determined indicators of the project.

Originally, 40 FGDs were planned to conduct with 40 communities. But due the threats posed by COVID 19 pandemic and monsoon; it was reduced. Later, the household surveys with 400 households and 10 focus group discussions were conducted instead of FGDs.

Findings

The project’s outcome indicators for disaster ready communities and their value were measured based on the guideline of the donor’s Outcome and Indicator Sheet presented in Table 1.

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

MACP Indicators	N/A	Low	Medium	High
MACP 1: 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
MACP 2: Number of communities with Disaster Risk Reduction leadership group whose current membership reflects key socio-demographics of the community	0	21	16	3
MACP 3: Number of communities whose DRR leadership group convenes, makes decisions, and implements them without outside assistance	37	0	0	3
MACP 4: 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
MACP 5: Number of communities where at-risk households implement disaster risk reduction measures promoted by the project	33	5	2	0
MACP 6: Number of communities in which members	9	23	8	0

obtain, communicate and act upon EW information in a timely way and improve the system to reflect lessons learned				
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	26	0	0	14
MACP 8: Number of communities whose risk-management plan receives support from local authorities	26	0	5	9
MACP 9: 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
MACP 10: Uptake/take-up in non-target communities applying project approach/activities	Yes =0 ; No=40			

In addition to donor's outcome indicators, other country-specific indicators for Nepal were collected and are presented in Table 2.

Table 2: MACP countries indicator for Nepal and their values

S. No.	Partner Indicators	Baseline value
1.	Number of households who access essential goods and/or services from local suppliers during shocks and/or crisis.	38.3% (153 out of 400)
2.	Number of households who apply the information on preparedness and response received through EWS	4.3% (17 out of 400)
3.	Number of Local Emergency Operations Centers (LEOCs) established and functioning linking with community people	0 out of 4
4.	Number of CDMCs linked with Municipal Disaster Preparedness and Response Plan (DPRP)	0 out of 40
5.	Number of municipalities whose plans are incorporated into district-level Disaster Preparedness and Response Plan (DPRP)	2 Out of 4
6.	Number of Local Emergency Operation Centre (LEOCs) linked with community members	0 out of 4
7.	Number of households that access financial products (for example wholesale lending, risk transfer agent, etc.) to mitigate risks	77.3% (309 out of 400)
8.	Number of CBOs presented/showcased/shared their models/tools/approaches/experiences	0 out of 40
9.	Number of women who presented/showcased/shared their models/tools/approaches/experiences	20.7% (46 out of 222)
10.	Number of youth who presented/showcased/shared their models/tools/approaches/experiences	26.5% (27 out of 102)
11.	Number of households that applied or replicated (at least four out of 8) models/tools/approaches learned from different platforms	11.5% (46 out of 400)

Recommendations

Capacity Strengthening for DRR Leadership Groups

- Capacity building should be provided in relation to leadership, documentation trainings for CDMCs. Similarly, capacity building on first aid, search and rescue and early warning system trainings should be provided to the task forces. Lifesaving skills should be provided to the search, rescue, and first aid task force.
- Search and rescue materials, first aid materials, early warning materials should be provided based on the needs of the CDMCs.
- In some communities, safe evacuation routes and safe shelter were not available in close proximity to the community. Thus, evacuation routes and safe shelter should be constructed in those communities. Sri-lanka Tole of Bheemdatt Municipality is one of the examples that there was a need to construct safe shelter. In addition, the shelter house of Kamari Tole of Beldandi Rural Municipality should be repaired in order to facilitate CDMCs activities.

- Keeping the pertinent need in mind it was felt that project personnel and CDMCs should advocate at the ward and at the municipal level to mainstream CDMCs, at the ward level disaster management committee. This can also be done by nominating the President of CDMC, as a member of the ward level disaster management committee.

Resources and Financial Mobilization for Disaster Preparedness

- In some communities, the DRR materials such as helmets, hand microphones, life jackets, rubber boots, torch etc. are with the people or CBOs. In Ghatteplot of Parshuram Municipality and Kamari Tole of Beldandi Rural Municipality, CDMCs are also operating at the parallel level. These CDMCs and resources should be brought in single CBOs and mobilized through a single channel for wider acceptability to the community and local authority.
- DERF and its mobilization to the CDMCs were found as good practices. Thus, seed money should be provided to the CDMCs to enable them to motivate community people to increase DERF and its mobilization during emergency context.
- Climate change adaptation and market-based livelihood measures should be identified and for this, a needs assessment needs to be done.
- Startup support and skill-based trainings should be provided to vulnerable and poor people. For additional financial support, some of the DERF should be mobilized as revolving funds for income generation.

CHAPTER 1 INTRODUCTION

1.1 Disaster context of Nepal

Nepal is highly vulnerable to natural disasters such as floods, landslides, fire, drought, and epidemics, killing hundreds of people each year. The country is also vulnerable to seismic hazards. The country stands at the top 20th list of the most multi-hazard prone countries in the world (MoHA, 2016). It is ranked as the 4th, 11th and 30th in terms of climate change, earthquake and flood risk respectively (UNDP/ BCPR, 2004 cited in MoHA, 2016).

The number of incidents occurred in the project districts-Dadeldhura and Kanchanpur during April 2011 to June 2021 is shown in Table 1.1. The project districts are continually affected by major disasters namely fire, heavy rainfall, thunderbolt (thunderstorm), flood, landslide and animal incidents whose sanctuary have been disrupted due to factors mentioned above. Wild animals venture into settlements thus attacking humans and domestic animals and destroy crops. According to historical data from April 2011to June 2021 (10years' period), the project target districts were affected by a total of 501 events related to disasters (GoN, 2021).On an average, 14 events per year in Dadeldhura and 36 events per year in Kanchanpur were reported, all related to disasters.

Table 1.1: Incidents occurred in project districts between April 2011 to June 2021

Types of Disaster	Dadeldhura	Kanchanpur	Grand total
Fire	31	267	298
Heavy Rainfall	52	7	59
Thunderbolt	21	28	49
Flood	13	19	32
Landslide	12	3	15
Animal Incidents	4	17	21
Wind storm/storm	6	10	16
Earthquake	1	1	2
Other	1	8	9
Total	141	360	501

Source: Nepal Disaster Risk Reduction Portal, Government of Nepal

Thunderbolt, fire, flood, animal incidents and windstorm are the major disasters that have impacted on human life. Out of total death of disaster, almost one third of fatalities occurred by thunderbolt, fire and flood disaster in the project districts Kanchanpur and Dadeldhura (Table 1.2).

Table 1.2: Disaster impact on human life between April 2011 to June 2021

Types of Disaster	Kanchanpur			Dadeldhura		
	Death	Injured people	Affected people	Death	Injured people	Affected people
Thunderbolt	15	37	104	5	50	32
Fire	10	12	224	3	2	54
Flood	5	0	527	6	1	7
Animal incidents	3	20	37	1	7	10
Storm/Windstorm	3	30	1654	2	0	31
Landslide	1	2	1	2	0	23
Other	4	8	13	1	3	14
Total	41	109	2560	20	63	171

Source: Nepal Disaster Risk Reduction Portal, Government of Nepal

1.2 Background of the project

Oxfam in Nepal and NEEDS-Kanchanpur, have been implementing the project “Asia Community Disaster Preparedness & Transformation (ACT) Program in Nepal.”The project is being implemented in 40 communities from two municipalities-one rural municipality of Kanchanpur, and one municipality of Dadeldhura. It is part of a multi-country programme which is being implemented in the Philippines, Indonesia, and Bangladesh from October 2020 to December 2023.

The key outcomes of the project are:

- 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,
- Strengthen and protect the livelihoods of the most vulnerable socio-economic groups so they are able to 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,
- Communities, local and national actors, and international organizations systematically share knowledge to strengthen local humanitarian leadership to help communities be disaster ready.

In order to achieve these three outcomes, the project has envisioned 10 short-term outcome indicators developed by the donor and 11 country-specific indicators selected by the implementing organizations. The primary target group of the project is community members, Disaster Management Councils/Committees at the municipality, ward and community level.

1.3 Objectives

The overall objective of the baseline study is to describe benchmark against agreed indicators for the implementation, monitoring, evaluation of the project, and to provide current practices and standards inform the design of the planned interventions. The specific objectives of the assignment are as follows:

- To 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),
- To understand how local authorities at different levels connect on disaster management governance and practices institutions to better support community based DRR,
- To understand the practices of communities, local and national actors, and international organizations to strength community disaster and climate resilience,and
- To make appropriate recommendations for focusing area of implementation as well as way forward for successfully implementation of the project based on conclusions.

1.4 Survey strategy/approach

Adherence to terms of reference: The study was carried out in reference to and strict observance of the objective, scope, target areas and beneficiaries, methodology, timeframe, deliverables and responsibilities of the consultant, and Oxfam commitment, safeguarding and confidentiality/ non-disclosure as laid out in the Terms of Reference issued (Annex 1) by Oxfam in Nepal.

Mixed methods: The survey employed both qualitative and quantitative approach for the study generated through primary and secondary sources.

Indicator-based approach: There are two levels of outcome indicators; donor required indicators and country-specific indicators. The baseline of each indicator was identified and incorporated in the result. The set base-value of the indicators will be utilized to compare during the mid-line and endline survey.

Gender Equality and Social Inclusion (GESI): Data collection was inclusive of women, youth, marginalized and disadvantage groups. Disaggregated data were collected and analysed to report on the differentiated experiences and realities lived by those groups.

Data triangulation approach: The survey team gathered qualitative and quantitative information through various complementary sources and triangulated them.

CHAPTER 2 METHODOLOGY

The study was an analytical approach mainly based on primary sources of information. However, the necessary and required data was also collected through secondary sources by reviewing the published and unpublished reports including project documents. Primary data was gathered through consultation meetings, key informant' interviews (KII), focus group discussions (FGDs) and household surveys.

2.1 Review of secondary information

During the desk review, technical proposal for baseline study prepared by Oxfam America and Oxfam in Nepal, indicators and reference sheet from the donor were reviewed. The historical data of disaster, and policies and plans of the government were also reviewed. The review was carried out to get more insight into the program and the indicators. Further, the indicators and their rubric definitions and descriptions were used to develop checklists and survey questionnaires and adapted for the different sources of information.

2.2 Tools for data collection

The tools were developed based on the objectives of the baseline survey and project indicators with a total six questionnaires developed.

- (i) Checklist for Community Disaster Management Committee (CDMC)(see Annex 2),
- (ii) Household survey questionnaire (Annex 3),
- (iii) FGD checklist for community (see Annex 4),
- (iv) KII Checklist for Ward Chairperson and Secretary (see Annex 5),
- (v) KII Checklist for Mayor/Chairperson/Chief executive officer/DRR focal person of Municipality and rural municipality (see Annex 6), and
- (vi) KII Checklist for Chief District Officer/Assistant Chief District Officer/DRR focal person of District (see Annex 7).

The feedback received from the project team on the draft inception report and tools were incorporated. Further, tools were translated into Nepali language so that local enumerators will have ease to understand the tool and administer them in the field.

2.3 Primary data collection

2.3.1 Consultations

Regular meetings were carried out with Oxfam in Nepal, Oxfam America, and NEEDS Nepal team in virtual as well as physical mode. The meetings focused on understanding of the assignment and indicators, finalization of methodology and tools, work plan and logistic support.

2.3.2 Interviews with CDMC

Altogether 40 KIIs (one in each community) were conducted through telephone interviews with CDMCs. Further, during field visits, the study team also conducted 10 FGDs with CDMCs for the verification of information collected from telephone interviews. Total 5 to 10 members including chairperson/secretary and members of CDMC were participated during discussion.

2.3.3 Household survey

A total 10 households were selected from each of the 40 communities through systematic transect walk followed by random sampling approach.

2.3.4 FGD with community members

A total 10 FGDs comprising of 3 in Bheemdatt Municipality, 3 in Beldandi Rural Municipality, 2 in Dhodhara Chandani Municipality and 2 in Parshuram Municipality were carried out with community members (see Annex 8). Keeping the COVID-19 pandemic in mind, community members participated

in group discussions following health protocols outlined by Government of Nepal. On an average, 10-18 participants participated in the FGD. The turnout was more than what had been expected and surpassed the number of participants earlier thought of. The FGD participants comprised of those households who were at risk, women and men, representation of all castes, households with People with Disability (PwD), youth, older population, and representation of all livelihood groups including farmers and shopkeepers. The participants showed enthusiasm to participate in the FGD and once the people showed up, the discussions were carried out maintaining safe distance between participants. Checklists were used for the data collection.

2.3.5 KII with ward/municipal/district authorities

The project is implemented in 22 wards, 4 municipalities of 2 districts. The KII were conducted with 10 Ward Chairpersons, 4 DRR focal persons of 4 municipalities and rural municipalities, and 2 Assistant Chief District Officers (ACDO) of Kanchanpur and Dadeldhura Districts (Annex 9). All discussions were carried out through telephone.

2.3.6 Observations

The meeting minutes, guidelines and plans, installation of water gauge and machine for measuring water level from which people received information or warning about impending flood situation were observed during field visits.

2.4 Orientation and practice on the questionnaire

Five enumerators, experienced in data collection and working in disaster theme were hired. A one-day orientation from 10 Am to 5 PM (see Annex 10) was provided to them. They were further oriented on tablet/mobile-based data collection. Practice on the household questionnaire was made by the enumerators during orientation. Questions sequence, duration of an interview, and pre-defined answer options provided in the questionnaire, wordings of the questions and options, and way of interview taking were minutely checked in the practice session. The questionnaire was finalized based on the comments and feedback occurring in the practice session.

2.5. Monitoring and supervision

Data collection was done by enumerators in close supervision of consultant and project officials. Necessary suggestions and feedbacks were provided to enumerators in data collection process. The filled questionnaire was also checked to ensure the proper information.

2.6. Data analysis

Once the data were collected from the field, it was cleaned and analyzed using Excel and SPSS. The information collected during the FGDs and KIIs were also analyzed and triangulated. The project's outcome indicators were measured based on an established rubric, and selected indicator.

2.7 Ethical consideration and informed consent

All respondents involved in the study 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 right to refuse participation and to withdraw the interview at any time.

2.8 Limitation and challenges

During the study, the effects of the second wave of the COVID-19 pandemic was at its peak. The Government of Nepal (GoN) had imposed a lockdown in order to control the possible spread of COVID-19. The Government imposed restrictions of movement from one place to another that is from one community to another and from one district to another. Transportation facilities were also completely stopped, due to which, the study methodology and mode of interview changed. The FGDs and household interviews were planned to be conducted after lockdown and KIIs were conducted

through telephone interview. Initially 40 FGDs, one in each of the 40 communities, were supposed to be conducted, but the pandemic and the monsoon season limited the collection of qualitative data through FGDs. At a later date, household surveys and 10 FGDs were carried out instead of 40 FGDs in communities. KIIs were planned and should have been conducted through face-to-face interviews, but due to covid-19 Pandemic, it was done through the telephone.

The fear of COVID -19 pandemic was not very persistent in the field area; hence people were willingly coming to participate in the FDG. In addition, people wanted to share their viewpoints about problems faced by them.

CHAPTER 3 FINDINGS

3.1 Community characteristics

This section presents the socio-economic and demographic characteristics of the respondents and disasters faced by the community.

3.1.1 Demographic characteristic

The sex and age distribution of the respondents are presented in the Table 3.1. In total, more than half of the respondents (55.5%) were women ranging from at the lowest rate of 36.3% in Beldandi Rural Municipality to the highest rate of 71.0% in Dodhara Chandani Municipality. The survey covers the entire age group of the people ranging from 18 to more than 60 years of age.

Table 3.1: Sex and age distribution of the respondents (%)

Sex	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
Men	43.8	29.0	63.8	46.7	44.5
Women	56.3	71.0	36.3	53.3	55.5
Age group					
18-30	19.4	39.0	20.0	26.7	25.5
31-40	26.3	21.0	25.0	25.0	24.5
41-50	25.6	22.0	20.0	21.7	23.0
51-60	15.6	10.0	22.5	13.3	15.3
60+	13.1	8.0	12.5	13.3	11.8

3.1.2 Social characteristic

Educational status, caste and ethnicity of the respondents represent the social characteristics of the project's community members. Altogether 40.2% respondents were Dalit, followed by 39.8% Brahmin Chhetri and 20% Janajati. In Nepal, caste system is prominent and Dalits falls in the lowest strata of the system and their socio economic status is also low. Almost three fourth (73.7%) of the respondents were literate and one-fourth (26.3%) were illiterate. Moreover, 22.8% of the respondents belonged to female-headed household's category (Table 3.2).

Table 3.2: Caste ethnicity and educational status of the respondents (%)

Caste/Ethnicity	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total
Dalit	51.9	56.0	17.5	13.3	40.2
Janajati	8.8	34.0	33.8	8.3	20.0
Brahmin Chhetri	39.4	10.0	48.8	78.3	39.8
Educational status					
Primary level	16.9	21.0	16.3	8.3	16.5
Lower secondary level	24.4	23.0	22.5	8.3	21.3
Secondary level	13.1	14.0	15.0	21.7	15.0
Higher secondary level	5.6	4.0	5.0	8.3	5.5
Bachelor level or above	1.9	1.0	1.3	5.0	2.0

Just read and write	16.3	3.0	10.0	28.3	13.5
Illiterate	21.9	34.0	30.0	20.0	26.3
Head of Household					
Men	83.8	59.0	81.3	85.0	77.3
Women	16.3	41.0	18.8	15.0	22.8

3.1.3 Economic characteristic

The source of household income for majority of respondents were agriculture and wage labour. Interestingly, 85% of the respondents were mainly dependent upon wage labour for their livelihood and other necessary needs (Table 3.3).

Table 3.3: Primary sources of income of the respondents (%)

Sources of income	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
Agriculture	35.0	9.0	76.3	78.3	43.2
Daily wage labor	36.9	85.0	3.8	18.3	39.5
Paid job	14.4	0.0	18.8	1.7	9.8
Business	6.3	6.0	1.3	1.7	4.5
Others	7.5	0.0	0.0	0.0	3.0

3.1.4 Types of disaster faced by community

Out of 400 households, 96% of the respondents reported that they faced floods in last five years followed by windstorm (35.5%), wild animal attacks (29.5%) and so on (Table 3.4). During the field visit, it was pointed out that all the project communities were very close to the river and was affected by floods. Most of the project communities were affected by Mahakali and Jogbudha Rivers. Similarly, some of the project communities of Dodhara Chandani Municipality, Beldandi Rural Municipality and Bheemdatt Municipality are located adjoining with Suklaphata National Park (Suklaphata Rastriya Nikunja). Respondents also reported being attacked by animals that venture into human settlements and attack humans and domestic animals and destroy crops. Interestingly, 80% of the respondents reported that they faced wild animal incidents in Parshuram Municipality. Community people of Parshuram Municipality reported that their standing crops were damaged by monkey and wild boars.

Table 3.4: Types of disaster faced by the community in last five years (%)

Types of disaster	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
Floods	98.8	100.0	92.5	86.7	96.0
Wind/storms	7.5	96.0	31.3	15.0	35.5
Wild animal attacks	13.1	7.0	52.5	80.0	29.5
Cold waves	0.6	98.0	1.3	0.0	25.0
Epidemic/Pandemic	44.4	0.0	0.0	8.3	19.0
Drought	0.0	63.0	1.3	6.7	17.0
Landslides	27.5	0.0	0.0	31.7	15.8
Fire	0.0	20.0	2.5	16.7	8.0

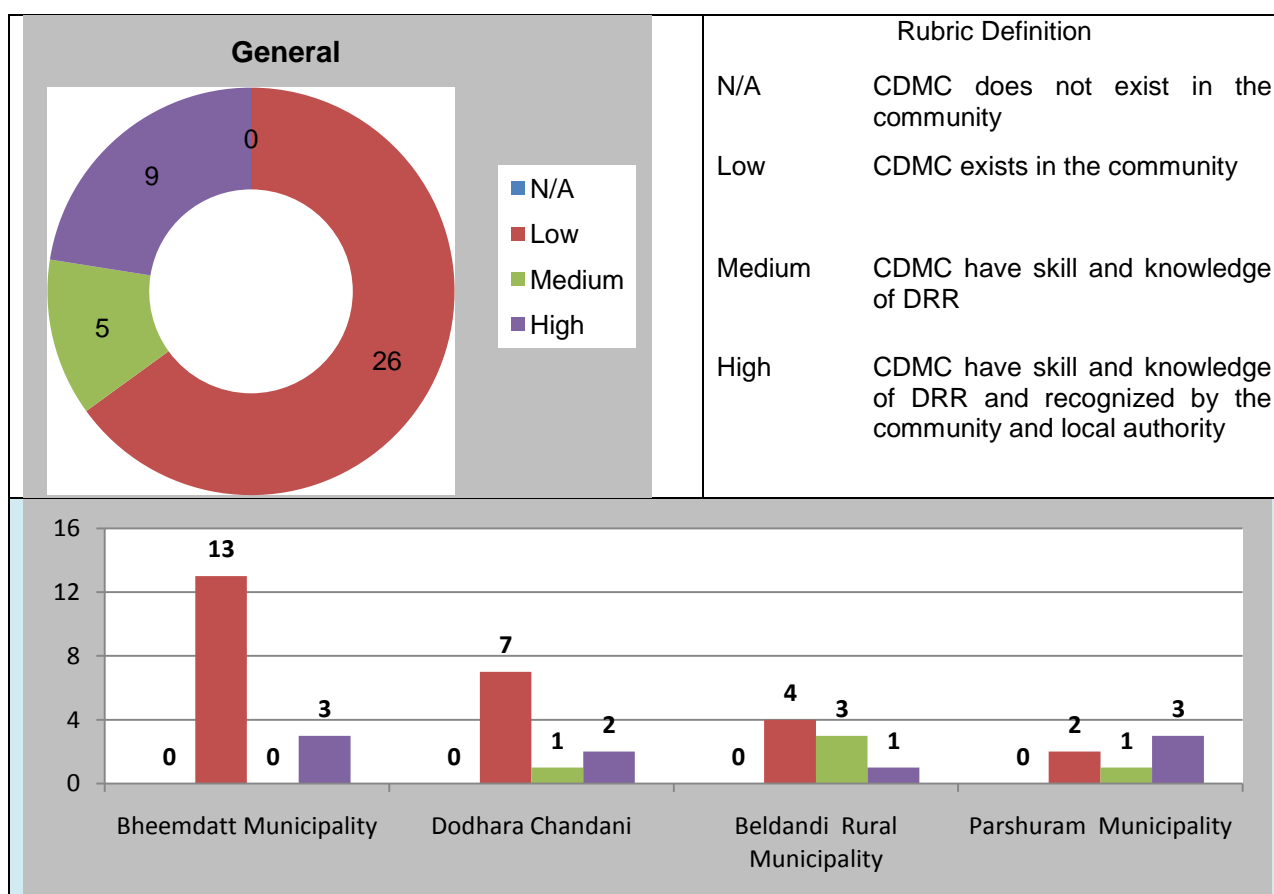
3.2 Outcome indicators

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

All 40 project targeted communities have a Disaster Risk Reduction (DRR) leadership group, named as Community Disaster Management Committees (CDMCs). Among them, 14 communities already had a CDMC in their communities which were reformed (re-activated) by this project. In addition, the project formed 26 CDMCs in each 26 communities where there was no DRR leadership group. All CDMCs are formed very recently and did not conduct any activities for the communities. They have local indigenous knowledge and skills like swimming for rescuing community people and chasing wild animal, but the knowledge and skills still remain to be structured. Thus, these 26 CDMCs are rated low as communities with a Disaster Risk Reduction (DRR) leadership group with relevant skill and knowledge.

Nepal Red Cross Society under Paschim Project and Oxfam in Nepal and NEEDS Nepal under DIPECHO-VII SAFER project had previously formed the 14 CDMCs and capacitated the same. Paschim Project phased out in February 2020 and DIPECHO-VII Safer in 2014. During the project tenure, they trained the existing task forces in first aid, search and rescue and early warning system. While interviewing the CDMCs, it was found that about half of the trained people were still associated with the community and provided their expertise, whereas the remaining trained personnel had migrated for their livelihoods.

Figure 3.1: CDMC with relevant skills and knowledge recognized by the community and municipal authorities



Out of the total, 14 restructured committees, have some level of skills and knowledge and are recognized by the communities since they have focused on different activities like collection of

Disaster Emergency Relief Fund, preparedness of Go Bag, and orientation on early warning information. However, only 9 CDMCs received support from the municipalities for their plans, hence these 9 CDMCs are rated as high. The remaining 5 have failed to receive support from the municipality and can be categorized as medium.

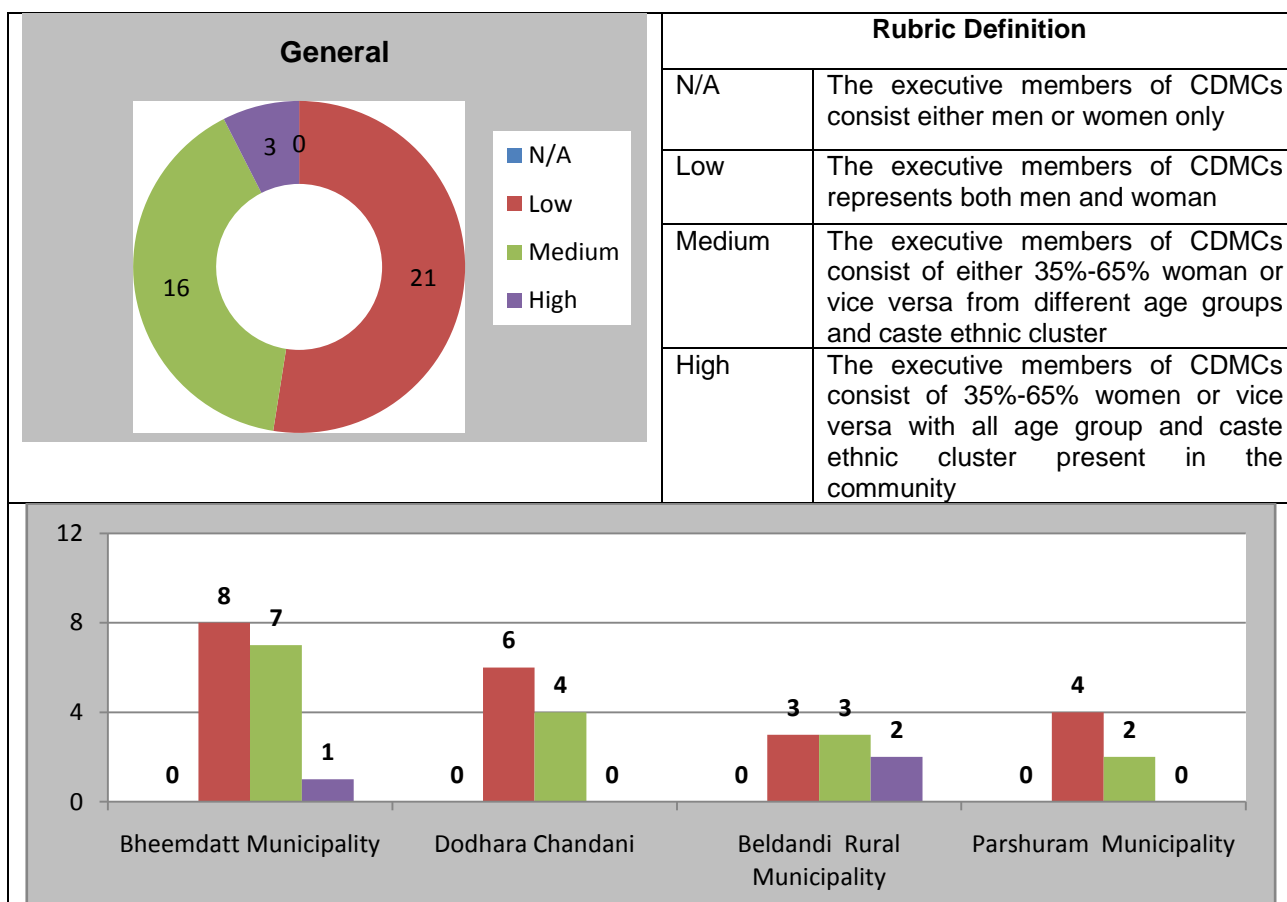
Despite of having CDMCs in Kamari Tole of Beldandi Rural Municipality and Ghatteplot of Parshuram Municipality, ACT project has formed new CDMCs in these communities. It was known, during field visit that the old CDMCs of Beldandi Rural Municipality were inactive but in case of Ghatteplot, two parallel CDMCs still active.

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)

Out of the 40 CDMCs, 3 CDMCs reflect the key socio demographics of the community and consists of 35%-65% women or vice versa and represent young people (age 18 to 30 years) and older people (aged 60+ years) and all castes, in their executive body. Hence these 3 CDMCs are considered as high rubric. Similarly, 16 CDMCs failed to represent all age groups such as the young, old and from various castes existing in their committees. These 16 CDMCs represents proportionate number of men and woman and from divergent age and caste groups but does not cover in its entirety. Hence the 16 CDMCs fall under the medium category.

In the remaining 21 CDMCs, there is no proportional representation of men and women and no representation of all caste or age, hence fall under the low category.

Figure 3.2: Socio-demographic representation on CDMCs



The CDMCs like Bishnu Tole and Bijay Tole of Bheemdatt Municipality, Jhilmilia CDMCs of Beldandi Rural Municipality and Sarguna Simalkhet Tole of Parshuram did not cover all caste clusters in

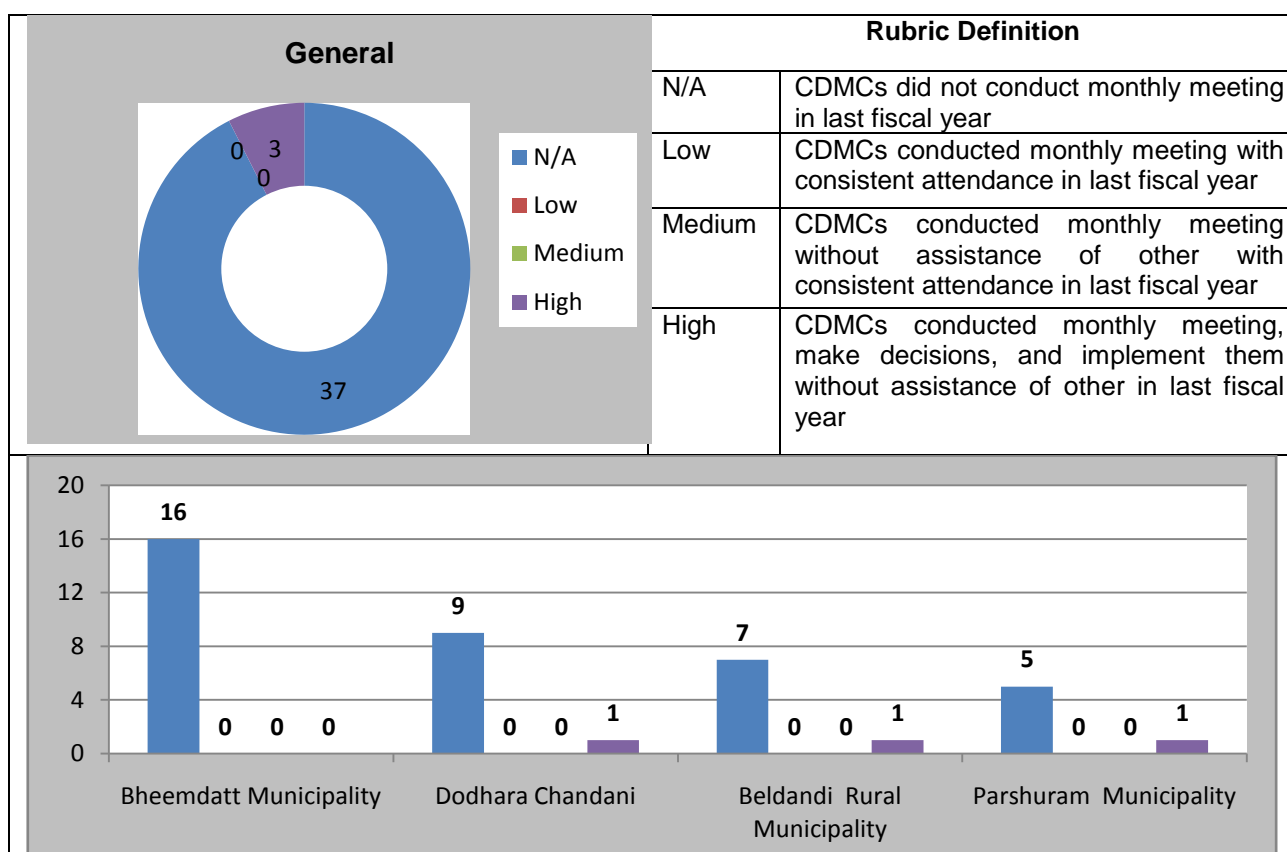
appropriate proportion of their respective communities. Similarly, Dharmbhakta Tole, Muchute Tole, Subhakamna Tole, Sonpur Tole and Srinarayan Tole of Bheemdatt Municipality did not include 18-30+ age group or 60+ age groups in their membership.

Interestingly, out of 39 communities, 26 of the CDMCs were led by women, 12 were led by Dalit (so called low caste) and 6 were led by Janajati. During FGDs and KII, it was pointed out that the CDMCs were formed in the presence of locally renowned people and ward representative of respective communities.

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

Out of the 40 communities, and from the previously formed 14 CDMCs only 3 CDMCs (CDMCs of Gaudi Tole of Beldandi Rural Municipality, Motahaldu of Parshuram Municipality and Shanti Tole of Dodhara Chandani ward number-6), have conducted regular meetings, made decisions and implemented some of their planned activities without outside assistance in last fiscal year 2020/21, and thus are rated as high. The remaining 37 have failed to hold meetings during the last fiscal year and are not applicable. During the FGD, it was known that the CDMC of Gaudi Tole has not discontinued the meetings during COVID-19 pandemic situation. One of the major reasons of this was they mobilize their collected fund within the community at low interest rate. The fund was gathered through organizing different cultural shows (*Deusi Bhailo*) and other program.

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



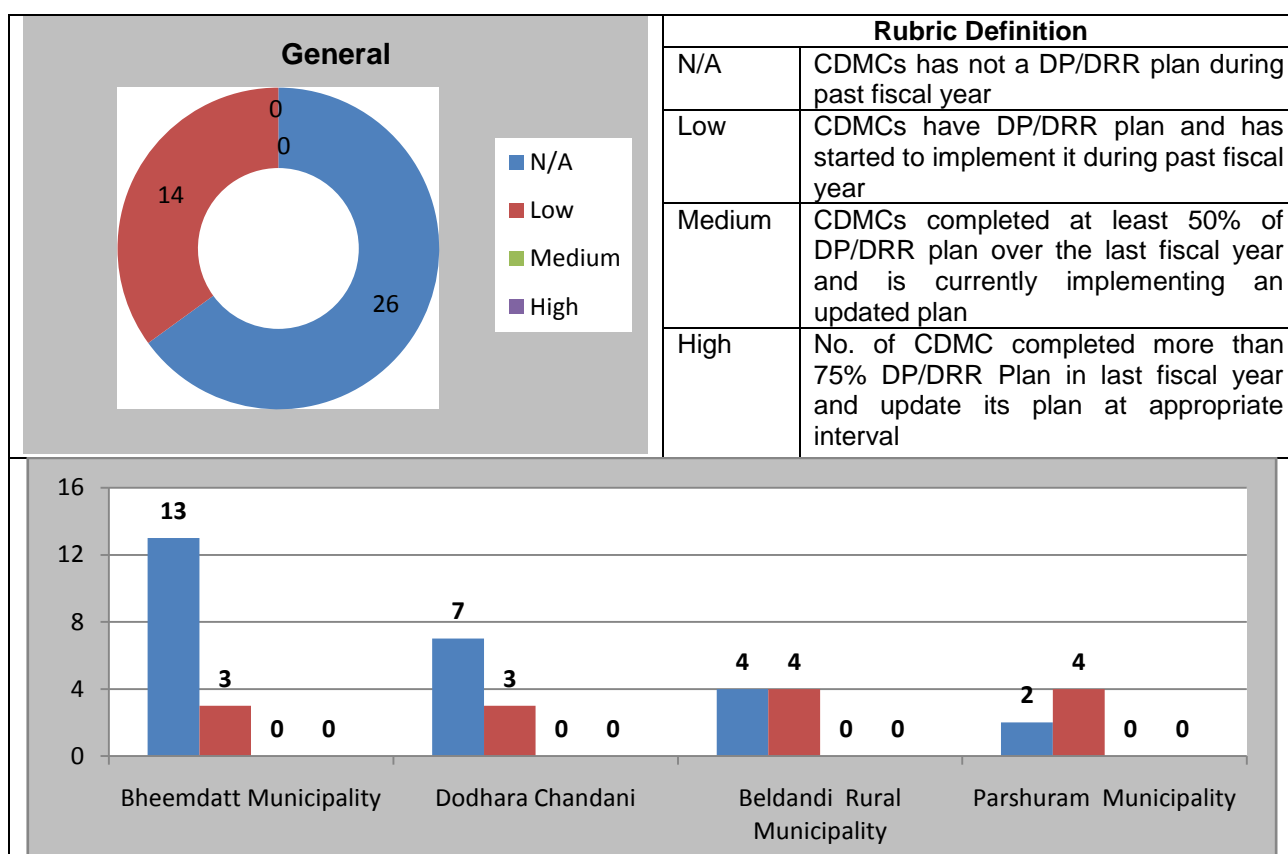
A total of 14 restructured communities conducted regular meetings just before the COVID-19 pandemic (last year). However, the number decreased to 3 in the current year. According to members of CDMCs, COVID 19 Pandemic was one of the major hindering factors to organize regular meetings of CDMCs. The regular meetings of some of the CDMCs like Sri-lanka CDMC of Bheemdatt and Sarguna Simalkhet of Parshuram Municipality might be due to the end of the Paschim Project. In addition, the CDMC of Kamari Tole of Beldandi Rural Municipality was not able to continue their

meeting due to damage roof of their shelter house by hurricanes which was been constructed with the support of Oxfam in Nepal and NEEDS Nepal under DIPECHO-SAFER Project.

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

Out of the 40 CDMCs, 14 reformed communities have developed DP/DRR plans and implemented them accordingly and updated it annually, bi-annually and quarterly basis for the previous years but failed to prepare plans for the last fiscal year due to COVID-19 pandemic, hence it is rated as low in the indicator. It was found that even the CDMCs that conducted regular meetings last year were not able to prepare DP/DRR plan due to COVID 19 Pandemic. It was also found that 26 newly formed CDMCs were rated as non-applicable since they were just setting up the committee.

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



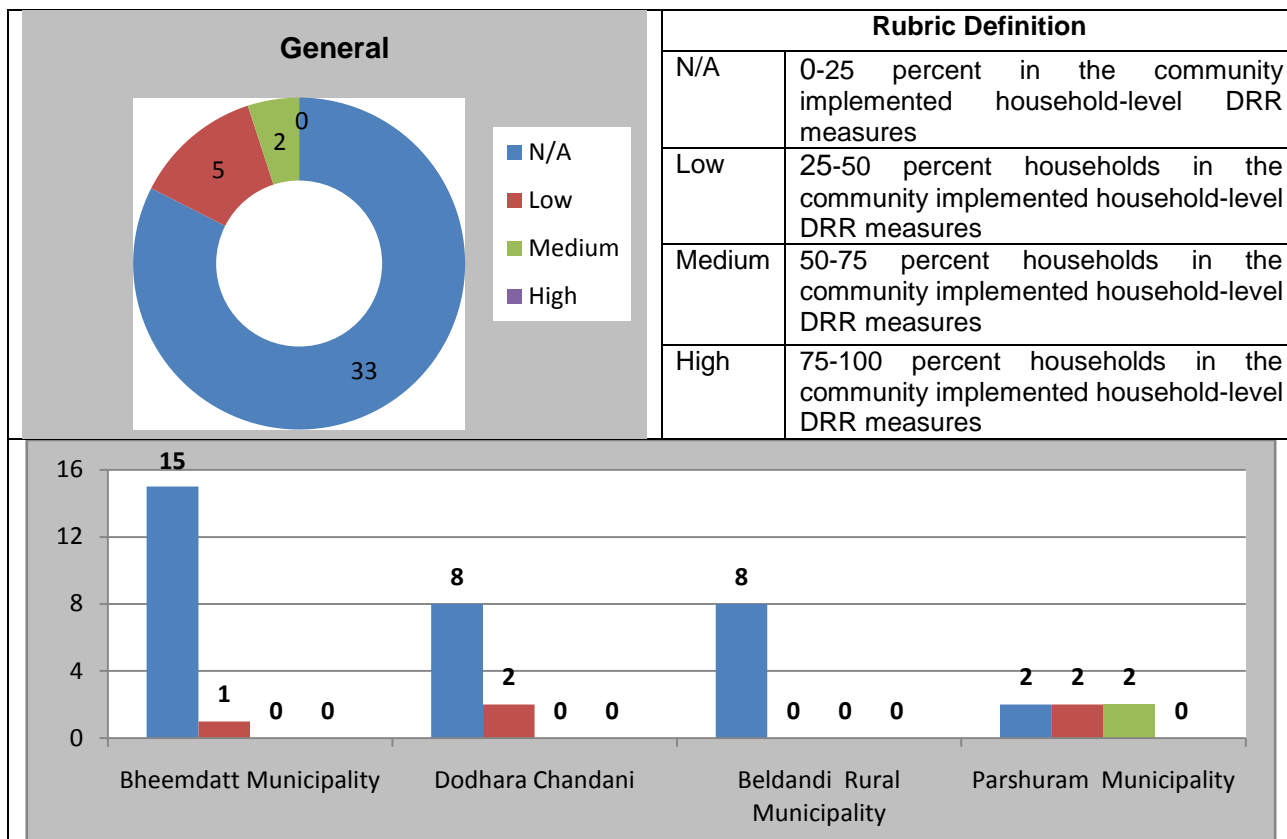
MACP 5: Number of communities where at-risk households implement disaster risk reduction measures promoted by the project.

Households are expected to implement disaster risk reduction measures and in target areas, 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 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 10 households was taken and the percentage of households having 4 measures of DRR in each community was calculated. Out of the total of 40 communities it was found that in 33 communities, 0% to 25% households had implemented DRR measures, hence categorized as low. Similarly, in 5 communities, 25-50% households had implemented DRR

measures and in 2 communities 50-70% households had implemented DRR measures. Hence 5 communities are rated as low and 2 communities are rated as medium.

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

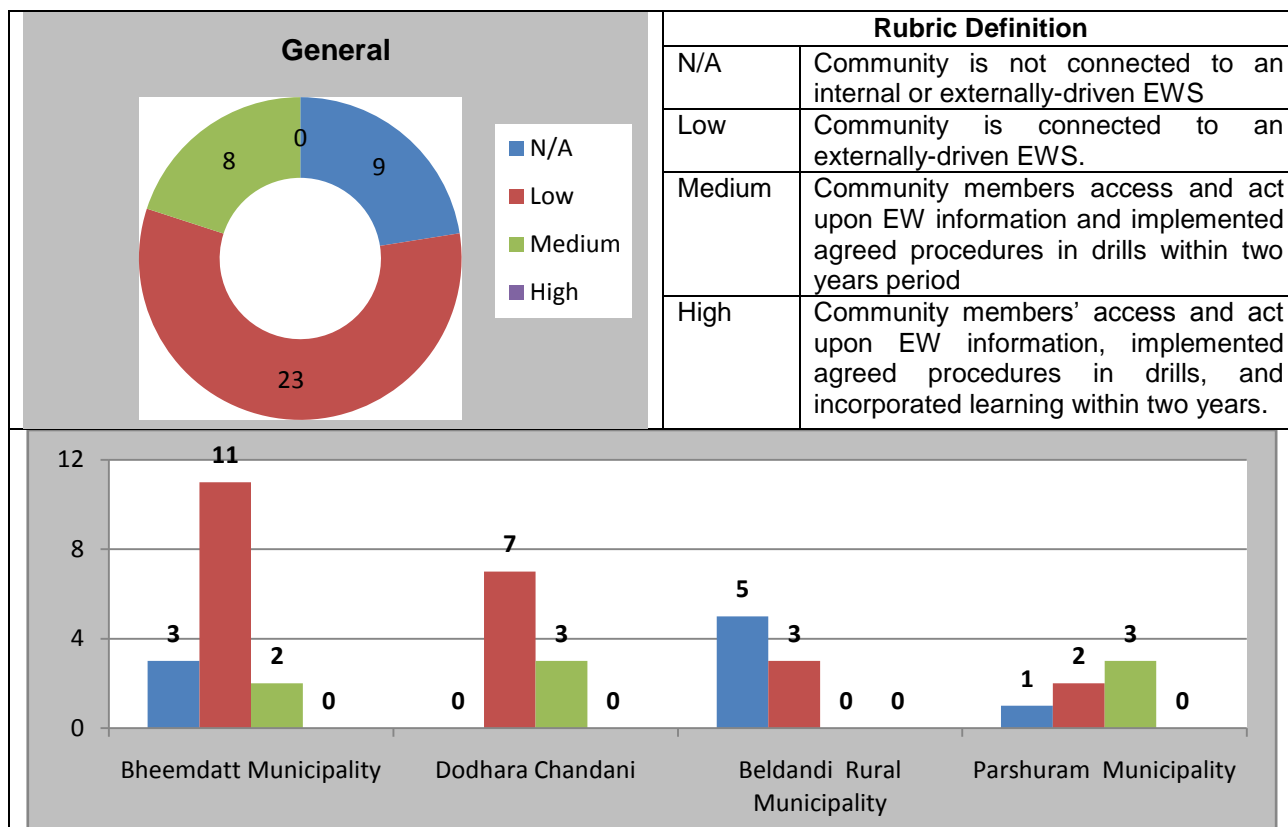


MACP 6: Number of communities in which members obtain, communicate and act upon early warning information in a timely way and improve the system to reflect lessons learned.

Out of 40 communities, 31 communities are connected to an externally-driven early warning system. Remaining 9 communities are rated as non-applicable since these communities lack connection. Among these, most of the communities have access short message service (SMS) from Nepal Telecom and Ncell Company. Some communities have received the information from both medium SMS as well communicate with the people from river gauze station or from up-stream community and some have been receiving from the secondary source.

From the 31 communities linked to the externally-driven early warning system, 8 are rated medium since they have implemented mock drills/simulations on agreed procedure in the last two years and 23 are just connected to the externally driven early warning system but did not conduct any drills in the last two years, hence rated as low. It was also found during the group discussions and interviews that community members have knowledge about the agreed procedures and guidelines, but they have not documented them. They reviewed the mock drill events but leanings have not been documented. Hence, no community was rated as high in this regard.

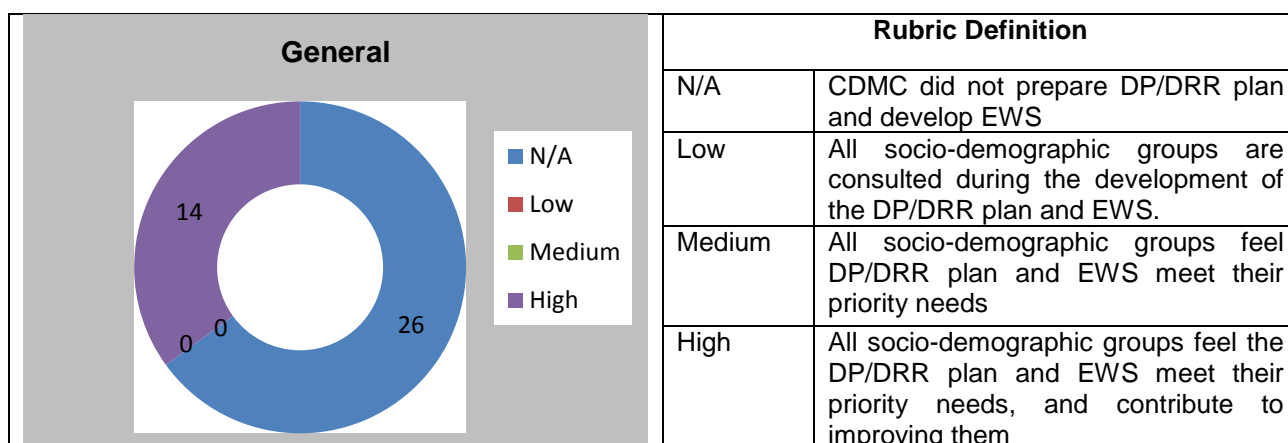
Figure 3.6: Community with early warning information and mock drill

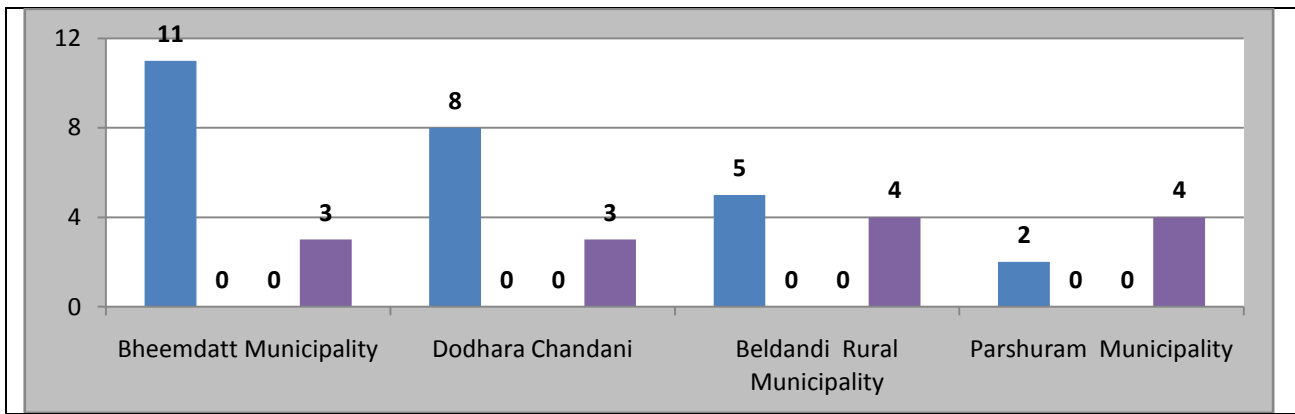


MACP 7: Number of communities where members of all socio-demographic groups feel the Disaster preparedness / Disaster risk reduction plans and systems meet their priority needs.

Out of the 40 CDMCs, only 14 reformed CDMCs developed their plans in year 2019. After that, none of CDMCs have developed their DP/DRR plans. It was found that all 14 CDMCs had consulted all socio-demographic groups including local leaders, teachers, ward representatives, etc. of the communities during the plan development as well as when updating the plan in year 2019. Thus, these 14 communities are rated high as the participation of all socio-demographic groups in the development of plans and incorporating their priority needs. Similarly, 26 CDMCs did not achieve the low rubric and it is considered as not applicable.

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

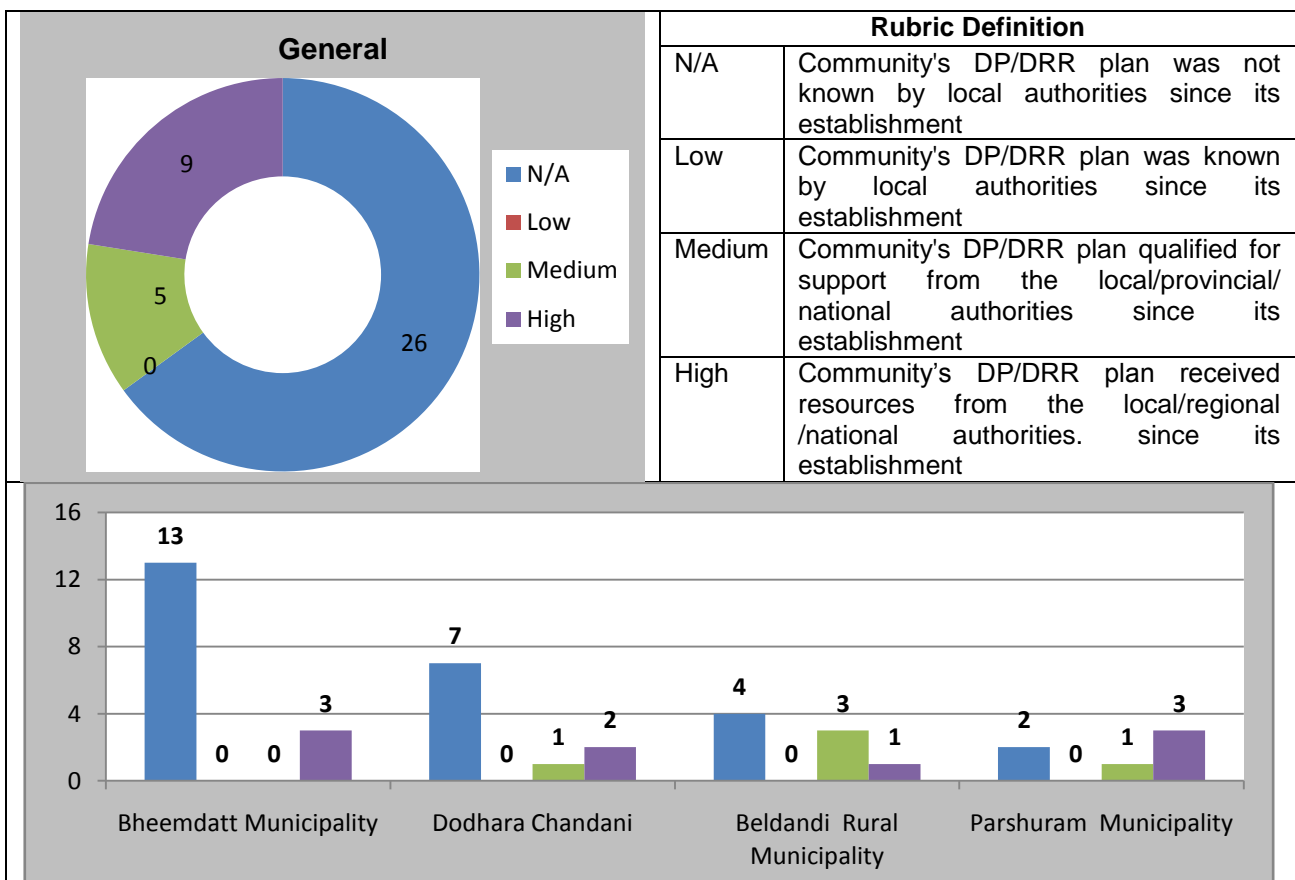




MACP 8: Number of communities whose Disaster preparedness / Disaster risk reduction plan receives support from local authorities.

Out of the 40 CDMCs, 26 were newly formed and did not prepare any DP/DRR plans. Thus, these 26 CDMCs are put under the category of not applicable for this indicator. Remaining 14 reformed communities have submitted the plans to the wards/ municipalities since their establishment. Among them, plans of 5 communities were partially qualified to get support but they were unable to get support due to limited resources thus it is rated medium as in the CDMCs whose DP/ DRR plans receives support from local authorities. Only 9 CDMCs have reported that they got support for their plans like constructing embanking, fencing wire, and making shelter from local authorities and it is rated as high. These supports were found in different fiscal years when project was running.

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



During discussions with community members, it was identified that the members of the newly formed CDMCs were eager to carry the activities including DP/DRR plan. They have the knowledge of local

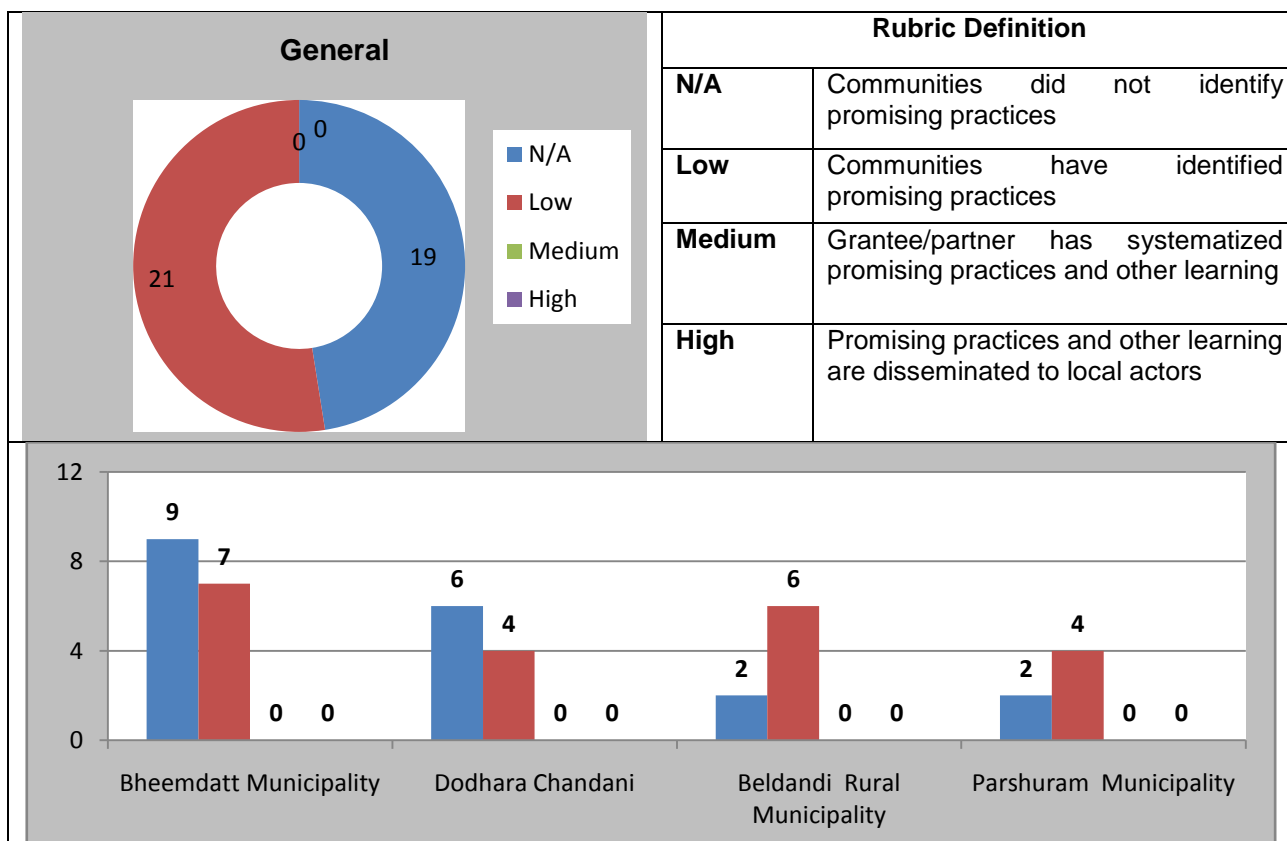
context in disaster risk and mitigation measure, but they need capacity building support to formulate the plan, get resources from different agencies including local authority.

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.

Many best practices, tools and experiences were identified on DP/DRR, among them very few are systematized. No practice, tools and experiences were documented and disseminated to local governmental and non-governmental actors.

Out of the 40 communities, 21 communities have been practicing some preparedness measures like collecting relief fund and provided to the disaster affected people; chasing wild animal; saving their land from riverbank cutting; and (iv) making life jackets from plastic gallons. These 21 communities have identified the best practices but there is no documentation and there has been no dissemination at all hence has rated low on the practice. Similarly, 19 CDMCs were considered as non-applicable since they did not identify best practices and are not rated as low. The project is in its starting phase, partner has neither systematized promising practices and other learning nor disseminated to local actors. Hence no communities were rated medium and high.

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



The best practices that were identified by the communities are:

Disaster Emergency Relief Fund- Majority of reformed CDMCs has established the Disaster Emergency Relief Fund supported by other projects in the past. The projects supported some seed money for establishing the funds. Besides that, community people also raised funds by conducting different social activities. Community people from Sri-lanka CDMC increased their fund from the collection of grains and crops from households, conduction of programs like *Deusi Bhailo* and other social functions during local festivals like *Tihar* and *Holi*. They have made a provision for relief fund

and implemented accordingly. Most communities kept their funds in the bank whereas communities like Gaudi of Beldandi Rural Municipality mobilized its funds among their members with a minimum interest rate. This activity has obviously a good implication for conducting meetings, decision making process and conducting activities on DRR issues.

Strategies to avoid wild animal attacks- Communities adjoined to the Suklaphata National Park are affected by wild animal attacks especially by elephants. Community people used their indigenous knowledge to chase elephants. They used to chase elephants by producing continuous noise by hitting on utensils, starting tractor and produce sound and, using hand sirens. Some communities used to chase by using fire on stick (*Masa*). These activities were neither documented nor disseminated anywhere.

Developed life jacket from gallon (*Jarkin*)-Community people of Shanti Tole of Dodhara Chandani ward number 6 made life jackets by using local resources available in their community. They used empty gallons (Oil carrying) for it.

Save the agri-land from riverbank cutting: The community people of Kutia-Kabar Tole of Dodhara Chandani Municipality saved their land from river bank cutting using their indigenous knowledge. At the time of flooding, they cut the branches of tree and put it into the riverbank. That will reduce the pressure of water on riverbank and ultimately their land become safe from riverbank cutting.

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

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.

Table 3.5: CDMCs Uptake applying their approach/activities in non-target communities

Characteristic	Bheemdatt Municipality (N=16)	Dodhara Chandani Municipality (N=10)	Beldandi Rural Municipality (N=8)	Parshuram Municipality (N=6)	Total (N=40)
Yes People implemented, piloted or adapted the approach/activities in non target communities	0	0	0	0	0
No As far as we know, people in non-target communities implemented, piloted or adapted the approach/activities in non target communities	16	10	8	6	40

3.3. Country Specific Indicators

Country indicator 1: Number of households who access essential goods and/or services from local suppliers during shocks and/or crisis

Baseline value: 38.3% (153 out of 400)

The access to essential goods and services in the community is measured through three items namely (i) availability of essential goods and services, (ii) prices of essential goods and services, and (iii) time required to get the essential goods and services from local suppliers during shocks and crisis. Questions for each item were asked using a four-point scale. The four points of availability is (i) very lesser than usual, (ii) lesser than usual, (iii) slightly lesser than usual, and (iv) same as usual. Similarly, four points for time and prices were asked using another four-point scale (i) very greater than usual, (ii) greater than usual, (iii) slightly greater than usual, and (iv) same as usual.

Out of the 400 respondents, 48.5% reported that availability of essential goods and/or services was slightly lesser than as usual, or it was as usual during shocks and/or crisis. The responses were lowest (1.0%) in Dodhara Chandani Municipality and highest in 98.8% in Beldandi Rural Municipality. The responses in prices and time required for getting the goods and services vary in district in similar fashion. The reason for poor accessibility in Dodhara Chandani was that the bridge which joins Dodhara Chandani to the main market was damaged by floods this year.

Table 3.6 clearly reveals that total 38.3% households have access to the essential goods and service even during shocks and crisis situation.

Table 3.6: Households who access essential goods and/or services from local supplier during shocks and/or crisis

Items	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
Availability of goods and services is slightly less than usual or same as usual	66.9%	1.0%	98.8%	11.7%	48.5%
Prices of goods and services is slightly greater than usual or same as usual	51.3%	7.0%	100.0%	5.0%	43.0%
Time spent to get the goods and services is slightly greater than usual or same as usual	65.0%	2.0%	98.8%	10.0%	47.8%
All of three items	46.3%	1.0%	97.5%	0.0	38.3%

Country indicator 2: Number of households who apply the information on preparedness and response received through EWS

Baseline value: 4.3% (17 out of 400)

Out of the 400 respondents, 31.8% reported that early warning system was there in the community. Most of the communities received short message service (SMS) from Nepal Telecom and Ncell, however, mobile is not accessible to all the members of the community. A total of 18.8% have knowledge about the guideline of EWS and 8.8% participated in EWS simulation exercises. A total of 19.5% received information on EWS on disaster preparedness and responses during actual event or conducting simulation exercises and only 4.3% had applied the information (Table 3.7).

Table 3.7: Households who apply information on preparedness and response received through EWS

Items	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
EWS in the community	7.5%	25.0%	42.5%	93.3%	31.8%
Knowledge about EWS guideline	5.0%	8.0%	13.8%	80.0%	18.8%
Practice on EWS simulation exercise	3.1%	8.0%	3.8%	31.7%	8.8%
Received information on EWS on Disaster preparedness and responses either actual event or simulation exercise	5.0%	19.0%	8.8%	73.3%	19.5%
Applied the information on preparedness and response as per procedure / guideline during mock drill / simulation exercise on EWS	0.6%	1.0%	6.3%	16.7%	4.3%

Country indicator 3: Number of Local Emergency Operations Centers (LEOCs) established and functioning linking with community people

Baseline value: 0 out of 4

There are four municipalities in the project area. The LEOCs were not established in any of the municipal authorities during the study period. During the KIIs with municipal authorities, it was found that the establishment of LEOC was in the process. Thus, the baseline value of this indicator is zero. Dodhara Chandani Municipality has incorporated to establish LEOC in its plan.

Country indicator 4: Number of CDMCs linked with Municipal Disaster Preparedness and Response Plan (MDPRP).

Baseline value: 0 out of 40

Out of the four municipalities, Bheemdatt and Dodhara Chandani municipalities have MDPRP. The MDPRP is developed by collecting the ward level plan from the Ward Level Disaster Management Committee (WDMCs). WDMCs collect needs of the community people and prioritize them. They submit it to Municipal-level Disaster Management Committee. The plans once collected are again prioritized and approved by Municipal-level Disaster Management Committee (MDMC). Finally, municipality documents these plans called MDPRP.

Out of the 40 CDMCs, none of the CDMCs has made the plans in year 2020. Thus, no plans of the 40 CDMCs were able to be linked to municipal level DPRP. However, it was identified during field visit that some activities were jointly carried out by local authorities and CDMCs in previous years. The wards working at the local level by collecting needs of the community and sending those to the municipal level. The community shelter initiated by CDMC of Shanti Tole of Dodhara Chandani Municipality is under construction which is supported by the municipality.

Country indicator 5: Number of municipalities whose plans are incorporated into district-level Disaster Preparedness and Response Plan (DPRP)

Baseline value: 2 out of 4

In both of the project districts, DPRP have been developed whereas for the Municipalities, only Bheemdatt Municipality and Dodhara Chandani Municipality have a MDPRP. The remaining other two municipalities Beldandi Rural Municipality and Parshuram Municipality had not developed their MDPRP yet. During KIIs with municipalities, rural municipalities and District Administration Office, it

was found that district-level DPRPs had been developed prior to the MDRP of Bheemdatt and Dodhara Chandani Municipality. However, during the development of the district level DPRP, District Disaster Management Committee (DDMC) had asked the municipalities for their plans as well to be incorporated. After acquiring plans from the municipalities, the DDMCs then prioritizes, the municipal level plans and incorporates the same in their plans, thus creating an alignment between the two.

Though the municipality develops their plans later then DPRP, MDRP is aligned with District level /DPRP, hence the baseline value of this indicator is 2. This statement corroborated during interviews of KILs with stakeholders, wherein they reported that District-level DPRP incorporated the MDRP especially in search and rescue, security, resource mobilization and coordination with other supporting agencies including arm forces, police, during emergency.

Country indicator 6: Number of Local Emergency Operation Centre (LEOCs) linked with community members.

Baseline value: 0 out of 4

The indicator is same as the country specific indicator 3.

Country indicator 7: Number of households that access financial products (for example wholesale lending, risk transfer agent, etc.) to mitigate risks.

Baseline value: 77.3% (309 out of 400)

The household is considered to have access to financial product(s) during crisis if the household either (i) saved their earnings via groups or any financial institutions, or (ii) have access to loan from financial institution including saving groups, or (iii) subscribe to insurance scheme to his/her family members, or things. Altogether, 77.3% of households reported that they have access to financial products during crisis. The access was at the highest in Parshuram Municipality whereas the lowest in Bheemdatt Municipality. Although access to insurance schemes for self and family members was found as 23.3% ranging from 15%in Bheemdatt Municipality and 50% in Parshuram Municipality. No provision was found for insurance for livestock, crops etc. However, since the area is disaster prone as has been proved by frequent rainfall and floods, enormous damage is inflicted on crops and livestock, which hampers the livelihood of the community each year and thus causing financial loss. There is vital need to have insurance policies for livestock and crops to minimize risk faced by the households and provide support.

Table 3.8: Households that access financial products

Access to financial product	Bheemdatt Municipality (N=160)	Dodhara Chandani Municipality (N=100)	Beldandi Rural Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
Saved money in group or financial institution	65.6%	69.0%	82.5%	73.3%	71.0%
Access to loan	65.0%	73.0%	85.0%	71.7%	72.0%
Access to Life insurance	15.0%	19.0%	25.0%	50.0%	23.3%
Any of the above	68.8%	76.0%	87.5%	88.3%	77.3%

The project does not consist of indicators which take into account livelihoods, but the community is looking for support for livelihoods. Majority of households in the communities depends on agriculture, agricultural labor and wage labor for their livelihoods. Every year flood causes havoc to the community and the people living therein. During FGDs it was found that people were looking for support with income generation activities and focus on continuous income. But most of them lack skills to start any kind of new enterprise and invest in any new business. They are looking for help

with farming and non-farming activities to create opportunities and minimize risk for the future. The findings show that there is need to provide skills-based trainings and start-up supports to establish enterprises and diversify income. Different areas have different opportunities for income; hence a needs assessment will have to be done in order to identify the market that will support the community to improve in their livelihood in the community. Keeping flood disasters in mind, climate change adaptation measures to livelihood strategy should be developed.

Country indicator 8: Number of CBOs (CDMC) presented/showcased/shared their models /tools/approaches/experiences

Baseline value: 0 out of 40

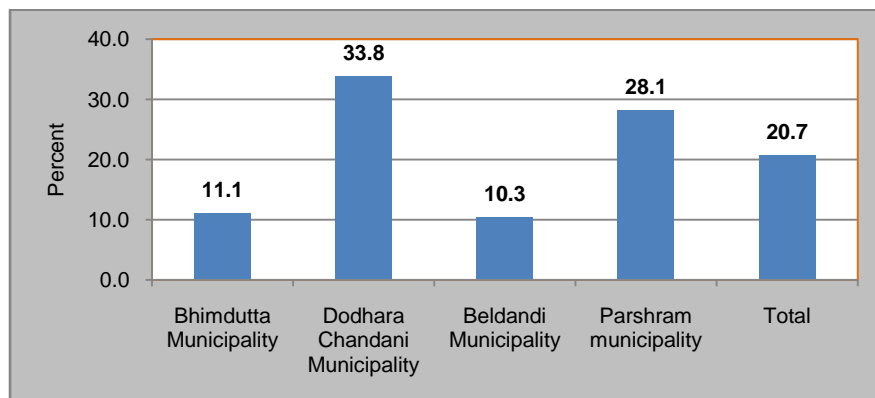
Out of the 40 CDMCs, 14 reformed CDMCs have identified some best practices presented in MACP 9. During FGDs and KILs, they reported that none of their activities were presented/showcased/shared with anyone. Thus, the base value of this indicator is 0.

Country indicator 9: Number of women who presented/showcased/shared their models/tools/approaches/experiences

Baseline value: 20.7% (46 out of 222)

Out of the 400, with 222 female respondents, only 20.7% of them reported that they shared their experiences and practices with their friends, relatives and other people. Most of the women and youth shared their experiences of preparing go bags, household DRR plans, early warning information, collection and mobilization of disaster relief. No official cross learning or exchange spaces or specific activities have been created but was worth mentioning that a small number are proactive in sharing knowledge. The gatherings and knowledge sharing were an informal process within the community.

Figure 3.10: Women shared their best experience and practices (%)

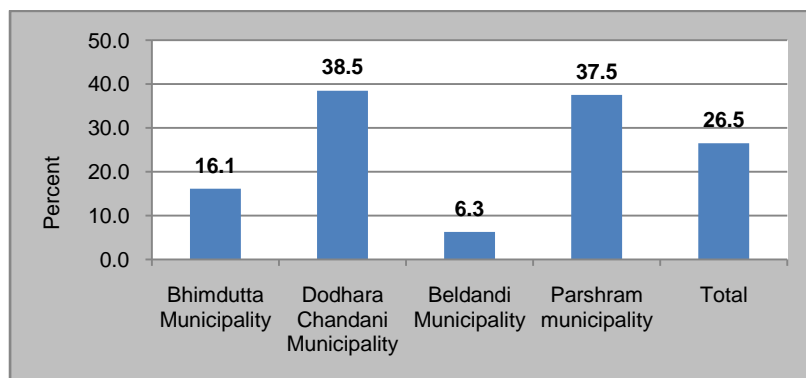


Country indicator 10: Number of youth who presented/showcased/shared their models/tools/approaches/experiences.

Baseline value: 26.5% (27 out of 102)

Out of the 400, 102 respondents were aged between 18 and 30. Out of the 18-30 age groups, only 27 (26.5%) reported that they shared their best experiences and practices with their friends, relatives and other people. Youth shared their experiences informally about early warning information, mock drill and simulation exercise, saving lives and rescue operations etc. on EWS.

Figure 3.11: Youth shared their best experience and practices (%)



Country indicator 11: Number of households that applied or replicated models/tools/approaches learned from different platforms

Baseline value: 11.5% (46 out of 400)

Respondents were asked about the implementation of eight models/tools/approaches. The DRR models/tools/approaches were: (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 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).

Out of 400 households, 11.5% implemented at least four out of the eight listed DRR models/tools/approaches. The baseline value of this indicator is 11.5%. It was identified that the most frequent models/tools/approaches that were applied or replicated by the households were stockpiling food, preparing shelter kit and go bag, identifying evacuation route and assemble area. The applications of models/tools/approaches were highest in Parsuram Municipality and lowest in Beldandi Rural Municipality. The applications of DRR models/tools/approaches were higher in communities, where the CDMCs were newly reformed compared to those communities where CFMCs were reformed or reactivated by the project. Thus more emphasis needs to be given to communities where CDMCs were newly formed.

Table 3.8: Households that applied or replicated models/tools/approaches learned from different platforms (%)

Model/tools/approaches	Bheemdatt Municipality (N=400)	Dodhara Chandani Municipality (N=100)	Beldandi Municipality (N=80)	Parshuram Municipality (N=60)	Total (N=400)
Stockpile food, medicine, drinking water, seeds, education kit	5.0%	19.0%	1.3%	85.0%	19.8%
Prepare shelter kit (hammer, rope, nail, tarpaulin)	8.1%	4.0%	0.0%	43.3%	10.8%
Prepare Safety kits (life jacket, torch, rope)	7.5%	70.0%	6.3%	76.7%	33.3%
Prepare go bag (petty cash, important documents, first aids)	7.5%	97.0%	2.5%	80.0%	39.8%
Develop evacuation route and assemble area	38.8%	87.0%	0.0%	5.0%	38.0%
Deposit emergency fund in financial Institution	6.3%	2.0%	0.0%	0.0%	3.0%
Collection of important/emergency contact numbers	18.8%	0.0%	0.0%	0.0%	7.5%

Prepare communication equipment (radio, TV, mobile, whistle	13.1%	0.0%	0.0%	0.0%	5.3%
At least four out of 8	5.6%	16.0%	0.0%	35.0%	11.5%

CHAPTER 4 CONCLUSIONS & RECOMMENDATIONS

4.1 Conclusions

There are two categories of CDMCs, the ones recently formed, and the others reformed by the project. The CDMCs which were newly formed are at an initial phase and are in need of constant support such as capacity building, material support, cash support, etc. Similarly, the CDMCs which were reformed by the project already had some resources. Thus, the implementation of the project modality should be different for the two categories of CDMCs.

The skills and knowledge of CDMCs, their recognition in the community and by municipal authorities, representations of all socio demographic groups in their executive body are major strengths of the CDMCs. On the other hand, conducting independent meetings, developing and updating DRR plans, documentation and sharing of guideline for EWS, best practices and up taking DRR activities in non-target communities are seen as major weaknesses.

Households accessing essential goods and/or services from local suppliers during shocks and/or crisis, adopting DRR measures and applying the information on preparedness and response received through EWS, ranked low whereas accessing financial product ranked high.

Activities like conducting regular meetings, developing DP/DRR plans were found irregular or stopped at the CDMC level due to the ongoing COVID-19 pandemic and the recurrent waves of COVID cases. Most of the communities are linked to the externally-driven early warning information, but few communities established the early warning systems. During field visits, some best practices were identified. Among them, the model EDRF and their mobilization at low interest rate to the community people were found to be effective for sustainability.

This ACT project promoted Dalits in leadership positions in most of the CDMCs. This will certainly improve their leadership capacity which in turn will also support their social transformation. Besides these, all project targeted 40 communities are very near to the riverbank and prone to floods. This clearly indicates that the project is of high relevance in the area

4.2 Recommendations

Capacity Strengthening for DRR Leadership Groups

- Capacity building should be provided in relation to leadership, documentation trainings for CDMCs. Similarly, capacity building on first aid, search and rescue and early warning system trainings should be provided to the task forces. Lifesaving skills should be provided to the search, rescue, and first aid task force.
- Search and rescue materials, first aid materials, early warning materials should be provided based on the needs of the CDMCs.
- In some communities, safe evacuation routes and safe shelter were not available in close proximity to the community. Thus, evacuation routes and safe shelter should be constructed in those communities. Sri-lanka Tole of Bheemdatt Municipality is one of the examples that there was a need to construct safe shelter. In addition, the shelter house of Kamari Tole of Beldandi Rural Municipality should be repaired in order to facilitate CDMCs activities.
- Keeping the pertinent need in mind it was felt that project personnel and CDMCs should advocate at the ward and at the municipal level to mainstream CDMCs, at the ward level disaster management committee. This can also be done by nominating the President of CDMC, as a member of the ward level disaster management committee.

Resources and Financial Mobilization for Disaster Preparedness

- In some communities, the DRR materials such as helmets, hand microphones, life jackets, rubber boots, torch etc. are with the people or CBOs. In Ghatteplot of Parshuram Municipality and Kamari Tole of Beldandi Rural Municipality, CDMCs are also operating at the parallel level. These

CDMCs and resources should be brought in single CBOs and mobilized through a single channel for wider acceptability to the community and local authority.

- DERF and its mobilization to the CDMCs were found as good practices. Thus, seed money should be provided to the CDMCs to enable them to motivate community people to increase DERF and its mobilization during emergency context.
- Climate change adaptation and market-based livelihood measures should be identified and for this, a needs assessment needs to be done.
- Startup support and skill-based trainings should be provided to vulnerable and poor people. For additional financial support, some of the DERF should be mobilized as revolving funds for income generation.

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Annexes

Annex 1: Terms of Reference (ToR)

Terms of Reference (ToR) **For** **Base Line Study**

Project name: Strengthening Community Preparedness, Rapid Response and Recovery in Nepal

Background

Oxfam is an international confederation of 19 organizations network together in more than 65 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Oxfam has been working in Nepal for 40 years to support the Government of Nepal with the vision to create a just society without poverty; a society in which all women and men live a life of dignity, enjoy their rights and assume their responsibilities as active citizens of Nepal. Through its different program, it aims to provide people with livelihood opportunities, ensuring that development-related activities are demand driven and sustainable and that the most vulnerable are empowered to claim their rights.

As defined by the new Country Strategy (2020-2025), Oxfam will work in three inter-connected thematic sectors; 1) Gender and Social Justice, 2) Resilience and Climate Change and 3) Water Governance. By working in these sectors, Oxfam aims to provide people with opportunities to reduce poverty, vulnerability and inequality, ensuring that development-related activities are gender sensitive, socially inclusive, demand driven and sustainable, and that the most vulnerable are empowered to claim their rights. Oxfam works in close coordination with national and local governments and civil society Organizations to support marginalized, socially excluded and economically poor communities.

Introduction of the Project

Oxfam in Nepal, in funding support from *Margaret A Cargill Foundation (MACP)* and partnership with NEEDS-Kanchanpur, has been implementing the project- "Strengthening Community Preparedness, Rapid Response and Recovery in Nepal". This three-year duration project activities are just started to implement in 40 different communities of four municipalities in Sudur Paschim Province of Nepal. Summary of project areas is tabulated below.

Partner	Districts	Municipalities	Male	Female	Boys	Girls	Total
NEEDS	Kanchanpur (30 communities)	Bhimdatta Municipality	51087	53512	15326	26756	104599
		Mahakali Municipality	17370	19750	5211	9875	37120
		Beldandi Rural Municipality	8236	9334	2470.8	4667	17570
	Dadeldhura (10 communities)	Parshuram Municipality	17623	19960	5286.9	9980	37583
Total Direct Beneficiaries			4800	5500	2500	1800	10300
Indirect Beneficiaries			94316	102556	28295	51278	196872

The purpose of this project is to ensure that communities affected by recurrent disasters in highly vulnerable areas of Asia have enhanced capacities for disaster preparedness, response, and recovery, and are better equipped to co-lead on relief and recovery efforts in collaboration with local authorities, with the overall aim of reducing vulnerability and suffering among disaster-prone communities.

Baseline Themes

Project envisions the following tabulated changes. Proposed baseline study will identify the current status as per project defined indicators related to project outcome, output and input. The established domains of change and baseline indicators that will be compared to results at the end of the project.

Domains of Change	Indicators	
Communities are aware and knowledgeable about hazards and risks	<p>Number of communities with a DRR leadership group with relevant skills and knowledge recognized by the community and, where pertinent, the relevant official body</p> <p>Number of communities whose DRR leadership group convenes, makes decisions, and implements them without outside assistance</p> <p>Number of communities that complete the actions in their disaster preparedness / disaster risk reduction plan and review and update the plan regularly</p> <p>Number of CDMCs/LDMCs developed and implemented # of multi-hazard risk management plans</p> <p>Number of HHs from # wards do have market-based information and access to local markets during shocks and/or crisis.</p> <p>Number of Local Emergency Operation Centre (LEOCs) linked with community members</p> <p>Number of Disaster Information Management System (DIMS) linked with LEOCs</p> <p>Number of women and youths in decision making positions of the Ward Disaster Management Committees</p> <p># of CDMCs/LDMCs developed and implemented # of multi-hazard risk management plans</p> <p># of HHs from # wards do have market-based information and access to local markets during shocks and/or crisis.</p>	<p>FGD with community and KII with CDMCs/LDMCs, municipality, LEOC, WDMC</p> <p>Household Survey</p>
Communities know how to use early warning systems information to prepare for rapid-onset disasters	<p># of HHs applied the information on preparedness and response received through EWS</p> <p># of LEOCs are established and functioning, linking with community people.</p> <p># of DIMS established in # municipalities and have linked them with LEOCs</p> <p>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</p>	<p>HH Survey</p> <p>FGD with community</p>
Communities' structures and local authorities' coordination spaces are inclusive of women, youth and identified vulnerable groups	<p>Project Identified marginalized HHs, women and children in decision making positions of the Ward Disaster Management Committees</p> <p>Number of communities with DRR 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)</p> <p>Number of communities where members of all socio-demographic groups feel the disaster preparedness / disaster risk reduction plans and systems meet their priority needs</p>	<p>KII with WDMC, leadership group, municipality, province, district</p> <p>FGD with Community</p>
Communities and diverse actors (local	<p># Municipalities have preparedness, humanitarian response and recovery plan.</p>	

Domains of Change	Indicators	
<p>authorities, CSOs, private sector, etc.) connect on disaster preparedness and response</p>	<p># of CBOs are linked with DPRP</p> <p># municipalities, # of plans are incorporated into district and province level DPRP</p> <p>Number of communities/municipalities whose risk-management plan receives support from local authorities or actors</p> <p>Number of CBOs linked with Municipal DPRP</p> <p>Number of municipalities whose plans are incorporated into district and/or province level DPRP</p>	
<p>Communities access financial mechanisms and have other mitigation strategies to protect their livelihoods and assets, and access critical commodities</p>	<p># of HH that access financial products (for example wholesale lending, risk transfer agent etc.) to mitigate risks</p> <p># HH established SME</p> <p># Private sectors supported to established SME</p> <p>Number of communities where at-risk households/groups (women, youth and others as pertinent to context) implement DRR measures promoted by the project</p> <p>Number of CDMCs/LDMCs developed and implemented # of multi-hazard risk management plans</p> <p>Number of HHs from # wards do have market-based information and access to local markets during shocks and/or crisis.</p> <p>Number of Local Emergency Operation Centre (LEOCs) linked with community members</p> <p>Number of Disaster Information Management System (DIMS) linked with LEOCs</p> <p>Number of HHs that access financial products (for example wholesale lending, risk transfer agent etc.) to mitigate risks</p> <p>Number of HHs that have established a SME</p> <p>Number (and types, e.g. financial) of private sector actors that support the established SME by HHs</p>	<p>Kill with private sector who support the SMEs</p>
<p>Community representatives and implementing partners share and adapt effective DRR strategies to face rapid-onset hazards</p>	<p># DRR strategies are shared to # of key stakeholders and they applied.</p> <p># of HH linked with Learning platforms.</p> <p># of HHs applied or replicated models/tools/approaches learned from different platforms.</p> <p># of youth presented/showcased/shared their models/tools/approaches/experiences</p> <p># Women presented/showcased/shared their models/tools/approaches/experiences</p> <p># CBOs presented/showcased/shared their models/tools/approaches/experiences.</p> <p>Number of new and/or non-target communities within the same 2</p>	

Domains of Change	Indicators	
	districts taking up/applying project approach/activities Number of women who presented/showcased/shared their models/tools/approaches/experiences Number of youth who presented/showcased/shared their models/tools/approaches/experiences Number of HHs that applied or replicated models/tools/approaches learned from different platforms.	

Objective of the Baseline Consultancy

Oxfam in Nepal emphasizes the result-based project framework. This project has defined set of project indicators. It is necessary to find out status against the planned targets and indicators throughout the project period and particularly important at the end of the project.

In this scenario, to set up initial target (baseline) at the start of the project is crucial which will be a reference milestone throughout project. Baseline data collection tools will support to have existing status of the project indicators which will be reference landmark to measure project's progress throughout the project span. Furthermore, the baseline survey will also generate information that will be important for project team to consider and report throughout the project implementing period. Such areas include knowledge and practices of target beneficiaries and stakeholders on DRR, livelihoods, enterprise opportunities, diversified income generating opportunities, market system and its functionality in normal and emergency context, gender role in decision making level and opportunities for Gender Equality and Social Inclusion (GESI) inclusive programming in DRR and local humanitarian leadership.

A baseline assessment will be completed at the start of the project, with local stakeholders, to measure the status of all indicators and to understand the starting point of key elements of the work against which later progress will be measured. This will enable project indicators at output and goal/outcome level to be measured and tracked.

Scope of the Baseline

This baseline consultancy has the following objectives and expected deliverables:

- a) Develop baseline data collection tools and a protocol as necessary to prevent the further COVID-19 contagion in the targeted areas
- b) Conduct the data collection in the field
- c) Analyze the data and interpret the findings from field in perspective of project components/indicators with appropriate.
 - c) Analyze whether the interventions contribute to the set indicators and targets and suggest appropriate interventions and modifications in the indicators if required.
 - d) Develop comprehensive baseline report of the project using the indicator matrix to report against each indicator and using visualization techniques in the report.

Approach and methodology

Baseline survey will employ the both qualitative and quantitative methods for data collection and review of secondary information. Consultant is expected to collect household level data using structured questionnaire (draft developed by consultant and approved by Oxfam in Nepal and US) and key informant interview (KII) as well as Focus Group Discussion (FGD) carried out to triangulate and collect qualitative data. The baseline data should also include segregation of beneficiaries by gender, ethnicity and People with Disabilities (PwDs).

Primary data collection methods will be the primary approach through mobilization of qualified enumerators. Appropriate sampling methodology will be used to determine sampling frame, sample size and respondents. The survey will be carried out in all project municipalities and all project communities. The baseline information should be collected as such that gathered information should support analysis of all relevant indicators and cross cutting issues as defined in the project outcome indicators and indicated in project documents.

Methodology

- **Develop the data collection tools** based on key project documents and MEAL plan where a selected list of indicators have been identified, and the data collection tools (Key informant interview, surveys, focus groups, check lists, etc.) will be presented and made available as well as any security protocols.
- **Qualitative and Quantitative Questions and Methods:** The data collection tools will be composed of questions requiring the collection of qualitative and quantitative data with close and open-ended questions.
- **Data disaggregation:** This project emphasizes the need to identify the most vulnerable groups and to foster active participation of community members. Thus, it is required to disaggregate data by age, sex, location – especially between old and new communities, and/or other groups such as elderly people, young people, if possible.
- **Determine an adequate sample size** in the view of the COVID-19 restrictions to minimize infection and the number of target population of this project.
- **Data Visualization in report:** We expect the use of data visualization that are clear, in line with the information that needs to be reported and highlighted to show difference between one point in time and another and comparing old and new communities. Using Excel or other appropriate software, the data visualization aims to highlight and communicate to country teams, communities, and other stakeholders the key information analyzed.

Survey tools and techniques

The Household Level Questionnaire, Key Informant Interview (KII) checklist and Focus Group Discussion (FGD) checklist will be primarily used in the baseline survey. The consultant will be required to develop household level questionnaire and FGD checklist based on the above domains of changes and indicators. Developed data collection tools should be clearly linked with each indicator. During questionnaire design, the consultant should consider GESI index and/or women empowerment index.

Sample Size and data collection instrument

The total estimated beneficiaries of this project are 10300 individuals. Unit of baseline study will be the HH for baseline survey. Since, project intends to reach each household of the project of four local municipalities of two districts. Total direct and primary beneficiaries will be taken as sampling size along with Key Informant Interview (KII) with possible project stakeholders and also Group Discussion (FGD) with stakeholders. However, exact number of individual/households, KII, FDG and consultation meeting will be finalized based on mutual discussion with consultant and Oxfam project team.

Potential data collection sources that consultants would have access to (because it highly depends on the questions and the data collections s/he will develop).

Oxfam in Nepal		Local Government		Communities	Stakeholders
Country office	Field office and with partner	Municipal staff	Elected representatives	Concerned locals	Development partners
Head of the program, thematic lead/s	Technical coordinator, NEEDS	Chief Administrative Officer, DRR focal thematic units	Mayor, Deputy Mayor, Ward chairs and members	LDMC, WEC, local youth clubs	Media, security forces, private sectors

Field work and deliverables

A total of 25 days is allocated for the baseline survey field works within which firm/consultant must complete entire document review, field activities and report submission.

S.N.	Activities	Payments	Estimated number of working days
1	Inception Phase: revision of background and methodology, refinement of work plan, questionnaire finalization, meeting with key stakeholders, meeting with Oxfam and partners, submission of inception report	First tranche 30%	5 days
2	Field phase: Carry out baseline data collection tools in the field as per agreed in the Inception Phase		10 days
3	Data cleaning, and analysis and meeting with Oxfam for further feedback and support		5 days
4	Draft baseline ready (as per provided template) for review (by Oxfam and partners)	Second tranche 40% of the proposal	3 days
5	Finalize and submit the report integrating comments and feedback	30% Final payment	2 days
	TOTAL		25 days

Profile of the firms and/or consultants

This consultancy will be carried out by an experienced and qualified consultant/firm. The consultant/firm will be selected through a competitive and transparent process. Required expertise, experiences, academic qualifications, and competencies of the firms and team members include:

- BA or Masters in statistics, qualitative and quantitative data management or research.
- Previous experience working in the development cooperation especially in project cycle management, evaluation, research, studies, policy review, and analysis preferably in the field of livelihoods, disaster management, gender equality, social and economic inclusion.
- Working with high ethical standards
- Consultants must have a gender-balanced and multidisciplinary team with expertise in human rights, advocacy, GESI, economic empowerment, and research studies.
- Consultancy firms should have VAT registration.
- Having knowledge of the project areas, would be an additional advantage.

Proposal review/scoring criteria

The total score is 100 points that include 70 points on technical expertise, understanding of the assignment, study design and methodology, and 30 points on budget plan.

S.N.	Key Criteria
1	Past relevant work experiences of the firms, particularly in DRR sector and baseline study
2	Academic qualifications of the proposed team members
3	Team composition (gender-balanced, expertise in study areas)
4	Understanding of the assignment along with proposed study design, tools, and methodology
5	Cost-effectiveness and realistic budget plan

Ethical Considerations

The Consultant will be required to take all the necessary actions to handle the collected data responsibly (see Oxfam Responsible Data Policy) to ensure data privacy, anonymity and confidentiality.

The data collection and the survey(s) should include an effective informed consent form that seeks consent from respondents after being informed on the purpose of this data collection, how the data will be stored, used, who will have access to the information and they have to right to remove themselves from the survey at any point in time. A contact number should be communicated to them to do so. The informed consent should be obtained after providing this information in a concise and clear manner and in the most adequate language.

Application process

Interested individuals and consultancy firms those meet the criteria mentioned in the TOR are requested to submit the following documents by the

- Technical and Financial proposal
- CVs of all team members
- Cover letter expressing interest
- Sample of relevant works accomplished by the team
- Copy of VAT registration
- Company registration certificate (if applying through firm)
- Tax clearance letter

Response

The Consulting VAT Registered Firm should submit the proposal to Oxfam by **17:00 PM, 8th March 2021**, clearly mentioning the title of assignment in the email subject line and **not exceeding 15 MB**.

Our Commitment to Safeguarding

Oxfam is committed to safeguarding and promoting the welfare of children, young people and adults and expects all staff, consultants, volunteers to share this commitment. We will do everything possible to ensure that only those who are suitable to work within our values are selected to work for us.

Confidentiality/ Non-Disclosure

All material issued in connection with this ToR shall remain the property of Oxfam and shall be used only for the purpose of this procurement exercise. All information provided shall be either returned to Oxfam or securely destroyed by unsuccessful applicants at the conclusion of the procurement exercise.

During the performance of the assignment or at any time after expiry or termination of the Agreement, the Consultant shall not disclose to any person or otherwise make use of any confidential information which s/he has obtained or may in the course of this agreement relating to partner organization/Oxfam, the respondents or otherwise.

The consultant will be required to sign a non-disclosure / confidentiality agreement as part of their undertaking of this work.

Intellectual Property, Copyright and Ownership

Oxfam shall retain all reference materials provided as background used by the Consultant in the delivery of this assignment. All arising intellectual property, ideas, materials, processes, or processes formed in contemplation, course of, or as result of this work shall be passed to Oxfam without restriction.

Copyright of all arising documents, data, information, or reports produced by the Consultant under this agreement shall belong to Oxfam and will be passed to Oxfam without restriction. Such documents, data, information, and reports shall not be used by the Consultant for any other purpose other than in conjunction with this assignment, without the express written permission of Oxfam

Oxfam is committed to safeguarding and promoting the welfare of children, young people and adults and expects all staff, consultants, and volunteers to share this commitment. We will do everything possible to ensure that only those who are suitable to work within our values are recruited to work for us. This job is subject to a range of screening checks

Budget

SN	Activities	Description	Unit	Rate	Total
1	Lead consultant	Days	14		

2	Enumerators (2 person * 20 days)	Days	40		
3	Accommodation in field (2 persons*20 days): As per actual	Days	40		
4	Local Travel, vehicle on hire	Days	approx.		
5	Report editing cost	Time	Approx.		
Sub- Total					
VAT					
Grand Total					

(Inclusive of all Tax)In word:

S N	Activities	March and April 2021					
		Week					
		1	2	3	4	1	2
1	Inception Phase: revision of background and methodology, refinement of work plan, questionnaire finalization, meeting with key stakeholders, meeting with Oxfam and partners, submission of inception report						
2	Field phase: Carry out baseline data collection tools in the field as per agreed in the Inception Phase						
3	Data cleaning, and analysis and meeting with Oxfam for further feedback and support						
4	Draft baseline ready (as per provided template) for review (by Oxfam and partners)						
5	Finalize and submit the report integrating comments and feedback						

Annex 2: Checklist for CDMCs
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:

Mobile Number

Ward No.:

Municipality/Rural Municipality:

Community/village:

CDMC: Yes1 No2

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)	Designat ion	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)	Hearin g (even if using a hearing aid)	Walking or climbing steps (without assistan ce)	Rememb ering or concentr ating	Washing all over or dressing (self- care without assistan ce)	Comm unicati ng (under standin g others or others underst anding you/the m)	
1.												
2.												

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

Received1

Did not receive2

2.1 What are these trainings? Please provide the details of following.

S. No.	Name of the trainings	No. of members received	Received date	By which Organization?	How is community benefited by your skill/training?
1					
2					
3					
4					
5					
6					

3. 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.	Designation*	Sex(M=male; F=female; T= Third Gender)	Caste (B/C/T=1; Janajati=2; Other=4)	Age (18 -30=1; 31-40=2; 41-50=3; 51- 60=4; 60+=5)	PWD=1 Normal=0	Associated with livelihood group**	Representative organizations /CBOs
1.							
2.							
3.							
4.							
5							
6							
7							
8							
9							
10							
11							
12							

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

**Associated livelihood group: 1=Farming; 2=Fishing; 3=Natural resources management; 4=Social enterprise; 5=Shopkeeper; 6 =others specify

5. Collect the information regarding meetings and decisions in last fiscal year (76/77) (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? *

*Self=1; partner=2; Other specify

Section 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 No2
6.2	When was the plan prepared?	

6.3	Who had supported to develop plan?		
For the Fiscal Year 2075/76 & 2076/77			
6.4	How many actions planned targeted for fiscal year 2075/76 & 2076/77 in DP/DRR Plan?	Number	Major actions
			<ul style="list-style-type: none"> • • • •
6.5	How many plans of them completed?		Result-
6.6	How many plans assigned for last fiscal year are ongoing? (Mention the percentage of task completed)		Result-
6.7	How many plans of them have not been implemented?		Reasons for not implementing:
6.8	Was the plan reviewed and updated at appropriate intervals?	Yes	No
6.9	If yes, when was it updated?	<ul style="list-style-type: none"> • • • 	
For the Fiscal Year 2077/78			
6.10	How many actions planned targeted for last fiscal year in DP/DRR Plan?	Number	Major actions
			<ul style="list-style-type: none"> • • • •
6.11	How many plans of them completed?		Result-

6.12	How many plans assigned for last fiscal year are ongoing? (Mention the percentage of task completed)		Result-
6.13	How many plans of them have not been implemented?		Reasons for not implementing:
6.14	Was the plan reviewed and updated at appropriate intervals?	Yes	No
6.15	If yes, when was it updated?	<ul style="list-style-type: none"> • • • 	

7.1 Do the community have early warning system? What EW system has your community developed and practiced? Discuss on these four points and circle in yes/no response. (MACP 6)

Yes1 No2

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 types of EWS is there in the community? Please analyze and then circle it.

Community driven EWS (control on decision and resources)1
Community is connected to an externally-driven EW system.....2
Both3

7.3 Is there any guideline or procedure on EWS?

Yes1 No2

If yes, can you tell something about it?

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

Yes1 No2

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?

Yes1 No2

If yes, what percentage of the community people has practice on it?

7.7 If yes, how did they practice?

Actual incident1 Mock drill / Simulation exercise.....2

7.8 How frequently community people conducted mock drill/ simulation?

Annually.....1 Bi annually.....2
Quarterly.....3 Other specify4

7.9 Did community people implement/follow the agreed procedure/guidelines while practicing of EWS?

Yes1 No2

7.10 Did you incorporate the lesson learned in agreed procedure/guidelines of EWS?

Yes1 No2

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

7.12 Are community people aware about the updated agreed procedure/guideline?
Yes1 No2

7.13 Is there a local emergency operation center (LEOC) in the municipality?

Yes1 No2

7.14 How is LEOC functioning (dissemination, LEOC to ward, ward to community)?

7.15 How is it linked with community? (Partner 3)

7.16. How do you receive and/or provide information about disaster from/to LEOC? (Partner 6)

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?
Yes1 No2

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?
Yes1 No2

8.3 Did you update/ improve the DP/DRR plan and EW system?
Yes1 No2

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?
 Yes1 No2

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?

District1 Municipality2
 Ward.....3
 Province4 Not Submitted5

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

Yes1 No2

9.3 Did you receive support/resources from local authority?

Yes1 No2

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. Have any of your activities/approach been replicated to any other than project area? (MACP 10)

12. How do you communicate to your communities after the information received from LEOC? (Partner 6)

13. Has CDMC presented/showcased/shared the models/tools/approaches/experiences?

13.1 Who participated in learning events?

13.2 Where did your CDMC showcase your models/tools/approaches/experiences? (Partner 8)

14. Do you want to say something about the project? Do you have any recommendation to this project?

Annex 3: Questionnaire for household survey

Strengthening Community Preparedness, Rapid Response and Recovery in Nepal Baseline Survey/Household Questionnaire

Introduction and consent

My name is, and I have come here at your place from Innovative Research and Development Center (IRDC) to collect the household data for Baseline Survey of Strengthening Community Preparedness, Rapid Response and Recovery in Nepal. The purpose of this survey is to explore the contemporary situation of community preparedness, rapid response and recovery system. The project is being implemented by OXFAM Nepal, Kathmandu and NEEDS Nepal, Mahendranagar. The interview with you will take aroundminutes to complete. Your participation in this survey is voluntary. Although, I would like to complete the whole questionnaire, you can leave or refuse to answer any question, or terminate the interview at any time. However, I hope you will cooperate with us and provide information.

Do you want to give your consent to participate in this interview?

Yes

No

Interviewer's name
Mobile number.....
Starting time of interview.....
Ending time of interview.....
Date.....
Please record GPS point:

Section 1: General Information of the Respondent

S. No.	Questions	Circle in or write appropriate answer	Go to
1.1	What is your name?	
1.2	What is your mobile number?	
1.3	Circle in appropriate answer.	Men1 Women.....2 Third gender.....3	
1.4	What is your age?	
1.5	In which municipality/ rural municipality do you live?	Bhim Dutta Municipality Dodhara Chandani Municipality BeldandiRuralMunicipality ParshuramMunicipality	
1.6	In which community do you live?	
1.7	From which ethnicity do you belong to?	Dalit1 Janajati.....2 Brahmin/Chhetri.....3 Other (Specify).....4	
1.8	What is your education level?	Primary (1-5).....1 Lower secondary (6-8).....2 Secondary (9-10).....3 Higher secondary (11-12).....4 Bachelor and above.....5 Illiterate.....6	

		Just read & write.....7	
1.9	What is the primary sources of income of your family?	Agriculture.....1 Livestock.....2 Daily wages/ wages labor3 Job4 Business.....5 others specify6	
1.10	Do you have any difficulty in following?	Seeing (even if wearing glasses).....1 Hearing (even if using a hearing aid).....2 Walking or climbing steps (without assistance)3 Remembering or concentrating.....4 Washing all over or dressing (self-care without assistance)5 Communicating (understanding others or others understanding you/them)6 No difficulty.....7	
1.10.1	Do you have difficulty in seeing (even if wearing glasses)?	No difficulty1 Some difficulty2 A lot of difficulty3	
1.10.2	Do you have difficulty in hearing (even if using a hearing aid)?	No difficulty1 Some difficulty2 A lot of difficulty3	
1.10.3	Do you have difficulty in walking or climbing steps (without assistance)?	No difficulty1 Some difficulty2 A lot of difficulty3	
1.10.4	Do you have difficulty in remembering or concentrating?	No difficulty1 Some difficulty2 A lot of difficulty3	
1.10.5	Do you have difficulty in washing all over or dressing (self-care without assistance)?	No difficulty1 Some difficulty2 A lot of difficulty3	
1.10.6	Do you have difficulty in Communicating (understanding others or others understanding you/them)?	No difficulty1 Some difficulty2 A lot of difficulty3	
1.11	Is there any family members who are physical challenged?	Yes.....1 No.....2	
1.12	Who is the head of the household?	Man.....1 Woman 2	

Section 2: Disaster preparedness, response & recovery

S.N.	Questions	Circle in or write appropriate answer	Go to
2.1	What types of disasters have this community faced in past 5 years? Rank 3 major disasters.	Flood1 Landslide.....2 Epidemic/ pandemic.....3 Fire.....4 Drought.....5 Strong wind.....6 Cold wave.....7 Earthquake.....8	

		Lightening.....9 Wild animal attack10 Others (specify).....11 I do not know.....12	
2.2	Is there Community Disaster Management Committee (CDMC) in your community?	Yes1 No2 I do not know3	
2.3	What are the activities that CDMC has conducted in the previous two years for the communities? (MACP 1)	Raising awareness (street drama, door to door campaign)1 Preparedness (evacuation route, go bag, Emergency contact number)2 Mitigation (plantation, embankment construction, safe community shelter drainage, conservation of pond, lake etc.....3 Mock drill (fire, flood & earthquake etc.)4 Development of disaster relief fund through collection of grains, seeds, crops etc.5 Other activities6 Did not conduct any work7	
2.4	Is the work conducted by the CDMC as per the needs of the community? (MACP 1)	Yes.....1 No.....2	
2.5	How do the community people satisfy the activities conducted and completed by CDMC?	Not satisfied at all.....0 Little satisfied.....1 Satisfied.....2 Very satisfied.....3..	
2.6	Does the CDMC have a DP/DRR plan? (MACP 4)	Yes.....1 No.....2	
2.7	Have you been part of activities led by the CDMC to implement the agreed actions of the plan?	Yes.....1 No.....2	
2.7.1	If yes, in which activities did you participate? (MACP 4)	
2.8	Are you aware of CDMC reviewing and updating DP/DRR plan? (MACP 4)	Yes.....1 No.....2 I do not know3	
2.8.1	If yes, how often do you think CDMC review and update DP/DRR plan? (MACP 4)	Every three month1 Every 6 months.....2 Every year3 After a disaster4 Not sure5 Other specify6	

2.8.2	Have you been part of / consulted when CDMC reviewed updated DP/ DRR plan ?	Every three months1 Every six months.....2 Every year.....3 After a disaster4 Not sure.....5 Others.....6	
2.8.3	Have you been part of / consulted when CDMC reviewed updated DP/DRP Plan ?	Yes.....1 No.....2	
2.8.4	Are DP/ DRR plan action implemented ?	Yes.....1 No.....2 I don't Know3	
2.8.5	What percentage of action o the DP/ DRR plan have been implemented?	None.....1 Approximately 25%2 Approximately 50 %3 Approximately 75 %.....4 Approximately 100 %5	
2.9	What types of disaster risk reduction measure have you implemented?(MACP 5)	Stockpile food, medicine, drinking water, seeds, education kit1 Prepare shelter kit (hammer, rope, nail, tarpaulin)2 Prepare Safety kits (life jacket, torch, rope)3 Prepare go bag (petty cash, important documents, first aids)4 Clean out drainage canal5 Develop evacuation route and assemble area.....6 Strengthen the house and prune trees around house7 Transferred their settlement from disaster prone area (river-side, low areas land, steep-grade land, and land slide prone area)8 Deposit emergency fund in financial Institution.....9 Collection of important/emergency contact numbers10 Prepare communication equipment (radio, TV, mobile, whistle)11 Others12 Do nothing.....13	

2.10	Do you have early warning system in your community? (MACP 6)	Yes1 No2 I do not know3	
2.10.1	If yes, are you aware about the agreed procedures/guidelines of EWS? (MACP 6)	Yes1 No2	
2.10.2	From what sources will you get the early warning information?	Hand siren.....1 Radio.....2 TV.....3 Hand mike.....4 Whistle.....5 Mobile/telephone.....6 Police.....7 Ward8 Municipality.....9 Others.....10	
2.11	Did you participate in mock drill/simulation exercise on early warning system in past? (MACP 6)	Yes1 No2	
2.11.1	If yes, when did you participate last in mock drill/simulation exercise on early warning system? (MACP 6)	Less than one year.....1 More than 1 year.....2 More than 2 years.....3 More than 3 Year.....4	
2.12	How frequently mock drill/simulation was conducted in your community? (MACP 6)	Annually.....1 Half yearly2 Quarterly3 Other specify.....4	
2.13	Did you receive the information through EWS on Disaster preparedness and responses?	Yes1 No.....2	
2.14	Was the information clear for you to know what to do (to prepare or to respond)?	I am not very clear.....1 I am slightly unconfident.....2 I am very clear.....3	
2.15	Did you apply the information on preparedness and response as per procedure / guideline during mock drill / simulation exercise on EWS?(MACP 6)	Yes.....1 No.....2	
2.16	Based on the learning from conduction of mock drill/simulation exercise, is the EWS procedure/guideline updated? (MACP 6)	Yes1 No2 I do not know3	
2.17	What is the major update? Specify one (MACP 6)	
2.18	Do you think all socio demographic groups (caste/ ethnicity people ,single women, women headed households, livelihood groups etc) we	Yes1 No2 Not sure3	Skip, if CDMC do not have DP/ DRR Plan

	participated / consulted during the preparation of DP/DRPP plan? (MACP 7)		and EWS
2.19.	Was any group excluded?	
2.20	Do you think all socio-demographic groups participated in the development of EWS?	Yes1 No2 Don't know3	
2.21	Do you think the plan and the system responded to the needs prioritized by the socio-demographic groups?	Yes.....1 No.....2	
2.22	Were all socio-demographic groups participated in improving /updating the DP/DRR plan and the system?	Yes.....1 No.....2	
2.23	What is the major improvement? Specify any one	
2.24	How was the community people recognize the competency of local CDMC to really respond to? (MACP 1)	Very High.....1 High2 Neutral..... 3 Low4 Very low.....5	

Section 3: Access on essential goods and services from local suppliers/vendors during shock/crisis? (Partner1)

S.N.	Questions	Circle in or write appropriate answer	Go to
3.1	How long do they access the essential goods and services for the whole household?	Less than 3 months.....1 Up to 6 months.2 Up to 9 months.....3 Up to 1 year.....2	
3.2	To what extent the essential goods and services (LPG gas, medicine ,food grains. Oil etc) available to you from the retailer during shock and crisis?	Very higher than as usual1 Higher than as usual2 Slightly higher than normal3 As like normal4	
3.3	To what extent the prices of goods and services increase during shock and crisis?	Very lower than as usual 1 Lower than as usual2 Slightly lower than normal3 As like normal4	
3.4	To what extent you can get the goods and services from your cash?	Not at all1 Little bit2 Moderate3 Good4	
3.5	To what extent you can get the goods and services in credit from retailer?	Not at all.....1 Little bit.....2 Moderate3 Good.....4	
3.6	How much time do you spend to get the essential goods and	Very lower than as usual1 Lower than as usual2	

	services from local suppliers/vendors?	Slightly lower than normal3 Like normal4	
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Section 4: Access to financial products (Partner7)

S.N.	Questions	Circle in or write appropriate answer	Go to
4.1	Do you have money?	Yes1 No2	
4.2	Where do you save money?	Saving group.....1 Cooperative.....2 Finance/microfinance.....3 Bank.....4 Other.....5	
4.3	What is the saving used for ? (Multiple Response)	Daily expenses(food , medicine, education, clothes, fuel etc.....1 Go Bag.....2 Insurance3 Disaster relief fund4 Search and rescue materials (rope, torch light, life jacket.....5 House maintenance.....6 Others7	
4.4	If you need money to loan to mitigate risk during disaster? Where do you get it from?	Saving group.....1 Cooperative2 Finance/ microfinance.....3 Bank.....4 Family// friends..... .5 Local money lender.....6 I have no access7	
4.5	Do you have insurance of your family members including you and your assets (cattle, crops, vehicles, machines house etc.)?	Yes.....1 No.....2	
4.6	If yes, what are the things?	Family members including you1 House.....2 Cattle.....3 Crops.....4 Vehicles.....5 Machine.....6 Shop.....7 Shop.....8 Others9	

Annex 4: Checklist for FGDs with community**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	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

S. No.	Do you have difficulty? (No Difficulty=0; Some difficulty=1; A lot of difficulty=2)					
	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. What types of disasters have your community faced in last 5 years? Please rank the major disasters.
2. Is there CDMC in the community? What are the major activities conducted by CDMC on DRR issues for community?(Probe: preparedness, raising awareness, mock drill, mitigation, disaster relief, risks Identification etc.)
3. How they value or recognize the competency of their local CDMC to really respond to?(MACP 1 indicator)
4. What measures are you applying for disaster risk reduction at household and community level? (Probe: stock piling food, first aid kit, shelter kit, plantation, go bag, construction of embankment, important contact number, mock drill etc.) (MACP 5)
5. Does your community have a DP/DRR plan? If yes, how DP/ DRR plan were developed in your community? (Probe: consultation & participation of all socio-demographic groups-caste/ethnicity, HHs with PWDs, old age people, single women, women headed households, livelihood groups etc. (MACP 4)
6. What types of activity were included in DP/DRR plan? What is the status of implementation? How was your participation in the implementation of planned activities?
7. How this DP/DRR plan covered the needs of all socio-demographic groups? How and when is plan updated? (MACP 7)
8. What is the mechanism of early warning system in the community (MACP 6) (Probe: Risk Knowledge, technical monitoring and warning, communication and dissemination &response). If the community people received clear information, what do they do with the information, does that inform actions?
9. When and who were conducted mock drills/simulation exercise (flood, earthquake, and fire) on EWS in the community? What do you do in the mock drill and simulation exercise? (MACP 6) (Interval of exercise, clarity of information, status of preparedness and response, review and update the guideline)
10. What are the best practices, tools and experience on DP/DRR identified, systematized, and disseminated by you? (MACP 9) (probe: if they do, how do they systematize, share/disseminate within or outside of their community, etc.)
11. Has any of your activities/approach been replicated to non-target communities? If yes, please explain? (MACP 10)
12. Do your households apply or replicate the models/tools/approaches learned from the other than project area? If yes, what &where did they apply? (Partner 11)
13. Have women in this community presented/showcased/ shared their models/tools/ approaches/ experiences? If yes, what &where did they share? (Partner 9)
14. Have youths in this community presented/showcased/ shared their models/tools/ approaches/ experiences? If yes, what &where did they share? (Partner 10)

15. What is missing for you in RR preparedness, what is missing for you to feel that they and their families are safe and ready before the next shock strikes?
16. Do you have any suggestion/ recommendations for the project?

Annex 5: Checklist for KII with Ward

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 All:

1. Which communities have faced what type of disasters in your ward?
2. Is there Municipality and ward level LDMC? Are these committee functioning (regular meetings, participation of committee members in the committee)?
3. How does LDMC linked with community people and CDMC? (Preparedness, response and recovery)
4. In reference to MACP 3: how they convene/organize and make decision? Are they inclusive of CDMCs or who do they take into account? Do they consult CDMCs or take into considerations all the priority needs of the different vulnerable groups?
5. Is CDMC plan linked with ward and municipal level Disaster Preparedness and Response Plan? If yes, how? and if no why?(Partner 4)
6. What is the Existing EWS system in the community? How do you receive information from/to different agencies including LEOC? How do you disseminate to community? (MACP 5)
7. 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 6: 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	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)

10. Is MDPRP (Municipal Disaster Preparedness and Response Plan) linked with DPRP? If yes, how? and if no why? (Partner 5)

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 7: Checklist for KII with District**Baseline Survey of Strengthening Community Preparedness, Rapid Response and Recovery in Nepal****Checklist for KII with District Representative**

Name of the District District
CDO/DRR focal person: Contact number:
Name of the Respondent: Mobile number:

Sex, age, membership to cast/religious group of DRR focal persons-

Name	Designation	Age	Sex	Caste

1. Which types of disasters occurred in this district?
2. How does DDMC linked with municipality, ward and communities? What type of support do they provide to the other levels of DRRM committees (national/municipal/ward, etc) (In reference to MACP 8)
3. How they convene and make decision on DRR? Are they inclusive of CDMCs or who do they take into account? Do they consult Municipal or Ward levels or take into considerations all the priority needs of the different vulnerable groups? (In reference to MACP 3)
4. What is the mechanism of developing Disaster Preparedness and Response plan at district level? Is the plan integrating the plan of municipalities/rural municipalities? (Collect the plan)
5. Is there a District emergency operation center (DEOC) in the District? Visit the office and observe the structure, equipment and documents?
6. How is DEOC functioning (dissemination, municipality to ward, ward to community)? How DEOC is linked with LEOC at municipality and ward?
7. What is the mechanism of early warning system?
 - Information collection and risk assessment (Installation of equipment, network)
 - Detection, monitoring, analysis and forecasting of the hazards and possible consequences
 - Dissemination to municipality-ward-community and communication mechanism (How)
 - Preparedness at all levels to respond to the warnings received
8. What is the mechanism of disseminating information to municipality/ward/community?
9. Your suggestion and recommendation for the project.(Probe: What their vision for sustaining DRR good practices in this district? Do they foresee challenges? What good practices they want to implement, continue, etc?)
10. Your suggestion and recommendation for the project.

Annex 8: Places of Focus Group Discussions (FGDs) conducted

S. No.	Community where FGD conducted	Municipality	FGDs with	
1.	Bijay Tole	Bheemdatt Municipality	New CDMC	Community
2.	Sri Lanka Tole	Bheemdatt Municipality	Reformed CDMC	Community
3.	Sri Narayan Tole	DodharaChandani Municipality	New CDMC	Community
4.	Kutiyakabar Tole	DodharaChandani Municipality	Reformed CDMC	Community
5.	Sundarpur Tole	DodharaChandani Municipality	New CDMC	Community
6.	Gaudi Tole	Beldandi Rural Municipality	Reformed CDMC	Community
7.	Jharnasagar	Beldandi Rural Municipality	New CDMC	Community
8.	Kamari Tole	Beldandi Rural Municipality	Reformed CDMC	Community
9.	SargunaSimalkhet	ParshramMunicipality	Reformed CDMC	Community
10.	Ghateplot	ParshramMunicipality	New CDMC	Community

Annex 9: Person to be met during KIIs

S. No.	Key person	Designation	Organization
1.	Baburam Aryal	Assitant CDO	District Adminstration office
2.	Krishnananda Joshi	Officer	District Adminstration office
3.	Ganesh Thagunna	DRR focal Person	Bhimdutta Municipality
4.	Raghu Nath Bhatt	DRR focal Person	DodharaChandani Municipality
5.	Prustom Joshi	DRR focal Person	BeldandiRural Munciplaity
6.	HarkaBohara	DRR focal Person	Parshuram Municipality
7.	Chandra Sunar	President	Patarakhalla, Dodharachadani-3
8.	Krishnadevi Thapa	President	Shibanagar, Dodharachadani-3
9.	Karuna Thapa	President	Shantitole, Dodharachadani-6
10.	Mamata Magar	President	Muskute Tole, Dodharachadani-7
11.	Tikadevi Magar	Member	Jarkha tole, Dodharachadani- 8
12.	SarbajitRokaya	President	Sundarnagar, Dodharachadani- 8
13.	Purna Devi kasera	President	Dhakanaghat, Dodharachadani-9
14.	JasaraSarki	President	Shantitole, Dodharachadani-10
15.	KhadkeBudha	Member	Kutiyakabar, Dodharachadani-10
16.	Bishna Shahi	President	Dodharachadani-10, Shantitole
17.	Bhikhkhu Chaudhary	President	Ratanpur, Beldandi-1
18.	Kalawoti Bhatta	President	Jharnasagar, Beldadi-1
19.	Janaki Shahi	President	Kamari, Beldaadi-3
20.	Bhajaura Rana	Secretary	Sisamdadi, Beldadi-3
21.	Bimaladevi Bhatta	President	Gaudi ,Beldadi-5
22.	Rajeshwori Rana	EWS Member	Emeliya, Beldadi-5
23.	Ganesh Rokaya	President	Jhilmila, Beldadi-5
24.	Hari Nath	Vice President	MahakaliTole, Bheemdatt-11
25.	Harikala Bhatt	President	Bishnu Tole, Bheemdatt-12
26.	Jyoti Rasaili	President	Bijaya Tole, Bheemdatt-13
27.	Parmanand Awasthi	Treasure	Tribeni Tole, Bheemdatt-19
28.	Ishwori Devi Bhatt	President	Dharmabhakta Tole, Bheemdatt-19
29.	Lata Kafle	President	SuvakamanaTole , Bheemdatt-18
30.	Sarawoti Chaudhary	President	Pragati Tole, Bheemdatt-18
31.	Devaki Parki	President	Bajjnath Tole, Bheemdatt-2
32.	TilaTamata	President	Bhagwati Tole, Bheemdatt-2
33.	Anita Sunar	President	Sonapur Tole, Bheemdatt-13
34.	Kamala Saud	President	Bajjnath Tole, Bheemdatt-12
35.	Gita Mishra	President	Shrinaryan Tole, Bheemdatt-12
36.	Kausila Joshi	President	Janjyoti Tole, Bheemdatt-11
37.	Gomati Sarki	President	Shrilanka Tole, Bheemdatt-10
38.	Dil Bahadur Sijali	Ward Chairperson-6	DodharaChandani Municipality
39.	KrishiramKshetri	Ward Chairperson-9	DodharaChandani Municipality
40.	Gyanendra BahekKshetri	Ward Chairperson-7	DodharaChandani Municipality
41.	Ram Nath	Ward Chairperson-9	Bheemdatt Municipality
42.	Krishna Singh Deuba	Ward Chairperson-12	Bheemdatt Municipality
43.	Prem ParsadJaishi	Ward Chairperson-11	Bheemdatt Municipality
44.	Durga prasad Chaudhary	Ward Chairperson 3	BheemdattMunicipality
45.	Amar bahadur khatri	Ward Chairperson 1	BeldandiRural Municipality
46.	Khagendra Bahadur Singh	Ward Chairperson 6	Parshuram Municipality
47.	Ganesh Parsad Joshi	Ward Chairperson 12	Parshuram Municipality
48.	Laxmi Ayyer	Secretary, CDMC	JojolaTumsijala, Parshuram

Annex 10: Programme for Interviewers' Orientation**Schedule for field researchers' orientation**

Strengthening Community Preparedness, Rapid Response and Recovery in Nepal

Programme for field researchers' orientation

(14 July 2021, Thursday)

Mode: Online/Zoom

Time	Particular	Responsible person
10:00 - 10:10	Introduction of the participants	
10:10 -10:20	Welcome	Santosh Kumar Sah
10:20 -10:40	Objectives and importance of the study	Representatives from OXFAM Nepal, NEEDS Nepal Santosh Kumar Sah/Niraj Kafle Consultants
10:40 -11:00	Study methodology	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal
11:00 -12:00	Upload questionnaire on KOBO	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal
12:00 -1:00	Discussion on the questionnaire	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal
12:30-1:00	Break	
1:00 -2:00	Discussion on the questionnaire (continue ...)	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal
2:00 - 2:30	Mobile-based practice on the questionnaire	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal
2:30 - 3:00	Feedback gathering from practice	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal
3:00 - 5:00	Preparation for the field <ul style="list-style-type: none"> • Discussion about modality • COVID-19 precaution • How it is planned? • Monitoring of data collection 	Santosh Kumar Sah/Niraj Kafle Consultants Representatives from OXFAM Nepal, NEEDS Nepal

