

USAID/INDIA
STRATEGIC OBJECTIVE CLOSE-OUT REPORT

1. Basic Information:

SO Name:	Gujarat Earthquake Recovery Initiative (GERI) ¹
SO Number:	12
SO Period:	FY 2001-2002
Geographic Area (Code):	India (386)
Total Cost:	DA: \$8,600,000

2. Principal Implementing Partners:

CARE
Catholic Relief Services (CRS)
United Nations Development Program (UNDP)
World Vision (WV)

3. Summary of overall impact:

On January 26th, 2001, the Gujarat state of India was hit by a devastating earthquake, measuring 7.6 on the Richter scale. It affected 7,633 villages and towns in 21 districts, affecting more than 15 million people, killed almost 20,000 and left around 600,000 homeless. It is estimated that infrastructure worth \$453 million was damaged. Following the immediate relief phase, USAID/India recognized the longer term need for rehabilitation and recovery and launched the Gujarat Earthquake Recovery Initiative. A new special objective: "Recovery, Reconstruction and Rehabilitation Needs Met for Target Vulnerable Groups" was approved in March, 2001.

The impact of the program was felt immediately. Upon execution of the agreements, all the four grantees rapidly mobilized field presence along with local NGO partners. The Non Governmental Organizations (NGO) took on shelter reconstruction activities in target villages with households who wanted to have the shelter reconstructed. At the end of this program 2,813 houses were constructed incorporating earthquake resistant designs and construction techniques. Training programs were also organized for the local masons, carpenters and other building trade artisans in earthquake resistant building techniques. It is estimated that 1,214 craftspeople were trained in the Kutch district to ensure that future housing would be more likely to be earthquake resistant. Mobile health units were organized by CARE, one of the grantees, to provide vital health services to the affected communities. Through this service, over 2,800 women received antenatal check up services along with Tetanus Toxoid (TT) immunization and over 9,300 children received treatment for various diseases and disorders including 3,917 for immunization. With the collapse of the government's health care system, the mobile health units were the only means to get health services to around 167 remote villages. USAID supported UNDP to develop a program to facilitate the availability of information in the community to assist the vulnerable groups through information sharing. Eighteen village information collection and dissemination centers (*Setus*) were set up with a central data processing and storage facility at Kutch, the district headquarters. Affected communities, NGOs and other organizations engaged in rehabilitation and reconstruction activities started receiving field level information through the UNDP's program and it benefited the NGOs as well as the disadvantaged households to have access to the reconstruction resources. A newsletter published by a woman's group addressing rehabilitation issues had a circulation of 2,000. Episodes in local (*Kutchi*) language were broadcasted periodically regarding the rehabilitation issues.

¹ Please note this is a special objective (SpO)

An independent mid-term evaluation of GERI provided some feedback on the impact of the program on the needs of the affected population, particularly the vulnerable communities. Key findings of the evaluation team suggested that the houses were well built and met recommended standards for earthquake prone areas and health care played a useful role for local communities. It was felt that the cash for work program did not have the envisaged impact. As a result of this evaluation USAID made some changes to the program. For example, targeted villages and households were changed, cash-for-work for water conservation was added to some program components and construction of check dams was approved. Some programs were extended until January, 2004 to incorporate the changes and implement new activities. GERI did not support construction in urban areas as the ground situation there was too complicated and the government of Gujarat had no policies in place for urban areas.

With the completion of the activity, 2,813 households have since been provided permanent and earthquake resistant houses which have long term benefits for their housing and shelter needs. An additional 286 families were provided support for the retrofitting (reinforcement) of damaged houses which made these houses safe and reusable. Cash-for-work activities provided a total of 104,015 person-days for earthen block production, construction of water harvesting and watershed management structures. These not only helped in providing much needed short-term wage employment for the affected families but also created long term assets to supply water, a scarce resource, to the affected communities on a continuing basis.

4. Summary of activities/ projects under the SO:

Grant agreements were executed with CARE, Catholic Relief Services (CRS) and World Vision (WV) during June – July, 2001 to provide earthquake reconstruction assistance focused on rebuilding 3,000 homes and community centers and re-instituting critical child survival and primary health services.

- The main objectives of CARE initiative were to construct earthquake resistant houses; provide mobile health care services and cash for work.
- Catholic Relief Services support was to: construct earthquake resistant houses and multipurpose community centers; provide trauma counseling, masonry training and cash for work.
- World Vision's intervention under GERI included the reconstruction of earthquake resistant houses, construction of check dams and water tanks as part of the cash-for-work initiative.

An additional agreement was signed with the UNDP during September, 2001 to improve dissemination of field-level reconstruction information and to improve equity of services among more vulnerable groups of earthquake-affected people. UNDP's efforts centered around two important objectives of strengthening the capacities and structure of community based organizations (CBOs) and on improving people's access to information.

5. SO results framework:

No results framework was formulated as the SO was developed to meet an immediate crisis from a disaster.

6. Prospects for sustainability and threats:

This SO was expected to meet the immediate needs and help the process of recovery of the people impacted by the earthquake. The activities were not expected to remain long after the recovery process had begun.

7. Lessons Learned:

GERI was based on certain key assumptions, but the ground reality was however much more complex. Continuously changing ground realities beyond the control of USAID and its partners affected the location and number of households that were willing to sign up with the housing program. The uncertainty of the Government of Gujarat's policies, as well as the differences in provision of housing assistance among the myriad organizations working with the affected communities created an atmosphere of "shopping around" among the affected population. This created a difficult environment for USAID partners to establish and maintain agreements with needy households. Neither micro-grants nor cash-for-work for construction proved to be feasible.

A one day workshop on 'Lessons Learned from the Gujarat Earthquake Recovery Initiative (GERI)' was held in Ahmedabad, Gujarat to bring together all the program partners to review the context, nature and challenges of GERI, evaluate the validity of the assumptions made during the design of the program and identify successful interventions that might be replicable elsewhere. The workshop helped to identify GERI's experiences which could be useful in designing a responsive and effective reconstruction project. Some of the learning included:

- Houses were tangible benefits. The 'process' of housing had the potential to be effectively used to enhance community mobilization and solidarity management capacities, gender empowerment and other such intangibles that support intervention in health, water, sanitation and trauma related concerns. Housing intervention therefore was justifiable and needed to be addressed within a framework of overall outcomes and impact and not by mere number of houses constructed.
- There is a need to have a good understanding of the socio-cultural context while designing a recovery program.
- A balance must be found between the time it takes to mobilize communities in a participatory approach and the pressure of rapidly demonstrating results.
- A participatory, flexible approach with gender sensitivity should be the essence of a comprehensive rehabilitation program.
- Coordination among NGOs, community based organizations, local and state government officials is essential to help in identifying 'gaps' in the provision of services to the affected areas as well as identifying synergies among programs.
- Community participation was recognized as integral to the process of building community assets and the training of local government leaders and members of CBOs was seen as an important part of local capacity building.
- There is a distinct advantage of working with organizations that are already part of an existing network with strong linkages with the community.
- Ensuring that information is available about recovery programs and systems multiplies benefits, and.
- Recovery takes time.

APPENDICES

Appendix 1

(A list of evaluations and special studies conducted during the life of the SO, including Annual Reports)

Mid-term evaluation, 2003; Workshop report: GERI- lessons learned, April, 2004.

Appendix 2

(A list of instrument close out reports prepared for contracts, grants, and cooperative agreements)

Close-out reports are maintained by Regional Contracting Office, USAID/New Delhi. For any information, please contact Mr. Marcus Johnson, Regional Contracting Officer at e-mail: mjohnson@usaid.gov

Appendix 3

(Names and contact point of individuals who were directly involved in various phases of the SO (planning, achieving, and assessing and learning), and who would be good sources of additional information)

David Heesen, Program Office, USAID/India; A.S Dasgupta, EG/USAID/India; Nina Minka, OSD/USAID/India; Balaji Singh, OSD/USAID/India

If you wish to contact any of the above individuals or if you would like any additional information about this SO please contact Ms. Nina Minka at Tel# 2419-8706 or e-mail: nminka@usaid.gov