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Final Results Report



ChildFund India

Funded by the Office of Foreign Disaster Assistance

Award No.: DFD-G-00-09-00021-00

USA Based Contact

Melissa P. Joseph
Grants Compliance Coordinator
Finance and Operations

ChildFund International
2821 Emerywood Parkway
Richmond, Virginia 23294
USA

Phone: 804.545.3620
Email: MJoseph@ChildFund.org

Field Based Contact

Bartholomew Basumatary
Zonal Manager

ChildFund India
22 Museum Road
Bangalore – 560001
Karnataka, India

Ph: +91 80 255.871.57
Fax: +91 80 255.942.71

Email: bbasumatary@india.childfund.org

EXECUTIVE SUMMARY

Program Title: Sustaining the Lives and Dignity of the IDP's in Purnea District in Bihar, India

Program Duration: December 11, 2008 – October 31, 2009

OFDA Grant No: DFD – G – 00 – 09 – 00021 – 00

Country/Region: Bihar, India

Type of Disaster/Hazard: Sudden onset flood disaster / embankment-breaching flash flood

Period Covered by the Report: December 11, 2008– October 31 2009

SYNOPSIS

On August 18, 2008, Koshi River breached the 50 years old embankment in eastern Nepal resulting in one of the largest humanitarian crisis in the history of Bihar. Within a matter of a few hours, the Koshi River, abandoned its original course, destroyed highly dense human settlement of Bihar, killed hundred inhabitants and displaced nearly three million people.¹

Kosi is a tributary of river Ganga that flows from Nepal to Bihar. It traverses from the west of the Kanchanjanga hills of Nepal to Bhimnagar and enters the plains of Bihar. It is a perennial river and its flow contains heavy siltation resulting in changing its course during previous centuries in Purnea district in the east and in between Darbhanga and Mandubani districts in the west. Due to heavy flow of silts every year in the river Kosi, the riverbed has become higher than the level of land outside the embankment.

Owing to this geological diversity, it becomes the cause of devastation in the whole of the north Bihar. In August 2008, around 20 km breach occurred in the embankment and the river started flowing in a new course that created an embankment-breaching flash flood in northern Bihar.

It damaged approximately 3,000 square km area and 3,345,545 people living in 993 villages under 35 blocks of 5 districts were severely affected. Around 340,742 houses were damaged, about 712,140 livestock and animals were affected and 239 humans lost their lives.

The government was not prepared for the scale of the calamity that ensued. Moreover, government resources and systems were inadequate to serve the millions of affected people. The most vulnerable groups including children, women and elderly people had been suffering due to lack of inadequate specific support system.

ChildFund International formerly known as Christian Children's Fund (CCF) had responded to this flood immediately through ChildFund India program and established Child Centred Spaces within the government relief camps of Purnea district to provide humanitarian assistance towards the protection of children, youth and vulnerable women. Over one million displaced people took shelter either in the government of Bihar coordinated camps called "mega camps" or formed self-settled shelters on embankments along roads, agricultural fields and canals.

Initially, the project was designed for an immediate humanitarian response to the flood affected IDPs in the mega camps. Later on, when the government-managed mega camps were closed, the IDPs returned to their villages and consequently the project activities were shifted from the camps to the communities in order to reduce their vulnerability and to minimize the associated risks related to flood hazards. The new strategic changes of the program involved mainstreaming Disaster Risk Reduction (DRR) initiatives in order to meet the agreed objectives under Protection and WASH. The baseline study findings also clearly reflected that the project should now tend towards linking relief, rehabilitation and development (LRRD) continuum for reducing the vulnerability of the beneficiaries through mainstreaming Disaster Risk Reduction (DRR) initiatives in order to meet the agreed objectives under Protection and WASH.

ChildFund International received a No-Cost Extension for this program up to October 31, 2009. ChildFund India also received approval to sub grant to three local NGOs for program implementation.

Because of the evolved complex situations in the field and strategic changes in the operational context of the program, ChildFund India had engaged three local NGOs to perform the activities in the field effective from May 01, 2009. Moreover, this emergency program responded to unforeseeable changes in the operational context and there were no operational structure that could be built to implement all the activities directly by ChildFund India. The overall design, objectives and output of the project remained the same and the only difference was that ChildFund sub-grant out some of the activities due to the limited timeframe and the monsoon season was approaching.

Three local NGOs namely Poorvanchal Gramin Vikas Sansthan (PGVS), Nav Jagriti and ADITHI had been sub awarded to carry out program activities in collaboration with ChildFund India team under the Protection and WASH objectives.

This results report summarizes the accomplishments of various activities to achieve the output/indicators that were readjusted and presented to OFDA in January 2009.

¹ Bihar Host Government Data, dated 24th November 2008

This report summarizes the key activities executed for the period of December 2008 to October 2009 in order to meet all the contractual obligations. It also reflects the key achievements cumulatively from the beginning of the interventions.

PROGRAM OVERVIEW

Program Goal: Re-established social, economic, environmental and physical health of the disaster-affected people of Bihar.

Program Objective(s):

Objective-1: Improve care and protection of children, youth and vulnerable women through strengthening the social support systems and establishment of safe spaces.

Objective-2: Increase the health well-being of children and their families through hygiene promotion, safe water provision, safe disposal of faeces and effective solid waste management and drainage.

According to the Additional Program Description Requirements (APDRs), the project proposed the following two Sectors – Protection (Objective-1) and Water, Sanitation and Hygiene (WASH) (Objective-2) to reach the above objectives.

The program objective-1 corresponds to the sector – Protection and related subsectors, Child Protection, Gender-based Violence (GBV) Prevention and Response. The objective-2 corresponds to the sector – WASH and related subsectors, Hygiene Promotion / Behaviours, Sanitation, and Water Supply.

Program Output(s):

Output-1: Safe spaces for children, youth and vulnerable women established to provide protection and psychosocial support.

Output-2: Increased access to safe water, latrines and drainage

Output-3: Improved knowledge and attitudes results in behavioral change and greater awareness of hygienic practices towards hand washing, water storage, defecation behavior, solid waste management and drainage.

Number of Beneficiaries Targeted: 15,522 individuals

Number of Beneficiaries Reached (up to the reporting period): **40,837** individuals

Dollar Amount Request from OFDA: \$499,970.00

Dollar Amount Used from OFDA (up to the reporting period): \$ 499,927.35 USD

PROGRAM PERFORMANCE AND ACTIVITIES ACCOMPLISHED

The overall performance and progress of the project was satisfactory. Indeed all objectives and outputs have been met. The project was well coordinated both internally and with other stakeholders. It was also properly accepted and integrated within the targeted communities. Because of an effective implementation strategy with the local sub partner NGOs, the project achieved the stated objectives and outputs with sustainable impacts.

A baseline study had been conducted (attached with the first quarterly report) collecting information for the objectives and their respective indicators in order to monitor progress. Primary and secondary data (qualitative and quantitative) had been gathered using different PRA methodology and tools for analysing the baseline information.

During implementation of the proposed activities within the sub-sectors listed below, specific approaches for the following keywords have resulted in the achievement of positive impacts on the targeted populations. The program objectives correspond following two sectors - Protection and Water, Sanitation and Hygiene (WASH) as well as related Subsectors and/or Keywords. In order to achieve the stated objectives with sustainable impacts, the following adjustments had been made to the keywords/cross-cutting themes of the program

OBJECTIVE	SECTOR	SUB-SECTOR	KEYWORDS
Objective-1	Protection	Child Protection	1. Capacity Building /Training 2. Gender Relations 3. Host Government
		Gender-based Violence (GBV) Prevention and Response	1. Capacity Building /Training 2. Children 3. Disaster Risk Reduction (DRR) 4. Host Government
Objective-2	Water, Sanitation, and Hygiene (WASH)	Hygiene Promotion / Behaviours	1. Capacity Building/Training 2. Gender Relations 3. Disaster Risk Reduction (DRR) 4. IDPs

		Sanitation	<ol style="list-style-type: none"> 1. Gender Relations 2. Disaster Risk Reduction (DRR) 3. Children 4. Disability 5. Protection Mainstreaming 6. IDPs
		Water Supply	<ol style="list-style-type: none"> 1. Gender Relations 2. Disaster Risk Reduction (DRR) 3. Children 4. Disability 5. Protection Mainstreaming 6. IDPs

Having built a strong partnership with the local partner NGOs – ADITHI, Nav Jagriti and PGVS this program managed to overcome the various challenges being posed in terms of staff turnover, inadequate logistic capacity and scattered geography etc.

Moreover, these sub-awards added value to the program by reinforcing the local knowledge, skills and networks from the local partners. This collaboration ensured the sustainability and long-term impacts of the actions. Moreover, this joint-approach encouraged mainstreaming of Child Protection and Disaster Risk Reduction (DRR) issues within the on-going programming of those local NGOs.

PROGRAM ORGANIZATION AND MANAGEMENT

- » Because of the remote and isolated project locations, the field program has had relatively high staff turnover. However, all the project staff including the team of local partner NGOs were placed in the field as of May 2009 to ensure quality and sustainable impact of the program. New program staff and partner team were briefed on the scope of the program. One expatriate Team Leader was also engaged to reinforce the program quality and impact.
- » ChildFund India field project team members participated in different sector coordination meetings organised by Bihar Interagency Group (IAG). Bihar program team members had participated in different programs organised by other stakeholder for better and effective coordination along with the state and local government.
- » A strong link was established with various government departments like social welfare, education, and Public Health and Engineering Departments (PHED) including district administrations to carry out the program.
- » To ensure the safety and security of the program staff, a field security guideline was developed, highlighting the different security risks. It had also been shared with all staff. A security focal person was appointed from the team who had been collecting updated security information from different sources such as the government, the UN and the Bihar Interagency Group (IAG).

MONITORING AND PERFORMANCE MEASUREMENT

The program staffs including partner staff collected data from the field on a regular basis. All data and information were analyzed on a monthly basis within the program team. The following monitoring tools had been used throughout the duration of the program:

- | | |
|---|---|
| <ul style="list-style-type: none"> » Daily feedback through field managers and coordinators/supervisors » Weekly and monthly financial and narrative reports » Weekly coordination meetings between partners » Field visits and physical verification to ensure quality and standards on-site » Community meetings and consultation with community leaders (GP) and government officials | <ul style="list-style-type: none"> » Discussion and consultation feedback from children and youth » Attendance registers at CCS centre » Regular interaction and periodic project reviews with ChildFund National, Regional and International office » ChildFund staff coordination meetings » Master role and token distribution sheets » Payment sheets |
|---|---|

SECTOR LEVEL ACCOMPLISHMENT

SECTOR	Protection
Objective	Improve care and protection of children, youth and vulnerable women through strengthening the social support systems and establishment of safe spaces.
Number/ Type of Beneficiaries Targeted	15,522

SECTOR		Protection	
Number of Beneficiaries Reached	40,837		
Output – 1	Safe spaces for children, youth and vulnerable women established to provide protection and psychosocial support.		
Accomplishment of Objective and Output Indicators	<i>Please find accomplishment of relevant indicators in “Annex-1: Indicator Tracking Table” attached</i>		
Sub Sector	Child Protection		
Keywords	» Capacity Building /Training	» Gender Relations	
Activities Accomplished / Progress as per the Stated Sub Sector AND Key Achievements / Impact towards the Objective			
<ul style="list-style-type: none"> » All project staff including 60 Community Facilitators (CF) and staff of local partner NGOs trained on protection sensitivity. All staff members and Community Facilitators signed Child Protection Policy. A Child Protection Monitoring Committee (CPMC) had been set up with clear roles and responsibilities / scope of work to monitor the child protection issues among the staff, community facilitators and volunteers who had the direct contact and interaction with the children. » A series of orientation meetings and different consultations with local communities were organised for the identification of specific vulnerability and protection issues of children, youth and women. It was found that children and women were specifically vulnerable to floods, trafficking and domestic violence. These focus group discussions and peer-to-peer exchanges with the communities helped raise awareness on protection sensitivity among the respondents / target groups. » 20 Child Centred Spaces (CCS) were established in the project locations with the support of communities and the local government (Gram Panchayat) members. Around 80% of the targeted children used established safe spaces regularly. The establishment of CCS helped children in numerous ways. This initiative helped reduce the psychosocial distress resulting from the floods and displacement. Those centres also served as learning and activity centres and became a key protective mechanism within the community. » 60 Community Facilitators (CF) were recruited and oriented with 3 days of training on child protection, psychosocial care, how to conduct daily structured activities in CCS, child rights issues based on the UNCRC. They were also trained in leading participatory learning/teaching methodology as well as monitoring any symptoms or signs of psychosocial distress among children for referral. Moreover, as part of capacity building process, regular handholding support were organised in parallel with the monitoring of their activities. » 20 safe spaces/ Child Centred Spaces (CCS) for children, youth and vulnerable women lasted up to the stabilization of acceptable socio-economic condition. Different materials for regular activities as well as for management/smooth operation of the safe spaces were distributed among 20 safe spaces with proper stock register. Learning and play materials were upgraded and distributed along with first aid box, hygiene kits and other support equipment. » The Child Centred Spaces (CCS) and Child Well Being Committees (CWBC) were highly appreciated by the community. The parents in a post-disaster situation found a sense of security for their children as the safe space had served as a platform not only for the safety and protection but also for a hope of light, dignity and integrity. » 20 Child Centred Spaces (CCS) were handed over to the community and linked up with the local education and child development centres which had ensured community participation for mainstreaming child protection in emergencies and promoting primary education. The project initiated and set up linkages with state and district administration and local government for inclusion of CCS to formal education institutions. » Around 8,000 children had been assisted through different program intervention including regular activities in CCS and the awareness education campaign. The daily structured activities encouraged the children to play, learn and socialize which in turn enhanced peace and harmony in the community. All the children, without any distinction for caste, religion or gender participated in all types of activities. » 20 Child Well Being Committees (CWBC) had been up comprising of 8-12 members including Community Facilitators (CF), local elites and Gram Panchayat (GP) leaders. CWBC members were trained on protection sensitivity and oriented on child rights issues through regular meetings. Gradually, 20 Child Well Being Committees (CWBC) were introduced to District Child Protection Unit (DCPU) under centrally sponsored Integrated Child Protection Scheme (ICPS). DCPU further built up their capacity and ensure the sustainability of the CWBC in the selected geographical locations. » The Back to School Campaign organised in three different operational areas. The objective of the campaign was to (1) promote primary education in children lives (2) attract drop outs and out of school children 			

SECTOR	Protection	
	<p>(especially girl children) towards school education (3) aware the community about the advantages of education through street plays, folk songs, rallies by the children etc. Around 1,600 children and youth participated during this mass awareness campaign along with the community members.</p> <ul style="list-style-type: none"> » A media advocacy workshop was organised at district level to sensitize the media and ensure the role of media in child protection issues in emergencies. Following the workshop local media started providing awareness coverage on child rights and child protection issues to sensitize the community. » 2 sustainability and forward linkage workshops were organised with the local government, community leaders, teachers, CCS land owners to ensure the benefit from the social changes being brought by this program especially through the establishment of Child Centred Spaces (CCS). » 1 advocacy workshop organised at state level for convergence with Government District Child Protection Unit (DCPU) structure and social welfare department for Child Protection in emergencies. Following the workshop government department committed to consider CCS as a structure to be linked with the District Child Protection Unit (DCPU) under centrally sponsored Integrated Child Protection Scheme (ICPS). » A significant aspect of the CCS: it was indeed the very first time that the girl children were attending and playing together with the boys in the villages where CCS were functioning. This process generated confidences among the adolescent girls, which strengthened their resolve to attend school and to participate in social dynamics; hence, the enrolment and attendance rate of girl children in surrounding school had increased. » Child Centred Disaster Risk Reduction (CCDRR) Initiatives: Under these significant initiatives, child and youth from different Child Centred Spaces (CCS) participated in various child led risk reduction activities such as street plays, folk songs, drawing and painting etc focusing on community based flood preparedness. Children and youth from all background participated in community Risk and Resource mapping exercises, Vulnerability Capacity Assessment (VCA), identifying safe route in the villages etc. Moreover, children and youth shared their learning and experiences with the adult member of the community to encourage them to participate in risk reduction initiatives. 	
Sub Sector	Gender-based Violence (GBV) Prevention and Response	
Keywords	<ul style="list-style-type: none"> » Capacity Building /Training » Children 	<ul style="list-style-type: none"> » Disaster Risk Reduction (DRR)
Activities Accomplished / Progress as per the Stated Sub Sector AND Key Achievements / Impact towards the Objective		
	<ul style="list-style-type: none"> » 700 youths (boys and girls) had been trained following a training needs assessment for the vocational skills and leadership training program. A context-specific customized training manual had been developed for skills transfer. A booklet titled "Youth Leadership Building Guidebook" had been developed and introduced in collaboration with the Nehru Yuva Kendra Sangathan (NYKS), an autonomous body of the Ministry of Youth Affairs and Sports. A group of community trainers had also received TOT on similar aspects in order to impart the training to the youth members. » 240 Child Well Being Committee (CWBC) members including Community Facilitators (CF) had been trained in the protection of children, youth and vulnerable women. An action plan had been developed with the CWBC members along with the local government representative to make a sustainable linkages and mainstreaming of protection sensitivity and disaster preparedness in local education institutions. » Total 3,050 women had been sensitized on Gender Based Violence (GBV) issues. Out of that 1,000 women through orientation of the "Mother's Groups" in CCS. In addition to this, 82 sensitization sessions had been organised with women members of the community in collaboration with the local partner NGOs in the selected geographical locations. Throughout these sessions, 2,050 women members had been sensitized on GBV issues. The sensitization session manual with various tools had been used for awareness and sensitization. There were significant numbers of improvements in gender relations being noted following the sensitization, which showed a clear impact among the beneficiaries. » Total 1,350 men had been sensitized on Gender Based Violence (GBV) issues. Out of that 300, through orientation meetings and consultation / dialogue with local communities during the identification of specific vulnerability and protection issues of children, youth and women. Moreover, 38 sensitization sessions had been organised with men members of the communities in collaboration with the local partner NGOs where as 1,050 men participants had been sensitized on Gender Based Violence (GBV) issues. » 47 education and awareness campaigns had been completed to prevent GBV and to promote the protection of vulnerable girls. As part of the education and awareness campaign, 27 street dramas had been organised targeting the community members in collaboration with the local sub partner NGOs. A total number of 11,459 target participants had been participated in this activity. Awareness-education messages on child trafficking, flood preparedness, domestic/gender based violence prevention, and hand washing, latrine and water point uses/maintenances for sanitation and hygiene promotion etc had been broadcasted through the street play. 	

SECTOR	Protection	
	Moreover, as part of the education and awareness raising activity, 20 puppet shows had also been organised targeting the children and youth in collaboration with the local sub partner NGOs. Awareness-education messages on hygiene promotion, hand washing, back to schools, domestic violence etc had been transmitted through the puppet shows. A total number of 14,238 target participants participated during the puppet shows.	
SECTOR	Water, Sanitation and Hygiene (WASH)	
Objective	Increase the health and well-being of children and their families through hygiene promotion, safe water provision, safe disposal of faeces and effective solid waste management and drainage.	
Number/ Type of Beneficiaries Targeted	15,522	
Number of Beneficiaries Reached	29,360	
Output – 2	Increased access to safe water, latrines and drainage	
Output – 3	Improved knowledge and attitudes result in behavioral change and greater awareness of hygienic practices regarding hand washing, water storage, defecation behavior, solid waste management and drainage.	
Accomplishment of Objective and Output Indicators	<i>Please find accomplishment of relevant indicators in “Annex-1: Indicator Tracking Table” attached</i>	
Sub Sector	Hygiene Promotion/Behaviors	
Keywords	» Capacity Building/Training » Gender Relations	» Disaster Risk Reduction (DRR)
Activities Accomplished / Progress as per the Stated Sub Sector AND Key Achievements / Impact towards the Objective		
<ul style="list-style-type: none"> » 60 Community Facilitators (CF) / volunteers had been trained on promoting safe hygiene practices. Following the training, CF/volunteers imparted their knowledge and skills through hygiene promotion sessions/group meeting in the CCS. » Behavioural Change Communication (BCC) materials (wall painting, creative games for the children, banners, festoons) developed on hand washing, water storage, defecation behavior, solid waste management and drainage. BCC materials used in the Child Centred Spaces (CCS) for behavioral change of the community members on hand washing and hygiene promotion. » 1,000 dignity kits distributed among the community women for promoting personal hygiene. Dignity kits were particularly targeted to the adolescent girl for their personal hygiene. The cross cutting theme Gender Relations had been integrated throughout this specific initiative. » 3,000 hygiene kits distributed to families for promoting safe hygiene practices. The initiatives of hygiene promotion sessions had also been taken simultaneously during distribution of the hygiene kits for better impact and use of the kits among the beneficiaries. Among the target beneficiaries around 10% have increased in proper hand washing practices. » 10 schools were selected for school hygiene kits distribution among the children and youth for hygiene promotion activities. Awareness education sessions had been organised as a follow up of the use of those kits. A few selected school-going children had also been trained up to impart Child to Child awareness sessions on hygiene promotion at school level. Around 7,000 children had been sensitized on personal health and hygiene issues. » 20 small stagnant water bodies disinfected by the local NGO staff and community members including the local government staff. The project staff sensitized the community about vector-borne diseases and the ill effects of stagnant water bodies in the close vicinity of the household to start the campaign and disinfected the stagnant water bodies. » For construction and rehabilitation of different water sources, ChildFund India had always been in close collaboration with SPHERE India to ensure the application of SPHERE standards in all WASH components and constructions. A coordination mechanism had been established with the Bihar interagency working group, the Public Health and Engineering Department (PHED) of government of Bihar, the local UNICEF team who are playing the role of the UN cluster on WASH at state level, as well as with Care India and Save the Children India. 		
Sub Sector	Sanitation	

SECTOR		Protection	
Keywords	<ul style="list-style-type: none"> » Gender Relations » Disaster Risk Reduction (DRR) » Children 	<ul style="list-style-type: none"> » Disability » Protection Mainstreaming 	
Activities Accomplished / Progress as per the Stated Sub Sector AND Key Achievements / Impact towards the Objective			
<ul style="list-style-type: none"> » Construction design and engineering layout for the latrine and bathing cubicles prepared considering the hygiene/safety standards and barrier free environment/universal design for accessibility. These had been designed and approved by the professional architect, WASH and accessibility experts and civil engineers. Locally adapted SPHERE standards had been followed for technical sanitation construction design. The entire construction process had been reviewed and approved by Public Health and Engineering Department (PHED) of government of Bihar. » Following the approval of the construction design, two "model/demo" latrine and bathing cubicle had been constructed at beneficiary's household level for testing and further replication. Masons had been trained by the technical WASH engineers. During the construction of the latrine and bathing cubicle, flood preparedness/DRR, gender relations, child friendliness, disability/accessibility and protection mainstreaming issues had been considered. » 187 latrine and bathing cubicles had been constructed in collaboration with the local sub partner NGOs and handed over to the selected beneficiaries. 187 drainage pipes had been set up with the latrine and bathing cubicle to ensure the proper drainage system. Homesteads of all selected households along with the latrine and bathing cubicles had been raised to protect from upcoming flood water. Selected beneficiaries and their family members had taken part and contributed to homestead rising for flood preparedness through the cash for work initiatives. » 187 solar lanterns distributed among the targeted beneficiaries who had received latrine and bathing cubicles. This lightening facility helped the household members especially the women and children using the facilities at night. Throughout this initiative protection issues had also been mainstreamed in WASH interventions. » 187 set of bucket and mug distributed among the targeted households who had received the latrine and bathing cubicles. This initiative helped the household members for proper use of latrine and bathing cubicles by ensuring the appropriate and improved environmental hygiene. » 1,100 child potties distributed to the target beneficiaries following the poverty assessment from secondary sources. Targeted beneficiaries had been sensitized for behavioral change in safe disposal of child stools. » 1 sustainability and forward linkages workshop had been organised in collaboration with the government Public Health and Engineering Department (PHED). The objective of the workshop was to ensure collaboration of the beneficiaries with local PHED authority so that the beneficiaries could get the repairing and technical maintenance support from government PHED authority. The authority received detailed list of the beneficiaries and visited several households in different locations and committed possible support from their end. 			
Sub Sector		Water Supply	
Keywords	<ul style="list-style-type: none"> » Gender Relations » Disaster Risk Reduction (DRR) » Children 	<ul style="list-style-type: none"> » Disability » Protection Mainstreaming 	
Activities Accomplished / Progress as per the Stated Sub Sector AND Key Achievements / Impact towards the Objective			
<ul style="list-style-type: none"> » 62 community-used/managed water sources were rehabilitated through the local sub partner NGOs and handed over to the community. During rehabilitation of those water sources, personal hygiene issues, the risks of arsenic/bacteria/iron contamination, flood preparedness/DRR, gender relations, child friendliness, disability/accessibility and protection mainstreaming issues had been addressed at different water sources. All water sources rehabilitation were done through the technical support of Public Health and Engineering Department (PHED) of government of Bihar. 			

Please see the following Annexes:

- Annex 1- Final Indicator Tracking Table
- Annex 2- Final Evaluation Report
- Annex 3- Success Story

Indicator Tracking Table

Project Title: Sustaining the Lives and Dignity of the IDP's in Purnea District in Bihar, India

Annex-1

Award Number: DFD- G- 00- 09- 00021- 00

Indicator(s)		Baseline	December, 2008	March, 2009	June, 2009	September, 2009	October, 2009
GOAL	Reestablished social, economic, environmental and physical health of the disaster-affected people of Bihar						
	Objective Indicator(s)						
Objective-1	Improve care and protection of children, youth and vulnerable women through strengthening the social support systems and establishment of safe spaces.						
	80% of targeted children using the safe spaces	0- No avenues exist for psycho social resilience building amongst children post disaster. Hence at the time of initiating the safe spaces there were no such opportunities available for children	50% of targetted children using safe spaces at the 20 safe spaces established at Rampura, Rahta, Naulakhi and ChandpurBhanga	65% of targeted children using safe spaces.	80% of targeted children using safe spaces	100% of targeted children using safe spaces.	100% of targeted children using safe spaces.
	6,200 Number of children assisted	0 - No children were receiving psych social support prior to setting up the safe spaces by CCF	3000 children using the safe spaces	3,500 Number of children assisted.	5,000 Number of children assisted.	8,000 Number of children assisted.	8,000 Number of children assisted.
	700 youth trained in vocational and leadership skills	0 - No opportunities available for youth on vocational training	200 youth identified for vocational training	0 youth trained in vocational and leadership skills.	100 youth trained in vocational and leadership skills.	700 youth trained in vocational and leadership skills.	700 youth trained in vocational and leadership skills.
	800 vulnerable women using the safe spaces created	0 - No forum available for women to discuss on issues related to issues related to GBV, childcare and health since the mainstream service providers on child care and health were non functional after the floods	100 women using the safe spaces for information sharing	700 vulnerable women using safe spaces created.	1,200 vulnerable women using safe spaces created.	2,500 vulnerable women using safe spaces created.	2,500 vulnerable women using safe spaces created.
	240 Number of people trained on the protection of children, youth and vulnerable women	0- There is absence of any information on child and gender protection in the community. Less than 10% women said that they were aware about the legal provisions to protect women against violence	Trainings have been held with 50 CWBC members on protection of children, youth and vulnerable women and mechanisms for documenting and referring GBV cases to the government and other specialists	80 Number of peole trained on the protection of children, youth and vulnerable women.	210 Number of peole trained on the protection of children, youth and vulnerable women.	240 Number of peole trained on the protection of children, youth and vulnerable women.	240 Number of peole trained on the protection of children, youth and vulnerable women.
	100% of targeted staff trained in protection sensitivity	0	80% staff trained in protection sensitivity. Some new staff have joined in January who would be provided training on protection sensitivity	90% of targeted staff trained in protection sensitivity.	100% of targeted staff trained in protection sensitivity.	100% of targeted staff trained in protection sensitivity.	100% of targeted staff trained in protection sensitivity.
	20 Communities Well-being Committees (CWBCs) established	0	20 CWBCs established	20 Communities Well-being Committees (CWBCs) established.	20 Communities Well-being Committees (CWBCs) established.	20 Communities Well-being Committees (CWBCs) established.	20 Communities Well-being Committees (CWBCs) established.
	% of the men and women in the targeted population who report improvements in gender relations especially reduction in gender based violence as a result of the activities	0	0 - GBV activities have not yet been started	2% of the men and women in the target population who report improvements in gender relations especially reduction in gender based violence as a result of the activities.	10% of the men and women in the target population who report improvements in gender relations especially reduction in gender based violence as a result of the activities.	20% of the men and women in the target population who report improvements in gender relations especially reduction in gender based violence as a result of the activities.	20% of the men and women in the target population who report improvements in gender relations especially reduction in gender based violence as a result of the activities.
	% reduction in instances of gender based violence	60% women face violence at home	0 - GBV activities have not yet been started	5% of reduction in instances of gender based violence.	10% of reduction in instances of gender based violence.	25% of reduction in instances of gender based violence.	25% of reduction in instances of gender based violence.
	X Number of activities involving collaboration with the host government	0	Government has provided positive encouragement for setting up the safe spaces and assured of any help that may be required	3 major activities involving collaboration with the host government.	5 major activities involving collaboration with the host government.	11 major activities involving collaboration with the host government.	11 major activities involving collaboration with the host government.

Indicator(s)	Baseline	December, 2008	March, 2009	June, 2009	September, 2009	October, 2009
Objective-2	Increase the health well-being of children and their families through hygiene promotion, safe water provision, safe disposal of feces and effective solid waste management and drainage					
<i>187 Number of household latrines constructed</i>	Only 16% families in the area have household level latrines	187 households for latrine construction have been identified through community meetings and identification by the community of the most deprived families in the villages	0 Number of household latrines constructed.	140 Number of household latrines constructed.	187 Number of household latrines constructed.	187 Number of household latrines constructed.
<i>187 washing facilities created within household latrines for men and women</i>	0	187 households for latrine construction have been identified through community meetings and identification by the community of the most deprived families in the villages	0 washing facilities created within household latrines for men and women	140 washing facilities created within household latrines for men and women	187 washing facilities created within household latrines for men and women	187 washing facilities created within household latrines for men and women
<i>62 safe water sources rehabilitated</i>	84% of the HHs depend on tube wells for water supply. After flood 80% of tube wells are contaminated due to various factors such as damaged platforms and drainage system.	Locations have been identified through community meetings for identification of 62 water points	0 safe water sources rehabilitated	10 safe water sources rehabilitated	62 safe water sources rehabilitated	62 safe water sources rehabilitated
<i>Percentage (%) increase in proper hand washing practices</i>	Only 18% individuals follow safe hand washing	Awareness generation sessions have been in progress in Rahata and Murligunj, the satisfactory response so far will help to achieve the target	10% increase in proper hand washing practices	30% increase in proper hand washing practices	60% increase in proper hand washing practices	60% increase in proper hand washing practices
<i>Behavioral change results in safe disposal of child stools</i>	0	0	Behavioral change 20% in safe disposal of child stools	Behavioral change 30% in safe disposal of child stools	Behavioral change 30% in safe disposal of child stools	Behavioral change 30% in safe disposal of child stools
<i>100% safe disposal of feces through household latrines or appropriate defecation practices</i>	Only 16% families in the area have household level latrines	0	0 safe disposal of feces through household latrines or appropriate defecation practices	5% safe disposal of feces through household latrines or appropriate defecation practices	15% safe disposal of feces through household latrines or appropriate defecation practices	15% safe disposal of feces through household latrines or appropriate defecation practices
<i>Distribution of 1100 child potties</i>	0- Concept of child potty is new to the community	Families with small children 1-3 years old have been identified for distribution of potties. Purchase order has been also placed for the procurement of the potties. The field staff is holding meetings and giving practical demonstrations to the community on use of child potties as it's a new commodity for the community.	Distribution of 1,100 child potties.	Distribution of 1,100 child potties.	Distribution of 1,100 child potties.	Distribution of 1,100 child potties.
<i>Nil stagnation of waste water and sillage</i>	100% stagnation of waste water	20 stagnant water bodies have been identified for sillage treatment. The staff has been making the community aware about the vector borne diseases and also bringing to their awareness the ill effects of stagnant water bodies in the close vicinity of the household to start the campaign and disinfect the water bodies	2% stagnation of waste water and sillage.	2% stagnation of waste water and sillage.	0% stagnation of waste water and sillage.	0% stagnation of waste water and sillage.
<i>15,522 total number of community members assisted</i>	0	Community members are attending sensitization programs, focused group meetings in batches to meet the target of 15,522 community members which will be achieved by March.	8,000 total number of community members assisted	12,000 total number of community members assisted	40,837 total number of community members assisted	40,837 total number of community members assisted
<i>7,915 Number of men assisted</i>	0	0	2,300 Number of men assisted.	5,200 Number of men assisted.	10,000 Number of men assisted.	10,000 Number of men assisted.
<i>7,606 Number of women assisted</i>	0	0	5,700 Number of women assisted.	6,800 Number of women assisted.	11,200 Number of women assisted.	11,200 Number of women assisted.

Indicator(s)		Baseline	December, 2008	March, 2009	June, 2009	September, 2009	October, 2009
	Output Indicator(s)						
Output-1	Safe spaces for children, youth and vulnerable women established to provide protection and psychosocial support						
	20 Safe spaces created for children, youth and vulnerable women			20 Safe spaces created for children, youth and vulnerable women.	20 Safe spaces created for children, youth and vulnerable women.	20 Safe spaces created for children, youth and vulnerable women.	20 Safe spaces created for children, youth and vulnerable women.
	1,500 Number of women trained/sensitized in GBV issues			1,000 Number of women trained/sensitized in GBV issues.	1,000 Number of women trained/sensitized in GBV issues.	3,050 Number of women trained/sensitized in GBV issues.	3,050 Number of women trained/sensitized in GBV issues.
	1,500 Number of men trained/sensitized in GBV issues			300 Number of men trained/sensitized in GBV issues.	300 Number of men trained/sensitized in GBV issues.	1,350 Number of men trained/sensitized in GBV issues.	1,350 Number of men trained/sensitized in GBV issues.
	X Number of GBV cases successfully referred to specialists			10 Number of GBV cases successfully referred to specialists.	70 Number of GBV cases successfully referred to specialists.	100 Number of GBV cases successfully referred to specialists.	100 Number of GBV cases successfully referred to specialists.
Output-2	Increased access to safe water, latrines and drainage						
	62 water sources (@ 250 population being served by one water source, as per Government of India Drinking Water Mission norm) rehabilitated			0 water sources (@ 250 population being served by one water source, as per Government of India Drinking Water Mission norm) rehabilitated	10 water sources (@ 250 population being served by one water source, as per Government of India Drinking Water Mission norm) rehabilitated	62 water sources (@ 250 population being served by one water source, as per Government of India Drinking Water Mission norm) rehabilitated	62 water sources (@ 250 population being served by one water source, as per Government of India Drinking Water Mission norm) rehabilitated
	187 Latrines cum washing facilities based on poverty criteria			0 Latrines cum washing facilities based on poverty criteria	140 Latrines cum washing facilities based on poverty criteria	187 Latrines cum washing facilities based on poverty criteria	187 Latrines cum washing facilities based on poverty criteria
	187 Drainage pipes set up with latrines			0 Drainage pipes set up with latrines	140 Drainage pipes set up with latrines	187 Drainage pipes set up with latrines	187 Drainage pipes set up with latrines
	1,100 child potties distributed for safe disposal of child stool			1,100 child potties distributed for safe disposal of child stool.	1,100 child potties distributed for safe disposal of child stool.	1,100 child potties distributed for safe disposal of child stool.	1,100 child potties distributed for safe disposal of child stool.
	20 small stagnant water bodies disinfected			0 Small stagnant water bodies disinfected.	20 Small stagnant water bodies disinfected.	20 Small stagnant water bodies disinfected.	20 Small stagnant water bodies disinfected.
	15,522 community members benefit from improved environmental hygiene			0 community members benefit from improved environmental hygiene	0 community members benefit from improved environmental hygiene	17,000 community members benefit from improved environmental hygiene	17,000 community members benefit from improved environmental hygiene
	15,522 Number of beneficiaries receiving water from rehabilitated water sources			0 Number of beneficiaries receiving water from rehabilitated water sources	0 Number of beneficiaries receiving water from rehabilitated water sources	15,500 Number of beneficiaries receiving water from rehabilitated water sources	15,500 Number of beneficiaries receiving water from rehabilitated water sources
Output-3	Improved knowledge and attitudes results in behavioral change and greater awareness of hygienic practices towards hand washing, water storage, defecation behavior, solid waste management and drainage						
	60 volunteers trained on promoting safe hygiene practices			60 Volunteers trained on promoting safe hygiene practices.	60 Volunteers trained on promoting safe hygiene practices.	60 Volunteers trained on promoting safe hygiene practices.	60 Volunteers trained on promoting safe hygiene practices.
	10 Hygiene promotion activities conducted in 10 schools with children and youth focused on clean nails, clean hair and proper hand washing			0 Hygiene promotion activities conducted in 10 schools with children and youth focused on clean nails, clean hair and proper hand washing.	10 Hygiene promotion activities conducted in 10 schools with children and youth focused on clean nails, clean hair and proper hand washing.	10 Hygiene promotion activities conducted in 10 schools with children and youth focused on clean nails, clean hair and proper hand washing.	10 Hygiene promotion activities conducted in 10 schools with children and youth focused on clean nails, clean hair and proper hand washing.
	Approximately 15,000 community members participate in awareness generation sessions conducted on hand washing, water storage, defecation behavior, solid waste management and drainage			Approximately 8,000 community members participate in awareness generation sessions conducted on hand washing, water storage, defecation behavior, solid waste management and drainage.	Approximately 13,000 community members participate in awareness generation sessions conducted on hand washing, water storage, defecation behavior, solid waste management and drainage.	Approximately 25,000 community members participate in awareness generation sessions conducted on hand washing, water storage, defecation behavior, solid waste management and drainage.	Approximately 25,000 community members participate in awareness generation sessions conducted on hand washing, water storage, defecation behavior, solid waste management and drainage.
	30 awareness and education sessions with adult members of the communities on hand washing, water storage, defecation behavior, solid waste management and drainage			0 awareness and education sessions with adult members of the communities on hand washing, water storage, defecation behavior, solid waste management and drainage.	20 awareness and education sessions with adult members of the communities on hand washing, water storage, defecation behavior, solid waste management and drainage.	47 awareness and education sessions with adult members of the communities on hand washing, water storage, defecation behavior, solid waste management and drainage.	47 awareness and education sessions with adult members of the communities on hand washing, water storage, defecation behavior, solid waste management and drainage.
	1,000 dignity kits distributed to women to promote personal hygiene			1,000 dignity kits have been distributed to women to promote personal hygiene.	1,000 dignity kits have been distributed to women to promote personal hygiene.	1,000 dignity kits have been distributed to women to promote personal hygiene.	1,000 dignity kits have been distributed to women to promote personal hygiene.
	3,000 hygiene kits distributed to families for promoting safe hygienic practices			3,000 hygiene kits have been distributed to families for promoting safe hygiene practices.	3,000 hygiene kits have been distributed to families for promoting safe hygiene practices.	3,000 hygiene kits have been distributed to families for promoting safe hygiene practices.	3,000 hygiene kits have been distributed to families for promoting safe hygiene practices.
	KAP study			1 KAP study.	1 KAP study.	2 KAP study.	2 KAP study.

EVALUATION REPORT

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

Implementing Agency: ChildFund India



Donor

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

**Evaluator: Chowhan Balaji Singh
November 2009**

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List of Abbreviations

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

Section I: Introduction

I.A. Background

In August 2008, the Kosi River which after traveling from Nepal enters India through the Northern Bihar changed its course as a result of a breach and inundated vast areas covering 5 districts in Bihar. As a result more than 3 million people were displaced from their homes leading to one of the biggest search and rescue operation undertaken by the Military and Civilian agencies supported by many civil society organizations. Many civil society organizations supported the relief operations and assisted the Internally Displaced People (IDPs) in the camps setup by the administration initially, and later at the villages when the IDPs started to returning to their villages. When the Kosi changed its course much of its new course flowed in locations heavily inhabited by people resulting in massive damage to the infrastructure, agriculture and habitations of people. The affected geographical locations were poor and suffered from lack of industrialization & low infrastructure. The geographical location with low Health & Hygiene and Education indicators further worsened making the IDPs highly vulnerable to disease. The affected locations were also known as potential child trafficking routes due to its porous international borders. Existing poverty provided fertile ground for trafficking and sudden unexpected flood potentially enhanced the danger further¹. The danger of increased trafficking was identified as one of the major worries not only by the initially assessment study of the Child Fund India (CFI)² but also by assessments of other Non Governmental Organizations. To sum up, due to the floods the poor households affected by the floods were in danger of losing their lives and dignity due to lack of safe drinking water, health and sanitation facilities and the children suffered additional threat of the trafficking.

I.B. Introduction to the project

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

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

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

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

I.C. Purpose of evaluation:

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

I.D. Methodology:

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

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

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

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

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

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

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

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

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

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

II.A. Context and Appropriateness of activities

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

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

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

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

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

II.B. Findings during the evaluation:

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

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

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

II.C. Efficiency and effectiveness of the activities:

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

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

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

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

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

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

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

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

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

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

II.D. Coverage

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

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

³ Local governance mechanism

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

In terms of the numbers the project successfully established 20 CCS' which on an average serviced about 175 children⁴ and trained more than 4200⁵ youth, men and women on issues related to the GBV Prevention and Response. This is beyond the targets the project had set for itself.

⁴ Information gathered from community interaction

⁵ From records of the ChildFund India

Section III: Evaluation of activities related to WASH sector

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

III.A. Context and Appropriateness of activities

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

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

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

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

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

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

III.B. Findings during the evaluation:

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

- (1) The beneficiaries for the construction of latrines and washing spaces were identified taking multiple vulnerabilities in to consideration as well as availability of land and willingness of the beneficiary to raise the plinth of the structure to make it flood resistant. While selecting the beneficiaries for the construction of the latrines and washing spaces critical parameters such as age, single woman, persons with disability were considered resulting in provision of the benefits to some of the most deserving families who were affected in the floods and enhancing inclusion of the most vulnerable. The beneficiaries covered various social groups within each of the habitation / village visited, however in the village of Borarahi while the selection of beneficiaries took multiple indicators including poverty in to consideration there was not a single beneficiary from the most backward social caste i.e. the Mushhars⁶. It gave an impression that the powerful section of this village systematically excluded the Mushars from the benefit of this activity. Upon probing the community informed that one of the criteria for identification of the beneficiary for construction provision of latrine was that the child of the family should be going to the CCS established as a part of the project. As none of the children of the Mushahar community were attending the CCS (as it was located at some distance) they were not covered as beneficiaries. The project could have fine tuned the indicators for selection of beneficiaries in such situations to cover the most backward sections of the community.
- (2) A construction supervisor supervised the construction of the toilets and the washing spaces to ensure the disaster risk reduction features in water points, latrines and washing spaces (raised tube wells and increased plinth in the &

⁶ One of the most backward social groups in Bihar

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

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

III.C. Efficiency and effectiveness of the activities:

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

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

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

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

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

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

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

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

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

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

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

III.D. Coverage:

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

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

Section IV: Project Management:

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

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

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

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

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

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

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

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

Section V: Conclusions and Recommendations:

Conclusions:

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

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

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

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

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

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

Recommendations:

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

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

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

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

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

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

References:

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

Annexure – I

Case Study: A story of Affected Village

Name of the village: Rahta ward number 7

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

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

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

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

⁷ Thick Bamboo Sticks

Annexure-II

Case Study: Inspired CCS Facilitators

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

Annexure-III

Case Study: Child inspired by back to school campaign

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

Annexure-IV

Reaching out to the PWD:

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

Success Story: Raj Kumari

Raj Kumari is 11 year old girl residing in Gousala village of Murliganj block under Madhepura district with her parents in a bamboo thatched roofed shed having two rooms. Raj has two brothers and two sisters who are at different ages. In the whole family only her younger brother Nitish Kumar is attending the Anganwadi center (a center run by Ministry of Women and Child Development in every village providing nutritional and health support to pregnant mothers, early years). Raj Kumari's father is a daily laborer through which income he had to feed large family consisting of seven members.

Due to insufficient source of income, Raj Kumari's father Santosh Kumar is not in a position to meet the educational and other expenses of his children. Elder son Bubloo 17 years old is now doing labor to support his father to meet the needs of the family.

Like Bubloo, Raj Kumari also collects firewood and brings grass for cow from nearby fields. Although Raj



is always interested to attend school, this has never been possible for her. Despite local Government has the provision for free education along with some food support, most of the families never encourage their children to pursue education, especially girl children are discriminated against Right to Education.

After flood water receded from the village, schools were opened (if not fully functional for some extent they are operational) but it was observed that, most of the children were not attending school as there was 5 months disturbance in their schooling. When CCS was constructed with the support of USAID/OFDA project, community facilitators trained to identify out of school / dropped out children to attend the centers where as an interest towards education can be re-ignited and also build a routine, which would enable them to attend the school in the longer run. These were possible by adopting Alternative Learning Methods (ALM) consist of story telling, singing, dancing, street plays, explaining the importance of education through folk songs, poems of promotion of girl child education etc. some of the activities were also consist of 'keep safe work' as the prevailing vulnerable circumstances becoming an easy prey for traffickers to traffic the children.



Given, ALM considered to be an innovative learning method in this area, this had managed to grab the attention of most of the children, especially children like Raj Kumari where as they could come and learn through playing, singing and dancing. Raj had developed significant interest towards CCS activities where she even brings her two younger sisters to CCS. Raj also managed to assist CCS staff in identifying children similar to her circumstances who are also started attending CCS.

Adults agreed that the children from CCS played a major role in raising awareness amongst villagers about the importance of education, child rights and protection; in particular, they pointed out the children's peer-to-peer approach in raising health, hygiene and sanitation awareness in the village. *"The children shared to all the villagers about sanitation practices and protecting the rights of all children, and people that may have not listened to them in the beginning now do,"* commented one elder villager.

Not only educating and encouraging children to attend CCS and subsequently school, CCS staff also conducted community meetings explaining the importance of education in their children lives, which can be seen an element to alleviate the poverty from their lives. Apart from this, they were also made aware about various Government welfare schemes such as free education with other facilities like cloth and food, where as being poor no need to stop the children attending from school. CCS staff also managed to orient the community members about Employment Guarantee Schemes implemented by Government of Bihar assuring fair wages and compulsory employment creation in their village.

As schools are opened after summer term, it is learnt from the school records that, there is a significant increase in school enrolment / attendance, which is a clear indication that, CCS enabled significant number of children to enroll in school including Raj Kumari and her two young sisters means CCS also managed to change the perception of parents towards education.

As a result of most of the children are started attending school in the village, the strategy is changed where as now CCS is opened during after school hours to ensure there is a continuity and to bring sustainable changes in the community.

The efforts to promote awareness education among children, enabling children to protect themselves from potential violence / atrocities, bringing mass awareness in the community about importance of education, health and hygiene and making them aware of various welfare schemes implemented by the Government is much acclaimed by the villagers.

Like any other member in the villages, she and her family thanks USAID/OFDA and ChildFund International for bringing hope to her family and to other children in the villages.