



International Organization for Migration (IOM)  
Organisation internationale pour les migrations (OIM)  
Organización Internacional para las Migraciones (OIM)

## Evaluation of the IOM Project

# “Disaster Risk Reduction through Building Community Resilience in Papua New Guinea (DRRBCR) - Phase II”



CBDRM Launch ceremony in Timini, Morobe Province February 2016

**Office of the Inspector General**

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## ACRONYMS

|        |   |
|--------|---|
| ADB    | Asian Development Bank  |
| ADRA   | Adventist Development and Relief Agency   |
| CBDRM  | Community Based Disaster Risk Management  |
| CCA    | Climate Change Adaptation   |
| CCCM   | Camp Coordination Camp Management   |
| CKA    | Community Knowledge Assessment  |
| CLS    | Community Learning System   |
| CO     | Country Office  |
| CORE   | Common Operative Recovery Essentials  |
| DFAT   | Australian Department of Foreign Affairs and Trade  |
| DRM    | Disaster Risk Management  |
| DRR    | Disaster Risk Reduction   |
| DRRBCR | Disaster Risk Reduction through Building Community Resilience   |
| FGD    | Focus Group Discussion  |
| GBV    | Gender-based Violence   |
| IDF    | IOM Development Fund  |
| IOM    | International Organization for Migration  |
| IMS    | Information Management System   |
| KOLGA  | Promoting Durable Solutions for Transition and Recovery of Displaced Persons and Disaster Affected Communities in PNG Project |
| LLG    | Local Level Government  |
| NDC    | National Disaster Center  |
| NGOs   | Non-Governmental Organization   |
| OCCD   | Office for Climate Change and Development   |
| OCHA   | Office of Coordination Humanitarian Agency  |
| OFDA   | Office for Foreign Disaster Assistance  |
| OIG    | Office of the Inspector General   |
| PDC    | Provincial Disaster Centre  |
| PNG    | Papua New Guinea  |
| SOPs   | Standard Operating Procedures   |
| TFT    | Training for Transformation   |
| ToT    | Training of Trainers  |
| UN     | United Nations  |
| UNDAF  | United Nations Development Assistance Framework   |
| UNDP   | United Nations Development Programme  |
| UNICEF | United Nation’s Children Fund   |

## EXECUTIVE SUMMARY

Papua New Guinea (PNG) is the 12<sup>th</sup> most disaster prone country in the world<sup>1</sup> as it is vulnerable to geological, hydrological, and meteorological hazards including cyclones, windstorms, rising sea levels, drought, flooding, volcanic eruptions, earthquakes, tsunamis and landslides.<sup>2</sup> The International Organization for Migration (IOM)'s project Disaster Risk Reduction through Building Community Resilience in Papua New Guinea (DRRBCR) aims to reduce the vulnerability and exposure of the local population to natural and manmade disasters by expanding Disaster Risk Reduction (DRR) support. Under Phase II, subject of the evaluation, IOM aimed to: (1) assist 30 communities in developing Community Based Disaster Risk Management (CBDRM) plans to build their resilience to disasters; (2) enhance the capacity of the provincial, district and local level government to mitigate disaster risks and manage response through training and the development of Disaster Risk Reduction (DRR) provincial strategies and standard operating procedures; and (3) increase coordination between the governmental authorities and the communities. The Office of the Inspector General (OIG) and the IOM Country Office (CO) in PNG agreed on an internal evaluation with the aim of identifying lessons learnt and proposing recommendations for the start of Phase III; the evaluation is considered as a formative mid-term evaluation to analyse programme implementation and performance.

The evaluation started in January 2016 with a 10 day field mission from 28 January to 5 February 2016 to the capital Port Moresby and two of the three relevant provinces: Morobe and Oro. Interviews were conducted with 42 people, focus group discussions took place in five communities and a document review was done. The Evaluator was unable to assess if outcomes were reached with regards to information awareness activities beyond the community level and hence limited the analysis to the effectiveness of this approach.

The evaluation found that the project was designed appropriately to the PNG context and adapted according to lessons learnt and recommendations across the three phases. Furthermore, the project was community-focused and in line with the Government strategies for the country. IOM PNG's DRR efforts and strategy are also properly hinged to the IOM's global approach to DRR. In terms of project design, the Evaluator recommended slight adjustments on the results matrix of the project in order to more accurately highlight the outcomes expected and ensure that the gender approach described in the project is measured.

Within the CBDRM approach, the project trained community facilitators and developed strong relationships with the communities, which was praised by most interviewees. The areas which require some improvements are those related to the implementation of the community plans and ensuring that proper responsibility and monitoring is conducted to track the plans. Based on focus group discussions, some communities highlighted that their expectations were not met and that they were not aligned with what IOM had intended to provide. In one community, when probed, participants acknowledged that their expectations may not have been realistic but as IOM was the only stakeholder coming to their community, they were putting all their frustrations and needs onto them. IOM has funding available to support the implementation of activities (according to the CBDRM plans) for 18 communities and it is recommended that this be planned and decisions communicated to the communities.

The project's efforts to focus on the community level is in line with the Sendai Framework, which places a strong emphasis on disaster risk management and also articulates the need to focus on local or community levels. There were challenges in confirming if the outcomes of the project were met as there was a degree of misalignment between what IOM intended to do and what the communities expected or understood to be IOM's role. IOM intended to build resilience and help prepare communities for the risk of natural disasters in the development of a

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<sup>1</sup> Assessment Capacity Project (ACAPS), PNG Disaster Needs Analysis May 2012, available at [http://www.acaps.org/resourcescats/downloader/papua\\_new\\_guinea\\_preparedness\\_may\\_2012/113/1390365976](http://www.acaps.org/resourcescats/downloader/papua_new_guinea_preparedness_may_2012/113/1390365976), accessed Jan 2014.

<sup>2</sup> While tsunamis are rare in the north-western pacific, the location of Papua New Guinea at the north of the subduction zone between the Eurasian and Australian plates, makes it particularly susceptible to earthquakes and associated phenomena, including tsunamis.

plan, basic skills and information and (potentially) the implementation of elements of the plan. All five communities acknowledged that they felt more prepared to withstand a natural disaster.

IOM has supported the Government at various levels through capacity building and completed the development of the DRR strategies for the three provinces of Morobe, Oro and West New Britain. The extent to which the strategy and the knowledge gained will be applied is contingent on the Government's continued commitment and resources. Given the capacity development needs in disaster risk management in PNG, it is recommended that IOM develops a context-specific training package that can include different elements of Disaster Risk Management (DRM) and preparedness and could be disseminated as a training for trainers' package. It was harder to track outcomes in the support provided to government particularly as the DRR strategies have not been officially formalised and the Evaluator was unable to meet with Government participants' of the various training to determine if they have applied the knowledge gained.

Part of IOM's efforts include community learning systems (CLS) to teach communities about disaster risks as a function of hazard exposure and vulnerability and assist communities in finding locally based solutions to disaster risk to strengthen their resilience without compromising their livelihoods. IOM adapted its CLS approach by providing this information during the visits to the communities. IOM developed videos in Tok Pisin<sup>3</sup> and English to teach people about hazards and how to mitigate against them. IOM distributed pamphlets and encouraged use of traditional music, dance and drama to have community members interpret the knowledge gained.

Furthermore, IOM also raised awareness to the larger public through billboards, radio, print and TV messages and a successful partnership within the PNG public broadcasting station. This mutually beneficial relationship enabled communities to showcase their efforts and also to inform the public at large about disaster risk management and mitigation. IOM also conducted outreach in schools and market places on a more ad hoc basis. Whilst the outputs are easily measured, the impact and change attributed to these efforts are harder to measure but further efforts should be taken by IOM to monitor these important activities in public information awareness.

Overall, IOM's implementation and reporting was considered efficient. Improvements in planning were highlighted by several interviewees including recommendations to share the workplans with the resource management unit in the IOM office for better support. Considerable high staff turnover initially affected the project; however the programme management team has been restructured to provide better support from the main office in Port Moresby to the provinces. Proper planning and adequate structures is key in light of the vastness of the country, the lack of transport options and hence the cost of operations countrywide.

IOM coordinates with a significant number of partners: community leaders, government authorities at all levels, United Nations (UN) and non-governmental organizations. Overall, IOM's coordination efforts were praised by most interviewees. The agency is a member of the UN and UN/Government coordination bodies, co-leads the DRR working group and is the cluster lead of Camp Coordination Camp Management (CCCM), shelter and non-food items. At the provincial level, coordination is done by the IOM project coordinator mostly on a bilateral basis with stakeholders present in the respective provinces. Interviewees recommended supporting the development of coordination structures emulating the national ones to strengthen cooperation between stakeholders and also to include other structures such as the AIDS council, the faith-based groups and private sector who may work in or near affected communities.

The evaluation assessed to what extent gender has been considered in the design of the project and then effectively addressed within the project. IOM actively addressed the needs of gender, disabled and youth/children within the CBDRM processes first and foremost by including these marginalized group in the processes and ensuring their

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<sup>3</sup> One of Papua New Guinea's official languages.

priorities were heard and captured. The ability to discuss gender and Gender-based violence (GBV) issues at the community level is more challenging and was done on an ad hoc basis either with women or men. Capacity development efforts such as the CBDRM facilitation training, CCCM and humanitarian preparedness training also mainstreamed gender into the training however they did not always treat gender as a separate topic.

Finally, the evaluation assessed the sustainability of the project. Inevitably, in light of PNG's susceptibility to natural disasters, addressing sustainability for the resilience of disaster affected and at-risk communities is challenging. IOM has built several measures that are appropriate and present in Phase III such as ensuring that the ownership of the project belongs to the Government with IOM maintaining a support role, strengthening the relationship between the communities and local government, and identifying stakeholders (Governmental entities, NGOs and private sector) that can help to support the plan. In addition, IOM tries to maintain a relationship with the communities from previous phases. There are other elements which could be considered by IOM such as developing a clear exit strategy and phase of transition for the communities, ensuring that all plans and communities fully understand who is responsible for tracking the implementation of the plans which may include strengthening the local DRM committees within each community. A summary of all key findings and recommendations is found in Section C.

## A. INTRODUCTION:

### 1. Background

Papua New Guinea (PNG) is the 12<sup>th</sup> most disaster prone country in the world<sup>4</sup> as it is vulnerable to natural hydrological and meteorological hazards including cyclones, windstorms, drought, flooding, landslides, active volcanoes and frequent earthquakes that can trigger tsunamis in coastal areas.<sup>5</sup> Substantial evidence indicates that climate change will increase the likelihood and intensity of recurrent natural disasters throughout the country. The UN estimates that average of 150,000 people is at risk of being affected by disasters at any one time based on the most likely risk scenarios.<sup>6</sup>

The International Organization for Migration (IOM)'s project Disaster Risk Reduction through Building Community Resilience in Papua New Guinea (DRRBCR) is now in its third phase, started in April 2013 and is funded by the United States Office for Foreign Disaster Assistance (OFDA). Under this project, IOM aims to reduce the vulnerability and exposure of the local population to natural and manmade disasters by expanding Disaster Risk Reduction (DRR) support. In the phase II proposal, three approaches were highlighted:

- 1) Enhance the capacity of the Provincial, District and Local level government officials to mitigate disaster risks and manage disaster response through training and technical support to the development of standard operating procedures;
- 2) Strengthen community capacity to reduce and cope with disaster by supporting resilience building initiatives and expand training on emergency preparedness and risk mitigation; and
- 3) Increase coordination between the levels of government and communities in the management of disasters.

IOM was expected to develop community based disaster risk management (CBDRM) plans for 30 communities, provide training to government officials at national and provincial levels, develop DRR strategies and Standard Operating Procedures (SOPs) for three provinces under this phase (Oro, Morobe and West New Britain) and provide DRR awareness information to 50,000 people.

### 2. Objectives of the Evaluation

The Office of the Inspector General (OIG) and the IOM Country Office (CO) in PNG agreed on an OIG evaluation given that phase II of the DRRBCR project specifically references an evaluation with the aim of identifying lessons learnt and proposing recommendations for future implementation, either in scaling up the programme or adapting it to a similar context within the region. Whilst Phase III started in parallel to Phase II (i.e. June 2015) with similar objectives and outcomes, the evaluation exercise is also considered a formative mid-term evaluation to analyse programme implementation and performance, and will propose recommendations for adjustment of the third phase, if considered necessary.

The overall objective of the evaluation is: *“To evaluate IOM overall performance and achievements in the implementation of Phase II of the project, to assess IOM collaborative approach and strategy in delivering technical assistance for capacity building of the government, local authorities and communities, and to assess the complementary approach used in implementing other IOM DRR activities”* (see Annex 1 for the Terms of Reference). The Evaluator also examines the correlation and complementary approach used by IOM in the fields of Disaster Risk Management (DRM) and Disaster Risk Reduction (DRR) in PNG. The evaluation aimed at examining the performance

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<sup>4</sup> Assessment Capacity Project (ACAPS), PNG Disaster Needs Analysis May 2012, available at [http://www.acaps.org/resourcescats/downloader/papua\\_new\\_guinea\\_preparedness\\_may\\_2012/113/1390365976](http://www.acaps.org/resourcescats/downloader/papua_new_guinea_preparedness_may_2012/113/1390365976), accessed January 2014.

<sup>5</sup>While tsunamis are rare in the north-western pacific, the location of Papua New Guinea at the north of the subduction zone between the Eurasian and Australian plates, makes it particularly susceptible to earthquakes and associated phenomena, including tsunamis.

<sup>6</sup>WFP Logistics Capacity Assessment in Papua New Guinea - February 2011.

and achievements through the criteria of relevance, effectiveness, efficiency and outcome, and will discuss sustainability taking into account that Phase III has already started.

### 2.1. Methodology

The evaluation consisted of a document review (Annex 2) based on documents provided by the CO or identified by the Evaluator. Furthermore, a total of 42 interviews were conducted with an interview guide that was adapted based on the knowledge of the interviewees (Annex 3 and 4 provide a list of the people interviewed and the guides respectively).

The evaluation started in January 2016 with a 10 day field visit undertaken to Papua New Guinea (see Annex 5 for the itinerary) from 28 January to 5 February. During the visit, the Evaluator travelled with one IOM PNG staff to two (Oro and Morobe) of the three provinces selected for Phase II to conduct interviews with relevant stakeholders at the provincial capitals and visited five communities. During these visits, focus group discussions (FGD) were conducted with groups of women and men and, when time permitted, a walk within the community to specific relevant locations, activities or project related deliverables. Annex 6 provides summaries of each of these community visits. The Evaluator also participated in the launch of a CBDRM plan in another community.

### 2.2. Report outline

The findings of the evaluation are divided by the criteria used during the evaluation: Relevance, Project Performance, Outcome and Sustainability. Within these sections, sub-headings will be used based on the three different areas of the project: CBDRM, Government support (training and DRR strategy development), and DRR information awareness. Furthermore, key findings or recommendations are highlighted when necessary. The final section of the report will summarize the key findings and recommendations.

### 2.3. Limitations

As the Evaluator was able to visit two provinces only, findings are based primarily on these visits; where possible, information on West New Britain, the third province in the project, is provided based on documentation and the interviews with key staff. Out of five communities visited, three were from Phase I hence some of the references may be based on Phase I communities. This did allow the Evaluator to analyse further potential sustainability of the support provided within this programme. At the community level, interpretation was necessary for conducting interviews and focus groups discussions.

The Evaluator was unable to meet the Provincial Disaster Committee lead in Oro Province<sup>7</sup> and due to lack of time, did not meet some of the other agencies working in DRR such as the United Nation's Children Fund (UNICEF) or the Adventist Development and Relief Agency International (ADRA) which would have been useful to compare IOM's approach and gain the perspective of organizations working in the field within the country. Finally, in terms of information awareness activities, beyond the approach at the community level, the Evaluator was unable to assess if outcomes of the activities were reached with regards to the larger target population hence the evaluation will mainly focus on the effectiveness of this approach.

## B. FINDINGS

### 1. Relevance

*The Section will examine if the project is responding adequately to problems to be solved, to what extent the project strategy takes into account governmental policies and other initiatives (IOM and non-IOM) and to what extent the objective and expected outcomes remain valid, being identical for Phase III.*

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<sup>7</sup> The person evaluated who represented the PDC was a District Officer who at times worked for the PDC and hence was not in the position to provide full details about the PDC in the province.

## 1.1. Project Design

The project was initially based on a similar project in East Timor, and developed with the support of the Regional Office in Bangkok and then adapted from one phase to the next. Table one below shows the timeframes, budgets and geographical zones of the three phases.

| Phase     | Duration/Timeframe              | Budget      | Geographical zones  |
|-----------|---------------------------------|-------------|---|
| Phase I   | 30 April 2013 – 31 March 2014   | \$ 750,000  | 5 districts – 13 communities in Morobe and Oro Provinces  |
| Phase II  | 1 April 2014 – 31 March 2016    | \$1,250,000 | 10 districts – 29 communities in Morobe, Oro and West New Britain provinces   |
| Phase III | 9 September 2015 – 30 June 2016 | \$2,740,000 | 20 districts – 30 communities in 13 provinces (Bougainville, Simbu, Jiwaka, Enga, Gulf, Madang, Western Province, New Ireland, Milne Bay, Morobe, Oro, West New Britain and East New Britain) |
|           |                                 | \$4,740,000 | 72 communities in 13 provinces  |

In addition to the geographical and financial expansion, there were also some adjustments made to the implementation approach. The table below identifies some of the changes made from Phase I to III proposals and also comments on the relevance of the changes from Phase II to III.

| Adaptation  | Phase I   | Phase II   | Phase III   |
|---|---|--|---|
| <b>Approach to information dissemination</b>  | This was described in Phase I proposal  | Information dissemination was done more frequently during community visits as a lessons learnt from Phase I  | Continued as in Phase II  |
| <b>Gender and vulnerable groups mainstreaming</b>   | Addressed in the proposal; women groups were included in the CBDRM processes at the community level                     | More emphasis on incorporating and actively targeting vulnerable groups including women, children, people living with disabilities. The inclusion of persons with disabilities was identified as a lessons learnt during the CBDRM process in Phase I in order to ensure they were integrated within the DRM plans.  | Continued as in Phase II  |
| <b>Support to communities in becoming more resilient or in implementing DRM initiatives</b> | Proposed small grants to NGOs and community groups  | Proposal did not refer to small grants and was less specific about the approach to support the communities, the activity in Phase II which described this support was "Support 18 community led resilience building and mitigation initiatives in Morobe, Oro and West New Britain". The Interim report covering Phase I, recommended moving away from individual-level grants and more community-wide support which was in line with the Phase II proposal. | The focus was adjusted in Phase III. A fourth approach was added to the overall project: "Enhance local and indigenous construction techniques and promote more sustainable livelihoods within target rural communities" yet in addition, support to the community plans is also still mentioned. |
| <b>Adapting to the local context</b>  | A Community Knowledge Assessment (CKA) was conducted (2014) which highlighted recommendations for the following phases. | The CKA highlighted lack of indigenous knowledge for DRR within the communities <sup>8</sup> and hence a report on Indigenous knowledge on DRR was commissioned during this Phase.   | Continued to reference the CKA and highlighted the need to strengthen the local capacity at the community but also at the local government level as   |

<sup>8</sup> Only the elderly population retained this knowledge.

|                     |   |                               |   |
|---------------------|---|-------------------------------|---|
|                     |   |                               | communities frequently consulted provincial government bodies instead of using local capacity.  |
| <b>Partnerships</b> | Partnerships are mentioned with reference to Government structures, UN (UNDP, OCHA) and a few NGOs such as PNG Red Cross and World Vision and lobbying efforts for civil society engagement. Highlights IOM's role as Camp Coordination Camp Management (CCCM), Emergency Shelter and non-food item (NFI) cluster lead. | Same references as in Phase I | Proposed a programmatic approach that links other DRR-related projects that IOM has in PNG in addition to the references from Phase I and II. |

The changes proposed over the course of the three phases are relevant to the context and the lessons learnt throughout the project. It is evident that the project continues to be primarily community focused and, as aptly described within the Phase III proposal: “disaster response is by default always handled first by the directly impacted community and families, before the local governments and organizations”. Meanwhile, the project includes different levels of governmental authorities and maintains activities in place to strengthen the links between the government entities and the communities.

Strengthening partnerships and particularly civil society engagement is key (besides religious institutions which are already strong partners of the project), whilst mentioned in the project document, there are few visible indications of this taking place. However these other civil society organizations do not appear to be as present in PNG and therefore may be less relevant. If they exist, these structures could be useful to ensure further community ownership and to build additional sustainability. One interviewee suggested that communities could register as a community based organization to access funding, however insufficient information exists to determine if this is feasible or effective; another interviewer highlighted that there is insufficient social cohesion or engagement in communities which would make the formation of such organizations difficult and potentially untimely.

In addition it is important to determine to what extent IOM will support the communities in implementing CBDRM plans. While Phase I focused on small grants allocated at the community level, Phase II aimed at supporting community-led resilience building projects for 18 communities. In Phase III, these community-based projects are also described in the proposal and an additional element – livelihoods at the individual level- is included.

Phase II and III proposal documents reference the IOM provincial baseline survey in 2014 which found that no provinces visited by the teams had established evacuation plans in the event of a disaster. Subsequently, in Phase II, IOM supported the development of Standard Operating Procedures (SOPs) and DRR strategies at the provincial level (Morobe, Oro and West New Britain) and these have been drafted. All existing drafts make reference to the need for evacuation plans; hence, in Phase III it would be important to determine to what extent this has been actioned at the provincial level.

According to the Phase II interim report, communities of Phase I are still being visited (albeit mostly irregularly) and monitored. This is positive and necessary particularly to establish sustainability and guarantee the expected impact however the visits to communities in the previous phases should be formally highlighted in subsequent project documents (and budgets) to ensure a systematic approach to this monitoring.

Overall the evaluation found that IOM has successfully adjusted its approach as required based on experience and lessons learnt.

#### *1.1.1. Project Logical Framework*

The Evaluator assessed the validity of the project objective and the outcome through the logical framework and the indicators. Annex 7 provides a more detailed analysis of the logical framework however some of the key findings include:

1. The objective and outcome included are relevant however the only outcome developed is not sufficient to cover all the aspects of the project. Outcome statements could be developed based on the approaches outlined in the project summary which more accurately highlight what is to be achieved.
2. More gender related indicators should be included and all relevant indicators should be disaggregated by sex and age. Gender considerations are well explained in the project documents and evident in the project implementation but are not sufficiently present in the logical framework to measure and highlight potential progress.
3. Additional outcome indicators could be identified to more aptly measure the changes expected within the communities or through the project.

The results monitoring framework was nonetheless well documented, linked to the workplan, and consistent throughout the three phases; these efforts helped to show progress throughout the programme.

#### *1.1.2. Link between DRRBCR and IOM Strategy on DRR and other relevant initiatives*

As an institution, IOM continues to expand its work in DRR and DRM and, through its Compendium,<sup>9</sup> highlights two approaches to DRR and resilience-building activities:

1. Dedicated DRR activities related to prevention and reconstruction projects (such as early-warning systems, community-based disaster risk management, building preparedness capacities to manage displacement); and
2. Mainstreaming risk reduction and resilience-building in projects supporting affected communities and vulnerable mobile populations, such as the climate-proofing of recovery projects, integration of a DRR component in the management of complex emergencies, and promoting durable solutions through sustainable livelihoods.

These two approaches are visible within IOM's strategy in PNG. In PNG, IOM has proposed a three-pronged approach to work on both DRR and Climate Change Adaptation (CCA) with the Government and communities at three levels: national, provincial and local. In PNG, DRR is seen as mostly bottom-up given that the first responders are considered the communities themselves. CCA is seen as mostly top-down and focuses on mitigation projects and working with the private sector. IOM is working on advocating for more synergy between the DRR and CCA approaches (undertaken by different Government departments), moving from humanitarian to development and strengthening the coordination at different levels of government (national to provincial) and with communities. The proposed strategy varies only slightly from the previous strategy<sup>10</sup> and hence would require few adjustments to outline the approach described above. Furthermore, as the Regional Office in Bangkok also is developing an IOM DRR strategy for the Pacific region, it would be important that these are developed in parallel to avoid duplication and benefit from accumulated knowledge and experience.

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<sup>9</sup> Accessed at: <http://www.iom.int/files/live/sites/iom/files/What-We-Do/docs/IOM-DRR-Compendium-2013.pdf>

<sup>10</sup> 2013-2015 Disaster Risk Reduction Framework 3Cs approach (Capacity Building, Community Resilience, Coordination).

The DRRBCR project is very well positioned within this strategic approach particularly as it attempts to strengthen the ties between Government and the communities, support national efforts and build capacity at the national level. The CBDRM plans developed at the ward level also strategically help commit the Government to agreed priorities for the vulnerable communities within the ward.

In addition to the DRRBCR project, the CO has four current projects that address different elements of DRR and/or CCA. The “Promoting Durable Solutions for Transition and Recovery of Displaced Persons and Disaster Affected Communities in Papua New Guinea (KOLGA)” project funded by the Australian Department of Foreign Affairs and Trade (DFAT) consists of two major objectives: a) creating an enabling environment to develop policies and procedures for emergency preparedness and response for displacements of affected populations and b) enhancing coping mechanisms, resilience and recovery of new and existing displaced communities to achieve durable solutions. Under this project, IOM is also developing an Information Management System (IMS) for the Government to track displacements, disasters, protection concerns and violence. This system will benefit the Government, IOM and other partners to address needs on the ground across the country and manage information around displacement.

The DRRBCR is most closely linked to the KOLGA project, which has a similar approach to CBDRM although it focuses primarily on identifying durable solutions for internally displaced persons with an emphasis on community development planning, while DRRBCR focuses on communities affected by disaster with an emphasis on DRR to build resilience.

The other three DRR-related projects address other elements of the DRR approach such as OFDA-funded “Enhancing Climate-Resilient Agriculture and Water Supply in Drought-Affected Communities in Papua New Guinea” which focuses on El-Nino affected communities; “Community Based Tribal Conflict Mitigation and Peace Building in Enga and Morobe Province, Papua New Guinea (COMBAT-COMIT) – Phase I project”, funded by the IOM Development Fund (IDF), promotes sustainable peace and reconciliation solutions in communities highly impacted by conflict and subsequent human induced mobility. The IDF also funded the “Building Capacity of Papua New Guinean Government to Respond to Climate Change and Engage Grassroots Structures in Development Planning for the Atolls” (ATOLLS)<sup>11</sup> project which aimed at assisting the PNG Government through the Autonomous Bougainville Government to increase its capacity to find durable solutions to mitigate and adapt to climate change induced migration through greater consultations and community based environmental planning.

These projects are all overseen by the same Programme Manager and are implemented in the field by five international and eight local project coordinators, which minimizes potential duplication or confusion between the project activities. Overall, these complementary projects strengthen IOM’s approach to DRR as they each contribute to one or more elements of the PNG strategy. Running many projects from a multitude of donors can be challenging to guarantee mutual benefits and complementarity, and considering a programmatic approach with one single programme that can be funded by one or several donors would certainly be a relevant option. However, IOM’s projectised nature and the tendency of its donors to fund projects of short duration (i.e. one year or less) does not always facilitate the use of a programmatic approach that would have included all the projects.

#### **Key Finding**

The proposed changes over the course of the three phases are relevant to the context and adapted based on the acquired experience within the project. The project continued to be community-focused and efforts continue to be explored on how to help implement the plans at the community level.

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<sup>11</sup> This project ended 31 January 2016.

IOM PNG's DRR strategic approach is properly hinged to IOM's global one, however PNG's strategy document should be formalized in writing and shared within the CO and with its stakeholders. In light of the sub-regional DRR strategy for the Pacific, it is important that these strategies are developed in parallel and benefit from the accumulated knowledge in the DRR field.

### **Recommendation**

Consider adjustments to the project logical framework which would more accurately highlight the outcomes expected and ensure that the gender approach described in the project is measured.

#### 1.2. National, provincial and local relevance

The National Disaster Committee is comprised of department heads of Government agencies that have responsibilities in disaster management. The Committee's role is to supervise the national state of preparedness, maintain the National Emergency Plan, coordinate departmental relief actions through the National Disaster Center, and advise the Government on national emergency declarations. The National Disaster Centre (NDC) is the national agency responsible for DRM, coordinating disaster relief situations, and supporting provincial disaster management activities. The Provincial Disaster Centre (PDC) implements the work at the provincial level and reports to the Provincial Administrator who chairs the PDC on behalf of the Provincial Governor.

In this project, IOM engages with the National Disaster Centre and the Provincial Disaster Centres. IOM's approach is to work within the existing structure including with the DRM focal points at the district, local level government (LLG) and ward levels. In the provinces, IOM is housed with the PDC free of charge. In addition, IOM ensures that Government officials have been part of the CBDRM processes undertaken at community level. During Phase I, IOM adapted the NDC CBDRM manual in order to ensure that its approach was not contradictory to the NDC's. Furthermore, in Phase II, IOM commissioned a study to capture and better understand the valuable indigenous knowledge for reducing disaster risks in PNG<sup>12</sup> and in order to integrate this in subsequent CBDRM planning, and awareness raising activities.

The Government has several official documents on DRR and DRM. The NDC "Disaster Risk Reduction and Disaster Management National Framework for Action 2005-2015" outlines six thematic areas and delineates activities to be implemented from the national to the sub-district level. Furthermore the "PNG Medium Term Development Plan 2011-2015<sup>13</sup>" also references disaster management and provides indicators and targets for DRM. Both documents highlight community-based approaches, building capacity in the sector and increasing public awareness and knowledge. IOM's project is aligned with the thematic approaches outlined in these documents. Furthermore, the Government has a National Disaster Act from 1987, which has been revised but not yet approved.

Government officials interviewed at national and provincial level, stated that IOM's DRRBCR approach is in line with the structure of the government and in accordance with existing government policies and strategies. Although Government structures face some challenges, particularly due to weaknesses in the definition of roles in the Government structure<sup>14</sup> and of the needs for capacity building of officials, IOM is able to implement the project together with Government officers or civil servants and provide the necessary support to clarify some of the responsibilities.

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<sup>12</sup> M. Naser, L. Guadagno, W, Sithole. "Indigenous Knowledge for Disaster Risk Reduction- Documenting Community Practices in Papua New Guinea" IOM, NDC. 2015

<https://environmentalmigration.iom.int/sites/default/files/PNG%20indigenous%20knowledge%20report%20print.pdf>

<sup>13</sup> There is now a MTDP2 document which covers 2016-2017 and does not mention disaster management.

<sup>14</sup> Part of the confusion in the roles is that the National Disaster Act (1987) does not recognize some of the structures, for example there is no formal role for the local level government (LLG) or the district, and does not provide the NDC with the authority over the finances at the provincial level. A new Act has been drafted but has not yet been approved.

The targeting of the communities was done in full participation with the PDC through an initial desktop review of existing information in order to better understand the risks within each respective province (provincial profile) and identify the most vulnerable communities exposed to multi-hazards that would then be targeted under the DRRBCR project. The criteria for selection was based on being the most recently affected and hard-to-reach communities. IOM acknowledges some of the limitations of this process especially as it is based on information provided by PDC staff and other stakeholders at the provincial level (e.g. the Red Cross) who may not provide the current contextual situation of the communities. Due to the lack of information available (a gap that hopefully can be filled by the IMS in the future), this approach is appropriate as a means of including the provincial stakeholders into the process, thereby increasing their ownership, and as a way of using existing sources of information. However, after the communities were identified through this process, assessments did not take place consistently to confirm that a) the communities were indeed still vulnerable or met other criteria for assistance or b) were engaged and committed to the process<sup>15</sup>. Assessing the communities prior to starting the CBDRM process would help to confirm the needs and vulnerability of the communities and strengthen community engagement in the community development process.

Overall, based on the interviews and documentation, the Evaluator concluded that the emphasis, for the most part, has been on the CBDRM approach, in line with the Sendai Framework<sup>16</sup> which emphasises the need to work at the grassroots level. IOM abides by this recommendation yet ensures that the Government is part of every step.

In addition to the Government, IOM works closely with the United Nations in PNG; IOM is an active member of the UN Country Team and the Disaster Management Team<sup>17</sup>. Together with United Nations Development Programme (UNDP), IOM co-chairs the DRR working group and is the cluster lead for CCCM, Shelter and non-food items<sup>18</sup>. Based on interviews and review of the documentation, IOM's approach is consistent with the UN's approach. Although IOM did not initially feature in the United Nations Development Assistance Framework (UNDAF) (2012-2015), IOM has contributed to the process since the CBDRM plans and the Government DRR Strategies/SOPs were all reported within the UNDAF progress report.<sup>19</sup>

#### **Key Finding**

IOM's approach is aligned with the Government strategies and takes into account the structures of the Government at national and provincial level. Despite some of the challenges faced, IOM is able to implement the project and identify the right level of Government to work with to address gaps and build capacity.

#### **Recommendation**

Following the development of the provincial profiles and identification of the communities, a scoping mission/assessment should take place to meet the community, confirm needs and vulnerabilities, explain the process and confirm their interest in the process. This will allow for greater empowerment and effectiveness, transparency and accountability (of all stakeholders) to the process.

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<sup>15</sup> Whilst some of the communities were visited to produce baseline assessment of the district, it was not done to confirm the relevance of that community for the assistance.

<sup>16</sup> Sendai Framework for Disaster Risk Reduction 2015-2030

<sup>17</sup> This is a joint Government and UN body.

<sup>18</sup> This is one combined Cluster in PNG.

<sup>19</sup> Annual Progress Report: January-June 2015 Outcome 4 Environment, Climate Change and Disaster Risk Management

## 2. Project Performance

### 2.1. Effectiveness

*The Section will examine to what extent the implementation of the project produced desired outputs, results and outcome, and analyse the level of performance in achieving the overall objective, considering however the start of Phase III.*

In this section, the Evaluator explored the performance of each sector of assistance: working with communities on disaster risk management, working with Government at provincial and national levels to build capacity and preparedness and carrying out information dissemination activities at national/public levels and within the communities.

#### 2.1.1. Community approach to disaster risk management

During Phase I and II, a total of 42 communities were assisted in developing the CBDRM plans within the three provinces. After the identification of the communities (as explained above), the following steps were taken to produce and launch the plans:

1. *Identification of persons to be trained in the CBDRM processes.* IOM requested the Government to identify participants including Government officials and civil society members (such as Red Cross volunteers, church leaders and community members) to be trained in the process. IOM recommended that sustained efforts be made to include DRR champions, woman representatives, community leaders, LLG managers and community development officers when selecting the future facilitators.
2. *CBDRM Training of Trainers (ToT).* This was done at a central location bringing the future facilitators together for a five day training. The participants were trained in different community development concepts such as Training for Transformation (TFT) and understanding Community Based Planning.
3. *CBDRM Pre-planning stage.* This was a two-day process with a facilitation team made up of IOM staff as the lead, trained community members, Government officials, and other stakeholders. The facilitation team went to the community to prepare them for the planning session. They identified the relevant socio-economic groups that would be used for the planning process and conducted various mapping analyses such as community risks, hazards or capacity mapping to determine the level of disaster risks. In addition, the first community learning systems (CLS) teaching took place to discuss disaster impact, hazards risk knowledge and how to manage disaster risks (see Public Information Dissemination in Section 2.1.3 below). The facilitation team stayed in the community during this process. This was the first time that IOM visited the community.
4. *CBDRM planning stage.* The same facilitation team went to community for five days to provide the CBDRM planning during which time the planning document was developed with input from the socio-economic groups. Each facilitation team should have had at least one female facilitator present who would lead the discussions with the women socio-economic groups. CLS took place over the course of the five days (often in the evenings) and the facilitation team slept in the community.
5. *Drafting the CBDRM plan.* The plan was drafted by IOM staff and a PDC officer.
6. *Reviewing and endorsement of the plan.* The plan was then presented to the whole community for approval and changes were made for any noted omissions; its endorsement was usually done in a day.
7. *Plan launch.* The plan was launched and signed as an official document within the community often in the presence of different Government officials, the media and the community members. As the official launch might have taken place several months after the plan was completed, some of the implementation, particularly what could be done by the communities themselves, may have already begun.

8. *Implementation of the plan.* This continues to be an on-going process that requires the inputs from the community, IOM and the Government departments mentioned within the plan.

Overall, the process, from facilitator guide, participant guide, and the presentations were well documented. The process was well understood and explained by the different IOM and external stakeholders interviewed who had participated in part or all of the CBDRM process. The Evaluator received several examples of the CBDRM plans particularly in Oro and Morobe provinces. Out of the 42 communities and plans expected in Phase I and II, 13 have been launched and therefore are complete. A total of 9 communities in West New Britain were also selected under Phase II of this project and so far their plans have all been drafted but not yet launched. The initial project coordinator had recently left and the new coordinator and project assistant, based in Kokopo,<sup>20</sup> were trying to finalise these plans together. Below is the breakdown of communities by province<sup>21</sup>: plans pending, drafted and launched for Phase I and II.

| Province                |  | Phase I       |               |                | Phase II        |               |                |
|-------------------------|--|---------------|---------------|----------------|-----------------|---------------|----------------|
|                         |  | Plans planned | Plans drafted | Plans launched | Plans planned   | Plans drafted | Plans launched |
| <b>Morobe</b>           |  | 0             | 1             | 8              | 3 <sup>22</sup> | 5             | 3              |
| <b>Oro</b>              |  | 0             | 2             | 2              | 0               | 9             | 0              |
| <b>West New Britain</b> |  | N/A           | N/A           | N/A            | 0               | 9             | 0              |
| <b>Total</b>            |  |               | <b>13</b>     |                |                 | <b>29</b>     |                |

As previously mentioned, in the lead up to the training IOM had not visited the communities and hence the pre-planning stage was key to developing that initial relationship between IOM facilitators (who lead the process) and the communities. According to one staff, this process was adjusted in one province, instead of IOM visiting the communities during the pre-planning stage; a newly trained community facilitator was used to gather the information during the pre-planning phase in preparation for the planning stage. The reason for the change was reportedly to save time, however it was not clear to the Evaluator that time saving was needed. Furthermore, this time-saving measure was of concern as it could potentially affect the outcome of the process<sup>23</sup> as it also meant that IOM had not been “introduced” to the community prior to the planning stage. Ultimately, it is important that the process be consistent throughout and not adjusted without overall team agreement.

Many interviewees commented on the importance of staying in the community during the pre-planning and planning stages of the CBDRM. As most of the facilitators were not from the communities, this allowed them to better understand the communities, and strengthen their relationships. It was evident from the community visits that there were special bonds formed during this process between the facilitation teams and the communities.

### Training

A total of three ToTs took place. According to two of the three training reports, the majority of the participants were pleased with the facilitation. One facilitator was concerned that the training was at times too theoretical, particularly the section on TFT<sup>24</sup> and advised that the training should continually remain practical and relevant to the participants. In a mixed group of participants from Government officials to “community champions” this could indeed create a significant divide in how participants understand or relate to the information provided<sup>25</sup>. There

<sup>20</sup> In East New Britain province but accessible by road.

<sup>21</sup> As of 9 May 2016.

<sup>22</sup> These were delayed due to ethnic conflict and weather as staff were stranded for one week.

<sup>23</sup> The staff assured that it has not impacted on the planning stage of the CBDRM.

<sup>24</sup> The TFT approach is key as it sets the stage and needs to be understood and bought into before proceeding.

<sup>25</sup> The two training reports seen did not have the participants’ evaluation of the training to determine their perspective although participants

was nothing in the training reports to confirm or dispute this opinion and the participants' evaluation did not feature in the two reports seen.

Based on the level of experience of facilitators, there were some interesting best practices which could be formally included in future training and CBDRM processes. For example, during the CBDRM process when the various socio-economic groups present their individual priorities, one facilitator recommended to start with children or women as they often propose more realistic suggestions for the community and often times the men adjust their own suggestions based on this; furthermore, it was noted that if men were allowed to speak first, the children or women groups were less likely to contradict the men's findings. Another suggestion would be to incorporate examples of practical solutions that can be used to direct the community groups in identifying realistic activities for their communities. For example, if the outcome that a community group wants to achieve includes "better health for their children" rather than immediately jumping to the conclusion that a hospital needs to be built, other more achievable activities could include better hygiene practices, first aid training etc. The ToT could provide an opportunity to discuss different realistic scenarios that facilitators may be faced with and determine how best to guide the communities. This would also provide an opportunity to discuss specific relevant sectors such as water, sanitation, hygiene and health, which was also brought up by some interviewed facilitators. Finally, one method of assessing the ToT participants' confidence and ability is to include mock sessions that they can facilitate during the ToT in a safe environment to receive critical feedback in preparation for the real process.

### The Plans

One confusion was that some of the community-based DRM plans were in fact ward level plans that were based on the community considered the most vulnerable within the ward. Some of the IOM staff also admitted that they were a bit confused whether the plans were ward or community based. Whilst it is understandable that the plan should focus on the community that is most at risk, there is a concern that other communities or villages in the ward could be excluded and thereby not empowered by the plan, this was expressed by one participant in a focus group who was not from the "main" community and struggled to have his community engage in similar activities. Part of the confusion is also linked to the fact that boundaries of the wards are defined by the Government and may not necessarily reflect the communities' own interpretation of their boundary. This inevitably may impact the communities' participation in the processes as well. Within ward-level plans, the activities prioritised could be done according to the community represented in the plan which could ensure that all communities feel represented. During the CBDRM planning, other communities could also be invited into the socio-economic groups<sup>26</sup>. Finally, in each CBDRM plan<sup>27</sup>, it should be clear whether this is a *ward* level plan or *community* level plan to avoid any confusion or erroneous expectations.

After drafting the plan, the facilitation team returns to the community to share the draft plan for it to be reviewed with the community, revised and then endorsed by the community. The intention is always to gather as many of the community members as possible and this has meant that the feedback sessions primarily happen at night when most of the community is available, inevitably some may not be present or remember the plan. Indeed, in two of the communities visited during the evaluation, the focus group participants had not participated in the CBDRM planning stage and were less able to explain what the plan was about, indicating that they had not participated in a feedback session about the plan. IOM should also ensure that the facilitation team is actively engaging the entire community during the feedback sessions and not just the socio-economic groups to avoid the situation observed in two of the communities.

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did apparently provide their feedback.

<sup>26</sup> This may be happening in some cases however it is not clear if this is systematically done in each plan that is at the ward level. This may have financial implications if they are to stay during the planning sessions.

<sup>27</sup> The title of the plans should immediately tell the reader if this is a community or ward level plan.

During the launch, the CBDRM process is described to the community but the actual plan or its agreements are not presented. Prior to the launch, a brochure or poster is developed outlining the plan<sup>28</sup>; this is a good initiative that can also be shared with community members during the launch however IOM should consider presenting the plan during the ceremony as well. The printed CBDRM plan is distributed to the community as well.

#### Implementation of and Responsibility for the Plans

Plans were developed based on existing capacities within the community and a Monitoring and Evaluation one was developed to help support the community. Despite these efforts, its actual implementation was, at the time, a source of confusion and frustration within the communities visited. Whilst the communities themselves are first and foremost responsible for their own plans<sup>29</sup>, during the FGDs, participants' general perception was that IOM had not done enough to advance the plan. Some of the participants in these communities referred to the plan as "IOM's plan" and wrongly assumed that the plan was only approved if IOM accepted it. The communities' expectations were not aligned with what IOM had intended to provide. In one community, when probed, participants acknowledged that their expectations may not have been realistic but as IOM was the only stakeholder coming to their community, they were putting all their needs onto them. One interviewee acknowledged that it was very difficult to satisfy the communities, given that they have so many needs and potential disaster risk management is not their priority.<sup>30</sup>



Figure 1: Reforestation to avoid coastal erosion

In the plans, IOM's responsibilities were highlighted, such as conducting capacity building sessions, identifying specialists (e.g. water engineers, health practitioners etc.) or providing resources for larger activities such as "reforestation or drain digging".<sup>31</sup> Once the plans are endorsed by the communities IOM should develop its own internal planning to determine what sort of support it is able to provide in accordance with the community plan and how to dispatch the funding; this is important particularly as only 18 communities could be targeted with implementation support (about 3,600 USD per community). Once IOM decides how to support the plan, it is important to communicate this to the community.



Figure 2: Bridge in Eroro, Oro Province

It is evident that communities need and want follow-up from IOM. During the focus groups, when asked "what do you need from IOM?" a common answer was "motivation" and "presence". According to an interviewee, one bridge was completed in one community as IOM had been present during the construction; whilst IOM's role was minimal (all the resources had come from the community), their presence had served as a motivation to proceed. On the other hand, in another community a bridge had not been finished and one of the reasons presented by the FGD was that IOM had not come during the construction. Communities had been introduced to new concepts of self-

<sup>28</sup> During the launch attended by the Evaluator this was not done; however the Evaluator did see previous examples and photographs of this.

<sup>29</sup> This could be a DRM committee within the community or the village/ward counselor.

<sup>30</sup> Besides the El Nino drought which affected three of the five communities, most had not faced a natural disaster since 2005 or 2007.

<sup>31</sup> One of the CBDRM plans.

sufficiency and empowerment and were understandably not yet able to take it forward without further coaching from IOM.

The Evaluator was told that, internally, IOM aimed to have staff visit each community once a month yet this was not always feasible (especially in light of additional communities) or known by all IOM staff and, hence, some of the Phase I communities, including the ones visited during the evaluation had not been visited in several months and were notably disappointed by this. As IOM expands its reach into other communities, and its resources are spread, it risks adversely affecting relationships, and follow-up with communities from previous phases may be less frequent. In some provinces, IOM engaged the network of LLG to visit the communities with the understanding that IOM could not be present at the communities as often as the communities may require. One interviewee suggested that community facilitators (or DRM committee members) visit the IOM field offices to provide them with updates.

### **Key Findings**

IOM has built strong rapport with the communities due in part to its approach which includes sleeping in the community during the CBDRM process. These relationships need to be maintained with all communities to ensure that the plans are implemented.

### **Recommendations**

During the CBDRM TOT, some additional practical sessions could be added, examples include :

- Discussing realistic scenarios (of CBDRM planning sessions) and best practices to prepare the new facilitators; and
- Providing an opportunity for mock training during the TOT.

Plans should clearly stipulate if they are at the community or ward level. For ward level planning, there should be clear distinction within the plan as to which activities may be more relevant to specific communities versus the entire ward and socio-economic groups who should have representatives from the different communities in the ward.

IOM should develop an internal planning mechanism to determine what it can support in each plan and make that information clear to the communities for transparency and accountability. Furthermore, IOM should devise a method for programmatic monitoring of the communities that is realistic in terms of staffing and resources and takes into account the expansion within new communities. This may entail using LLG or the DRM committees in the communities to support this effort as well.

#### *2.1.2. Support to Government –Provincial strategies and capacity building*

In order to ensure Government participation and ownership of the various elements of the project, IOM staff referred to this as a Government project and that IOM was supporting the Government to implement this project. Besides the Government's participation in the CBDRM, IOM also provided other training opportunities for national authorities and helped develop SOPs at the provincial level.

##### *2.1.2.1. Provincial SOPs and DRR strategies<sup>32</sup>*

IOM hired a consultant who helped develop the Morobe, Oro and West New Britain provincial SOPs. The development of the provincial documents was based on a desk review of best practices, initial consultations at the provincial level including with the communities involved in CBDRM (ensuring a bottom-up approach), as well as a consultation workshop with different stakeholders at the provincial level. The draft plan was then presented during a second consultation workshop and subsequently re-drafted for further feedback before being finalized. At the

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<sup>32</sup> The Evaluator did not evaluate the plans themselves but the process of the planning and outputs delivered

time of the evaluation, all strategies were completed by the consultant by August 2015, though none have been officially finalized or launched by the provincial governments. This is beyond IOM's responsibility or influence but provides an indication of the need for strong Government involvement and ownership.

According to the interviewees who had participated in this process in either Morobe or Oro provinces, feedback was generally positive. In two provinces, the provincial Government paid for some of the process and ensured that the right people were present. Furthermore, the methodology also included a risk assessment at the LLG level.

According to one interviewee, several provinces (including Oro and Morobe) requested support in developing DRM strategies and said that the new Asian Development Bank (ADB) project "Papua New Guinea: Building Resilience to Climate Change in Papua New Guinea"<sup>33</sup> would improve DRM; it is important that there be further collaboration to avoid duplication of efforts and ensure that the new provincial DRR strategies are taken into account.

#### *2.1.2.2. Capacity Building*

Under this project, in Phase I and II, IOM provided training to Government authorities related to DRR, and emergency preparedness and response. In October 2013, the first training on Common Operative Recovery Essentials (CORE) was organised by IOM and delivered by RedR India and Humanitarian Benchmark under Phase I of DRRBCR. The second CORE training, delivered in October 2015 by IOM was further adapted to suit the context of PNG and to include more information on DRR, this was considered missing from the first training in 2013. During this training, only participants from NDC and PDC were included (in the first, NGOs had also participated). According to IOM staff, the Government has limited capacity or knowledge in humanitarian preparedness and response and, for some, it was their very first introduction to this topic. The Evaluator was unable to meet with participants of these training sessions to determine to what extent this had impacted their job.<sup>34</sup> However, the adjustments made to the training are positive, such as providing further basic information on humanitarian principles and definitions as well as linking in the information management system that will be rolled out.

In addition, in December 2015, IOM hosted the first CCCM training in PNG with Government officials, a Red Cross and an Oxfam participant and IOM staff,<sup>35</sup> co-funded by the DRRBCR and KOLGA projects. According to the participants interviewed and the training report, this was a useful training to prepare them for potential need for a camp approach and highlighted the need for coordination.

Participants for all the training sessions were selected by the national or provincial departments themselves with some guidance from IOM to ensure that those selected would be someone who would be following the programme in the field. It was noted that, at times, staff appointed for the training were different from the staff working with IOM on the activities on the ground, thus not providing a holistic picture of what is being accomplished. This was the case in one province specifically<sup>36</sup>.

Challenges faced by the Government such as lack of clarity between the national and provincial structures, staff turnover or confusion over funding distribution were discussed during the training workshops.<sup>37</sup> These challenges will inevitably impact on the participants' ability to apply the knowledge they gained during the different training sessions. IOM can only provide the training and advocate at national level for structural changes that can ease the work in the field. In the long-term, IOM should consider developing a training strategy<sup>38</sup> that can help to develop a context-specific DRM training for PNG that can then be facilitated by PNG Government staff with support from

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<sup>33</sup> <http://www.adb.org/projects/46495-002/main#project-pds>

<sup>34</sup> In addition, the training focused on emergency response and preparedness in light of the El Nino drought which was less relevant to the rest of the evaluation focus.

<sup>35</sup> Officials from Vanuatu were also invited to the training.

<sup>36</sup> Interview with IOM staff.

<sup>37</sup> According to interviewee present at the training.

<sup>38</sup> Since writing this evaluation, the CO has been developing a PNG-context training package.

IOM – this may be cost-shared by different projects<sup>39</sup> looking into disaster preparedness, response and management. In addition, this may include developing basic tools that can be used (e.g. assessment forms) that help during natural disasters.

#### **Key Finding**

IOM has delivered on most of the outputs however the extent to which these can be applied (e.g. the training knowledge or the DRR strategies) is dependent on the Government and requires continual advocacy from IOM and other stakeholders.

#### **Recommendation**

Consider developing a training strategy for capacity building on emergency response and DRR:

- Conduct training at the provincial level to support DRM focal points all the way to the LLG and ward; and
- Develop a PGN-specific ToT package to be rolled out throughout the provinces and cost-shared from different projects,<sup>40</sup> including possible basic tools such as assessment forms.

#### *2.1.3. Public Information Dissemination*

In this section, the evaluation explores the information dissemination approach in the communities (under CBDRM) and other efforts undertaken at the national or provincial level by IOM staff.

##### *2.1.3.1. Community Learning Systems (CLS)*

During the CBDRM planning phase, IOM trained the communities in disaster risk awareness and management. This process is initially started during the pre-planning stage when hazard mapping is undertaken as a means of introducing the topic and providing an accurate hazard mapping of the community. The essence of the risk education is to emphasise that it is not the natural disaster itself that kills people, but rather people's exposure to this hazard and that communities can minimise exposure and risk through locally based solutions to disaster risk, and by strengthening their resilience without compromising their livelihood.

The facilitation team focused on CLS with the community in the evenings after the CBDRM facilitation during the day. IOM has several videos available in Tok Pisin<sup>41</sup> and English<sup>42</sup> and distributes pamphlets. Community members were also asked to interpret the knowledge they gained in dramas, community songs or dances; this works well as traditionally this is a means of transferring knowledge within communities. Furthermore, IOM noted that it was important to engage the community in CLS regularly and early in the process to ensure basic understanding which in turn supports the CBDRM process.

IOM also provided information on Early Warning Systems: being able to identify risks and how to respond to those risks and know how to activate the system. Part of the process also included doing community drills in which the community practiced how to evacuate the village in the event of a disaster. These drills were replicated during launches.

During the FGDs, community members mostly stated that they felt prepared for disasters indicating that the approach was successful.<sup>43</sup> Some of the participants were able to recollect key information evidence that they had participated in evening CLS sessions. Similarly, children, when asked, were also able to recount some of the information that they had learnt about identifying hazards and what to do if a disaster struck.

<sup>39</sup> Refer to section 1.1.2 for other similar projects implemented in PNG.

<sup>40</sup> IOM's CCCM team has developed a guidance note on developing national authorities' training curriculum which could be beneficial.

<sup>41</sup> One of PNG's official languages

<sup>42</sup> <https://www.youtube.com/watch?v=sqokZJlvRvw>

<sup>43</sup> This is only based on focus groups given that it was difficult to determine the impact of the learning at the community level.

As part of the CLS, IOM could consider other basic training that could be provided during the sessions. In several of the CBDRM plans reviewed, first aid training is considered a key activity for communities; the Red Cross could be engaged to deliver this during the planning sessions (or evenings) as they are often part of the facilitation team and provide this training as one of their core activities. Furthermore, interviewed community facilitators stated that they were often asked, given their role, for further feedback and support after the planning; IOM could conduct needs analysis of other training needs that may help strengthen its knowledge and ability to transfer information to the community.

*2.1.3.2. Public Information Awareness*

All of output 2 in the project is dedicated to awareness raising by making “communities more aware of DRR and better prepared to respond to emergency”. This is being done through CLS, billboards, radio, print and TV messages, and drills undertaken at the district level and within schools.

IOM has developed a mutually beneficial and strong relationship with the public broadcasting television station, EMTV. EMTV, as a public broadcaster considers it is its responsibility to raise awareness about disaster, climate change and how this has impacted on the country. For IOM, this is an opportunity to share information with the larger public. EMTV was impressed with IOM’s confidence and ability to share information openly with the broadcaster.

Through this partnership, IOM has been able to air its videos about natural disasters, bring EMTV crews to some of the CBDRM launches (financing the trips of the crew where there is no TV substation) and raise awareness about the risks within different regions and communities in PNG. EMTV complimented IOM on its video which was very context-specific and indicated that they could not find other videos in PNG that were so customized. DRR-related information is regularly shared in a programme targeting rural areas called *Olsem Wanem*, “People’s Programme”, which regularly airs information about IOM’s projects’ activities. Although it was not possible to determine how many people actually view this programme (and where they are located geographically), a survey undertaken several years ago by EMTV estimated that they reach 4.5 million views within the country. So far they have 45,000 followers on their EMTV Facebook page and regularly receive feedback on their programming including comments about the disaster videos and series.



Figure 3: Billboard between Lae and the airport which will be replaced

EMTV highlighted other plans they hope to implement to continue to raise awareness within the public. As the TV station has recently been bought by Telikom PNG, it hopes to be able to provide further information via instant messaging. This may benefit IOM to continue messaging the larger public at little to no cost. It would be beneficial to explore this effort further, given that 58% of people in Morobe and Oro provinces find out about disasters from radio and mobile phones<sup>44</sup>.

In addition, IOM also provides information via radio and print media. IOM has either tapped into existing international news outlets such as Radio New Zealand or has supported local media. As per the interim report for

<sup>44</sup> IOM’s Community Knowledge Assessment.

year one of Phase II, six radio programmes were developed and disseminated in Morobe and Oro provinces. IOM recently launched its new website in December 2015 and provides all situational reports and press releases on the website as well as sending them to media outlets. During an international show<sup>45</sup> in Morobe, IOM also had a booth to disseminate information. Finally, IOM has three billboards up; one of which was seen by the Evaluator in Morobe province, on the way to Lae from the airport (Figure 3). This billboard will be redesigned as it was considered text-heavy and difficult to read particularly from a busy highway.

IOM has also reached out to schools, outside of the communities involved in CBDRM, to provide information and conduct drills.<sup>46</sup> The level of engagement varied in each province and in some cases schools were visited on a once-off basis. For example in some schools, the Global Handwashing Day (October 15) was celebrated, in other schools they were informed about drills (but did not do any) and others received keyhole garden training (a type of conservation gardening technique). Further efforts should be undertaken to ensure that school-based activities are done more consistently in Phase III, following a systematic and standard approach that is culturally adaptable to the provinces.

The variety of means of providing information is commendable even though it is difficult to determine to what extent the information makes a difference. One of the greatest challenges in information awareness activities is monitoring the change in behaviour or knowledge of the targeted population. So far, none of the many efforts undertaken by IOM have been monitored. There needs to be a more systemic approach which would allow for consistent monitoring to determine the effects of these activities. IOM has developed a tool called the “community response map” which facilitates online monitoring from targeted beneficiaries or communities and may be useful for PNG in the context of the public information dissemination approach<sup>47</sup>. Furthermore, IOM has developed a document on research and evaluation for mass information campaigns which could help the CO identify ways of analysing the outcomes of the awareness activities<sup>48</sup>.

#### **Key Finding**

The various media outlets IOM uses to disseminate information is commendable. The relationship with EMTV is mutually beneficial to both and has the potential to grow in light of the expansion to mobile technology. IOM was complimented for its transparency and sharing of information and for facilitating access to project locations.

Some of the set activities such as school information awareness activities were not consistently planned across the programme and would require strategic review to determine if they should continue.

#### **Recommendation**

IOM could consider the opportunity afforded by the CLS sessions to provide additional training to community members whilst they are all together. This could include first aid training. Furthermore, the community facilitators could be trained on other needs and capacities to transfer additional knowledge to their communities during the CLS sessions or at other times.

The awareness programmes require improved monitoring in order to measure the actual benefits of these activities and adjust the programme accordingly. In addition, in line with the findings of IOM’s CKA, IOM should consider expanding into mobile technology to provide further messaging on disasters

<sup>45</sup> The Morobe Province Agricultural Society Show: <http://www.morobeshow.org.pg/index.htm>

<sup>46</sup> As per the interim report.

<sup>47</sup> This information can be made available to the mission if interested.

<sup>48</sup> See [http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/about\\_iom/eva\\_techref/RES\\_EVAL\\_MASS\\_INFO.pdf](http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/about_iom/eva_techref/RES_EVAL_MASS_INFO.pdf)

## 2.2. Coordination

IOM engages with various stakeholders at the national, provincial and community levels. One of the largest challenges is the lack of information and data available across the country<sup>49</sup>; IOM's updates and situational reports are considered useful in providing information where there are gaps and in sharing this with all partners; this was also commended by the Government departments interviewed. One of the key reasons for this is that IOM is one of the few agencies among the UN and NGOs to have sub-offices in the country; no UN agency has a permanent presence outside Port Moresby. External partners highlighted that IOM has managed to expand its work in the provinces due to the relationships it fosters and the level of trust it has gained over the years.

In the two provinces visited in the course of the evaluation, IOM maintains a strong relationship and coordination with the PDC; this is due partly to the fact that they work in the same compound. The Red Cross is also located in the same compound which also helps coordination. At the national level, the Red Cross indicated room for improvement to ensure more effective coordination and recommended a Memorandum of Understanding (MoU) between both agencies to formalize the partnership at all levels.

Based on interviews, coordination does take place with other NGOs working on DRR<sup>50</sup> but in a more informal manner and bilaterally, particularly at the provincial level, where there are no formal coordination mechanisms. Furthermore, coordination is largely dependent on the individual project coordinator's (or project assistant's) efforts and relationship building. This is not wholly surprising but can be risky given staff turnover experienced by the CO (see section 2.3 below) and the lack of formal coordination structures.<sup>51</sup> In light of IOM's efforts in capacity building for the Government, setting up a coordination mechanism at the provincial level may help to strengthen coordination. This is in line with the SOPs that recommend strengthened coordination between partners. This could also be an opportunity to include other stakeholders such as the AIDS council, faith-based groups, and the private sector who work within or near affected communities.<sup>52</sup>

At the community level, church groups are very influential and trusted and remain key partners for IOM and are often part of the facilitation teams for CBDRM. Similarly, socio-economic groups created by the communities often include church groups, indicative of their influence and importance. One risk identified by IOM is that when there are breakaway churches (as experienced in one community in Oro province), it can create tensions during the community planning. IOM's solution was to insist that if there is a religious socio-economic group identified within a community it should include all church denominations therefore maintaining that they be considered unified and reducing the risk that one church leader would automatically dominate that group. So far, according to interviewees, this has worked and they have managed to come up with unified decisions and priorities.

### Key Finding

Coordination with stakeholders is effective, and stakeholders were positive about IOM's contributions and information sharing. There is no formal coordination mechanism at the provincial level which means that coordination is largely dependent on informal efforts.

### Recommendation

Support the provincial Government to set up a coordination structure for the DRR-related stakeholders including with the private sector in line with the DRR strategies; this should also further strengthen the relationship

<sup>49</sup> OCHA closed their office in PNG in June 2015 however they continue to provide virtual support to the Resident Coordinator's office that has taken on this responsibility in-country.

<sup>50</sup> World Vision and ADRA are both agencies doing DRR in PNG. The Evaluator was unfortunately unable to speak to ADRA.

<sup>51</sup> In Morobe, the project coordinator has been in place since July 2015; in Oro province the coordinator started in January 2016 and in West New Britain, the project coordinator is based in Kokopo, East New Britain as the previous coordinator left in November 2015.

<sup>52</sup> In Oro Province, IOM worked with the AIDS council to conduct awareness workshops and has provided training to the New Britain Palm Oil company staff on water conservation during the drought.

between the villages/communities and their local government. Furthermore, IOM should consider formalizing an MoU with the Red Cross in light of the close coordination in the provinces and to strengthen the coordination at the national level.

### 2.3. Efficiency and Cost-Effectiveness

IOM PNG uses the global IOM accounting system which is linked to international standards and provides automatic detailed reports on expenditures and commitments. It also has its own internal system in place to monitor the expenditures of the DRRBCR over the three phases of implementation and for all budget lines. The tracking system is sound and the over expenditure was minimal; over expenditure was primarily evident in the training for Government (e.g. CORE) and the CBDRM facilitation in the communities. In the last three years of implementation, the office has not had to request adjustments in its budget.

IOM submits regular financial reports to OFDA as per the agreement. Internally, the CO monitors its budget and there is coordination between the Resource Management Officer and the Programme Manager to review expenditures, and ensure compliance with IOM and donor procedures. During interviews, concerns were raised of some delays in receiving support from the main office in Port Moresby for example in financial support, or approval of workplans. Following OIG's internal audit of May 2015, financial management is centralized in Port Moresby and more stringent requirements have been put in place to avoid potential fraud. For example, no money is disbursed to any field office without first receiving paperwork on previously disbursed funds. On the other hand, Port Moresby-based support staff have highlighted that there needs to be better planning from the field offices to ensure that they can receive money on time for their operations. The resource management unit sent out a reminder about payment schedules, more specifically, the duration of certain tasks and when to make requests in order to avoid unnecessary delays. Suggestions include that operational units submit their procurement and human resource plans to the resource management unit when programmes are first funded along with a start-up meeting between the units. Subsequent changes should also be provided in plans or through regular meetings to help with longer-term planning.

Workplans are being submitted from the field offices to the Programme Manager on a regular basis; however the process is not consistent in each province with some workplans being monthly or quarterly. Some interviewees said the plans were often changed due to other priorities. In light of the El Nino drought and the emergency response needed, changes in the workplan are expected; however, with improved communication prior to developing the monthly plan, unnecessary duplication of work could be avoided.

The project faced some initial challenges related to human resources and staff turnover; most of the staff involved in DRRBCR in Phase I either have left or been replaced with new staff for Phase II requiring further orientation and capacity building. This has had some effect at the community level and was raised in one of the focus groups too: agreements made with one staff member may not be abided by the next. In addition, given the vastness of the country and the lack of transport options, operations remain expensive and require significant planning in order to be completed. IOM has restructured the staffing and, in January 2016, hired a National Programme Officer who has been working on the project since Phase I in two different provinces and will be supporting the project coordinators from Port Moresby. In addition an M&E Assistant was hired to support the project who is also based in the capital. In the field, IOM currently uses international experienced volunteers<sup>53</sup> on two year minimum contracts in two provinces and one National Project Coordinator in another. The structure, whilst recent, was considered positive by IOM staff and expected to help improve coordination between the field offices and the CO.

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<sup>53</sup> Hired through international volunteer associations.

Activities could not have been implemented with fewer resources. However, there are some activities that need to be further prioritised due to budget under expenditure but mostly, in order to help meet the outcome of the project. For instance and as mentioned in section 2.1.1, there needs to be a strengthened approach to support the 18 communities in implementing their community plans; so far, only USD 3,625 of the total USD 72,000 of that budget line has been spent (as of January 2016). This is due to the fact that IOM intended to review all the CBDRM plans together to assess the feasibility and sustainability of the various projects and then determine how best to assist the communities. Whilst IOM has done this to ensure that it takes into account all the needs to determine how best to select and support 18 communities, the disadvantage is that some communities are not being assisted despite having finished their plans some time ago. This “delay” in support, coupled with the lack of explanation or transparency of the process within the communities creates frustration (as seen in the FGD). Determining the feasibility of the plans should be done during the CBDRM process so that the plan reflects what is feasible and sustainable for the communities; this may also help to fast track the process of supporting the implementation of the plans.

#### **Key Finding**

The project finances are well monitored through both the IOM global accounting system and the CO’s own financial tracking which show good coordination between the Programme Manager and the Resource Management Officer.

Whilst feedback and coordination between the capital and the field offices was at times delayed concerning workplans, or financial requirements, systems are in place to guide the operational team and the new structure of the project team may also ease some of the challenges faced.

#### **Recommendation**

Resource management unit should receive workplans (including human resource and procurement needs) from the operational teams in the capital and the field locations regularly and when projects are first funded to help planning and avoid unnecessary delays. Furthermore, the units should meet regularly to discuss any changes.

The feasibility and sustainability of the projects selected within the CBDRM plans should be done during the CBDRM process in order to ensure that IOM can plan how best to support the 18 communities it will assist during the implementation of the plans.

### **3. Outcome**

*The section will examine the achieved ‘mid-term’ effects of the project outputs.*

The project had one outcome in Phase II: “Morobe, Oro and West New Britain provinces managing and responding to and managing disaster risks effectively and with greater coordination between the Government and the disaster-affected community.” As mentioned above, IOM has been completing its deliverables with a particular focus on the CBDRM approach within the three provinces and ensuring that the Government is part of the process.<sup>54</sup> In this section, the evaluation analyses to what extent the outcome of the project is met and the perception of the target population. A separate section on gender is developed which will look at gender related measures that are incorporated from relevance to sustainability.

It is hard to track the changes and outcomes of the support provided to the Government, particularly related to training and the DRR strategy development, primarily due to the fact that the DRR strategies have not been officially formalised and therefore implemented in the provinces. The Evaluator was not able to meet with participants of

<sup>54</sup> The Evaluator could not assess the outcomes linked to the mass information awareness activities.

the CORE and CCCM training sessions provided in October and December 2015 respectively to determine how they may have applied their new-found knowledge. As a means of following up with participants and determining how the training could have improved their work, IOM could undertake a post-training review or survey to monitor and also strengthen further capacity development efforts.

### 3.1. CBDRM outcomes

The efforts undertaken at the community level are the right approach given that within DRR, the first responders are usually those who will be more directly affected by the disaster. The work at the community level does not end with the completion of one phase and the start of another; phase I communities are still active stakeholders of the projects and still require IOM support and follow up.<sup>55</sup>

The biggest obstacle to confirming if the outcome is being met is that there was a degree of misalignment between what IOM intends to do and what the communities expect or understand to be IOM's role. IOM intends to build resilience and help prepare communities for the risk of natural disasters in the development of a plan, basic skills and information and (potentially) the implementation of elements of the plan. Out of the five communities where focus groups were conducted, four reported that IOM had come to their communities as they had been "affected by disaster"<sup>56</sup> but only two of these were able to say that IOM had come to help them prepare for another disaster. When asked if they felt more prepared to withstand a natural disaster, all five acknowledged that they felt more prepared – either that they had the knowledge to identify a potential disaster, that they knew where to go in the case of a disaster or had made the necessary preparations. However few of them felt that they had "benefited" from IOM's support which was largely due to the fact that they were expecting tangible results from IOM's participation.

The three communities who reported having been affected by drought are able to mitigate the risks of the drought. Whilst it is not possible to fully attribute this outcome to the support provided by IOM, some of their mitigation strategies had been part of IOM's messaging such as ensuring that households do not rely on just one source of food. For example, some households, who had been trained by IOM in keyhole gardening, maintained their keyhole gardens for some of their basic household needs as well as shift cultivation or coastal gardens (which are at risk of being washed away due to coastal erosion). Although this may still be a risky practice, they are ensuring that the families have an abundance of food in preparation for the drought. In general participants felt that the information was helpful. One community highlighted how, in the recent drought, they were able to avoid destruction of nearly all the houses when they cleared the grass and made fire break, a technique they learned from IOM. One IOM staff member also explained that IOM carried out awareness campaigns during the prolonged dry season which instigated some communities in Oro province to start extracting *sago*<sup>57</sup> earlier than usual to ensure that they would not run out of food. Some other anecdotal evidence of adaptation included the



Figure 4: Keyhole Garden in Pongani, Oro Province

<sup>55</sup> In the course of the evaluation, four of the six communities visited with Phase I communities.

<sup>56</sup> The focus groups were translated so the words in quotation may not be the direct words used by the participants but were used during the translation.

<sup>57</sup> A staple food in PNG extracted from palm stem.

change in gender roles in one community where women, and specifically new mothers, were involved in planting tobacco as a cash crop, a role that had traditionally been attributed to elderly people.<sup>58</sup>

During Phase II, as per the interim report, IOM monitored 360 keyhole gardens that had been established in Phase I. In the report it was noted that only gardens with indigenous crops grew well. During the evaluation field visits, there was a range of successes and failures amongst all the communities. There was evidence of other people developing their own gardens after watching their neighbours who had been trained, likewise there was evidence of gardens being abandoned. One of the main reasons was linked to the fact that they could not produce as much as compared to coastal gardens, the keyhole gardens taking time and motivation.

The CBDRM approach instils a sense of ownership within the Government and provides them with an opportunity to develop their capacity in a community-based approach. Overall, interviewed Government officials were appreciative and engaged; however it is difficult to ascertain to what extent this has adjusted how they work or if they would be able to lead such processes without IOM presence. Clear examples of government engagement in provision of resources (such as boats) to transport the facilitation team, or provision of money or food for launching ceremonies, show commitment to the CBDRM process. In Morobe province, an official from the Department of Water was present during the evaluation visits as he was engaged in a scoping mission to determine how they could support water provision in two of the communities in need of better access to water. These are all positive steps.

Other indirect outcomes identified as a result of this project and specifically the CBDRM approach are:

1. Community members held leaders more accountable, for instance in one community a counsellor had taken money for his apparent personal use instead of for the community plan but the community was able to ask questions and understood that they could address this.<sup>59</sup>
2. Government is more knowledgeable on the needs and services through the CBDRM plans.
3. Improved documentation of the CBDRM process including the maps, seasonal calendars as well as documenting indigenous knowledge which was considered very new and positive for what is mostly a society of oral tradition.

#### **Key Finding**

Communities indicated that they felt more prepared in the eventuality of a disaster following the interventions and awareness raising.

There was some misalignment between what the communities expected from IOM and what IOM, in turn, is realistically able to deliver. Whilst IOM should review how it will support implementation of the plans, the level of expectation of the communities is in proportion to the lack of other agencies and help—the less the help, the higher the expectation is on IOM to deliver above and beyond agreed upon outcomes.

#### **Recommendation<sup>60</sup>**

Conduct post-training follow up with participants of the CCCM and CORE training to determine how they are using the training information or what may be needed to strengthen capacity development efforts.

### 3.2. Gender

This evaluation analyses to what extent gender is integrated into the strategy, is effectively addressed and how gender-related outcomes may have been achieved. Women and vulnerable groups such as people living with

<sup>58</sup> This could not be verified but was informed by a community leader.

<sup>59</sup> Based on interview.

<sup>60</sup> Other related recommendations have been included in other sections.

disabilities and children are 14 times more likely to die during a natural disaster, an imbalance which is accentuated in PNG where women and children make up the majority of deaths during disasters<sup>61</sup>, noting also that PNG suffers from one of the highest incidents of gender-based violence in the world.<sup>62</sup> In the project strategy, gender was taken into consideration<sup>63</sup>: IOM ensures that during the CBDRM there were vulnerable socio-economic groups that were identified such as women, elderly women, disabled groups, children or youth. These groups contributed to and presented their priorities during the planning sessions. Furthermore, IOM highlighted that women would be actively included in training however, more effort is needed to increase their level of inclusion: approximately 20% of those who participated in training sessions in Phase II were women.<sup>64</sup> Within the logical framework, however, there were no indicators related to gender (see section 1.1.1).

Within the CBDRM approach, socio-economic groups include vulnerable groups that are identified by the communities. This gives them an opportunity to raise their concerns, needs and priorities in a setting where typically they would not have had that opportunity. IOM had also made a significant effort in Phase II to include the disabled as a specific socio-economic group as they had realised in Phase I that the disabled community members were not included yet and that, during a disaster, they would require support from others in the community to be able to evacuate or rebuild<sup>65</sup>. FGD participants highlighted that children were allowed to speak “as equals” whereas they were usually not allowed to do so when in the company of adults.

IOM includes female community facilitators within the CBDRM facilitation and ensures that women are trained in different activities such as keyhole gardening, hygiene promotion, tree planting, etc. A few interviewees claimed that there was more respect for women and other vulnerable groups as a result of the CBDRM process, though this view was not shared by all. During the FGD, none of the participants highlighted that the changes have had any lasting effect beyond the planning stage nor that behaviours altered within the community. This is not surprising as it was not the first intent of the project and to expect these changes would necessitate more activities to gender empowerment or increasing understanding about gender.

Gender awareness and gender-based violence (GBV) information delivery at the community level was done in some cases but rather more ad hoc and based on the facilitator’s interest, knowledge and ability to provide this. The intention was to ensure that gender mainstreaming took place at least for 30 minutes prior to interventions but there were challenges in doing this systematically. Furthermore, in some instances, the discussions took place only amongst the women but not with the men. Whilst gender was brought up during the CBDRM ToT it was not raised so that the facilitators could train in the matter but rather to be aware of it (along with HIV, child labour, and drug abuse). Some interviewees felt that it was not necessarily taken seriously at the field level and seen as an “extra” activity which may be in part due to lack of understanding but also to the fact that the topic has not yet been sufficiently built into the process.

In light of the importance of gender related issues and the significantly high rate of GBV in PNG, it would be worthwhile for IOM to determine how best to strengthen gender mainstreaming during the community engagement and training with Government. Examples could include ensuring that there are training/awareness raising sessions during the CLS approach in the evening. Addressing gender and GBV specifically is considered very sensitive and requires facilitators who understand and are trained in these issues. Thus, prior to developing a

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<sup>61</sup> Phase II proposal.

<sup>62</sup> ACAPS, “Preparedness Papua New Guinea – Disaster Needs Analysis” 31 May 2012. <http://www.acaps.org/img/documents/p-png-preparedness.pdf>

<sup>63</sup> IOM PNG uses the Gender Adapt and Act C Framework: [https://docs.unocha.org/sites/dms/documents/gendertoolkit1\\_121205\\_5\\_ver7.pdf](https://docs.unocha.org/sites/dms/documents/gendertoolkit1_121205_5_ver7.pdf) to ensure they mainstream gender into their work.

<sup>64</sup> This is based on participants’ list provided for the CCCM, CORE, CBDRM ToTs in Morobe and West New Britain and the two consultative workshops in Oro for the development of the provincial DRR strategies.

<sup>65</sup> The Evaluator did not meet with any disabled community members in the communities visited.

rigorous approach to this, IOM may first need to invest in internal training so that there is full sensitisation within the staff. IOM currently has field staff who have been trained in GBV or involved in GBV committees within their provinces<sup>66</sup> who can be an asset to the Organization, if it decides to move into this direction. This would require careful strategic thinking, support from gender experts and working with other partners to have a lasting effect.

In none of the current training sessions provided for Government and other stakeholders was gender addressed separately; however it was discussed in the CBDRM ToT and CORE training under cross-cutting issues and within the CCCM training, gender related issues were mainstreamed in the exercises undertaken by the participants<sup>67</sup>. Should IOM proceed with developing a training package for PNG, it should consider including gender within it, mainstreamed throughout the training but also as a separate topic to stress the link between gender and natural disaster risk response, or management and the impact on GBV within communities.

#### **Key Finding**

IOM has ensured that gender is taken into consideration in the project. Women are trained to participate in CBDRM facilitation and included as participants in other training; furthermore women and other vulnerable groups are included in the CBDRM at the community level.

There are ad hoc discussions taking place within communities about gender but this is done by those who may be more knowledgeable in the topic and not in a consistent manner.

#### **Recommendation**

Determine how gender can be addressed (when feasible) as a specific topic within the project and therefore mainstreamed with all participants and activities. Further sensitization of IOM staff may be necessary as well as identifying external people (from IOM or consultants) who can assist. Existing staff who have shown interest in the topic could help champion the approach with staff and in the field.

## 4. Sustainability

*The Section will analyse to what extent the project benefits continue after external support is no longer available for the regions selected for and covered by Phase II, and what measures have been put in place to guarantee that the project continues to function without external financial support.*

In the context of PNG, given its exposure to natural disasters and with the human development indicators which “continue to lag behind the rest of the region,”<sup>68 69</sup> addressing sustainability for the resilience of disaster-affected and at-risk communities is challenging. The need for improved capacity yet insufficient funding will inevitably impact the ability to make this a sustainable project. However, there were also several examples that indicate strong willingness and motivation at different levels of government to work toward sustainability given, for example, their financial contributions to different project activities. As one IOM staff acknowledged, it is understandably difficult to get a message across about DRR when basic service provisions are missing in these communities. Another challenge noted was the lack of local NGOs, or community-based organizations that could be used and strengthened in the field to support the communities in the long term. Despite these challenges, IOM has included several appropriate measures which are still present in the Phase III strategy:

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<sup>66</sup> One of the church facilitators is also part of a sexual violence committee with the police in his respective province.

<sup>67</sup> A GBV session was initially planned yet due to timing it could not be done. The CCCM training does have sessions on protection and participation which also address gender related elements.

<sup>68</sup> Assessment Capacity Project (ACAPS), PNG Disaster Needs Analysis May 2012, available at [http://www.acaps.org/resourcescats/downloader/papua\\_new\\_guinea\\_preparedness\\_may\\_2012/113/1390365976](http://www.acaps.org/resourcescats/downloader/papua_new_guinea_preparedness_may_2012/113/1390365976)

<sup>69</sup> PNG ranks 153 out of 187 on the Human Development Index (HDI 2011).

1. Implementing this project in hand with the Government to ensure that this is a *Government owned* project with IOM's guidance is the right step towards capacity development and ensuring that the Government is responsible for their people across the country and in hard-to-reach, at-risk communities.
2. Strengthening the relationship between the Government and the communities is important as the communities are the first responders in the face of an emergency yet need to have access to Government officials. This also includes having local Government officials sign off on community plans, thereby strengthening their collaboration on these plans.
3. Maintaining relationship with the communities from previous phases in order to support them as they implement their plans.
4. Identifying national and local level stakeholders including Government who can help to support the plans<sup>70</sup>.

Other ways in which IOM can enhance its sustainable approach to the project could be explored. As IOM expands this project (from three to 12 provinces and 42 to 72 communities), it will be harder for the Organization to keep up and maintain these relationships with the communities and it may also mean that IOM should focus more on developing exit strategies from these communities as it proceeds to support other communities. An exit strategy would include a transition phase as IOM reduces its participation and completes its commitments as the local Government increases its own participation, though a transition not necessarily based on a specific timeframe<sup>71</sup>.

Additional effort should be made to confirm roles and responsibilities for the CBDRM plans that should not include IOM; staff may have to facilitate this at first but they should not be part of the structure. The need and role of a DRM committee at the community level is also key. Whilst in the CKA, 61% of those interviewed preferred to approach the local Government structures, during a disaster most acknowledged the need for grassroots empowerment with regard to DRM. When asked how best to reduce vulnerability to disasters, respondents stated that they needed to “build their community capacity through a consolidated community based disaster risk management planning [and that] community level committees need to be activated with abilities to conduct risk assessment<sup>72</sup>.” Currently, the DRR or DRM committees<sup>73</sup> within the visited villages varied in terms of engagement and/or responsibility vis-à-vis the plan. During the planning, it should be clear who is responsible for tracking the plan at the community level and this should be clearly written within the plan.

In addition, the community plans should be linked to the provincial DRR strategy given that they are meant to represent the needs and plans of the most vulnerable communities. This point was also stressed by provincial Government interviewees who commented on the key role of the LLG and the fact that the ward counsellor<sup>74</sup> should present his or her plan to the LLG in order to identify potential budget support and priorities for the LLG. Furthermore, LLG and district strategies are also required to tie into the provincial (and subsequently national) DRR strategy<sup>75</sup>.

In addition to IOM's efforts to find other stakeholders to support the plans, following the practice from IOM Indonesia, DRR fora can be developed at the district level with village representation that invites invested stakeholders. Through these fora, communities were able to tap into corporate social responsibility (CRS) funding from oil companies and pharmaceutical companies working in the regions. This could be further investigated in

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<sup>70</sup> The District Support Programme (DSP) is one potential source of funding which was used so far for one community in Morobe. Furthermore (since writing this evaluation), UNDP has also agreed to support community-driven initiatives.

<sup>71</sup> Within, of course, the duration of the project.

<sup>72</sup> CKA report.

<sup>73</sup> They may have different names but have the same functions.

<sup>74</sup> The community elected representative.

<sup>75</sup> This can only be formalized once the new Act makes reference to this government structures.

PNG given private sector investment in the country<sup>76</sup> and that there are already DRM focal points in the local level Government that could be part of these fora.

In light of IOM's relationships with Government at national, provincial and district/ward level, it is uniquely placed to advocate with Government to strengthen disaster risk management and promote a more holistic approach. Both the NDC and the Climate Change and Development Authority (CCDA) highlighted that they hope to see IOM in the country in the long-term and consider that it has a role to play to continue supporting the Government. As previously mentioned, IOM can support a process to emulate some of the national level coordination at the provincial level. There are existing provincial climate change committees encouraged by the CCDA of which the PDC is part; if these could be expanded or include other partners this could be a method of sharing information and improving coordination as well as advocating for DRM and communities.

IOM can also consider developing a model for CBDRM that is used in the country. IOM already aptly refined the NDC CBDRM training guide to develop its current model yet there are other stakeholders engaging in CBDRM as well in the country and interviewees did not know how the processes conformed or differed. Given its geographic scope, its access and well-documented process, IOM is well placed to work with the Government to develop this model that can be used by other partners as well. The country has sufficient needs to require strengthened partnerships to ensure complementarity and appropriate division of work within each region.

#### **Key Finding**

Despite the challenges to develop sustainable projects, IOM has the right approach: ensuring that this project is owned by Government, strengthening the relationship between the Government and the communities, and continuing support and contact with previous communities that have been assisted.

#### **Recommendation**

IOM should develop the CBDRM model with the Government that would be used by all stakeholders in the country to ensure a consistent and complementary approach to community-based planning for disasters. Furthermore, IOM should develop a strategy to transition out some of the communities it has worked with and increase the participation of local Government once it has completed its commitments within those communities. This would require clear understanding of the roles and responsibilities of all stakeholders for the implementation of the plan and the execution of the transition strategy.

## C. KEY FINDINGS AND RECOMMENDATIONS

This section summarises all key findings and recommendations per section

#### *Key Findings:*

1. The proposed changes over the course of the three phases are relevant to the context and adapted based on the acquired experience within the project. The project continued to be community-focused and efforts continue to be explored on how to help implement the plans at the community level.
2. IOM PNG's DRR strategic approach is properly hinged to IOM's global one, however PNG's strategy document should be formalized in writing and shared within the CO and with its stakeholders. In light of the sub-regional DRR strategy for the Pacific, it is important that these strategies are developed in parallel and benefit from the accumulated knowledge in the DRR field.
3. IOM's approach is aligned with the Government strategies and takes into account the structures of the

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<sup>76</sup> <http://www.ipa.gov.pg/why-png/economic-policies/>

Government at national and provincial level. Despite some of the challenges faced, IOM is able to implement the project and identify the right level of Government to work with to address gaps and build capacity. IOM has built strong rapport with the communities due in part to its approach which includes sleeping in the community during the CBDRM process. These relationships need to be maintained with all communities to ensure that the plans are implemented.

4. IOM has delivered on most of the outputs however the extent to which these can be applied (e.g. the training knowledge or the DRR strategies) is dependent on the Government and requires continual advocacy from IOM and other stakeholders.
5. The various media outlets IOM uses to disseminate information is commendable. The relationship with EMTV is mutually beneficial to both and has the potential to grow in light of the expansion to mobile technology. IOM was complimented for its transparency and sharing of information and for facilitating access to project locations.
6. Some of the set activities such as school information awareness activities were not consistently planned across the programme and would require strategic review to determine if they should continue.
7. Coordination with stakeholders is effective, and stakeholders were positive about IOM's contributions and information sharing. There is no formal coordination mechanism at the provincial level which means that coordination is largely dependent on informal efforts.
8. The project finances are well monitored through both the IOM global accounting system and the CO's own financial tracking which show good coordination between the Programme Manager and the Resource Management Officer.
9. Whilst feedback and coordination between the capital and the field offices was at times delayed concerning workplans, or financial requirements, systems are in place to guide the operational team and the new structure of the project team may also ease some of the challenges faced.
10. Communities indicated that they felt more prepared in the eventuality of a disaster following the interventions and awareness raising.
11. There was some misalignment between what the communities expected from IOM and what IOM, in turn, is realistically able to deliver. Whilst IOM should review how it will support implementation of the plans, the level of expectation of the communities is in proportion to the lack of other agencies and help—the less the help, the higher the expectation is on IOM to deliver above and beyond agreed upon outcomes.
12. IOM has ensured that gender is taken into consideration in the project. Women are trained to participate in CBDRM facilitation and included as participants in other training; furthermore women and other vulnerable groups are included in the CBDRM at the community level.
13. There are ad hoc discussions taking place within communities about gender but this is done by those who may be more knowledgeable in the topic and not in a consistent manner.
14. Despite the challenges to develop sustainable projects, IOM has the right approach: ensuring that this project is owned by Government, strengthening the relationship between the Government and the communities, and continuing support and contact with previous communities that have been assisted.

*Recommendations:*

1. Consider adjustments to the project logical framework which would more accurately highlight the outcomes expected and ensure that the gender approach described in the project is measured.
2. Following the development of the provincial profiles and identification of the communities, a scoping mission/assessment should take place to meet the community, confirm needs and vulnerabilities, explain the

process and confirm their interest in the process. This will allow for greater empowerment and effectiveness, transparency and accountability (of all stakeholders) to the process. During the CBDRM TOT, some additional practical sessions could be added, examples include :

- a. Discussing realistic scenarios (of CBDRM planning sessions) and best practices to prepare the new facilitators; and
  - b. Providing an opportunity for mock training during the TOT.
3. Plans should clearly stipulate if they are at the community or ward level. For ward level planning, there should be clear distinction within the plan as to which activities may be more relevant to specific communities versus the entire ward and socio-economic groups who should have representatives from the different communities in the ward.
  4. IOM should develop an internal planning mechanism to determine what it can support in each plan and make that information clear to the communities for transparency and accountability. Furthermore, IOM should devise a method for programmatic monitoring of the communities that is realistic in terms of staffing and resources and takes into account the expansion within new communities. This may entail using LLG or the DRM committees in the communities to support this effort as well.
  5. Consider developing a training strategy for capacity building on emergency response and DRR:
    - a. Conduct training at the provincial level to support DRM focal points all the way to the LLG and ward; and
    - b. Develop a PGN-specific ToT package to be rolled out throughout the provinces and cost-shared from different projects,<sup>77</sup> including possible basic tools such as assessment forms.
  6. IOM could consider the opportunity afforded by the CLS sessions to provide additional training to community members whilst they are all together. This could include first aid training. Furthermore, the community facilitators could be trained on other needs and capacities to transfer additional knowledge to their communities during the CLS sessions or at other times.
  7. The awareness programmes require improved monitoring in order to measure the actual benefits of these activities and adjust the programme accordingly. In addition, in line with the findings of IOM's CKA, IOM should consider expanding into mobile technology to provide further messaging on disasters.
  8. Support the provincial Government to set up a coordination structure for the DRR-related stakeholders including with the private sector in line with the DRR strategies; this should also further strengthen the relationship between the villages/communities and their local government. Furthermore, IOM should consider formalizing an MoU with the Red Cross in light of the close coordination in the provinces and to strengthen the coordination at the national level.
  9. Resource management unit should receive workplans (including human resource and procurement needs) from the operational teams in the capital and the field locations regularly and when projects are first funded to help planning and avoid unnecessary delays. Furthermore, the units should meet regularly to discuss any changes.
  10. The feasibility and sustainability of the projects selected within the CBDRM plans should be done during the CBDRM process in order to ensure that IOM can plan how best to support the 18 communities it will assist during the implementation of the plans.
  11. Conduct post-training follow up with participants of the CCCM and CORE training to determine how they are using the training information or what may be needed to strengthen capacity development efforts.
  12. Determine how gender can be addressed (when feasible) as a specific topic within the project and therefore mainstreamed with all participants and activities. Further sensitization of IOM staff may be necessary as well

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<sup>77</sup> IOM's CCCM team has developed a guidance note on developing national authorities' training curriculum which could be beneficial.

as identifying external people (from IOM or consultants) who can assist. Existing staff who have shown interest in the topic could help champion the approach with staff and in the field.

13. IOM should develop the CBDRM model with the Government that would be used by all stakeholders in the country to ensure a consistent and complementary approach to community-based planning for disasters. Furthermore, IOM should develop a strategy to transition out some of the communities it has worked with and increase the participation of local Government once it has completed its commitments within those communities. This would require clear understanding of the roles and responsibilities of all stakeholders for the implementation of the plan and the execution of the transition strategy.

## Annex 1 Terms of Reference

### EVALUATION OF THE IOM PROJECT “DISASTER RISK REDUCTION THROUGH BUILDING COMMUNITY RESILIENCE IN PAPUA NEW GUINEA (DRRCBR) - PHASE II”

#### TERMS OF REFERENCE

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#### 1. BACKGROUND

Papua New Guinea (PNG) is highly vulnerable to natural hydrological and meteorological hazards including cyclones, windstorms, flooding and landslides. The nation is situated between the Pacific Oceanic plate and Indo-Australian tectonic plate, making it prone to frequent destructive earthquakes which can also trigger devastating tsunamis in coastal areas. PNG also has numerous active volcanoes scattered along its length. The UN estimates that an average of 150,000 people is at risk of being affected by disasters at any one time based on the most likely risk scenarios.

The United Nations Disaster Assessment and Coordination (UNDAC) conducted a mission in 2009 and found that no provinces visited by the teams had established plans for alternative shelter in the event of disaster other than stockpiles of tarpaulins. In some provinces, Provincial Disaster Managers indicated that certain sites had been identified as temporary camps or care centres in the event of disaster, but no concrete preparedness plans were in place. The UNDAC team recommended the mapping of available and necessary construction and shelter materials for immediate relief following disasters, based on hazard risk maps and identified vulnerable populations. It was also recommended to undertake the identification and pre-negotiation of available and appropriate land for camps with (traditional) land owners, where relevant.

The PNG National Disaster Centre (NDC) has only recently developed community-based materials for use of their Provincial Disaster Centres (PDCs) to address Disaster Risk Reduction (DRR) at the community level. During Phase I of the project ‘Disaster Risk Reduction through building Community Resilience in Papua New Guinea’, it was discovered that the NDC is non-existent at the district and local levels, and while there was governmental will to work on a more systematic basis for DRR, it had yet to be implemented. Whilst there has been some awareness raised, it had mainly been at the national and provincial levels. Efforts needed to be continued and expanded in Phase II, which started officially in April 2013, particularly focusing on remote rural communities. Lessons learnt in Phase I also showed that awareness messages need to be disseminated in every encounter with the community including workshops and training, in addition to television and radio campaign.

UN Agencies, including IOM, were operating mainly at the central level in the context of the Cluster System. Experiences in Phase I saw a further need to tie these initiatives with more DRR work specifically focusing on and addressing the existing gaps at the provincial, district and local level government. IOM continued to work closely with partners, including the Government of Papua New Guinea, UNOCHA, the UN and others, and to lobby for engagement of civil society actors including faith-based organizations, civil society, traditional village governance structures and the PNG Red Cross to ensure a comprehensive and consolidated approach to DRR. In Phase II, IOM was also planning to support women, children and the disabled in their participation to the project and in disaster

risk reduction strategy having noted that those vulnerable groups are 14 times more likely than men to die during a natural disaster according to research studies; that imbalance is reflected in Papua New Guinea, where women and children make up the majority of deaths during disasters.

The main objective of the second phase of the project was *“to increase the resilience of disaster-affected communities in Papua New Guinea and empower them to independently cope with and respond to disasters and the effects of climate change”* with a budget of USD 1,250,000 funded by the US Government. The second phase is expected to end in March 2016. In the meantime, a third phase has been negotiated with the donor and approved in order to increase the number of communities that will be assisted by the three phase project, with the main objective being similar as Phase II. More specifically IOM intends to:

- (i) Expand the capacity of government officials and at-risk communities to reduce disaster risk, to plan and implement Community Based Disaster Risk Management (CBDRM) and to promote resilience building efforts;
- (ii) Enhance local and indigenous construction techniques and promote more sustainable livelihoods within target rural communities;
- (iii) Strengthen the capacity of communities and governments to prepare and respond to disasters through training, drills and awareness raising;
- (iv) Increase coordination between the levels of government and communities in the management of disasters.

## **2. OBJECTIVE OF THE EVALUATION**

The programme document of Phase II specifies that a final evaluation should be conducted with the aim of learning lessons and proposing recommendations for future implementation, either in scaling up the program or adapting it to a similar context within the region. However, as Phase III is already approved with very similar objectives and outcomes, the evaluation exercise will be considered as a formative mid-term evaluation to analyse programme implementation and performance, and will propose recommendations for adjustment of the third phase, if and when considered necessary.

The evaluation will also examine the correlation and complementary approach used by IOM in the field of disaster risk reduction and disaster management in the country, for instance when implementing the project *“Promoting Durable Solutions for Transition and Recovery of Displaced Persons and Disaster Affected Communities in Papua New Guinea (KOLGA)”* funded by the Australian government and which started in April 2015.

The overall objective of the evaluation is: *‘To evaluate IOM overall performance and achievements in the implementation of Phase II of the project, to assess IOM collaborative approach and strategy in delivering technical assistance for capacity building of the government, local authorities and communities, and to assess the complementary approach used in implementing other IOM DRR activities, such as KOLGA project.*

More specifically, the evaluation will examine the performance and achievements through the criteria of relevance, effectiveness, efficiency and outcome, and will discuss sustainability taking into account that Phase III has already been approved. The impact will be briefly discussed noting that it should preferably be assessed at the end of Phase III, considering the overall impact of three phases put together.

Relevance will examine if the project is responding adequately to problems to be solved, to what extent the project strategy takes into account governmental policies and other initiatives (IOM and non-IOM) and to what extent the objective and expected outcomes remain valid, being identical for Phase III:

- Is the project strategy consistent with the risks analysis already conducted and living conditions of the target groups and the communities assisted?
- Is the project approach relevant to local and national government policies, administrative capacities and institutional and cultural factors?
- Have gender issues been properly integrated into the project implementation strategy?
- Are there any elements which could lead to the conclusion that the objective and outcomes proposed for Phase III of the project need to be revised, amended or new ones added in order to have the project better aligned to reality and with other initiatives?
- How does the project integrate into the overall organisational strategy on DRR?

Effectiveness will examine to what extent the implementation of the project produced desired outputs, results and outcome, and analyse the level of performance in achieving the overall objective, considering however the approval of Phase III:

- Is the project effective in reaching planned outputs and outcome and in bringing expected changes?
- Did the project results reach the target groups and beneficiaries as planned, and did it reach other indirect beneficiaries?
- How did the project effectively address gender related issues in line with the project approach on gender?
- Did IOM properly take into account the existing project when negotiating additional contributions covering disaster risk reduction and disaster management?
- Was the coordination with the national and local government authorities, the UN and other key actors effective?
- Could activities have been implemented with fewer resources without reducing the quality and quantity of the results?

Efficiency will analyse how well resources or inputs are used to undertake activities and are converted to outputs and results:

- What measures have been taken to ensure that resources are efficiently used?
- Are the project expenditure reports efficient to guarantee accountability and transparency and to make a global analysis of the costs incurred to reach the results obtained?
- Are the project expenditures in line with the agreed upon budget, and the costs incurred consistent with the strategy of the project?

Outcome will examine the achieved 'mid-term' effects of the project outputs, noting that the expected project outcome mentioned in the project document is phrased as follow: "Morobe, Oro and West New Britain provinces managing and responding to and managing disaster risks effectively and with greater coordination between the government and disaster-affected community":

- What were the major changes expected to occur during the project life-time in line with the expected outcome and project strategy, and did they occur before starting Phase III?
- What do the target groups and other stakeholders perceive to be the achieved outcome of Phase II of the project?
- What can be observed in terms of gender and outcome?

Sustainability will analyse to what extent the project benefits continue after external support is no longer available for the regions selected for and covered by Phase II, and what measures have been put in place to guarantee that the project continues functioning without external financial support:

- Can activities, outputs and outcome be considered sustainable for the beneficiaries and regions selected for Phase II of the project?
- How is Phase III of the project addressing sustainability?
- Will sustainability of the project also be addressed by complementary activities implemented through other projects?

### **3. METHODOLOGY**

Mixed methods of qualitative and quantitative analysis will be used. The methodology will mainly consist of a documentation review of the reports and documents produced by the project, of a series of interviews with the IOM project staff, as well as with staff at Headquarters and the IOM Regional Office, government officials and other agencies and partners having participated in the implementation of the project, as well as with the donor. The evaluation will also conduct surveys and/or focus groups discussion with the beneficiaries and communities and make an extensive use of the surveys and assessments that could have been conducted during implementation. The list of interviews will be coordinated with the IOM Office in PNG.

The IOM PNG Office will be in charge of providing the necessary documentation related to project implementation as well as documentation specific to other projects and activities that could be relevant for the evaluation. It can include regular activity/monitoring reports, letters, notes for the file of meetings, reports related to staff deployment, Memorandum of Understanding with government authorities (national and local), between agencies and with various partners when relevant to the analysis, and any other documentation that IOM PNG considers worth sharing.

OIG will conduct a field visit in the beginning of the year 2016 between mid-January and end of February 2016. A work plan will be established at the start of the evaluation, including a refinement of the methodology. The conduct of a formal survey will be examined at the same time.

### **4. RESOURCES AND TIMING**

The cost of the evaluation will be borne by the Office of the Inspector General and a draft report should be made available to IOM PNG by end of March 2016, the official date for the end of Phase II, and in order to start Phase III implementation with the evaluation report made available.

## Annex 2 Document Review

| Title   |
|---|
| <b>Project Related</b>  |
| IOM. CBDRM Plans for all the communities in Phase II that have drafted plans  |
| IOM. Knowledge Capacity Assessment Disaster Risk Reduction, DRRBCR project, 2014.   |
| IOM, Participatory Desktop Risk Assessment Perspectives of Oro Provincial Disaster Centre (PDC) and Stakeholders, DRRBCR project, 2013.   |
| IOM, IOM PNG baseline assessments of knowledge and understanding of DRR and CCA initiatives and practices, DRRBCR.  |
| IOM. Kimbe Baseline Assessments Report on Findings, DRRBCR.   |
| IOM. Disaster Risk Profile: Morobe Provincial, DRRBCR.  |
| IOM. Disaster Risks Reduction (DRR) community Profiling Assessment Report: Oro Province, 29 July 2013.  |
| IOM COMMUNITY BASED PLANNING PROCESS - Implementation Plan and Sustainability - Local engagement through Community based Planning – A people-to-people approach   |
| IOM and NDC. Mainstreaming Community Based Approaches for Improved Disaster Risk Reduction through Building Community Resilience in Papua New Guinea, PARTICIPANT READER  |
| IOM. Community Learning System – A Tool to Guide communities to prepare and manage local disaster in Papua New Guinea, October 2013.  |
| IOM. COMMUNITY BASED DEVELOPMENT, DISASTER RISK MANAGEMENT AND CLIMATE RESILIENCE APPROACH FACILITATOR GUIDELINES, December 2015.   |
| IOM. ORO CBDRM CONCEPTS PLAN SUMMARY  |
| IOM PowerPoint on PRINCIPLES AND METHODS OF TRANSFORMATION (Training for Transformation)  |
| IOM. MAP SHOWING CBDRM PROJECT LOCATIONS: USAID PHASE I & II, April 2016.   |
| OFDA IOM Agreement for DRRBCR   |
| DRRBCR Budget (Phase I – III)   |
| DRRBCR monitoring frameworks (Phase I-III)  |
| DRRBCR Interim report April 2013 – October 2013 Phase I   |
| DRRBCR Interim report April 2013 – March 2014 Phase I   |
| DRRBCR Interim Report April 2014 – March 2015 Phase II  |
| DRRBCR Proposals (Phase I – III)  |
| Standard Operating Procedures for Morobe, Oro and West New Britain  |
| <b>IOM PNG CO related documents</b>   |
| IOM and NDC. Indigenous Knowledge for Disaster Risk Reduction – Documenting Community Practices in Papua New Guinea, 2015.  |
| Proposals from various DRR and DRM projects in IOM PNG  |
| IOM PNG Report on Audit Recommendations, October 2015.  |
| Internal Audit PNG201501 Papua New Guinea Country Office (2 officials, 39 employees February 2015), April 2015. s   |
| 2013-2015 Disaster Risk Reduction Framework   |
| 3Cs approach for IOM PNG  |
| <b>Other documents of interest</b>  |
| Berman, Laine; Panisales, Erlinda M. with assistance from Hartanto, Joeni and Rachmawati Dian. FINAL-TERM EVALUATION OF STRENGTHENING DISASTER RISK REDUCTION CAPACITY AND PROMOTING COMMUNITY RESILIENCE IN WEST JAVA, 2011. |
| Bugnion de Moreta, Christian; Burton, Cynthia. Evaluation of the IOM DRR project and DDR sector in Timor-Leste; Evaluation commissioned jointly by AusAID and IOM. 29 July 2011.  |
| Compendium of IOM Activities in DRR, Papua New Guinea, 2013   |
| Department of National Planning and Monitoring, GoPNG, Department of National Planning and Monitoring. PAPUA NEW GUINEA MEDIUM TERM DEVELOPMENT PLAN 2,   |

|  |
|--|
| <b>2016-2017</b>   |
| <b>Annual Progress Report: January – June 2015 UNDAF Cluster Outcome: Environment, Climate Change &amp; Disaster Risk Management.</b>                          |
| <b>UNDP. 2014 NATIONAL HUMAN DEVELOPMENT REPORT From Wealth to Wellbeing: Translating Resource Revenue into Sustainable Human Development Papua New Guinea</b> |
| <b>NATIONAL DISASTER MITIGATION POLICY</b>   |
| <b>NDC. Papua New Guinea National progress report on the implementation of the Hyogo Framework for Action (2011-2013) - Interim. October 2012.</b>             |
| <b>IDMC, NRC. PAPUA NEW GUINEA Invisible and neglected protracted Displacement, 11 December 2014.</b>  |
| <b>Government of PNG, National Disaster Centre. PNG Disaster Risk Reduction and Disaster Management National Framework for Action 2005-2015, 2005.</b>         |
| <b>UNDP. PAPUA NEW GUINEA United Nations Development Assistance Framework (UNDAF) 2012-2015</b>  |
| <b>Department of National Planning and Monitoring, GoPNG. PAPUA NEW GUINEA MEDIUM TERM DEVELOPMENT PLAN 2011-2015, October 2010.</b>                           |
| <b>PAPUA NEW GUINEA INTER AGENCY DISASTER CONTINGENCY PLAN; Inter Agency Disaster Management Team-PNG, August 2012.</b>  |
| <b>Global Facility for Disaster Reduction and Recovery, Country Profile PNG</b>  |
| <b>Disaster Needs Analysis – 31 May 2012, Preparedness PNG, Emergency Capacity Building Project and ACAPS.</b>   |

## Annex 3 List of Interviewees

|                          | Name                       | Title  | Organization, Location      | Methodology              |
|--------------------------|----------------------------|--|-----------------------------|--------------------------|
| <b>IOM</b>               |                            |  |                             |                          |
| 1                        | Aaron WATTS-JONES          | DRR Officer                                    | IOM, Kokopo                 | Interview                |
| 2                        | Andrew LIND                | RTS DOE  | IOM, Thailand               | Skype interview          |
| 3                        | Benson MWARONGO            | WASH Officer                                   | IOM, Popondetta             | Interview                |
| 4                        | Bruno MALTONI              | Chief of Mission                               | IOM, East Timor             | Skype interview          |
| 5                        | Florie ASIMBA              | Project Assistant                              | IOM, Popondetta             | Interview                |
| 6                        | George GIGAURI             | Chief of Mission                               | IOM, PNG                    | Interview                |
| 7                        | Henry PAUL                 | Project Assistant                              | IOM, Lae                    | Interview                |
| 8                        | Jennifer KVERNMO           | CCCM Rapid Response Officer                    | IOM, CCCM HQ                | Interview                |
| 9                        | Johan Olof GRUNDBERG       | Transition and Recovery Expert                 | IOM, HQ                     | Combined interview       |
| 10                       | Lorenzo GUADAGNO           | DOE consultant                                 | IOM, HQ                     | Combined interview       |
| 11                       | Mark ADAMS                 | PREPARE Chief of Party                         | IOM, Micronesia             | Skype interview          |
| 12                       | Peter KERN                 | Project Manager, Head of Sub-Office            | IOM, Indonesia              | Skype interview          |
| 13                       | Simon KAFU                 | Monitoring and Evaluation Officer              | IOM, POM                    | Interview                |
| 14                       | Supaporn PINCHAI           | Resource Management Officer                    | IOM, POM                    | Skype interview          |
| 15                       | Wonesai SITHOLE            | Emergency and Disaster Management Coordinator  | IOM, POM                    | Interview                |
| <b>GOVERNMENT OF PNG</b> |                            |  |                             |                          |
| 16                       | Charley Masange            | PDC Director                                   | Morobe Province             | Interview                |
| 17                       | Jacob Ekinye               | Adaptation Director                            | CCDA                        | Interview                |
| 18                       | Jonah Auka                 | Senior Adaptation Officer                      | CCDA                        | Interview                |
| 19                       | Luanne Losi                | Manager of Projects                            | CCDA                        | Interview                |
| 20                       | Martin Mose                | Director                                       | NDC                         | Interview                |
| 21                       | Patterson Pokowas          | District Disaster Officer                      | Oro Province                | Interview                |
| 22                       | Sam VEGOGO                 | Provincial Administrator                       | Oro Province                | Interview                |
| <b>OFDA</b>              |                            |  |                             |                          |
| 23                       | Benjamin HEMINGWAY         | Regional Advisor                               | OFDA, Thailand              | Email                    |
| <b>EUROPEAN UNION</b>    |                            |  |                             |                          |
| 24                       | Carlos BATTAGLINI          | Attaché  | EU                          | Combined interview       |
| 25                       | Maria Cruz Cristobal Munoz | Head of Political, Press & Information Section | EU                          | Combined interview       |
| <b>DFAT</b>              |                            |  |                             |                          |
| 26                       | Claire McGeechan           | First Secretary                                | DFAT                        | Combined skype interview |
| 27                       | Eileen Turare              | Senior Program Manager                         | DFAT                        | Combined skype interview |
| <b>UN Agencies</b>       |                            |  |                             |                          |
| 28                       | Gwen MARU                  | Programme Analyst (Energy and Environment)     | UNDP                        | Combined interview       |
| 29                       | Gerard NG                  | DRM Consultant                                 | Resident Coordinator office | Combined interview       |

| <b>Non-Governmental Organizations</b> |                        |  |                                   |                     |
|---------------------------------------|------------------------|--|-----------------------------------|---------------------|
| <b>30</b>                             | Bonie BELONIO          | Response Manager                         | World Vision, POM                 | Skype interview     |
| <b>31</b>                             | Bruno BUNDU            | Red Cross Coordinator                    | Red Cross, Popondetta             | Combined interview  |
| <b>32</b>                             | Charlie WANJER         | Branch Coordinator                       | Red Cross, Lae                    | Interview           |
| <b>33</b>                             | Freeman MANYAVI        | Disaster management Response             | Red Cross, POM                    | Combined interview  |
| <b>34</b>                             | Lussinda Nawayap       | DRR officer                              | Red Cross, POM                    | Combined interview  |
| <b>35</b>                             | Michael Sembenombo     | DRM coordinator                          | Red Cross, POM                    | Combined interview  |
| <b>36</b>                             | Newby Curtberth        | Chairman                                 | Red Cross, Popondetta             | Combined interview  |
| <b>37</b>                             | Zachary Aikari Muri    | Logistics Officer                        | Red Cross, POM                    | Combined interview  |
| <b>OTHER STAKEHOLDERS</b>             |                        |  |                                   |                     |
| <b>38</b>                             | Father Jason Ivari     | Anglican church pastor/CBDRM facilitator | Anglican Church, Popondetta       | Interview           |
| <b>39</b>                             | Pastor Richmond Gabuba | CBDRM facilitator                        | Pongani Community                 |                     |
| <b>40</b>                             | Michaeline Moir-Bussy  | EMTV Online Manager                      | EMTV                              | Interview           |
| <b>41</b>                             | Mostafa NASER          | Consultant                               | Consultant for DRR strategies IOM | Telephone interview |
| <b>42</b>                             | Yurendra BASNETT       | Country Economist & Team Leader          | ADB, POM                          | Interview           |
|                                       |                        |  |                                   |                     |

## Annex 4 Interview Guide

These questions were developed based on the Evaluation Matrix and divided based on the groups of people who would be in a position to answer them. These questions serve as guiding questions and were adapted based on the interviewee, the time available for the interview and the discussion on-going between the evaluator and the interviewee.

All participants:

1. Name:
2. Role:
3. Link to the project (if any):
4. How familiar are you with IOM's project: BUILDING COMMUNITY RESILIENCE IN PNG?

All (IOM, Gov, other stakeholders)

1. [All] Can you describe what IOM is doing in DRR/DRM and do you think that this is the right strategy to address the disaster risks in the country? What could be done differently?
2. [All] How aligned is this project with Government policies and capacities or regional local measures?
3. [All] How does the current National Disaster Act support the project? Is there any other policy that the project is linked to?
4. [All] IOM has been implementing this project since 2013, have you noticed a shift in how the project has been run or the outcomes of the project?
5. [All] How does the IOM DRR project(s) fit into the Gov/UN policies? Or how are UN/\_IOM DRR strategies linked to the Gove policy?
6. [All] What is the coordination mechanism from national, provincial to district level (by Gov and also by project)?
7. [other – non Gov or IOM] How can DRR-related activities be sustainable
8. [UN, Donors, Gov] what other DRR projects exist and how do they inter-link?
9. [Others] what this project coordinated with you? How did IOM approach you? Satisfied with the information provided?
10. [Others] What are the strengths in the coordination? What could be done better?

Donors:

11. [Donors] Do donors coordinate amongst themselves to determine the needs (DRR)?
12. [OFDA donor] – are you satisfied with the use and spending of resources and reporting? What level of investment are you willing?
13. [Donors] – long-term plans for the country and DRR?

IOM and all Government interviews

*Coordination and link with Government (Gov) and other stakeholders*

14. What was the initial set up – in Gov and in the communities and how has it changed with this project?
15. How involved was government in developing the plans at district, local (community) level?
  - a. SOPs, CBDRM and awareness campaign activities – role of Gov in each of these?
16. How is information about this project shared with partners, stakeholders?
17. What is the link between the church group and CSOs and the local authorities?
18. What is the coordination mechanism from national, provincial to district level (by Gov and also by project)?

*Selection of communities, gov and beneficiaries*

19. How did you select the provinces and communities? Based on what risks? Is there a plan for identifying areas of significant risk in PNG and how were the ones selected?

20. Do you think the project are meeting the needs of the 42 communities? Have any communities been left behind?
21. How were the Gov (departments) selected? - are there departments that were not included that should have been? Who was trained with the Gov and how were they selected?
22. Within the communities - Who are the beneficiaries? How were they selected? Were they reached? Where others reached that were not expected? Are there beneficiaries that were not reached (but should have)? Different beneficiaries for different activities? *Make sure info on the different elements of the project*
23. The reach and scope of the awareness campaigns? Who is supposed to be reached? How has the project measured this?
24. How have the different vulnerable groups been targeted, identified, specific activities for them? How were they impacted by disasters? How are they supported? In the case of disaster – what happens with them (process, support etc)
25. How is gender integrated in the project? Give concrete examples. Could more be done?
26. What effects did this project have on gender (e.g. divisions of responsibilities)? (At what level- community, provincial, national?)

*Change, outcome and sustainability*

27. [Gov] What do you think of the infrastructure support?
28. [Gov] What do you expect from IOM? Are they meeting that expectation?
29. In the case of this project, what are you hoping to achieve at the community, and Gov (or national level)?
30. Are disasters managed more effectively after the assistance?
31. What are the main changes from Phase II to III, e.g. in the way of the approach, in response, in support to communities? Etc... Are these sufficient? Any other changes required?
32. How did you factor in sustainability?
33. [Climate Change, NDC] Can this project be sustainable (and end) in light of climate change and continuing adverse effects? Check risk analysis mapping. Are there zones that are of particular risk due to climate change (or not) e.g Volcano nothing to do with climate change.
34. What will happen in the communities after the project stops (or moved on) – do they need further help? And gov help?
35. Are you building committee/capacity so that they can be self-sufficient?
36. What will happen with Gov level support? What support does the Government provide to these affected communities?
37. Climate Change office: Interesting to look at the environmental damage and plan- use of land as a driver of risk? Sea levels rising? What is plan? How does this work factor all that in? enough? What could be done differently?

*Plans – SOPs, EWS, CBDRM*

38. How flexible are the plans (SOP, evacuation, CBDRM) and who is responsible for updating them?
39. What about EWS and also the infrastructure...
40. Who is implementing the CBDRM?
41. Where are the CSOs?
42. Link between church structures and CSOs? And local government?

IOM only:

*Strategy and other stakeholders*

43. [COM, PM and others] - How does the project fit in with the IOM strategy and other strategies (UN/Gov)? What are the distinctions that are there and why?
44. [COM, PM, others] Are you familiar with IOM's DRR strategy- how does that tie into? Who developed the PNG DRR Strategy? (strengths/weaknesses)
45. [PM and others] The outputs (all the plans – SOP, DRR, CBDRM etc.) where all developed? Please explain the

process and reasoning? Examples of how they positively were used? How were they disseminated? (speak of each type of plan)

46. [COM, PM] How does this project fit into the plan for the mission, what is long-term plan for the mission?
47. [COM, PM] what other DRR projects exist and how do they inter-link?
48. [COM, PM, others] No mention of El Nino but apparently there is an El Nino proposal (see DRR Strategy and ECHO)

#### *Project design and activities*

49. [PM, others] What were the roles assigned to the different stakeholders in the development of plans, the awareness campaigns and the development of projects? (and women, disabled and youth?)
50. [PM, others] How do you work with children? Experience in this? Particular way of approaching them?
51. [PM, others] what is the size of the grants / contribution of IOM to the community plans? (are the key hole gardens and shelters always part of the plans or separate?) Have you provided any materials too or is the community expected to do that?
52. [PM, others] Awareness raising campaigns: any info on impact? Will they continue?
53. PM/COM: Is this project too ambitious? - Can we have an impact with so much? Particularly given the apparently high staff turnover (what is it?)

#### *Funding and long-term plans, resources*

54. [COM, PM] What has been the mission's fundraising strategy for DRR?
55. [COM, PM, RMO] How did you develop your projects (and budgets) to support current funding or needs
56. [COM, PM, RMO] What have you not been able to cover due to lack of funding?
57. [COM, PM] Which donors are involved in DRR and do they have a mechanism to coordinate (esp since not all of them are here)?
58. [RMO COM, and PM] What measures are in place to ensure that you are doing things the correct way? (E.g. travel? Follow up? Use procurement- recruitment.
59. [COM, PM, RMO] Division of labour? Use of staff in office? Recruitment of staff – sufficient? On-time? Where were delays if any?
60. [RMO]. Copy of the financial reports and PRISM reports?
61. [RMO, PM] Process used to check expenditure and plan for budget?
62. [RMO, PM] Process between RMO and PM?
63. [PM, RMO] Cost saving measures??

## **FOCUS GROUP DISCUSSION GUIDE**

**In each community the evaluator met with a group of women and men separately aiming to have about 12-15 people per group. This number was not always feasible as others came by either to listen, or to participate. Each focus group lasted from 25-45 minutes.**

**The questions served as a guide during the discussion. The interpretation was either done by an IOM staff member or a community member who could speak the local language and English.**

1. When did IOM first come here?
2. Why did IOM come?
3. What did IOM do with you?
4. What hazards affect the community? Floods waves, tsunamis. Strong wind.
5. When was the last time the community was affected by a disaster? King tide 2005
6. [Within the FGD] Who was involved in the plan?
7. Who is responsible for the plan?
8. What are the activities in the plan?
9. Who was involved in the activities?
10. Who made the decisions?
11. Do they feel consulted?
12. What did IOM do to help accomplish the plan?
13. What was IOM supposed to do that it did not do?
14. What did IOM teach you about disaster?
15. Do you feel prepared for a disaster? Do you have the info you need?
16. What has changed in the community? (for the specific socio-economic groups)
17. What Government support do you receive?
18. Do you feel that you benefited?
19. Does the committee work together?
20. Final- any final recommendations or comments ?

## Annex 5 PNG Field Itinerary

| Time                                     | Meeting/Visits                          | Location              |
|--|---|-----------------------|
| <b>Tuesday 26 January, 2016</b>          |   |                       |
| 4:55                                     | Arrival in POM                          | Port Moresby          |
| non-Evaluation related work until 28 Jan |   | IOM POM               |
| <b>Thursday 28 January 2016</b>          |   |                       |
| 13:30-17:00                              | Meeting with the Programme Manager      | IOM POM               |
| <b>Friday 29 January 2016</b>            |   |                       |
| 6:00                                     | depart to Popondetta                    | Popondetta            |
| 9:00-10:00                               | Interviews with RC and PA               | Provincial office Oro |
| 1000-17:00                               | Community Visit to Horau Huhuru         | Horau Huhuru Village  |
| <b>Saturday 30 January 2016</b>          |   |                       |
| 06:00-14:00                              | Community Visit to Pongani              | Pongani               |
| 17:00                                    | Interviews - IOM staff and facilitators |                       |
| <b>Sunday 31 January 2016</b>            |   |                       |
| 06:00-14:00                              | Visit to Eroro                          | Oro Bay               |
| 1500-16:00                               | Fly to POM                              | Port Moresby          |
| <b>Monday 1 February 2016</b>            |   |                       |
| 06:00-7:00 am                            | Fly to Lae                              |                       |
| 8:00-12:00                               | Boat Trip to Labu Tale                  | Labu Tale             |
| 14:00-16:00                              | Boat trip to Lagui                      | Lagui                 |
| 17:00-17:30                              | Meeting with the Red Cross              | LAE                   |
| <b>Tuesday 2 February 2016</b>           |   |                       |
| 6:00:00 AM-16:00                         | Launch of CBDRM Plan                    | Timini                |
|  | Meeting with PDC Director, PDC staff    | Lae                   |
|  | Overnight in Lae                        |                       |
| <b>Wednesday 3 February 2016</b>         |   |                       |
| 7:00                                     | depart from Lae                         | POM                   |
| 10:00                                    | Aaron Watts - IOM staff                 |                       |
| 14:00                                    | UNDP and RC's office                    | UN House              |
| <b>Thursday 4 February 2016</b>          |   |                       |
| 9:30                                     | CCDA                                    | CCDA                  |
| 11:00                                    | NDC                                     | NDC                   |
| 13:00                                    | Red Cross                               | Red Cross             |
| 14:00                                    | EU                                      | IOM Office            |
| 16:00                                    | EMTV                                    | EMTV                  |
| 17:00                                    | ADB                                     | ADB                   |
| <b>Friday 5 February 2016</b>            |   |                       |
| 9:00-11:00                               | Evaluator review and preparations       |                       |
| 11:00-13:00                              | Feedback Meetings with COM and PM       | IOM Office            |
| 16:00                                    | Fly out to Geneva                       |                       |
|  |   |                       |

## Annex 6 Summary of Field Visit sites

### **Horau, Oro Province; Phase I Community, Visited: 29-01-2016**

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IOM first came to this community in 2014. Participants explained that this community had struggled in previous disasters and continued to struggle due to natural disasters. IOM came to help the community “look after” themselves during disaster. The community is susceptible to various threats including floods, palm oil pollution (contaminated water), drought and coastal erosion. The last major disaster was Cyclone Guba in 2007 however since last year they have also been affected by El Nino drought. During the drought women had to walk further distance to get water for cooking and drinking. Food provisions were not a problem as the community primarily suffers from less food in the rainy season. During the drought, the community received 5 drums (200 litres each) of water from the New Britain Palm Oil company.<sup>78</sup>

Focus group participants explained how they had been put into different groups during the planning stages. Most participants reported that they felt that they had been properly consulted and benefited from the plan. One male participant highlighted that there were five villages within this ward (28) and that the other villages in the ward are not able to benefit as much. This person had attempted to include his community into some of the activities but due to the distance, most of the other villagers were not willing to come to Horau.

Women commented that those who were literate within the community understood the plan, others just followed along. The focus group members highlighted that the counselor (not present during the visit) was responsible for the plan along with the disaster committee.

In general, during the focus group, female participants commented that they liked the plan. When probed for examples, the participants mentioned hygiene; they were happy with the construction of the toilets and the added privacy it provided (for the moment, just a few households had toilets, it was not clear if these were being shared by some households or not). Women also received tips about caring for children and about gender equality. They reported that [despite being informed about gender equality] the women still did all the work generally but also during the disasters such as preparing, taking care of children etc. According to the women, conversations around gender only took place with the women not the men in the community.

As a result of the planning, toilets were built (thus far, five) based on local knowledge. In addition the community had planted bamboo trees which died out due to the sandy soil during the dry season. They were planning on replanting them. The community also dug out a ditch along the only path out of the village in order to drain the path during the rainy season. This was done using local resources (spades and bush knives) by the community themselves. The community also stated that they had built their shelters and community structures within the village yet these were not reinforced. The community had heard about keyhole gardening but had not been trained in this approach at the time of the visit. An evacuation route had been designated through the plan and the community had conducted a drill with IOM yet the route had not been cleared yet. During a walk through the community IOM staff explained that a health post is to be constructed and that there had been a commitment by health authorities to provide support (such as medicines) once the health post was built. The counselor is in charge of securing funds (yet was not there to confirm).

In general, focus group participants reported that they felt prepared in case of a disaster and knew what to do and where to go. Participants reported that IOM taught them a lot and they have learnt a lot. However there were still some who questioned what the purpose of their (IOM’s) visits were as they still had many needs that

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<sup>78</sup> This was a donation; the community is on the edge of the NBPO land. IOM helped facilitate this.

were not being met. Some commented that the lack of government support meant that there was expectations from IOM being the only organization helping them.

### **Pongani, Oro Province; Phase I community; visited 30-01-2016**

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During the visit to Pongani, the evaluator was able to hold a key informant interview with a community facilitator who had helped facilitate the CBDRM planning sessions and conducted two focus groups one with men (11) and another with women (7) of varying ages and from different socio-economic groups – elders, chiefs and lawyers, youth, women, widows/widowers, and church. The evaluator was able to walk around the community following the focus group discussions.

Pongani is made up of six villages, two of them larger and a few smaller hamlets all spread out. IOM first came to the community in 2013; the counselor had noted this down and was able to confirm the date as others had forgotten. IOM came to the community because the village had been hit by Cyclone Guba in 2007 and it was one of the worst affected communities by the cyclone. Subsequently, the community moved upland as they had been living on the coast in 2007 when the cyclone ravaged their village.

Since 2013, the community has experienced flooding and noted that their ability to report the flood to local officials was improved however relief support from authorities came three months later. Keyhole gardens were ruined, some were restarted but in general people found it hard to rebuild them and preferred returning to other traditional means of planting. The community is still susceptible to floods, heavy rains and wind. They have experienced two long dry seasons followed by monsoon rains.

Community participants explained that they had been dividing into groups in order to identify priorities. In the plan, priorities were stipulated by socio-economic group so all priorities were listed<sup>79</sup>. During the development of the plans, the various groups felt included. However, this has not led to systemic change in the community. “We find it hard to change our (ways) of living. (Women) are not equal partners” was said by one woman in the focus group. Men also confirmed that nothing has changed for some of the groups such as children, youth, disabled or women. One key informant did state that some women had become involved in planting and selling tobacco crops which is traditionally done by elders yet now provided these women with additional livelihood.

When asked who was responsible for the plan answers varied. Most said the counselor and others also said that the (DRM) committee was also responsible but others did not agree. They did not seem particularly convinced that the committee would make a difference.

Some of the priorities identified per group include: for youth, cocoa planting, fishing, and reforestation; for chiefs, services such as health, education. Priorities for the women included running businesses, learning to use sewing machines. So far the participants highlighted that few of these activities took place. Some started but were not followed up or completed. Initially the community had 117 keyhole gardens, now about a third still exist. The community did build a kindergarten classroom as well. The community also planted coconuts by the sea to stop coastal erosion and were pleased with that. The community also received a water pump from IOM however it has not been installed as technical support and additional materials is needed<sup>80</sup>. Participants highlighted that the community did try to complete the priorities that could be done by themselves such as tree planting, building

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<sup>79</sup> In other CBDRM plans, common priorities were found for the community not for each socio-economic group.

<sup>80</sup> During the visit, it was agreed between the community (and a specific volunteer within the community) and the IOM national officer that the community would bring an invoice to IOM to specify what was needed and the cost and IOM would follow up both with the LLG and IOM office.

school or toilets however people lost interest and went back to their ways. Overall, community participants commented that they did not feel that they benefited as “everything relies on money” and they also did not receive any government support.

IOM did show the community how to build and maintain a key hole garden, how to clean the community and household compounds and about hygiene. Furthermore, the community was taught about disasters – how to alert in case of a disaster, where to evacuate to and how to identify disasters (e.g. for flooding they look for thick clouds, and wind). One male youth participant stated “we were educated on how to sustain ourselves in case disaster hit us. (We) are able to react.” In general participants felt that they had increased their knowledge about disasters and felt prepared should they be affected by disasters again. The key informant also reported that community residents seemed more aware of weather patterns and their surroundings. The people have also realised the importance of traditional methods to sustain themselves during flooding or other disasters.

Since the beginning of the interventions with IOM, there was mixed opinions within the community – some were positive and excited and others skeptical. Whilst some participants highlighted that they were thankful of IOM’s presence, “before IOM came, we were lost”, there were still expectations that have not been met. One key informant highlighted that IOM became less involved when other communities (under Phase II) joined the project.

When asked what the community needed from IOM, the answers were “encouragement”, one elderly lady said “all the ideas are there, (we just) need something that will motivate us.” Other women requested support in carrying out little businesses, courses on hygiene and nutrition. One asked “what is IOM doing? Come halfway and meet us. The Government (should be) there but is not so all the focus is on IOM.” Participants asked that IOM considers funding the plan.

### **Erero Community, Oro Province; Phase II; visited 31-01-2016**

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The Erero community is made up of two villages and three hamlets. Visit coincided with a Sunday and due to church, the focus group discussion took some time to start. Initially the plan was to hold one focus group with women and then with men however as people trickled into the community from church, more people came to listen and participate irrespective of their gender. Two separate focus groups were finally held without separate of sexes. During the course of the focus group, it was apparent that the majority of participants had not been part of the CBDRM process itself (i.e. in the socio-economic groups).

According to participants, IOM initially came to Erero in 2014 and the plan was finalized in April 2015. . Not all participants were able to clearly state why IOM had come to the communities but some of the answers included to “help us”, provide services and address problems and because they had been affected by disaster before.

Some of the risks faced by the community included flooding, heavy rain and drought and rising sea levels. Participants agreed that they felt more prepared following IOM’s interventions and know what to do. Example included how to clear grass during droughts to build fire breakers; a technique which was used during a recent fire where only one house caught fire. The community also participated in an evacuation drill (organized by IOM) and identified an evacuation path. Trees were also cut around houses to ensure that they would not fall onto houses during natural disasters.

When asked more about the CBDRM planning and who decided on the priorities, participants answered that the leaders/chiefs of the villages were responsible, one person did highlight that most of the decisions were made by the community. Some of the socio-economic groups that participated included widows and widowers, children,

elderly (both women and men) and adults. Information was not entirely accurate (when comparing with the plan) due to the fact that the participants had not participated directly in the process.

When asked what activities were done as a consequence of the plan included helping with emergency evacuation routes, planting trees on the river beds (these had subsequently been washed away and need to be replanted), clearing a track to the school from the community (to avoid children having to use the busy road) which has subsequently been outgrown again, construction of a bridge that would allow community members on lower ground to access higher ground.

When asked who was responsible for the plan or how it was tracked, participants were less able to answer but did refer to it as "IOM's plan" and that IOM would be the one to check progress of the plan showing that there was not community ownership in the process (at least within the community members present). Participants were most satisfied with the bridge that was built by the community itself using local materials. According to IOM staff present during the visit, IOM did not provide any materials but did come and participate during the bridge construction, providing encouragement. IOM staff stated that the community hopes to have stronger materials for the bridge; this was not communicated during the visit by the residents.

Overall, whilst the community highlighted that there are other needs such as hygiene services, water and need for activities for youth to occupy them (and prevent drug and alcohol abuse), participants were appreciative of assistance received thus far.

#### **Labu Tale, Morobe Province, Phase I, visited 01-02-2016**

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The evaluator conducted two focus group discussions during the visit which had not been planned with the community. The first was conducted with women, initially 5 women and 6 children participated and subsequently other women joined; the second was with seven men.

IOM first came to Labu Tale in 2014. Women were not able to explain why IOM had come to the community however men highlighted that it was to make the community more aware about disasters in a disaster prone area. The community, situated on a sandbank between the sea and a lagoon is susceptible to flooding, king tide, tsunamis and strong winds. The last disaster was a king tide in 2005.

Participants claimed to be more prepared for natural disaster as a result of IOM's interventions. Children present recalled how to be aware of potential disasters such as receding waves and the disappearance of birds indicated the arrival of a tsunami, and they knew where to escape in the event of a tsunami. Community evacuation system was also in place such as the use of the *garamut* drum and IOM informed them of the emergency items that should be available in each household. These kits had been available at some point but now the households have used the materials. The biggest need within the community however was a proper escape route from the stretch of land to the main land across the lagoon. Initially the community had a bamboo bridge which subsequently broke; in 2015 the community started building a more permanent bridge however this one is not completed and is part of the CBDRM plan.

All of the men present during the FDG and some of the women were involved in the CBDRM planning for the community. Socio-economic groups includes widows, widowers, school-aged children, mothers and youth. Participants reported that they were consulted during the process of the CBDRM. There is a DRM committee (including men and women) in the community who were active during the CBDRM process but less so now. Their responsibility included being aware of the handicapped people in the community and to follow-up on the training

provided by IOM. The committee is also being used for other responsibilities as they are less involved in the plan now.

Some of the activities that came out of the plan included information on conservation gardening (keyhole gardens) – IOM informed them about this but according to participants they did not receive other support on this. Approximately 40 gardens were done according to the participants and a few are remaining. Some claim that they could not continue them due to soil erosion. Community planted trees along the shore to avoid coastal erosion and were trained in hygiene and sanitation. For a while a rubbish pit had been dug out to avoid throwing rubbish into the sea however now it is a combination of the pit and the sea. According to the FGD about one third of the households have toilets. Most of these activities were done by the community itself. Whilst the participants highlighted that there were little changes, overall the intention and motivation for the activities had died down. One priority stated by the participants was first aid training and access to water however the greatest need that was repeated often was the completion of the bridge as this links the community with safety and also can facilitate access to the water supply. In addition, vulnerable residents would not be able to escape during a disaster without this bridge.

Overall, participants appreciated the support they received from IOM but felt that they should receive more support and that currently the changes were on a standstill and they require further visits from IOM. Once again the bridge was highlighted as a priority together with better access to water for the community. Participants believed that if IOM can help set up water support, they could get the government to back it up. During the visit a water engineer from the Department of Health had joined who has been tasked with trying to find a source of water for the community. A pipe could be installed to provide water directly in the community but a bridge would be needed for that as well.

A classroom had also been built in the community (an ADB project) which, according to IOM staff, was also based on the efforts undertaken during the CBDRM process.

### **Laugui, Morobe Province, Phase I community, visited 01-02-2016**

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During the visit to Laugui, two focus groups were held- one with women which initially started with 5 women and ended up with 28 and another with about 10 men. The women who participated in the FGD were not present during the planning of the CBDRM so were unable to answer some questions pertaining to the process.

Participants stated that IOM had come between 2013 and 2014 to the community. Women could not answer why IOM had come but men stated that it was to gather information about disaster and also that the area (Salamaua) was a disaster zone (the community lies on an isthmus and accessible by boat from Lae, the capital of Morobe province). Some participants stated that IOM's goal was to help secure the community prior to the next disaster. Disasters include strong winds, rising sea levels, king tides and tsunamis.

When asked if they felt ready in the event of a natural disaster, participants highlighted that they know more, understand more about some of the hazards and know where to go. Women stated that they had seen pamphlets (as part of awareness raising) and found information about strong winds and other hazards that affect the lives of people.

When discussing the CBDRM process, women could not explain how the plans had been drawn and decided; they had only participated in the launching of the plan during which the process of the plan was discussed but not the content of the plan. The men stated that IOM and four others (it was assumed to be part of the committee members) had decided on the plan. None of the participants mentioned socio-economic groups. When asked

who is responsible for the plan, answers varied from: the community, the counselor, the committee. When asked what was in the plan, answers included constructing a sea wall, keyhole gardens, water and relocation. IOM provided training on keyhole gardens, the initial seeds were first distributed by IOM and then local seeds were used however according to participants only about 8-10 gardens are still being used. One woman explained that she ended up doing a keyhole garden herself when she saw others do it, without IOM training, however after the initial harvest she did not take it up again. An evacuation plan was also created which includes an early warning system and identification of four safe areas.

According to participants IOM also started working on the water supply as the current water supply is either very far and taken from a river or closer but in another part of the land that belongs to Lae companies' holiday homes, "expat housing" which the community only uses when the expats are not on the island. One woman stated "we are like donkeys" bringing water to and from. Men stated that "IOM talked a lot" but so far there is no water supply. During the visit, a water engineer from the Ministry of Health was present and had already been at the village to determine how best improve water supply for the community. There are high expectations from the participants that this will be done.

When asked what they expected from IOM, answers included follow-up and feedback on the plan, talking through the plan. Others highlighted again the water situation and the need for a solution nearby. One participant highlighted that "the community and IOM (have) failed" and expressed the concern that the Disaster Management committee should do something and that there was not a strong enough commitment.

## Annex 7 Logical Framework Review

In this section, the logical framework<sup>81</sup> will be reviewed and where necessary suggestions will be made. Overall, there is a need to mainstream gender within the logical framework.

| Results   | Comments  |
|---|---|
| <p><b>Objective</b><br/>To increase the resilience of disaster-affected and at-risk communities in Papua New Guinea and empower them to independently cope with and respond to disasters and the effects of climate change.</p> <p><b>Indicators</b></p> <ol style="list-style-type: none"> <li>1. Number disaster-affected provinces that have developed sustainable livelihoods, resilient infrastructure and have increased awareness on DRR;</li> <li>2. Level of coordination between government and disaster affected communities.</li> </ol> | <p>This should be aimed at a higher level not just community level since this supports Government efforts.</p> <p>Indicators should be based on how to measure the objective albeit with the understanding this would be difficult. My suggestion would be to have perception indicators that could determine whether this has been changed. Furthermore this could also be surveyed at the level of the authorities.</p> <p><b>Recommendation for the Objective:</b><br/>To contribute to the Government of Papua New Guinea’s efforts to increase resilience of disaster-affected and at-risk communities and empower them to independently cope with and respond to disasters and the effects of climate change.</p>   |
| <p><b>Outcome 1</b><br/>Strengthened capacity of targeted disaster affected communities in Madang, Milne Bay, Bougainville, Western, Gulf, Jiwaka, Simbu, East New Britain, New Ireland, Morobe, Oro, West New Britain provinces to mitigate and adapt to disaster and hazard shocks.</p>   | <p>There should be more than one outcome in light of the differing aspects of the project – community level support, government support and awareness raising. The proposal suggests 4 approaches and these could be further developed into similar outcomes to make a stronger link between the approach and the outcomes.</p> <p><b>Examples of suggested outcomes:</b></p> <ol style="list-style-type: none"> <li>(i) Strengthened capacity of disaster management agencies at provincial and district and sub-district level to reduce disaster risk, in line with national policies, priorities and systems</li> <li>(ii) Rural communities are [involved] in sustainable livelihood activities</li> <li>(iii) Communities and governments are able to prepare/respond to disasters</li> </ol> |
| <p><b>Indicators</b></p> <ol style="list-style-type: none"> <li>1. Implementation of the standard operating procedures from community level to national government level.</li> <li>2. Number of provincial and district emergency response plans</li> <li>3. Number CBDRM plans in place in communities</li> </ol>  | <p><b>Indicators:</b><br/>Recommend that indicators provide more indication of how the communities mitigate and adapt to shocks. These could be perception indicators (what the community reports about itself) or specific measures of improved response during a disaster.</p>  |
| <p><b>Output 1</b><br/>Disaster-affected communities and government have increased and resilience and greater capacity to mitigate disaster risks</p>   | <p>Outputs are directly linked to what the project can attain and deliver such as specific products or increase in knowledge or skills. With some small adjustments this</p>  |

<sup>81</sup> As a means of making this more useful for the team, the Phase III framework is being assessed.

| Results  | Comments   |
|--|--|
| <p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1. Number of communities participated in the CBDRM planning, and used the CLS/Resilience building training skills.</li> <li>2. Number of beneficiaries supported to implement community action plans and mitigation strategies</li> <li>3. Number local and district level government officials participated in CORE training and ToT for CBDRM planning</li> <li>4. Number of children, youth and people living with disabilities involved in resilience and CBDRM planning</li> </ol> | <p>output could be more linked to the development of the CBDRM plans to help mitigate disaster risks which would be more achievable at an output-level. There should be one output for the communities and one at the government level and subsequently the indicators could be split accordingly.</p> |
| <p><b>Output 2</b><br/>Community members equipped with skills and knowledge in sustainable farming, and supported in mitigation activities that reduce local vulnerability to hazard shocks and disasters</p>  | <p>This is a good output linked to increase in knowledge which is the appropriate level of change for an output.</p>   |
| <p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1. Number of builders trained</li> <li>2. Number of shelter assessment conducted</li> <li>3. Number of government officials and community mentors attended TOTs</li> <li>4. Number of farmers trained in conservation agriculture</li> </ol>  |  |
| <p><b>Output 3:</b><br/>Communities increase awareness of DRR and better prepared to respond to disasters</p>  | <p>This is an appropriate output. Indicators could also include knowledge assessment information which is already being measured by the project (baseline assessments). Knowledge gained could therefore be measured as well.</p>  |
| <p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1. Number of people reached in awareness sessions on emergency preparedness.</li> <li>2. Number billboards installed and increased printed, radio and television messages</li> <li>3. Number of drills conducted at district level on disaster preparedness and response</li> </ol>   |  |