

Independent Evaluation of Nabire Health and Disaster Management Project

MANAGEMENT RESPONSE

Prepared by: Disaster Response Unit

Approved by: Jacqui de Lacy

Aid Activity Summary

Aid Activity Name			
AidWorks initiative number	ING085		
Commencement date	June 2006	Completion date	December 2009
Total Australian \$	\$3.7m		
Total other \$	N/A		
Delivery organisation(s)	Project Concern International		
Implementing Partner(s)	Project Concern International		
Country/Region	Indonesia / Papua		
Primary Sector	Maternal and Child health; Water and Sanitation; Community Based Disaster Risk Management		

Aid Activity Objective:

- 1) To reduce mortality and morbidity among women of child-bearing age and children under five in selected sub-districts of Nabire and;
- 2) To reduce community vulnerability to future disaster in selected sub-districts of Nabire.

Independent Evaluation Summary

Evaluation Objective: To assess:

- the effectiveness of the CBDRM approach implemented in the NHDM Program and identify factors constraining its success
- the most effective ways for conducting CBDRM activities
- the extent to which the NHDM CBDRM approach supported more active engagement of local government in disaster management.

Evaluation Completion Date: 22 December 2009

Evaluation Team:

David Farrow, Team Leader

Mr. Methodius Kusumahadi, Community Development Specialist;

Supported by the following AusAID staff: Mr. Jeong Park, AusAID Disaster Management Adviser; Ms. Santi Handayani, Decentralisation Section; and Ms. Endang Dewayanti, Disaster Management Unit.

Management Response

Overall, the review report is comprehensive and of good quality. It demonstrates an understanding of the project and the complexities of integrated community based disaster risk management (CBDRM). The review team have provided thoughtful analysis and useful suggestions to move forward.

The key value of this review is in guiding the design and implementation of future CBDRM activities in Indonesia. The 'lessons learnt' in the review provide a good basis for AusAID's engagement in the CBDRM sector in the future. The review findings have been provided to the Australia-Indonesia Facility for Disaster Reduction (AIFDR) which now has responsibility for CBDRM activities in the AusAID Indonesia program.

As the Nabire Health and Disaster Management Project has been completed no action is required in relation to the management of the Project.

Recommendation One

Recommendation: Given the limited consolidation of some of the changes introduced into villages through NHDM activities (due to the short implementation time), the sustainability of benefits could be strengthened if an appropriate agency can continue at least limited monitoring support for the changes. It is possible that this responsibility could be taken on by government if there is sufficient capacity and commitment. Present indications of this happening are not strong however and a better option would be to fund PCI so that they can provide limited monitoring and support for consolidation of outcomes for a further 12 to 18 months. Alternatively, a level of support could be incorporated into Oxfam/PRIME¹.

Response: We agree that the sustainability of the project is limited. We disagree that extending the project for a short amount of time will increase its sustainability and consolidate the outcomes. It is also our view that Oxfam/PRIME is not an appropriate vehicle to support NHDM.

Actions: The NHDM project finalised as scheduled at the end of 2009.

Recommendation Two

Improve the likelihood of effective and sustainable outcomes in CBDRM by increasing coherence and harmonisation amongst AusAID funded initiatives in the same region – in this case, NHDM (until December 2009), PNPM /RESPEK programs and Oxfam PRIME. This should encompass influencing necessary changes in public policy; sharing and harmonising community planning and engagement strategies; and optimising resources to obtain the most effective outcomes.

Response: Agree

Recommendation Three

To contribute to the successful design and implementation of CBDRM activities, AusAID should develop principles, strategies and program management mechanisms for effective approaches to CBDRM based on its own experience and expertise and that of other organisations. This should include strategies for adequately resourcing the community development and disaster risk management aspects of the activities, especially in light of the difficulties PCI experienced in recruiting and retaining staff for NHDM.

Response: Agree

Recommendation Four

CBDRM is a part of broader community development processes and successful, high-quality community development initiatives from Indonesia and elsewhere should be referenced when designing activities that include CBDRM elements.

Response: Agree

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¹ AusAID is funding Oxfam to deliver 3 years of CBDRM activity in Eastern Indonesia including a two-year intervention in Nabire. If it is expected that NHDM work, especially in the CBDRM component, would be continued through Oxfam's activity then this role would be relatively simple to establish.

Recommendation Five

Sufficient allowance should be made in activity designs for community development initiatives to provide for comprehensive training of staff to ensure optimum quality of activity implementation. Such training will include formal and informal components; follow-up and refresher training and review; and mentoring; and is likely to continue throughout the initiative.

Response: Agree