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Greetings, etc
Special Thanks to Staff and GOTN

One year into this process, **we have made good progress** despite challenges. CARE has been able to provide direct assistance to more than 100,000 persons through relief assistance, temporary shelter, water and sanitation activities and psychosocial care. Our ongoing cash for work activities are helping communities earn the money they need to tide over these difficult times while also rebuilding community infrastructure.

Of course, there is much more to be done, and CARE is committed to the end. Over the coming year CARE will provide 2,153 permanent houses and will help communities re-establish their livelihoods CARE will spend in the region of US\$40 million over a period of 5 years in India. Of this we have spent about **US\$ 10.5 million in 2005**.

Immediately following the disaster, for a period of about 3 months, we met the basic needs of 20,000 surviving families in Tamil Nadu by providing temporary shelters, water purification materials, culturally appropriate clothing, plastic sheeting for temporary shelter, sleeping mats, sheets, soap etc. We also provided school kits, allowing over 20,400 children to continue their studies and maintain a sense of

normalcy during this difficult time. CARE also helped families cope with the severe mental effects of the tsunami by training 1,590 local child specialists, teachers, self-help group workers, and health sector personnel to help people overcome their loss and participate in the rehabilitation process.

Next, CARE concentrated on building temporary shelters – of which CARE built 522 and refurbished over 1,000 – and installing water and sanitation facilities to benefit people at 70 locations. The transition back to normalcy has now begun with people getting back on their feet. CARE is working with 25,000 people to help them restart their livelihoods.

CARE's work is reaching 100,000 people in the tsunami-affected areas with one or more type of intervention.

The Tsunami Response Programme (TRP) of CARE– India is operational in the three most affected districts of Tamil Nadu; namely – Nagapattinam, Cuddalore, Kanyakumari and Karaikal in the union territory of India. In Andhra Pradesh the TRP is spread across four districts; namely – Nellore, Prakasham, Guntur and Krishna. With an overall objective of restoring and promoting opportunities for the poor and vulnerable households CARE is today running four major programmes:

1. Community Micro Projects
2. Shelter Programme
3. WATSAN
4. Psycho social care

The total budget (till Dec 2005) for the Tsunami response programme is 6273427 USD

Community Micro Projects

Livelihoods regeneration is a critical aspect of Tsunami rehabilitation work. CARE has initiated the restoration of livelihoods through a unique community “micro-project” initiative. This initiative is centered on community mobilization and scaling up of learning acquired through focused micro projects for wider applicability.

Following a vulnerability assessment in 81 of the worst affected villages in Tamil Nadu, CARE selected 16 partner organisations to help focus on livelihood issues faced by women headed households and other socially excluded communities such as tribals and dalits. Having prioritized their needs, NGOs in consultation with the communities have developed proposals centered on six major areas of Community Micro Projects interventions:

- Livelihoods promotion
- Ecological restoration
- Infrastructure restoration
- Education and disaster risk mitigation
- Psychosocial care
- Advocacy on entitlement of benefits

Programme Strategy:

The program strategy takes on two dimensions:

1. Focusing on stabilization and restoration of livelihood through community implemented micro projects that address livelihood dislocation, income flow, establish credibility of participants, facilitate access to productive assets, ensure that systems and mechanisms for entitlement programs work in an equitable manner and address concerns of the broader constituency
2. Adoption of rights based and institution building approach. The program will be implemented largely through existing structures that represent the community both at district and community level. It will involve strengthening and restoring of existing institutions and their capacities with equal and fair representation within these institutions. The program will ensure inclusion and participation in consensus processes, promote mechanisms for transparency and community auditing, promote and facilitate institutional synergies and lastly, advocate for rights and entitlements

Area of Implementation

State	Districts
Tamil Nadu	Kanyakumari
	Nagapattinam/Karaikal
	Cuddalore
Andhra Pradesh	Nellore
	Prakasham
	Guntur & Krishna
Total	7 districts

Number of implementing partners: 14 in Tamil Nadu and 18 in Andhra Pradesh.

Number of beneficiaries reached: 25,000 as on August 31st 2005.

Major Achievements:

- Acceleration in generating initiatives

Care has been able to generate a large number of Community Micro Project proposals in a short span of time. This in spite of the fact that we have come back to work in Tamil Nadu after almost two decades. 62 proposals have been raised as on 1st of September 2005.

- Identifying appropriate NGOs

Identifying NGOs was a challenge and CARE succeeded in partnering with some of the leading NGOs in all the three districts. In Nagapattinam we are partnering with four NGOs

including DHAN foundation, ANNAI, BWDC and SEVAI. Cuddalore includes another four partners; MNTN, BLESS, CREED and CSSR. Kanyakumari has five partners including SOSOD, Good Vision, Center for Hope, Stella Maris, TSSS.

- Community focus

All livelihood initiatives emerge from a proper assessment of community needs. The implementation of all programmes is based on documented community resolution to minimize possibilities of conflict situations. CARE focuses on the most socially and economically marginalized groups giving special emphasis on women headed households and Dalits, etc.

- Holistic perspective

CARE's livelihood programme goes beyond boats and nets and is not just restricted to asset and income based livelihoods. The livelihood promotion initiatives are accompanied with parallel focus on ecological restoration, psychosocial care and disaster risk mitigation. The objective is to develop a livelihoods programme that preserves the coastal habitat while restoring the people's livelihoods.

Major Challenges:

- Strengthening the community process

Community mobilization has been sometimes very difficult. For instance we have experienced that NGOs have a tendency to short circuit community process. Perhaps because some NGOs working with CARE in Tamil Nadu have not been exposed adequately to the Rights based approach. Community resolution is one process, which sometimes appears to be a disincentive to the NGOs in the field.

- Proper integration of disaster preparedness, education and psycho-social care.

We are receiving enough proposals on livelihood restoration and promotion. However, disaster preparedness, education and psychosocial care issues that are not so directly linked with basic needs still need to be integrated well in the livelihoods programme.

- Building in longer term financial institutions and market linkages.

Greater focus needs to be put in developing long term financial institutions and better market linkages for making livelihood efforts sustainable.

Future plans of action

Linkage to micro finance and alternate collaboration with fisheries based livelihoods

Psycho-social care

The psycho social care programme envisages empowering the community through training, supporting, hand holding to cope with their psychosocial trauma and integrating the care with their other activities.

Programme Strategy:

Partnering with the National Institute of Mental Health and Neurological Science for training the field functionaries of Govt departments and NGOs on provision of psychosocial Care to the affected communities so that they can use simple methods like empathetic listening to enable affected persons to ventilate their feelings while at the same time offering referral services through NIMHANS functionaries.

Nature of intervention:

Training of government and NGO field functionaries on methodology to be used to interact with the affected communities so that they are able to provide the necessary psychosocial care and support.

Area of implementation

3 affected districts of Tamil Nadu and 4 districts of Andhra Pradesh.

Number of beneficiaries reached:

1200 field functionaries trained through 52 training programmes.

Major achievements in the relief and rehabilitation phase:

- Sensitization of all field functionaries to the importance of dealing with psychosocial trauma.
- Preventing through psychosocial support increase in other problems like violence.
- Ensuring children continued coming to schools and preschools through sensitization of teachers.
- Prevention of other psychosocial stress.

Major challenges

- Linking it with livelihood based programmes.
- Developing clear measurable indicators.

Future plans of action

- Integrate PSC interventions through GO, NGO and other sectors
- Establish community based support groups for women, men and children
- TOT to broad base psycho social care
- Organizational development and strengthening of personnel (stress management)
- Integration of psychosocial care into general health care
- Tracking change and impact assessment in a scientific manner
- Sensitization of care personnel on PSC activities and stress management during emergency situations
- Networking and information sharing on PSC

Shelter Programme

Livelihood regeneration is critically linked to reconstruction activities in the aftermath of the tsunami.

Programme Strategy :

CARE's permanent shelter programme is being implemented through NGOs who have formed Village Monitoring Committees (VMC) which help to implement the project according to community's requirements. These committees have village representatives from various groups like the panchayats and SHGs that help to voice the needs of the different sections of the society. The shelter programme is guided by the Government policy and permanent housing is undertaken in land allocated by the Government.

Area of implementation:

3 Districts of Tamil Nadu and 1 district in Pondicherry, the Union territory of India.

Temporary shelters:

CARE built 522 temporary shelters in Pazhyar village in Nagapattinam district of Tamil Nadu. An additional 100 were built by the salvation army which was later enhanced by CARE's initiatives. Out of the total 622 shelters the Government provided thatched roofing for 501 shelters and the remaining 121 was provided by CARE. In addition to this CARE provided electric fans in Pazhyar to reduce the impact of severe heat in the summers. Thatched roofing was also done in 212 shelters in Pattinacherry and 116 shelters at Cooksroad in Nagapattinam. In Cuddalore, the flooring was raised in 394 Government constructed temporary shelters and 7 Anganwadi centres. In addition to this flooring was also raised in 20 houses of Thazhanguda village in Cuddalore. This helped the shelters from getting flooded in rains. In several temporary shelters extra shelves were provided to increase space for keeping material. A provision of private space was created by a division in the room give some private space to women and adolescent girls living in the temporary shelters.

Permanent housing:

CARE has committed to build 2153 permanent shelters in the three Tsunami affected districts of Tamilnadu (Cuddalore, Nagapattinam and Kanyakumari district) and in Karaikal (Pondicherry). The houses are being built according to Govt. guidelines covering approximately 350 square feet costing around 1.5 lakhs per house. All habitats would be accompanied by necessary infrastructure like roads, street lights, drainage system, schools, health center, children's park, drinking water facility etc.

Permanent Housing in Tamil Nadu

Name of the District	Name of the site	Partnering NGO	Number of houses
Cuddalore	Pillamedu	CREED	82
Cuddalore	Kalaingarnagar	CREED	165
Karaikal	Mandapathur	SEVAI	100
Karaikal	Nadukulampet	SEVAI	15
Nagapattinam	Palayar - I	SEVAI	400
Kanyakumari	Neerodithurai	SOSOD	126
Cuddalore	Pudukuppam	Mata Amritanandmayi	140

Nagapattinam	Pandugasalai	Mata Amritanandmayi	50
Nagapattinam	Keezhapattinachery	Mata Amritanandmayi	200
Nagapattinam	Palayar - II	CREED	325
Nagapattinam	Madavamedu	Chaintanya Seva Samiti	127
Total	11	05	1730

(Items in blue indicates only proposed activities)

For the balance 423, land clearance has not been obtained from the government.

Number of beneficiaries reached:

Around 9000 taking into account the fact that an average family would consist of 5 members.

Budget for Shelter till Dec 05: 4011000 USD

Major Achievements:

- Community participation in the entire process.

CARE is developing all its shelter programmes through a Village monitoring committee (VMC). The NGO is directly responsible for the construction without sub-contracting. The community is involved in each stage from design development to monitoring of the construction. The NGO presents 5/6 demonstration models based on UN and Govt. designs that are discussed with the community for their approval. Design modification has been undertaken taking into consideration the special needs of the socially excluded and the traditional needs of the community.

- Basic amenities included in layout plans.

The layout plan is based on the G.O.172 guidelines and it includes disaster resistant houses with all the basic amenities such as electricity, drainage facilities, roads, children's park, health clinic, school and community center.

- Created awareness of people's rights through shelter advocacy booklets.

We have tried empowering the community by creating awareness about the construction process through shelter advocacy booklets. These booklets aim to educate the community about their rights in the shelter construction process. It also guides the NGOs to pay special focus on the socially excluded and the traditional needs of the community.

Momentum on the ground with Govt. engagement

The Government has provided support at each level by speeding up the approvals and conducting regular monitoring exercises.

Major Challenges:

- Material and labour availability

Material and labour availability to keep in line with the time plan and the budget for permanent shelters is a major challenge as large scale construction activity is ongoing at all the sites by various agencies involved in rehabilitation activities.

- Budget management with rising cost of brick and sand

Most NGOs are into shelter construction often resulting in a short supply of brick and sand. Consequently the price of brick and sand has been rising and it is challenge to manage the budget in such circumstances.

- Timely allocation of land.
In some locations of Nagapattinam land allocation has still not been made. Issues need to be resolved in approximately 70% of the villages of Tamil Nadu.
- Proper water supply to the construction site.
In some construction sites water tankers are being used for constructing shelters. This is because the water available is very saline. The cost has gone upto Rs3500/- per house for freshwater.
- Support in leveling land in low-lying areas.
In some places the land allotted is uneven and Govt. support would facilitate in managing the overall construction costs. In Pondicherry low lying areas are being filled by Govt. but the Tamil Nadu Govt. is yet to provide similar support.

Future plans of action

Extending Shelter activity to Andhra Pradesh (demand has come from the government)

Water and Sanitation (WATSAN)

Provision of water and sanitation facilities to the Tsunami affected communities on one hand while ensuring health education for use and maintenance of the infrastructure.

Programme Strategy: Installation of hard ware components relating to installation and repair of WATSAN structures and ongoing training for health education.

Nature of intervention:

Activity	Plan	Achieved till July	Improvements made in July	Achievements till September
Household toilets	4440	4180	770 ***	460 undertaken for improvement 746 newly constructed.
Community toilets	28	18*		313 – improvements 5 new
Community bathing cubicles	16	16	133	633)
Community washing platforms	11	11		-
Shallow hand pumps	492	335		29 completed
Water storage	20,000	20,000		-

containers				
Open well cleaning and disinfecting	55	19		6 completed
Pond de-silting	18	1		26 completed 4 in progress
Deep bore well with India Mark-II hand pump	3	3		12 completed
Piped water supply scheme	2	1**		15 completed (8 drinking 7 domestic)

* No permission from forest department for 10 units

** No land available for well sitting

*** Division of data into household and community toilets not known

In addition, the following interventions were undertaken.

- Twenty five ECO SAN toilets were constructed in July. Twelve of these were provided with water supply and tap connections, and new bore wells were provided for ten of them.
- A water storage pump and a desalination plant were constructed at Theti.
- Drainage construction was undertaken for a length on 2540 meters.
- Improvement of school toilets in the village Akkaraipettai.
- 1 Bio friendly DeWat system has been constructed
- 1 School toilet has been constructed.
- 2770 m of drainage construction is in progress/1500 m in progress
- 25 ECO SAN toilets constructions.
- 3 desalination plants under construction. .

Software components

- General awareness on health and hygiene
- NGO staff training on Health and hygiene
- Hygiene promotion training for SHG members
- Hygiene promotion training for Teachers
- Hygiene promotion trainings in Schools and Anganwadi
- Formation of WATSAN committee and training on O & M
- O & M training on manually operable RO system
- Training on Usage of water quality testing kits

Area of implementation:

70 habitations were reached in Kanyakumari, Nagapattinam and Cuddalore districts of Tamil Nadu and Karaikal in Pondicherry.

Implementing partners for WATSAN:

SCOPE, SEVAI, SOSOD, AWED, BLESS

Number of beneficiaries reached:

20,000 families

Water and Sanitations (WATSAN)

Major achievements in the relief and rehabilitation phase:

- Coverage of 20,000 families through WATSAN activities.

With the support of US AID, Pfizer, DEC and CIDA; we were able to reach 20,000 families who were displaced after the tsunami. The families who have been shifted to temporary shelters in 70 locations were provided with adequate water and sanitation facilities. While doing this, in most locations, we were able to follow the Sphere standards.

- Setting up of 11 WATSAN resource centre at Cuddalore

To keep the community informed about the advantages and benefits of the usage of sanitation facilities and also informing about the best practices to be followed for having a better healthy living condition. In addition to this these centers also attempt to integrate the hardware components with the software components and help in forming WATSAN committees to maintain and manage the assets created.

Major challenges:

Water contamination and excess salinity:

The improper disposal of solid waste, inappropriate technology adopted for construction of toilets is some of the major reasons for water contamination in several areas. Excess salinity of water inhibits the process of following best practices in sanitation and personal hygiene.

Changing people's mindset in using toilets:

This has been age old problem in rural areas where people are used open defecation. The resource center is conducting trainings for the village level volunteers to sensitize and change mindsets of the people.

Technology for shallow water table area:

Identifying the right technology for both water and sanitation activities in a shallow water table area is a constant challenge. The leach pit model which is normally adopted needs five feet deep pits which is much more than the static water table in these areas. Because of this construction itself is a problem apart from the possibility of directly contaminating the ground water sources.

Future plan of action:

Reaching out to Andhra Pradesh

ADVOCACY WORK

CARE's advocacy work is focusing on creating/strengthening networks of INGOs as well as strengthening community voices on the themes of inclusion of vulnerable communities, transparency and accountability. All the advocacy initiatives are guided by the rights based approach that strengthens and uses institutional capacities.

Major Achievements:

1. The Advocacy unit has completed four communication/advocacy booklets for grassroots level workers in the Tsunami affected areas as well as a policy brief on resettlement issues which addresses macro level issues of exclusion. They are titled as follows:

- a) Shelter Rehabilitation: Issues to Consider while planning shelter construction as part of post disaster rehabilitation.
- b) Transparency, Participation and People's Audits – In post disaster response.
- c) Towards Inclusive Relief & Rehabilitation Interventions – Issues and Actions for Post Disaster Response.
- d) Rebuilding Hope and Justice: Handbook for Aid Workers In Natural Disasters by Harsh Mander

These booklets have been widely disseminated among partner NGOs and major information networks like TNTRC, TRINET and NCRC. They have been uploaded onto several websites and NGOs are using it as a guide to ensure greater community participation at each stage in the shelter programme. CARE has been using them in their own micro projects.

2. Advocating for humanitarian principles and standards

The temporary shelters were built by organisations in an emergency to achieve a very short deadline set by the Govt of Tamil Nadu. This seems to have happened to get people out of large camps which were becoming difficult to handle. Another reason seems to have been that as the camps were housed in schools, their continued occupation would have affected the academic schedule. The outcome of the emergency construction was that in most places SPHERE guidelines were not adhered to, making life very difficult for the inhabitants and leaving the shelters vulnerable to various kinds of risks.

In June, temporary shelters in Kargil Vetri Nagar caught fire. CARE responded with immediate relief. Additionally, based on the questions which arose out of the tragedy, CARE mobilized NGOs and INGOs in a meeting organised on 28th June 2005 to address the issue of vulnerability of Temporary shelters after 500 houses were burnt down in Chennai. The outcome was that a vulnerability assessment has been initiated and the analysis of data received from Nagapattinam and Kanyakumari has been completed and shared with the NGOs.

The analysis of the temporary shelter data aims to develop an argument around the vulnerability to fire, floods, disease and health implications on the people living in these shelters. This is an ongoing advocacy initiative, as the permanent shelters are not expected to be ready at least till next summer in most locations and continued follow up is required to focus attention of all concerned on their problems.

Recently, the Tamil Nadu chapter of Sphere India was inaugurated on the 23rd Sept 2005. CARE is part of the steering committee for this endeavour. CARE is currently preparing to arrange training on Sphere standards for senior IAS officers of the Tamil Nadu Govt.

3. Social exclusion

CARE, in partnership with Christian AID and others has been leading the development of a social equity audit initiative, aimed at lobbying for greater inclusion of socially vulnerable communities in the Tsunami response. The initiative has carried out its first social audit; and is in the process of developing a cadre of social auditors, linked with a secretariat that would support and advocate for inclusive responses.

A workshop was organised by CARE to arrive at a shared understanding about the issue of social exclusion among our partners in the Community Micro Projects programme. The workshop aimed to enable the participants to identify the kinds of social exclusion in their programme area and to develop a plan of action to address it.

CARE is taking special care to emphasize the issue of inclusion in various forums. In the fourth DEC meeting it emphasized the need for the guiding framework for relocation and reconstruction of homes to include a clear definition of the disabled, children and old people in the definition of vulnerable groups.

4. Community based disaster preparedness

CARE is working with UNDP and Oxfam to initiate a network around CDBP, with specific focus on issues of institutionalization, insurance and livelihood security. A workshop on this is proposed for December to inform the newly set up National Disaster Management Authority for whom this has been identified as a prime focus area.

Major Challenges:

1. The Govt. is aiming to have maximum houses built by the first anniversary of the Tsunami. This is tremendous pressure on all implementing organizations and it is a constant challenge for everyone to adhere to the principles of community participation in these circumstances. CARE however is taking focused initiatives to ensure community participation at each stage. A self assessment checklist has been prepared as an advocacy tool to study the community participation in the shelter construction process. The aim is to compile the results of this assessment and share it with the media in the coming months for propagating best practices.
2. Inclusion of all communities that were part of the coastal economy but did not incur any asset loss is a continuing challenge. The farm labourers, dalits, salt pan workers and widowed women continue to require special focus.
3. Concerns are also raised regarding provision of boats at random without adequate understanding about its impact on the coastal environment. The community boats prepared by CARE in association with ECHO have very appropriately addressed this issue at the planning stage itself. (Story attached for reference).
4. In the shelter work several networks are conducting vulnerability studies and there is very little coordination in developing a collective understanding about the research findings. CARE has undertaken an initiative with Tata Institute of Social Sciences (TISS) to conduct a study that would present a comprehensive understanding of the current situation and lessons learned in addressing disaster response issues. This document would be released on the first anniversary of the Tsunami as a part of reflection on the last one years work in the Tsunami Response Programme of Tamil Nadu.
5. Networking on the issue of transparency and accountability has also been a challenge as most organizations are not proactive on this issue.

Future Plans:

The advocacy work would continue to build upon the efforts made in 2005, like wide dissemination of guidelines on shelter in local languages, building capacities of NGOs around themes like community action and disaster preparedness and end of the year events to highlight

these themes. The main plank of all these efforts in CY 2006 will be institutionalization of '**Village Monitoring Committees' (VMC)** across all programmes to facilitate the strengthening of the community voices for advocating for their rights.

Some of the major activities would include:

1. A group of trainers will be developed who will institutionalize the VMCs by training them to conduct social audits.
2. Focused policy research to address the issue of social exclusion in the shelter and livelihoods policy.
3. To strengthen the disaster preparedness initiatives in the state of Tamil Nadu efforts would be made to share experiences on Community Based Disaster Preparedness (CBDP) across the country, especially with reference to aspects of gender and institutionalization within local governance systems. The attempt would be to initiate a network to lobby for mainstreaming CBDP within PRIs.
4. Trainings would be undertaken for sphere institutionalization.

High Level Conclusions and Lessons Learned.

1. We were able to put together a well thought out, long term development program right from the stage of our appeal. This is a big leap from our response to Orissa cyclone (largely relief) and Gujarat earthquake (relief and rehabilitation). This reflects on the strength of CARE India's focus on organizational learning and moving ourselves to the next level in our work.
2. We mobilized well: During the relief phase, we brought in talents from within CARE to speed up our work. Subsequently, we have been able to put together a team of staff consisting of CARE and non CARE qualified professionals. An aspect of the mobilization has also been the efforts at constructive partnerships with INGOs in Chennai and in the field (this, however, requires more work—see below).
3. NGO partnerships: In both Tamil Nadu and Andhra Pradesh, we were able to use our existing assessment processes to bring in good NGO partners for field implementation.
4. Our engagement with the government has been constructive, proactive and timely. CARE is today consulted on various issues, especially by the District Collectors.
5. We have been able to inculcate a strong community focus in all that we do. This again is an evolution in our disaster response work.
6. Over the last year, we have been able to establish a strong platform to build long term sustainable livelihoods as the centre piece of our Tsunami Response Program.
7. Psychosocial care, which we introduced in our work in our post conflict work in Gujarat, is a key component in our work. We have been able to scale up our work in this area in a strategic partnership with NIMHANS.
8. We have been able to pay systematic attention to advocacy in our work. For the first time, this forms a key plank in all that we do.

What did not work:

1. The way we responded to the need for temporary shelters. It was a quick response to meet certain tight time deadlines. We had to revise and do our work again to satisfy minimum standards.

2. Our inability meet donor expectations on spending. In the first few months, as we built the organization and ramped up our activities, we were always considerably behind on this.
3. We are still putting together our Andaman and Nicobar Islands program, in compliance with the requirements of the Government of India.

Some key challenges for the year ahead:

1. Systematically addressing exclusion of all kinds in our work. A beginning has been made at various levels, but much remains to be done.
2. Integrating Disaster Preparedness and Prevention in our livelihood work in communities. This will require special efforts, going by the way inertia takes over and memories of a disaster fade after a year!
3. Building longer term institutional linkages within communities for sustainable livelihoods, as with banks, financial institutions, markets and local government.
4. Behaviour change at individual and community level in some key areas, like sanitation and hygiene, water and its treatment as a valuable resource, psychosocial dimensions of individual and group behaviour in areas like violence against women, alcoholism, care of community assets, and so on.
5. Coordination among the INGOs and NGOs to avoid duplication and potential conflicts. And sharing of data and assessments
6. Improved gender perspectives in the programming work.