

Impact Assessment

The American Jewish Joint Distribution Committee (JDC) Project

June 2015 – April 2017

Like most Saturdays in Nepal, April 25, 2015, was also off to a quiet start. Mostly people stayed home, the streets were quiet, and a majority of shops remained shut. It was a regular Saturday till the clock struck 11.56. At that moment a powerful earthquake ripped through Nepal and changed lives forever. Those tuned into the news across the globe, would be told that this was the deadliest earthquake to hit the country after the 1934 Nepal-Bihar Earthquake.

Over 9,000 lives would be lost that day and over 3.5 million would be rendered homeless. Given the scale of devastation, aid poured in from all corners of the globe. Rehabilitation efforts, since then, have been widespread and concentrated on getting lives back on track. While the bulk of the organisations sought to provide immediate relief to the victims, JDC partnered with HomeNet South Asia and six organisations in Nepal to not just bring lives but also livelihoods back on track. The collaborative project sought to reconstruct the livelihoods of one of the most vulnerable and a rarely visible cog in the informal economy – the home-based worker.

The Role Of HomeNet South Asia

In the immediate aftermath of the earthquake, HomeNet South Asia recognised the immense devastation caused by the calamity. Homes, which also doubled up as workplaces for a majority of home-based workers, were reduced to nothing more than mangled debris. HNSA realised that normalcy would not be restored to the lives of thousands of home-based workers till they were enabled to take up work again and regain financial independence. To achieve this, HNSA took on the following roles during the course of the two-year JDC project:

1. HomeNet South Asia approached JDC and raised funds for the project
2. It co-ordinated between grassroots level organisations to ensure that the funds reached the right organisations and also the home-based workers who were most affected by the calamity.
3. HNSA acted as link between the funder and the organisations. Through HNSA, organisations were able to highlight where funds were needed the most and where JDC could provide its expertise and resources.
4. Many of the organisations that came together for the JDC project did not previously focus on home-based workers and their needs. Participation in the project, expanded their conceptual understanding and perspective. And it has helped them create focussed programmes that reach out to HBWs.
5. HNSA was instrumental in roping in technical experts that studied the sustainability of the programmes undertaken under the project. These experts helped the organisation work towards ensuring longevity when it came to healthcare and community projects.

6. HomeNet South Asia has drafted fund reports and has also delivered impact studies to measure the success of the programme.
7. It has raised additional funds from multi-lateral donors.

JDC supported HomeNet South Asia and six grassroots level, HNSA member organisations in Nepal. They were:

1. Khokana Women Awareness Society (KWAS)
2. SABAH Nepal
3. Women for Human Rights (WHR)
4. CLASS Nepal
5. Home-Based Workers Concern Society Nepal (HBWCSN)
6. SAATHI

The immediate task was to help HBWs to get over their constant fear of death and to embrace life once again. In the immediate aftermath, home-based workers, we spoke to said, that they simply spent the days waiting for death to come and claim them. They had lost all hope and their future had been dimmed out.

Then, there was the issue of livelihood rehabilitation. When others lost their home in the quake, they had lost only their home. But when a home-based worker saw her house crumbling down in front of her eyes – she had lost her home and her workplace. Moreover, the earthquake caused loss of raw materials and many lost their market linkages too. Many of the middlemen either relocated or if they were from neighbouring countries, returned to their homes.

Last, health was a key issue. In the days after the earthquake, as aftershocks continued to keep Nepal awake, countless families were driven out of their homes and into temporary shelters. Often the shelters were cramped and three to four families were forced to share a tent. There was little access to clean drinking water and usable toilet facilities. As the days went by, garbage began to pile up everywhere. So, ailments like flu, diarrhoea, cholera, and typhoid became the norm.

The JDC project sought to address these issues and rebuild lives and livelihoods through the following interventions

1. Psychosocial Trainings

In the days the followed the earthquake, the programme provided the women relief from the immense stress and sense of fear that gripped them. Counselling efforts urged the women to embrace life again and resume their work. The interactive sessions conducted by various experts encouraged women to open about their experiences and help each other to overcome their crisis. Individual counselling was also provided when the women weren't able to cope up with the trauma of losing a loved one during the earthquake.

Additionally, the women were trained to prepare themselves for any future natural disasters. They were taught to prepare emergency survival kits and on ways to protect themselves and their families when a calamity occurs. The women, in turn, prepared their families and communities to come together and help each other in a crisis.

2. Childcare Centres

A majority of the women were left with either partially damaged homes or ones that had been completely razed to the ground during the earthquake. So, in the days after the earthquake, the women feared for the safety of their children. When the women returned to work, the presence of a childcare centre (often attached to the community centre from where they worked) was instrumental in assuring the women of their child's safety.

At each of the sites chosen, childcare facilities were offered to home-based workers. Children between the ages of 18 months to 3 years were enrolled at the facilities for a minimal fee (often waived off when the parents couldn't afford it) or completely free of cost. Unlike other private-run childcare centres in their communities, the facilities offered by the grassroot organisations opened early and closed later in the day (usually the facilities operated between 9am and 5pm) allowing the women to put in a full day's work. At the childcare centre, the children were taught basics in language and communication, developed interaction skills, and were encouraged to get over the fear they felt in the days after the calamity. The children were also provided with nutritious meals to ensure all-round development.

3. Community Centres (that would include an Information Centre)

The Community Centre created a space for solidarity-building and training for home-based workers in each area. Women, who were in distress or needed shelter, after the earthquake, could use the facilities as a safe haven. In all of the sites of the project, home-based workers came together at least once a month to discuss issues related to work or the community. The centre also gave them the space to start off initiatives like saving and credit co-operatives.

Additionally, there was an Information Centre that was attached to the Community Centre that provided details on Government schemes that aided earthquake victims, facilitated rehabilitation, and were beneficial to those from the lower income groups.

4. Skills Trainings

Each of the community centres were purposed to conduct skills trainings. Sewing, weaving, Dhaka weaving, knitting, and *tika* making were only some of the industries that they were trained in. Women who already possessed basic knowledge and skills were given skill-enhancement trainings while others received foundation courses in various industries.

5. WASH Trainings

As earthquake victims moved into crowded temporary shelters in the days after the earthquake, disease became common in many communities. Outbreaks of cholera were highly prevalent and women, especially, struggled to maintain their health because of lack of sanitary facilities. In many places, water too was contaminated. The WASH Trainings taught women straightforward and simple techniques that would improve their health in the long run. The workshops taught women how to clean their hands thoroughly before they consumed food, fed their children, came back after work in the fields, or after using the toilet. They were also taught various affordable methods of water purification.

Individually, the organisations also introduced activities and interventions that they thought would be useful for that particular demographic. These included:

1. Health Camps
In addition to WASH Trainings, a few organisations chose to also concentrate on women's health. Health centres focussed on identifying and treating common STDs, cervical cancer, cataracts, and other problems. For the children of the home-based workers, polio drives and free health checkups were held.
2. Leadership Trainings
Workshops in leadership training focussed on giving women a voice. They were equipped with skills in public speaking and on conducting meetings with potential clients, public service officials, and local political representatives.

The project was carried out in the following areas of Kathmandu:

1. Khokana (KWAS)
2. Banepa (SABAH Nepal)
3. Kirtipur (WHR)
4. Mulpani (CLASS Nepal)
5. Gokarna (HBWCSN)
6. Godawari (SAATHI)

To study the impact of the project, HomeNet South Asia conducted Focus Group Discussions in each of these areas and also interviewed women individually for case studies.

Major Impacts of the JDC Project

- The project brought together six major organisations that work for home-based workers and their concerns. The collective membership of these organisations, in the six chosen settlements, is more than 3,500 women. The collective membership of the participating organisations, throughout Nepal, is over 10, 300 women.
- JDC has had the greatest impact in the areas of Livelihood Training and Childcare.
- More than 80% of women said they stopped working (and therefore stopped earning) for an average of 2-3 months after the earthquake.
- With Livelihood Training, over 1,038 women had received training in areas like Dhaka weaving, tailoring, knitting, *tika* making, embroidery, and weaving.
- More than 60% of those trained have reported employment or enhanced skill sets.



Home Based Workers in Godawari participate in a *tika* making training conducted by SAATHI

Women also reported an increase in income, ranging between NPR 2,000 per month to NPR 9,000 per month when compared to what they were earning before the calamity.

Young mothers, across the groups, reported that the childcare facility was critical to carry forward their work and trainings.

Many reported that they got at least 2 – 4 hours of extra work time when their children were at the childcare centre. This had led to an increased income of NPR 2,000 – NPR 3,500 (on an average). It had also helped them to participate in trainings, therefore,

enhancing their skills.

- The childcare facilities, across the centres, were either provided free of cost or for a nominal fee that was not more than NPR 400 per month. However, parents of children who had sought admission in private day care centres (after they were informed that the facility extended by the organisations was going to be shut down) reported that fees at these private centres began at NPR 3,000 per month. This, they felt, was a heavy burden on their incomes.
- During the FDGs, all parents who had admitted their children into the day care centre said that they saw improvements in social interactions, speech and comprehension abilities, as well as physical growth. They also reported improvements in eating habits and discipline.
- In the area of Psychosocial Training, more than 363 women received counselling and also a thorough training in how to combat with the feeling of hopelessness, anxiety, and stress the earthquake had caused.
- More the 90% of the women reported that they had a renewed interest in their lives and work. Many women also said that they had helped their families and communities overcome their grief.

- They also said that they were now better prepared for any future calamity that may occur. In the area of Khokana, a formal committee has been established to oversee disaster preparedness in the area.
- In the aftermath of the earthquake, when diseases like diarrhoea, flu, and cholera were rampant, HBWs said that the WASH Trainings helped them improve their personal health as well as the health of their families. The trainings reached over 573 HBWS across the organisations.
- More than 90% of the women who attended the trainings, and were part of the FDGs, reported that they used the methods taught to them. This was especially true in the case of hand-washing and water purification.
- These women also reported that they, in turn, taught their families to use simple interventions taught to them at WASH Trainings. This positively improved the health of the community at large. The organisations especially noted a vast improvement in the health, development, and growth of the children.
- In three out of the six organisations, health check-ups were provided to HBWs and children. In Khokana, a case of cervical cancer was detected. In Banepa, 16 people received free cataract operations.
- In a few areas, women were taught to use made sanitary napkins that have helped improve their health.
- The incidence of water-borne diseases like cholera and diarrhoea, which were common after the earthquake, was greatly reduced. Since children and the home-based workers, themselves, fell sick less often, their productivity was positively impacted.
- More than 50 women were able to seek treatment for uterine prolapse, a common problem among HBWs across communities.
- 471 women have received leadership training as part of the programme. Of these around 50% said that the workshops have helped them interact in public forum as well as be more assertive in decision-making processes at home.



A health check-up camp underway at Khokana. The camp focussed on women's health and was conducted by KWAS

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There is no doubt that the JDC project was instrumental in improving the lives and income opportunities of home-based workers in all of the participating regions. However, as the project drew to a close, more than 95% of working mothers reported that the continuation of childcare facilities was essential to their continued productivity. Many mothers reported that they simply couldn't afford the high fees quoted by privately-run play schools in their communities that would set them back by at least NPR 3,000 per month. They simply would have to cut back on work hours in order to care for their children, they said.

Additionally, while skills trainings had vastly improved the women's income-earning abilities, they still struggled to cope with market demands. Despite being trained, home-based workers reported that they were unable to meet the quality standards that were in place in more

competitive markets. Additional skill trainings, they hoped, would help alleviate this problem and give them access to newer and better markets not just in Nepal but also across the border, in India.