International Federation of Red Cross and Red Crescent Societies

Community Based Disaster Risk Reduction Study

Lessons Learned from the Tsunami Operation CBDRR Programmes

Issue | 27 July 2012

Job number   214986-00

ARUP

Document Verification

ARUP

Job title	Community Based Disaster Risk Reduction Study		Job number	
			214986-00	
Document title	Lessons Learned from the Tsunami Operation CBDRR Programmes		**File reference**	
Document ref				

Revision	Date	Filename	20120621_Lessons Learned Report_ISSUE.docx		
Draft 1	31 Oct 2011	**Description**	First Draft		
			Prepared by	Checked by	Approved by
		Name	Victoria Maynard/ Flora Tonking	Elizabeth Parker	Jo da Silva
		Signature			
Issue	27 Jul 2012	**Filename**	20120727_Lessons Learned Report_ISSUE.docx		
		Description	Revised following feedback from the working group.		
			Prepared by	Checked by	Approved by
		Name	Flora Tonking/Victoria Maynard	Elizabeth Parker	Jo da Silva
		Signature			*[signature]*
		Filename			
		Description			
			Prepared by	Checked by	Approved by
		Name			
		Signature			
		Filename			
		Description			
			Prepared by	Checked by	Approved by
		Name			
		Signature			

Issue Document Verification with Document	✓

Acknowledgements

Jo da Silva

Director, Arup International Development

On behalf of Arup International Development's study team;

Jo da Silva, Victoria Maynard, Elizabeth Parker, John Twigg, Rumana Kabir, Geoffrey Chan, Flora Tonking, Andy Kervel.

Contents

Acronyms

ARC	American Red Cross
BRC	British Red Cross
CBAT	Community Based Action Team
CBDRR	Community Based Disaster Risk Reduction
CBHFA	Community Based Health and First Aid
CBO	Community-based Organisation
CCP	Community Contingency Plan
CRC	Canadian Red Cross
DRC	Danish Red Cross
DRR	Disaster Risk Reduction
EWS	Early Warning System
GRC	German Red Cross
HNS	Host RCRC National Society
IFRC	International Federation of Red Cross and Red Crescent Societies
MRCS	Maldivian Red Crescent Society
NGO	Non-Governmental Organisation
PMI	Indonesian Red Cross Society (*Palang Merah Indonesia*)
PNS	Partner RCRC National Society
RCRC	Red Cross Red Crescent Movement
RRP	Risk Reduction Plan
SLRCS	Sri Lankan Red Cross Society
TRCS	Thai Red Cross Society
(H)VCA	(Hazard) Vulnerability and Capacity Assessment
VDMC	Village Disaster Management Committee

Executive Summary

Purpose

Between 2004 and 2010, the Red Cross Red Crescent (RCRC) supported almost five million people through their Tsunami Operation in the four worst affected countries (Indonesia, Sri Lanka, Thailand and the Maldives[1]). All Tsunami Operation activities aimed to develop communities that are better able to withstand future disasters, while Community Based Disaster Risk Reduction (CBDRR[i]) programmes directly focussed on raising awareness and reducing risk[2].

In November 2010, the IFRC commissioned Arup International Development (Arup ID)[ii] to undertake a study of these programmes in order to 'identify and document lessons learned in implementing at scale CBDRR projects to strengthen community safety and resilience [and] use its large evidence base to research new ideas and contribute to the wider efforts in improving CBDRR work within the IFRC'[3]. More specifically, the study sought to identify the *characteristics* of a safe and resilient community[4] and the *key determinants* of a successful CBDRR programme[5].

This report on the *Lessons Learned from the Tsunami Operation CBDRR Programmes* is informed by Arup ID's research. It describes the relevance and application of the *characteristics* and *key determinants* throughout the programme cycle, in addition to capturing key lessons and recommendations on the design and implementation of CBDRR programmes at scale.

Background

The *characteristics* define the attributes of a safe and resilient community; they describe 'what success looks like' and provide a clear goal for any programme intending to build community resilience. *Key determinants* are critical factors that influence the immediate and long-term impact of a CBDRR programme. The relationship between the *characteristics* and *key determinants* is shown graphically in Figure 1; with the *characteristics* describing the intended outcome of a CBDRR programme and the *key determinants* being factors which help or hinder programme implementation and sustainability.
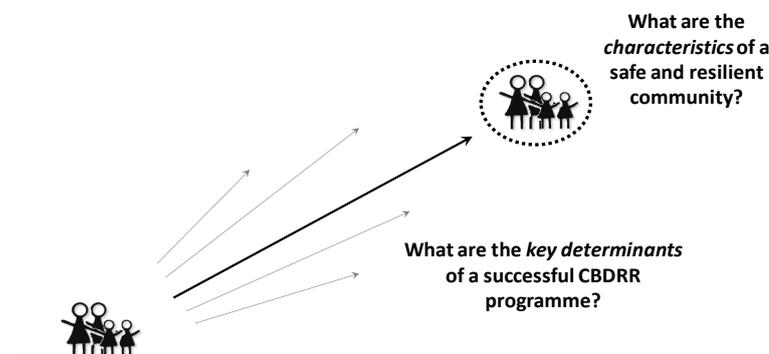

Figure 1: Relationship between the *characteristics* and *key determinants*

---

[i] The acronym CBDRR is used to include CBDP, CBDRM, ICBRR etc.
[ii] www.arup.com/internationaldevelopment

The *characteristics* identified through Arup ID's research highlighted the fundamental importance of **knowledge and health** as the foundations of resilience at an individual level. Resilient communities are made up of resilient individuals, who are well **organised**, have access to **infrastructure and services, economic opportunities,** and can manage their **natural assets**. A resilient community may be self-sufficient, either partially or entirely, but the resilience of a community will be greatly increased by strong **connections with external actors**, who provide a wider supportive environment, and supply goods and services when needed.

A safe and resilient community…
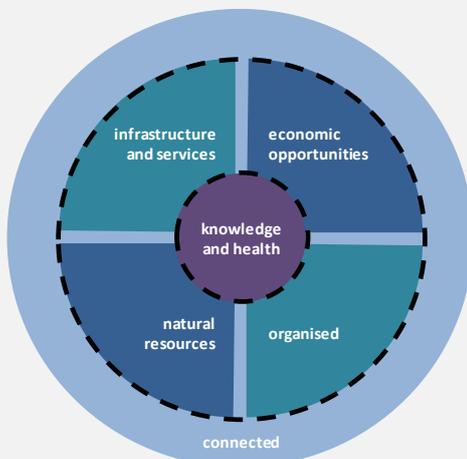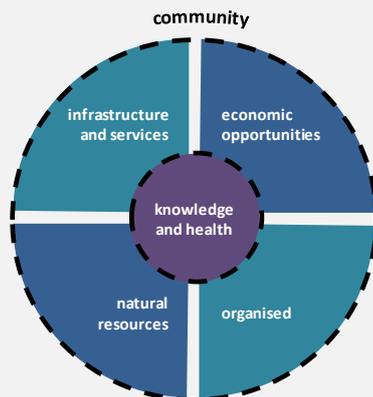
individual

knowledge and health

community

infrastructure and services

economic opportunities

knowledge and health

natural resources

organised

infrastructure and services

economic opportunities

knowledge and health

natural resources

organised

connected

1. …is **knowledgeable and healthy**. It has the ability to assess, manage and monitor its risks. It can learn new skills and build on past experiences

2. …is **organised**. It has the capacity to identify problems, establish priorities and act.

3. …has **infrastructure and services**. It has strong housing, transport, power, water and sanitation systems. It has the ability to maintain, repair and renovate them.

4. …has **economic opportunities**. It has a diverse range of employment opportunities, income and financial services. It is flexible, resourceful and has the capacity to accept uncertainty and respond (proactively) to change.

5. …can manage its **natural assets**. It recognises their value and has the ability to protect, enhance and maintain them.

6. …is **connected**. It has relationships with external actors who provide a wider supportive environment, and supply goods and services when needed.
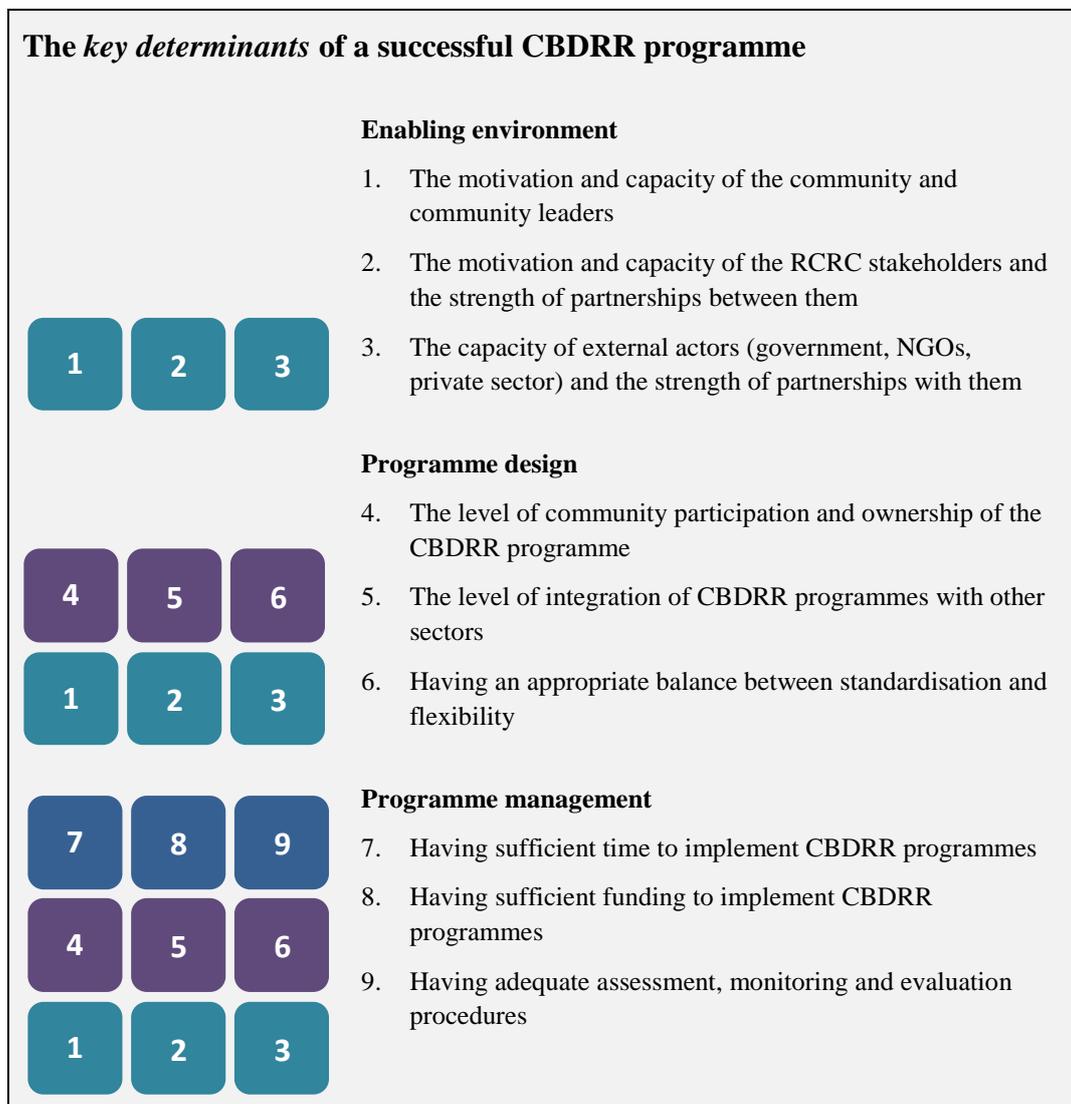
… and is therefore better able prepare, prevent, respond to and recover from shocks and stresses.

The key determinants fell into three categories; the **enabling environment**, **programme design** and **programme management**. Enabling environment *key determinants* must be assessed in the initial stages of a CBDRR programme. Programme design decisions should be based on the outcome of this assessment, and must reflect the scale of programme being undertaken and the level of intended improvement in the resilience of communities. Establishment of adequate programme management systems enables efficient delivery of CBDRR programmes at scale.

The *key determinants* of a successful CBDRR programme

Enabling environment

1. The motivation and capacity of the community and community leaders

2. The motivation and capacity of the RCRC stakeholders and the strength of partnerships between them

3. The capacity of external actors (government, NGOs, private sector) and the strength of partnerships with them

Programme design

4. The level of community participation and ownership of the CBDRR programme

5. The level of integration of CBDRR programmes with other sectors

6. Having an appropriate balance between standardisation and flexibility

Programme management

7. Having sufficient time to implement CBDRR programmes

8. Having sufficient funding to implement CBDRR programmes

9. Having adequate assessment, monitoring and evaluation procedures

---

A typical CBDRR Programme

CBDRR activities, and the order in which they were carried out, varied between countries and programmes. Nevertheless there was considerable consistency in the key activities comprising a CBDRR programme. All programmes included the formation and training of a community-based organisation (or the training of a CBO which had already been established) and the completion of a vulnerability and capacity assessment (VCA). Once the VCA was completed, programmes typically included the development of a community action or risk reduction plan and implementation of risk reduction activities. Through these processes communities identified and prioritised their own actions to reduce risk.

By comparing programmes across countries a common sequence of activities was identified and used to structure this report:

- **Programme Design** covers the activities undertaken initially by the HNS/PNS, in partnership with external actors, to assess the existing situation and design an appropriate and effective CBDRR programme.

- **Project Implementation** includes the actual CBDRR activities carried out in each community. Initial activities within the community will be catalysed by branch staff and volunteers. However, the community should take increasing ownership over the assessment, planning and implementation of their CBDRR activities as their motivation and capacity grows.

- **Programme Closing** covers the evaluation of the entire CBDRR programme and the capture and dissemination of learning both within the RCRC and to external partners.

A typical CBDRR programme

Programme Design

A – Context assessment
B – Stakeholder identification and engagement
C – Establishing community selection criteria
D – Defining programme aims, objectives and approach
E – Establishing programme management systems

Implementation

1 – Meet with community leaders
2 – Baseline survey
3 – Meet with whole community
4 – Identify and support or form and train a community-based organisation
5 – Community-led Vulnerability and Capacity Assessment (see also step 8)
6 – Community led Planning (Action/risk reduction plan & community updates)
7 – Community-led Implementation (Training and simulations, provision of funds and equipment,
   mitigation projects, advocacy)
8 – Community-led monitoring and evaluation (see also step 5)
9 – Endline survey
10 – Handover to the community

Closing

F – Evaluation
G – Learning
H – Dissemination and transition to external partners

Programme Design

Context Assessment

CBDRR programmes must reflect the socio-economic, political and hazard environment in the target communities. Assessment of these factors at the outset will ensure the appropriateness, relevance and long-term impact of the CBDRR programmes developed. Assessment can also identify potential risks to the programme such as conflict, limited RCRC CBDRR capacity, or low levels of government capacity/support, so these can be mitigated through programme design.

☐ What are the key vulnerabilities and hazards in the target areas and is a CBDRR programme the most appropriate form of assistance?

☐ Do RCRC staff and organisations at all levels have skills and experience in designing and implementing CBDRR (or community based) programmes?

☐ Is there an established political, administrative and financial environment for CBDRR programmes within national/local government?

☐ What are the potential risks to CBDRR programme implementation?

Stakeholder identification and engagement

Working in partnership with external actors encourages information sharing and coordination with other initiatives. It also provides a solid foundation for the long-term support of CBDRR activities and generates support for the CBOs established. The success and sustainability of CBDRR programmes depends on long-term partnerships between communities, local government and other external stakeholders (NGOs/private sector) as well as with the RCRC movement. Hence, key RCRC and external stakeholders must be identified in the initial stages of a CBDRR programme, their support obtained and their continuing engagement assured for the duration of the programme and beyond.

☐ What is the primary motivation for implementing a CBDRR programme?

☐ How can all stakeholders be involved in programme design?

☐ In which activities should external stakeholders be involved during programme implementation?

☐ Do RCRC or external actors have capacity to provide continued support to the community after the completion of the CBDRR programme?

☐ Will the CBOs established be formally recognised by government or the National Red Cross Society? How will they connect with existing RCRC structures which are already in place?

Establishing community selection criteria: Levels of community cohesion, education and the amount of time available will determine the pace at which a programme can be implemented and the likelihood of its success. These factors will vary between urban and rural contexts, and between developmental and disaster recovery situations. Standardised community selection criteria should be developed and communities should be selected in partnership with local government and other stakeholders.

☐ What is the level of socio-economic development of the target areas?

☐ Are communities at risk of frequent or significant natural hazards ('shocks')? What 'stresses' (health issues, conflict, lack of infrastructure or services) do they face? Are 'shocks' or 'stresses' their highest priority?

☐ Do communities have sufficient time to participate in the CBDRR programme?

☐ Do communities have cohesion?

☐ Do communities have prior positive experience of the RCRC movement?

Defining programme strategy

A programme strategy should be decided in consultation with all stakeholders. The characteristics of a safe and resilient community can be used to define the intended impact of the programme (i.e. the aim of the programme). Higher levels of community participation, integration of the CBDRR programme with other sectors, and flexibility of the programme to respond to the needs of specific communities (i.e. programme objectives) will increase both the immediate and long-term impact.

☐ What is the intended impact of the CBDRR programme?

☐ How can the community be supported to lead the implementation of the CBDRR programme?

☐ Are other RCRC programmes being implemented or planned in the target communities and can the CBDRR programme be implemented with these?

☐ Does the HNS have the capacity to respond to needs identified in any sector – or can partnerships with external actors be established to increase flexibility and capacity?

☐ Which components of the CBDRR programme can be standardised to increase simplicity and efficiency and which can remain flexible to support a community-driven approach?

Establishing programme management systems

The allocation of sufficient time, human and financial resources to CBDRR programmes, and robust mechanisms for management and monitoring, will help to ensure effective implementation of the programme and the ability to scale up. Effective monitoring improves the quality of CBDRR programmes as opportunities for improvement can be identified, discussed and acted upon at regular intervals during programme implementation.

☐ Can sufficient numbers of experienced staff and volunteers be allocated or recruited to the CBDRR programme for its entire duration?

☐ Are adequate funding and financial management systems in place?

☐ How long should the CBDRR programme be?

☐ Should additional time be allocated for the development of CBDRR capacity (manuals, training etc) prior to programme implementation?

☐ Will monitoring and evaluation procedures support programme managers in effective programme implementation?

Project Implementation

Meet with community leaders

Community leaders often become part of, or have direct influence over, the CBOs established through CBDRR programmes. Their support and engagement allows access to existing internal and external networks, and provides a mechanism for wider community mobilisation and engagement. Community leaders must have a shared vision of a safe and resilient community, an adequate understanding of the programme objectives and its value to their community in implementing and maintaining it. Community leaders should be identified at the outset and their support obtained during the community selection process; they should then be included in CBDRR activities and long-term planning to generate ongoing motivation and engagement.

- ☐ Who are the community leaders?

- ☐ Do they understand the programme and its value to their community?

- ☐ Do community leaders have sufficient motivation and capacity for the programme to be a success?

- ☐ Do community leaders have local government support?

- ☐ Are community leaders representative of all sections of the community (including women, young people, the elderly, indigenous peoples etc)? If not, how will the CBDRR programme seek to engage with these groups?

Undertake baseline survey

Baseline surveys assess the pre-existing conditions in the community. They can be compared with endline surveys to measure programme impact. Baseline surveys should be completed as one of the first steps when implementing the programme at community level. They can then inform the programme's flexibility. Baseline surveys can act as the final stage in the community selection process, and they can inform the contextualisation of the VCA and the selection of CBDRR activities in each community.

- ☐ Who should undertake the baseline survey?

- ☐ When should it be completed?

- ☐ To whom should the results be disseminated?

- ☐ How can the results of the survey be used?

Meet with the whole community

Communities are the main actors in implementation CBDRR programmes and ensuring their long term sustainability. As such they should be the key decision-makers and CBDRR programmes must be flexible enough to respond to their needs. An initial meeting with the whole community to explain the programme is critical to ensuring its buy-in and motivation to engage. In subsequent phases of the programme RCRC staff can engage directly with the CBO once it is established. Periodic meetings between the RCRC, the CBO, community leaders and the whole community are critical to disseminate CBDRR progress and outputs and generate ownership of the programme by the whole community.

☐   How can all sections of the community be involved in community meetings? What is an appropriate and inclusive time and venue? How should it be publicised?

☐   Can community leaders and external stakeholders attend or open the meeting to indicate their support?

☐   Are specific meetings required to engage with vulnerable groups who may not be able to attend or fully participate (women, the elderly, etc)?

☐   At what stages should subsequent whole community meetings be held?

☐   How should outcomes be disseminated?

Identify and support or form and train a community based organisation

Establishing a community based organisation (CBO) whose focus is DRR provides a mechanism for catalysing community participation in the programme. Members of CBOs should be carefully selected to ensure that they have sufficient capacity and motivation to implement the CBDRR programme and maintain activities once the RCRC supported activities are complete. Representatives of different sections of the community should be included in the CBO to ensure that the whole community is fully included. CBDRR programmes should include training for CBO members, not just in DRR but in project and financial management. Procedures to retain documentation and knowledge within the community should also be put in place such as the provision of refresher training or 'training of trainers'.

☐   What community based organisations already exist and how can these be included in the CBDRR programme?

☐   What should be the selection criteria and process for members of the management committees/action teams?

☐   How can the management committees/action teams be made representative of the whole community?

☐   How should their roles and responsibilities by defined?

☐   What procedures can be established to ensure sustainability of knowledge within the community?

☐   What is the level of education of committee/action team members?

☐   Do they have experience of successful project and financial management?

☐   Can handover procedures be established to retain knowledge within the community?

☐   Can refresher training be provided at later stages or can 'training of trainers' be provided to the CBO so that they can train others within their community?

Community-led Vulnerability and Capacity Assessment

The VCA is a critical step in raising awareness of the hazards, vulnerabilities and capacities of the community, and engaging them in identifying and implementing its own disaster risk reduction activities. Ownership of the VCA process and outputs should rest with the community and the CBO established. However, the

International Federation of Red Cross and Red Crescent Societies
Community Based Disaster Risk Reduction Study
Lessons Learned from the Tsunami Operation CBDRR Programmes

role of the RCRC in facilitation of the VCA and their support in implementation of the actions arising are critical to both immediate and long-term impact.

☐ Who should lead the VCA process and at what stage should it be completed?

☐ Who should be responsible for the information gathered?

☐ How can vulnerable groups be identified and included in the VCA?

☐ How can the CBDRR programme respond to identified needs?

Community-led planning

A risk reduction/action plan forms the basis for ongoing community based DRR activities and is a key tool in the development of community ownership. The role of the RCRC (or other external partners) is to facilitate the process, advise on the prioritisation of activities, and provide specific technical expertise (e.g. on micro-mitigation projects) if required. Risk reduction plans must be achievable with realistic timelines and sufficient funding to ensure completion of planned activities and continued motivation for ongoing activity. Risk reduction plans should be disseminated to the community and external stakeholders, integrated with local government development plans, and procedures for regular review and updating put in place.

☐ Is there community consensus? How should actions be prioritised?

☐ Is the risk reduction plan achievable within the community capacity and programme timeline/funding?

☐ How is the risk reduction plan disseminated to the community and external stakeholders?

☐ Who is responsible for managing/funding/implementing and monitoring CBDRR activities?

☐ Is specific technical expertise required? Can this be provided through partnerships with external actors?

☐ How do community level risk reduction plans relate to wider regional DRR plans/policy?

Community-led implementation

The implementation of specific physical and non-physical risk reduction activities can build capacity and ownership within the community, test their knowledge and engagement, and inform revision and updating of community contingency plans (as required). Activities should be driven by the community and be relevant to the risks they face. Opportunities to establish partnerships with external stakeholders (particularly local government) should be maximised - both to implement mitigation activities and provide ongoing support to a community after the completion of the programme.

☐ Does the risk reduction plan require specific technical expertise (e.g. health, shelter)?

☐ Who should coordinate simulations and update the CCP?

☐ What equipment should be provided to each community and how can this be standardised when implementing CBDRR at scale?

☐ How can sustainable micro-mitigation projects be ensured?

☐ How can mitigation projects be integrated with programmes in other sectors and maxmise multi-sectoral impacts?

☐ Should a CCF be provided and have the community recieved adequate training?

☐ How can external stakeholders be engaged in the implementation of the risk reduction plan?

Community-led monitoring and evaluation

The community, CBO and community leaders should be involved in monitoring and evaluating the CBDRR programme throughout implementation. Participatory monitoring and evaluation at the end of the programme forms part of the RCRC handover procedure as the community evaluates the success of risk reduction activities already undertaken and prioritises future actions. This should be the first step in an ongoing process of community assessment, planning and implementation after the completion of the RCRC project to ensure the sustainability of impacts.

☐ How is community monitoring and evaluation completed?

☐ Who is responsible for the information?

☐ Do the community and the CBO require training in monitoring and evaluation?

☐ How does monitoring and evaluation inform updates to the contingency and risk reduction plan? Who will be responsible for community monitoring after completion of the project?

Undertake endline survey

Endline surveys can be compared with baseline surveys to: measure programme impact; establish how the impact was achieved; and capture learning in order to strengthen the programme being evaluated and improve the design and implementation of future programmes. An endline survey provides an unbiased account of the change in the safety and resilience of the community as a result of programme implementation and is quite distinct from monitoring and evaluation with the community.

☐ What is the purpose of the endline survey?

☐ Who should implement the survey?

☐ How should the results of the survey be disseminated and used?

Handover to the community

To increase community ownership of CBDRR activities a clear end date should be established, at which project documentation, roles and responsibilities can be formally handed over to the community. A handover ceremony/event can provide an opportunity to celebrate achievements and raise awareness about the programme within the community and with external actors. It can also raise the profile of the CBO and clearly define their ongoing roles and responsibilities.

☐ Will the HNS continue to support the community after completion of the CBDRR project? What support will they be able to provide?

☐ What are the ongoing and future responsibilities of community leaders, the management committee and action team? How can these be clearly defined?

☐ What is the role of external stakeholders? What ongoing support will they provide?

Programme Closing

Evaluation

Internal and external evaluations are important tools in measuring CBDRR programme impact and success. Sufficient time should be allowed at the end of the programme to ensure the completion of an evaluation and the dissemination of lessons learned.

☐ What is the purpose of the programme evaluation and when should it be completed?

☐ How can the results of the evaluation increase the quality of current or future phases/programmes?

Learning

Allowing sufficient time for personal and organisational learning during programme closing is a key determinant in internalising and capturing knowledge as well as process improvement. At this point in the programme a wealth of knowledge (both documents and experiences) will have been generated, in addition to the lessons captured in the external evaluation. Staff and volunteers should be encouraged to reflect on their experiences and the recommendations made in the external evaluation, to generate shared learning from the programme and to suggest future improvements.

☐ What happened and why?

☐ What were the key challenges and opportunities? What solutions were developed?

☐ What should be done differently next time? What should be kept the same, what should be changed and what new procedures should be established?

Dissemination and transition to external partners

Dissemination of success stories and lessons learned is critical to influence long-term organisational development of both the RCRC and external partners. It can also provide opportunities to establish new partnerships for the support of future programmes. If the RCRC is unable to provide ongoing support to the communities assisted, these responsibilities should be clearly defined and handed over to external partners.

☐ What knowledge should be captured and in what format?

☐ Who is the audience and what is the best method of communication?

☐ Who will be responsible for ongoing support to communities and what support do they require?

1   Introduction

On 26 December 2004, an earthquake on the Sunda trench fault line 240 km off the coast of Indonesia triggered a massive tsunami. This caused devastation of coastal areas in several countries in south and south-east Asia, and to a lesser extent affected the coastline in east Africa. Between 2004 and 2010, the Red Cross Red Crescent (RCRC) supported almost five million people in the four worst affected countries (Indonesia, Sri Lanka, Thailand and the Maldives[6]) through their Tsunami Operation. This operation included construction of transitional shelters, permanent houses, schools, water and sanitation facilities, health centres and hospitals and the provision of livelihood support and community based programmes in healthcare and disaster risk reduction.

All Tsunami Operation activities aimed to develop communities that are better able to withstand future disasters, while Community Based Disaster Risk Reduction (CBDRR[iii]) programmes directly focussed on raising awareness and reducing risk[7].   A key component of CBDRR programmes was the community-driven Vulnerability and Capacity Assessment (VCA) process. Typically, this was followed by the formation of community based organisation (CBO) focussed on disaster risk reduction, the creation of risk reduction or contingency plans, and completion of simulations and micro-mitigation projects. As part of the Tsunami Operation, the RCRC undertook CBDRR projects in more than 800 communities[8], with more than 600 of these located in the four worst affected countries.

In November 2010, almost six years after the tsunami, the IFRC commissioned Arup International Development (Arup ID)[iv] to undertake a study of all CBDRR programmes implemented in Indonesia, Sri Lanka, Thailand and the Maldives as part of the Tsunami Operation. The purpose of this study was to 'identify and document lessons learned in implementing at scale CBDRR projects to strengthen community safety and resilience….also [to] use its large evidence base to research new ideas and contribute to the wider efforts in improving CBDRR work within the IFRC'[9]. More specifically, the study sought to identify the *characteristics* of a safe and resilient community[10] and the *key determinants* of a successful CBDRR programme[11].

The IFRC recognise that the findings from this research are preliminary and have identified the 'need to expand and diversify the evidence-base for community risk reduction programming in other regions' in order 'to validate and test the global applicability of the findings of the Tsunami Operation DRR study'[12]. While the capacity of Host National Societies (HNS) to implement CBDRR programmes is recognised as an important issue the focus of this research was at community rather than organisational level. Thus, while the importance of HNS capacity is discussed the specific aspects of HNS capacity required are not. This study also highlighted the challenge of targeting and including vulnerable groups in CBDRR programmes, but this important topic requires further focused research.

[iii] The acronym CBDRR is used to include CBDP, CBDRM, ICBRR etc.

[iv] www.arup.com/internationaldevelopment

This report on the *Lessons Learned from the Tsunami Operation CBDRR Programmes* is informed by Arup ID's research. It describes the relevance and application of the *characteristics* and *key determinants* throughout the programme cycle, in addition to capturing key lessons and recommendations on the design and implementation of CBDRR programmes at scale. It is intended as a record of the RCRC contribution to disaster risk reduction through the Tsunami Operation CBDRR programmes and a reference document that can be used in the field to provide a framework and benchmark for decision making in future responses. Previous research studies and meta-analyses of lessons from RCRC DRR programmes were inputs into this research, but this document is not intended to synthesise all RCRC learning on DRR.

The purpose of this publication is to use the experience of implementing CBDRR programmes as part of the Tsunami Operation to illustrate the complexities and challenges involved in running these programmes. This knowledge can provide managers with a better appreciation of what is involved and ensure that they are better able to make informed decisions to create safer and more resilient communities. It is not intended to be a dictate as to 'how to do it' but 'how it has been done', illustrating the range of activity and practical realities of delivering a successful programme and recognising that there is validity in different approaches within the same response.

The target audience is programme and project managers, field staff and decision makers and programme advisors in the RCRC movement. It is aimed at delegates from Partner National Societies (PNSs) who are funding CBDRR programmes as well as staff from Host National Societies (HNSs) who are implementing them in order to inform programme design and execution. It should be a useful introduction and orientation tool for National Societies with limited experience of CBDRR as well as containing sufficient detail to be relevant for those looking to incorporate the findings from this study into their current approach/strategy.

Limited guidance on the practical implementation of CBDRR programmes was available at the beginning of the Tsunami Operation, although the Indonesian Red Cross Society (Palang Merah Indonesia or PMI) and the Sri Lankan Red Cross Society (SLRCS) both produced manuals[13] during the tsunami response. The Asian Disaster Preparedness Centre (ADPC)[v] publication - *Critical Guidelines: Community Based Disaster Risk Management* (2006) – also offers general, non-agency specific advice on the design and implementation of a generic CBDRR programme. For many of those involved, implementing CBDRR programmes at scale has required climbing a steep learning curve, typically learning by doing. There is a desire to capture the collective lessons learned so as to inform future responses by building on good practice and avoiding repeating mistakes.

This document is intended to complement existing publications by providing guidance on the strategic design and implementation of a CBDRR programme using illustrative examples of the challenges faced during the RCRC Tsunami Operation. Through drawing on case studies across a range of countries and contexts it is possible to consolidate learning about different issues and approaches, as well as to present a unique evidence base for informed decision making in future programmes.

Section 2 of this report introduces the characteristics and key determinants of a successful CBDRR programme and conceptualises CBDRR programmes as a generic cycle of activities based on Arup ID's research. The remainder of the

---

[v] http://www.adpc.net/v2007/IKM/Default.asp#TopNAV

report is structured around the key stages in this cycle; programme design (section three), project implementation (section four), programme closing (section five). References and further reading are included in section six and 'breakout boxes' supplying supplementary information are included at key points throughout.

2 Background

Characteristics and key determinants

Arup ID's research, drawn from both primary and secondary data sources, identified both the *characteristics* of a safe and resilient community[14], and the *key determinants* of a successful CBDRR programme[15]. Both the *characteristics* and *key determinants* are intended to inform the design, implementation, monitoring and evaluation of future CBDRR programmes at scale.

The *characteristics* define the attributes of a safe and resilient community; they describe 'what success looks like' and provide a clear goal for any programme intending to build community resilience (see Box 1). *Key determinants* are critical factors that influence the immediate and long-term impact of a CBDRR programme (see Box 2). The relationship between the *characteristics* and *key determinants* is shown graphically in Figure 1; with the *characteristics* describing the intended outcome of a CBDRR programme and the *key determinants* being factors which help or hinder programme implementation and sustainability.

What are the *characteristics* of a safe and resilient community?

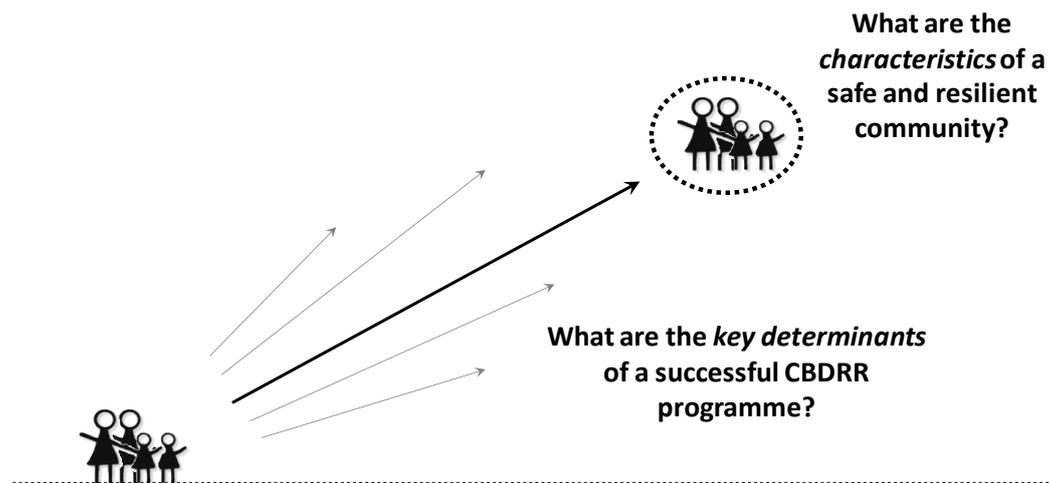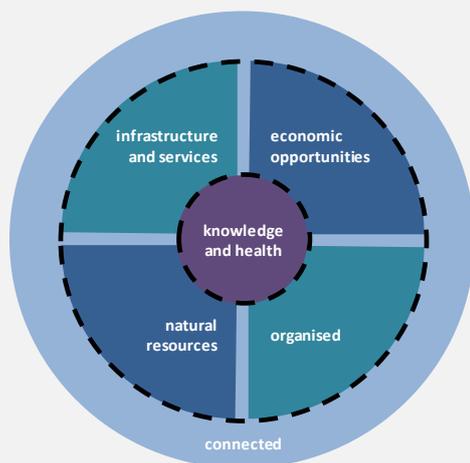**What are the *key determinants* of a successful CBDRR programme?**

Figure 2: Relationship between the *characteristics* and *key determinants*

The *characteristics* identified through Arup ID's research highlighted the fundamental importance of **knowledge and health** as the foundations of resilience at an individual level. Resilient communities are made up of resilient individuals, who are well **organised**, have access to **infrastructure and services, economic opportunities,** and can manage their **natural assets**. A resilient community may be self-sufficient, either partially or entirely, but the resilience of a community will be greatly increased by strong **connections with external actors**, who provide a wider supportive environment, and supply goods and services when needed.

Box 1: The characteristics of a safe and resilient community

A safe and resilient community…

individual

knowledge and health

1. …is **knowledgeable and healthy**. It has the ability to assess, manage and monitor its risks. It can learn new skills and build on past experiences

2. …is **organised**. It has the capacity to identify problems, establish priorities and act.

community

infrastructure and services | economic opportunities
knowledge and health
natural resources | organised

3. …has **infrastructure and services**. It has strong housing, transport, power, water and sanitation systems. It has the ability to maintain, repair and renovate them.

4. …has **economic opportunities**. It has a diverse range of employment opportunities, income and financial services. It is flexible, resourceful and has the capacity to accept uncertainty and respond (proactively) to change.

5. …can manage its **natural assets**. It recognises their value and has the ability to protect, enhance and maintain them.

infrastructure and services | economic opportunities
knowledge and health
natural resources | organised

connected

6. …is **connected**. It has relationships with external actors who provide a wider supportive environment, and supply goods and services when needed.

… and is therefore better able prepare, prevent, respond to and recover from shocks and stresses.

The key determinants identified through Arup ID's research fell into three categories; the **enabling environment**, **programme design** and **programme management**. Enabling environment *key determinants* must be assessed in the initial stages of a CBDRR programme. Programme design decisions should be based on the outcome of this assessment, and must reflect the scale of programme being undertaken and the level of intended improvement in the resilience of communities. Establishment of adequate programme management systems enables efficient delivery of CBDRR programmes at scale.

Box 2: The *key determinants* of a successful CBDRR programme

Enabling environment

1.   The motivation and capacity of the community and community leaders

2.   The motivation and capacity of the RCRC stakeholders and the strength of partnerships between them

3.   The capacity of external actors (government, NGOs, private sector) and the strength of partnerships with them

Programme design

4.   The level of community participation and ownership of the CBDRR programme

5.   The level of integration of CBDRR programmes with other sectors

6.   Having an appropriate balance between standardisation and flexibility

Programme management

7.   Having sufficient time to implement CBDRR programmes

8.   Having sufficient funding to implement CBDRR programmes

9.   Having adequate assessment, monitoring and evaluation procedures

---

Tsunami Operation CBDRR Programmes

The SLRCS, PMI and the Thai Red Cross Society (TRC), as Host National Societies (HNSs) implemented CBDRR programmes in almost 600 communities as part of the Tsunami Operation. These programmes were supported by six Partner National Societies (PNS) and the International Federation of Red Cross and Red Crescent Societies (IFRC) (see Figure 2).

The number of communities in which programmes were implemented, with the support of PNSs, varied hugely; from the FRC supported programme in Indonesia, which was implemented in three communities, to the ARC's programme, implemented in 193 communities across 11 districts in Sri Lanka. It should also be noted that some Tsunami Operation programmes were implemented in communities which were not affected by the 2004 tsunami, located within inland districts.

Figure 3: Tsunami Operation CBDRR Programmes in Sri Lanka, Indonesia, Thailand and the Maldives

Number of communities assisted	Sri Lanka (SLRCS)	Indonesia (PMI)	Maldives	Thailand (TRC)	Total
IFRC	20	23	11	7	61
American Red Cross	193	100		55	348
Belgian Red Cross		91			91
British Red Cross	11	20	6		37
Canadian Red Cross		43			43
Danish Red Cross	7	16			23
French Red Cross		3			3
Total	**231**	**296**	**17**	**62**	**606**

Activities, and the order in which they were carried out, varied between countries and programmes (see Figure 3). Nevertheless this is considerable consistency in the key activities comprising a CBDRR programme.

Every programme included the formation and training of a community-based organisation (CBO), or the training of a CBO which had already been established (as occurred in Sri Lanka). These organisations were a key component of CBDRR programmes – being the main drivers of activities within the community, and responsible for the continuation of CBDRR activities after RCRC exit.

All Tsunami Operation CBDRR programmes also included the completion of a vulnerability and capacity assessment (VCA). Sometimes this included hazard mapping (and was thus termed an HVCA) while in other cases hazard mapping was a separate activity to the VCA process. The VCA was either completed by RCRC staff and volunteers in partnership with the whole community, or by the CBO and the community, with assistance from RCRC staff and volunteers. The VCA process is a critical activity in any CBDRR programme, as it increases awareness among the community of their hazards, vulnerabilities and capacities and forms the basis for community-based activities to reduce risk. Once the VCA was completed, programmes typically included the development of a community action or risk reduction plan and implementation of risk reduction activities. Through these processes communities identified and prioritised their own actions to reduce risk. These varied significantly and included running drills and simulations, supporting micro-mitigation projects or advocating to local government for larger-scale infrastructure measures.

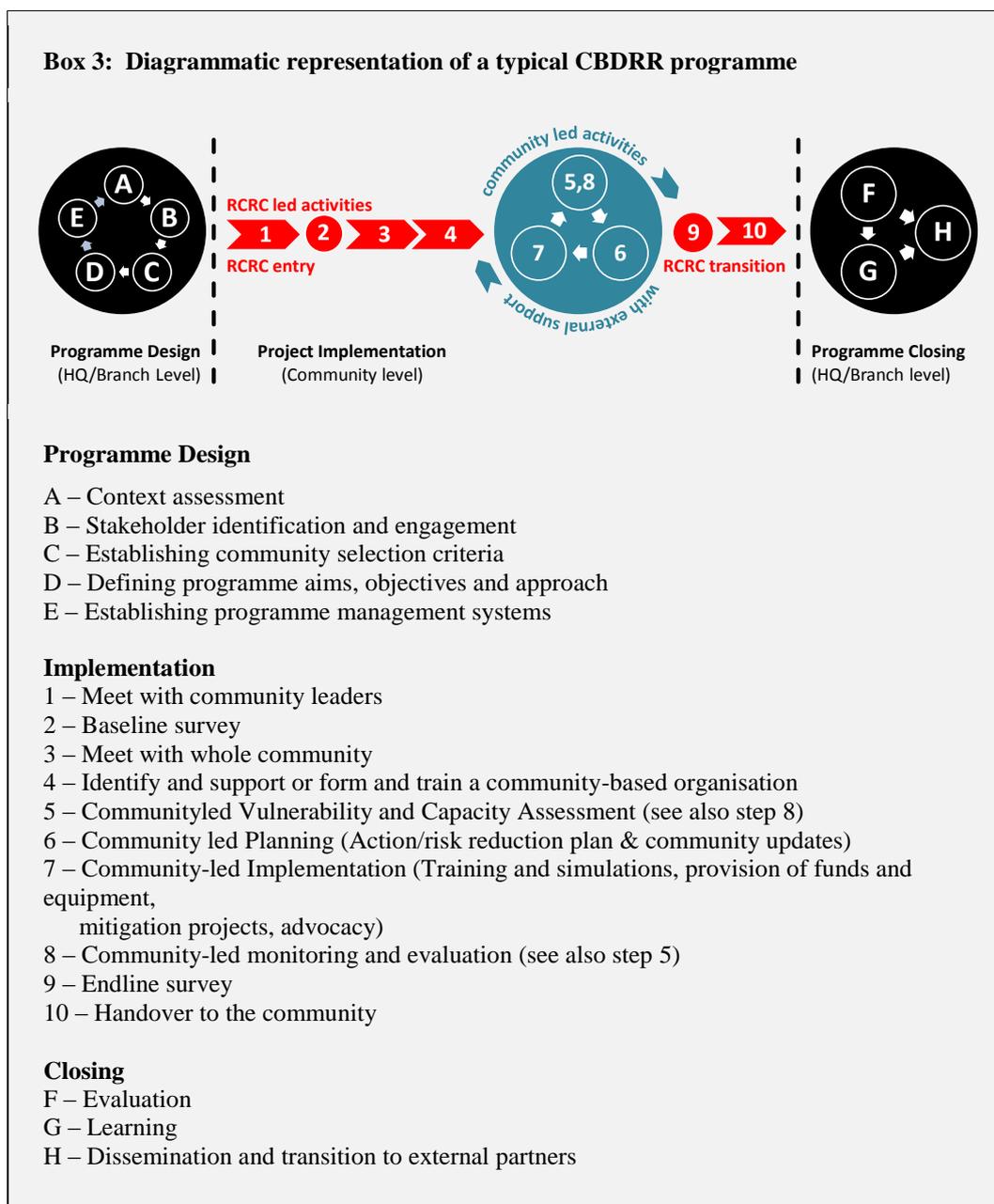Figure 4: Comparison of Tsunami Operation CBDRR programmes across countries

ADPC[1]	Indonesia[2]	Sri Lanka[3]	Thailand[4]	Maldives[5]	Typical CBDRR Programme
			Workshop to introduce CBDRR project to TRC		1. ASSESS CONTEXT
					2. PROGRAMME DESIGN
Undertake ground work for CBDRR		Identification and orientation/induction of branch and district level stakeholders	Coordination with government agencies and RC chapters at province level		3. IDENTIFICATION & ORIENTATION OF BRANCH & STAKEHOLDERS
Select communities for CBDRM through risk assessment	Select communities	Select communities	Coordination and proposal at district, sub-district and community level (e.g. community selection)	Select communities	4. SELECT COMMUNITIES
VCA (not a separate step, linked with previous)					VCA
		Branch planning, training and preparation for implementation			
	Baseline survey				BASELINE SURVEY
Build rapport and understanding the community	Meet with community leaders	Getting to know the community	Visit communities to create a good relationship & orientation with implementing communities		MEET COMMUNITY LEADERS
	Meet with whole community				MEET WHOLE COMMUNITY
	Form CBAT/CDMC		Organise and conduct CBDRR training for community leaders/volunteers (VCA, CDMC and volunteers are established)	Form CBAT/CDMC	FORM CBAT/CDMC or VDMC/VAT
	Train CBAT			Train CBAT	TRAIN CBAT/CDMC or VDMC/VAT
	Do VCA (and risk mapping)	Community based disaster risk assessment (VCA)		Do VCA (and risk mapping)	
			Community consensus on PRA result, CDMC, CBDRR focal persons and volunteers		
		Form VDMC/VAT			
		Train VDMC/VAT (not a separate step, linked with previous)			
Participatory disaster risk management planning	Make a risk reduction (action) plan	Community disaster risk management planning	Develop disaster management plan, contingency plan and define capacity building needed	Make a risk reduction (action) plan	MAKE RISK REDUCTION PLAN
			Provide training to volunteers and focal persons as needed		
Community managed implementation of risk reduction measures	Physical mitigation activity	Community managed implementation		Physical mitigation activity	IMPLEMENTATION OF RISK REDUCTION PLAN (PHYSICAL & NON-PHYSICAL)
			Contingency plan test and evacuation exercise (theoretical practice)		
	Non-physical mitigation activity (Simulation training)		Evacuation drill	Non-physical mitigation activity (Simulation training)	
Establish CBO (not a separate step, linked with previous)					
	Advocacy to external partners				
	Establish contingency fund (optional)				
Participatory monitoring and evaluation	Participatory monitoring and evaluation	Participatory monitoring and evaluation	Organise workshop for lessons learnt exchanges among communities	Participatory monitoring and evaluation	13. MONITORING & EVALUATION WITH COMMUNITY
	Endline survey				14. ENDLINE SURVEY
			Stakeholder meeting and handover		15. STAKEHOLDER MEETING & HANDOVER

References:

1 Asian Disaster Preparedness Centre (2006) *Critical Guidelines: Community Based Disaster Risk Management*

2 Workshop with PMI (March 2011) undertaken during field visit

3 SLRCS (2008) *Community Based Disaster Risk Management: A handbook for practitioners*

4 TRC (n.d.) *CBDRR Project: Community Based Disaster Risk Reduction* (Leaflet collected during field visit to TRC office).

5 Maldives (2008) BRCS MRP Final Evaluation Report

Generic CBDRR cycle

By comparing programmes across countries a common sequence of activities has been identified (see Box 3) and used to structure this report. CBDRR activities can be considered in three stages; design, implementation and closing.

Box 3: Diagrammatic representation of a typical CBDRR programme

Programme Design

A – Context assessment
B – Stakeholder identification and engagement
C – Establishing community selection criteria
D – Defining programme aims, objectives and approach
E – Establishing programme management systems

Implementation
1 – Meet with community leaders
2 – Baseline survey
3 – Meet with whole community
4 – Identify and support or form and train a community-based organisation
5 – Communityled Vulnerability and Capacity Assessment (see also step 8)
6 – Community led Planning (Action/risk reduction plan & community updates)
7 – Community-led Implementation (Training and simulations, provision of funds and equipment,
    mitigation projects, advocacy)
8 – Community-led monitoring and evaluation (see also step 5)
9 – Endline survey
10 – Handover to the community

Closing
F – Evaluation
G – Learning
H – Dissemination and transition to external partners

Programme Design covers the activities undertaken initially by the HNS/PNS, in partnership with external actors, to assess the existing situation and design an appropriate and effective CBDRR programme. This stage includes consultation with national and local government as well as other partner organisations, in order to ensure appropriateness of the proposed activities and long-term support. It is worth noting that design and closing activities occur at a programme level, while implementation occurs at a project level within each community. This is illustrated in Box 4.

Project Implementation includes the actual CBDRR activities carried out in each community. Initial activities within the community will be catalysed by branch staff and volunteers. However, the community should take increasing ownership over the assessment, planning and implementation of their CBDRR activities as their motivation and capacity grows. This stage ends with handover of responsibilities to each community.

Programme Closing covers the evaluation of the entire CBDRR programme and the capture and dissemination of learning both within the RCRC and to external partners. It also includes the establishing of long term mechanisms to support ongoing CBDRR activity, either by the HNS or local government, or external partners. **Box 4: Programme and project level activities.**
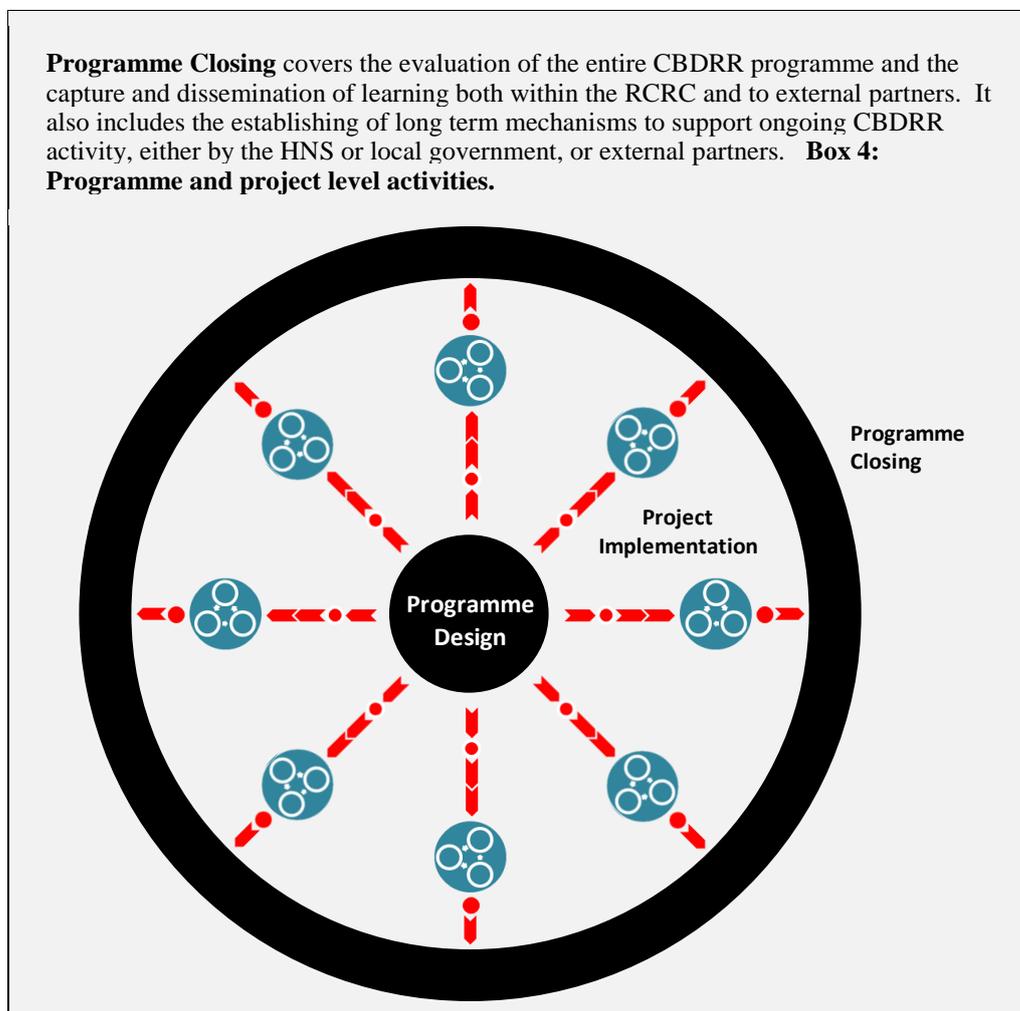
The *characteristics* can be used in a number of ways throughout the CBDRR programme lifecycle. During programme design they can be used to define the aim of the programme and as part of the community selection criteria. In implementation they can be used in the development of standardised and comparable baseline and endline surveys to provide a holistic overview of community resilience and measure programme impact. They may also provide a useful framework for the analysis of data collected during the VCA process. *Key determinants* denote critical factors which influence a programme's immediate impact as well as longer term sustainability and apply throughout the programme. The remainder of this report elaborates on each of the key activities and how future programmes can be informed by lessons learned from Tsunami Operation programmes; particularly through the use of characteristics and key determinants.

3   Programme design

Box 5: Programme Design Activities
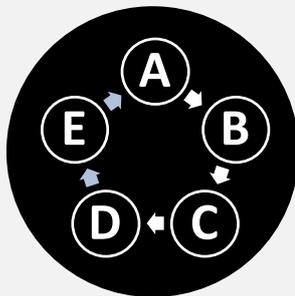
Programme design

A – Context assessment
B – Stakeholder identification and engagement
C – Establishing community selection criteria
C – Defining programme strategy
D – Establishing programme management systems

Programme Design
(HQ/Branch Level)

Programme design must be completed at the outset of CBDRR programmes as it lays the foundations for later stages. Sufficient time should be allocated to ensure adequate engagement with stakeholders and high quality outputs. Documentation of the programme design process is critical to ensure that information gathered can be built upon throughout the programme lifecycle and so that all stakeholders understand the decisions made.

The designing of a programme should be done jointly by all RCRC stakeholders and external partners. Programme funders, managers and implementers at national and branch level should all be involved in order to generate ownership of the programme, ensure that learning from past experience is incorporated and that everyone understands what is proposed.

Programme design includes assessment of the context, identification of and engagement with key stakeholders, establishment of community selection criteria, definition of the programme aims, objectives and approach, and establishment of programme management systems to ensure efficient implementation of the programme. These activities can be completed in any order, and may need to be repeated several times as more information becomes available or more stakeholders become involved.

Note!

Programme design activities should be revisited when scaling up CBDRR programmes so that lessons learned from pilot projects can be incorporated into subsequent phases. This is particularly important in a rapidly changing post-disaster situation.

A: Context assessment

CBDRR programmes must reflect the socio-economic, political and hazard environment in the target communities. Assessment of these factors at the outset will ensure the appropriateness, relevance and long-term impact of the CBDRR programmes developed. Assessment can also identify potential risks to the programme such as conflict, limited RCRC CBDRR capacity, or low levels of government capacity/support, so these can be mitigated through programme design.

Different approaches to context assessment were adopted by each PNS/HNS. However these assessments, often undertaken during the complex and dynamic humanitarian response to the tsunami, did not provide a strong foundation for programme design. Many subsequent challenges arose from decisions based on insufficient information at this initial stage.

Context assessment must consider the suitability of CBDRR programmes to the proposed locations; for instance, they may not be appropriate immediately after a disaster, for middle income countries or areas prone to rapid-onset or health related hazards[16]. It is also extremely important to understand the capacity of the RCRC partners implementing the CBDRR programmes,[17] the risk of conflict[18] and of changes in government or disaster management laws and regulations.

Key considerations

In future CBDRR programmes context assessment should be done jointly by the PNS/HNS considering both macro and micro scales. Context assessment could be initiated through a workshop with the HNS to establish their understanding of the socio-economic, political and hazard environment within the target areas and identify gaps in information where additional assessment may be required.

Key determinants

- ☐ The motivation and capacity of RCRC stakeholders and the strengths of partnerships between them

- ☐ The capacity of external actors and the strength of partnership with them

- ☐ Having adequate assessment, monitoring and evaluation procedures

Key questions

- ☐ What are the key vulnerabilities and hazards in the target areas and is a CBDRR programme the most appropriate form of assistance?

- ☐ Do RCRC staff and organisations at all levels have skills and experience in designing and implementing CBDRR (or community based) programmes?

- ☐ Is there an established political, administrative and financial environment for CBDRR programmes within national/local government?

- ☐ What are the potential risks to CBDRR programme implementation?
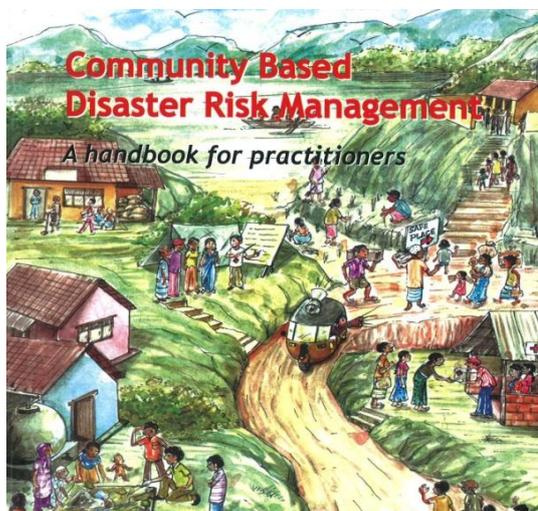
A strategy based on assessment

In Sri Lanka the BRCS initial assessment highlighted the lack of CBDRR experience within the SLRCS. Thus SLRCS capacity building was one of the initial components of their CBDRR programme. One of the outputs of this work was a CBDRR handbook for practitioners.[19] This manual drew on literature and practitioner perspectives, from Sri Lanka and other countries, and was field tested and tailored to the realities of the Sri Lankan context. It covers DRR concepts and models, the key stages of CBDRR and provides practical guidance on implementing the VCA.

What minimum capacities are needed by National Societies at different levels (HQ and branch) to successfully manage and implement CBDRR?

Lack of CBDRR capacity within the RCRC movement (particularly the HNS) was a key challenge faced in many of the Tsunami Operation CBDRR programmes, as were relationships between the large numbers of RCRC stakeholders involved.

Several evaluations noted that branch capacity to implement CBDRR programmes was a critical factor in their immediate and long-term impact and that it should be assessed before programme design and implementation.[20] Others highlighted the importance of a clear management structure and understanding of roles and responsibilities in the programme combined with direct links and a transparent mechanism for coordination, continuity and support from the HNS national headquarters (NHQ) down to the branches and communities.[21]

Branch board members, staff and volunteers must fully understand the purpose and process of the CBDRR programme in order for it to be successful. A two-stage approach to engagement with branches was recommended: Inception – dissemination of project objectives to all branches through a workshop, and Implementation – a detailed training programme on concepts of disaster management for selected branches including the management of staff and a thorough knowledge in CBDRR by technically qualified experts[22].

Many programmes experienced challenges with high volunteer dropout rates and staff turnover[23] and this was costly - both in terms of recruitment costs and programme delays while new staff members were trained[24]. Reasons for high staff turnover included: the short-term contracts under which staff were employed[25], staff leaving to take up better paid employment with other organisations[26] and staff being unhappy with the working environment and level of autonomy they were allowed in their work[27].

Staff and volunteers need a supportive working environment[28] with appropriate training and supervision by more experienced staff[29]. Equitable policies and application of salaries, per diems and expenses are recommended to avoid jealousy and conflict[30]. The use of incentives for meeting early targets[31] and bonuses for good staff performance may also increase motivation[32].

Community facilitation teams should include people with a range of technical expertise - particularly engineering, sociology and livelihoods in addition to DRR[33] - while capacity to work with communities is a critical need[34]. Beyond simply community facilitation, the ability to conduct a VCA is a further necessary specialist skill; one method of overcoming limited capacity in this area is establishment of a centralised VCA unit to support facilitators at this key stage[35].

Where staff do not have the necessary skills, significant training is required; this is particularly true for new staff members or when implementing a new programme. An induction process is recommended for new staff and volunteers[36]. Training and creation and circulation of project implementation guides and materials can also build project team capacity by familiarising staff and volunteers with new procedures prior to implementation[37].

Recommendations to increase HNS capacity included:

- Increasing staff numbers[38]
- Investment in equipment and material resources[39]
- Providing training to increase range and effectiveness of skills[40]
- Using the VCA as a training exercise for branch staff,[41] and as a knowledge gathering exercise for the branch in another[42]
- Undertaking field visits and lateral secondments of key members of an experienced CBDRR team into future CBDRR programmes[43]
- Including specific objectives to build project management capacity of the HNS into future CBDRR programmes[44]
- Using the 'well-prepared national society' (WPNS) checklist as a tool to help the HNS review its strengths and weaknesses[45]

B: Stakeholder identification and engagement

Working in partnership with external actors encourages information sharing and coordination with other initiatives. It also provides a solid foundation for the long-term support of CBDRR activities and generates support for the CBOs established. The success and sustainability of CBDRR programmes depends on long-term partnerships between communities, local government and other external stakeholders (NGOs/private sector) as well as with the RCRC movement. Hence, key RCRC and external stakeholders must be identified in the initial stages of a CBDRR programme, their support obtained and their continuing engagement assured for the duration of the programme and beyond.

All Tsunami Operation CBDRR programmes showed a strong awareness of the importance of stakeholder engagement and the range of stakeholders who need to be involved. Typically CBDRR programmes included a wide range of stakeholders: RCRC actors (HNS/PNS/IFRC) at community, branch and NHQ level; local government; NGOs and the private sector. Stakeholder identification and analysis in the initial stages of programme design, however, appears to have been rarely documented, if even formally carried out.

RCRC

A successful partnership between the HNS and PNS was a significant factor in determining the success of a programme. Developing mutual trust and regular communication was highlighted as key in maintaining this partnership. Failure to establish close relationships between the branch and NHQ however made coordination of stakeholders a challenge.[46] Greater openness between the PNS and HNS should be initiated by the PNS and can be supported through clear and well-explained decision-making processes'.[47]

Key determinants

☐ The motivation and capacity of RCRC stakeholders and the strengths of partnerships between them

☐ The capacity of external actors and the strength of partnership with them

Key questions

☐ What is the primary motivation for implementing a CBDRR programme?

☐ How can all stakeholders be involved in programme design?

☐ In which activities should external stakeholders be involved during programme implementation?

☐ Do RCRC or external actors have capacity to provide continued support to the community after the completion of the CBDRR programme?

☐ Will the CBOs established be formally recognised by government or the RCRC movement?

Governance in Indonesia

During the Tsunami Operation in Indonesia, the national government put in place a new disaster response organisation and structure, and this was slowly filtering down to provincial and district levels. Despite efforts to partner with local government several programmes experienced challenges identifying and working with local government actors. It was noted that government DRR structures exist but are not clear[48] and doubts were raised over who would do what following the completion of the CBDRR programme.[49]

Government

The wider enabling environment created by national government, and the capacity of local government to engage in CBDRR, had a critical impact on all programmes, however this varied significantly between countries. In the most successful programmes local government was involved throughout implementation. It also provided continuing support to communities after completion of the programme within a supportive national government context.

Other partners

Partnerships with other NGOs can be used in sustainability strategies to ensure continued support for a programme after RCRC exit. Such partnerships can also provide additional specialist skills[50]. The potential of partnering with the private sector was highlighted by some evaluators[51] but specific activities or benefits are not identified other than the potential of commercial mobile phone providers to assist in transmission of early warnings[52].
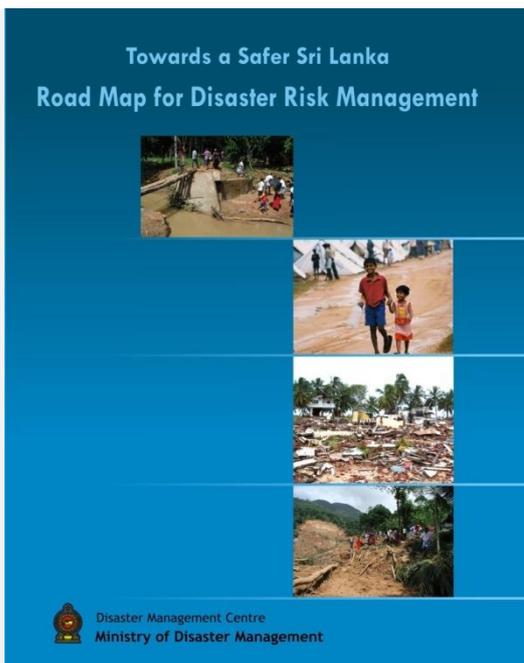
Note!

Stakeholder identification and engagement is a critical step in ensuring the success of CBDRR programmes and sufficient time should be allowed to complete and document this step.

Key considerations

In future programmes stakeholder identification and orientation could comprise a series of workshops at which: potential stakeholders and their 'value add' are identified; all stakeholders are introduced to the CBDRR approach; roles and responsibilities are clearly defined; clear and transparent decision making, coordination and management structures are established. Meeting with all stakeholders in the initial stages also provides an opportunity to identify risks and threats to the programme so that these can be mitigated during programme design.

Once stakeholders have been identified it is important to engage them in the initial stages of programme design to ensure their short- and long-term support for the CBDRR programme. This process could be identified as a specific activity[53] or divided into multiple steps[54].

External stakeholders should continue to be engaged throughout CBDRR programme implementation. Key activities for external stakeholder engagement include: establishing community selection criteria (section C), meeting with community leaders (step 1) and the whole community (step 3), participation in risk reduction planning (step 6), implementation of risk reduction activities (step 7) and handover (step 9 and section H).

Towards a Safer Sri Lanka
Road Map for Disaster Risk Management

Disaster Management Centre
Ministry of Disaster Management

Governance in Sri Lanka

In Sri Lanka a strong institutional framework for CBDRR was established in the National Disaster Management Act (2005). This established the Ministry for Disaster Management and the Disaster Management Centre (DMC) at a national level and the DMC prepared a 'Road map for Disaster Risk Management'. Subsequently, each district in Sri Lanka established a District Disaster Management Coordination Unit (DDMCU) with a mandate to establish and support Village Disaster Management Committees (VDMCs) in each community. This strong institutional framework meant that DDMCUs were able to support the CBOs established after completion of the RCRC programme[55].

C: Establishing community selection criteria

Levels of community cohesion, education and the amount of time available will determine the pace at which a programme can be implemented and the likelihood of its success. These factors will vary between urban and rural contexts, and between developmental and disaster recovery situations. Standardised community selection criteria should be developed and communities should be selected in partnership with local government and other stakeholders.

While all Tsunami Operation CBDRR programmes intended to target the most vulnerable communities, several different approaches to community selection were adopted; from selection of communities in areas worst hit by the 2004 tsunami[56] or where other RCRC programmes were already in operation[57]. Community motivation was highest in communities that were subject to significant ongoing or future hazards, due to increased awareness of hazards[58]. One evaluator simply stated that more methodological selection of districts is likely to produce better results[59].

Key considerations

In future programmes the development of standardised community selection criteria[60] in partnership with all stakeholders[61] could be used to generate a list of potential communities, and to inform programme design. Specific communities should then be selected after consultation with community leaders has been completed (step 1).

Key determinants

☐ The motivation and capacity of the community and community leaders

Key questions

☐ What is the level of socio-economic development of the target areas?

☐ Are communities at risk of frequent or significant natural hazards ('shocks')? What 'stresses' (health issues, conflict, lack of infrastructure or services) do they face? Are 'shocks' or 'stresses' their highest priority?

☐ Do communities have sufficient time to participate in the CBDRR programme?

☐ Do communities have cohesion?

☐ Do communities have prior positive experience of the RCRC movement?

Note!

If the CBDRR programme is intended to target communities with low levels of community cohesion and education higher levels of staff, time and funding may be required to make the CBDRR programme a success.

Community motivation

In Sri Lanka the DRC ran a CBDRR programme in two districts. Communities in Ampara had been affected by the 2004 tsunami, while inland communities in Monaragala had not. The DRC found that it was easier to engage the communities which had been affected by the tsunami, as they had a greater awareness of the risks they face. This illustrates the difference between working in pre-disaster and post-disaster situations and how it can have an impact on the level of motivation within a community.

D: Defining programme strategy

A programme strategy should be decided in consultation with all stakeholders. The characteristics of a safe and resilient community can be used to define the intended impact of the programme (i.e. the aim of the programme). Higher levels of community participation, integration of the CBDRR programme with other sectors, and flexibility of the programme to respond to the needs of specific communities (i.e. programme objectives) will increase both the immediate and long-term impact.

In the Tsunami Operation CBDRR programmes the programme strategy was typically summarised in log frames and project proposals. However, it is important that definition of a programme strategy is considered as a separate stage, and informed by an understanding of the context, the capacity and motivation of RCRC and external stakeholders, and the types of communities to be targeted. Many different approaches to community participation, flexibility and integration were adopted in the Tsunami Operation CBDRR programmes. This is reflective of different PNS approaches, different contexts and different scales of programmes.

Participation

Most Tsunami Operation CBDRR programmes stated their intent to create community ownership of the programme, however, this was difficult to achieve in practice. A critical activity in building ownership is the VCA process; both the way in which it is conducted and the response of the RCRC to the priorities and actions identified as a result. Other critical activities are the development of a community-owned DRR plan (step 6), the implementation of DRR activities (step 7) and community-driven monitoring and evaluation (step 5b).

Flexibility versus standardisation

A key challenge identified when implementing CBDRR programmes at scale was the conflict between developing simple, standardised approaches to enable programmes to be replicated at scale and the need for sufficient flexibility to meet the requirements of individual communities. A lack of flexibility in programme design can lead to: inappropriate activities, the distribution of inappropriate equipment, an inability to meet the needs identified by communities and running CBDRR programmes in communities which do not need them.

One benefit of a more structured approach to programme design is that it can be implemented by organisations and staff with limited experience[62]. However it should be discouraged simply in the interest of implementing a tight programme on budget and on schedule as it does

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The level of community participation and ownership of the CBDRR programme

☐ The level of integration of CBDRR programmes with other sectors

☐ Having an appropriate balance between standardisation and flexibility

Key questions

☐ What is the intended impact of the CBDRR programme?

☐ How can the community be supported to lead the implementation of the CBDRR programme?

☐ Are other RCRC programmes being implemented or planned in the target communities and can the CBDRR programme be implemented with these?

☐ Does the HNS have the capacity to respond to needs identified in any sector – or can partnerships with external actors be established to increase flexibility and capacity?

☐ Which components of the CBDRR programme can be standardised to increase simplicity and efficiency and which can remain flexible to support a community-driven approach?

Note!

The **characteristics of a safe and resilient community** can be used to help define the aims of the programme. Periodic reviews throughout the programme should check if the intended impact is being made.

not facilitate open-ended community-driven processes[63]. Increased flexibility in programme design can help ensure a 'bottom-up' approach which generates greater community ownership[64].
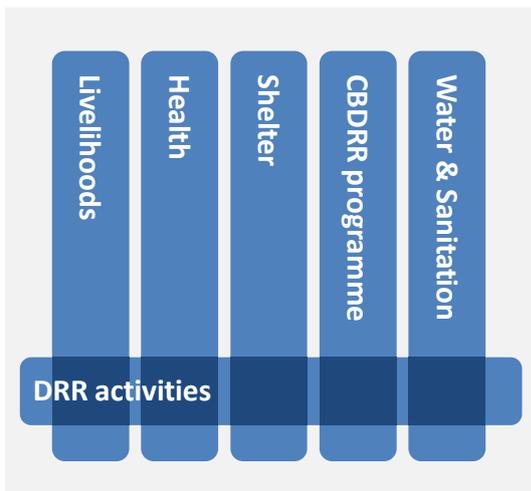
Integration

Greater levels of integration between programmes in future projects[65] was recommended in several external evaluations, while the BRC recommended that disaster risk reduction should be part of every programme[66] (e.g. health, livelihoods, shelter). Crucially, it was noted that communities view resilience holistically (i.e. sectors such as health and DRR overlap) and that greater integration leads to more successful programmes during implementation as well as greater sustainability.

DRR programmes in schools were run alongside community based DRR programmes in all countries apart from the Maldives[67]. Running school-based CBDRR programmes (in communities where CBDRR programmes were also being undertaken) was identified as a good way to disseminate DRR activities. This practice can also create strong links between stakeholders, and allows schoolchildren to be involved in collecting information relating to disasters[68].

Key considerations

In future programmes the definition of a programme strategy should be considered as a specific step in programme design and it should involve all RCRC stakeholders. The characteristics of a safe and resilient community can be used to define the intended impact of the CBDRR programme. Appropriate levels of community participation, integration and flexibility should be informed by an understanding of the context, capacity and motivation of RCRC and external stakeholders, and the types of communities to be targeted.

Note!

When discussing integration it is important to note the difference between components of a CBDRR programme and DRR activities in other sectors. For example disaster response simulations are unique to CBDRR programmes, while all shelter programmes should have a DRR component.

Note!

CBDRR programmes can only be designed, implemented and maintained to the quality possible within the defined timeline, budget and capacity of RCRC staff and volunteers. Appropriate levels of community participation, integration of the CBDRR programme with other sectors, and flexibility within the programme should be decided with these variables in mind.

Integration

In several villages in Indonesia one CBDRR organisation had been established, while another had been set up to focus on community based health issues (CBHFA). The CBDRR organisation responded to infrequent events such as flooding, fires and earthquakes, whilst the CBHFA organisation responded to day-to-day stresses such as malaria, skin disease and diarrhoea. In communities where the two organisations worked together, or some individuals were part of both organisations, motivation was maintained by responding to both day-to-day and infrequent events, ensuring the programme became more sustainable.

E: Establishing programme management systems

The allocation of sufficient time, human and financial resources to CBDRR programmes, and robust mechanisms for management and monitoring, will help to ensure effective implementation of the programme and the ability to scale up. Effective monitoring improves the quality of CBDRR programmes as opportunities for improvement can be identified, discussed and acted upon at regular intervals during programme implementation.

Many Tsunami Operation CBDRR programmes experienced challenges managing financial and human resources within a rapidly changing disaster recovery context and many programmes were extended, revised or scaled back.

Time

A common recommendation was that more time was needed to complete a CBDRR programme than originally allocated[69]. A minimum three year timeframe was frequently suggested.[70] However, any timeframe should allow sufficient flexibility within the schedule to be able to make changes to suit the needs, capacities and contexts of specific communities. Thus greater control over the programme schedule by those involved in implementation is important. Regular monitoring of progress should also be allowed for within the schedule.

Programmes must allow sufficient time for two-way communication with communities and this requires adequate staff numbers, with specific technical expertise in community participation[71]. Key religious activities[72] and the daily schedules of communities must also be taken into consideration to ensure everyone has the opportunity to participate

After a large-scale disaster community members will be involved in emergency response activities. They will not have time or mental focus to engage in CBDRR activities until a certain level of recovery and return to normality has been achieved.

Finance

Financial management was a challenge in many of the Tsunami Operation CBDRR programmes. Common problems were encountered in transferring funds between the PNS and HNS, and from HQ to branch level[73]. Delayed or irregular funding makes it hard for programmes to maintain momentum. Financial delays may mean that by the time funding reaches a community the situation has worsened or improved, requiring revision of needs. This is often particularly relevant in post-disaster situations.

Key determinants

- ☐ The motivation and capacity of the RCRC stakeholders and the strengths of partnerships between them

- ☐ Having sufficient time to complete CBDRR programmes

- ☐ Having sufficient funding for and financial management of CBDRR programmes

- ☐ Having adequate assessment, monitoring and evaluation procedures

Key questions

- ☐ Can sufficient numbers of experienced staff and volunteers be allocated or recruited to the CBDRR programme for its entire duration?

- ☐ Are adequate funding and financial management systems in place?

- ☐ How long should the CBDRR programme be?

- ☐ Should additional time be allocated for the development of CBDRR capacity (manuals, training etc) prior to programme implementation?

- ☐ Will monitoring and evaluation procedures support programme managers in effective programme implementation?

Note!

The **characteristics of a safe and resilient community** can be used at this stage to help design monitoring and evaluation criteria.

Monitoring and evaluation

Several evaluations highlighted the importance of developing adequate reporting and monitoring mechanisms[74]. Monitoring progress overall and of specific activities allows for identification of problems, and discussion and response to these at regular intervals[75]. In order for monitoring to play a useful role it must be integrated throughout the project from the start, rather than added at the end[76]. There should be clarity regarding what data needs to be collected (to reduce an unnecessary burden on programme staff) and how programme stakeholders will respond to findings from the monitoring and evaluation process.

Challenges were experienced as staff reported having limited time and capacity to complete monitoring and evaluation. Monthly field visits by senior PNS staff can provide monitoring support, and future CBDRR programmes should have standardised formats for reporting (progress and finance) to make it easier for provincial and HQ staff to monitor progress.

Several programmes had external programme evaluations – completed at the mid-term or end of a particular phase. These typically commented on the success of programmes - both in terms of delivery and impact. Evaluators highlighted the importance of documenting and disseminating lessons learned[77], specifically through developing guidelines[78] or supporting knowledge transfer between staff[79].

Note!

Evaluators recommended that financial management could be improved by:

- Development of programme budgets and funding sources/timescales with both board members and staff at national, chapter and branch levels to 'minimise the risks of over or under budgeting'[80] and 'so that local teams know what to expect and how to plan'[81]
- Establishing an agreed accounting system[82]
- Increased reporting[83]
- Undertaking periodical budget monitoring activities[84]
- Providing training in financial management and reporting[85]

Key considerations

In future programmes it is recommended that a greater understanding is developed with respect to required time, human and financial resources to deliver CBDRR programmes. At the outset programme budgets and timelines should be developed in partnership with RCRC stakeholders at national, chapter and branch level. Mechanisms for monitoring and evaluating programme delivery and impact should also be established in the initial stages and the timelines for monitoring and evaluation agreed.

Sufficient time

In the second phase of the ARC programme in Sri Lanka there was significant pressure to complete the CBDRR programmes to fit within funding windows. In one village the community had identified steps down into a reservoir to make it safer for bathing as their mitigation project. Shortage of time meant that it was necessary to build it during the rainy season, but this meant that less people could participate as they had agricultural work to complete. It also made the work harder, and the community were concerned that the quality of construction may have suffered as a result.

How to implement CBDRR programmes at scale?

There was significant variation in the overall size of programmes implemented with the French Red Cross (FRC) working in just three communities in Indonesia, while ARC worked in 193 communities in Sri Lanka (and 348 communities overall).

Flexibility versus standardisation

Larger programmes require greater standardisation and may encounter problems meeting the needs of specific communities. In larger programmes, if communities feel that projects were fully designed before they were consulted, they may be less motivated to participate in the CBDRR programme and to continue CBDRR activities after the programme has finished. In smaller programmes RCRC staff and volunteers may have greater flexibility to understand the community's needs and priorities, tailor the programme to meet these needs and identify opportunities to integrate the CBDRR programme with activities in other sectors. In such programmes it may also be easier for branch staff and volunteers to continue to support the CBOs established after the end of the programme, even if only on a personal basis.

Geography

Very different approaches to geography were adopted in each of the different programmes (see Figure 4) and this had a significant impact on programme implementation. Some programmes focussed on specific geographic areas (e.g. BRC or ARC in Indonesia) while others (e.g. IFRC in Indonesia and Sri Lanka) implemented programmes in several districts. CBDRR programmes are heavily reliant on the capacity of branch staff and volunteers. Working in several districts involves orientation and capacity building in each district, as well as increasing the complexity of monitoring and evaluation. This will have an impact on the overall speed of implementation.

Figure 5: Size of programme versus geographic distribution
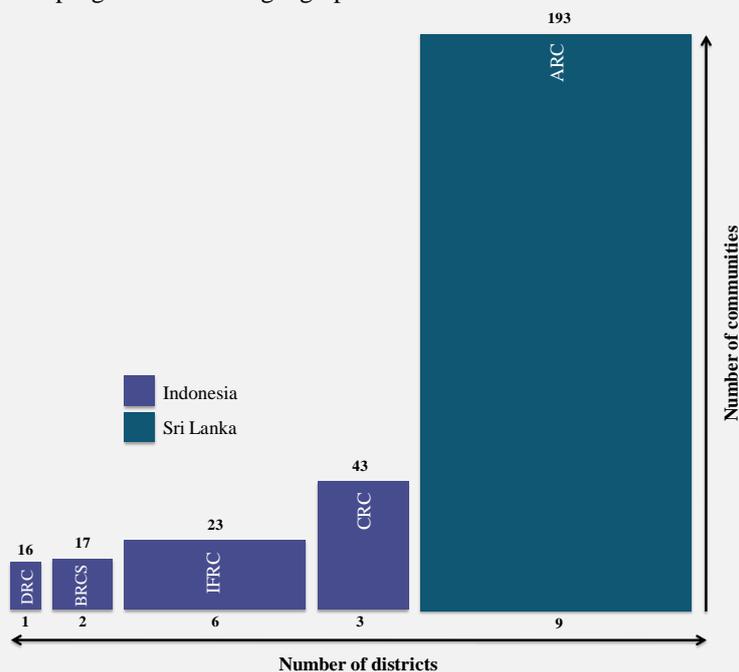
Within the district it is possible that geographical distribution could have been used to better effect when scaling up CBDRR programmes. CBOs trained in the initial phase of a programme can be used to train those in subsequent phases (as long as they are provided with adequate support to maintain the overall standard of training). This can create a long-term network of CBDRR CBOs across a district (see Figure 5). In one community in Indonesia a strong CBO provided training for those in other communities, whilst in another district annual 'CBAT Festivals' were held to bring all the CBOs in one district together to share learning, build relationships and practice disaster response activities.

Figure 6: Using CBOs trained in phase 1 to train new communities in phase 2 and establish long-term networks for support.
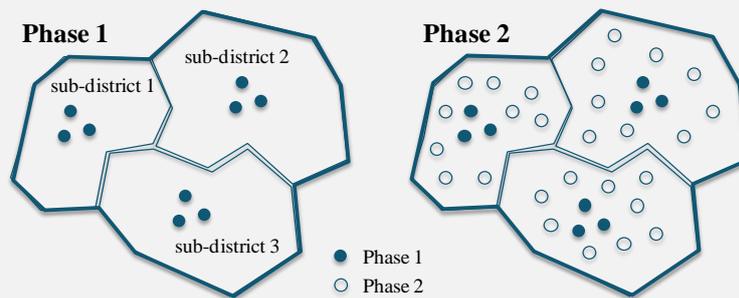
Scaling up

Many larger programmes had a phased approach to scaling up their CBDRR programmes, with a pilot (typically of less than 10 communities) followed by one or two further phases of implementation[vi]. In Thailand, the IFRC-funded programme (seven communities) acted as a pilot programme, enabling the TRC to build their CBDRR capacity, whilst the ARC-funded programme in 55 communities acted as the second phase.

One programme in Indonesia worked in 20 communities in the first phase of the programme and 25 communities in the second phase. One staff member coordinated the whole programme at branch level, supported by 20 volunteers. Each volunteer was responsible for one community (to build an ongoing relationship) but they were also organised into teams of five volunteers – so that they could support each other and work together to complete key stages (such as the VCA). This programme targeted an additional 25 communities in the second phase – taking the number of communities for which each team was responsible to 11 (providing ongoing support in five communities, and working with six new communities). This enabled the volunteers to build on their experience from phase 1 and continue their established efficient ways of working.

Key considerations

When implementing future CBDRR programmes at scale it is recommended that:

- Programmes focus on a limited number of districts to decrease the amount of branch orientation, capacity building, management and monitoring required (unless this is a specific focus of the programme – in which case sufficient time should be allowed).

- Programmes should be scaled up in phases (starting with a pilot programme of less than 10 communities) to increase motivation and build capacity of branch staff and volunteers.

- Later phases should build on the capacity of RCRC individuals and teams established in the previous phases (rather than identifying new staff or volunteers). Strong CBOs should also be used to train those in new communities.

- Large scale programmes should target communities with similar shocks and stresses so that methods of assistance (e.g. distribution of kits) can be standardised while still responding to the needs of specific communities.

- While the sequence and methodology of CBDRR activities can be standardised in each community, CBDRR activities such as the VCA, the risk reduction/action plan, and implementation of CBDRR activities must respond to the needs of specific communities. Branch staff and volunteers must be given sufficient time, funding and empowerment to tailor their activities (particularly in the implementation stage) to ensure that activities meet the needs of communities and support the sustainability of the CBOs established.

[vi] Several of the smaller programmes (BRC Sri Lanka, FRC Indonesia) were in fact pilot programmes where the PNS did not decide to fund subsequent phases.

4 Project implementation

Box 6: Project Implementation Activities
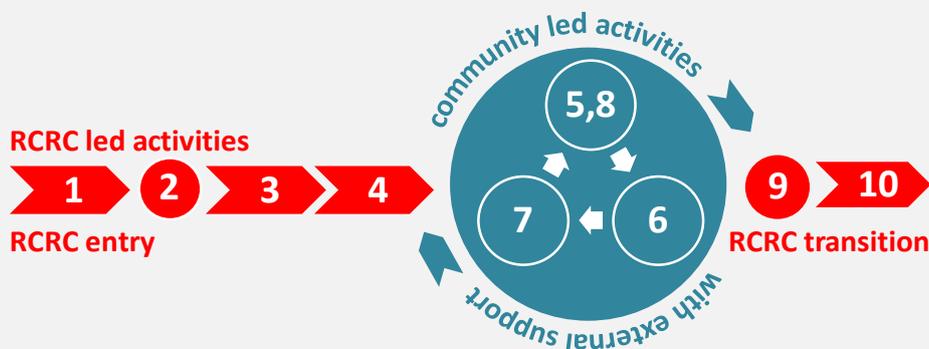
Project Implementation
(Community level)

Project Implementation
1 – Meet with community leaders
2 – Baseline survey
3 – Meet with whole community
4 – Identify and support or form and train a community-based organisation
5 – Community-led Vulnerability and Capacity Assessment (see also step 8)
6 – Community-led Planning (Action/risk reduction plan & community updates)
7 – Community-led Implementation (Training and simulations, provision of funds and equipment,
    mitigation projects, advocacy)
8 – Community-led monitoring and evaluation (see also step 5)
9 – Endline survey
10 – Handover to the community

Project implementation occurs at the community level. It should be completed by communities and RCRC branch staff and volunteers, with assistance from branch/chapter/NHQ or the IFRC/PNS in financial management, monitoring and evaluation. It is essential that communities take ownership of and drive the project implementation activities to ensure the sustainability of programme impacts, and that branch staff and volunteers have sufficient time and resources to enable them to do so.

Steps 1 to 4 are sequential whereas steps 5, 6 and 7 are iterative and should be replicated by the community after RCRC exit. During the programme the RCRC supports the community to: undertake the VCA process, formulate actions into a risk reduction plan, implement risk reduction activities, undertake community M&E and update their risk reduction plan. At this point the RCRC may chose to exit a community (if community led DRR activities are firmly established) having completed an endline survey. Alternatively the RCRC may establish partnerships with other external actors to provide ongoing support to communities, or establish a RCRC long-term relationship with the CBOs established.

Step 1: Meet with community leaders

Community leaders often become part of, or have direct influence over, the CBOs established through CBDRR programmes. Their support and engagement allows access to existing internal and external networks, and provides a mechanism for wider community mobilisation and engagement. Community leaders must have a shared vision of a safe and resilient community, an adequate understanding of the programme objectives and its value to their community in implementing and maintaining it. Community leaders should be identified at the outset and their support obtained during the community selection process; they should then be included in CBDRR activities and long-term planning to generate ongoing motivation and engagement.

In the most successful CBDRR programmes specific communities were only selected after an initial meeting with community leaders to ensure their commitment to the programme. Communities who were not initially consulted in the selection process were less likely to see the value of participating in the programme[86].

In Indonesia and the Maldives the Head of Village (elected government representatives) was sometimes the head of the CBO established, while in Sri Lanka it was government policy that they fulfilled this role.

Key considerations

In future programmes an initial meeting with community leaders to explain the programme and assess their motivation and capacity to participate should form the basis for final selection of communities. It is beneficial if this meeting is preceded by written or verbal support from local government[87] and local government or other external partners may also want to attend this initial meeting. It should be followed by the inclusion of community leaders in CBDRR activities to increase local understanding[88].

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The level of community participation and ownership of the CBDRR programme

Key questions

☐ Who are the community leaders?

☐ Do they understand the programme and its value to their community?

☐ Do community leaders have sufficient motivation and capacity for the programme to be a success?

☐ Do community leaders have local government support?

☐ Are community leaders representative of all sections of the community (including women, young people, the elderly, indigenous peoples etc)? If not, how will the CBDRR programme seek to engage with these groups?

Do community leaders have time?

In one community in the Maldives participants in the focus group noted that the head of the CBO established was also the island chief. It was suggested that due to these responsibilities he would not be able to take on the role of head of the CBO. Thus it was decided that the CBO leader should be a member of the community instead. This highlights that the benefit of having those with decision making authority involved in disaster risk reduction must be balanced against the time and commitment that they can give to other responsibilities.

Step 2: Undertake baseline survey

Baseline surveys assess the pre-existing conditions in the community. They can be compared with endline surveys to measure programme impact. Baseline surveys should be completed as one of the first steps when implementing the programme at community level. They can then inform the programme's flexibility. Baseline surveys can act as the final stage in the community selection process, and they can inform the contextualisation of the VCA and the selection of CBDRR activities in each community.

Baseline assessments were typically not completed in the Tsunami Operation CBDRR programmes. When they were completed they were often too late to inform programme design, not rigorous enough to use for comparison with endline surveys and not comparable across programmes or countries.

In some programmes the VCA was completed by RCRC staff and volunteers then used as the baseline assessment. However it must be remembered that the purposes of the VCA and baseline assessment are quite different. The baseline assessment is intended to capture pre-existing conditions for RCRC monitoring purposes, whilst the VCA is a tool for raising awareness of hazards, vulnerabilities and capacities within the community.

The ARC in Indonesia introduced baseline surveys to help identify programme strategy and activities[89]. The use of baseline assessments has subsequently been adopted into standard PMI CBDRR practice. However, the ARC final report noted that the baseline survey was not conducted until after two years after the start of project implementation. This prevents full understanding of the impact of the programme, given that project activities were already under way[90].

Key considerations

In future programmes it is recommended that baseline surveys are completed by RCRC volunteers after meeting with community leaders, but before meeting with the whole community. If completed at this stage baseline surveys can act as the final stage in the community selection process, assist RCRC teams in tailoring the VCA process to the hazards, vulnerabilities and capacities of the particular community, and be used for direct comparison with endline surveys.

Key determinants

☐ Having adequate assessment, monitoring and evaluation procedures

☐ Having an appropriate balance between standardisation and flexibility

Key questions

☐ Who should undertake the baseline survey?

☐ When should it be completed?

☐ To whom should the results be disseminated?

☐ How can the results of the survey be used?

Note!

The **characteristics of a safe and resilient community** can be used in the development of standardised and comparable baseline and endline surveys to provide a holistic overview of community resilience and measure programme impact.

Step 3: Meet with the whole community

Communities are the main actors in implementation CBDRR programmes and ensuring their long term sustainability. As such they should be the key decision-makers and CBDRR programmes must be flexible enough to respond to their needs. An initial meeting with the whole community to explain the programme is critical to ensuring its buy-in and motivation to engage. In subsequent phases of the programme RCRC staff can engage directly with the CBO once it is established. Periodic meetings between the RCRC, the CBO, community leaders and the whole community are critical to disseminate CBDRR progress and outputs and generate ownership of the programme by the whole community.

All Tsunami Operation CBDRR programmes included meetings with the whole community, but this was not always recognised as a specific activity.

In programmes which had not engaged fully with the whole community certain members of the community had limited understanding of the programme, hence they were less interested in its success. Decisions and actions undertaken which disregarded the views of the community or ran contrary to public interest, were also cited as issues which prevented success.

Key considerations

In future programmes an initial meeting with the whole community should be undertaken as a specific activity to explain the purpose and process of the CBDRR programme and ensure its motivation and buy-in. This should be followed up with regular community meetings (in addition to specific meetings with the CBO) to include the whole community in decision making and monitoring processes and build ownership, positive rapport and trust between the programme and the wider beneficiaries[91].

Key determinants

- ☐ The motivation and capacity of the community and community leaders

- ☐ The level of community participation and ownership of the CBDRR programme

Key questions

- ☐ How can all sections of the community be involved in community meetings? What is an appropriate and inclusive time and venue? How should it be publicised?

- ☐ Can community leaders and external stakeholders attend or open the meeting to indicate their support?

- ☐ Are specific meetings required to engage with vulnerable groups who may not be able to attend or fully participate (women, the elderly, etc)?

- ☐ At what stages should subsequent whole community meetings be held?

- ☐ How should outcomes be disseminated?

Community engagement

When the ARC supported CBDRR programme started in Mabina North in Sri Lanka the SLRCS facilitator working in the community identified flooding as a key concern. One of the first activities she completed in the community was to organise communal cleaning of the blocked drains that were exacerbating the flooding. This catalysed community motivation and engagement in the project, demonstrating that the community could take ownership in managing the risks it faces.

Step 4: Identify and support or form and train a community based organisation

Establishing a community based organisation (CBO) whose focus is DRR provides a mechanism for catalysing community participation in the programme. Members of CBOs should be carefully selected to ensure that they have sufficient capacity and motivation to implement the CBDRR programme and maintain activities once the RCRC supported activities are complete. Representatives of different sections of the community should be included in the CBO to ensure that the whole community is fully included. CBDRR programmes should include training for CBO members, not just in DRR but in project and financial management. Procedures to retain documentation and knowledge within the community should also be put in place such as the provision of refresher training or 'training of trainers'.

Two different sorts of community based organisation (CBO) were formed in the Tsunami Operation CBDRR programmes: action teams and management committees. Generally, action teams comprised younger members of the community who were responsible for activities such as awareness raising, simulations and evacuation. Management committees included community leaders who provided oversight of DRR activities and liaison with external stakeholders.

Linkages with other CBOs

In Sri Lanka, DRR focussed CBOs were based on those already established, while in the Maldives it was recognised that such CBOs were most effective when linkages were made with other CBOs already in existence[92]. Linking management committees from different communities proved to be good practice, as it created competition between communities to operate efficiently[93].

Selection of members

The selection of members for the committees or action teams was critical to the success of many CBDRR programmes. Developing and communicating clear criteria and expectations during the selection process is key[94], as is establishing a transparent selection process, including interviewing practices, to ensure the selection of committee members who are representative of the community as a whole.

A policy for action team members to be in their late teens and early twenties in Indonesia and Sri Lanka meant that members had time to commit to the programme and the physical fitness needed to respond to emergencies. However, it also led to high turnover as many of the team members subsequently left the community to get married or look for work, taking valuable knowledge with them. Where changes in action team members occurred, challenges were often experienced in identifying replacement members and in handing over documentation.

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The level of community participation and ownership of the CBDRR programme

Key questions

☐ What community based organisations already exist and how can these be included in the CBDRR programme?

☐ What should be the selection criteria and process for members of the management committees/action teams?

☐ How can the management committees/action teams be made representative of the whole community?

☐ How should their roles and responsibilities by defined?

☐ What procedures can be established to ensure sustainability of knowledge within the community?

☐ What is the level of education of committee/action team members?

☐ Do they have experience of successful project and financial management?

☐ Can handover procedures be established to retain knowledge within the community?

☐ Can refresher training be provided at later stages or can 'training of trainers' be provided to the CBO so that they can train others within their community?

Training

All Tsunami Operation CBDRR programmes included training for the committees or action teams. Training typically covered: community level assessment of hazards, vulnerabilities and capacities (especially if the CBO was responsible for completing the VCA), developing a risk reduction/action plan, and how to respond to emergencies. The latter included first aid, use of radios/early warning systems, evacuation procedures.

The provision of refresher training to management committee/action team members was often recommended as a means of: reminding people of what they had learnt; training replacement committee/action team members; stimulating continued community activity; and providing additional skills to communities. Where refresher training was not provided it was unfortunately often the case that activities stalled due to lack of follow-up.

Some programmes included the provision of a community contingency fund (CCF) but many communities found this difficult to manage effectively. This highlights the fact that CBOs require training, not just in DRR but in day-to-day management activities, and that the provision of project management training (including financial management) could increase the sustainability of the CBOs established.

Note!

Management committees and action teams had different names in each of the countries visited. Management committees were called:

- Village Disaster Management Committees (VDMC) in Sri Lanka

- Community Disaster Management Committees (CDMC) in Indonesia and Thailand

- Island Disaster Management Committees (IDMC) in the Maldives.

In Sri Lanka the VDMC had specialist sub-committees responsible for first aid, camp management. In Indonesia the implementation of risk reduction and disaster response activities were the responsibility of the Community Based Action Team (CBAT).

Key considerations

In future programmes DRR CBOs should be based upon or have strong links with existing CBOs. Management committee/action team members should be carefully selected and procedures for replacing members and handover of roles and responsibilities should be established. CBO training should be relevant to the risks the community faces and held at times when it is possible for all members to attend. Project management training should be provided to support the long-term sustainability of the CBOs established.

Training challenges

In one village in Thailand the community encountered several problems attending the CBDRR training. Reasons cited included: training being held at times when they were at work, another organisation providing training at the same time, bad weather making travelling to training difficult, training being held at irregular times and people being forced to join training even though they were ill. This highlights the importance of flexibility in CBDRR programmes – to ensure that activities are held when communities are available and able to attend.

Step 5: Community-led Vulnerability and Capacity Assessment

The VCA is a critical step in raising awareness of the hazards, vulnerabilities and capacities of the community, and engaging them in identifying and implementing its own disaster risk reduction activities. Ownership of the VCA process and outputs should rest with the community and the CBO established. However, the role of the RCRC in facilitation of the VCA and their support in implementation of the actions arising are critical to both immediate and long-term impact.

In the Tsunami Operation CBDRR programmes the Vulnerability and Capacity Assessment (VCA) was typically completed by RCRC staff/volunteers in partnership with the community after the initial meetings with the community and community leaders. Exceptions to this were the BRCS-run programmes and the ARC programme in Indonesia[95]. In these programmes the VCA was completed by the community and the CBO (after this had been established), with support from the RCRC only when required. Following lessons learned from earlier programmes completion of the VCA after the formation of the CBO has now become standard CBDRR practice for PMI, to ensure greater ownership of the VCA process and outcomes rests with the community and the CBO[96].

Despite the importance of the VCA process within the CBDRR programme, it has been implemented in varying ways in different situations. A common challenge is the analysis of the wealth of qualitative data collected and the use of this information to inform the design and implementation of community-level risk reduction activities. Once gathered data should be used to full potential, including being used to respond to the community's voiced needs[97].

To ensure CBDRR programmes target the risks identified by communities themselves community input must be used to influence the choice of CBDRR activities[98]. Discontinuity between the completion of the VCA process and the CBDRR activities implemented in later stages of the programme appears to have been a key challenge in Tsunami Operation CBDRR programmes, leading to inappropriate provision of equipment or activities that were not relevant.

Key considerations

In future programmes it is recommended that the VCA is completed by experienced community facilitation specialists, using standardised methodologies, with the support of a multi-sectoral team. This will ensure that communities are encouraged to identify their needs and priorities in any sector and supported to identify appropriate, relevant and achievable

Key determinants

- ☐ The motivation and capacity of the community and community leaders

- ☐ The level of community participation and ownership of the CBDRR programme

- ☐ The level of integration of CBDRR programmes with other sectors

- ☐ Having and appropriate balance between standardisation and flexibility

Key questions

- ☐ Who should lead the VCA process and at what stage should it be completed?

- ☐ Who should be responsible for the information gathered?

- ☐ How can vulnerable groups be identified and included in the VCA?

- ☐ How can the CBDRR programme respond to identified needs?

Note!

A specialist VCA team at provincial/national level can support branch staff in the completion and analysis of this crucial and complex activity.

disaster risk reduction activities. Actions identified by communities as part of the VCA process must inform the design and implementation of community-level CBDRR activities (step 6 and 7) in order to maintain their level of ownership over the CBDRR programme and increase the sustainability of actions and impacts.

What is the role of the VCA in successful and sustainable CBDRR interventions?

The VCA process is a critical activity in building ownership; both the way in which it is conducted and the response of the RCRC to the priorities and actions identified as a result. Increased RCRC capacity in the facilitation of the VCA process and in its ability to respond to the priorities identified in the VCA (in any sector) would significantly improve the impact of CBDRR programmes. However, the flexibility to respond to the needs of specific communities must be balanced against the requirements for standardisation, in order for the RCRC to implement CBDRR at scale.

In the most successful programmes the VCA process considered hazards holistically, raised awareness within the community and supported them in identifying hazards and managing their risks (with assistance from the RCRC or external partners). Programmes were less successful where CBDRR activities were pre-defined and not adjusted to suit the hazards and vulnerabilities of the communities selected, or their needs and priorities identified in the VCA. A holistic approach built ownership and sustainability as communities drove the CBDRR process and CBDRR activities were relevant to their needs. This more rigid approach meant CBDRR activities were completed, but had limited long-term impact. Communities remained recipients of assistance rather than drivers in the developmental process.

Meeting basic needs

In one resettlement community in Indonesia the CRC built permanent housing while the ARC provided water and sanitation. Six years after the tsunami they still have significant problems with their clean water supply. The rainwater catchment system attached to the houses and a pipeline intended to bring water direct from a spring have limited capacity and frequently run dry. In the event of this happening the community uses shallow wells to obtain water but many of these are polluted. As a result the community has less motivation to participate in risk reduction activities as concerns about meeting their basic needs still take precedence over less frequent hazards.

Step 6: Community-led planning

A risk reduction/action plan forms the basis for ongoing community based DRR activities and is a key tool in the development of community ownership. The role of the RCRC (or other external partners) is to facilitate the process, advise on the prioritisation of activities, and provide specific technical expertise (e.g. on micro-mitigation projects) if required. Risk reduction plans must be achievable with realistic timelines and sufficient funding to ensure completion of planned activities and continued motivation for ongoing activity. Risk reduction plans should be disseminated to the community and external stakeholders, integrated with local government development plans, and procedures for regular review and updating put in place.

Several different approaches to DRR planning were adopted in the CBDRR programmes. In the SLRCS 'Community Based Disaster Risk Management' Handbook it is recommended that community disaster risk management planning is a separate step (after completion of the VCA and formation of the CBO). However, in practice community action planning was often the last step in the VCA process.

In some Tsunami Operation programmes communities were helped to develop community contingency plans (CCPs), detailing the community's response to rapid-onset disasters. In other communities risk reduction plans (RRPs) were developed, describing proposed mitigation projects and longer-term risk reduction/advocacy activities.

The role of the RCRC

The development of a risk reduction plan is another critical step in the development of community ownership over their DRR activities. It is important that communities are supported to develop their own RRPs and that they initiate next steps whilst the RCRC provides assistance. The VCA and RRP should be documents which belong to the community and remain with them, rather than with the RCRC branch.

Critical to community ownership of the RRP is the community's ability to lead the decision making process and the flexibility of the RCRC CBDRR programme to support it in whichever activities it identified. This can range from an extremely flexible approach, in which baseline surveys, the VCA and community action plans informed a revised programme prior to implementation[99], to the very inflexible where project objectives formed at national level are not contextualised, i.e. tailored, to the community[100].

Another important role of the RCRC during risk reduction planning is to facilitate and advise on the prioritisation of activities and provide

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The motivation and capacity of the RCRC stakeholders and the strengths of partnerships between them

☐ The capacity of external actors and the strength of partnership with them

☐ The level of community participation and ownership of the CBDRR programme

☐ The level of integration of CBDRR programmes with other sectors

☐ Having an appropriate balance between standardisation and flexibility

Key questions

☐ Is there community consensus? How should actions be prioritised?

☐ Is the risk reduction plan achievable within the community capacity and programme timeline/funding?

☐ How is the risk reduction plan disseminated to the community and external stakeholders?

☐ Who is responsible for managing/funding/implementing and monitoring CBDRR activities?

☐ Is specific technical expertise required? Can this be provided through partnerships with external actors?

☐ How do community level risk reduction plans relate to wider regional DRR plans/policy?

specific technical expertise if required (for example on the design and implementation of micro-mitigation projects). If the RCRC does not have sufficient technical capacity internally then partnerships with local government, specialist NGOs or the private sector should be established and external stakeholders included in the planning process.

Achievable

RCRC staff should also ensure that risk reduction plans are realistic and achievable within the capacity of the community and the timeline and funding allowed by the programme. If this is not achieved significant RCRC support may be required in order to complete the planned activities - creating dependency; or activities may not be completed - leading to lower levels of community motivation in subsequent phases.

Dissemination

Critical to the long-term impact of the programme is the dissemination of a risk reduction plan to the whole community and external stakeholders. Ownership over the document must be established, as must a process for community review and updates (step 5b).

Coordination

The integration of community-level risk reduction plans into local government development and/or disaster risk reduction plans is also critical to long-term sustainability of actions and impacts. An absence of links between community, sub-district and district contingency plans may have an impact upon the effectiveness of plans, undermining the community's preparedness capacity[101].

Key considerations

In future programmes it is recommended that the community drive the development of a risk reduction plan with facilitation and technical advice from the RCRC or external partners. Risk reduction plans should be achievable within the capacity of the community (or with assistance from external partners) and within the time and budget constraints. Contingency plans can be part of wider risk reduction plans – but are only relevant if the community face rapid-onset disasters. Risk reduction plans should be disseminated to the community and external stakeholders and integrated with local government plans and procedures for regular review and updates put in place.

Note!

The Risk Reduction Plan (RRP) covers risk reduction activities in the community in its entirety (efforts by the community to better prevent and prepare for disasters in addition to response and recovery). Community Contingency Plans (CCPs) focus solely on community actions to prepare for and respond to disasters (disaster preparedness rather than disaster risk reduction) and Disaster Response Plans (for specific disasters) form a part of an overall Community Contingency Plan. Both DRPs and CCPs should be included in the RRP.

Building on existing community cohesion

In Sri Lanka many rural and semi-urban communities continue to hold traditional work parties called 'Shramadana'. These are mechanisms for bringing the community together and mobilising them around a shared goal; typically undertaking the construction and maintenance of infrastructure (e.g. cleaning roads, maintaining drainage channels etc). This provides an opportunity for CBDRR programmes to tap into, especially those considering implementing micro-mitigation projects which require very similar activities to be undertaken.

Step 7: Community-led implementation

The implementation of specific physical and non-physical risk reduction activities can build capacity and ownership within the community, test their knowledge and engagement, and inform revision and updating of community contingency plans (as required). Activities should be driven by the community and be relevant to the risks they face. Opportunities to establish partnerships with external stakeholders (particularly local government) should be maximised - both to implement mitigation activities and provide ongoing support to a community after the completion of the programme.

Many different risk reduction activities were undertaken as part of the Tsunami Operation CBDRR programmes, which can be broadly categorised into physical and non-physical activities. Physical measures included the provision of disaster response equipment and construction of mitigation projects. Non-physical activities included training, drills and simulation, the creation of contingency funds and advocacy to external actors.

Drills and simulations

Communities often reported that drills and simulations were beneficial and successful elements of CBDRR programmes, and should thus be replicated[102]. Simulations/drills created opportunities for coordination with the local government and the RCRC branch emergency response team[103]. They also acted as tests of community knowledge and engagement, and learning from these activities informed revised contingency plans.

Drills and simulations are typically only applicable to rapid-onset disasters and they should be relevant to the communities' most frequent or significant risks. Whilst tsunami drills may be regularly conducted community members may not be sure what to do in the event of floods or storms, which may be more significant risks[104].

The provision of disaster response equipment was often associated with training, drills or simulations; typically first-aid kits/equipment, uniforms and telecommunications equipment. However, the provision of appropriate equipment, across a wide variety of communities (urban, rural, coastal, mountainous) was a significant challenge of implementing the Tsunami Operation CBDRR programmes at scale. Several communities visited as part of this study felt that while they had gained useful skills in disaster response, they lack the equipment to put these into practice.

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The level of community participation and ownership of the CBDRR programme

☐ The level of integration of CBDRR programmes with other sectors

☐ Having an appropriate balance between standardisation and flexibility

☐ Having sufficient time to complete CBDRR programmes

☐ Having sufficient funding for an financial management of CBDRR programmes

Key questions

☐ Does the risk reduction plan require specific technical expertise (e.g. health, shelter)?

☐ Who should coordinate simulations and update the CCP?

☐ What equipment should be provided to each community and how can this be standardised when implementing CBDRR at scale?

☐ How can sustainable micro-mitigation projects be ensured?

☐ How can mitigation projects be integrated with programmes in other sectors and maxmise multi-sectoral impacts?

☐ Should a CCF be provided and have the community recieved adequate training?

☐ How can external stakeholders be engaged in the implementation of the risk reduction plan?

Mitigation projects

Some CBDRR programmes supported communities to identify and complete micro-mitigation projects such as the construction of drainage/irrigation canals, small bridges etc. However, it is possible that such RCRC-funded mitigation projects are only affordable in large-scale disaster response situations. Comparable impacts could be achieved through advocacy to external actors and by the inclusion of community-prioritised mitigation activities into local government development plans.

Micro-mitigation projects had greater impact and sustainability where they achieved multiple objectives, i.e. reducing flood risk and irrigating agricultural land, or were integrated with livelihoods or healthcare projects[105]. However, the long-term impact of some projects was reduced through poor construction quality or lack of coordination with local government. The evacuation route in one village in Indonesia had subsequently been demolished to make way for building the coastal highway, while in another village a sluice gate was no longer useful as the local government had changed the height of the water in the channel through infrastructure interventions upstream.

Community Contingency Funds (CCF)

Some programmes included the provision of a CCF to allow communities to provide financial support to victims of disasters, and to fund micro-mitigation projects. While these funds were successful in some communities, several interviewees highlighted challenges, particularly in terms of maintaining availability of funds. If CCFs are included in future programmes it is recommended that training in project/financial management and fundraising is provided so that communities can manage CCFs effectively after RCRC exit[106].

> **Note!**
>
> Not every community will need or have the capacity to implement a physical mitigation project. If needed they should be driven by communities to ensure community participation and relevance to their needs.

Advocacy

CBDRR programmes in Indonesia included advocacy to external partners; typically for assistance to complete actions identified in their risk reduction plan or for ongoing support after the RCRC CBDRR programme completion. A key opportunity in Indonesia was the use of the local government *musrembang* (government participatory system of budget allocation) for community-level mitigation projects. Mainstreaming CBDRR within local government planning processes would significantly increase the sustainability of programme impacts.

Key considerations

In future programmes it is recommended that specific risk reduction activities are closely aligned with the outputs of the VCA and the community's risk reduction plan. Drills and simulations should address the most pressing concerns of communities and appropriate equipment should be provided. Micro-mitigation projects should be community-driven, achieve multiple objectives and be integrated with projects in other sectors. Advocacy to external partners can significantly increase the sustainability of programme impacts, as can the inclusion of training for CBOs in the maintenance, repair and replacement of equipment as well as project/financial management, avocacy and fundraising.

> **Risk reduction through advocacy**
>
> In one community in Indonesia, parts of the programme were standardised while others allowed for changes to be made at the community level. The first steps of this programme followed the standard CBDRR process. In the implementation step branch staff had time, financial resources and the empowerment to support the community in whatever activities they identified as most important. Although the project had not yet been implemented at the time of the study, the community and the RCRC were advocating to local government in partnership, and this had built an extremely positive long-term relationship.

Step 8: Community-led monitoring and evaluation

The community, CBO and community leaders should be involved in monitoring and evaluating the CBDRR programme throughout implementation. Participatory monitoring and evaluation at the end of the programme forms part of the RCRC handover procedure as the community evaluates the success of risk reduction activities already undertaken and prioritises future actions. This should be the first step in an ongoing process of community assessment, planning and implementation after the completion of the RCRC project to ensure the sustainability of impacts.

Community monitoring and evaluation was an activity identified in all four countries' CBDRR programmes but no standardised process was established. Community led evaluation at the end of the programme provides an opportunity to reflect on the success of risk reduction measures already undertaken and to prioritise future actions to be completed. This should inform the revision and update of community DRR and contingency plans.

Involving all community members (not just the CBO) in evaluations of project activities increases the level of ownership and understanding about the programme[107]. Reviews can also provide opportunities to engage local government and other external stakeholders in project implementation and outcomes and share learning with all stakeholders.

Key considerations

In future programmes it is recommended that community monitoring and evaluation is the start of an ongoing process, where the community monitors, evaluates and updates its disaster risk reduction plans after RCRC exit to ensure their continued relevance.[108]

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The level of community participation and ownership of the CBDRR programme

☐ Having adequate assessment, monitoring and evaluation procedures

Key questions

☐ How is community monitoring and evaluation completed?

☐ Who is responsible for the information?

☐ Do the community and the CBO require training in monitoring and evaluation?

☐ How does monitoring and evaluation inform updates to the contingency and risk reduction plan?

☐ Who will be responsible for community monitoring after completion of the project?

Disseminating the risk reduction plan

In one community in Sri Lanka the community developed a comprehensive risk map of their village and the surrounding area through the VCA and action planning process. This map was used: to identify areas that were vulnerable to flooding, to plan where the evacuation routes should be and to identify the houses of the management committee members (where people should go to get help). This information was displayed on large boards around the community. This served a dual purpose of dissemination to the whole community as well as acting as a constant reminder and reference point.

Step 9: Undertake endline survey

Endline surveys can be compared with baseline surveys to: measure programme impact; establish how the impact was achieved; and capture learning in order to strengthen the programme being evaluated and improve the design and implementation of future programmes. An endline survey provides an unbiased account of the change in the safety and resilience of the community as a result of programme implementation and is quite distinct from monitoring and evaluation with the community.

Some Tsunami Operation programmes conducted endline surveys but these had limited value in demonstrating programme impact due to inconsistency of data. Monitoring and evaluation was often the responsibility of the PNS, rather than the HNS. When the PNS delegate completed their mission and left the programme valuable data also went with them as there was no formal knowledge management system in place.

By the time the endline survey occurrs it is hoped that the RCRC (particularly community facilitators) will have established an ongoing relationship with the community. For this reason it may be beneficial for both the baseline and endline surveys to be completed by impartial external actors such as universities or even the PNS.

Key considerations

In future programmes it is recommended that standardised and comparable baseline and endline surveys are conducted to measure programme impact. Coordination of baseline and endline surveys should be led by the HNS to ensure survey information remains with the HNS/community, to prevent its loss after PNS withdrawal and to allow capacity development of the HNS. Endline surveys should be completed at the end of pilot projects so that their results can inform the design and implementation of future phases.

Key determinants

- ☐ The motivation and capacity of the RCRC stakeholders and the strengths of partnerships between them

- ☐ Having sufficient time to complete CBDRR programmes

- ☐ Having adequate assessment, monitoring and evaluation procedures

Key questions

- ☐ What is the purpose of the endline survey?

- ☐ Who should implement the survey?

- ☐ How should the results of the survey be disseminated and used?

Note!

The **characteristics of a safe and resilient community** can be used in the development of standardised and comparable baseline and endline surveys to provide a holistic overview of community resilience and measure programme impact.

Step 10: Handover to community

To increase community ownership of CBDRR activities a clear end date should be established, at which project documentation, roles and responsibilities can be formally handed over to the community. A handover ceremony/event can provide an opportunity to celebrate achievements and raise awareness about the programme within the community and with external actors. It can also raise the profile of the CBO and clearly define their ongoing roles and responsibilities.

Both community led evaluation at the end of the programme and the RCRC endline survey can form part of the RCRC exit and handover process. Results of the endline survey can assist the community and external actors to identify additional actions required with the community, and assist the RCRC in identifying lessons learned to improve the design and implementation of future CBDRR programmes.

Even if the RCRC intends to provide ongoing support to the community (or if it has identified partners who can) a handover ceremony can be a critical marker in defining their changing role and managing expectations. During the programme the RCRC has been the catalyst for CBDRR activities and supported communities in their implementation. After the RCRC programme's completion, activities should be fully led and owned by the community, with support from the RCRC or external partners only when required.

Key considerations

In future programmes it is recommended that a clear end to the programme is established, when project documentation, roles and responsibilities should be clearly handed over to the community and other partners.

Key determinants

☐ The motivation and capacity of the community and community leaders

☐ The level of community participation and ownership of the CBDRR programme

☐ The capacity of external actors (government, NGOs, private sector) and the strength of partnerships with them

Key questions

☐ Will the HNS continue to support the community after completion of the CBDRR project? What support will they be able to provide?

☐ What are the ongoing and future responsibilities of community leaders, the management committee and action team? How can these be clearly defined?

☐ What is the role of external stakeholders? What ongoing support will they provide?

Making CBDRR part of daily life

In one community in Thailand evacuation drills are still conducted two or three times every year. This provides a means of testing both the disaster warning tower constructed in the village and the community's response. The tower is also used to play the national anthem twice every month and this helps to reassure the community that it still works. This highlights the importance of integrating CBDRR activities into normal routines as a way of increasing the sustainability of actions and impact.

5   Programme closing

Box 7: Programme Closing Activities
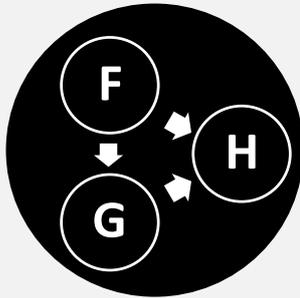
Programme Design

F – Evaluation
G – Learning
H – Dissemination and transition to external partners

Programme Closing
(HQ/Branch level)

Programme closing activities include evaluation of programme impact and success, capture and dissemination of lessons learned and handover of responsibilities to external partners. Sufficient time and resources should be allocated for this process, to ensure high quality outputs and transfer learning to internal and external stakeholders. Documentation of the programme evaluation and learning is critical to ensure that knowledge captured informs the design and implementation of future programmes. It is important either for the RCRC to agree a longer term relationship with the CBOs or identify external actors, including local government, who are able to provide ongoing support in CBDRR activities.

Programme evaluation should be completed by an external evaluator – particularly on larger programmes – but this could also be completed by HNS/PNS staff from HQ on smaller programmes. It is important that the learning process is led by the HNS with support from the PNS and that all stakeholders are involved. Internal learning can then be disseminated to all stakeholders through a wider lessons learned and handover workshop.

F: Evaluation

Internal and external evaluations are important tools in measuring CBDRR programme impact and success. Sufficient time should be allowed at the end of the programme to ensure the completion of an evaluation and the dissemination of lessons learned.

Around two thirds of the Tsunami Operation CBDRR programmes had mid-term or endline external evaluations and this demonstrates a significant committment to measuring impact and capturing lessons learned. The strongest evaluations compared programmes accross countries, but the lack of a standard reporting structure did not typically facilitate the capture and comparison of learning accross programmes. Where evaluations and final reports did exist they were often difficult to track down, as there were often no formal document management systems in place.

Key considerations

In future programmes it is recommended that external evaluations are completed at the end of CBDRR programmes, and at the mid-term if the programme is large and long enough for this to be of value. The development of a standard reporting structure would facilitate comparison across programmes or countries and identification of important lessons learned.

External and internal evaluations and reports (translated into appropriate languages where relevant) should be left with the HNS at the end of the programme. They should be shared within the RCRC movement to encourage institutional learning. They can also be shared with the wider CBDRR community through posting on learning networks such as www.alnap.org.

Key determinants

☐ The motivation and capacity of the RCRC stakeholders and the strengths of partnerships between them

☐ Having sufficient time to complete CBDRR programmes

☐ Having adequate assessment, monitoring and evaluation procedures

Key questions

☐ What is the purpose of the programme evaluation and when should it be completed?

☐ How can the results of the evaluation increase the quality of current or future phases/programmes?

Note!

The **characteristics of a safe and resilient community** and the **key determinants of a successful CBDRR programme** can be used to structure evaluations of programme impact and success.

Meta-evaluation of the American Red Cross Disaster Preparedness Programme

Comparative evaluations

In 2010 ARC hired an external evaluator to complete a meta-evaluation of their Tsunami Operation CBDRR programmes in Indonesia, Sri Lanka and Thailand. This approach collected an extremely rich source of experiences from all countries. This was captured in three country-specific reports and one report highlighted common lessons learned across all countries. This approach could be replicated in evaluating future programmes across several countries, or to compare programmes supported by different PNSs operating within one country.

G: Learning

Allowing sufficient time for personal and organisational learning during programme closing is a key determinant in internalising and capturing knowledge as well as process improvement. At this point in the programme a wealth of knowledge (both documents and experiences) will have been generated, in addition to the lessons captured in the external evaluation. Staff and volunteers should be encouraged to reflect on their experiences and the recommendations made in the external evaluation, to generate shared learning from the programme and to suggest future improvements.

All Tsunami Operation CBDRR programmes suffered from a high turnover of staff, volunteers and international delegates. This made it challenging to capture knowledge and build institutional learning. In the rapidly changing disaster-recovery environment a formal document management system can assist in ensuring key documentation is available to the project team and as a future reference for evaluations or lesson learning. Exit interviews with staff and volunteers leaving the programme can also capture experiences, reflections and contextual knowledge and key experiential lessons learned.

When closing the programme an internal programme review, including RCRC stakeholders at branch, province and national level can provide an important opportunity for field staff, programme managers and advisors to reflect on their experiences and create shared knowledge for the team. This process should allow for staff and volunteers to reflect on the recommendations made in the external evaluation and suggest improvements to future programmes.

Secondments of experienced staff into new programmes, or field trips for new staff to visit existing programmes, can also assist in the capture and dissemination of lessons learned.

Key considerations

In future programmes it is recommended that greater emphasis is placed on staff and organisational learning throughout the programme lifecycle. Periodic workshops can review whether the programme is achieving its intended impacts, and, if not, what changes can be made. Interviews with staff leaving during the programme lifecycle are a key tool in capturing and retaining knowledge, as is an end of programme review with RCRC stakeholders at all levels to capture lessons learned.

Key determinants

☐ The motivation and capacity of the RCRC stakeholders and the strengths of partnerships between them

☐ Having sufficient time to complete CBDRR programmes

☐ Having adequate assessment, monitoring and evaluation procedures

Key questions

☐ What happened and why?

☐ What were the key challenges and opportunities?

☐ What solutions were developed?

☐ What should be done differently next time?

☐ What should be kept the same, what should be changed and what new procedures should be established?

H: Dissemination and transition to external partners

Dissemination of success stories and lessons learned is critical to influence long-term organisational development of both the RCRC and external partners. It can also provide opportunities to establish new partnerships for the support of future programmes. If the RCRC is unable to provide ongoing support to the communities assisted, these responsibilities should be clearly defined and handed over to external partners.

Success stories and lessons learned from the external evaluation and programme review should be captured and disseminated both within the RCRC and externally. Internal dissemination builds individual and organisational learning, while external dissemination can build the capacity of external partners, increase the RCRC profile and generate additional funding[109].

Programme closing should also include handover of RCRC responsibilities for the CBDRR programme to local government or external partners to provide ongoing support to communities. A lessons learned workshop could also provide an opportunity to invite new partners and establish new partnerships for future support.

Key considerations

In future programmes it is recommended that lessons learned from the external evaluation and programme review workshop are captured and disseminated to all RCRC stakeholders. These can also form the basis for revision of guidelines, training materials and manuals, and for the development of case studies to celebrate success. Lessons learned should be disseminated to stakeholders and this should form part of the handover process from the RCRC to local government or other long-term partners.

Key determinants

- ☐ The motivation and capacity of the RCRC stakeholders and the strengths of partnerships between them

- ☐ Having sufficient time to complete CBDRR programmes

- ☐ Having adequate assessment, monitoring and evaluation procedures

- ☐ The capacity of external actors (government, NGOs, private sector) and the strength of partnerships with them

Key questions

- ☐ What knowledge should be captured and in what format?

- ☐ Who is the audience and what is the best method of communication?

- ☐ Who will be responsible for ongoing support to communities and what support do they require?

Sharing the lessons learned

As part of closing their programme in Indonesia ARC held a 'Lessons Learned' workshop with delegates from the PNS/HNS and local government – including the newly formed provincial office of the National Disaster Management Agency (BNPB). This enabled ARC to disseminate the lessons learned from their Tsunami Operation CBDRR programme, build the capacity of the new government agency and support PMI in partnering with government in future CBDRR programmes.

6　　Resources

References

ADPC (2006) Critical Guidelines: Community-based disaster risk management

AmCross (2010) Final Project Report: Integrated Community-Based Risk Reduction, July 2006-June2010

Arup (2011a) *Characteristics of a Safe and Resilient Community*

Arup (2011b) *Key determinants of a successful CBDRR programme*

Belgium RC (2009) DGDC Report – Action Plan – Year 2009

Bhatt, M.R. (2009) Integrated Community-Based Risk Reduction and Early Warning System in Post-Tsunami Indonesia: An External Mid-term Evaluation for the Canadian Red Cross

Danish Red Cross (2009) Integrated Community Based Risk Reduction Programme: Aceh Jaya District, Indonesia. Final Report, December 2009

BRCS (2008) Process documentation on BRCS's participatory and integrated approach to build community resilience

Burton, C. & Brett, J. (2009) British Red Cross Society Tsunami Recovery Programme, Aceh, Indonesia. Impact Evaluation

DRC (2010) Final Report: Community Based Disaster Management Program, SLRCS Ampara Branch

DRC (2010) Final Report: Community Based Disaster Management Program, SLRCS Monaragala Branch

IFRC (2009) Integrated Community Based Risk Reductions (ICBRR) in Aceh

IFRC (2006) Vulnerability and capacity assessment: Lessons learned and recommendations

IFRC (2010) Concept Note for a Disaster Risk Reduction Study for the International Federation's Tsunami Recovery Programme

IFRC (2011) Federation-wide Tsunami 6.5-Year Progress Report (2004-2011)

IFRC (2012) Terms of Reference: A Study of IFRC Disaster Risk Reduction in Latin America and the Caribbean

Kafle, S. (2010) Measuring Community Resilience: A tool for baseline survey, program monitoring and progress reporting of a Community Based Disaster Risk Reduction Program

Kunaphinun, A. (2008) Disaster Management Programme Final Report

PMI (2007) Community Based Disaster Preparedness: Strategy and Approaches

Sida, L. (2010a) Evaluation of the American Red Cross Disaster Preparedness Programme in Thailand

Sida, L. (2010b) Meta-evaluation of the American Red Cross Disaster Preparedness Programme

International Federation of Red Cross and Red Crescent Societies
Community Based Disaster Risk Reduction Study
Lessons Learned from the Tsunami Operation CBDRR Programmes

Sida, L. (2009) Indian Ocean Earthquake and Tsunami Operation: Evaluations and Lessons Learned Review

Sida, L. (2010) Meta-evaluation of the American Red Cross Disaster Preparedness Programme

Sida, L. & Jayawardhana, L.C. (2010) Final evaluation of the Sri Lanka disaster preparedness program, August 2010.

Sida, L. & Pranawisanty, T.G. (2010) Final Evaluation of the Indonesia Integrated Community based Risk reduction Program. June 2010

SLRCS (2008) Community Based Disaster Risk Management: A Handbook for Practitioners.

SLRCS (2010) Final Evaluation Report of Community Based Disaster Management (CBDM) Project

Twigg, J. (2009) Characteristics of a Disaster-Resilient Community: A Guidance Note

UN ISDR (2008) Indicators of Progress: Guidance on measuring the reduction of disaster risks and the implementation of the Hyogo Framework for Action

UN ISDR (2004) A Global Review of Disaster Reduction Initiatives – Subchapter 3.4 "Community Action"

USIOTWS (2007) How Resilient is Your Community?: A guide for evaluating coastal community resilience to tsunamis and other hazards

Wilderspin, I. et al (2007) Mid-term review of the community based disaster risk management project in Batticaloa

(2008) BRCS MRP Final Evaluation Report

Endnotes

[1] IFRC (2010)

[2] IFRC (2010)

[3] IFRC (2010)

[4] Arup (2011a)

[5] Arup (2011b)

[6] IFRC (2010)

[7] IFRC (2010)

[8] IFRC (2011)

[9] IFRC (2010)

[10] Arup (2011a)

[11] Arup (2011b)

[12] IFRC (2012)

[13] PMI (2007) and SLRCS (2008)

[13] Sida & Pranawisanty (2010)

[14] Arup (2011a)

[15] Arup (2011b)

[16] Author unknown (2008)

[17] Burton & Brett (2009), AmCross Indonesia (2010), Bhatt (2009)

[18] Kunaphinun (2008), Danish RC Indonesia (2009), Wilderspin (2007)

[19] SLRCS (2008)

[20] Burton & Brett (2009), AmCross Indonesia (2010), Bhatt (2009)

[21] DRC Sri Lanka (2010), Kunaphinun (2008), AmCross Indonesia (2010), Sida (2010a)

[22] SLRCS (2010)

[23] SLRCS (2010), DRC Indonesia (2009), Sida (2010a), Bhatt (2009), Wilderspin (2007), Author
Unknown (2010)

[24] DRC (2009)

[25] Wilderspin (2007), Sida (2010a)

[26] Wilderspin (2007), Bhatt (2009)

[27] Wilderspin (2007)

[28] DRC Indonesia (2009), AmCross Indonesia (2009)

[29] AmCross Indonesia (2009)

[30] AmCross (2010)

[31] Bhatt (2009)

[32] Bhatt (2009)

[33] SLRCS (2010)

[34] SLRCS (2010)

[35] Sida (2010b)

[36] Wilderspin (2007), Bhatt (2009)

[37] AmCross Indonesia (2010)

[38] Kunaphinun (2008)

[39] Kunaphinun (2008), Danish RC Sri Lanka (2010), Sida & Pranawisanty (2010)

[40] Kunaphinun (2008), Danish RC Sri Lanka (2010), Sida & Pranawisanty (2010)

[41] Wilderspin (2007)

[42] Danish RC Sri Lanka (2010)

[43] Bhatt (2009)

[44] Bhatt (2009)

[45] Kunaphinun (2008)

[46] SLRCS (2010)

[47] Bhatt (2009)

[48] Burton & Brett (2009)

[49] Bhatt (2009)

[50] Burton & Brett (2009)

[51] DRC Sri Lanka (2010), Bhatt (2009)

[52] Bhatt (2009)

[53] SLRCS (2008)

[54] TRC (n.d.) *CBDRR Project: Community Based Disaster Risk Reduction* (Leaflet collected
during field visit to TRC office)

[55] Sida & Jayawardhana (2010)

[56] DRC (2009)

[57] DRC (2009), Burton & Brett (2009)

[58] Burton & Brett (2009)

[59] SLRCS (2010)

[60] ADPC (2006), Kafle (2010)

[61] SLRCS (2010)

[62] Sida (2010b)

[63] Sida (2010a)

[64] Sida & Jayawardhana (2010), SLRCS (2010), Sida (2010a)

[65] Kunaphinun (2008), Author unknown (2008), Bhatt (2009)

[66] Author unknown (2008)

[67] Sida & Pranawisanty (2010)

[68] SLRCS (2010)

[69] Burton & Brett (2009), Kunaphinun (2008)

[70] Burton & Brett (2009), Bhatt (2009), Sida & Jayawardhana (2010), Sida (2010b)

[71] Burton & Brett (2009), Author unknown (2008)

[72] Kunaphinun (2008)

[73] Bhatt (2009), Sida (2010a)

[74] DRC Sri Lanka (2010), Kunaphinun (2008)

[75] Danish RC Indonesia (2009)

[76] Author unknown (2008)

[77] DRC Sri Lanka (2010), SLRCS (2010), Author unknown (2008)

[78] SLRCS (2010)

[79] Bhatt (2009), Author unknown (2008)

[80] AmCross Indonesia (2010)

[81] Bhatt (2009)

[82] Bhatt (2009)

[83] Wilderspin (2007)

[84] AmCross Indonesia (2010)

[85] Wilderspin (2007)

[86] Sida & Jayawardhana (2010)

[87] SLRCS (2010), Belgian RC Indonesia (2009)

[88] Kunaphinun (2008)

[89] American Red Cross Indonesia (2010)

[90] American Red Cross Indonesia (2010)

[91] DRC Indonesia (2009)

[92] Author unknown (2008)

[93] SLRCS (2010)

[94] American Red Cross Indonesia (2010)

[95] Sida & Pranawisanty (2010)

[96] Comments made during Arup ID workshop (March 2011) with PMI CBDRR department staff

[97] Sida & Jayawardhana (2010)

[98] Burton & Brett (2009)

[99] DRC (2009)

[100] Sida & Jayawardhana (2010)

[101] American Red Cross Indonesia (2010)

[102] Sida & Pranawisanty (2010) Sida (2010)

[103] Belgian RC Indonesia (2009)

[104] Sida (2010)

[105] Bhatt (2009), Danish RC Indonesia (2009)

[106] Author Unknown (2008), SLRCS (2010)

[107] American Red Cross Indonesia (2010)

[108] USIOTWS (2007), Twigg (2009)

[109] AmCross Sri Lanka (2010)