



A Networked Approach to Strengthening Emergency Response Capacity

October 2015



BILL & MELINDA
GATES foundation

ATTENTION EBOLA
NE TOUCHONS JAMAIS
NE MANIPULONS JAMAIS
LES ANIMAUX TROUVES
MORTS EN FORET



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Acknowledgments

The culmination of a nearly two year long study and evaluation of four networks involved in emergency capacity building is reflected in this “A Networked Approach to Strengthening Emergency Response Capacity” Report. The study and Network Forum would not have been possible without the interest and participation of former Emergency Capacity Building Project partners, BRAC (DECC Program), the Concertación Regional para la Gestión de Riesgo (CRGR) in Central America, and Tulane University’s Disaster Resilience Leadership Academy (DRLA). Many thanks also go out to all those at the global, national and local levels who participated in interviews, surveys, and field trips and whose feedback and involvement helped to make this immense undertaking a success. Particular thanks to all those who participated in the Network Forum in New Orleans - their presentations and active involvement in the discussions enriched each network and meaningfully informed the report proceedings.

Many thanks go out to the staff and graduate students of Tulane University’s Disaster Resilience Leadership Academy especially Shweta Dewan, Courtni Blackstone, Kelsie Davis, Heather Milton, and Tristan Morath who worked tirelessly to bring the Network Forum to fruition and help make it a success.

This report would not have been possible without the full support of the Bill & Melinda Gates Foundation, in particular, Ms. Valerie Bemo, Ms. Amanda Lanzarone, and other staff in the Emergency Response Unit. Their ongoing commitment and helpful feedback over the past two years has been invaluable.

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Syrian migrants arriving by boat on Island of Lesbos. Courtesy of, Valerie Bemo

Abbreviations

ACAPS	Assessment Capacities Project
ALNAP	Active Learning Network for Accountability and Performance
CRGR	Concertación Regional para la Gestión de Riesgos (Central American Regional Network for Disaster Risk Reduction)
CRS	Catholic Relief Services
DRL	Disaster Resilience Leadership
DRM	Disaster risk management
DRR	Disaster risk reduction
ECB	Emergency Capacity Building Project
ER	Emergency response
FDW	Faculty Development Workshop
HEA	Humanitarian and emergency assistance
IRC	International Rescue Committee
ICT	Information and communication technology
MCI	Mercy Corps International
NGO	Nongovernmental organization
SOPs	Standard operating procedures
TU/DRLA	Tulane University's Disaster Resilience Leadership Academy
UN	United Nations



Syrian migrants arriving by boat on Island of Lesbos. Courtesy of, Valerie Bemo



SOS

Executive Summary

Over the past decade, the global humanitarian agenda has moved from saving lives and providing basic services in emergencies toward building resilience to crises. However, the recent Ebola outbreaks in West Africa and ongoing crises in countries such as Syria, Somalia, and the Central African Republic have exposed weaknesses in humanitarian emergency response (ER). This has prompted reflection on better ways not only to address disaster risks but also to build the ER capacity of humanitarian actors and affected communities. With support from the Bill & Melinda Gates Foundation, the Disaster Resilience Group (DRG) conducted an 18-month study and organized a 5-day learning forum in 2015 to identify and prioritize ER capacity building competencies and approaches to reduce disaster risk and promote resilience in vulnerable communities globally.

To obtain input from the diverse array of first- and second-line ER actors in the international humanitarian system, the DRG focused on four innovative networks supported by the Bill & Melinda Gates Foundation. The Emergency Capacity Building Project (ECB), Tulane University's Disaster Resilience Leadership (DRL) Program, BRAC, and the Central American Regional Network for Disaster Risk Reduction (CRGR) collectively represent international, regional, and local nongovernmental organizations (NGOs), governments, disaster risk management (DRM), and development actors as well as academics involved in ER.

The research findings and stakeholder experience helped 1) prioritize ER capacity building competencies, approaches, and stakeholders, 2) identify best practices in mainstreaming and integrating ER in organizations that carry out both relief and development activities, and 3) highlight how networks can be used to build ER capacity. These findings are summarized below.

A. ER Capacity Building for First- and Second-Line Humanitarian Actors

The international community has invested considerable effort in strengthening the capacity of first-line actors. As a result, much is known about the ER competencies needed by these actors, how to build those competencies, and whom to target for capacity building. The four networks in this study prioritized the following ER competencies for first-line actors: Accountability/evidence measurement, integrating disaster risk reduction (DRR) into policy/programs/legal frameworks, strengthening human resources, improved programming approaches, partnerships/collaboration/coordination, environmental factors, leadership, disaster operations, and information and communication technology (ICT). However, a DRG

study of the ECB Project found that the two competences most significantly associated with successful emergency capacity building were developing ICT and strengthening human resources.

Participants in the study stressed the need to also build the capacity of second-line actors. All four networks agreed that the most important competencies for these actors were decision-making and critical judgment, accountability and humanitarian standards, and DRR. Furthermore, the learning forum participants prioritized government at all levels, academia, the private sector, and the media as critical second-line actors. With limited resources, capacity building efforts for these actors need to be prioritized and quantified. All four networks concluded that for sustainability of ER capacity building outcomes, the local level should be the priority. The DRG evaluation of the ECB Project supports this recommendation with the finding that focusing on headquarters (macro level) is negatively associated with successful ER capacity building and focusing on local organizations or national staff (meso level) has a significantly positive association.

Participants found that communities of practice and information sharing, innovative approaches, and expertise hold promise in reaching the most vulnerable communities but are often missing in emergency capacity building efforts. The most successful ER capacity building methods identified in this study (in descending order) were training, building leadership skills, experiential learning, simulations, awareness raising, exchanges, and network creation. Finally, with regard to strengthening ER capacity for first and second-line actors, the humanitarian community needs to address inadequate local level ownership of ER, disaster risk reduction, and development planning; gaps in enforcement of national laws at local level; competing priorities among actors that make collaboration difficult; and inadequate surge capacities and unstable environments in developing countries.

B. Best Practices in Mainstreaming ER Capacity

The need for ER capacity will increase as climate change affects more countries, more people live in vulnerable areas, urbanization creates population pressures and conflict, and political instability intensifies. Both first- and second-line actors will need to support each other's efforts to address these escalating challenges. ER capacity needs to be mainstreamed in organizations and systems to save lives, alleviate suffering, and promote sustainable development. Through an anonymous online survey and stakeholder interviews, the DRG team identified the following best practices for mainstreaming ER capacity in emergency and development organizations, some of which can be implemented with existing resources:

- Emergency units respond more effectively when supported by key decision makers and human resources, technical, and ICT colleagues.
- Effective mainstreaming starts at the top of an organization or network with raising the awareness of leaders and managers of the importance of ER.

- Strengthening ER leadership and management skills are critical for decisive action to integrate ER into relief and development work.
- ER and DRR should be clearly defined for each organization or network.
- In academic settings, building faculty capacity can enhance and institutionalize interdisciplinary graduate programs to strengthen existing and future ER capacity.

C. Networks are an effective platform to build ER capacity

There is growing interest in developing and using networks to build ER capacity. Many stakeholders (including donors) recognize that the humanitarian assistance terrain is too complex and interdependent for individual actors to address effectively and that saving lives and livelihoods requires sustained inter-sectoral collaboration. Networks help reduce duplication and inefficiency and ease communication, fund management, and coordination. Governments trust and respect networks when collaborators exhibit quality work and inclusiveness. Networks have proven to be an effective avenue for advocacy to improve emergency laws and policies, as the voice of a consortium is more credible than that of a single agency. Yet networks can be challenging to start, maintain, and sustain. The DRG study examined network strengths, pathways of shared learning and action (network connectivity), approaches to engaging and sustaining membership and capacity to adapt (network health), and success in building emergency capacity (results). The following factors were found to contribute to collaborative network success:

- A healthy network requires a mutually agreed mission, a common goal, strong collaboration, clear rules and procedures, representation at meetings, joint development of tools, joint assessments, strong leadership to create a collaborative mindset, and transparent and clear lines of communication.
- Sustaining a network requires funding, visible results, engagement of members, and manageable activities.
- Limited resources should be invested in local networks.
- Networks should develop memoranda of understanding and standard operating procedures for ER with their members and partners.

The lessons learned from the DRG study can inform ER and DRR training of both second-line and first-line emergency responders and orientation of stakeholders, as well as ER and DRR planning and practice and network design and expansion. These best practices will help ensure that ER and DRR leadership, values, and principles in accordance with global humanitarian standards become assimilated into risk management and emergency response to meet increasing emergency challenges around the world.



Disaster
Relief
Location

CLOSE
GATE

Background

In 2005 the United Nations (UN) launched a process to improve the effectiveness of the humanitarian response to emergencies. As a result, in 2011 the Inter-Agency Standing Committee (IASC) agreed on a set of actions to achieve stronger leadership, more effective coordination, and improved accountability. Direct service providers, or “first-line” actors (e.g., international nongovernmental organizations [NGOs], UN humanitarian and disaster relief agencies, local governments, local NGOs, firefighters and communities) need to collaborate and coordinate closely with “second-line” actors (e.g., donors, disaster risk management [DRM] and development stakeholders, academic researchers, policy makers and the media) to develop new competencies and approaches to ER capacity building while working toward achieving disaster risk reduction (DRR) and promoting disaster resilience in vulnerable communities globally. Without prioritization and quantification, emergency response (ER) capacity building strategies risk trying to address too many issues, raising unrealistic expectations, and losing the goodwill and buy-in of first- and second-line actors who will lead (and manage) these changes.

With funding from the Bill & Melinda Gates Foundation, the Disaster Resilience Group (DRG) carried out an 18-month study and brought together first- and second-line actors in a learning forum to 1) set priorities for ER capacity building, 2) identify best practices in mainstreaming and integrating ER in organizations that carry out both relief and development activities, and 3) explore how networks can be used as a strategy for building emergency capacity. To obtain input from the diverse array of first- and second-line actors in the international humanitarian system, the DRG focused on four innovative networks supported by the Bill & Melinda Gates Foundation. These networks collectively represent international, regional, and local NGOs, governments, DRM and development actors, and academics directly or indirectly involved in emergency response. Each network is briefly described below.

¹ *In this document, second-line responders or actors are entities that support the efforts of first-line responders or have a role in setting policy or sharing information about emergencies. In some cases, second-line responders can also act as first responders.*



Courtesy of Mercy Corps

A. Emergency Capacity Building (ECB) Project

In 2003 seven relief and development organizations—CARE International, Catholic Relief Services (CRS), the International Rescue Committee (IRC), Mercy Corps International (MCI), Oxfam Great Britain (GB), Save the Children, and World Vision International conceived a project to strengthen the capacity of the humanitarian and emergency assistance (HEA) community to deliver humanitarian aid. The resulting ECB Project aimed to improve the quality and effectiveness of emergency preparedness and response by improving field-level capacity, collaborating with other partners and organizations, and enhancing resources for field setup, communication, and training. Initiatives focused on staff capacity building, accountability and impact measurement, DRR, and climate change adaptation. In the first phase, the ECB Project largely conducted research and produced field tools and guidelines. In the second phase, interventions were implemented through consortia in Bolivia, Bangladesh, the Horn of Africa, Indonesia, and Niger. The ECB Project aimed to strengthen the capacity of first-line actors, although all of the ECB organizations also carry out second-line activities. Best practices in building ER capacity for first-line actors derived from the ECB Project provided a foundation to explore ER capacity building for second-line actors and to mainstream ER in the three other networks.



Courtesy of TU/DRLA

B. Disaster Resilience Leadership (DRL) Program

The past few decades have seen an exponential escalation in the frequency, intensity, and impact of disasters. The UN reports that five times more people are affected by disasters now than a generation ago. Leadership is critical in disaster preparation, response, and recovery, but investment in building leadership capacity to promote disaster resilience has not kept pace with increasing global risks. Tulane University's Disaster Resilience Leadership Academy (TU/DRLA), in partnership with local universities and DRM stakeholders in Africa, South and Southeast Asia, and the Caribbean, implements the DRL Program to address leadership gaps in humanitarian action. With funding from the Bill & Melinda Gates Foundation, the Global Facility for Disaster Reduction and Recovery (GFDRR), and the Royal Norwegian Government, the DRL Program 1) strengthens existing DRL capacity through executive short courses, 2) creates future leaders and enhances institutional expertise through Faculty Development Workshops (FGWs) and graduate programs, and 3) develops a global network of practitioners, faculty, and facilitators to foster knowledge creation, exchange, collaboration, and resource sharing. As academic institutions, DRL partners are not considered first-line actors, but the DRL Fellows and graduate students who benefit from the program are.



Courtesy of BRAC

C. BRAC's Disaster, Environment, and Climate Change (DECC) Program

Originally called the Bangladesh Rural Advancement Committee, BRAC was founded in 1972 during Bangladesh's war for independence. In the past 42 years, it has grown into possibly the largest NGO in the world, employing more than 120,000 staff in Bangladesh and expanding to 12 other countries. In BRAC created the DECC Program to enhance BRAC's institutional capacity to respond to natural disasters, build DRR capacity at the community level, and strengthen adaptability and coping mechanisms in natural disasters through predictive research and information and information dissemination and education on the environment, climate change, and natural disasters. BRAC's extensive network reaches the grassroots level through programs in agriculture and food security; community empowerment; education; health; human rights and legal aid; gender; justice and diversity; microfinance; nutrition and population; water, sanitation, and hygiene (WASH); the BRAC Learning Division (BLD), and the DECC Program. BRAC addresses emergency capacity development for both first- and second-line actors.



Courtesy of CRGR

D. Concertación Regional para la Gestión de Riesgos (Central American Regional Network for Disaster Risk Reduction) (CRGR)

CRGR is a regional consortium of national risk reduction networks in El Salvador, Guatemala, Honduras, and Nicaragua. The regional network is based in El Salvador and coordinated by the Asociación Salvadoreña de Ayuda Humanitaria (Salvadorian Humanitarian Aid Association) (PROVIDA). The national networks represent a diverse group of organizations with different missions, goals, and resources. CRGR comprises more than 200 civil society organizations, universities, churches, and community and municipal commissions who are members of the national networks, or mesas. These organizations implement their own projects and coordinate with the mesas on network projects. Pooling resources and expertise gives the organizations more influence nationally and regionally, although the variety of networks is a challenge to the efficient running of the CRGR and its member organizations. The regional network aims to strengthen the capacity of network members to manage disasters at local, national, and regional levels. Although CRGR and its national networks were organized to address DRM and DRR (as second-line actors), because of frequent earthquakes, volcanic eruptions, floods, hurricanes, drought, landslides, and mudslides in the region, CRGR now focuses on building ER capacity and carrying out first-line activities.



Methodology of the DRG Study

The study used a mixed methods approach in three phases (*Figure 1*) to explore emergency capacity building competencies, approaches, stakeholders, and mainstreaming.

The data collection methods and activities in each phase are summarized below.

A. Phase I: ECB Project Evaluation

This phase was conducted over 8 months. The main data sources data were 1) a two-phase desk review, 2) a stakeholder survey of leaders in the HEA sector, 3) a materials use survey, and 4) key informant interviews with Inter Agency Working Group (IWG) headquarters members and ECB Project field staff in Bangladesh, Bolivia, England, Indonesia, and Niger.

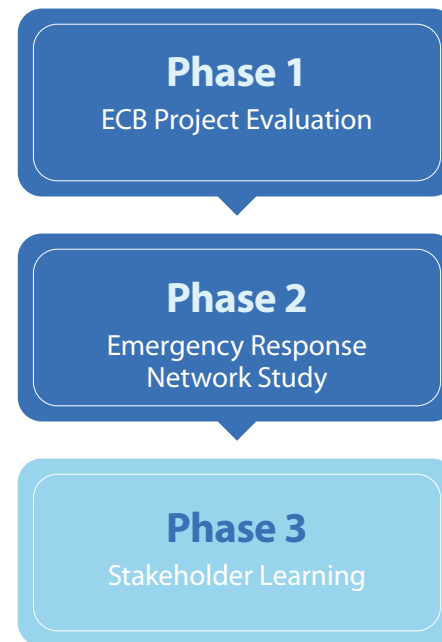


Figure 1: Phases of the DRG study

1. Desk Review

DRG trained and supervised graduate research assistants to use a pretested tool to review 88 emergency capacity building reports. Most were evaluations or research studies by leading HEA umbrella organizations or consortia. Documents were coded electronically using PASW Statistics software. The initial findings from 33 reports guided field data collection. The team synthesized the findings from all 88 reports and triangulated them with the findings of the stakeholder and materials use surveys and key informant interviews.

DRG created a success index of 18 variables from the capacity building reports analyzed in the desk review to show whether capacity building goals had been achieved. The index was examined for statistical reliability (a Cronbach's alpha coefficient of .731 above the threshold of .70). The minimum possible score was 0, and the maximum possible score was 100. Simultaneous regression models were constructed to examine relationships among competencies, approaches, and targeted stakeholder groups (predictors) and the success index (outcome). The success index was normalized with a square root transformation to meet assumptions of regression models. The regression analysis was used not to prove or disprove causal relationships, but rather to test the associations, magnitude, and significance of the association between competencies and success.

2. HEA Stakeholder Survey

DRG developed an online survey of ER capacity building trends that received 52 responses from NGOs, research institutions, and donors. Headquarters responses accounted for 63.04%, regional responses for 10.87%, and country responses for 34.78%. Respondents were from Europe (27.91%), the United States (25.58%), Asia (16.28%), Africa (16.28%), Australia (4.65%), Latin America (6.98%), and the Middle East (2.33%). The preliminary findings guided key informant interviews and field data collection. Data from the stakeholder survey were further synthesized and triangulated with findings from the desk review analysis, materials use survey, and key informant interviews.

3. Materials Use Survey

DRG also conducted an online survey of humanitarian stakeholders that had accessed the ECB Project website. Of the respondents, 74.4% worked in managerial positions, 11.6% in technical and advisory positions, and 14% in neither. The questionnaire included pre-coded and open-ended questions about the utility and use of the materials. The evaluation team synthesized findings from 133 responses and triangulated them with findings from the desk review analysis, HEA survey, and key informant interviews.

4. Key Informant Interviews

The DRG team conducted 34 scoping interviews with ECB Project stakehold-

ers with questions about ECB phases I and II to determine which questions and themes to take into the third phase of the evaluation process. This phase probed more deeply into emergency capacity building issues and the (unarticulated) theory of change of the ECB Project. The results of the interviews guided data collection in a second round of interviews with about 120 ECB Project stakeholders in Bangladesh, Bolivia, England, Indonesia, and Niger using a semi-structured questionnaire to fill information gaps identified in phase II.

Phase I results were widely circulated to former ECB agencies and key informants. The report, *Lessons from an Evaluation of the Emergency Capacity Building (ECB) Project*, was presented at the American Evaluation Association meeting in October 2014. The Active Learning Network for Accountability and Performance (ALNAP) featured the report as an "Evaluation of the Month," highlighting it as a large multi-agency undertaking tapping the ECB Project as well as trends in the capacity building sector.

B. Phase II: Emergency Capacity Networks Study

DRG examined a combination of first- and second-line actors—the ECB Project and BRAC (both first and second line) and the TU/DRL Program and CRGR (mostly second line). Building on the data collated in phase I, phase II continued using mixed methods to delve into emergency capacity building lessons beyond Inquiry 1 (competencies, approaches, and stakeholders) to Inquiry 2 (mainstreaming of ER capacity in relief and development organizations) and Inquiry 3 (the use of networks to build ER capacity), with a focus on the four emergency capacity building networks (ECB, DRL, BRAC, and CRGR). *Table 1* outlines the methods and data sources for this study.

The interviews and online surveys included questions on three areas important for the health and success of networks:

- Connectivity: Strength of ties between network members and pathways of shared learning and action
- Health: Ability to engage members, sustain their engagement, and adapt as needed
- Results: Ability to build the emergency capacity of members and the overall network⁵

C. Phase III: Stakeholder Learning Forum on Emergency Capacity Development

The 5-day learning forum in April 2015 brought together 42 stakeholders from the four networks and Intergovernmental Authority on Development (IGAD), representing ER directors, disaster risk managers, development actors, and academics, as well as three staff of the Bill & Melinda Gates Foundation, to exchange views and experience and review and prioritize findings from the 18-month DRG study.

² The success index scores of the reports reviewed ranged from 0 to 64.7, with a mean of 18.2, a median of 17.6, and a standard deviation of 16.4. ³ Percentages add up to more than 100% if people indicated they worked at more than one level. ⁴ ALNAP (ALNAP.org) is a mechanism to provide a forum on learning, accountability, and performance issues for the humanitarian sector. ⁵ <http://www.disasterresiliencgroup.com/>

Full report can be found at www.disasterresiliencgroup.com



Network	Key Informant	Field Visits	Online Surveys	Document Reviews	Workshops
ECB Project	119	Bangladesh, Bolivia, England, Horn of Africa, Indonesia, Niger	HEA stakeholders (52) Materials use (133)	88	IWG presentation and debrief
DRL Program			DRL Network (134)	Progress reports Country case studies Action plans	Stakeholder forum
BRAC	34	Bangladesh, Uganda	BRAC staff (181)	Program reports and manuals	Bangladesh debrief
CRGR	2014: 9 mesa and CRGR leaders and 275 other respondents 2015: 9 CRGR and mesa leaders	El Salvador, Guatemala, Honduras, Nicaragua	Survey of 83 mesa members (2014) Survey of 44 mesa members (2015)	Project reports 2012 baseline 2013 mid-term evaluation Strategic Plan Emergency protocols	First learning event (2014)

Table 1: Phase II data sources

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Syria ALGazavoi
HELP US SYRIA



Findings

The Emergency Capacity Networks Study focused on three levels of enquiry:

- **Inquiry 1.** What competencies, approaches, and stakeholders are prioritized for emergency capacity building for first- and second-line response humanitarian actors?
- **Inquiry 2.** To what extent and how is ER capacity mainstreamed in organizations that carry out both relief and development activities?
- **Inquiry 3.** How can networks be used as a strategy for building emergency capacity?

This section presents the findings for each level of inquiry, followed by case studies to provide context and explore differences and commonalities among the networks.

A. Inquiry 1: What competencies, approaches, and stakeholders are prioritized for emergency capacity building for first- and second-line humanitarian actors?

In the past decade, a number of capacity building interventions have been designed for first-line humanitarian actors. These interventions include the ECB Project, the Sphere Project, the Commonwealth of British Humanitarian Agencies (CBHA) initiative, the Joint Standards Initiative, the Disaster and Emergency Preparedness Programme (DEPP), and the Humanitarian Accountability Partnership. Capacity building in humanitarian assistance has rarely focused on second-line humanitarian actors, although addressing disaster risks, reducing vulnerability and saving lives and livelihoods during emergencies are essential to improve the well-being of communities. The networks examined in this study include a combination of both first- and second-line actors (the ECB Project, DRL, and BRAC) and mainly second-line actors (CRGR).

⁶ *Network Impact and the Center for Evaluation Innovation. (2014). Framing paper: The state of network evaluation. Retrieved July 23, 2015 from http://www.networkimpact.org/wp-content/uploads/2014/09/NetworkEvalGuidePt1_FramingPaper.pdf*

⁷ *IGAD was founded in 1996 in Eastern Africa by countries suffering frequent drought and famine. Seven countries (member states) eventually signed an agreement for a regional approach to supplement national efforts to reduce drought and its consequences.*

Table 2. Competencies associated with capacity building success

Success Index				
Competency	Adjusted R Square	Significance	Beta	Sig
Human Resources	24.2%	.000	24.3%	.030
Information & Communication Technology (ICT)			28.8%	.005
Partnerships/collaboration/coordination			22.3%	.048
Humanitarian Standards			-10.1%	.314
Evaluation & Learning			-16.3%	.110
Emergency Preparedness			1.7%	.870
Organizational Structures			6.6%	.556
Logistics			1.7%	.867
Disaster Risk Reduction (DRR)			16.9%	.115
Improved Programming Approaches			-3.8%	.715

Inquiry I in this study examines lessons from the four networks regarding ER capacity building priorities, including key competencies (what), approaches (how), and stakeholders (who).

1. Priority Competencies for Building ER Capacity for First- and Second-Line Actors

Capacity building strategies benefit from prioritization and quantification to reduce the risk of trying to address all issues at once. Understanding these priorities helps focus resources (funding, time, and staff) to address the most critical issues.

Apply strategies that correlate with successful capacity building.

All four networks prioritized the following competencies for first-line actors: Strengthening human resources, developing information and communication technology (ICT), and partnerships/collaboration/coordination. Neglected but critical competencies were program accountability, working in urban settings, innovative program design, and dealing with insecure settings and security issues. However, the DRG study of the ECB Project found that the two competencies most significantly associated with successful emergency capacity building were developing ICT and strengthening human resources (Table 2).

Second-line actors need similar core competencies, although not necessarily at the same level.

The DRG learning forum participants prioritized government (at all levels), academia, the private sector, and the media as critical second-line actors. All four of the networks agreed that the most important competencies for these groups were decision-making and critical judgment, accountability and humanitarian standards, and DRR. However, because all second-line actors do not require the same level of expertise in each competency, participants ranked the level of competency required for various categories of second-line actors from high to low (Table 3).

Start with developing an ER strategic direction and vision, or theory of change.

Partnerships and collaborative skills development need strategic vision and direction. Strengthening skills in organizational and individual leadership and critical judgment provides a supportive environment for organizations' ER, DRR, and development units to operate. Leadership capacities that promote resilience outcomes, particularly for the most vulnerable communities, should be strengthened. Accountability and evidence-based measurement skills and integration of ER and DRR into policies, programs, and legal frameworks rank high in importance. Accountability and measurement, while acknowledged as important for nearly 2 decades, still need improvement in first- and especially second-line responders. There is a recognized need to build human resource

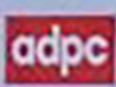


Regional Training Course on

Disaster Resilience Leadership (DRL-1)

August 17, 2012 Accra Ghana

Workshop 1



Leadership

Courtesy of TU/DRLA

Capacity building should address human resource needs to improve surge capacities and staff retention for rapid onset and long-term emergencies. Humanitarian actors should weigh options to reduce human and programmatic risk in unstable environments.

skills and improve ER program approaches, as well as partnership and collaboration skills, both organizationally and locally. The level of expertise for each competency will vary according to the nature of the work of the second-line responder. ER capacity building should capitalize on or work with academic leadership building efforts and practitioners such as the DRL.

[Increase engagement with the private sector and international and national levels.](#)

Guides and training materials on working with the private sector will help increase knowledge and awareness, build capacity, and reduce apprehension about working with the private sector while defining a neutral role for humanitarian actors. Familiarity with the private sector will also increase funding options, including for pre-crisis arrangements.

2. Approaches to strengthen ER competencies

[Use multi-stakeholder capacity building techniques whenever possible.](#)

People-centered approaches such as experiential learning, simulations, and information exchange build knowledge of key ER stakeholders, build trust, establish working partnerships and/or networks, and facilitate collaboration prior to and during crises. ER capacity building should include a range of people directly or indirectly involved in ER, such as government representatives at all levels, academics, and municipal actors. The successes of the consortia in

Phase II of the ECB Project showed the importance of bringing actors together for capacity building before a disaster. Multi-stakeholder tool and materials development can also build relationships and enhance collaboration.

[Use the most effective methods for strengthening ER capacity available, tailored to the individual and organization.](#)

This study found that the most effective ER capacity building methods were training, development of leadership skills, and experiential learning, followed by simulations, information exchange between organizational departments or units to capitalize on each other's strengths, and knowledge and network creation. Models such as the DRL courses foster multi-professional teamwork, sharing, networking, and communities of practice, particularly around DRM. Folk theater and integration of ER and DRM into school curricula have been effective capacity building methods at local level.

[Strengthen private sector involvement.](#)

Opportunities for private sector engagement in both ER and DRM are largely unexploited. Businesses can offer commodities (building materials, food, consumer products) as well as financing and insurance. Challenges are matching a company's skills or resources with a specific requirement or gap in the humanitarian field and developing a culture of collaboration for both private sector and humanitarian parties unhindered by the different working cultures.

Table 4. Association between targeted stakeholder groups and the success index

Success Index				
	Adjusted R Square	Significance	Beta	Sig
Headquarters	11.7%	.007	-23.2%	.072
Regional			4%	.766
National			29.8%	.021
Field			3.5%	.776
Macro	14%	.001	27.5%	.013
Meso			24.3%	.024
Micro			-6.6%	.521

3. Stakeholders to Target for ER Capacity Building

Purposely include a range of actors, including academics, government representatives, the private sector, and municipal actors in ER capacity strengthening efforts.

All networks considered academics, the private sector and business, and the media as the most critical second-line actors to target for ER capacity building, followed by government (national and local), local administrators, and traditional leaders. The very nature of ER and DRR require a multi-faceted response. Organizations should include as many stakeholders as possible in training. Generally, the greater the interaction among stakeholders involved in ER, particularly before an emergency, the more effective and coordinated the response. However, regression analysis of desk review data of the ECB evaluation found that focusing on headquarters (macro level) is negatively associated with successful ER capacity building and focusing on local organizations or national staff (meso level) has a significantly positive association (Table 4. Association between targeted stakeholder groups and the success index).

Build local capacity for sustainability of outcomes.

Targeting national-level staff and organizations for capacity building was associated with success and sustainability across the networks in this study. Other actors such as traditional leaders, local administrators, and Red Cross and Red Crescent Societies should be brought in as appropriate and feasible. NGOs and community-based organizations can be effective in disseminating ER messages and organizing people for ER and DRM efforts.

Weigh and address local challenges.

Local-level ownership of ER, DRR, and development planning is often inadequate or omits the most important people. National laws may not be enforced at the local level. Collaborative capacity building (exchanges, awareness raising, and simulations) can mitigate competing priorities among local actors and organizations. Capacity building should address human resource needs to improve surge capacities and staff retention for rapid onset and long-term emergencies. Humanitarian actors should weigh options to reduce human and programmatic risk in unstable environments.

Case Studies for Inquiry 1

The case studies in this section explore the experience of the four networks studied in prioritizing ER capacity building competencies, approaches, and stakeholders.

1. ECB Project



Project initiatives focused on 1) staff capacity building, 2) accountability and impact measurement, and 3) DRR and climate change adaptation. ICT was a fourth priority in Phase I.

a. ER competencies built by the ECB Project (What)

The competencies prioritized by the ECB Project intersected to some extent with trends in the greater humanitarian and emergency assistance (HEA) community—accountability/evidence measurement, integrating DRR into policy/programs/legal frameworks, strengthening/providing human resources, improved programming approaches, and partnerships/collaboration/coordination. Developing facilities and infrastructure, including ICT, was the least prioritized emergency preparedness competency, although the project addressed this competency, particularly ICT, in Phase I (*Figure 2*).

The DRG study of the ECB Project found that the competences significantly associated with successful emergency capacity building were providing ICT and strengthening human resources (*see Table 2*).

The ECB Project, like the HEA community, valued partnership and collaboration at organizational and global levels as important for successful emergency response. For the ECB Project, however, development of partnership and collaborative skills often lacked strategic direction and vision, or a theory of change, resulting in mixed success. Capacity building in these competencies was not targeted to individuals, but that is where key informants felt the project was most successful, as individual relationships carried on post-project and into new positions. According to the DRG study, the broader HEA community (comprising both first- and second-line actors) identified critical but neglected competencies as (in descending order) program accountability, partnerships/collaboration/coordination, working in urban settings, innovative thinking on program design, and dealing with insecure settings and security issues.

b. ECB Project ER capacity building approaches (How)

The ECB Project had an innovative approach to capacity development for more effective and speedier response to disasters, starting with a core group of major international aid response agencies and expanding to the field. The idea was that networking and building consortia would equip agencies to

respond better than they could individually. By and large, this approach was successful in three of the five field settings. Donors, UN agencies, governments, and UN clusters confirmed that the consortium model of ER agencies as a platform for implementation, capacity building, and obtaining funding was useful and easier to work with in emergencies.

In both Phase I and Phase II, the ECB Project developed tools and approaches for building ER capacity and used them to train broad audiences. ECB research results, articles, documents, and training materials filled an important gap for the NGO sector in the humanitarian aid apparatus. Agencies used elements of the ECB products to write country engagement plans and memoranda of understanding (MOUs). The project's Good Enough Guide to training on standards in emergency operations was widely welcomed for its simplicity and accessibility, and its Toward Resilience guide helped NGOs understand DRR better. Broad participation in the development of these guides and translation into other languages ensured their acceptance by other agencies and use beyond the five ECB consortium countries. The training enhanced collaboration among key humanitarian actors, an important factor for capacity building success.

The joint action that was the foundation of this project enabled it to accomplish its objectives. Training, simulations, and meetings helped organizations build trust with each other in the highly competitive ER environment and with key national and local stakeholders, including government entities. The productive and collaborative environment established before emergencies was put to the test during emergencies, however, particularly when agencies had to find funding for themselves, although the experience helped them improve the next time around.

Figure 3 shows the approaches the ECB Project and global HEA community found most and least successful, with the broad overlap between the two in the center-shaded area.

The DRG desk review found that the global HEA community considered private sector development, insurance and financing, and development of hardware and infrastructure moderately important, but the ECB Project did not prioritize these competencies. On the other hand, the ECB Project focus on tools, guides, and protocol development was not considered important by the global HEA community.

c. ECB Project capacity building targets (Who)

The ECB Project moved from building the capacity of its headquarters staff to targeting field organization staff and broader humanitarian response networks. The conclusion from Phase I was that the project had targeted the appropriate groups but had been somewhat exclusive in its outreach and communication. In Phase II, more stakeholders were targeted at field level,

Figure 2: Overlap of competencies prioritized by both the HEA community and ECB Project

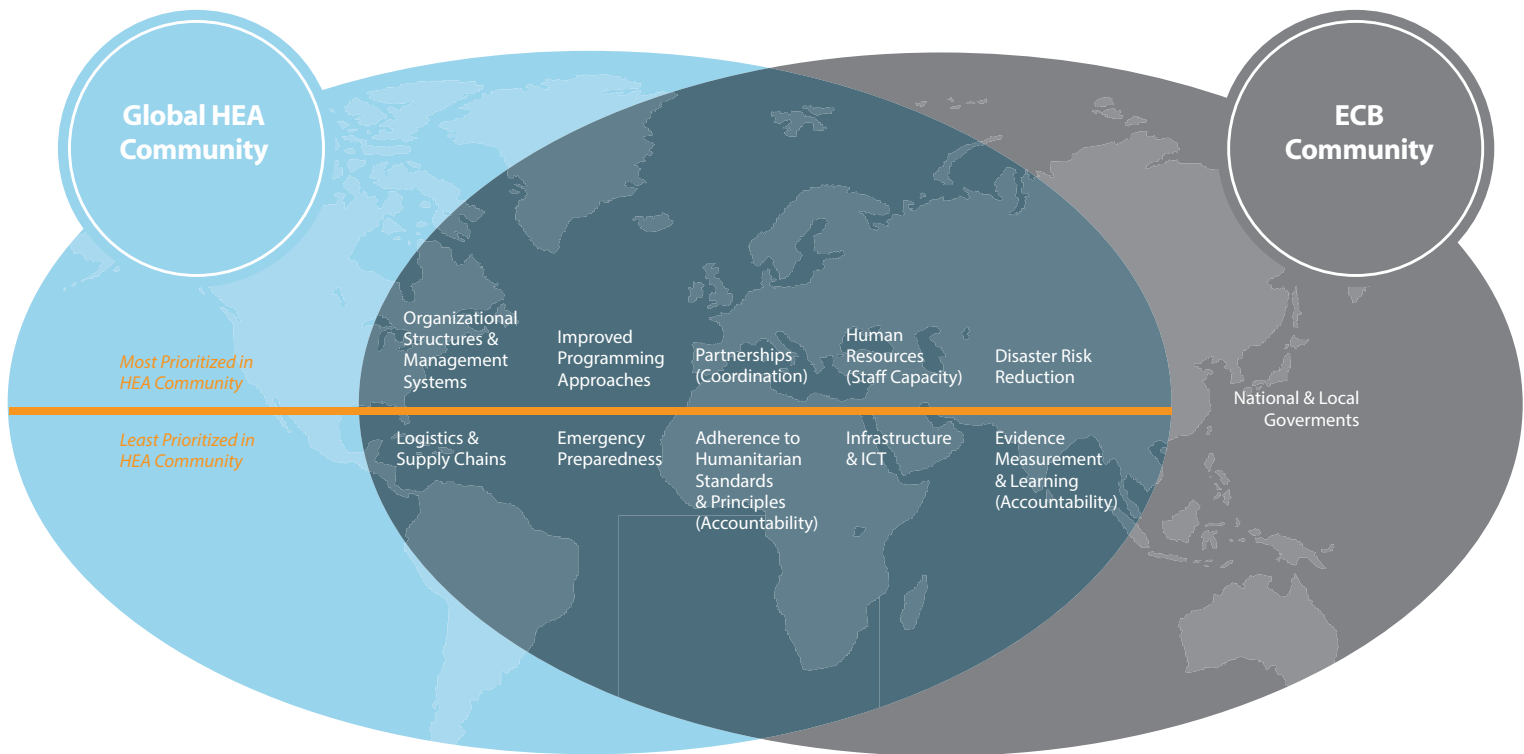


Figure 3: ER capacity building approaches found most and least successful by the HEA community and ECB Project



Success Index				
	Adjusted R Square	Significance	Beta	Sig
Headquarters	11.7%	.007	-23.2%	.072
Regional			4%	.766
National			29.8%	.021
Field			3.5%	.776
Macro	14%	.001	27.5%	.013
Meso			24.3%	.024
Micro			-6.6%	.521

Table 4. Association between targeted stakeholder groups and the success index

contributing to more holistic capacity building. Regression analysis of the DRG desk review data showed that focusing on headquarters (macro level) has a significantly negative association with the success index and focusing on organizations or national staff (meso level) has a significantly positive association with the success index (Table 4).

At country level, however, the ECB consortia missed opportunities to include a broad range of partners, especially the Red Cross and Red Crescent Societies and private sector, in their emergency capacity building efforts.

Generally, the greater the interaction with key humanitarian response entities, the more effective and coordinated the response, particularly if these entities are involved in training, simulations, and planning exercises before emergencies. This was one of the ECB Project's strengths. Where it succeeded in the field, it was because members had buy-in and support from their agencies' headquarters and the ECB global team and aligned capacity building with the needs of national and local stakeholders, who are the first responders in an emergency.

2. Tulane University's DRL Program



Leadership makes a tremendous difference in disaster preparation, response, and recovery. In times of extreme adversity, strong and effective leadership can prevent a disaster altogether or mitigate its impact, whereas weak and ineffective leadership can exacerbate the situation, with devastating life or death consequences. Nevertheless, investments to build and sustain leadership capacity that promotes disaster resilience outcomes have not kept pace with increasing global disaster risks and have been missing altogether in many of the most vulnerable communities. TU/DRLA, in partnership with local universities and DRM stakeholders in five countries, developed the DRL Program to fill this leadership gap.

a. ER competencies built by the DRL Program (What)

The DRL Executive Short Courses are based on TU/DRLA's Master of Science in Disaster Resilience Leadership and organized around four academic pillars—human factors, environmental factors, disaster operations, and leadership analytics. All courses are constructed around a set of core DRL competencies for each pillar and prioritized by local implementing partners under the guidance of local Executive Advisory Committee (EACs). Curricula are also informed by key informant interviews (KIIs) conducted by local university faculty with practitioners working in the community. When developing the course curricula, partners are given access to an accumulated database of DRL competencies and modules. Each course benefits from the accumulated knowledge and experience of DRL network partners.

b. DRL Program ER capacity building approaches (How)

Each DRL Executive Short Course cohort includes participants from government agencies, NGOs, academic institutions, the private sector, and civil society. The blend of first- and second-line participants fosters teamwork, resource sharing, and collective learning among the broader HEA community and networking and communities of practice in the expanding field of DRM.

A key element of the DRL Executive Short Courses is interactive dialogue. Fellows explore contextualized case studies and team-based simulations in the DRL context. Based on a set of identified competencies, the activities are designed to explore a set of unconventional questions in the field of disaster risk reduction and DRM rather than imposing a static corpus of answers. The DRL curriculum thus aims to create learning activities that tangibly modify the leadership behaviors of first- and second-line actors and help DRL Fellows successfully implement resilience-building agendas at the institutional level.

The DRL Executive Short Courses are built around a year-long fellowship program that includes two in-person, week-long residential workshops (DRL-1 and DRL-2) for peer-to-peer learning. In addition, each DRL Fellow is responsible for creating an Action Plan to reduce vulnerability in an ongoing DRR/DRM issue of concern. Based on these plans, the Fellows then implement specific actions targeting local hazards during the period between the two workshops. The Action Plan development process is a key element of evaluating the acquired learning of each Fellow.

c. DRL Program capacity building targets (Who)

DRL Fellows come from organizations and sectors that play a critical role in disaster preparedness, response, and recovery across a broad spectrum of communities with escalating disaster risks but finite resources. Identification and selection of DRL Fellows requires local expertise and participation. Each DRL country and regional partner establishes an EAC that includes leaders from relevant line ministries, NGOs, the private sector, and academia. Based on their collective expertise, EACs source candidates for the DRL executive short courses by obtaining nominations from alumni networks, key stakeholders, and national and local DRM agencies. The EACs also ensure that DRL Fellow selection and course content reflect the needs of the country and region.

3. BRAC

In the past decade, BRAC expanded its portfolio internationally. Established in 2008, the DECC Program was implemented over 5 years. Key achievements included development of standard operating procedures (SOPs) to guide staff before, during, and after disasters. The SOPs were used to train 11,000 BRAC staff, 78,500 paraprofessionals, 42,500 teachers, and 250,000 community members.

“We know that the government of any country is the biggest and permanent organization. So the capacity of the local and national government must be developed. The NGOs are working with the grassroots-level people with their participation. So NGOs can play a vital role to save the lives and property of disaster-affected people. Community-based organizations could play an effective role in message dissemination and organizing people for better distribution of resources for really vulnerable people or society.”

—BRAC staff survey respondent

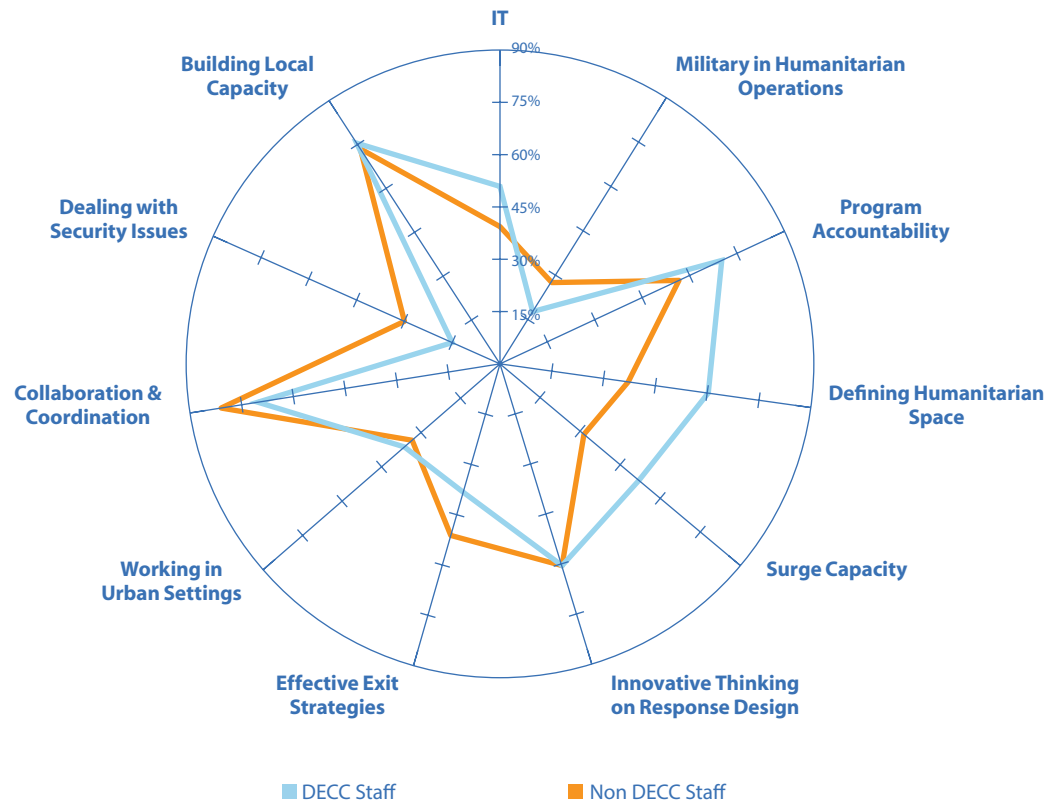
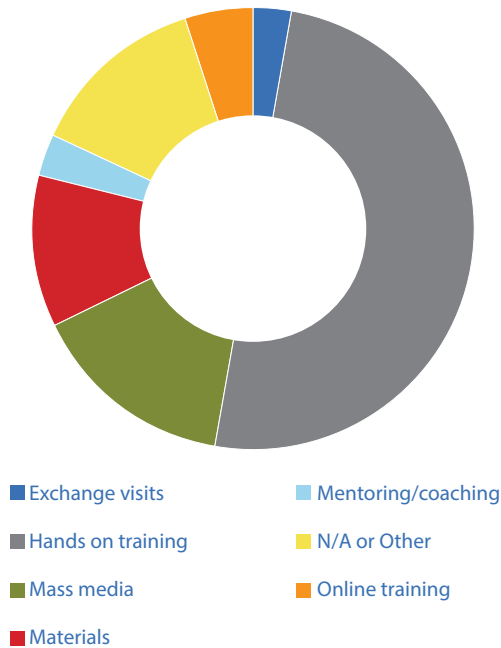


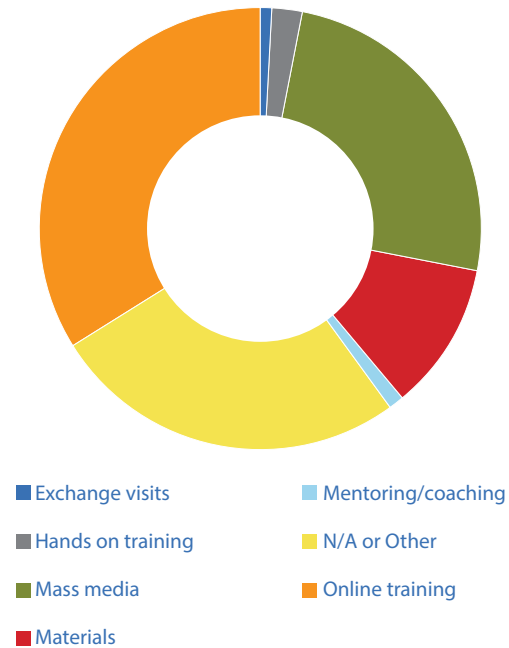
Figure 4. Emergency response capacities prioritized by DECC and non-DECC staff

Figure 5. Most and least effective ER capacity building approaches identified by BRAC staff

Most Effective Training Approaches



Least Effective



a. ER competencies built by BRAC (What)

The DECC Program aimed to build internal staff emergency capacity in:

- Disaster preparedness and mitigation
- Developing/strengthening early warning systems
- Cyclone/storm surge early warning systems
- Flood early warning systems
- Earthquake forecasting and maps
- ER communication and coordination
- DRM

Figure 4 shows that BRAC's first-line emergency responders (DECC Program staff) and second-line responders (e.g., microfinance and education staff) prioritized different competencies. DECC staff highlighted surge capacity, humanitarian space, accountability, and ICT, while non-DECC staff prioritized security issues and military operations. Both first- and second-line staff prioritized innovative thinking in response design, collaboration and coordination, building local capacity, and effective exit strategies.

b. DECC Program ER capacity building approaches (How)

The DRG survey found that BRAC staff prioritized hands-on training, mass media, and production of reference materials to build ER capacity (Figure 5). BRAC staff identified the least effective approaches as online training, mass media,

and production of reference materials. The fact that mass media and materials production ranked both most effective and least effective indicates that the relevance of these approaches might vary by targeted competencies, stakeholders, and context.

c. DECC Program capacity building targets (Who)

The DECC Program trained 11,000 BRAC staff, 78,500 para-professionals, 42,500 teachers, and 250,000 community members using these SOPs. Figure 6 shows that the program focused on strengthening capacity of both first-line and second-line staff as well as stakeholders outside BRAC.

While the DECC Program focused on strengthening the capacity of BRAC's first- and second-line staff, the DRG surveyed BRAC staff to identify external stakeholders whose ER capacity also needed to be strengthened. Figure 7 shows that both BRAC Bangladesh and BRAC international staff identified local and national government. BRAC international staff prioritized community-based organizations more than BRAC Bangladesh staff, and Bangladesh staff prioritized international NGOs more than BRAC international staff. Neither group prioritized networks of private sector organizations or educational institutions.

The priority placed on national and local government pointed to the need for ownership and sustainability:

Figure 6. Stakeholders targeted for DECC Program training

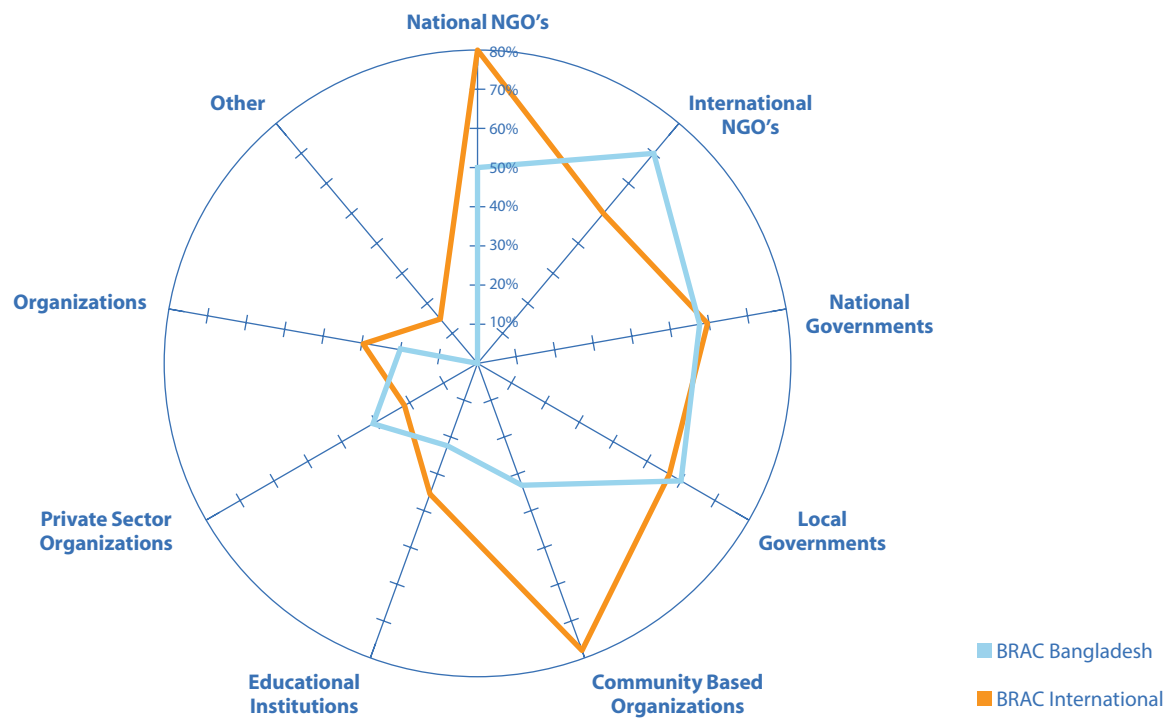
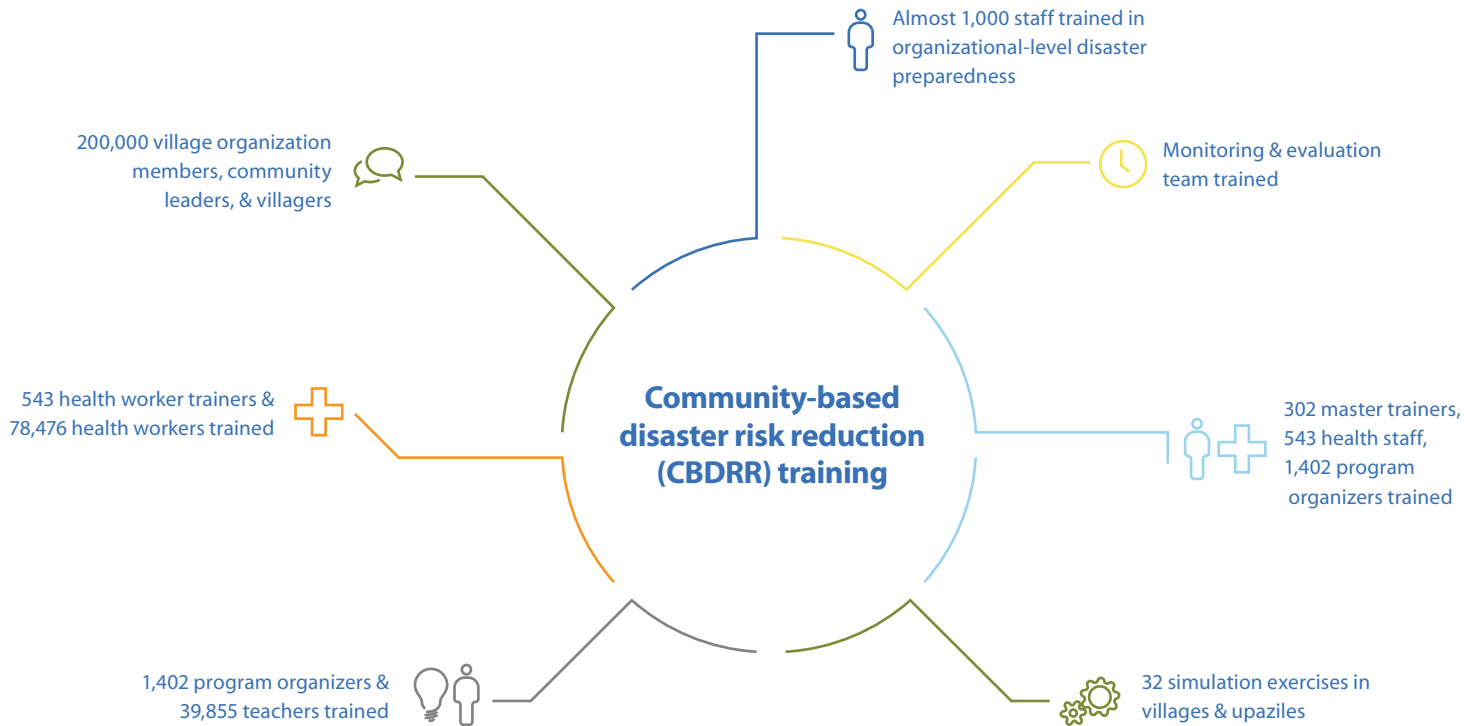


Figure 7. Stakeholders prioritized by BRAC Bangladesh and international staff for ER capacity building

B. Inquiry 2: To what extent and how is ER capacity mainstreamed in organizations that carry out both relief and development activities?

The DRG study addressed this level of inquiry because effective ER and DRM capacity are recognized as prerequisites for sustainable development. There will be a greater need for risk management and ER as climate change affects more countries, more people live in vulnerable areas, urbanization creates population pressures, including conflict, and political instability intensifies. Both first- and second-line actors will need to support each other's efforts to address these escalating needs and challenges.

Key lessons were learned from the ECB Project evaluation about factors necessary to mainstream ER and challenges and outcomes in achieving this goal. Project organizations working in both development and emergency settings acknowledged the importance of mainstreaming ER and DRM in programming and the connection between the two. A stand-alone emergency unit without the support of key decision-makers, human resources, technical staff, and ICT seldom produced an effective response. The DRG team sought to capture the most important elements, processes, and practices for mainstreaming ER in each network through an anonymous online survey and stakeholder interviews. This section summarizes lessons from the networks.

1. Extent of ER Mainstreaming

a. Effective mainstreaming of ER and DRR starts at the top, with leaders' recognition of their importance.

Lessons from the ECB Project, ALNAP studies, and other literature point to the need for political will and commitment of top management to mainstream ER and DRR in relief and development programming. These topics need to be seen as cross cutting, not stand alone.

b. In academic settings, institutionalize DRL by building faculty capacity to establish or enhance interdisciplinary graduate certificate and degree programs.

University programs, internships, and practicums (including development of action plans) can develop a professional ER and DRR workforce, particularly in countries at high risk of disaster. Cross-disciplinary faculty collaborative efforts such as those in the DRL Program and in some of the CRGR countries, as well as online courses, can help meet the demand for more professionalism in the fields of ER and DRR.

c. Further integrate ER across and within agencies.

The networks in this study felt more could be done to develop skills in ER and DRR across their agencies and networks for more effective programming. Risk assessments, political mapping, and analysis skills are skills needed in both areas. SOPs need to be rolled out at all stages of disaster response and recovery.

Agencies should implement routine community-based holistic development and risk mitigation approaches. Actions may include placing sufficient staff and technical staff in countries at high risk of disaster, training all staff to respond to emergencies, establishing a surge roster, fundraising to maintain adequate staffing for ER, training non-emergency staff in basic ER, and including emergency units and country directors in ER decision making. At the program level, close collaboration is needed with development colleagues, particularly in natural resource management, climate change, and livelihoods. For example, Catholic Relief Services (CRS) trained its core emergency staff as specialists in other technical sectors, and MCI hired a training coordinator to help mainstream ER.

2. Ways to Strengthen ER Mainstreaming

a. Clearly define ER and DRR for the organization or network.

Climate change and programs to mitigate negative impacts are increasingly a part of the ER and DRR mission statements of international NGOs (INGOs). BRAC, CRGR, and the DRL Program all developed such statements. Organizations should engage communities in helping to define resilience to formulate their theories of change. Agencies surveyed in the DRG evaluation of the ECB Project incorporated building resilience, transforming communities, building back better (making communities more resilient and capable in the aftermath of disasters), and alleviating suffering in their mission statements or theories of change. These statements should be explicit in meetings, decision making, and capacity building involving staff outside emergency and disaster units.

b. Build ER leadership and management capacity.

The ECB Project, the agencies that support the CBHA Core Humanitarian Competencies Framework, the networks in this study, and the general literature support the importance of this step. Leaders and managers need to understand the importance of mainstreaming ER and DRR in their organizations before they can support this effort effectively. The ECB Project's ENHance leadership course was successful in achieving this goal across numerous countries and organizations.

c. Mainstream ER and DRR using existing resources.

Without additional funding, organizations can raise leaders' awareness of the need for ER capacity, codify ER capacity building learning in training courses and manuals, coordinate with ER and DRR specialists through communities of practice on social media, and include ER and DRR in on-the-job training.

d. MOUs and SOPs with members and partners strengthen mainstreaming ER capacity.

ECB consortia were more successful and sustainable when they developed MOUs with clear management, budget, and communications roles. Strong SOPs helped mainstream ER within BRAC. The CRGR network is developing SOPs with its network members to clarify each member's mission and role. Where appropriate, recipient populations should be engaged in developing MOUs and SOPs.

Case Studies for Inquiry 2

The case studies in this section explore the experience of the four networks studied in mainstreaming ER capacity in their relief and development activities.

1. Catholic Relief Services (CRS)



CRS was founded in 1943 by the Catholic Bishops of the United States to assist the poor and disadvantaged outside the country. Overseas, the agency works through CRS offices in Africa, Asia, Europe, Latin America and the Caribbean, and the Middle East, serving 101 countries. CRS' theory of change, in place since the early 2000s, is grounded in the concept of integral human development (IHD). IHD promotes the good of the whole person and every person to realize full human potential in the context of just and peaceful relationships, a thriving environment, and solidarity with others. The goal is a long-term, dynamic process of collaboration across civil society and the public and private sectors, operating at individual, family, community, regional, national, and international levels to:

- Protect human life and dignity by caring for poor and vulnerable people
- Increase resilience by protecting, building, and maximizing family and community, human, social, political, physical, financial, natural, and spiritual assets
- Promote right relationships between all people and within and across families, communities, and nations
- Increase equitable and inclusive access to and influence on structures and systems at all levels

a. To what extent has CRS mainstreamed ER capacity?

CRS integrates development, DRR, and disaster response and recovery into its programming to build long-term resiliency in affected populations. Its program design takes into account populations' assets, access, and influence. Working across sectors and dimensions requires more than technical skills alone. CRS assesses community and household capacities and vulnerabilities as well as systems and structures that may facilitate or inhibit resilience. CRS' Humanitarian Response Department works with its development colleagues to strengthen local capacity and fill gaps through training people and engaging them in their own response and recovery efforts.

CRS' mainstreaming of emergency preparedness, response, and recovery has evolved over the years. In 2004 the Emergency Response Team, housed in the

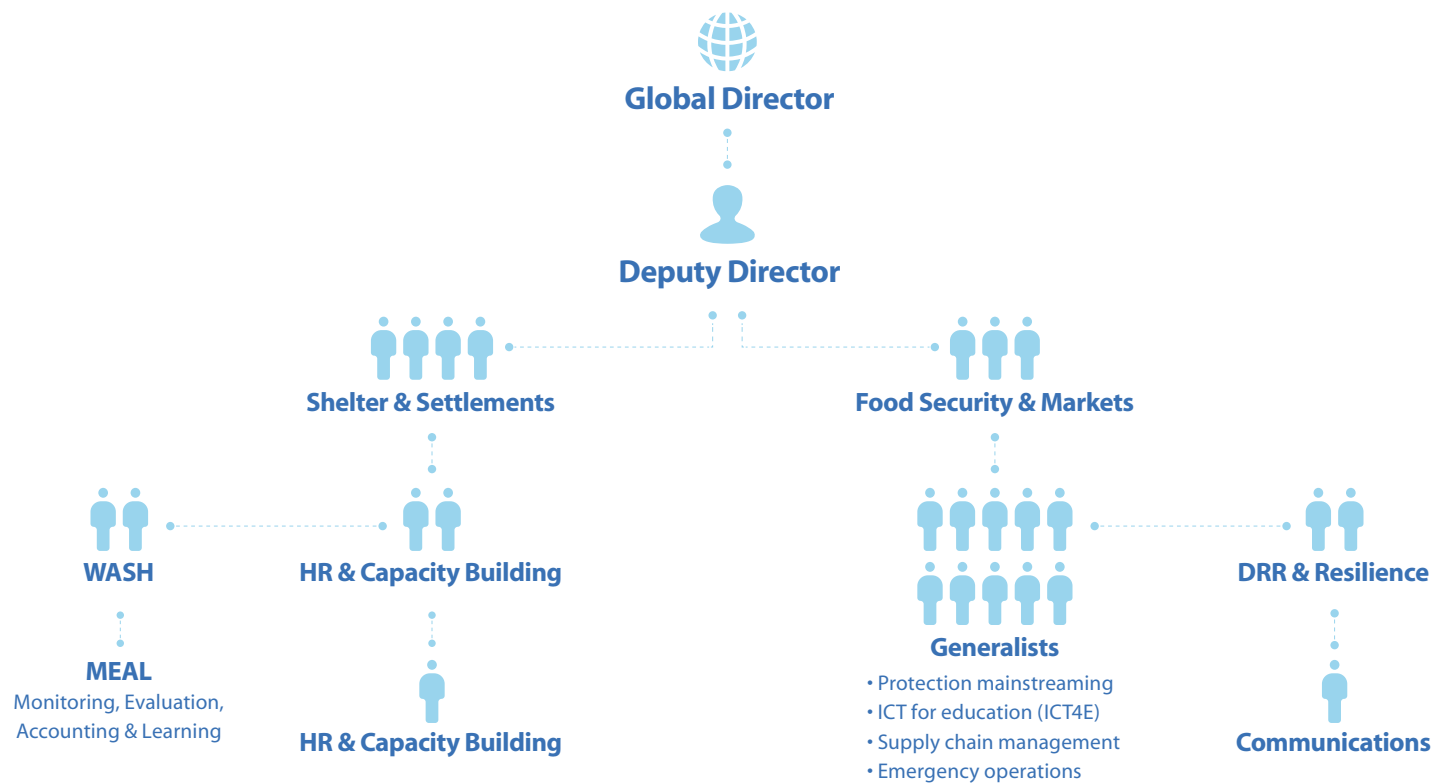


Figure 8. CRS Humanitarian Response Department

Program Quality Department, included eight staff working in shelter and housing rehabilitation, logistics, public nutrition, security and telecommunications, and media relations, headed by a team leader with a point person in Human Resources for emergency staffing. Today the organization has a Humanitarian Response Department with 30 full-time technical staff that can be deployed globally and provide remote support throughout the organization (Figure 8).

In its 2014–2018 strategy, CRS identified ER as one of its three signature program areas, along with agricultural livelihoods and health. The primary strategic investment priorities in ER are market-based rapid response and recovery and shelter and settlements rapid response and recovery.

b. How has CRS mainstreamed ER capacity?

CRS programs are informed by learning, which is codified in training courses and materials and shared within the organization. Many of CRS' publications are also shared externally. The organization mainstreams ER and DRR in its programs through coordination among specialists, especially in WASH, shelter and settlements, and market-based response and recovery. CRS emergency staff collaborate closely with development colleagues, particularly those working in natural resource management, climate change, and livelihoods. Overall, CRS generates interest in building resilience to disaster through planning for impact mitigation in development and disaster response and recovery programs (Figure 9).

2. Mercy Corps

Mercy Corps began in 1979 as the Save the Refugees Fund, serving Cambodian refugees. In 1982 it became MCI, with a mission to provide innovative, sustainable aid and development, and now operates in more than 40 countries. The organization believes secure, productive, and just societies emerge when the private, public, and civil society sectors can interact with accountability, inclusive participation, and mechanisms for peaceful change its strategy for change is to:

- Focus on places in transition, where conflict, disaster, political upheaval, or economic collapse present opportunities to build more secure, productive, and just communities.
- Provide emergency relief in times of crisis, and then move quickly to help communities recover and build resilience to future shocks.
- Promote sustainable change by supporting Initiatives that are community led and market driven and promote good governance.

a. To what extent has ER capacity been mainstreamed within Mercy Corps?

Mercy Corps, along with many other humanitarian agencies, is finding that changes in the humanitarian disaster landscape require skills and knowledge beyond dealing with international humanitarian law, climate change, and political upheavals. While reconciliation and peacemaking skills were important in the 1990s, non-state actors are now less likely to look for reconciliation solutions. Non-state actors such as Boko Haram and the Islamic State of Iraq

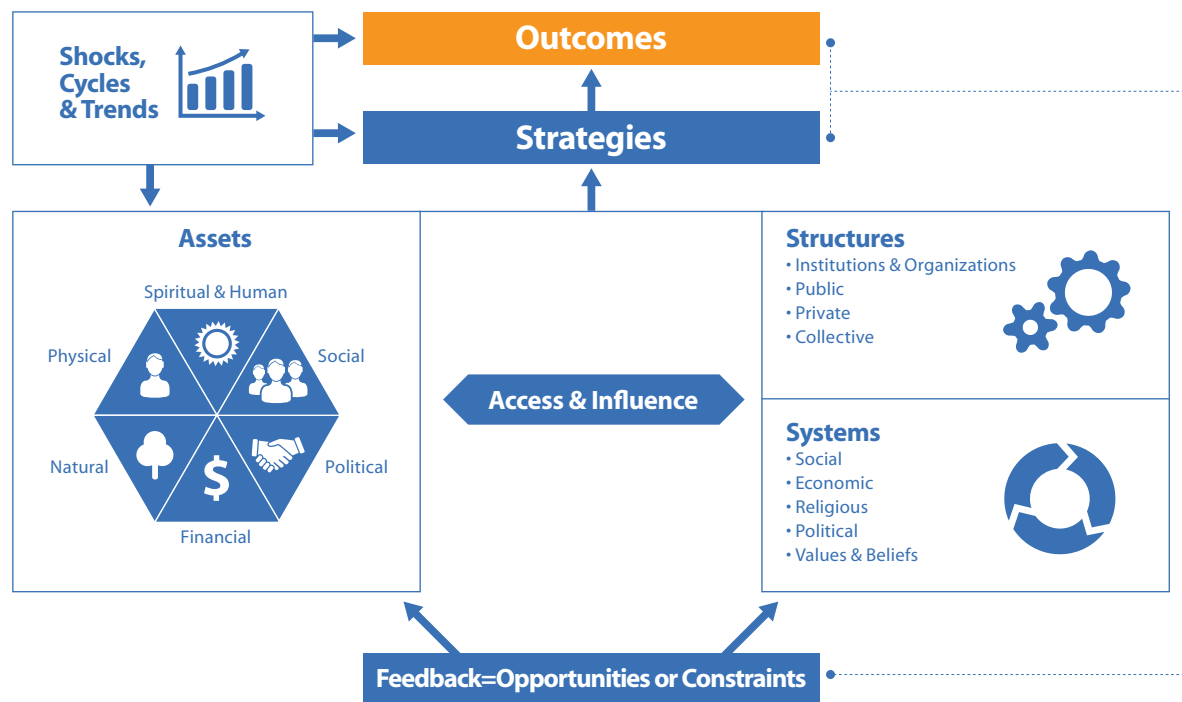
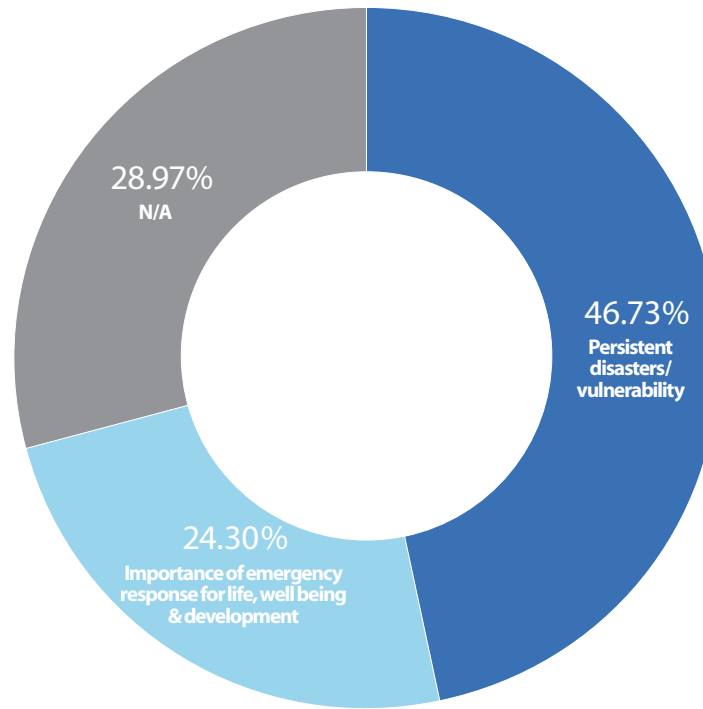


Figure 9. CRS Integral Human Development Framework

Figure 10. Reasons for emergency response given by BRAC staff



and al-Sham (ISIS), the youth bulge, issues of access to affected populations, and belligerent governments are stretching the traditional capacities of Mercy Corps' aid staff. The organization has an increasing need for political mapping and analysis skills along with traditional humanitarian assistance skills.

Mercy Corps' headquarters Emergency Unit has about 34 team leaders in each technical support unit that can be called on for ER. The organization has found it more challenging to integrate ER into its development work than its emergency work. Leadership is decentralized to country directors with significant decision making responsibility.

b. How has Mercy Corps mainstreamed ER capacity?

Mercy Corps builds its staff's ER capacity in a variety of ways. These include redesigning its ER training and employing a full-time training coordinator. Staff receive certification in obligatory core courses on Sphere and Codes of Conduct on the Mercy Corps portal. Advanced courses in ER and DRM are open to all staff, who can link to quality initiatives including leadership and technical (e.g., cash voucher) tracks. On-the-job training, or 'stretch learning' is also available. Small cohorts of staff who meet the selection criteria take advanced courses, and Country Directors select the participants and course

work to match their program needs. In all of its disaster response, from Japan to Syria, Mercy Corps works toward alleviation of suffering, preservation of dignity, and building back better.

3. BRAC 

Before the DECC Program, BRAC had no department for emergency response, no SOPs, no incident command structure, no DRM policy or articulated response mandate, no staff training in DRM, and no specialized DRM competencies. As one BRAC employee put it, There was no systematic approach; we would just figure it out the fly.

a. To what extent has BRAC mainstreamed ER capacity?

With the DECC Program, BRAC developed SOPs to guide ER before, during, and after disasters and developed incident command structures, emergency communication protocols, and materials. A DRM coordination unit was established. BRAC staff, especially at field level, were trained in DRM, especially the use of the SOPs. This effort focused on building disaster preparedness, mitigation, and response competencies but did not include leadership training. When the

DRG study asked BRAC staff why it was necessary to mainstream ER, 46.7% mentioned persistent disasters and vulnerability, and 24.3% said that ER was important for life, wellbeing, and development efforts (Figure 10).

BRAC mainstreams ER into its programming to:

- Attain and contextualizing conceptual understanding of DRR
- Identify and analyze hazards and vulnerabilities, building capacity to determine risks
- Facilitate participatory hazard, vulnerability, capacity, and risk assessment
- Facilitate organizational-level disaster preparedness
- Familiarize staff with SOPs

Informants indicated that the SOPs are helpful in guiding response for traditional disasters in Bangladesh, but there is no guidance for unfamiliar emergencies. There are also concerns among BRAC staff that while the organization is dedicated to alleviating poverty and empowering the poor, its humanitarian mandate and rationale have not been articulated in a disaster management policy. Such a policy would define BRAC's DRM niche and comparative advantage, provide guidance on areas BRAC is best positioned to address, and guide strategic partnerships for complementary competencies. The need for such guidance was evident in the 2013 Rana Plaza collapse, in which 1,129 people lost their lives. Many actors responded, and there were questions about the quality and relevance of BRAC's contribution.

"BRAC does not have experience of non-traditional disasters. The nature of these disasters makes them more difficult to respond to. For example, fires will require much more advance medical care and hospitalization. BRAC does not have the capacity for this. For me, it is a competency issue in BRAC. It's important to partner with other organizations that have more competence in [certain] areas, work with them, and learn from them. BRAC worked on Rana Plaza but only in a very small way. It was very difficult for BRAC to work there."
—BRAC leader

Articulating BRAC's humanitarian mandate as well as criteria for response would involve identifying needed competencies and partnerships.

b. How has BRAC mainstreamed ER capacity?

BRAC mainstreams ER capacity throughout the organization through training and coursework, typically offered at BRAC University. Real-time weather reports, including on drought conditions, are produced daily and circulated among all directors depending on the severity of the conditions. Disaster simulation drills are conducted within BRAC and with critical partners. Key informant interviews with BRAC staff provided the following lessons in mainstreaming ER:

- Ensure participation in specific capacity building activities, e.g., microfinance for non-DECC staff and ER for both DECC and non-DECC staff.
- Strengthen understanding across various organizational units that emergen-

cy capacity is important to realize BRAC's goals.

- Roll out ER SOPs to all BRAC units to provide procedural guidance to BRAC staff and other stakeholders on the roles of various actors for a well-coordinated response and incident command system.
- Develop and implement a disaster management policy that guides the application of holistic approaches as well as effective coordination and collaboration with other organizations.

BRAC developed its Integrated Collaboration & Rapid Emergency Support Services (iCRESS) and Early Warning as part of its efforts to mainstream ER capacity. iCRESS is an advanced web and mobile-based application that provides a wide range of services to connect different BRAC operations for communication and information dissemination. The organization also developed ER SOPs for all staff and provided first-line field staff that respond to emergencies with procedural guidance in accordance with the government's Standing Order for Disaster. The BRAC SOPs are used before, during, and after disasters.

4. Tulane University's DRL Program



Strong faculty technical expertise is critical in an emerging field such as ER and DRM. The DRL Program brings together faculty from multiple disciplines, backgrounds, and countries.

a. To what extent has ER capacity been mainstreamed in academic institutions?

The higher education sector has yet to respond fully to the demand for a professional ER and DRM workforce, especially in regions most vulnerable to disasters, resulting in a lack of graduate level programs in this critical field. Where they do exist, such programs often include outdated content lacking scientific rigor and leadership development. Universities offer few, if any, incentives to encourage cross-disciplinary faculty collaboration to support and sustain this emerging field. There is also a significant gap in faculty capacity to design and deliver ER and DRM curricula and assess learning outcomes. Government ministries have not fully articulated workforce needs or defined the role that universities can play in addressing them and supporting applied research priorities.

b. How has the DRL mainstreamed ER capacity?

The DRL Program aims to institutionalize and mainstream ER by building faculty capacity and establishing or enhancing graduate certificate and degree programs. A series of regional Faculty Development Workshops provide technical assistance to universities to conduct in-depth analyses of graduate curricula in order to plan new graduate level program related to DRL or mainstream ER and DRM into existing curricula with an emphasis on disaster leadership. Workshop participants assess curriculum needs and linkages relevant to DRL, assess student interest, identify faculty for certificate or master's courses, and develop and revise curricula through a systematic, ongoing process. With TU/DRLA support, each university established a Curriculum Adviso-

ry Committee to identify DRL gaps and integrate needed technical content into revised curricula. To encourage knowledge and learning exchange, expert faculty from networked universities and neighboring countries participate in the process. DRL networks in East Africa, the Horn of Africa, West Africa, and Southeast Asia have developed core ER/DRM competencies for graduate programs and shared faculty-vetted methods for assessing student performance. In East and West Africa, faculty developed a menu of methods for measuring attainment of competencies and a methodology and matrix to validate core competencies that are suitable for broader stakeholders.

The DRL Program provides survey tools and guides to partner universities to assess the demand for either credit-bearing certificate programs or master's degree programs based on in disaster leadership needs. Each partner university aims to establish an interdisciplinary program that addresses both immediate and long-term needs for a robust ER and DRM workforce. Certificate programs can be less burdensome to establish and address immediate human resource gaps. They are more flexible and easier for students to enter than degree programs, which require a greater investment of faculty time to navigate the university approval process and greater student commitment in terms of time and funds.

Using a needs-based, contextualized model, TU/DRLA works closely with university partners to strengthen faculty capacity. FDWs are critical to this institutional capacity building effort. The FDWs draw from a broad range of disciplines including agriculture, geography, public health, and medicine. Faculty members come from a variety of academic institutions in numerous countries. The FDWs identify drivers of risk, capacity, and resilience in targeted communities while building on and strengthening established institutional capacity. Each effort to strengthen institutional capacity among university partners is a unique model of curriculum development/reform and program creation, based on local contexts, needs, and priorities.

To participate in the FDWs, faculty must teach at the tertiary level, be affiliated with a department related to DRL, and be able to apply DRL knowledge to program development and research. Students require a bachelor's degree in a field related to DRL and in some cases field experience. They tend to come from diverse disciplines and professions. In Nigeria, most DRL students are between 31 and 50 years old and come from medicine/public health, social sciences, environmental sciences, engineering, and education. They have worked in government (both national and federal), military/paramilitary services (customs, police, Civil Defense Corps, Road Safety Corps), local and state emergency management agencies, and business and trade (banks, insurance companies, commerce, sole distributors). Students enrolled in the 2015/2016 Makerere University School of Public Health Masters in Disaster Management (MDM) program in Uganda have an average age of 32; educational backgrounds in health, social sciences, population studies, food science, and nutrition; and experience in the security forces, emergency response agencies, a university, the private sector, and public health.

C. Inquiry 3: How can networks be used as a strategy for building emergency capacity?

There is growing interest in developing and using networks to build ER capacity. Many stakeholders (such as donors) recognize that the humanitarian assistance terrain is too complex and interdependent for individual actors to address effectively and that saving lives and livelihoods requires sustained inter-sectoral collaboration. Networks help reduce duplication and inefficiency in humanitarian assistance. Donors value networks because they ease communication, fund management, and coordination. Governments trust and respect networks when collaborators exhibit quality work and inclusiveness. Networks have proven to be an effective avenue for advocacy to improve emergency laws and policies, as the voice of a consortium is more credible than that of a single agency. Yet networks can be challenging to start, maintain, and sustain. The DRG study examined network strengths, pathways of shared learning and action (network connectivity), approaches to engaging and sustaining membership and capacity to adapt (network health), and success in building emergency capacity (results).

1. Network connectivity

a. Employ best practices to engage and maintain members.

The four networks rotated responsibilities and provided leadership and supportive management. Most have developed or are developing transparent roles and clear SOPs for ER. Three of the four networks shared information and established collaborative databases accessible to all members. They focus on topics of mutual interest or importance to engage members and developed committees or designated groups of stakeholders at national, municipal, and local levels that include government. Job exchanges, field visits, and practitioner fairs have been used to build members' ER capacity. The sustainability of a network is not defined by its longevity but by its ability to reach its goals and objectives.

b. Engage communities and vulnerable populations in ER and DRM planning, activities, and capacity building.

BRAC's model of involving civil society, government, the military, and communities in all aspects of ER and DRR has successfully engaged a 'network' at the community level. The local HEA community should have access to materials and training to strengthen ER and DRM responses.

Lessons from the CRGR & ECB Project suggest that limiting & sharply focusing activities reduce burnout & keep members engaged.

2. Network health

a. Strengthen factors that promote a healthy network.

This study found that a healthy network depends on a mutually agreed vision and mission, a common goal, a common platform or foundation, strong collaboration, SOPs, representation at meetings, joint development of tools, joint assessments, strong leadership to create a collaborative mindset, and transparent and clear lines of communication. Interdepartmental collaboration, such as coordination meetings, informal communication, shared office space, and representation from all departments on country management teams facilitates action. Perceived exclusion of partners can harm a network's image.

b. Networks have the advantage of a united voice to influence other humanitarian actors and governments to improve ER and DRM.

Collectively, networks can raise funds and tap funding not necessarily open to individuals. Networks can develop trust on the part of governments and humanitarian actors, influencing improved ER and DRM policies, as the ECB Project showed in Bolivia and Indonesia. Networks can fill gaps, avoid duplication of actions, and increase geographical coverage during emergencies, increasing effectiveness and conserving resources.

3. Network results

a. Sustaining a network requires funding, visible results, sustained engagement of members, and manageable activities.

Network management and administration need to be dynamic, responding to the needs of members as well as adapting to changes in the HEA environment. Members need to see that their efforts are worth the transaction costs of being part of a network. Lessons from the CRGR and ECB Project suggest that limiting and sharply focusing activities reduce burnout and keep members engaged.

b. If resources are limited, invest them at local level.

The DRG learning forum participants agreed that resources should be invested first at the local level and then at the national level. The needs of the affected population should drive the inclusion of stakeholders and allocation of funds. Regional and national networks can facilitate replication of projects better than local networks. As networks move forward, local networks should develop interventions that can be scaled up and replicated. Finally, networks should seek donor funding that is flexible of its use.

“Most components are interconnected in that they need the involvement of most programs. This is because the beneficiaries are more or less the same. When beneficiaries graduate from one program, they may be eligible for another program. For example girls from the ELA [Empowerment and Livelihood for Adolescents] program can graduate to the Small Enterprise Expansion Program. Hence, collaboration among these programs is crucial.”

—BRAC survey respondent

Case Studies for Inquiry 3

The case studies in this section examine how the networks examined in the DRG study have shared learning and action, engaged and sustained membership, and succeeded in building emergency capacity.

1. BRAC network

A key measure of network health is the extent of interdepartmental collaboration and interaction. BRAC’s national network covers almost all of Bangladesh, with 62 regional offices and 2,659 area/branch offices, and its international network spans 12 other countries. Its many program units form a unique and complex structure. Factors that facilitate and enhance collaboration between first- and second-line BRAC departments are the ability to focus on BRAC’s vision and mission and work collectively toward a common goal. Representatives of all BRAC departments are included in country management teams. Most inter-departmental collaboration is at community level, where program activities are implemented.

BRAC’s microfinance platform is the foundation for all its other programs. For example, community health volunteers are usually identified from women’s microfinance

groups to provide ER support to members by sharing information on public health including HIV and malaria. Cohesion among the different BRAC programs is also ensured through weekly meetings, where progress reports are shared and challenges discussed.

BRAC staff were asked to what extent they thought the different BRAC programs or departments interacted, collaborated, or shared information and other resources to facilitate ER. More than 60% of the respondents said there was some or a lot of interaction/collaboration, while 30% said there was little or none (*Figure 11*).

Another crucial aspect of network strength is collaboration with external actors and partners, from the national level to the community level. A distinctive feature of Bangladesh’s DRM system is its community-based structure, with committees of stakeholders represented at each level (*Figure 12*). These committees normally include representatives of government, NGOs, and the private sector, among others..

BRAC’s collaboration with other stakeholders is most visible at the grassroots level, where district and branch disaster management offices are involved in planning and implementing activities. BRAC also works with government bodies such as the

Figure 11. BRAC staff perception of interdepartmental collaboration and interaction

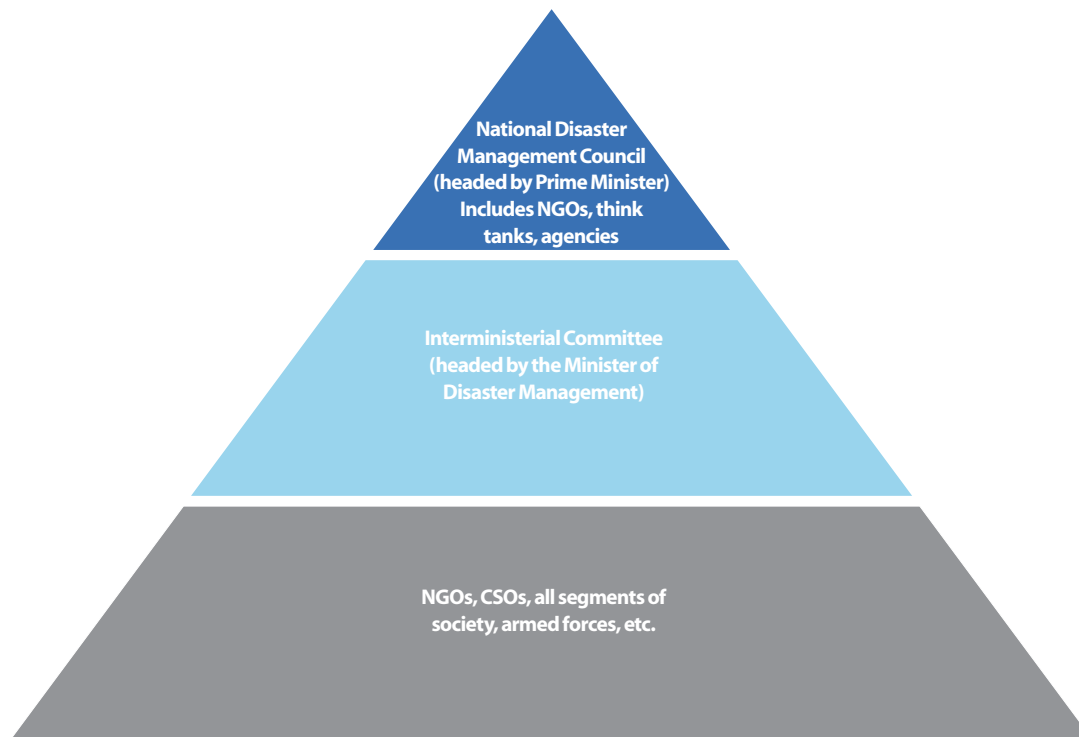
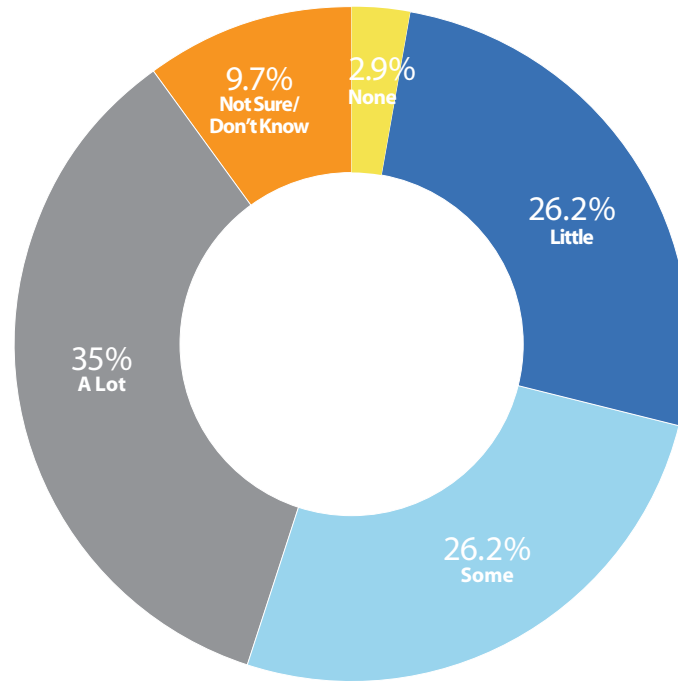


Figure 12. BRAC's committee structure

Storm Warning Centre of the Bangladesh Meteorological Department (to develop and distribute weather bulletins) and the Flood Forecasting and Warning Centre of the Bangladesh Water Development Board (to develop and distribute warning bulletins and flood maps). It also works with Regional and Area Offices, Upazila Disaster Management Committees, Union Disaster Management Committees, and District Disaster Management Committees, among other actors.

2. ECB Project network



Developing networks, especially country-level consortia and local partnerships, was a cornerstone of Phase II of the ECB Project to build the capacity of national governments and local agencies to respond to emergencies. Active participation is a sign of a healthy network. *Figure 13* shows the range of stakeholder groups engaged with the ECB Project consortia in capacity building and response. At national level, each consortium included the host government, emergency management authorities, and the military, if relevant. Connectivity between and among members, also a factor in network strength was a key part of ECB network.

While the ECB Project did not articulate a theory of change for developing networks, it had a strategy for improving coordination and partnership. A survey of ECB members 2 years after the end of the project found that 92% of members felt they had been encouraged to participate in collaborative partnership activities.

The ECB Project also faced challenges in strengthening collaboration and partnerships. Some ECB members and organizations felt that the project excluded some stakeholders in activities, materials distribution, and training in Phase I. Consortium partnerships with non-NGOs (e.g., the Red Cross and Red Crescent Societies) were limited. Some field informants said the project failed to reach out to local humanitarian players. HEA stakeholders rated ECB partnerships/coordination/collaboration as inadequate. Members had larger development portfolios that often took priority. Sometimes the joint assessments and tools did not meet information needs and requirements. Nonetheless, most respondents acknowledged that it was best to lay down their agencies' flags to ensure a better, coordinated response. The NGOs that were part of the ECB have not been very successful in imparting this collaborative partnership throughout their agencies and their work in non-ECB Project countries, with the exception of the response to Typhoon Haiyan in the Philippines, when six agencies received 1.5 million in funding and conducted a joint needs assessment.

One of the greatest challenges to increased collaboration was the project's commitment to match the initial funding from the Bill & Melinda Gates Foundation with funds from other donors. Agencies coordinated to mobilize the funds despite their disinclination to share donor lists and organizational financial information, particularly during the economic downturn in 2008 and 2009. The challenge to find funding strained relationships, primarily at headquarters level. The match was successful, but some ECB members and staff felt that donor funding was restrictive and stifled the intended innovation by being project and results driven.

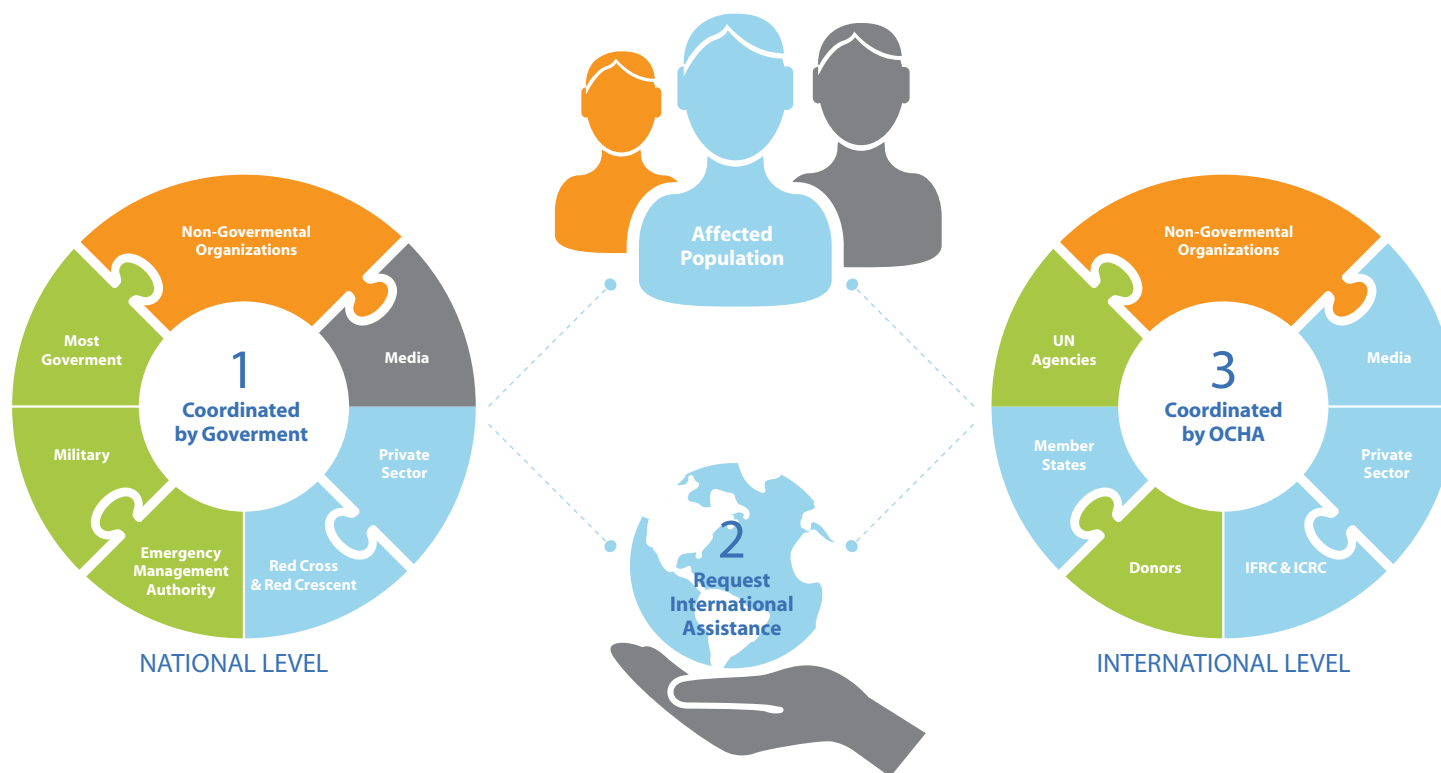


Figure 13. Stakeholders engaged with the ECB Project

The ECB Project evaluation found that the ECB partnership succeeded in building members' overall emergency capacity as a collaborative network. All respondents felt that learning had been shared sufficiently and that this shared learning had strengthened human resource and institutional capacities. As a network, the consortia generally worked well to respond to disasters in countries. After the ECB Project ended, this collaboration was ad hoc, as in the Haiti earthquake and Typhoon Haiyan in the Philippines.

The survey also found that 85% of respondents said that the ECB Project member organizations or departments collaborated to facilitate ER, sharing materials, training, and technical assistance (Figure 14).

Involvement in a collaborative partnership or network carries transaction costs such as decision making and administrative processes, financial engagement, and HR resources. When ECB Project members were asked whether they felt the ECB activities had added significant value to offset the transactions costs, 89% that they had but that the transaction costs were high in terms of human and financial resources.

Both the ECB Project's structure and relationship with the Bill & Melinda Gates Foundation provided a flexible and safe space for agencies to discuss concerns, explore options, share lessons learned, and collaborate effectively. Interactive events, exchanges, simulations, and Sphere training also strengthened collaboration and coordination, important elements of a healthy network. Most ECB consortium mem-

bers partnered with local organizations for simulations and other capacity building, for example, CRS with Caritas and Oxfam with the Fundación para el Desarrollo de la Ecología (FUNDECO) in Bolivia. Such efforts were widely popular and helped communities prepare for disasters.

A number of organizations, including UN agencies, adapted tools from the ECB Project. Partnerships and collaboration were also strengthened through joint needs assessments and evaluations. Today People in Aid houses documents from the interactive learning events and ECB staff retention workshops, and ALNAP maintains part of the ECB resource library in its online learning database (<http://www.ecbproject.org/>). Important collaborative partnerships were developed with NetHope in Phase I and CBHA in Phase II. The Assessment Capacities Project (ACAPS), which supports humanitarian needs assessments, and the Start Network (formerly CBHA), a consortium of 19 NGOs working to strengthen the humanitarian aid system, are expanding collaboration started during the project. The Start Network is staffed with some former ECB employees and modeled to a large extent after the project. ACAPS was a key ECB partner in developing joint needs assessments and training HEA actors and governments, and the ECB Project was an ideal "docking station" for ACAPS because of its network. ACAPS initially had a troubled relationship with the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), but the ECB Project help it build credibility. ACAPS' neutrality and specific expertise gave it a role that a single NGO could not have played in directing and assisting a variety of organizations.

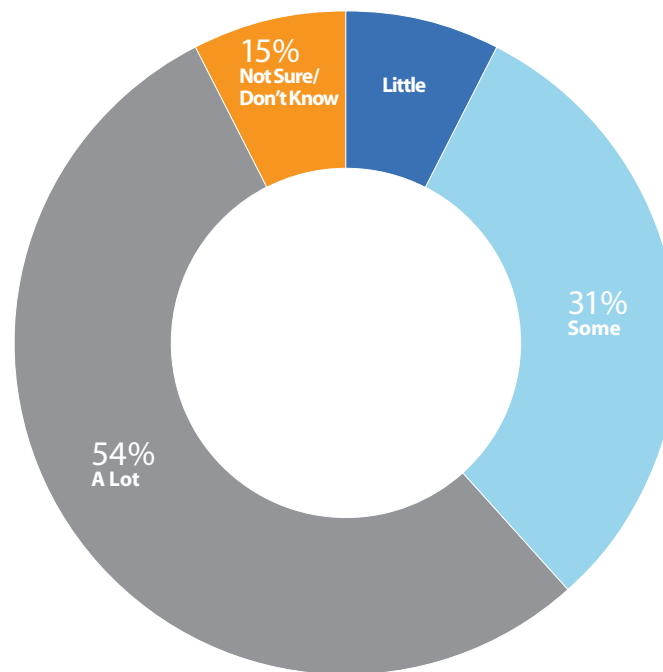


Figure 14. ECB Project member perception of collaboration to facilitate ER



Nigeria DRL Forum. Courtesy of TU/DRLA

Another successful ECB partnership was the nearly seamless merging of the Bolivia consortium agencies with CBHA agencies to number 11 members, with an MOU that reached beyond the formal end of the ECB Project. Member agencies pooled resources to pay for a coordinator and anticipate signing another MOU when the current one expires. While seemingly successful in the non-emergency times, relationships under this partnership have been strained in responses to emergencies. The Bolivia consortium perhaps best exemplified collaboration, developing partnerships with a broad range of agencies including local NGOs, national and local government, the UN and the International Organization for Migration (IOM), which may have contributed to its sustainability. The members chose to cast the net widely in inviting participants to training and offered courses more than once and to many individuals and organizations. The consortium successfully partnered with the military in its RAMBO training in emergency management and response.

In Bangladesh, the INGO Disaster Forum began with the ECB consortium and eventually included about 30 organizations. In Indonesia, consortia subgroups of NGOs applied for funding in various emergencies, pooling skills to address disaster needs. The Indonesian consortium developed a Disaster Response Engagement Protocol (DREP) that was adopted by all agencies and shared with other country consortia. It also designed a joint needs assessment tool that was endorsed and adapted by UNOCHA and gained recognition from the National Board for Disaster Management.

3. DRL Program network



The DRL Program seeks to create strong linkages among diverse stakeholders across the most vulnerable communities to promote engagement, advance knowledge production, and facilitate global learning and exchange. The program leverages the combined assets of TU/DRLA and its regional networks to establish a global system that addresses the need for surge capacity. This targeted focus on surge capacity builds locally relevant networking capacity across the globe.

The Global DRL Network is a resilience leadership resource that furthers collaboration, curriculum exchange, knowledge sharing, and collective learning in the field of ER and DRM. The network is composed of a broad range of actors from government, civil society, NGOs, non-profit organizations, academia, and the private sector. The network also includes local institutions (e.g., the Federal University of Technology's Center for Disaster Risk Management and Development Studies in Minna, Nigeria; Benadir University in Mogadishu, Somalia; the University of Science, Techniques and Technology in Bamako, Mali; and the State University of Haiti) and regional networks such as HEALTH in East and Central Africa and the Asian Disaster Preparedness Center (ADPC) in Thailand. Together, these actors and local and regional networks reach members in more than 25 disaster-vulnerable countries. The network continues to expand and in 2016 will cover India and Central America (Nicaragua, Honduras, El Salvador and Guatemala).

The network enables this evolving community of stakeholders to support and implement best practices. This approach builds on preventive development of networked leadership capacity to empower disaster resilience leaders to make better decisions based on improved capacity to learn and adapt collaboratively. To strengthen the global network, TU/DRLA works closely with its university partners to incorporate existing regional networks that serve as resource centers and increasingly attract relevant stakeholders to build capacity for professional networking and cross-country collaboration. An example of this global network in practice was a Practitioner Fair in Sri Lanka during the third Leadership Summit Forum in 2013. The fair allowed multiple DRL Fellows to discuss their Action Plans and provided first-hand updates on activities implemented in the Sri Lankan community.

DRL uses a "push approach" to encourage and facilitate communication and professional networking among members through Skype, telephone, email. DRL Network Coordinators from each region promote network usage by encouraging peer debate through regular meetings and monthly regional highlights on ER and DRM. Since mid-2014, Network Coordinators have disseminated information on disaster-related regional opportunities, best practices, and emerging issues through the Global Network email listserv, rotating responsibility monthly. The Contact & Intelligent Directory database enables network members to communicate directly. The database includes information about each member's organization, position, contacts, and in some cases, subject matter expertise. Network members can contact peers for information, collaboration, or other opportunities for learning and sharing. The database evolves constantly as more members are added and skills sets updated.

The online Academic Commons platform and the DRL Fellows Facebook page strengthen the DRL Program's visibility and increase professional networking opportunities for Fellows and faculty members. These online tools ease communication among DRL Fellows and faculty and provide a way for members to share best practices, innovations, and lessons learned. Faculty and DRL Fellows receive training on how to use the platform in the Executive Short Courses and FDWs.

The DRL Global Network also implements annual Leadership Summit Forums that bring together partner institutions and Fellows to discuss lessons learned and confirm best practices. Project donors have usually been present to contribute to these productive discussions.



4. CRGR Network

Each CRGR national network represents a diverse group of organizations with different missions, goals, and resources. By pooling their resources and expertise, the organizations can have greater influence nationally and regionally. However, this multiplicity of networks can also be a challenge for the efficient operation of the CRGR and its member organizations.

To increase the efficiency and connectivity of their networks, CRGR members have developed 5-year strategic plans for advocacy, knowledge management, organizational development, and sustainability activities ("indirect" activities in disaster situations). To facilitate and broaden intra- and inter-network and external communication, each network installed a communicator.

The DRG study conducted an online survey of the national and regional networks in 2014 to gather information on their objectives, alignment, participation, contribution, incentives, infrastructure, and sustainability. The results showed that the networks differ in makeup and understanding of their operations and objectives, although there are also many similarities (Figure 15).

Most survey responses were positive, but Figure 16 shows areas that may require future attention. The networks need to develop strategies that address the unique needs and issues in each country.

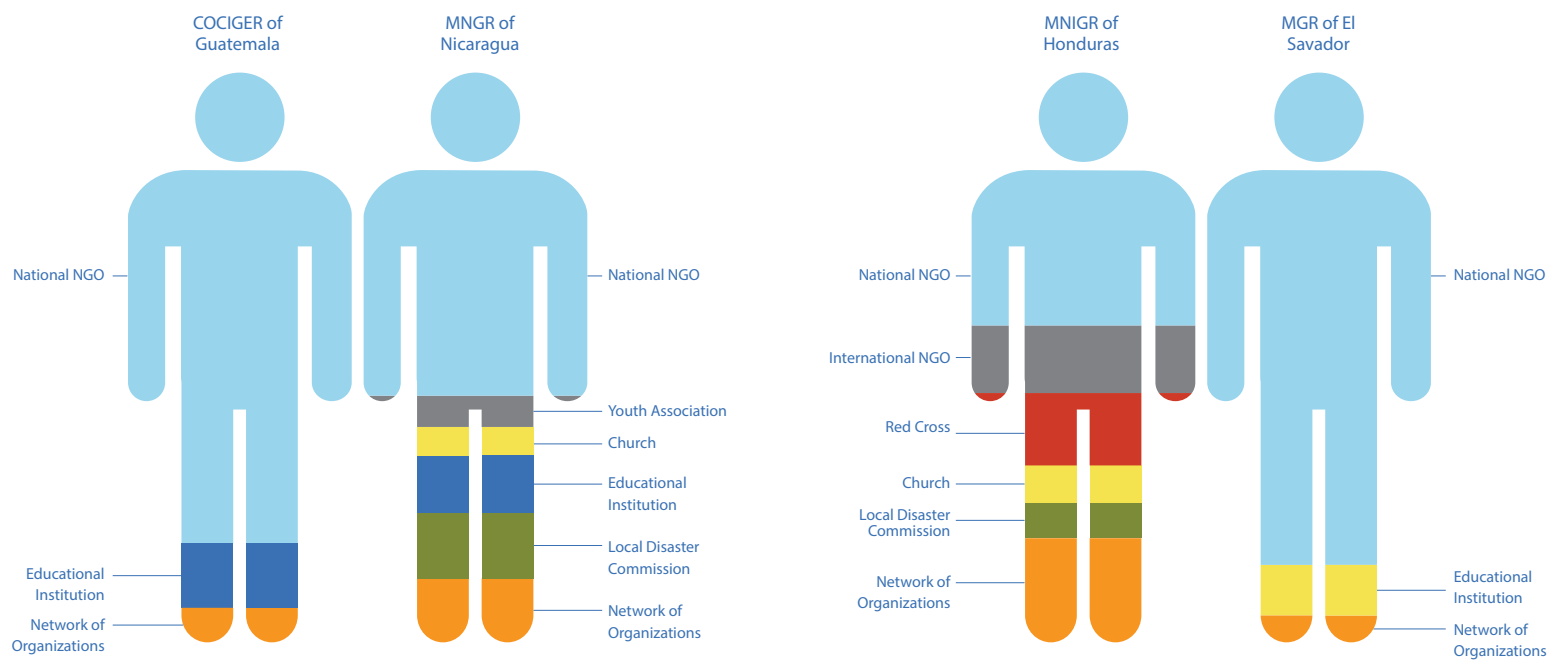


Figure 15. Members of national CRGR networks



All respondents agreed on the need for more focus on human resources. This opinion was reinforced by information gathered during field visits, during which members expressed the burden of heavy project workloads. CRGR's preferred approaches to building network competencies mirror to a great extent those of BRAC. Members considered hands-on training, written material, workshops, and simulations their most effective approaches.

Strong networks have defined missions, objectives, and rules of governance. The objectives of the regional and national CRGR networks are well understood by most but not all members. Most members only partially understood the governing rules of the national and regional networks.

Active participation and contribution are signs of network health. The members of the Guatemala and Honduras networks felt there was less trust and respect in their national networks than the Nicaragua and El Salvador network members.

Financial participation is another indicator of network health. Few respondents believed that all members were participating adequately financially and non-financially (*Figure 17*).

Many members surveyed felt that other organizations need to be brought into the networks. All respondents from the COCIGER network in Guatemala and about one-half of the respondents from the MNGR Network in El Salvador agreed, mentioning women's and youth organizations.

The CRGR networks have a standardized strategic plan and common structure, but reaching agreement among all members can be a challenge. The networks need to streamline their strategic plans and prioritize activities to avoid burnout and resource depletion. Network differences need to be addressed in planning, and the networks should regularly solicit and use member feedback.

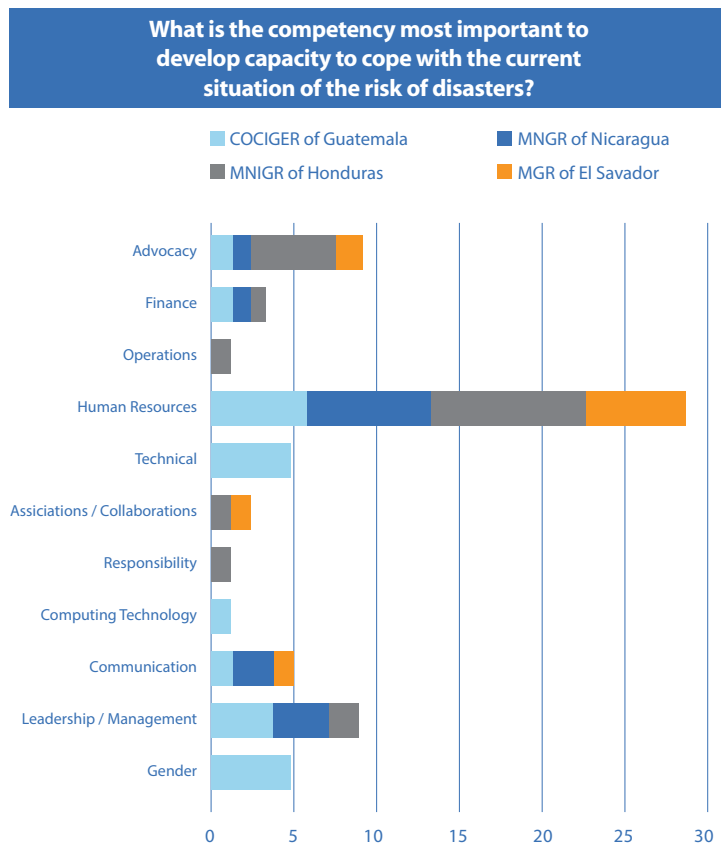


Figure 16. ER competencies perceived needing strengthening by CRGR networks

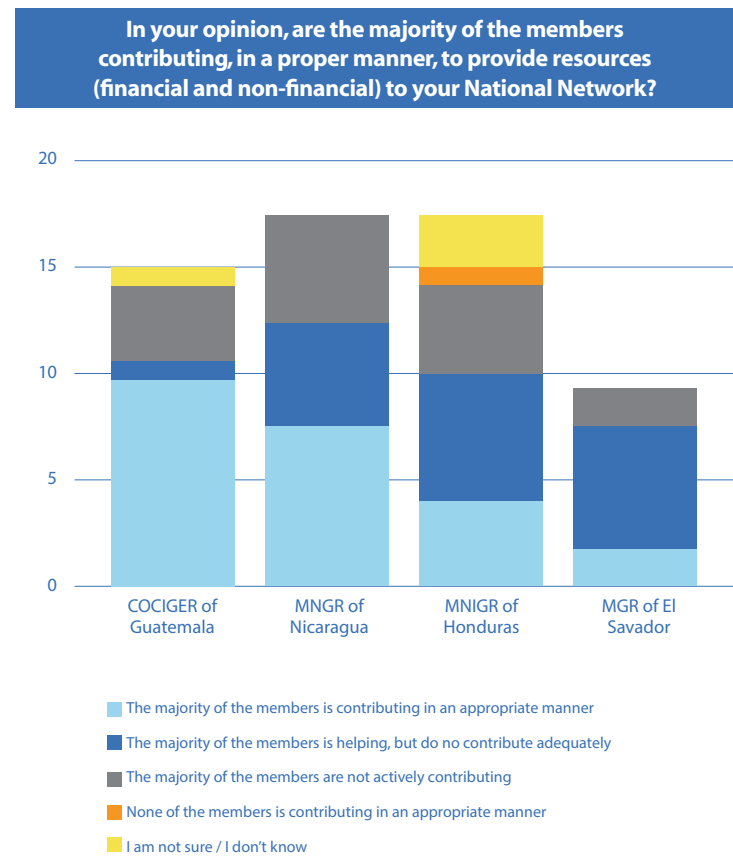


Figure 17. CRGR network members' perception of member participation



The Way Forward: Priorities & Opportunities

The future disaster landscape, because of climate change and an increase in human-made disasters, will stress and challenge many nations and donors. Escalating global disaster risks require strengthening emergency response capacity. Networks in their various forms can play important roles in developing capacity to improve ER and facilitating integration of DRM. Governments, donors, UN agencies, and NGOs must be active partners in networks and capacity building efforts. The learning forum participants identified the local level as the most critical for future ER capacity building investments and emphasized it is there where actions lead to sustainability. Development planners, academics, and key second-line actors have an important role in managing and reducing risk. They can advocate, along with networks such as BRAC, CRGR, and DRL, for establishing ER and DRM measures such as early warning systems, disaster plans, and escape routes. This study found that networks are an effective platform to build ER capacity.

A. Setting ER Capacity Priorities

The first inquiry into this nearly 2-year-long investigation brought a clearer understanding of the most important ER competencies, approaches, and stakeholders for first- and second-line actors, both essential in supporting ER. Competencies commonly prioritized across the four networks studied included accountability/evidence measurement, integrating DRR into policy/programs/legal frameworks, strengthening/providing human resources, improved programming approaches, partnerships/collaboration/coordination, environmental factors, leadership, and disaster operations.

The desk review analysis showed that while partnership and collaboration are highly valued at organizational and global levels, strategic direction and vision, or theories of change, need to be developed to ensure effective capacity building. This came out in the recommendations for the ECB Project as well as in survey questions relating to mainstreaming emergency response. With limited resources, capacity building efforts for second-line actors need to be prioritized and quantified.

B. Strengthening ER Capacity Building Methods

The ECB Project, DRL Program, and BRAC developed tools, materials, and guides as means of ER capacity building. Developing these materials both filled gaps and fostered collaboration. Communities of practice and information sharing, innovative approaches and expertise hold promise in reaching the most vulnerable communities but are often missing in emergency capacity building efforts. The most successful methods for building emergency capacity identified in this study (in descending order) were training, building leadership skills, experiential learning, simulations, awareness raising, exchanges, and network creation. Challenges for both emergency response and development interventions that the humanitarian community needs to address include inadequate local level ownership of ER, DRR, and development planning; gaps in enforcement of national laws at local level; competing priorities among actors that make collaboration difficult; inadequate surge capacities and unstable environments in developing countries. A recognized missed opportunity is working with the private sector. This could be addressed by NGO actors by developing guides like those produced under the ECB Project.

C. Targeting First- and Second-Line Emergency Responders

Both first- and second-line actors are critical for effective and timely emergency response. According to the DRG learning forum participants, government (at all levels), academics, the private sector, and the media are critical second-line actors. All four of the networks agreed that the most important competencies for these groups are decision making and critical judgment, accountability and humanitarian standards, and DRR. Because second-line emergency responders play an important role in mitigating disaster risk, as well as supporting first responders, the networks and forum found both first- and second-line actors need decision making skills, critical judgment, and knowledge of the various humanitarian standards.

Communities of practice, information sharing, and innovative approaches and expertise hold promise in addressing the need to reach the most vulnerable communities, often missing in emergency capacity building efforts. While partnership and collaboration are highly valued at organizational and global levels, there is a need to develop strategic direction and vision, or theories of change, to ensure effective capacity building. *Figure 18* shows mechanisms for mainstreaming emer-

“Mainstreaming DRM in development planning can reverse the current trend of rising disaster impact. If countries act decisively, they can save lives and assets. But many countries do not have the tools, expertise, and instruments to factor the potential impacts of adverse natural events in their investment decisions. Few systematically account for disaster losses and assess the risk from adverse natural events. Even fewer have institutional mechanisms to take risk information into account. This means that they are unable to direct the necessary resources to protect their investments and reduce their exposure to disaster impacts and climate change.”

—*Sendai Report: Managing Disaster Risks for a Resilient Future,*
World Bank, 2012

gency response identified by the DRG study and learning forum participants and in the broader literature.

ER capacity building experience from the networks targeted in this study shows the need to prioritize activities to avoid overwhelming staff, and this requires leadership and inclusion of members. To remain engaged in networks, members need clear lines of authority, champions of the work, and a feeling that their inclusion is worth the cost and effort. Sufficient time, staff, and resources are needed to accomplish ER and DRR goals.

The DRG study found that the following factors contribute to collaborative network success:

- Ability to focus on the organization's vision and mission
- A common goal
- Broad representation at meetings
- Strong SOPs
- A common platform or foundation, either a technical specialty or a consortium
- Joint development of tools, joint assessments
- Leadership to ensure a collaborative mindset across the organization
- Clear and transparent communication
- Visible results

To ensure adequate capacity to meet future ER needs, actors should strengthen leadership and decision making skills using the most successful capacity building techniques (experiential learning, on-the job-training, collaborative materials, SOP development, and media). They should be innovative in designing ER actions, develop exit strategies, and acquire better knowledge of DRM and ER in urban settings. Continual improvement in accountability is needed, as well as cooperation and collaboration among humanitarian actors. The diverse emergency capacity building networks discussed in this report have shown promise in strengthening ER and DRR capacity and addressing needs from the local to global level.

The lessons learned from the DRG study can inform ER and DRR training of both first- and second-line actors, stakeholder orientation, ER and DRR planning and practice, and network design and expansion. These best practices will help ensure that ER and DRM leadership, values, and principles in accordance with global humanitarian standards become assimilated into risk management and emergency response to meet increasing emergency challenges around the world.

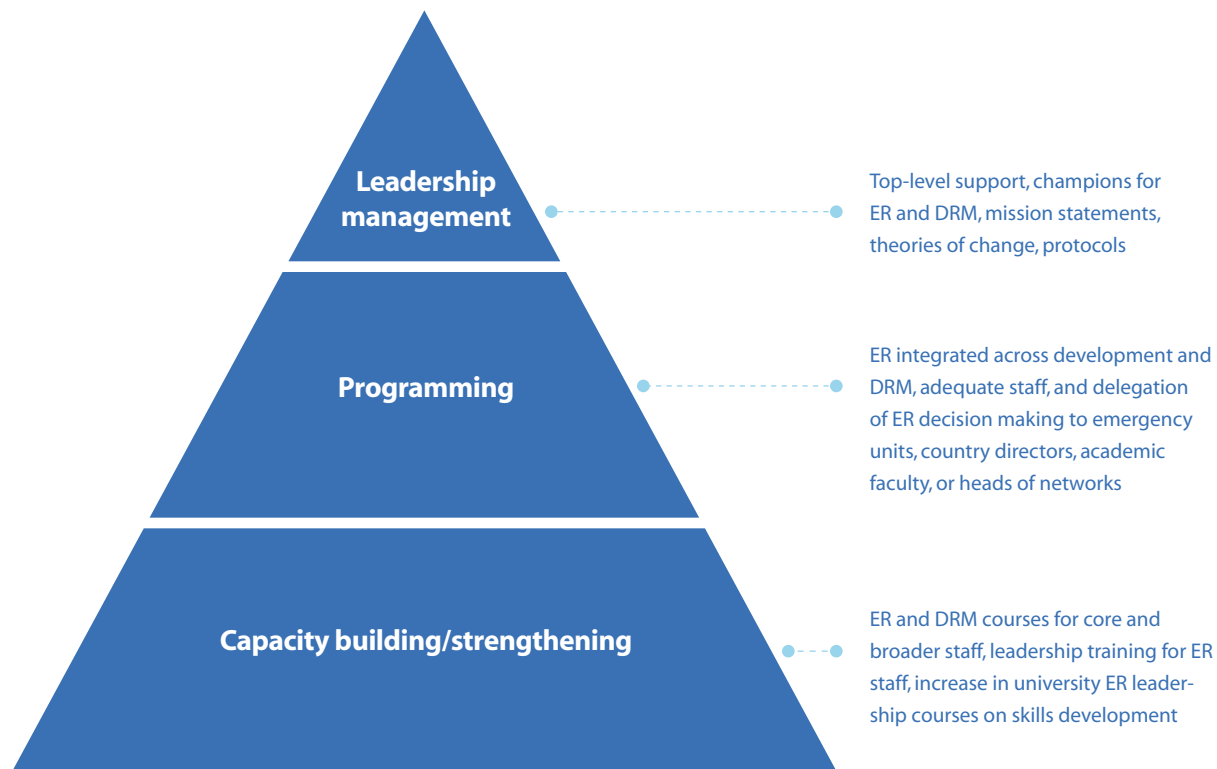


Figure 18. Mechanisms for mainstreaming emergency response







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