



Source: Danish Red Cross

# Enhanced Vulnerability and Capacity Assessment

Version 2 - for field testing

IFRC

November 2022

Introduction	3
Why do an EVCA?	3
What is the EVCA?	4
What is new about the EVCA?	5
Things to consider before deciding to conduct an EVCA	11
Level One: Internal preparation	12
Step 1. Get prepared within your National Society	12
Level Two: Prepare for the assessment	16
Step 2. Decide where to do the EVCA	16
Step 3. Prepare for the EVCA	20
Level Three: Facilitate the assessment	29
Step 4. Introduction with the community	31
Step 5. Set the foundation	32
Step 6. Hazard and exposure assessment	33
Step 7. Vulnerability and capacity assessment	39
Step 8. Consolidate and conclude on risk levels	46
Level Four: Facilitate planning	51
Step 9. Risk reduction planning	51
Step 10. Contingency planning	55
Step 11. Reflect and provide feedback on the EVCA process	58
Step 12. Report and share	60
Level Five: Accompany community implementation and learning	62
Step 13. Accompany implementation	62
Step 14. Support monitoring, evaluation and learning	65

# Introduction

We continue to witness a steady increase in the number of disasters. Many factors contribute to this trend: a growing population, an increased number of people living in hazard-prone areas, environmental degradation, unsustainable development patterns that often lead to higher levels of vulnerability, as well as rapid and unplanned urbanization, amongst others. These trends are set to continue and will be compounded by the impact of climate change. **Assessing vulnerability and capacity in at-risk communities is critical to determine how to most effectively reduce disaster risk and foster community resilience.**

The “Vulnerability and Capacity Assessment” is a long-standing approach of the Red Cross Red Crescent (RCRC) better known by its acronym “VCA”.<sup>1</sup> It is a participatory process developed for communities to become more resilient through the assessment and analysis of the risks they are facing and the identification of solutions to address these. It enables communities, with the support of the RCRC when needed, to explore where these risks come from, which members of the community will be the worst affected, what is available at all levels to reduce the risks, and what initiatives can be undertaken to strengthen the capacity of people at risk and reduce the risks they face.

EVCA stands for enhanced VCA. It is an improved version of the VCA made possible thanks to the support of a number of National Societies, Reference Centres and IFRC.

## Why do an EVCA?

Assessments are a vital element of the programme planning process. It provides the information on which decisions should be made. Whilst good information does not guarantee a good programme, poor information almost certainly guarantees a bad one.

Twenty years of experience using the VCA have shown it to be a methodology that is highly-valued by National Societies, not only for risk assessment but also as a process that, when done well, has the power to promote inclusive participation, community leadership and empowerment of vulnerable people. Local perspectives and priorities are critical for the success of any risk reduction plan resulting from the EVCA. **Communities need to ‘own’ these plans and the analysis that led to them in order to put efforts into implementing them.**

Four reasons to conduct an EVCA:

1. For communities to better understand the nature and extent of existing, changing and emerging risks they are and will be facing.
2. For communities to identify relevant and practical actions to reduce their risks and strengthen their resilience based on their priorities.
3. To raise awareness and mobilise resources within the community and externally so that the community can implement its risk reduction action plan.

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<sup>1</sup> The EVCA’s origins are in participatory rural appraisal methodologies (recently renamed Participatory Learning for Action). Within the RCRC, most participatory assessment tools (CBHFA, PASSA, HES) use similar processes. See section below on ‘RCRC community assessment choices’ for further explanation on which assessment process to choose.

4. For National Societies to support communities to reduce their prioritized risks, including by influencing policies, laws and development investments which can benefit those communities.

## What is the EVCA?

### 1. A participatory and empowering process

The EVCA is not merely a process for data collection, analysis and action planning. It is also a process of learning and empowerment whereby target communities are supported to be in the driver's seat when it comes to their risk understanding, risk reduction and resilience building endeavours.

Inclusive participation of the community is fundamental for the process to be truly empowering and have a sustainable impact. A community is not a homogeneous entity. You must apply a gender and diversity approach to ensure you engage with and understand the needs, capacities and priorities of women, men, boys and girls, as well as people with disabilities and individuals from diverse social, cultural, economic and religious groups that make up the community, including migrant groups.<sup>2</sup> In some cases, such as in urban areas, a 'community' might be harder to define and bring together, which therefore requires an extra step of identifying the different 'communities' in the urban area.

### 2. A process focused on understanding risks and identifying risk reduction and adaptation actions

A specific hazard does not affect all individuals, households, communities and infrastructure to the same degree and in the same way. While some could be seriously affected, others might not be affected at all. Even though the magnitude of the hazard might be the same, the impact can be different depending on exposure, vulnerability and coping and adaptation capacities.

In other words, the risk of a disaster is directly proportional to the magnitude of the hazard, level of vulnerability and exposure, and is inversely proportional to the capacity to withstand the shocks and stresses of the hazard. Hazard, exposure, vulnerability and capacity are often called risk determinants or risk factors. See the risk formula below:

$$\text{Risk} = \frac{\text{Hazard} \times \text{Exposure} \times \text{Vulnerability}}{\text{Capacity}}$$

[Read more about the different determinants of disaster risk >](#)

The EVCA helps communities to understand current and emerging risk factors, their underlying causes and actions that could help to reduce their impacts.

### 3. A multi-sectoral process

Most hazards affect more than one sector. Floods can affect people's livelihoods, contaminate water sources and lead to illness, destroy homes and schools, and cut road networks. At the same time, risk blind development and imbalances of power create vulnerabilities. For example, a school that is built in an earthquake-prone area without using earthquake-resistant construction techniques puts children at risk. Violence and conflict can disrupt government services and lead to destruction of natural resources that the community depends on. Conflict affects livelihoods, health, shelter, education, road, communication, etc. For this reason, we need to mainstream risk sensitivity in all sectors and we also need to consider all sectors while doing a risk assessment and risk reduction planning to make the risk reduction effort successful and sustainable. That is why the EVCA is developed to suit all types of threats to safety and well-being, and is also designed to understand the

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<sup>2</sup> Gender and diversity sensitive VCA, 2017.

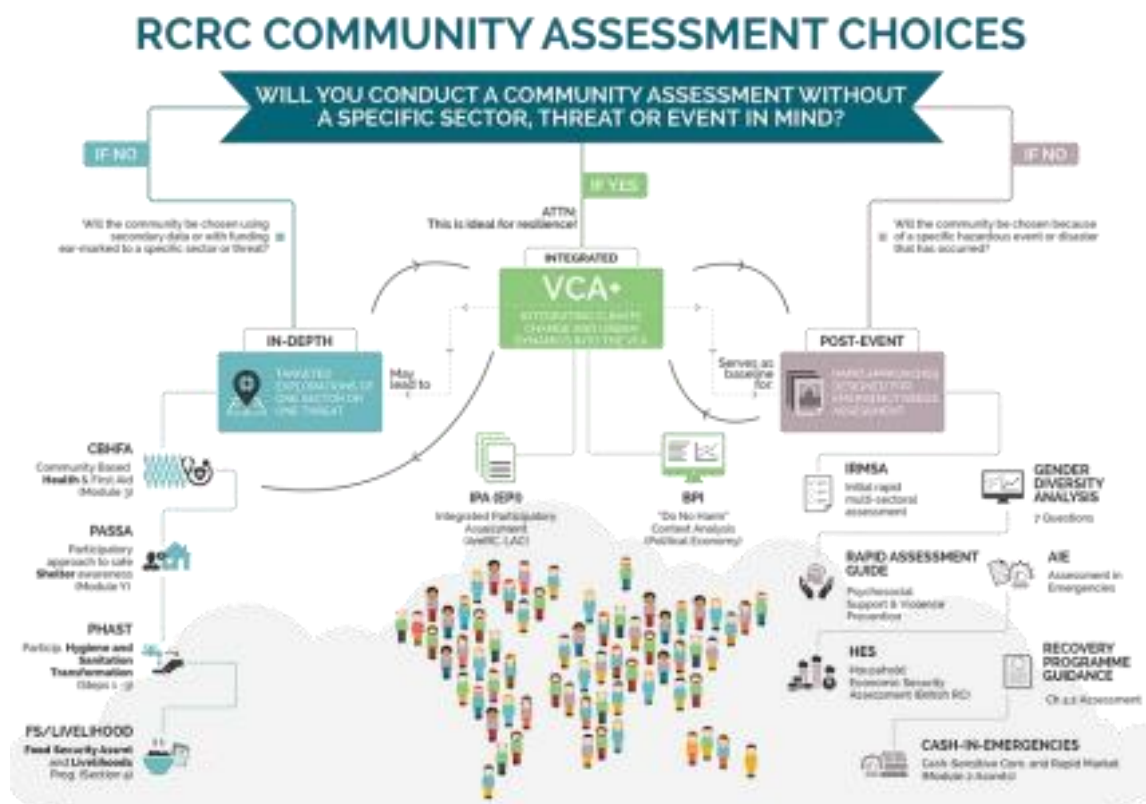
overall risk landscape in the community regardless of the sector. For these reasons, it is strongly suggested that EVCA be facilitated by a multidisciplinary team.

**4. A multi-stakeholder process**

The EVCA should be a multi-stakeholder process involving other key stakeholders such as local government, relevant ministries, meteorological offices, NGOs, the private sector and academic institutions. Your National Society should accompany the community and help it connect with stakeholders that can support the community’s assessment process and implementation of action plans. The more stakeholders you engage, the more successful your risk reduction efforts will be. However, it requires patience and careful planning as working with many stakeholders can be complicated. It is important to think creatively of how and whom to engage with and to do this from the start of the process. (See also Roadmap to Community Resilience Milestone 3: Connect the community to stakeholders).

**5. An entry point to all RCRC community work**

The EVCA should be the entry point to all initial RCRC community work because it provides the overall risk landscape of the community. However, the EVCA can often reveal issues that are sector-specific and about which you do not have enough information. To explore these sectoral issues, the RCRC has sectoral assessment approaches that will provide more in-depth information. The picture below explains how the EVCA relates to the different RCRC sectoral community assessment approaches.



**What is new about the EVCA?**

The EVCA is the result of an extensive review of the VCA guidance and toolkit and its application within

the RCRC conducted in 2015.

[More about the history of VCA and the enhancement process](#)

The EVCA brings together all the previously published VCA guidelines and toolbox into one easy-to access place.

It has been aligned with the Roadmap to Community Resilience and has been adapted to better analyse the different characteristics of resilient communities. The ambition is to over time include the EVCA as an integral part of a revised/enhanced version of the Roadmap to Community Resilience, with the EVCA focusing mainly on the assessment and planning process/steps (from Stage 2 (related to understanding community risk and resilience) through to Stage 3 (related to taking action for resilience and developing a community resilience plan of action)).

The EVCA now includes epidemic risks and climate change considerations as well as gender and diversity considerations. It will also provide a platform for future guidance on how to conduct EVCA's in an urban or conflict context and the utilisation of digital tools [under development]. You will find the following icons to indicate where we have incorporated climate change and gender and diversity guidance as well as new changes in the process:

Climate change



Gender & diversity



New



Furthermore, efforts have been made to improve the assessment process, including by improving the sequencing of the assessment steps and introducing a clearer focus on the different elements of risk (hazard, exposure, vulnerability and capacity). This has helped simplify and strengthen the analysis process. The guidance has also expanded on how to ensure that the EVCA is used as part of an overall process to empower communities.

The following are the key differences between the EVCA and VCA:

	VCA	EVCA
<b>Pr oc es s</b>	The VCA was perceived as a once-off product, not a process for community leadership in risk reduction.	The EVCA includes concise guidance on how to promote community leadership during preparation, analysis, reporting, implementation and follow-up.
<b>Da ta col lec tio n</b>	The VCA started with the immediate use of VCA tools to collect data.	The EVCA indicates which tools to use for different elements of risk. This process makes data collection more focused.
<b>To ols</b>	Some of the tools over time required revision.	The tools in the toolbox have been updated to integrate gender and diversity, epidemic risks, climate change and resilience considerations. Furthermore, digital collection tools are under development.

<b>Analysis</b>	The traditional VCA often led to analysis of the data once all the data was collected using the selected tools. This approach meant that, at times, too much data was collected, making the analysis more difficult.	Data collection and analysis are to be done for each element of risk (hazard, exposure, vulnerability and capacity) separately and the results then later combined during the synthesis. This approach makes the analysis less complicated, more manageable and allows the community to participate in the analysis.
<b>Resilience</b>	The VCA was perceived to be a DRR focused tool.	The EVCA incorporates a more holistic lens through the addition of the resilience characteristics/dimensions.
<b>Links</b>	The VCA was not clearly aligned with other sectoral assessment tools.	The EVCA aligns with other sectoral assessment tools (e.g. CBHFA, PASSA).



### **EVCA and resilience**

Resilience has become a top priority for the RCRC and many humanitarian organisations. Community resilience is the ability of communities (and their members) to anticipate, prepare for, reduce the impact of, cope with and recover from the effects of shocks and stresses without compromising their long-term prospects.<sup>3</sup>

The IFRC believes that strengthening community resilience entails (1) assisting communities to adopt risk informed, holistic approaches to address their underlying vulnerabilities; (2) a demand-driven, people-centred approach; and (3) being (and remaining) connected to communities.

The EVCA is a useful tool for resilience work because it serves as an entry point to the community and provides a holistic risk landscape of the community. The EVCA has been adapted to better analyse the different characteristics of resilient communities (see diagram).

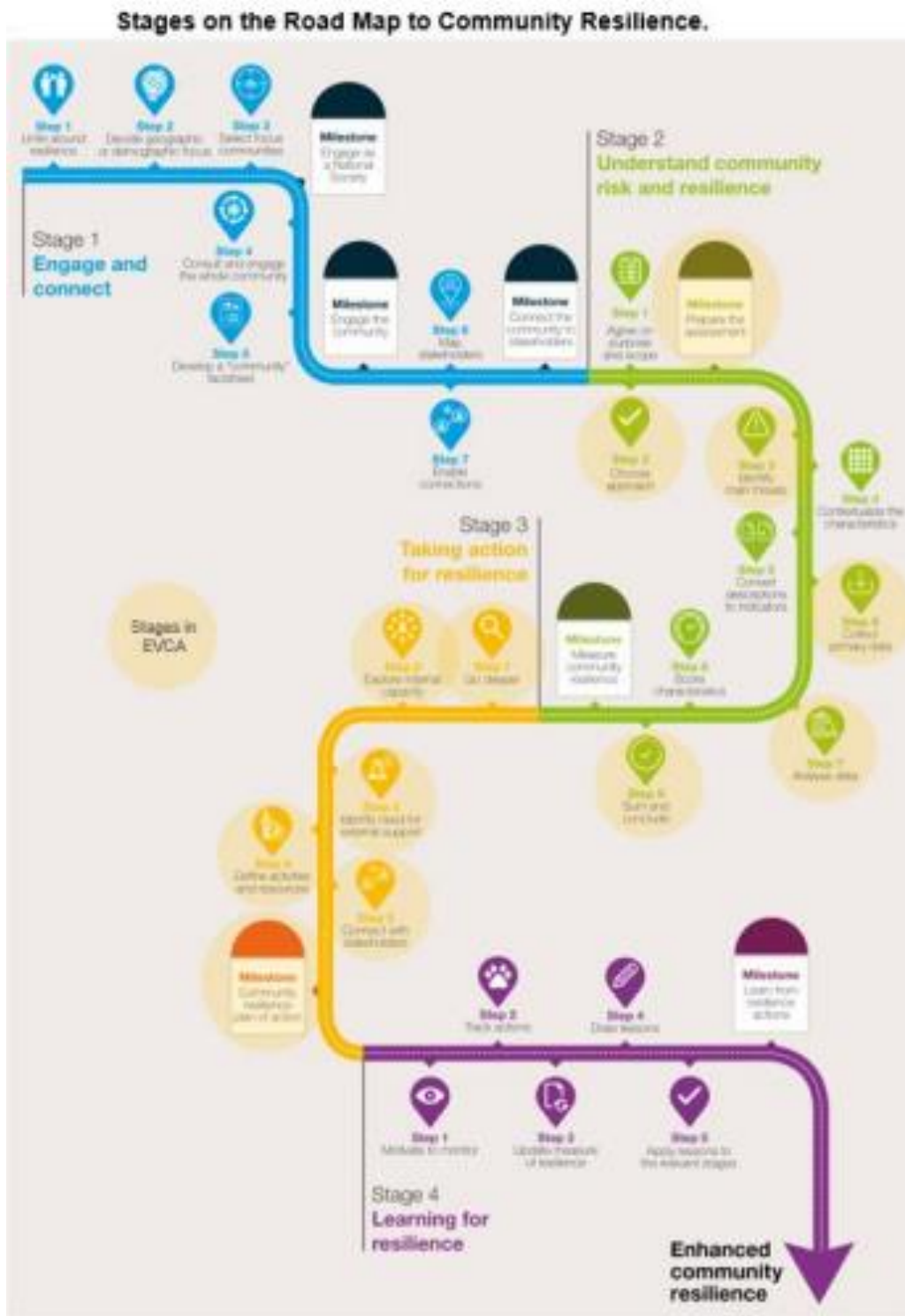
#### **How does the EVCA link to the IFRC’s Roadmap to Community Resilience?**

The EVCA focuses mainly on the assessment and planning process and therefore aligns with Stage 2 and Stage 3 of the Roadmap to Community Resilience (see highlighted portions in diagram below).

### **A resilient community...**



<sup>3</sup> IFRC. Framework for Community Resilience, 2014.



As you can see, the Roadmap to Community Resilience includes a broader process of community engagement and follow-up including some steps to set indicators with the community to monitor and evaluate progress in resilience-strengthening. If you are using the EVCA for the Roadmap to Community Resilience process, make sure to add these extra steps to EVCA:

- Step 4: Contextualise the characteristics
- Step 5: Convert descriptions to indicators
- Step 8: Score the characteristics





## **EVCA and climate change**

According to climate scientists, weather extremes that already affect communities are likely to occur more often and be more severe in the coming decades. Weather-related disasters doubled in the past 20 years alone. These disasters disrupt community health, livelihoods and education, and damage infrastructure such as roads and homes. In addition to these effects, more gradual changes to temperature, sea level, rainfall and seasons over time can affect agriculture and water availability and quality, etc.

**Now communities need to not only take action based on their past experiences, but also plan for a more severe and uncertain future.**

Climate change may already be familiar to communities. Communities in many parts of the world are already noticing changes to climate and weather patterns or ‘funny weather’ relating to temperature and rainfall (particularly people who depend on climate-related sources of income such as agriculture). In many cases, the observed new weather patterns are challenging traditional knowledge. Talking to communities about these changes provides people with an opportunity to come up with new strategies to deal with them, and incorporate these ideas into their risk reduction plans developed through the EVCA process.

Two points to be mindful of:<sup>4</sup>

1. All good community-based risk reduction action plans that are addressing weather-related hazards are already to some extent contributing to climate change adaptation by building better preparedness and resilience against the negative impacts of extreme weather events. Communities shouldn't always only focus on the negative aspects of this weather variability and changes, but also take advantage of them if they have positive impacts. However, one of the steps needed to make community-based programmes more 'climate-smart' is to adjust the EVCA approach slightly so we use the insights on changing risk patterns from communities, as well as climate information available to us, to help prepare community risk reduction plans that are geared to a changing and more uncertain future.
2. The EVCA should not be turned into a 'climate-EVCA' by focusing only on exposure to climate change and ignoring other factors that influence community risk.

For a summary of the science of climate change, please refer to the RCRC Climate Guide chapter “[Climate change: the basics](#)”. .. To know more about the RCRC approach to climate change, see the

[Framework for Climate Action.](#)

## **EVCA in urban contexts**



The methodology of the EVCA is flexible enough to be relevant and applicable in every community whether it is in a rural, semi urban or urban setting. The main challenge in urban settings is how to identify which community is the most vulnerable and how to develop scalable solutions to the priority problems. Therefore, the EVCA should be preceded by a process to help the National Society narrow down the assessment from city level to community level.

Many of the major cities face seismic risk, recurring floods, fires, deadly heat waves and a growing number of displaced populations. The risks and vulnerabilities that communities face in cities and towns cannot be fully mapped or understood without a city-scale perspective. In urban environments, local problems are often caused by non-local phenomena and solutions must be sought outside the

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<sup>4</sup> How can climate change be considered in the VCA? 2012.

community, at local, city, national or sometimes even international scales. This has implications for the number and types of people, organizations, departments and agencies that may need to be or are already involved.

Mapping the essential urban systems (health, energy, water, waste collection, etc.) and analysing how these systems and the built environment would impact the needs of populations in the event of a disaster or crisis is critical for community resilience. Similarly, the community action plans will not have the desired impact unless they are linked to city-level key stakeholders, most prominently the local governments and city emergency management authorities.

New tools providing guidance on how to conduct [city-wide risk assessments](#) and [urban profiling](#) are helpful for National Societies planning to do EVCAs in urban contexts. The [coalition building](#) toolkit provides much needed guidance for National Societies to get better at working with a wider set of partners in urban areas.



### **EVCA and Epidemics**

The early 21st century has witnessed a recent pandemic of COVID 19 originating from a specific geographical region and transmitting across the world causing an immense global crisis. Other epidemics like Ebola, Zika, etc. have spread across multiple countries reaching large regional scale and causing heavy damages.

Climate change, urbanization, habitat destruction, water scarcity, and trade of wild animals and their meat, animals' health and unsustainable food systems are among those responsible factors for disease outbreaks. However, diseases do not need to transmit in large global or regional scale to be damaging. Communities across the world co-exist with endemic diseases like cholera or malaria with strong potential to cause outbreaks resulting in death, disability and suffering, especially among vulnerable population. The last decade has shown that it is urgent to work with communities around the world to better understand this type of risk, prevent future epidemic events but also be able to respond when they arise.

EVCA offers a good opportunity for NSs to mainstream epidemic risks analysis when doing general community risk assessment and risk reduction planning to make the risk reduction effort successful and sustainable. Epidemic risk analysis requires specific knowledge and skills to make a good sense of health data collected. National Societies wishing to support communities in this area need to actively invest in technical health capacity of their staff and training of volunteers. Different approaches and tools are available in the RCRC Movement to support this investment like the [IFRC Epidemic Control Toolkit](#). It is important as well to link up to external health stakeholders mainly the Ministry of Health (at all administration levels, from the health clinic to the health official in a provincial office) and key community members such as community health workers (CHW), midwives, local pharmacist and traditional healers.

## Things to consider before deciding to conduct an EVCA

Bear in mind that conducting an EVCA requires **commitment** and **investment** from your National Society and the community and therefore deserves careful consideration before making any decisions. It may require a change in mindset, roles and approach of your organisation. Use the following questions to help you determine whether your National Society is ready to engage in EVCA's:

- Is community-level work reflected in your National Society development plans, policies and structure? If not, is your National Society prepared to make the necessary changes so that this becomes part of what you do?
- Is your National Society willing to commit to working in a participatory manner with communities over the medium to long term?
- Is your National Society ready and committed to enable and accompany communities to take a lead role in risk assessment, planning, implementation and evaluation?
- Does your National Society have the resources and skills to undertake an EVCA and do the required follow-up?
- Are the national headquarters and participating branches willing to make the necessary investments in training staff and volunteers in community work?
- Is your National Society prepared to work in a multi-sectoral manner so that different technical and programme departments can respond to community needs that arise?
- Does your National Society have established working relationships at the different geographic/administrative levels and in the respective technical fields to enable the right connections for the community?

If the answer to any of these *questions* is 'no', try to address them or reconsider whether to go ahead with the EVCA.

# Level One: Internal preparation

This level outlines the first steps a National Society should undertake to prepare itself to do EVCA. It will help you understand the different roles of the National Society, community and other stakeholders in the EVCA and guide you through the sensitisation process. Then it will guide you through the steps of creating the national EVCA team.

## Step 1. Get prepared within your National Society

### 1.1 Understand the roles of different stakeholders in the EVCA

**The EVCA should not be a stand-alone process carried out solely by the National Society.** Inclusive participation of the community is fundamental for the process to be truly empowering and have a sustainable impact, while engaging a range of other stakeholders can help ensure the community's action plan is implemented.

It is crucial for stakeholders in an EVCA to understand each other's roles. These roles can, of course, evolve during the EVCA process based on interest and capacity.

#### National Society

**The National Society's role is above all as a facilitator of community participation and empowerment.**

This facilitation role includes the following:

- **Facilitate and encourage community members to speak, listen and analyse the data they generate.**
- Ensure that the most vulnerable people in the **communities are well represented** in the process.
- **Facilitate access to resources** (financial, material, human) to enable the community to implement their action plan.
- **Strengthen the relationship between the community and local government officials** using its auxiliary role. This fosters communication and accountability, and thereby helps the community to access services to which it is entitled.
- **Bring other stakeholders together to connect the community** with a network of potential sources of support for the EVCA and any actions that result from it.

A National Society must be prepared and **committed to support communities for several years** until they are in a position to find their own long-term solutions.

In the traditional VCA practice, the National Society has been very prominent in leading the process and providing resources. As we move towards the resilience approach reflected in the Roadmap to Community Resilience, the role of the National Society will become less prominent to ensure that the communities assume a central role.

The ultimate goal is that communities own, lead and proudly benefit from the entire process of risk reduction and resilience building with limited support from external organisations. [Read more on the key services in the Roadmap to Community Resilience.](#)

## Community

**The community's role is as the driver of the EVCA process.**

The EVCA should **not be a National Society or donor-driven data collection** exercise in which the **community members only play a minor** or passive role. Hence the EVCA is different to a baseline survey which aims to collect data to measure the success of a project. Instead, the **EVCA is a learning process and the first step towards encouraging risk reduction actions. The role of the community should grow throughout the EVCA process**; while its starting point will depend on the existing leadership capacities within the community, everyone in your National Society should be committed to the ultimate goal of the community making and implementing its own risk reduction plan. The community's role should be to:

- Identify and analyse their risks, with support of the National Society and other stakeholders. - Develop a risk reduction plan based on their priorities.
- Mobilise local resources (human, material and financial) to implement their plan.
- Execute their plan (which could include demanding the services they are entitled to from the government and other relevant actors).
- Monitor and evaluate their progress towards risk reduction and generate lessons to improve future actions.



**Within the community**, it is important that leaders involve people from all social and economic groups and in particular the most vulnerable ones. If the EVCA is not inclusive, it risks reinforcing unfair power structures and deepening the vulnerability and marginalisation of some groups, such as women, older people, people living with disabilities, ethnic and religious minorities and others.

## Other stakeholders

**The role of other stakeholders in the EVCA is as contributor and/or enabler.**

Stakeholders such as local government, relevant ministries, meteorological offices, NGOs, the private sector and academic institutions must be brought into the process from the beginning. The **role of the different stakeholders will depend on their competencies and interests** and should always put the communities' interests first.

Here are some of the roles that different stakeholders could have in the EVCA:

- **Government** (local government, municipality): provide technical support, make resources available and create an enabling environment for effective risk reduction and climate change adaptation interventions.
- **Meteorological office**: provide an overview of weather and climatic information in the past, present and future as well as scientific early warning information and relevant early action recommendations.<sup>5</sup>
- **Community-Based Organisations (CBOs)**: support the community to take forward the risk reduction plan. **Non-Governmental Organisations (NGOs)**: support the community to implement part of their action plan by providing resources and technical support, and help share experiences and lessons.
- **Academic institutions**: contribute innovative ideas and new thinking into the community and generate and share lessons. These could be used as evidence for advocating and lobbying around specific issues.

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<sup>5</sup> How can climate change be considered in VCA? 2012.

- **Research organisations:** conduct research on the effectiveness of the risk reduction and adaptation measures and generate objective evidence on the challenges and underlying causes of people's vulnerabilities.
- **Media:** awareness raising/sensitisation and broadcasting communities' challenges – give the community a voice.
- **Private sector:** local businesses or national businesses can support communities through funding, provision of inputs, technical support etc.
- **Health facilities** (hospital, health center, health post, etc.) and health staff (nurse, doctor, environmental officer, midwife, etc.) who help the community to assess health and epidemic risk by providing health data and have a role public health prevention and epidemic response.

## **1.2. Ensure commitment by your National Society**

Over the last decade, the VCA has become quite well known in many National Societies. This does not necessarily mean that everyone in the National Society fully understands what is involved in carrying out a VCA, nor the extent of the obligations and responsibilities which will fall to branches and communities.

Doing EVCA requires a strong commitment by the National Society to support communities. Therefore, it is very important that those who are proposing the exercise ensure all relevant people within the National Society are committed to engage in and support the process - including board members, management, technical staff from different teams and volunteers.

To start the sensitisation process, ask yourself the following questions:

- Who should be sensitised?
- What do you want them to know?
- Who can help to sensitise the different groups?
- When is the best time to talk with people and/or make presentations? You may want to organise a presentation during regular activities/meetings of the board.

Keep in mind these tips:

- Sensitising the leadership of the National Society is of particular importance so that they understand the commitment that is necessary from a National Society when approaching community work. Connect the different steps of the EVCA with the Roadmap to Community Resilience and the strategic plan of the National Society whenever possible.
- **Let the EVCA sell itself.** Remember that the EVCA is a powerful process if what you aim to do is empower communities to reduce their risks and strengthen their resilience.
- **Practice** giving the sensitization presentation. Think about the questions that people might ask you and make sure you can answer them.
- Disseminate information about the EVCA directly to the branch volunteers.

You may wish to identify people in your National Society who would be interested in the EVCA and ask them to help spread the word about the utility of the process.

- Be creative in the way you do sensitization!

Before going any further, it is important that your **National Society's senior management** is aware of the commitment it involves and approves the EVCA. This ensures political support to move ahead with the process.

### **1.3 Create the national EVCA team**

If the National Society already has a VCA team, you may need to reactivate the team and update them about the new developments within the EVCA process and Roadmap to Community Resilience.

Your EVCA team will consist originally of people from your National Society headquarters and other interested stakeholders at the national level. Once the regions and communities where the EVCA will be done are selected (see Step 2.1), the EVCA team will expand to incorporate the facilitating team at the sub-national level. The facilitating team will include staff and volunteers from the branches, community members and other interested local stakeholders.

Tips for creating the national EVCA team:

- To ensure that the EVCA process is multi-sectoral and that there is institution-wide support for the proposed actions by the communities, the national EVCA team should include a **representative from each technical department** in the National Society (such as health, DRM, livelihoods, shelter, etc.).
- There must be a **leader** or leaders in charge, who ensure that the process advances. The leader (or at least one of the leaders) should have received formal training on the EVCA methodology.
- Experience has also shown that an **EVCA mentor** (i.e. someone who has carried out several VCAs for other National Societies) is an asset within the national EVCA team, although this is not mandatory. This person can help the National Society make plans, share lessons learned, and anticipate and resolve the challenges that will arise over the course of the EVCA process.
- Gender and inclusion elements are also very important to keep in mind. There should be a good **balance of gender and diversity in the team**. It is also important that there are team members with **skills or experience in gender- and diversity-sensitive** programmes.
- It is important to **invite national-level external stakeholders and government** to be part of the national EVCA team. This will ensure better dissemination of the results, increase the chances of obtaining funding for projects and secure multi-sectoral and multi-institutional acceptance and replication of the EVCA process.



**Key message: Engaging the different stakeholders from the start is very important. The better you do this, the better the results and potential support for the risk reduction action plans will be. The more people within a National Society are involved with the EVCA process, the less chance of surprises and the better chance of success.**

Tasks for creating a national EVCA team:

- Draw up terms of reference to clarify the roles and responsibilities (division of tasks) of all those involved, including for the following roles: team leader, facilitators, note takers, logistics.
- Obtain a clear commitment from those involved; this could be done in writing if everyone agrees.
- Outline what is needed for the team to function (time, resources, communication channels, etc.).
- Identify potential problems that could occur and possible solutions to them (e.g. relations between different levels).

Once you have assembled the national EVCA team, you may need to refresh their knowledge on the EVCA, depending on the team's experience. Kindly note that a proper training is planned later in the preparation stage for the local EVCA team (Step 2.5).

Now that you have engaged and sensitised stakeholders and created a national EVCA team, it is time to define where to do the EVCA and start preparing for the assessment.



# Level Two: Prepare for the assessment

This level outlines the necessary steps to define where to do the EVCA and then prepare and coordinate with the community to carry it out.

The preparation phase is a crucial one. How well you prepare will directly impact on the chances of success of the process and its outputs. Effectively engaging the community and other stakeholders and preparing the team and resources will take time. It is key that the time is taken to do these steps properly.

The activities to be carried out during this preparation phase are mainly the responsibility of the staff of the National Society that forms the national EVCA team. This includes making necessary decisions and completing activities that need to be done before the actual assessment with the community begins. Having everything in place will help minimise potential problems and unnecessary delays. Preparation takes time and requires considerable energy on the part of the EVCA leaders and staff.

## Step 2. Decide where to do the EVCA

Your National Society should analyse a range of factors that will enable it to decide where best to focus its attention and resources. Secondary data (what is already known or written) is the place to start. The secondary data you compile in this step will also be useful later when you prepare for the assessment.

The following sub steps are a short version of a community selection process. However, if you have the time, we encourage you to go through the more thorough process of community selection outlined in the [Strategic Targeting Methodology](#).

### 2.1 Select the sub-national target area

Start by collecting information about **risks and hazards** at the sub-national level (e.g. Which parts of the country are most affected by hazards? Which hazards affect which parts of the country?). Make sure that you are not only collecting data on past or current risks but are also considering risks that may change over time. If you are in contact with the national meteorological offices or environmental departments, you might be able to use their information about historical changes (e.g. rainfall patterns) and projected climate for the coming decades (eg. increasing drought for a given country).<sup>6</sup>

Collecting health data at sub-national level can be overwhelming as usually they come in the form of highly technical indicators. Discuss with health staff in the National Society and the stakeholders in the health sector like the Ministry of Health (MOH) officials. They can guide on the use of standard health indicators to identify epidemic-prone areas at sub-national level and collecting the information from the correct sources (e.g. national databases or global health data portals). Important here is the link to climate change and other factors that might enable new epidemic risks that are not yet reflected in secondary data. For example, the Ugandan MOH issued reports in 2019 of several outbreaks of malaria occurring in districts where there was increased mosquito breeding sites near communities and cessation of indoor residual spraying. This information would be of special relevance when selecting targeting areas for the assessment<sup>7</sup> so the malaria affected districts are included in the eVCA process.

Although projections for the future are not available at a local and community scale (downscaled



<sup>6</sup> How can climate change be considered in VCA? 2012, p3.

<sup>7</sup> Example was given due to the complexity of the topic

models don't agree with each other) and therefore can't be used to guide site selection<sup>8</sup>, you can use this information at this stage to look at trends at the national and sub-national level.

The following are some links to secondary sources that document and show risk indices that can help to identify high priority risk regions within your country:

- INFORM ([Index for Risk Management](#)) Sub-national models
- [510 Community Risk Dashboard](#)
- [UNISDR Country profiles](#)
- [GFDRR think hazard](#)
- [World Bank Climate Change Adaptation Profiles](#)
- [Country profiles \(who.int\)](#)

Once you have selected the priority sub-national areas on the basis of risks and hazards, it is useful to also consider the following information in choosing your focus areas:

- Does the RCRC have **access** to these sub-national areas?
- **Who else is active there** (currently or recently), what sectors do they cover and what are the opportunities for collaboration or risks of duplicating their work?
- **In which other areas is the National Society working** – say in health programming or in schools? It may be more effective to add to these programmes rather than starting in completely new communities.



## **2.2 Select target communities**

Once you have narrowed the scope to the sub-national level, the next step is to select the target communities where to undertake the EVCA. It is important that this be based on clear criteria adapted to the context and that there be transparent communication around why you pick some communities and not others.

In an urban setting, identifying the community level can be challenging. In such contexts, it is recommended that National Societies/branches start first by [building local coalitions](#) and [identifying the most at-risk communities](#) in the city. The section on “Resilience For Whom” of the toolkit is designed to guide National Societies on how to identify vulnerable communities within the city from a systems analysis perspective.

Taking into account an epidemic risk perspective when selecting target communities for EVCA can be difficult as this may require interpretation of highly technical health data and at-risk areas might be larger in scale. Seek advice from the health trained staff in the National Society. Discuss with the MOH (central level or provincial level), the National Health Cluster or agencies like UNICEF and WHO may have already conducted a mapping of risk areas for specific diseases likely to cause epidemics. Ask for their support to identify target districts and cluster communities from an epidemic risk perspective. For example, in Zimbabwe the MOH conducted a cholera hot spot mapping in 2020 with projections for 5 years. Communities highlighted in that map can be relevant spots to be selected for the assessment.

**1. Discuss with the branch** of your National Society in the selected region(s). The discussion must assess if the branch is interested, committed and has the capacities to deliver on their role in the implementation of EVCA and community resilience. These are a few questions that can guide the discussion:

- Is the branch experienced in working with communities? Can the EVCA be linked to other

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<sup>8</sup> Ibid.

RCRC activities?

- Does the branch have other “entry points” into communities through other programmes?
- Does the branch have the political will to carry out the EVCA?
- What is the branch’s capacity? Does it have enough volunteers?

Once the branch has agreed and committed to implementing the EVCA, the national EVCA team, which now must include branch staff and other interested local stakeholders, can proceed to identify specific communities. Branches know their region best and are fully aware of local risks, vulnerabilities and capacities.

## 2. Identify and list the distinct communities that live in the selected area

The IFRC defines a community as a group of people who often live in a defined geographical area, share a common culture, values and norms, and share the same resources. Communities are also exposed to the same threats and risks. It is important to note that a community is a group of people who may or may not live within the same area, village or neighbourhood, and that individuals may belong to more than one community.

**Tip: Depending on the context in which you are working, communities can be very different.**

## 3. Prioritise the list of communities where you will undertake the EVCA

You will likely not be able to undertake the EVCA in all disaster-prone communities in the selected region(s). Based on the time and resources available, consider how many communities you will be able to target using the following criteria and tips:

- **Level of risk:** Which communities are particularly vulnerable? The principle of impartiality instructs us to be guided solely by needs and prioritize the most urgent cases. This information could be obtained through your previous sub-national risk analysis and maps. If details are not available at this level, discuss with the branch and key local stakeholders who would have local knowledge of past disaster events and risk. It is important to consider not only past and present disaster risk and vulnerabilities but also changing and emerging ones (due to climate change, land-use changes, population changes or other trends). If information is not clear or you have a very long list of potential high-risk communities, you might consider conducting a community selection process with the branch by conducting quick visits to each of the potential communities with a checklist to consult local leaders and verify information.
- **Clusters:** Are there several communities with similar risks because they share the same ecosystems, such as a coastal area or river basin? Working with groups of communities in so-called ‘clusters’ can avoid ‘neighbour jealousy’ and have benefits of scaling up and linking communities for joint action and involvement with local authorities.
- **Complementarity:** Are other organisations working in community or nearby? Could you work in partnership with them? Working with others is key to success.
- **Sample:** If the number of communities with whom you can work is limited, could you pick a community or group that can represent the issues of other communities? Will this “sample” help you to extend programmes over a wider geographical area?
- **Entry point or building block:** On the one hand, an EVCA can be a great entry point for the RCRC branch to reach out and engage with new communities. However, take into consideration that extra time might be needed to build trust. Another consideration might be to prioritise communities where sectoral programs have already taken place, on the



basis of which a holistic community resilience approach could now build on. Fostering resilience might be easier when the community already knows and trusts us.

- **Access** might also be an issue although often the most remote communities are especially vulnerable.
- **Interest:** It is crucial for community members to want to invest their own time and efforts to improve their situation. Resilience is not a quick fix, nor can it be 'done by the RCRC'. See the next section for guidance on how to confirm commitment from the community.

#### 4. Talk to the prioritised communities to ensure their commitment

It is vital that you take time to explain to communities, in a way that they understand, what they will commit to, why the EVCA is being proposed, what is the purpose and what are the expected results. This process requires time and should not be rushed. **Branches and communities should feel that they own the process.** After all, communities will carry out most of the work, with the support of branch members. The selection of a community in which to do the EVCA is a critical step in the success of the EVCA process. Risk and vulnerability are prerequisites, but **factors such as interest, willingness to actively participate, and an enabling environment are as important.** Take care not to raise expectations about material or financial support.

**Key message: It is important to slow down the EVCA process until the communities fully understand it and show commitment for the entire process and outputs.**

You can follow these steps to gauge the community's interest:

- Step 1. **Identify the community leaders/local authorities** and explain to them the purpose of your visit, what the EVCA is for, what it involves and why you propose to conduct an EVCA. **Suggest calling a community meeting** or other event to inform the whole community, and make the invitation widely known through posters, radio, word of mouth, etc.
- Step 2. **Arrange the meeting** at a time and in a place that will be accessible to most people, and hold separate additional meetings for those who could not attend. In an urban setting, you may need to organize several meetings, and at different times of the day, for people who work shifts or outside of the community to be able to attend. **Make sure that every person** in the community irrespective of age, social status, gender and ethnicity has an **equal opportunity to participate.** This participation is crucial for risk reduction to be authentic and sustainable.
- Step 3. **Prepare an agenda and presentation** with key messages about the objectives and outputs of the EVCA and the overall goal of community resilience. Ensure that it is realistic and does not raise expectations about material or financial support. **Prepare objectives for the meeting,** to include: confirmation that the community is interested in the EVCA; a list of people who are representative of the different groups, who are willing to be involved; tentative timeline that considers community dynamics and commitments.



**Remember that it is up to community members to decide** whether to become involved with the EVCA process. If they decide they are not interested, or do not show a willingness to actively participate in the process, it may be better to consider another community.

Taking into account all these considerations, you should now have an agreed list of target communities that will be involved in the EVCA.

#### 5. Document the community selection process and share the decision and rationale

It is important to ensure transparent communication around why the Red Cross / Red Crescent has decided to target some communities and not others. Write up your community selection process and

share the final decision and the rationale with staff, volunteers, interested communities and other stakeholders.

### Step 3. Prepare for the EVCA

#### 3.1 Make a workplan and budget

The next step to prepare for the assessment with the community is to plan your actions and create a budget. This should be done by the national EVCA team and subsequently further refined and adapted once the members of the [local EVCA team have been selected and trained](#). The workplan should include the key actions, resources required (materials, equipment, vehicles, human), timeframe and responsible people. The plan should also consider when to do the EVCA. It is strongly advised to do it during a period of the year when the community is less busy and could effectively contribute. For farmers, for instance, the planting or harvesting season may be a difficult time to engage in the EVCA.

An EVCA does not need to be expensive - the resources most needed are the time, energy and commitment of communities, staff and volunteers.

**Good practice:** To the extent possible, it is preferable to already have identified a minimum level of resources that will be available to help implement the community action plan and micro projects before the process starts in order to avoid disappointment when the community action plan is ready. To ensure this, it is important to engage stakeholders (local, national or international) that could fund the projects from the start. See more on this in [section 3.3](#).

Your workplan and budget could be captured in the following format:

Key steps	Detailed activities	Resources required	Budget	Timeframe	Responsible person	Notes

#### 3.2 Discuss with community leaders

Even if you have already obtained the consent of the community leaders, it is important to go back and explain the next steps of the preparation and the assessment. Informing them of the next steps will also be an opportunity to invite them to be part of the team or to get involved in other ways.

**Tip! The more time you give the community to genuinely join the process, the better the results.**

#### 3.3 Engage other stakeholders at the sub-national and community-level



To increase the chances of a successful process, you should have some resources to fund micro projects. For this, it is important that you engage stakeholders that could fund or support the projects. You might have already engaged stakeholders at the national level in Level 1, but it is now time to continue this engagement and to engage sub-national and local stakeholders as well. Consider inviting key stakeholders to the training and engaging them in the EVCA process.

This is of crucial importance especially if your National Society does not have the necessary funding to support the micro-projects that the community will ultimately identify as important during the EVCA. Later on, you should help the community to produce a proposal that can be sent to potential donors. You must help stakeholders understand the importance of going into the community with an open mind,

not looking for a predefined threat or issue, or imposing a pre-packaged solution that comes from the outside. Community ownership is necessary for the EVCA to have a lasting impact. Luckily, many stakeholders and donors are increasingly on board with this and understand the need to build strong ownership from within.

The following steps and suggestions are proposed to guarantee proper stakeholder engagement:

- A. Map the different stakeholders at the sub-national and local level: think about who you can engage at this level, including from the below list. For this exercise, you can use the [venndiagram](#) social network analysis tool. Make sure to keep this stakeholder mapping as it will be useful again later (e.g. in step 7.2.1).
- Local, municipal or regional government
  - Local civil protection bodies, firefighters or police
  - Private sector businesses in the region
  - Civil society and religious organisations
  - NGOs working in the region
  - Academic institutions and schools
  - Clinics, local healers
  - Meteorological services
  - Media
  - Others

National Societies conducting EVCA may need to engage with external stakeholders for collecting information and also getting assistance to include an epidemic lens in some key steps of the assessment. Connect with key health stakeholders for example Government health and water officials from the nearest Ministry of Health (MOH) Office, Community Health Workers (CHW, or equivalent) integrated in community outreach systems, medical staff such as nurses and doctors in nearest health facility, local pharmacist, midwives and traditional healers from within the community. It is important to discuss animal health when discussing epidemics, so it can be relevant to contact Veterinary and Animal Health officials who often sit at the Ministry of Agriculture, Natural and/or Animal Resources.

- B. Think about how to engage the different stakeholders and what you want to achieve by engaging them. Different stakeholders may engage in different ways with the EVCA. Some stakeholders may want to get trained and participate in the whole process as part of the team. Others may be more interested in looking at the community action plans at the end of the process and offering technical or financial contributions. It is up to you and them to define the degree and type of the engagement. See some ideas in the roles section.
- C. Organise meetings and sensitise local stakeholders on the EVCA. Remember to be creative! The following questions that guided you in the earlier sensitisation process can be useful here:
- Who should be sensitised?
  - What do you want them to know?
  - Who can help to sensitise the different groups?
  - When is the best time to talk with people and/or make presentations? You may want to organise a presentation during regular activities/meetings of the board.

### **3.4 Select and train the local EVCA team**

It is now time for the national team to select and train the local EVCA team.

#### **Selection of team members**



The composition of your local EVCA team is important. Without the right team composition, you risk not allowing people to truly tell us about their needs, priorities and capacities. You need to consider practical ways to ensure that the team is gender-balanced and, as much as possible, representative of the diversity within the community. You will also need to decide on the team's size.

To create the team, start by identifying key champions and volunteers from inside the target community. The more they are involved, the greater the chance of community ownership of the EVCA results. Complement the community volunteers with National Society volunteers, staff members and other interested local stakeholders.

Not every team member needs to have all the skills, but the team should jointly cover most of them. Alternatively, you can also train the team on any missing skills.



Criteria to select your local EVCA team members can include:

- **Mix:** include a mix of staff members, volunteers and other stakeholders.
- **Community mobilisation and facilitation skills:** such skills are important to bring people together in an inclusive way and to manage the process to gain community agreement or consensus that is mindful of the views and needs of a diverse group of people. It also includes coordination skills to connect the community effectively to decision-makers and policy makers or other relevant actors.
- **Sectoral Skills:** have a multidisciplinary team so that members can bring their specific sectoral expertise to the EVCA process. This could be achieved by inviting staff or volunteers from sectoral programs or by inviting sectoral government workers to be part of the team.
- **Disaster risk management and climate change knowledge:** although the EVCA will cover the basic concepts of disaster risk management, it will be helpful to have at least some team members with previous experience so they can guide other members. It would also be important that at least some members like the team leader have basic knowledge of climate change and understand climate trends and projections for the country so that the team is prepared to discuss and consider changing risk patterns during the assessment.
- **Gender and diversity:** ensure as much as possible gender balance and diverse representation including people with different local language skills if applicable. This increases the quality of the assessments, captures the voice of men and women and creates ownership among all members of the community.
- **Health:** Apart from external stakeholders, the National Societies conducting EVCA may benefit from having some key health capacities embedded within the local EVCA teams that will facilitate participatory sessions with the community members. Find out whether National Society Branches covering targeting areas have rolled out the [Community Based Health & First Aid \(CBHFA\) approach](#) or they are managing health clinics for example. If their Branch staff members and community volunteers have been trained in CBHFA and Epidemic Control or even Community Based Surveillance (CBS), integrate at least 1-2 members in the assessment. This offers a strong opportunity for having additional members in the local EVCA team with health capacities who can be easily mobilized to help the community to properly identify health risks, and if applicable, support in identifying appropriate prevention, preparedness and / or response actions.
- **Links:** include a cross-section of volunteers who can connect with different community-based organizations or groups such as youth groups, women cooperatives or different interest groups (e.g. different livelihood groups).



- **Level of education/literacy:** decide on what level of education is most appropriate but be careful not to exclude people who could help in the process, even if they are illiterate or do not have high levels of education.
- **Analytical and Problem-solving:** analytical skills are necessary to be able to examine and present the findings as a basis for discussion and prioritisation. This analysis must be carried out both during and at the end of the assessment. Problem solving is the ability to think “out of the box”, take risks and find creative solutions to problems. It typically describes “glass half-full” individuals who are energised by challenges.
- **Technology skills:** if you plan to use digital data collection technology for parts of the EVCA, make a list of staff or community volunteers with these skills so that they can be empowered to help others become familiar and comfortable with using them.
- **Commitment:** members must be available and committed for the whole process, which includes training, practice sessions, the actual EVCA, data analysis and project planning. They need to show that they are dynamic and enthusiastic.

### **Train the facilitation team**

Once the team members have been selected, sufficient time must be allocated to train them on the EVCA. It is vital that the team members understand what the EVCA is, and why and how it should be done. Community work is very specialised and the staff and volunteers must be properly prepared if they are to make full use of the methods, tools and materials at their disposal. One of the key roles of the national EVCA team is to give this training to the facilitation/implementation team at the branch level. You should design and implement a training programme that will ensure that the trained staff and volunteers have the necessary knowledge and skills, feel comfortable with facilitating the different participatory EVCA tools and understand how to analyse the findings. Some tips on how to conduct the training are provided in the [VCA Training Guide](#). The guide refers to two distinct but complementary training methodologies: classroom training and ‘learning-by-doing’.

Experience has shown that **at least three full consecutive days are needed to train the team on the EVCA.**

Traditional classroom training can be done in three days, based on an average of eight hours of intensive sessions per day. It includes practice field work but this is not considered part of the EVCA assessment phase, which is expected to take place after the training.

On the other hand, ‘learning-by-doing’ recognises that communities may have limited time to offer or that community members cannot all be available at the same time and therefore integrates both training and implementation of an EVCA at the same time. A ‘learning-by-doing’ process can be undertaken over a period of six days. The sessions are flexible and can be organized to best suit individual community needs or capacities - whether over one intensive week or at regular intervals over a longer period of time. ‘Learning-by-doing’ is only possible when well-trained EVCA practitioners understand the methodology and are able to use the EVCA toolbox in a dynamic and creative way.



Tip! To ensure the team is knowledgeable about gender and diversity concerns, it is highly recommended that all team members complete the “Different Needs - Equal Opportunities” gender and diversity online training course before conducting EVCA. In situations where this is not possible, it is important to have at least one person in the team who has an in-depth knowledge of gender and diversity.

The [ABC of VCA](#) and [The Art and Science of VCA](#) videos could also be used in the introduction of the EVCA training.





### **3.5 Familiarise yourself with the context and compile secondary information**

Building upon what is already known is an important part of any assessment and should be done by **compiling and analysing existing relevant data from secondary sources**. In previous steps, you conducted a context analysis at the national and sub-national level, which means you already have collected some secondary information. Now, you need to build on that process with data at the community level, compiling information that specifically describes the community. The [secondary data review tool](#) of the EVCA toolbox will give you more details on how to do this. Each community has a unique context, and a good EVCA team will set out to identify precisely what it is and how it influences the community's vulnerabilities and capacities. Assessments may already have been undertaken in the community by the RCRC (e.g. CBHFA, PASSA, PHAST) or other organisations. It is important that you consider the information from these assessments; it will avoid collecting information that is already available and may save you time during the EVCA assessment phase. Your previous visits to the community will also have provided information about the context.

The EVCA team needs to get familiar with possible health hazards that will be encountered in the community where they will run the EVCA process. Discuss with health and water officials sitting in lower administration levels. They can provide additional information on the epidemic profile of the communities sitting in their catchment area as they often collect and report health information to MOH central office. Other stakeholders in the community like local pharmacists, Community Health Workers, midwife or traditional healers can provide health related information to develop the community factsheet.

Based on this information, you should **start to develop a simple 'community factsheet'** (see [community factsheet](#) in the EVCA toolbox). Obtain a spatial map of the community (e.g. from google maps, open street map, government, etc.). It could be useful to highlight any gaps, insights reflected in the secondary sources that can help you ask the right questions during the assessments. The community factsheet will be then verified and enriched with key informant interviews and/or focus group discussions with a few community members during the assessment.

**Tip! It is also a good idea to start identifying the different capacities within the community (e.g. people's jobs and skills) to be able to leverage them when planning actions.**

If you are operating in a community where there have been tensions, violence or conflict, it is very important that you do a more detailed analysis to make sure you understand the context and minimise the potential negative impacts of your actions. For this, it is essential to identify the **dividers** (elements, conditions, actions, attitudes or situations) that create tensions or conflict between groups and the **connectors** (elements, conditions, actions, attitudes or situations) that potentially promote capacities for peace. See the Connectors and Dividers tool.

**Tip! Bear in mind that community tensions might not be easily visible. When in doubt, it is always better to dig deeper before starting the assessment.**

### **3.6 Identify the assessment tools you will use**

Beyond the secondary data review and community factsheet referred to above, there are number of methods and tools that can be used in a participatory EVCA. The following are the most common tools included in the [EVCA toolbox](#):

- Mapping
- Transect walk
- Seasonal calendar

- Venn diagram
- Historical profile
- Focus group discussion
- Interview
- Direct observation
- Problem tree

Many additional participatory assessment tools are available in the old VCA toolbox or sectoral assessment toolbox (see examples in section 7.1.6). In the process of selecting the relevant EVCA tools for your context, remember that there is no single EVCA tool that must be used in each and every context. The selection of tools will depend on which part of the assessment you are in (hazard and exposure assessment, or vulnerability and capacity assessment). Some tools are more appropriate for a specific stage of the assessment. There is no need to use all the tools as time will not allow for this and several tools achieve similar results.

Remember that the tools in the toolbox are “instruments” that are designed to collect and record data, for example from a formal questionnaire or a table drawn on a flipchart.

You can also develop a tool, or adapt an existing tool, to be more appropriate or relevant for a specific community. While the list of tools may appear intimidating, many will produce similar information. This means a choice must be made.

Criteria you can use to select tools for each stage of the assessment include:

- suitability of the tool to assess hazards, exposure or vulnerabilities and capacities;
- the specific context of the community (urban or rural, size, etc.);
- what is already known about the community (through secondary data, literature/studies and previous visits);
- suitability of the tool to assess the resilience characteristics/dimensions;
- the time available to conduct the EVCA
- the number and skill sets available within the existing facilitating team;
- requirements such as budgets, technology, etc.;
- what the community feels is meaningful, can absorb and can learn from.

Note that a number of the tools can use one or more data collection methods: interviews, group discussions, surveys, observation and/or secondary data review. Some of the tools listed in the toolbox work better with a specific method while others are flexible. For example, it is very uncommon to conduct a mapping exercise with a single interviewee – they are nearly always conducted as a group discussion. Transect walks on the other hand can be conducted with an individual as a moving key informant interview or with a group of fishermen, making it more like a group discussion. Meanwhile, surveys are typically never conducted in a group, unless that group is made up of household members. The important thing to remember is that the EVCA should be as participatory as possible (as much as time & resources allow) while also using different methods to triangulate information from different sources. It is important that the EVCA team agrees which method will be used for each tool so that they can plan and implement the EVCA accordingly.

### **3.7 Identify the composition of community participants**

For an EVCA to be balanced and representative, carefully consider who within the community needs to be engaged and how participants and informants are selected. **Participants need to be “recruited”**

**based on a clear set of predetermined criteria.** The team can use the secondary information and their knowledge of the community to select a representative composition of community participants and include vulnerable groups. In order to be inclusive, we need to make sure that we capture voices of the most vulnerable and marginalized. The data collection will need to include a question or space to differentiate the profile (i.e. male versus female). Choose profiles that are important in your community and note profiles of the sources carefully on each instrument or sheet. This will enable disaggregation of the evidence and inclusive analysis (see below).

Some key profiles to consider are:



- Women, men and anyone who identifies with another gender or no gender
- People of different age groups including the elderly, youth and children
- People with disabilities
- People from different religious, ethnic, linguistic or migrant groups, for example regular and irregular migrant groups or stateless people<sup>9</sup>
- Pregnant and lactating women
- Male and female heads of households
- Organisations in the community such as local women's groups and groups working with people with disabilities, migrant populations, non-citizens etc.
- Health members such as Community Health Workers (CHW, or equivalent) integrated in community outreach systems, medical staff such as nurses and doctors in nearest health facility, local pharmacist, midwives and traditional healers from within the community. It is important to link up as well to the animal health workers and / or veterinarians so the connection between health and animal health and shared epidemic risks is properly done.

**Tips on facilitation and inclusion of different voices:**

Different members of the community will have different memories and perceptions of events and timings, and different opinions on priorities and actions to take. For example, older members will have longer views than younger members; women will often have different perspectives to men. Facilitation of the assessment tools must be done in a way that gathers these different views.

The most vulnerable groups are often the most marginalised and least able to participate and influence community decision making. The local EVCA teams must recognize this and seek to reach out and engage with these groups, even if this might require additional resources and time.

Ensure that every member of the group is given the opportunity to share their own view while being aware that inequalities of power and social status may influence what is said. Report back your results as you go to build momentum and ownership.

*Adapted from BRACED Community Resilience Assessment and Action Handbook*

Once you confirm community participation and sensitivities, you can set up each specific data collection event by establishing how many events are required and which team members will lead their collection. For example, if certain ethnic groups are not comfortable speaking in front of each other, a group method such as a focus group discussion would need to be repeated for each specific ethnic group. A group method may also need to be repeated for men and women.

<sup>9</sup> For definitions on the different categories of migrants, refer to the [migration glossary of terms](#), 2014.

**Tip! Be aware of sensitivities in the communities and main actors!**

You can now start organising your assessment in the following format:

Step and order	Tool	Division in groups
<i>Hazard assessment</i>		
1.	<i>Mapping</i>	<i>Yes, three different groups (specify) / No division</i>

*Permissions:* Do not forget to obtain relevant permissions and clearances for collecting data from the authorities. This process will be different depending on the country in which you are operating. As a rule, you always need the permission of the participants to collect their data, however in some countries you will need extra permissions by the authorities to enter an area and collect the data. When collecting data, especially if it is digital, bear in mind the regulations of the country and considerations around data sensitivity.

### **3.8 Develop a schedule**

Once you have decided which tools you will use in the different steps of the assessment, it is time to make a schedule for each activity with the community and plan out in detail how you will carry out the assessment with the community. The more time you give yourself, the more likely it is that the community will be “on board”. EVCA typically run from three days to multiple weeks. You can organise your schedule in the following format:

Date and time	Step and order	Tool/method	Community participants	Division in groups	Person in charge	Other team members
Day 1 9.00	Introduction with community	Community meeting	All community	No	Team leader	All EVCA team members
	<i>Hazard assessment</i>					

Day 1 11.00	1.	Mapping	Women, men, disabled people	3 groups		
	2.	Historical profile (interviews and community meeting)	Elderly, long-term residents and whole community	Individual interviews and 1 big group		

### **3.9 Invite the community**

With a well-informed choice of tools and participants and a good schedule, you should consult the timing of the proposed schedule with the community and formally invite community members to the assessment.

Make sure that the information about the date, time, venue, purpose and persons required for each assessment activity is communicated well to all the people in the community. Make sure to also inform marginalised community members so that they know about the assessment and can join. It is also

important to invite all relevant stakeholders in the area.

### **3.10 Prepare the logistics**

Reserve the venue(s) and make the transport arrangements for the days with the communities.

Consider what means to use for data collection. You will need different things depending on the context of the communities you will be working with. Consider the technology that is most available and unifying. If every household has a cell phone, or can be provided one for the EVCA, you can organise a very simple household questionnaire using SMS responses. If the EVCA team members are comfortable with computers, consider collecting data using tablets. If you are in a rural isolated community with no electricity, stones and sheets of paper and markers work just fine.

Once you have decided what you need for data collection, make sure you have the necessary data collection equipment and other material you may need: e.g. props, flipcharts, different coloured pieces of paper, pens, maps...

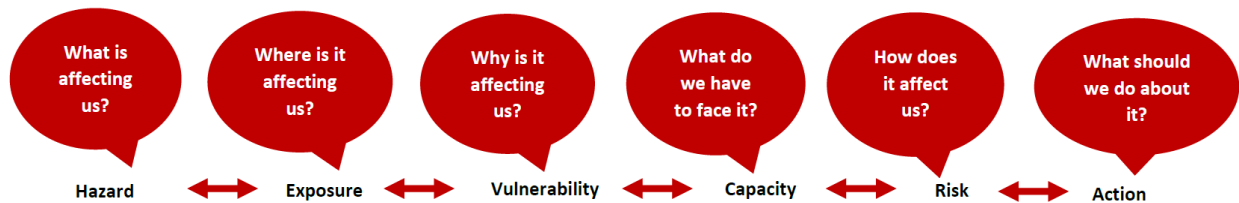
Prepare the tools as much as possible before the assessment: e.g. print or prepare tables for the tools, draw up the templates for the different tools, etc.

Now that you have taken the necessary steps for the preparation of the EVCA, you are ready to start the assessment with the community.

## Level Three: Facilitate the assessment

At this point, you must have identified where you will do the EVCA and have taken the steps to prepare for it. You should by now know the community well through visits or secondary data and have all the materials, logistics and team ready. You should also have sent the invitation for the assessment, including date and venue, and explained the purpose to the community and stakeholders.

The assessment is structured in such a way to enable you to assist the community to identify and analyse the determinants of risk: i.e. hazards, exposure, vulnerability and coping capacity. In each step along the way, you analyse the information gathered and then synthesise it in order to identify the priority risks to be addressed. The list of the priority risks will then inform the development of a community risk reduction action plan in Level 4.



Source: Adapted from PASSA Youth

### Suggested sequencing of the assessment & planning process

Below we propose a sequence of the assessment process which suggests specific tools that can be used to gather required information for each step. This contributes to a more focused data collection process. This is only a suggestion as tools can be often used in more than one way. Experienced facilitators may also adapt or bring in new tools as needed. What is important to keep in mind is that, as a facilitator, you should always be clear about the overall process and for what purpose you are using the selected tool. During the assessment, your most important role as a facilitator is to encourage the community to critically analyse the causes and consequences of the risks they face – keep probing “*why and how*”! Be sensitive of different views and the needs of different vulnerable groups within the community and aim to connect people rather than divide them. Detailed explanations on each of the tools can be found in the toolbox.

Remember that the quality of your plans and projects will only be as good as the quality of the data gathering effort. In other words, the community cannot come up with a good analysis of the situation in the community and find appropriate solutions if the data and information gathered on the hazards, exposure, vulnerabilities and capacities are incomplete and/or inaccurate. Data quality relies on trust from those providing the information; therefore community members and volunteers need to understand the importance of building trust. Data quality also depends on carefully capturing or recording the data in a way that can be later understood and used by someone not present. If the data collected are not accurate, the conclusions based on the information will not be valid. It is also vital that the right tools be chosen and applied in the proper way.

The below sequence suggests analysing the findings at each step and then combining the results before the risk reduction action plan is developed. This approach makes the analysis less complicated, more manageable and allows the community to participate in the analysis and synthesis of each one of the aspects more easily. Do not leave the data analysis to the end as it might be overwhelming.

The below process could roughly take three to four days: one day for hazard and exposure assessment, one day for vulnerability and capacity assessment, and half a day for final analysis and conclusion on the risk levels. This would then be followed by one to two days for planning and reflection (explained in Level 4).

Steps	Sub-step	Suggested tools / methods	Suggested minimum time
<b>Step 4. Introduction with the community</b>			
<b>4.1 Clarify the objective and expectations</b>		Presentation and discussion	30-45 min
<b>4.2 Explain the schedule</b>			
<b>4.3 Re-confirm availability and consent</b>			
<b>Step 5. Set the foundation</b>			
<b>5.1 Introduce, translate and adapt key concepts</b>		Pictures, story Optional: games, video (done in plenary or focus groups)	60 min
<b>5.2 Verify and update the community profile</b>		Community profile (completed on the basis of secondary data and key informant interviews)	30-40 min
<b>Step 6. Hazard and exposure assessment</b>			
<b>6.1 Identify the main hazards</b>	6.1.1 Brainstorming	Brainstorming and discussion in plenary	40 min
	6.1.2 Historical profile	Historical profile / disaster history (completed on the basis of group discussion, key informant interviews, secondary data review)	30-60 min
	6.1.3 Emerging and changing hazards	Secondary data review	30 min
	6.1.4 Prioritize the hazards	Hazard ranking (via plenary and/or focus groups)	30 min
	6.1.5 Characterise priority hazards	Summary table	60 min
<b>6.2 Identify the exposure</b>	6.2.1 Hazard and exposure mapping	Mapping (via group discussion and/or focus groups)	60 min
	6.2.2 Transect walk / direct observation	Transect walk	2-4 hours
<b>6.3 Synthese the hazards and exposure</b>		Ranking/scoring, focus group analysis	60 min
<b>Step 7. Vulnerability and capacity assessment</b>			
<b>7.1 Assess vulnerability</b>	7.1.1 Remind key concepts	Brainstorming, story, game (in plenary)	30 min
	7.1.2 Seasonal calendar	Seasonal calendar (via group discussion and/or focus groups)	60 min
	7.1.3 Vulnerability brainstorming	Brainstorming	30 min
	7.1.4 Vulnerability mapping	Mapping (via group discussion and/or focus groups)	30-60 min
	7.1.5 Underlying causes	Historical visualisation (via group discussion and/or focus groups)	60 min
	7.1.6 Assess the impacts and root causes	Problem tree or causes & impact table (via focus groups)	2 hours
	7.1.7 Transect walk	Transect walk / direct observation	2-4 hours
	7.1.8 Go deeper	- Livelihood analysis	1-2 hours

		- Household/ neighbourhood vulnerability assessment - Safe and unsafe settlement - Gender Coweb - Connectors/ dividers	
	7.1.9 Summarize vulnerability	Synthesis vulnerability table	60 min
<b>7.2 Assess capacity</b>	7.2.1 Identify human and social capacities	Secondary data, key informant interview	30 min
	7.2.2 Capacity brainstorming	Brainstorming	30 min
	7.2.3 Capacity mapping	Mapping	60 min
	7.2.4 Assess community organisations	- Venn diagram - Institutional social network analysis - SWOT analysis	60 min
	7.2.5 Summarize capacities	Synthesis capacity table	60 min
<b>Step 8. Analyse and conclude on risk levels</b>			
<b>8.1 Synthesize exposure and vulnerability</b>	Summary table		1-2 hours
<b>8.2 Conclude on the risk levels</b>	Risk ranking, talk to the wall		30 min
<b>8.3 Consolidate information on high-risk elements</b>	Summary table		1-2 hours

## **Step 4. Introduction with the community**

Introduce who the EVCA team members are and let the community or their representatives introduce themselves in the way they choose.

### **4.1 Clarify the objective and expectations**

Check if the objective of the assessment is clear to everyone in the community. Clarify that the goal is for them to create a risk profile for their community and, based on this, for them to formulate and implement a risk reduction action plan. Ideally the risk assessment should inform and feed into the community's already existing development plans.

Clarify the expected role of the community and the roles of the different actors in the assessment and planning process. If the community has questions, take your time to address those questions and concerns before proceeding to the assessment.

**Make sure you don't create false expectations. It is important to clarify from the start whether there is funding available for the action plan or if the implementation will depend on the community's ability to mobilise resources themselves.**

### **4.2 Explain the schedule of the assessment**

Clarify how long it will take, when the assessment will take place and what the expected outcome will be. Explain practical aspects, for example if lunch or pocket money and transport will be provided during and after the assessment.

### **4.3 Re-confirm the availability and consent of the community**

Re-confirm community members' availability – this may differ depending on gender, age, livelihood and other considerations. If certain vulnerable groups are not able to participate or be represented,





ensure that members of the EVCA team consult them separately.

Remember that, depending on the culture and situation in the area, you may need to divide the community into different groups based on gender, age, disability, socio-economic group, power dynamics and other considerations for the different parts of the EVCA assessment. Following these group based assessments, it is important to bring together the outputs of the different groups to build consensus and ensure the commitment and active contribution of each community member.

Ask if the community members have any questions and are happy to proceed with the assessment and confirm their consent to document the results of the EVCA and to take photographs/videos if needed. If you are going to work with school children, the advance written consent of teachers and parents is required, and a teacher/school official must be present throughout. This point is non-negotiable. If it is not possible to obtain consent or supervision, the exercise must be cancelled and, where possible, rescheduled.

Explain available options for complaint and feedback mechanisms set up by the local EVCA team (e.g. daily debrief session, complaint & suggestion box, phone line) - [see CEA Tool 15 for more guidance](#). You may check whether the community has been involved in similar assessments in the past and ask what their experience was, what worked well and what they would like to see changed.

**If communities express clear interest in engaging in the EVCA, then proceed to the next step. If they express doubts, you may need to adjourn the meeting and try to find out the reasons for their reluctance and document the lessons for future consideration and discussion. Based on the reasons, you may need to plan a follow-up meeting with the community and its leaders to explore under which conditions they may be interested to engage at another time or whether it would be helpful for the EVCA objectives to be revised.**

## Step 5. Set the foundation



### 5.1 Introduce, translate and adapt key concepts

It is important to introduce and discuss the [key terms](#) and translate them into the local language for better understanding. This can be done in a fun way through a story or game. Limit it to a few key concepts – hazard, exposure, vulnerability, capacity and risk. Others, such as the [characteristics of community resilience](#), can be clarified later in the process.

The aim is for the community to understand the key determinants of risk by linking the different concepts to their local expressions and world views. There may not always be an exact translation of the terms in another language, in which case a description and practical examples may be helpful.

Truly understanding epidemic risk requires being familiar with some epidemiological terms that can be intimidating for non-health staff in the NS, and specially for community members. Consult the list of health terms in the eVCA toolkit. It now includes the basic terms for better understanding what is an epidemic, endemic and pandemic. Also remember that health experts often use different terms when referring to common disaster risk management concepts. It is important that all members engaged in the EVCA assessment, regardless their background on disaster risk management or health, are able to communicate effectively. For example, remember health staff may prefer to talk about 'health threats' instead of 'health hazards' and 'susceptibility' instead of 'exposure'. This has been clearly addressed into the Roadmap to resilience (<https://www.ifrcr2r.org/reference-sheets>) .

Proposed tools: brainstorming, pictures, video, games. Optional (advanced): present risk formula.

## **5.2 Verify and update the community profile**

At this point, you should verify the general information about the community you collected through the secondary data collection during the preparation phase. This can be done through key informant interviews while the assessment is being carried out.



## **Step 6. Hazard and exposure assessment**

Purpose: to identify all the natural or man-made hazards experienced by the community and prioritise them. To gain a thorough understanding of the nature and behaviour of the top prioritised hazards and an understanding of the different exposure levels within the community.

### **6.1 Identify the main hazards**

**Purpose:** for the community to identify what hazards are affecting them

**Tools:** Hazard brainstorming, [historical profile](#), [secondary/scientific data](#) and [direct observation](#)

#### **6.1.1 Brainstorming**

Brainstorm all hazards community members can think of that are relevant to them: What are they most afraid of? What affects them? Remind the community what a hazard means and clarify the definitions as needed. Use [symbols/icons](#) to represent key hazards for illiterate community members to effectively participate.

Brainstorming with the community on health hazards that may lead to a potential epidemic can be challenging but necessary as this will allow to understand how the community perceives and understand different diseases. Select a EVCA facilitator with health background who can pose the right questions and guide the brainstorming session. Community members may have different perceptions of health risk. For example in malaria endemic areas overdiagnosis is common, misleading the community to believe that any simple fever, headache or joint pain can be malaria, and having the perception of sudden increases of cases, but not necessarily being an outbreak. Treat health information provided by the community with caution, especially if non-health trained people are present in the discussion. In absence of that, the team needs to triangulate the information obtained from the community with external health stakeholders and consolidate it in the community factsheet and later on the community historical profile. Be aware that health information can be sensitive and also personal information should be treated confidentially.

Prior to the brainstorming, review the diseases with epidemic potential included in the community factsheet, including the potential health impacts of disasters (as secondary effects). It is important to highlight that disasters generate health risk factors that can lead to epidemics. Consult the [IFRC Epidemic Control Toolkit](#). This includes disease and disaster profiles with tips for the identification of epidemic hazards, which can be of different nature and difficult to grasp for non-health trained staff or community members. Find out what local terms are used by the community to describe diseases and their related symptoms.

Ask the community members what health problems or diseases they face in day-to-day, and which diseases they know have developed into an epidemic in the past. For example, they may recall cholera epidemics suffered in the past. Facilitators can ask also about the connection of sudden increased cases of diseases following to disaster events. For example the community may recall that the cholera epidemic occurred after a flooding episode. In this case the epidemic risks is taken as a secondary cascading effect from the disaster, but equally important to be identified. An important question for the community is about any sudden changes in animal health they may recall. For example, an

unprecedented raise of rabies in dogs that may results in human transmission.

### **6.1.2 Historical profile/disaster history**



For the historical profile, gather basic information on what disasters have occurred when in the community. Based on the timeline, analyse and discuss if certain hazards are increasing in frequency. Supplement the timeline with information from key informants (especially the elderly) and secondary data.

The focus of the historical profile should be on the hazards but it can also capture other major events and developments in the community which you can come back on later in the analysis to discuss if they have contributed to create vulnerabilities or capacities in the community. The historical visualisation tool can be used later when discussing vulnerabilities.



If different hazards are mentioned by different groups, find out the reasons and start to build consensus. The feedback provided by the community on health risks need to be triangulated with health stakeholders so proper epidemic information is included in the historical profile. It is recommended at this stage to have an iterative consultation with health stakeholders and regular engagement with health trained staff in NS.

### **6.1.3 Emerging and changing hazards**



The RCRC has the responsibility to also highlight risks that the community may not be aware of or does not prioritise (e.g. the presence of an earthquake fault line, mortality statistics in the area, industrial hazards, climate change predictions, etc.). Present and discuss any additional hazards (beyond what the community has raised) based on secondary data. Probe and challenge the community with statistics (e.g. on health, mortality) and your knowledge of the humanitarian consequences. Consider in particular any emerging and changing hazards because of climate change. You may need to explain climate change and extreme weather events to the community in simple language. It is important to explain the difference between weather and climate and ask them what changes in the climate they have observed over the years in their area. Also consider 'silent' hazards - those that often don't attract so much media attention but persistently exist and seriously affect the community.

Discussions with community members on emerging or new diseases (that originate from a newly modified pathogen) can be difficult as they may not have heard about it before. It is recommended at the stage to seek assistance from trained staff in health / epidemic control within the National Society and external stakeholders. This is especially relevant in areas that are prone to emerging or new diseases with potential to cause an epidemic (e.g. Zika disease, Chikungunya disease), which may have a zoonotic origin (diseases transmitted from animals to humans, such as Ebola, Avian Influenza) as this requires discussing with the community new terms and concepts.

**Tip: If necessary, invite an expert or run a short awareness raising session on a less well-known hazard.**

#### **6.1.4 Prioritise the hazards**



Communities may face various hazards and may not be able to address all of them because of resource or other limitations. They should do an initial prioritization of the most important hazards that are affecting them to be further analysed as part of this EVCA. Different criteria can be used to prioritise the hazards:

- Impact on the community (e.g. number of people killed, affected, displaced; extent of damage to infrastructure): this is the most common criteria used for this purpose;
- Frequency of occurrence.

The RCRC has the responsibility to remind the community of hazards that have significant impacts based on secondary data. Probe and challenge the community with statistics (e.g. on health, mortality) and your knowledge of the humanitarian consequences.



It is advisable to divide the community into different age, gender and social groups to do the prioritisation (or if it's a very large group, select a few representatives of each different group). Use symbols for the hazards and give each person ten beans/stones and ask them to choose four most important hazards – the more beans they allocate the more important that hazard is to the community member/group (in terms of impact/concern). Consolidate. In the case that different groups prioritise different hazards, ask them to justify, and finally facilitate the discussion to reach a consensus on the top priority hazards based on plausible justifications. It is recommended to limit the number of priority hazards to a maximum of four.

Health experts use mortality and morbidity (number of deaths and cases) to measure impact of health hazards that represent a high epidemic risk. It is useful for eVCA facilitators to know that different diseases may cause different level of death and disability, and even the same disease can have different impact depending of a variety of factors. Communities may have a sense of impact but rely on health trained staff or community members who can make sense of different health statistics to assess potential impact of a health risk. Same consideration is valid for assessing frequency of epidemics. Assessing the likelihood of an epidemic occurring also requires understanding that different diseases spread in different ways, and even the same disease may have different potential for epidemic transmission depending of the context. Work with health staff or health trained community members as they know how different disease spread in the community.

**Tip! Managing different priorities: The interest/concern of the majority may not be the concern of the most vulnerable (minority) group. Be aware of power structures and underlying tensions. Ensure the most vulnerable are represented - they may not have the time or means to get to the meeting so you may need to go to them. You may also verify it in a bigger community meeting (e.g. fish fry, church meeting, etc.) and by consulting key stakeholders and group representatives. If time and resources allow, verify the ranking by checking it against baseline surveys and secondary data, or conduct a quick household or online survey to get better representation. In that case, ensure random sampling (e.g. every 10th household) from the wider community.**

#### **6.1.5 Characterise the priority hazards**



This is the step where the local EVCA team and community representatives synthesise and describe the nature and behaviour of the top priority hazards which includes the cause, warning signs, time, period of occurrence, duration of occurrence and frequency. This is very important information to gather to prepare a community contingency plan (see step 10).

For this step, the facilitators should triangulate the community information with external expertise – for instance, relevant specialists at universities or the meteorological agency – and bring the

information into the discussions with the community. For example, the community may report more severe floods than in the past – so it is easy to blame climate change – but if local weather records do not show any change in rainfall intensity, perhaps changes in the management of the watershed upstream is a more likely reason for the changes in floods.

**Tools:** Secondary sources (refer to your secondary sources to understand the scientific causes of the hazard, scientific warning signs and signals, duration, frequency, period of occurrence) and focus group discussion

Use the following guiding questions:

- What is the cause/origin of that specific hazard?
- What are the traditional and scientific/modern warning signs of the hazard?
- What is the lead time (i.e. how long does it take between the warning signs and its arrival)?
- When (which months) does the hazard occur?
- How often does the hazard repeat itself – what is its frequency?
- What are the changes in frequency and severity in the last decade(s)? Do you expect any changes in the next five to ten years (considering climate change or other factors)?
- For how long does the hazard tend to last?



List the information in the following format. This should be done for each priority hazard separately.

**Hazard:** \_\_\_\_\_



Characteristics	Description
Cause/Origin	
Warning signs	
Lead time <sup>10</sup>	
Frequency <sup>11</sup> (and changes)	
Period of occurrence <sup>12</sup>	
Duration <sup>13</sup>	

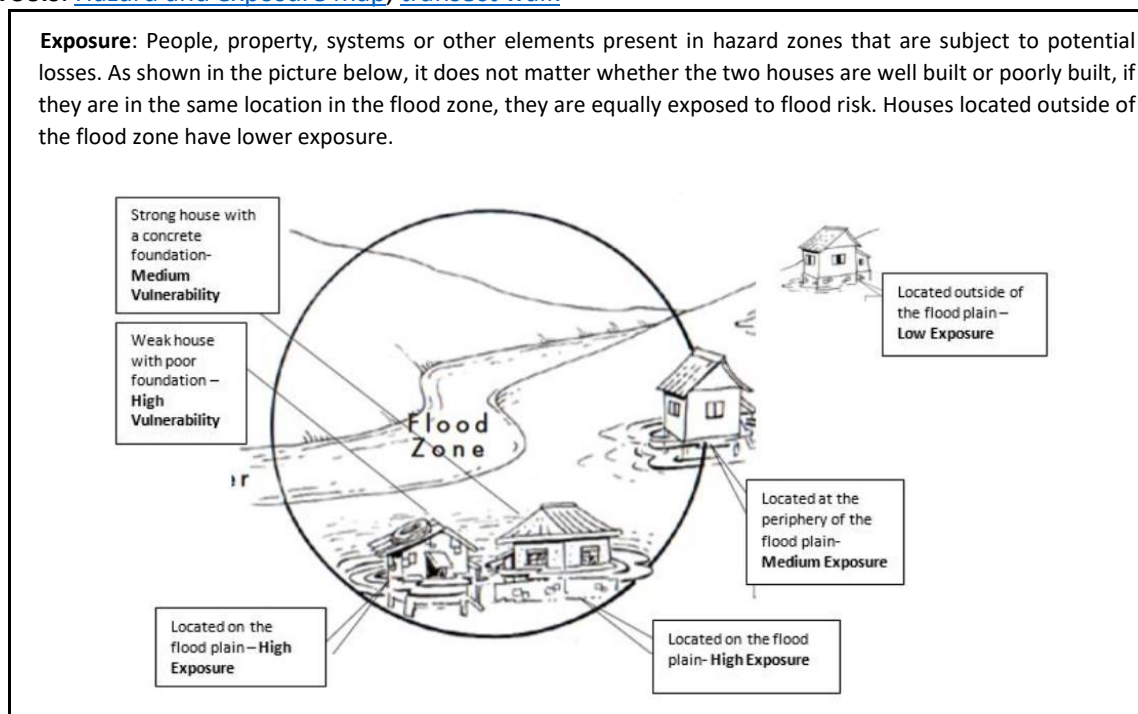
Having a summary of main characteristics of common diseases in the community at this stage is important. Key information such as transmission routes, definitions of cases and main symptoms, potential speed of transmission, seasonal pattern of the disease, etc. need to be documented. It is important as well for each potential hazard and risk to understand the impact on health and how epidemics can evolved as a cascading effect. This will help in the analysis of exposure, vulnerability and capacities later on, and also in the planning phase. Consult the [IFRC Epidemic Control Toolkit](#). The toolkit includes disease and disaster profiles with all key inputs to properly characterize the different hazards. This information can be included in the community factsheet.

<sup>10</sup> Time between warning and impact or time between warning and arrival  
<sup>11</sup> Does the hazard occur seasonally, once a year or every x number of years?  
<sup>12</sup> Does it occur during a particular time of the year (e.g. wet or dry season)?  
<sup>13</sup> How long is a hazard felt (days/weeks/months)?

## 6.2 Identify the exposure

**Purpose:** for the community to identify where and when hazards affect them

**Tools:** [Hazard and exposure map](#), [transect walk](#)



### 6.2.1 Hazard and exposure mapping

Indicate the locations affected by hazards on a spatial map and delineate high, medium and low exposure areas and the elements/features in those areas (what and who). One of the most popular and fun ways to analyse how and where hazards affect the community is the hazard mapping and transect walk. If you don't have one already, jointly create a spatial map and then ask community members to locate the different hazards on the map and mark high, medium and low exposed locations for each one of the hazards based on their experience (you may use different colours or symbols for different hazards). For hazards such as droughts or storms that may be difficult to locate on the spatial map, list them on the side of the map. Don't spend too much time on identifying all the elements/features in low exposure areas - while your risk reduction efforts won't focus on low exposure areas, it might help you to see the spectrum of what is in different exposure areas and it might help you later (during the capacity assessment step) to identify safe areas.

Community mapping is an important tool to physically identify risk spots in the community where transmission and exposure to diseases with epidemic potential may take place or originate (e.g. contaminated well, mosquito breeding site, etc.). Consult the EVCA toolkit - mapping tool that includes now guidance points and tips to better understand epidemic risk.

Discuss changes of hazard locations (e.g. changes in flood zones) as shown in the picture below and possible future risk locations due to climate or other environmental changes. You might also want to widen the map to include wider river catchment area or other influencing factors.





Flood zones – left picture indicates current and potential flooding; right picture shows the sources of flash floods in watershed above the community (sources: Nepal and Danish Red Cross, Google Earth).

**Tip: Ask the community to come up with an icon or symbol to represent each hazard to make understanding easier for illiterate people. Make sure the final map is made available and displayed in the community.**



Optional: several digital tools now exist that can be used for hazard mapping (e.g. PASSA youth mapping, etc.). Digital mapping tools might be especially relevant in large urban areas and an interesting method to engage younger community members. See additional details in the toolbox.

### **6.2.2 Transect walk/direct observation**

Based on information collected in the hazard and exposure map, identify specific locations in the high and medium exposed areas to investigate further. The purpose is to ground truth your hazard and exposure map, check if you missed anything and get more details. Focus on the physical environment at this stage - i.e. cross-check the borders of the exposure areas and information on who/what is in the exposure areas. You will do another more in-depth transect walk to collect information on vulnerability in section 7.1.

Transect walk is important tool to observe transmission routes and chains of exposure to diseases in the community (e.g. water contamination path from the well to the household and point of consumption). Consult the eVCA toolkit – transect walk tool that includes now guidance points and tips to better understand epidemic risk. If possible, include health or water officials that can help to interpret observations. For example, whether a water well or household latrine meets hygienic standards or not. Split into smaller groups to visit several areas at the same time. Ideally, try to be accompanied by someone who knows the area. It is important though that volunteers and facilitator know what to look for prior to initiating the walking activity. After the walk, ask everyone to include additional information on hazards and risk locations on the hazard map.

Tools like community mapping, seasonal calendar and transect walk are excellent tools to better understand epidemic risk<sup>14</sup>. EVCA facilitators need to understand the basic transmission routes for the diseases since many diseases are caused by more than one source or exposure. Consult the community factsheet and read the characterization of the hazard. Ideally the factsheet includes information on transmission routes. If not, consult the [IFRC Epidemic Control Toolkit](#). This includes disease and disaster profiles refer with description of transmission routes. For example, cholera can be transmitted by direct contact with the cholera bacteria in contaminated food or water, but also through contact with contaminated hands or kitchen utensils.

<sup>14</sup> Those tools are also existing into the CBHAF approach. So it might be important to consider combining those both approaches if they are both planned at community level.

### 6.3 Synthesise the hazards and exposure

**Purpose:** Synthesise and analyse the information collected regarding hazards and exposure

**Tools:** Ranking/scoring, [focus group analysis](#)

By reading the hazard and exposure map, analyse and list who and what is located in high, medium and low exposure areas in the below table. Include human, physical (houses, infrastructures) and natural assets.

Determine if, overall, most of the 'who and what' are in the high, medium or low exposed areas and, on that basis, provide a score of high, moderate or low for each hazard. The local EVCA team can summarize the information in the table ahead of time, and then bring together the community to review/endorse the summary and agree on a score for each hazard.

Kindly note that an EVCA report template is available on [ifrcvca.org](http://ifrcvca.org) and that this table is included in it.

**Table 1: Summary of hazards and exposure**

Hazard	High exposure – what and who	Medium exposure – what and who	Low exposure – what and who	Score (High, moderate, low)
<i>e.g. Flood</i>	<ul style="list-style-type: none"> <li>- 55 houses in low-laying area by the river</li> <li>- 1 health post</li> <li>- 1 market</li> <li>- 1 school</li> <li>- 1 km of road</li> <li>- 56 hectares of crops</li> <li>- 78 people</li> </ul>	<ul style="list-style-type: none"> <li>- 10 houses near the river</li> <li>- 5 shops</li> <li>- 2 km of road</li> <li>- 9 hectares of crops</li> <li>- 123 people</li> </ul>	<ul style="list-style-type: none"> <li>- 20 houses built on stilts with strong cement structure; 100 houses on high ground</li> <li>- 1 school</li> <li>- 4 km road</li> <li>- 1 natural spring</li> <li>- 241 people</li> </ul>	<i>High</i>
<i>e.g. Dengue</i>	<ul style="list-style-type: none"> <li>-77 Households near to mosquito breeding sites</li> <li>-86 Households with elderly, people with chronic diseases and children under 5 not using insecticide treated mosquito nets</li> </ul>	<ul style="list-style-type: none"> <li>-54 Household using insecticide treated mosquito net</li> </ul>	<ul style="list-style-type: none"> <li>-32 Household using insecticide treated mosquito nets and house screening nets</li> </ul>	<i>Moderate</i>
<i>e.g. Conflict</i>				<i>Low</i>

## Step 7. Vulnerability and capacity assessment

A disaster occurs when a hazard strikes a community that is vulnerable. Physical, economic, human, social, natural and political factors determine people's level of vulnerability and the extent of their capacity to resist, cope with and recover from hazards. Clearly, poverty is a major contributor to vulnerability. Poor people are more likely to live and work in areas exposed to potential hazards, while they are less likely to have the resources to cope when a disaster strikes. In the vulnerability assessment, we are trying to answer the question "what makes the community, or particular groups within the community, vulnerable to each hazard?"

In addition to vulnerabilities, a disaster-prone community will also always possess capacities at the community, household and individual level. The capacity assessment tries to answer the question "what strengths are available at individual, household and community levels that can be mobilised and accessed to reduce the impact of a specific hazard?" What capacities (human, social, economic, physical,



natural and connectedness) mainly within the community, but also outside it, can be mobilised and accessed to reduce the negative impacts of the hazard?

Vulnerability and capacity are on the opposite sides of the same coin. Vulnerability covers weaknesses while capacity covers strengths.

## **7.1 Assess vulnerability**

**Purpose:** for the community to reflect on how and why a hazard affects them

**Tools:** [Seasonal calendar](#), [mapping](#), [historical visualization](#), [problem tree](#), [transect walk](#). Optional (sectoral/thematic tools): livelihood analysis, gender co-web

### **7.1.1 Remind the community what vulnerability means and how it is different from capacity**

Ask the community for equivalent local translations of vulnerability and capacity. If you have not done so yet, introduce the [six characteristics of community resilience](#) and briefly discuss examples of possible vulnerabilities and capacities for each characteristic (see the comparative table in [key terms](#)).

### **7.1.2 Seasonal calendar**

Start a seasonal calendar, asking community members to identify which hazards occur during which month(s) currently and in the past (10-30 years ago). Analyse and discuss if the timing and intensity of hazards has changed which could be due to climate change. It is not one past event but rather *patterns* in the past that are interesting. Some hazards such as earthquakes can happen anytime in the year so mark them equally for every month.

Add to the calendar other key events that will highlight aspects of exposure and vulnerability. Add periods when many health issues occur (e.g. malaria), crop and livelihood patterns, lean periods, social events including school events and migration periods, etc. Based on the overlaps with the hazard timing, identify what and who may be vulnerable to a hazard (e.g. harvesting season during flood time, flooding during school exam period). Discuss and analyse what and who is vulnerable and when.

Seasonal calendar is important tool to observe how occurrence, transmission and exposure to diseases change among seasons in the community (e.g. diarrhoea rates increase in the rainy season, or respiratory infections increase during crop burning period). Consult the eVCA toolkit – seasonal calendar tool that includes now guidance points and tips to better understand epidemic risk.

Tip: Ensure key events of different groups are captured in the seasonal calendar. Exposure might differ depending on the type of livelihood/crop calendar, gender, age, etc.

### **7.1.3 Vulnerability brainstorming**

Identify vulnerable groups in your community (e.g. women and girls, people with disability, low income households, minority/marginalized groups, migrants, older people, youth etc.) and specify for each group what their particular vulnerabilities are. Put this in a table - you will come back to it in step 7.2.2.

### **7.1.4 Vulnerability mapping**

Going back to the hazard and exposure map, now identify whether highly vulnerable people are living in high and medium exposed areas and if so, where. Identify other elements that are vulnerable that might have been missed earlier (e.g. open water sources, livelihoods, health facilities, etc.). You can mark the vulnerabilities on the hazard/spatial map by using different colours. However, it may be better to draw them on a transparent paper and then overlay it onto the hazard/exposure map for analysis. Community members know well which hazards are affecting them most and should be addressed as a priority.

### **7.1.5 Underlying causes: historical visualization**



Use a historical visualization to show changes in vulnerability in the community over time. Select elements of the characteristics of community resilience: e.g. changes in human population, types of houses, types of economic opportunities, access to infrastructure & services, natural assets. Discuss and analyse what changes might have contributed to increasing vulnerabilities and what has provided resources and capacities that reduce risks.

#### **7.1.6 Assess the impact and root causes: problem tree**

For each of the priority hazards, ask the community to discuss the question: what is the impact of each hazard and why is it affecting them? The aim is to find out what is causing the impact and why it might have different impacts on different vulnerable groups. Draw a problem tree and if possible try to cluster the roots (causes) and branches (impacts) according to the six characteristics of resilience (human health and basic needs, economic/livelihoods, social, infrastructure & services, and natural assets).

Problem tree is important tool to show physical connections between current features of the community (low water access, existence of mosquito breeding sites, poor diet, etc.) and potential risk of epidemics. Consult the eVCA toolkit – problem tool that includes now an example of a problem tree for epidemic risk.

#### **7.1.7 Transect walk**

Undertake another transect walk, this time focused on social aspects/vulnerability. The purpose is to ground truth the information that has been collected on vulnerability, check if you missed anything and get more details. Split into smaller groups to visit several areas at the same time. Ideally, try to be accompanied by someone who knows the area. After the walk, ask everyone to consolidate the information.

#### **7.1.8 Go deeper**

If one or more of the vulnerabilities or root causes are related to a specific sector or issue and there is not enough information yet from the EVCA assessment to adequately explain it, you can go deeper into the issues using additional sectoral or issue-based assessment approaches. This could be sector specific such as livelihoods, shelter and settlements, health, and WASH assessments, threat specific analysis (e.g. floods or epidemics), or further analysis of issues such as gender dynamics or conflict. Relevant sectoral teams from the National Society or from other entities identified in the stakeholder mapping (government, NGOs or commercial entities) could be requested to conduct this deeper analysis. Alternatively, a more in-depth sectoral assessment could be identified as an activity to be done as one of the first actions in the community's risk reduction action plan. Connect the community to potential experts or partners and accompany them through the process.

Examples of methodologies/ tools which can be used to gather more in-depth information are:

- Shelter: [Household/neighbourhood vulnerability assessment \(RRS10, p. 105\)](#) and [Participatory Approach to Safe Shelter Awareness \(PASSA\)](#)
- Livelihoods and food security: [Livelihood impact analysis](#)
- Health: [Community based health and first aid \(CBHFA, Module 3\)](#)
- WASH: [WatSan Assessments](#); [Participatory hygiene and sanitation transformation \(PHAST, Step 1-3\)](#); for urban areas: [Community-led urban environmental sanitation](#) or [City-Wide Sanitation planning](#)
- Gender: [Gender Coweb \(p.49\)](#)
- Conflict context analysis: [identify connectors/dividers \(BPI Step 1\)](#)
- [Flood resilience measurement tool](#)



### 7.1.9 Summarise vulnerabilities

It is important now to summarise your vulnerability findings in the following table according to each hazard and characteristic, and to determine what makes the community most vulnerable to each hazard. Based on the number of vulnerabilities identified and their severity, allocate a score for each characteristic (high, moderate or low) that gives an overall sense of how vulnerable the community is from the perspective of that characteristic. The local EVCA team can summarize the information in the table ahead of time, and then bring together the community to review/endorse the summary and agree on a score for each characteristic.

**Table 2: Summary of vulnerabilities**

Hazard	Dimensions	Impact (past and future)	Vulnerability aspects with their causes (why the impact is happening and what the root causes are)	Score (high, moderate, low)
<i>e.g. Flood</i>	Risk management	<i>Death, injuries</i>	<i>No early warning, lack of swimming skills, people with disabilities living in the exposed houses</i>	<i>High</i>
	Health			
	Water & sanitation			
	Shelter			
	Food & nutrition			
	Social cohesion	<i>Displacement</i>	<i>Ethnic division among the community members</i>	<i>Low</i>
	Inclusion			
	Economic opportunities	<i>Loss of crops</i>	<i>No alternative livelihoods for most of the community</i>	<i>Moderate</i>
	Infrastructure & services	<i>Cut-off road, damaged buildings</i>	<i>Poor drainage lines, poor building standards</i>	<i>High</i>
	Natural resource management	<i>Loss of fertile soil Increased flash flood risk</i>	<i>Serious deforestation on the upper stream of the floodplain</i>	<i>High</i>
Connectedness	<i>Lack of timely support from external organisations following crisis</i>	<i>Community has no connections with the district disaster management office</i>		
<i>e.g. Dengue</i>	Risk management	<i>No recent dengue outbreaks reported but there has been a large one in the past</i>	<i>High endemic rate of dengue (large reservoir of parasite in the area) but statistics follow an stable seasonal pattern at present</i>	<i>Moderate</i>
	Health	<i>High mortality reported in last outbreak</i>	<i>Low access to health facilities – poor diagnosis and low availability of treatment for dengue</i>	<i>High</i>
	Water & sanitation	<i>Endemic Uncontrolled Aedes population High presence of mosquito breeding sites</i>	<i>No vector control measures by the authorities or community</i>	<i>Moderate</i>

Hazard	Dimensions	Impact (past and future)	Vulnerability aspects with their causes (why the impact is happening and what the root causes are)	Score (high, moderate, low)
	Shelter	<i>Easy access to humans by female mosquito</i>	<i>Poor shelter conditions and lack of commodities (mosquito net, housing screen, etc.),</i>	<i>High</i>
	Food & nutrition			
	Social cohesion			
	Inclusion	<i>Dengue related mortality higher among vulnerable groups</i>	<i>Large vulnerable population (People with chronic diseases, elderly and children under 5 with low immunity),</i>	
	Economic opportunities			
	Infrastructure & services			
	Natural resource management			
	Connectedness			

## 7.2 Assess capacity

**Purpose:** for the community to identify what resources are available to cope with a hazard or reduce its impact

**Tools:** [secondary data](#), [mapping](#), [Venn diagram](#).

**Reminder: Vulnerability and capacity are hazard-specific and the assessment should be done for each of the priority hazards individually.**

### 7.2.1 Review secondary data on human and social capacities

Review secondary sources, such as the stakeholder mapping done in the preparation phase (section 3.3), and determine what skills, knowledge and capacities are available in the community. If secondary sources do not provide enough information, you may consider sending some of the community members or volunteers to go and get information on the type and number of people that have different skills or capacities in the community, including from the different government and non governmental organisations working in the community.

### 7.2.2 Capacity brainstorming

For each hazard, brainstorm the different capacities according to each resilience characteristic. Remember that you should think about the different capacities that might be available to the whole community but also in specific households and individuals (e.g. if a member of the community is associated with the agricultural extension service).

In addition, going back to the table you drew up in step 7.1.3, add a column in which you specify for each vulnerable group what their particular capacities are. This will help you ensure that you do not miss any specific capacities for vulnerable groups.

Capacity of the community to face an epidemic can be analyzed from different perspective using the resilience characteristics. But the main criteria used by the health sector is the capacity of the health system. Seek support from the health trained staff to brainstorm about the capacity of the health units, clinics and hospitals at different levels to respond to a sudden increase of cases plus maintaining the normal services. It is important to asses also the capacity to keep standard hygienic conditions within the facility to prevent the further spread of the disease to non-infected patients, health staff and visitors. Include in this also capacity of other health stakeholders that can engage in prevention and response at community level such as Community Health Workers, local pharmacists, midwives and traditional healers. Note down additional and relevant collected information on capacities regarding health in the community fact sheet. This information is important for planning follow-up activities as well as advocate with (health) actors for the follow up on identified actions as well as for referral to specialized actors for follow-up actions if needed.

### **7.2.3 Capacity mapping**

It is very likely that you already mapped out key infrastructure and buildings in the community on the spatial map during step 6.2.1. Now it is time to assess those structures or resources and consider if they are capacities. For example, a hospital can only be considered a capacity if it is functional (with medical personnel working and medicines to treat its patients). The capacity or resource mapping should be done to locate and review the strength of the infrastructures and services (roads, schools, health facilities, water facilities, police stations, government offices, telecommunication, sport facilities, financial institutions etc) and the natural environment (farm land, grazing land, rivers and springs, forest etc). You may also wish to map out where individuals with key capacities live (e.g. community disaster response team leaders/members). This helps the community to identify which resources and services might help them in times of disaster or what support they might be able to get from which institution to implement their resilience action plan. Make sure to consider what capacities might not longer be available after an emergency, if they are in high or medium exposed areas.

You can mark the capacity/resources on the hazard/spatial map using different colours. However, if it looks messy, it is better to draw them on a transparent paper that can then be overlaid onto the hazard/exposure and vulnerability map for analysis.

### **7.2.4 Assess community organisations**

Identify different organisations and institutions (community-based organisations, government offices, private sector, civil society organisations etc.) working in the community and use a Venn diagram to analyse their importance to, and influence on, the life of the community. Communities use their own criteria (mainly power or influence and importance to the community) to map the different institutions. You might want to do this exercise separately for each hazard (e.g. institutions that can help with drought such as agricultural department might be different to organisations that might be able to help with floods such as public works engineers).

### **7.2.5 Summarise capacities**

Summarise the capacity assessment in the following table. Complete the table with capacities for each hazard, according to each resilience characteristic. Based on the number and strength of capacities identified, allocate a score for each characteristic (high, moderate or low) that gives an overall sense of how capacitated the community is from the perspective of that characteristic. The local EVCA team can summarize the information in the table ahead of time, and then bring together the community to review/endorse the summary and agree on a score for each characteristic.

**Table 3: Summary of capacities**



Hazard	Dimensions	Capacities (community, household, individual)	Score (high, moderate, low)
<i>e.g. Floods</i>	Risk management	<i>- People have access to weather forecasts on their mobile (but limited knowledge on how to interpret it and what actions to take) - Two well-experienced swimmers who could train others</i>	<i>Low</i>
	Health		
	Water & sanitation		
	Shelter		
	Food & nutrition		
	Social cohesion	<i>- Community has good leadership; Culture of people sharing physical resources they have in times of need</i>	<i>Moderate</i>
	Inclusion		
	Economic opportunities	<i>- One social group has savings and loans scheme with low-interest loans available</i>	<i>Low</i>
	Infrastructure & services	<i>- Availability of one protected borehole - A health station with 1 health officer and 1 nurse as staff</i>	
	Natural resource management	<i>- Forest on top of the hill is a protected community forest</i>	
	Connectedness	<i>- Red Cross branch has connection with the district disaster management office - Mobile network and all weather road available</i>	
<i>e.g. Dengue</i>	Risk management	<i>Community health committee is in place and in close contact with nurse in health center</i>	
	Health	<i>Population has high level immunity to dengue parasite Health staff is aware of diagnosis and treatment protocol</i>	
	Water & sanitation	<i>Spraying equipment available at the MOH district office from last campaign and it is functional. Health officers are trained in indoor residual spraying.</i>	
	Shelter	<i>Insecticide treated mosquito nets are freely accessible in the health clinic for mothers with children under 5 years old</i>	
	Food & nutrition		
	Social cohesion	<i>Mother club conducting sensitization activities with mothers and caretakers of children under 5</i>	
	Inclusion		
	Economic opportunities		

Hazard	Dimensions	Capacities (community, household, individual)	Score (high, moderate, low)
	Infrastructure & services		
	Natural resource management		
	Connectedness		

### Step 8. Consolidate and conclude on risk levels



**Purpose:** for the community to consolidate the results of the assessment and identify who and what is at high, medium and low risk

Now it is time to bring the results of exposure, vulnerability and capacity for each hazard together to start to make sense of it. As you will remember, risk is directly proportional to the hazard and level of exposure and vulnerability, and is inversely proportional to the capacity to withstand the shocks and stresses of the hazard (i.e. exposure x vulnerability / capacity).

#### 8.1 Synthesise exposure and vulnerability

In this step, the team facilitates the process for the community to consolidate analysis on exposure and vulnerability, and try to agree on an overall score per characteristic. Using the table below and the scores from the summary tables for exposure and vulnerability, determine a score for the combined levels of exposure and vulnerability for each hazard and characteristic. Fill out table 4.



Exposure x Vulnerability	Vulnerability		
Exposure	Score		
Score	Low	Moderate	High
Low	Low	Low	Moderate
Moderate	Low	Moderate	High
High	Moderate	High	High

So, for example, for floods, the exposure score (from table 1) is high so you would apply that for each of the vulnerability characteristics (from table 2). So the scores for the human, social and economic characteristics would be high, moderate and high, respectively. If the exposure score for floods was moderate, the scores for the human, social and economic characteristics would be high, low and moderate, respectively.

**Table 4: Combined level of exposure and vulnerability per hazard**

Hazard	Dimensions	Score (High, Moderate, Low)
<i>e.g. Flood</i>	Risk management	<i>High</i>
	Health	
	Water & sanitation	
	Shelter	

Hazard	Dimensions	Score (High, Moderate, Low)
	Food & nutrition	
	Social cohesion	<i>Moderate</i>
	Inclusion	
	Economic opportunities	<i>High</i>
	Infrastructure & services	
	Natural resource management	
	Connectedness	
<i>e.g. Dengue</i>	Risk management	<i>Moderate</i>
	Health	<i>High</i>
	Water & sanitation	<i>Moderate</i>
	Shelter	<i>Moderate</i>
	Food & nutrition	
	Social cohesion	
	Inclusion	<i>Moderate</i>
	Economic opportunities	
	Infrastructure & services	
	Natural resource management	
	Connectedness	
<i>e.g. Conflict</i>		

### 8.2 Conclude on the risk levels

Remind the community about the risk formula and the fact that the risk of disaster is a factor of hazard, exposure, vulnerability and capacity. Clarify that the **risk level is the highest when exposure and vulnerability are high and capacity is low**. On the contrary, the risk level is low when the exposure and vulnerability are low and capacity is high.

**Purpose:** to identify the risk levels by consolidating the analysis results of exposure, vulnerability and capacity for each hazard.

**Tools:** talk to the wall (ask the community to put up on a wall or table the results of the different exercises, such as the mapping and the synthesis table of vulnerability and capacity assessments. By putting the results side by side for each hazard, you can compare, triangulate and consolidate the findings).

Using the table below, assign a risk score for each hazard and its characteristic in table 5 below.

Risk	Exposure x Vulnerability		
Coping Capacity	Score		
Score	Low	Moderate	High
High	Low	Low	Moderate
Moderate	Low	Moderate	High
Low	Moderate	High	High



So, continuing with the same example, for floods, the ‘exposure x vulnerability’ score for the human characteristic is high (table 4) and capacity for the human characteristic is low (table 3), so the risk score would be high. Along the same vein, the ‘exposure x vulnerability’ score for the social characteristic is moderate and capacity for the social characteristic is moderate, so the risk score would be moderate. And so on...

**Table 5: Risk scores**

Hazard	Dimensions	Score (High, Moderate, Low)
<i>e.g. Flood</i>	Risk management	<i>High</i>
	Health	
	Water & sanitation	
	Food & nutrition	
	Shelter	
	Social cohesion	<i>Moderate</i>
	Inclusion	
	Economic opportunities	<i>Moderate</i>
	Infrastructure & services	
	Natural resource management	
	Connectedness	
<i>e.g. Dengue</i>	Risk management	Moderate
	Health	High
	Water & sanitation	Moderate
	Food & nutrition	
	Shelter	Moderate
	Social cohesion	
	Inclusion	Low
	Economic opportunities	
	Infrastructure & services	
	Natural resource management	
	Connectedness	
<i>e.g. Conflict</i>		



### **8.3 Consolidate information on high risk elements**

For each characteristic identified at high risk (and potentially medium risk), the local EVCA team should help the community consolidate them in a table (template below) with their respective exposure, vulnerability and capacity information. The conclusion on the key risks will require a subjective judgement by the community, beyond the information that was collected.

**Table 6: Consolidated information on high risk elements**

Hazard	High and medium exposed elements (copy from exposure summary)	Dimensions	Vulnerability aspects (copy from the vulnerability summary)	Capacity aspects (copy from the capacity summary)	Summary of key risks (high exposure + high vulnerability + low capacity)
e.g. Floods	<p>-55 houses in low laying area by the river (H)</p> <p>- 1 health post (H) - 1 market (H)</p> <p>- 56 hectares of farmland (H)</p> <p>- school near the river (M)</p>	Risk management	<p>- No early warning system</p> <p>- Lack of swimming skills - 5 people with disabilities living in the exposed houses</p>	<p>People can access weather forecasts on their mobile (but limited knowledge on how to interpret it and what actions to take)</p>	<p>Children who don't know how to swim that go to school in the flood risk area are at high risk of death and injury</p> <p>People with disabilities in houses by the river would need help to evacuate</p>
		Infrastructure & services	<p>- Poor drainage lines -</p> <p>Poor building standards</p>		
		Natural resource management	<p>- Serious deforestation on the upper stream of the floodplain</p>		
Dengue	<p>-77 Households near to mosquito breeding sites</p> <p>-86 Households with elderly, people with chronic diseases and children under 5 not using insecticide treated mosquito nets</p>	Risk management	<p>High endemic rate of dengue</p>	<p>Community health committee is in place and in close contact with nurse in health center</p>	<p>Potential increase in dengue transmission can be deadly for households with vulnerable groups sitting close to breeding sites and with no access to insecticide treated mosquito nets or house screening</p>
		Health	<p>High mortality</p>	<p>Population has high level immunity to dengue parasite</p> <p>Health staff is aware of diagnosis and treatment protocol</p>	
		Water & sanitation	<p>Large Endemic Uncontrolled Aedes population</p> <p>High presence of mosquito breeding sites</p>	<p>Spraying equipment available at the MOH district office from last campaign and it is functional.</p> <p>Health officers are trained in indoor residual spraying.</p>	
		Shelter	<p>Easy access to humans by female mosquito</p>	<p>Insecticide treated mosquito nets are freely accessible in the health clinic for</p>	

Hazard	High and medium exposed elements (copy from exposure summary)	Dimensions	Vulnerability aspects (copy from the vulnerability summary)	Capacity aspects (copy from the capacity summary)	Summary of key risks (high exposure + high vulnerability + low capacity)
				<i>mothers with children under 5 years old</i>	
		Inclusion	<i>Large vulnerable population (elderly, chronically ill, children)</i>	<i>Mother club conducting sensitization activities with mothers and caretakers of children under 5 and HHs with vulnerable groups.</i>	

Both vulnerability and capacity change over time, which is why the EVCA process should be repeated periodically (ideally, around once a year).

Once you have a clear idea of what are the most at-risk elements in the community according to their exposure, vulnerability and capacities, you are ready to start the planning phase.

#### **8.4 Turn your assessment results into a baseline resilience measurement**

In order to reduce risks and strengthen the resilience of a community, it is important to have a sense of the extent to which it is already resilient. Later on, you may want to know whether your risk reduction and resilience-building efforts did in fact lead to a more resilient community. So you will need some way of assessing the ‘state of resilience’ at the outset and of tracking resilience over time.

Now that you have undertaken the EVCA, you will be able to easily turn your assessment results into a resilience measurement baseline. The overall risk scores for each dimension for each priority hazard compiled in Table 5 can be turned into a ‘score’ (0-1) and turned into a resilience measurement ‘star’. Efforts are currently ongoing to develop an IFRC resilience measurement dashboard, which will allow you to analyse and visualize your resilience measurement data. By uploading your EVCA report (template available on [ifrcvca.org](http://ifrcvca.org)) to the VCA repository ([vcarepository.info](http://vcarepository.info)), the resilience measurement dashboard will automatically be able to turn your results into a resilience measurement ‘star’.

Step 14 provides additional information for how to track any changes in community resilience over time, as part of monitoring and evaluation efforts.

# Level Four: Facilitate planning

The steps so far have been an assessment of risk in the community. It is now time for the local EVCA team to facilitate the planning process to create a community-based risk reduction action plan as well as a contingency plan in case of an emergency.

This is an exciting time when all community members participate with their ideas of how to minimise their risks by reducing the causes of their vulnerabilities and strengthening their capacities.

**Tip! Facilitators need to be skilled in addressing potential conflicts that may surface during the planning process.**

## Step 9. Risk reduction planning

Addressing vulnerabilities is the main goal of a risk reduction and resilience-building effort. The community shouldn't only focus on the direct manifestations of the vulnerabilities; rather it should also go further and attempt to address the underlying root causes and dynamic pressures. This requires visionary thinking, long-term commitment and a systematic approach to address them. The following sub-steps contribute to this and need to be facilitated well by the local EVCA team.

### 9.1 Visioning with the community

**Purpose:** for the community to think about what they want to achieve in the future

**Tools:** Dream map (guidance provided in the [mapping](#) tool)

To start the planning phase, it is good to do a visioning exercise with the community, motivating them to think about what a safe and resilient community would look like when all the major hazards are addressed. This exercise is meant to help inspire and motivate.

### 9.2 Identify actions

**Purpose:** for the community to identify actions that will help reduce risks

**Tools:** talking to the walls, solution tree (guidance provided in the [problem tree](#) tool)

At this stage, the community has understood how and why hazards affect them. The next step is to answer the key question: what actions can be taken to prevent and/or mitigate a potential disaster?

Using the above tools, ask the community to look at the key risks identified and answer questions like "how can you reduce exposure?", "what actions can you take to address vulnerability?" and "what actions can you take to strengthen capacity?". Ask this for each of the priority hazard identified. Ask them to write the agreed actions in an additional column added to the synthesis table from section 8.3 - the table would look as follows:

Hazard	High and medium exposed elements	Relevant high-risk dimensions	Vulnerability aspects	Capacity aspect	Key risks	Potential actions/ solutions
e.g. Floods	-55 houses in low laying area by the river (H) - 1 health post (H) - 1 market (H) - 56 hectares of farmland (H) - school near the river (M)	Risk management	- No early warning system - Lack of swimming skills - 5 people with disabilities living in the exposed houses	People can access weather forecasts on their mobile (but limited knowledge on how to interpret it and what actions to take)	Children who don't know how to swim that go to school in the flood risk area are at high risk of death and injury People with disabilities in houses by the river would need help to evacuate	
		Infrastructure & services	- Poor drainage lines - Poor building standards			Fix drainage systems
		Natural resource management	- Serious deforestation on the upper stream of the floodplain			Tree plantation
e.g. Dengue	-77 Households near to mosquito breeding sites -86 Households with elderly, people with chronic diseases and children under 5 not using insecticide treated mosquito nets	Risk management	High endemic rate of dengue	Community health committee is in place and in close contact with nurse in health center	Potential increase in dengue transmission can be deadly for households with vulnerable groups sitting close to breeding sites and with no access to insecticide treated mosquito nets or house screening	
		Health	High mortality	Health staff is aware of diagnosis and treatment protocol		To run refresher training on dengue prevention and control to health staff
		Water & sanitation	Large Endemic Uncontrolled Aedes population High presence of mosquito breeding sites	Spraying equipment available at the MOH district office from last campaign and it is functional. Health officers are trained in indoor residual spraying.		To run refresher training on residual indoor spraying to health staff
		Shelter	Easy access to humans by female mosquito	Insecticide treated mosquito nets are freely accessible in the health clinic for mothers with children under 5 years old		To support distribution of nets and run Hang up campaign
	Inclusion	Large vulnerable population	Mother club conducting sensitization activities with mothers with		To run refresher trainer for mother clubs on dengue	

			(elderly, chronically ill, children)	children under 5		prevention and equip them with educational material
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Identifying health preventive actions is necessary to reduce the risk of acquiring diseases that can be easily spread out and turned into epidemics. This exercise can be difficult for non-health trained volunteers or staff. Seek assistance from health trained staff and consult the [IFRC Epidemic Control Toolkit](#). This includes a list of diseases and the preventive actions required to mitigate the spread that can be taken by volunteers and community members. If possible, consult also the [Community Based Health & First Aid \(CBHFA\) toolkit](#). This includes a very comprehensive module for primary prevention of communicable diseases. Link to key health stakeholders and ask if there is a risk reduction plan or preventive plan being implemented in the areas as part of the public health agenda of the community and health authorities. This plan can be intensified when an epidemic has been declared in neighboring villages or localities but transmission has not yet reached and cases do not yet exist. Actions can also include establishing referral (mechanisms) activities to other specialized health actors and organizations if the National Society does not have the expertise or the capacity to follow up on identified priorities.

### **9.3 Prioritise the identified actions**

**Purpose:** to identify the priority actions considering different criteria

**Tools:** ranking, cost/benefit analysis, do no harm check

In the above exercise, the community came up with a list of actions or activities to address vulnerabilities, reduce exposure and strengthen capacity. However, it may be difficult to implement all the identified actions. Therefore, prioritisation is important. Actions must be prioritised based on agreed criteria by the community. The Roadmap to Community Resilience always favours those actions which can be implemented by the community themselves with no or minimal external support. However, there could be a situation whereby the action is found to be very important but the community lacks the capacity to implement it. In such instances, the action can be selected indicating that it will be supported by either the National Society or one of the stakeholders or the community will be supported in its advocacy efforts to get support from local authorities or other actors.

Facilitate the discussion for the community to agree on the criteria to choose priority actions for implementation. The criteria can be selected in a brainstorming session or focus group discussion. Some of the key criteria are:

- Impact: actions that benefit many people.
- Effectiveness: for example, actions that address multiple vulnerabilities.
- Practicality: actions that can easily be implemented by the community considering cost and other aspects.
- Social sensitivity: actions that promote gender and inclusiveness and are conflict-sensitive (Do no harm).
- Climate smart: actions that consider future risks.
- Sustainability: actions that can be sustained socially, environmentally and economically.



It is advisable for the local EVCA team to support the community to consider all the criteria. At the end, however, the community should be the one to decide on the priority actions.

Write the priority actions in the following table and check them against the criteria to rank them.

Actions	Criteria	How to implement			Rank
		Can do it ourselves	Needs support	Needs advocacy	
<i>Fix drainage system</i>	- Benefits the whole community - Has a high impact	X (Work force)	X (Equipment)		1
<i>Run refresher training for mother clubs on dengue prevention and control</i>	-Benefit mothers and caretakers of children under 5 -Has moderate impact	x	x		3

If there is a disagreement or you need to prioritize between similar ranked activities, you could pick two very important criteria and do a pair-wise ranking (e.g. practicality vs. impact, or cost vs. benefit) in a smaller team or focus group discussion. This allows options to be compared against each other using a small list of criteria. As this is time consuming, it is advised to do this only for a few activities under debate. For example, on the basis of the two tables below, the community might want to prioritize Activity B as it is easier to implement but still has moderate impact.

More difficult activities could be noted down for future implementation once the community has achieved some success and gained more experience with completing other activities.

Proposed activity A	Practical/easy to implement	Moderately easy to implement	Difficult to implement
High impact			X
Moderate impact			
Low impact			

Proposed activity B	Practical/easy to implement	Moderately easy to implement	Difficult to implement
High impact			
Moderate impact	X		
Low impact			

### **9.4 Create a plan of action**

**Purpose:** to create a detailed plan of action

**Tools:** focus group discussion, brainstorming

It is now time to describe in detail the prioritised actions and define the how, when, where and who of the implementation. Encourage discussion on what the community is able to do themselves at the household or community level, what support would be needed (e.g. from the RCRC, local council, community-based

organisations or other partners) and what requires further advocacy efforts.

**Synthesise** in the following table.



Which risk(s) are we trying to address?	How will we do it? Description of activity (quantity, beneficiaries)	What resource(s) are required?	Where will we get the resources from?	When to implement?	Who will be responsible?

**Tip!** When planning the timeframe, also review the seasonal and daily calendars to see when would be the best time to implement the activities, including based on when community members would be available to implement them. Finally consider how (known and potential) threats might adversely affect the implementation or success of the risk reduction action plan, and what can be done to minimise disruptions or damage. For example, the community might need to change the timeframe to avoid certain activities during monsoon season, or include extra means to store tools and other resources above the most extreme flood levels, or reassign responsibilities when key people are sick or absent. Adjust the plan accordingly.

## Step 10. Contingency planning

A hazard doesn't wait until prevention or mitigation measures have been taken. It can strike the community at any time. Therefore, people must be prepared for any eventualities in addition to their day-to-day efforts to reduce their risks. For this, it is important to include a community contingency plan in the risk reduction plan of action.

The contingency plan should at least cover the priority hazards that have a high potential of striking the community. The following sub-steps are a short version of a contingency planning process. However, we encourage you to go through the entire process as described in the [RCRC contingency planning guidance](#).

### 10.1 Scenario planning

**Purpose:** to define the scale of potential impact of specific hazards and identify the response capacity gaps within the community

Ideally, it is advisable to prepare a contingency plan considering the worst-case scenario. Such an approach is increasingly being justified now that extreme weather events are occurring more frequently due to climate change. However, we should also consider that resources at the community level are often scarce and that it may be difficult for communities to set aside a significant amount of resources in preparation for the worst-case scenario. Therefore, it may be more practical and realistic for the community to prepare their contingency plan based on the most likely scenario, coupled with estimates of which areas and households would be at risk if a more extreme event occurred.



**Remember to bring back the hazard characterization forms done for the priority hazards in step 6.3.3 and use them to inform your scenario planning.**

The general scenario planning may need to include the scenario of an epidemic. This can be challenging for non-health trained staff. Developing the scenario with trained health staff will help the team to



understand how different diseases spread to describe epidemic scenarios. The transmission and growth of cases can vary for different diseases and in different conditions, and that has to be considered when assessing the likelihood of the epidemic in scenario planning. For example, a first outbreak of cholera may happen slowly in remote rural areas where population is dispersed and live far apart, being possible to evolve into an epidemic. However, from the moment cases reach urban areas within the country, the likelihood of growing fast in dense populated environments increases enormously and might even be crossing borders.

The next step will be for the community to fill out the below table based on their experience, which can be complemented with technical advice, e.g. from meteorological services regarding likely future risk levels.

**Example**

Hazard	Likelihood rating 1-5	Potential scale (geographical scope, numbers affected, duration)	Community and individual coping capacities	Projected gaps
<i>e.g. Flood</i>	<b>4</b>	- 41 disabled and elderly people could be at risk of death or injury - If new extreme flood event occurs, it is likely that an additional 6 households with elderly people would be at risk	- Community has a safe evacuation space on higher ground identified - 15 of the disabled and elderly could be easily evacuated by their relatives	- Not everyone may be aware and receive early warning information - 26 disabled and elderly people could require evacuation support
		-70 houses could be partly destroyed (+10 in more extreme flood)	- 45 of them could be repaired by the owners	- 25 houses are owned by poor families and could require support to repair

				<i>the potential damages (27 in case of extreme event)</i>
		- 55 hectares of crops could be destroyed (61 likely in the case of an extreme event)	- 50% of the owners have alternative income sources	- 50% of the owners might face food shortages for 6 months
<i>e.g. Dengue</i>	<b>2</b>	Potential increase in dengue transmission can be deadly for 124 households with vulnerable groups sitting close to breeding sites and with no access to insecticide treated mosquito nets or house screening. It has potential to also increase illness and disability in the rest of the community.	Mother clubs intensify their sensitization activities at household level about dengue prevention. RCRC volunteers support distribution of insecticide treated mosquito nets and follow up families for proper hang out. Health staff know to identify, treat and refer cases.	Mother club can be less active in harvest season Health staff demotivated because lack of salaries Mosquito nets not delivered on time



## **10.2 Contingency planning**

**Purpose:** Facilitate the preparation of a simple community contingency plan based on the gaps identified in the above table

Look back at the information you identified in step 6.1.5 on early warning signs, lead time, duration, frequency and period of occurrence for each hazard – it will help you prepare a good contingency plan.



An energising way to initiate contingency planning discussions with the community is to play the participatory game “[Ready!](#)” - possibly with different groups (gender, age, etc.) as different teams.

Here are some important resources that will help you with contingency planning:

- [RCRC contingency planning guidance.](#)
- [Community Early Warning Systems \(CEWS\)](#)
- [Public Awareness and Public Education Key Messages](#)
- [WhatNow Service](#)
- [CRREC Community Preparedness Modules](#)

**Tip! Revise the contingency plan regularly based on the frequency of the hazard.**

Communities may decide to include in their wide contingency plan an epidemic section. Drafting this section can be challenging for non-trained health staff. It requires high understanding of how to manage epidemics and needs full alignment with health authorities who may have already an epidemic contingency plan for the district or sub-district including those diseases of concern for the community.

Communities need to link up to health authorities to ensure epidemic control and prevention actions included in their community plans are coordinated and complementary to those by the Ministry of Health. Note that a unique feature of epidemic contingency planning is that the alert phase needs to be officially communicated by the Ministry of Health. This phase starts for certain diseases when the first case of the disease occurs (e.g Ebola), and starts for other diseases when cases of the disease begin to increase rapidly (e.g. malaria). The role of the extension health workers, community health committees, or equivalent community counterparts, in facilitating that communication is essential and therefore setting up regular communication should part of the contingency plan.

Actions during alert phase differ from response phase, and this should be taken into account into the contingency plan. For Ebola-prone area for example, the health district office may have a contingency plan that includes Ebola as a priority threat. When the few first cases are detected, the health district may officially request communities to activate alert-phase actions such as community-based surveillance and general sensitization on identification of symptom and the need to seek specialized health care. Later on, when Ebola is moving towards a rapidly increase of cases and death ratios, the health authorities may also request additional actions by the community within the response phase, for example supporting safe and dignified burial activities and managing dead bodies in health facilities. It is therefore very useful if the community contingency plan already details an agreed list of alert and response phase activities and the resources needed.

It is important to consult the [IFRC Epidemic Control Toolkit](#) for epidemic contingency plan preparation. The first objective of the plan is preparing the community to contain and / reduce cases in affected area by treating ill people, and searching for contact people who can become eventually ill adding to the case count. The toolkit includes a list of diseases with a list of actions that volunteers can undertake to control an epidemic. For example RCRC volunteers train community members to prepare home-made oral rehydration salts (ORS) in preparation of a cholera epidemic. The same toolkit is very useful when including not only control measures, but preventive measures. This means protecting those in affected areas that have not been exposed yet to the disease and also other non-exposed population in neighboring areas, not affected yet, but susceptible of being reached by the disease. Preventive measures are those included in previous step (disaster risk reduction). For example, RCRC volunteers promote handwashing with soap as preventive measure against cholera.

**Example**

Hazard	Objective	Specific activities	Time	Resources needed & sources	Roles and responsibilities
Floods	Evacuate 26 disabled and elderly People before the hazard event	<ol style="list-style-type: none"> <li>1. Check early warning information</li> <li>2. Identify evacuation route and place, and alternative options in case flood levels are more extreme</li> <li>3. Prepare shelter, food and household items at evacuation place</li> <li>4. Disseminate early warning to all concerned</li> <li>5. Evacuate people</li> </ol>	<ol style="list-style-type: none"> <li>1. Regularly</li> <li>2. Before start of rainy season</li> <li>3. 1 week before flood or as soon as warning received</li> <li>4. &amp; 5. 1 day before the flood</li> </ol>	<ul style="list-style-type: none"> <li>- Radio news</li> <li>- Community labour</li> <li>- \$100 to transport the community - Tents</li> <li>- \$300 to cover food expenses</li> </ul>	<ol style="list-style-type: none"> <li>1. The Early warning focal person of the community</li> <li>2. &amp; 3. The community emergency response committee</li> <li>4. &amp; 5. The community emergency response committee</li> </ol>
Dengue	Vulnerable households take action to protect themselves from dengue	<ul style="list-style-type: none"> <li>-Mother club run sensitization activities at household level on dengue prevention</li> <li>-RCRC volunteers support distribution of insecticide treated mosquito nets</li> <li>-Hang up campaign is conducted by RCRC volunteers targeting HHs with children under 5 and vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>-When health authorities issue an alarm on rapid increase of dengue cases or declare a dengue outbreak. Health officials contact the community health committee to activate alert phase actions in the community.</li> <li>-Before rainy season as preventive measure. The community health committee activate preventive actions before rains.</li> </ul>	<ul style="list-style-type: none"> <li>-Promotional materials on dengue prevention for mother club</li> <li>-Insecticide treated mosquito nets</li> </ul>	<ul style="list-style-type: none"> <li>-Mother clubs lead on sensitization</li> <li>-RCRC volunteers support distribution and run hang up campaign</li> <li>-Ministry of Health supplies the insecticide treated mosquito nets</li> </ul>

The contingency plan should include links to relevant stakeholders such as local government and RCRC branches to closely follow up the early warning information and be ready to complement the community's own contingency resources if a worst-case scenario develops. Some preparedness actions don't require much resources and can be easily planned for the worst-case scenario. Furthermore, if the community is planning bigger investments, such as building an emergency shelter or a protection wall, it is important that these consider the worst-case scenario to ensure the investment will hold up in such an event.

### Step 11. Reflect and provide feedback on the EVCA process

Once you have finished the assessment and planning process, it is important to reflect on the collaboration with the community and what lessons can be drawn: what went well, what didn't go well, how did the team perform, how was the community participation, how was the contribution of the other stakeholders, what should be improved or done differently in the future? Reflection encourages learning, leads to better programme performance and ultimately to better results for communities.

Mutual feedback also improves the relationship and builds trust between communities and the RCRC, and also empowers community members.

The reflection and feedback can be done jointly with the community and the local EVCA team, or separately by gathering community feedback first and then having an EVCA team debrief session with self-

reflection and a discussion on the community feedback received. Normally the reflection is followed by suggestions for future improvement of the process.

### When to do it?

If possible, have the team reflection at the end of each EVCA planning day in order to improve the process for the following planning days. However, the field reality may not always allow that, in which case it should be done at least immediately after the action planning is complete so that all the EVCA team members and community participants can participate in this joint reflection process.

### How to do it?

There isn't one specific method which will be applicable across all contexts. It depends on the available time, materials, place, literacy and numeracy skills of the participants, energy of the team etc. Below are links to a few interactive methods. It is up to the team members to decide which is most relevant and practical for their context and available time. You can use one or a combination of the below methods or you can potentially create your own.



- [Child/youth friendly methods](#)
- [“Plan for community feedback”](#) (CEA Guide p48, Ph2/Step 5; [Tool 15](#))
- [How to establish and manage community feedback mechanism](#)

No matter what method you choose, the key points for participants to reflect on are:

- What did you like and why?
- What didn't you like and why?
- Did this process achieve what you expected? Why or why not?
- Were you able to effectively participate and did people listen to your ideas? - What should be improved or done differently in the future?

### Self-reflection questions for the local EVCA team

In addition to the general reflection questions above, as a facilitation team you may want to discuss the below questions for future improvement of the EVCA process.

- Did the EVCA go as planned? If not, why not?
- What worked well? What did not work well? Why?
- How well do you think team members worked together?
  
- How did people feel? Was it hard to talk with community members? Did they understand what you were doing? Do you think everyone was able to participate and share their views? What could be done differently to make you and the community feel more comfortable?
- Did this process achieve what you expected to achieve? Why or why not? Support answers with examples.
- Were the tools and methods appropriate given the target population? Did the tools provide the information you wanted? If not, what changes do you need to make? Collect specific suggestions (see table below).
- Were the logistics adequate?
- What suggestions do you have for similar exercises next time?
- What were the main complaints and suggestions from the community about the process and how to address these?

Self-reflection sheet for the local EVCA team - see [VCA debriefing](#)

Ask everybody in the team to reflect and write comments on the key steps and tools used. This can only be done if you have adequate time (1-2 hours) and should be done with the entire EVCA team.

Name of step and tool	What worked well?	What did not work well?	Did the tool provide the expected information? What is missing?	What changes need to be made?

## Step 12. Report and share

A good EVCA report is key to ensure everyone is clear about the identified risks and the agreed actions to increase resilience and to mobilise support.



The EVCA report should document the process while remaining concise and clear – so that it will be accessible and easy to read rather than sit on a shelf! It should provide an overview of the context for the assessment and summarize the findings of the assessment (e.g. the synthesis tables referred to above). It should include as an annex the risk reduction action plan (with the more detailed information on who will do what by when) and contingency plan. An EVCA report template is available on ifrcvca.org.

**Ensure the report and risk reduction plan are shared with the community.** Communities need to “own” the EVCA report to manage their action plan and monitor progress. The community should have access to something tangible they can use. This could be laminated/printed flip charts or posters (e.g. the hazard map displayed in a community centre), a printed document, a presentation or digital PDF report posted on a community website, or a report included in the VCA repository. Try to provide the community with a tangible EVCA product that they can be proud of and that everyone can easily access!

**Verify & disseminate:** Due to the participatory nature of the EVCA process, often only a smaller number of representatives from the community can actively participate in the assessment and planning process. **Before finalising the report and action plan, ensure that it has been verified and disseminated to the wider community for feedback.** If necessary, organise additional focus groups or surveys with key vulnerable groups and stakeholders to have them verify that their inputs have been well reflected. Organise a presentation to launch the EVCA report to raise awareness and mobilise community support for the actions. This can be done through existing community meetings or at a community event, public display, radio & social media, etc. For example, in the Caribbean, the local Red Cross branches often organise a fish fry to present the report to the local community.

The report should be submitted to National Society management and the board, thereby raising their awareness of what has been achieved. This will go a long way towards obtaining internal support to organise EVCAs in other branches in the future and ensuring that the EVCA and community work become a standard process within the National Society.

Once approved, the community will also be able to **share the report with relevant stakeholders**. This can be done via email or as a formal presentation, for example at the next local/district government council meeting or district disaster management committee. But first **discuss with the community if they agree to share their EVCA results, and under what conditions**. Then propose to community leaders to present the report themselves which will enhance the ownership of the EVCA process. If the EVCA was conducted in an urban context and the Red Cross is part of a city coalition for resilience, share the report and action plan with the coalition members.



The EVCA reports are a strong basis for the National Society to bring the risks of vulnerable people and communities to the attention of national policy makers: a synthesis of the risks identified – including the changing risks due to climate change – provides compelling evidence that may convince planners to address those risks in their development plans and National Adaptation Plans<sup>15</sup>.

We urge National Societies to **upload EVCA reports to the [VCA repository](#)**. Storing the reports online ensures that they don't get lost and offers more possibilities for the information to be used, for example to feed into national level risk profiles, for National Society contingency planning, for future programme planning, policy dialogue, or as useful background information in case a future emergency response is needed in the area. Discuss with the community if they agree to upload their EVCA and under what conditions, and, if necessary, remove any sensitive and personal data.

Once you have facilitated the creation of the risk reduction action plan and contingency plan and shared the EVCA report, you can move on to the final stage in the EVCA process related to accompanying the community in implementation and learning.

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<sup>15</sup> IFRC (2013) How to engage with National Adaptation Plans Guidance for National Red Cross and Red Crescent Societies ([www4.unfccc.int/nap/Documents/Supplements/IFRC%20NAPs%202013.pdf](http://www4.unfccc.int/nap/Documents/Supplements/IFRC%20NAPs%202013.pdf))

# Level Five: Accompany community implementation and learning

While the key output of the EVCA is a report that summarises the findings of the assessment and risk reduction action plan, the resilience process does not end here. It is important that the National Society keep supporting the community to implement the action plan. Remember, the EVCA covers only part of the process in the Roadmap to Community Resilience. Here, the EVCA process connects with Stage 3 of the Roadmap to Community Resilience (Taking Action for Resilience).

## Step 13. Accompany implementation

Supporting the community to take action could take many forms depending on the context and available capacities (technical, financial and material) and can consist of accompanying, enabling and connecting. You could help them explore and strengthen their internal capacity by **creating or training a community organisation** or committee that will mobilise the wider community and lead the implementation of the action plan. You should also offer to **help implement some of the activities** in which your National Society can offer expertise (e.g. first aid training, first responders training, establishing community early warning systems, etc.) and, whenever possible, provide seed funds for a micro-project generated from the action plan. Another important way for National Societies to support communities is **to connect them with stakeholders** who could support them financially or technically. For this the National Society could help train the community in proposal writing and presentation, and convene the meetings.

This support is expected to yield two results: strong community organisation and adequate human, financial and material resources for the community to implement their action plan.



*RCRC key services, Roadmap to Community Resilience*

**Tip! The community must feel that they own the assessment and action plan, and should be motivated to implement it. As described in the Roadmap to Community Resilience, the key Red Cross Red Crescent role is to accompany, enable and connect the community!**

### 13.1 Support the creation of a committee

The risk reduction and resilience-building effort needs to be owned and led by the community. For this to be possible, there has to be a community organisation in charge of leading the implementation process. Ideally, an existing community-based organisation (CBOs) can play this role and you may have identified one during the capacity assessment. This local community organisation can, if needed, be capacitated and asked to include the most at-risk community members in its activities. However, if there is no relevant community organisation, the local EVCA team should facilitate the creation of one through a participatory and democratic process. Such a committee used to be traditionally called Community Based Disaster Risk



Reduction (CBDRR) Teams or Community Disaster Management Committee (CDMC), and we now suggest calling it a “Resilience Committee” to imply the multi sectoral nature of the risk reduction action plan beyond a disaster focus. It is important for at-risk groups and individuals to be included in these committees. The decision-making processes within these committees needs to be transparent and inclusive, with a clear line of accountability towards the larger community.

The following are key considerations that a community organisation should have to act as a “Resilience Committee”:

- Visionary leadership that will lead and supervise the process beyond the EVCA process

Clear task distribution using participatory processes

- Effective communication and coordination internally and with relevant stakeholders
- Willingness to learn from others and share learning
- Transparent systems to ensure efficient and effective use of resources
- Ability to do resource mobilisation

You may need to help strengthen the committee by training them in new useful skills such as proposal writing and presenting, as well as offer trainings on RCRC expertise areas such as contingency and preparedness planning, first aid, etc.

### **13.2 Connect to partners**

The EVCA process often identifies a variety of issues to be addressed related to many different sectors.

While the technical departments of your National Society should be mobilized to help communities meet their resilience ambitions, there will be instances where your National Society may not be able to support every activity communities identified during the EVCA process due to capacity limitations. Certain projects may require support from outside the RCRC and the community. The role of RCRC work should therefore be to help connect the communities to the most relevant stakeholders and partners. In that case, you must ask two questions:

- Who can help to achieve the implementation of the different actions?
- Who should be responsible for issues that fall outside of the RCRC’s mandate or capacity?

This is where the building of strategic partnerships comes into play, i.e. working with other institutions and partners. From the very beginning of the EVCA process, it is crucial for your National Society to enter into a dialogue with other organisations whose mandate, knowledge and skills complement the activities of the RCRC. You can then call upon these groups when the community prioritises issues that fall outside your own areas of expertise. To do this, it is essential to involve government and other partners as early as possible – such as in the assessment and the planning stages and when sharing the EVCA results. The community may not have sufficient resources for big structural projects, such as building flood retention walls, or for addressing root causes of vulnerability such as poverty. Outside support will be required – which can be obtained through advocacy. Use the RCRC credibility and its auxiliary role to connect the community with relevant authorities and other decision-makers and advocate for change.

**Tip! Help the community establish a ‘partnership’, memorandum of understanding (MOU) or contract with each stakeholder, detailing their respective responsibilities, schedules, communication protocols and financial arrangements. Your National Society may be able to offer formats for this as well as access to legal advice (if necessary). Suggest holding regular meetings to update all stakeholders on the**

**process and results. Support the community to prepare for meetings by helping them to set an agenda, design a presentation and co-chair.**

### **13.3 Mobilise resources**

Different types of resources are required for the implementation of the risk reduction action plan. These resources can be human, technical, financial and material. The community may not have adequate resources for some of the activities in the action plan, in which case the National Society needs to support it to mobilise resources because:

- Vulnerable communities may have limited or no access to stakeholders, government & society networks and may not be aware about available opportunities for risk reduction support.
- Enabling communities to gain access to potential sources of support is an important characteristic of resilience (connectedness).

The common sources of support for the community's risk reduction action plan are: the local community itself, local and national government, RCRC National Society, civil society organisations, faith-based organisations and NGOs.

#### **13.3.1. Internal Resource Mobilisation**

Communities can use their traditional resource mobilisation systems to raise resources internally within the community without much support. Examples of internal resource mobilization include: mutual support systems, local fundraising, contributing their own labour and technical skills, using locally available materials, adopting community by-laws etc.

#### **13.3.2. External Resource Mobilisation – Micro-projects**

However, communities may need technical support in their efforts to develop micro-projects from their action plan and fundraise from external sources. Micro-projects require small amounts of funding and are implemented over short periods of time. They consist of concrete activities that are carried out with a minimum number of related tasks, which depend on the assigned budget. Micro projects can be managed and carried out by the community itself.

Communities can develop proposals for micro-projects or specific activities based on their risk reduction action plan and use it to mobilise resources from external partners. The micro-project could also be connected to a project of the RCRC National Society.

Further guidance on how to develop a [community micro-project](#).

Key points to keep in mind:

- Similarly to the action plan, the proposal for a specific micro-project should identify a clear objective, expected results and target beneficiaries, list of activities, a schedule of activities, budget, and responsible persons and partners involved.
- Ensure that the proposal design is clearly a solution to the priority risks identified by the community during the EVCA.
- The intervention should prioritise the most vulnerable groups in communities and look at activities that have wide-reaching benefits to communities.
- Check carefully to avoid any potential harm an action may have on the environment, on gender equality or on conflict.
- To ensure successful implementation of the micro-project, it is necessary to organise an implementation commission and a follow-up commission made up of members of the community



and if possible a local technician.

## **Step 14. Support monitoring, evaluation and learning**

The steps in this section offer a short version of monitoring and evaluation guidance. If you have time, we encourage you to link this process with [Stage 4 of the Roadmap to Community Resilience](#).

The main aim of monitoring and evaluation is to **help communities learn** from the results of their resilience-building action, make adjustments if needed, and motivate community members and stakeholders to move forward with further improved resilience actions. The EVCA process strongly promotes participatory monitoring.

Monitoring and evaluation **also helps your National Society** identify results that they can report to donors, analyse the quality of your services to the community, and develop an evidence base for mobilising additional funds to support communities. Assessing how well the community progresses on implementing the risk reduction action plan shows communities that you know what you are doing and are serious about reducing risk from any threat. This will reinforce the feeling that working the RCRC will help make positive changes in the community. Plan for joint follow-up, monitoring and evaluation to ensure permanent commitment from and to the community. Below are the key steps to support the community to properly monitor and evaluate the implementation of their action plan.

### **14.1 Motivate to monitor**

Explain to the community the reasons and importance of proper monitoring. Reassure them that it normal and beneficial to want to know how things are going, especially when the community is investing time, energy and other resources in the implementation of their risk reduction action plan. Communities should undertake monitoring and evaluation to achieve one or more of the following purposes:

- Assess progress of their risk reduction action plan.
- Take timely and corrective actions whenever necessary.
- Learn lessons from both success and failure of their action plan implementation and results and impacts achieved: what worked well, what didn't work well and why. Verify whether risks are indeed reduced, collect evidence and use that for encouragement to scale up risk reduction interventions and to influence policy and practice.

Discuss with communities why regular monitoring is important and why all stakeholders should contribute:

- They might notice a change that others do not see; this change might motivate community members to continue their efforts or it could be evidence that activities need to be adapted.
- Their observations may align with those of others, building confidence in the results.
- Seeing changes with their own eyes may provide much-needed encouragement.
- They are entitled to know the results of actions in which they have invested.
- Their cooperation and collaboration may be necessary to adjust or complete plans successfully.

### **14.2 Track progress**

Explain to the community that checking that the risk reduction action plan is on track is key to success.

Encourage them to ask the following questions at sensible intervals during implementation:

- Are the objectives being met?
- Have we done what we expected to do by this stage? If not, why not?
- How can obstacles to progress be removed?
- What needs to be done to get back on track?

The focus here is not only to track progress in the implementation of the action plan but also how it is being implemented: Are the most vulnerable people still actively participating and contributing? Are people developing confidence in analysing, protecting and promoting their interests? Are all committed stakeholders still engaged?

It is the community that should decide on the methodology to monitor the action plan. One or more of the following methodologies can be used:

- a weekly meeting of the Resilience Committee in the community
- monthly or quarterly community meetings where the Resilience Committee presents an update report to the wider community and stakeholders
- video and/or photo story updates
- written report.

To help the community choose its monitoring method, draw on the guidance in the [Monitoring Evaluation chapter of the Project/Program Planning Manual](#). Explain that some changes or signs of progress are best identified by interviewing relevant people while others are observable.

In addition, you can now re-apply a resilience measurement tool to measure the impact of your resilience-building / risk reduction actions. In step 8.4, you will have developed a resilience measurement baseline. You can now re-apply it to see any changes in risk / resilience. Efforts are currently ongoing to develop an IFRC resilience measurement dashboard, which will allow you to upload, analyse and visualize your resilience measurement data. Depending on your resilience measurement needs and available time/resources, the dashboard may also propose additional resilience measurement tools. At the National Society/branch level, you will want to self-report on the strength of your support to the community EVCA process and what your contribution has been for the success of the implementation of the community's risk reduction action plan.

### **14.3 Draw and apply lessons from success and failure**

Guide the community to use its monitoring results to consider how their risk reduction action plan should change, if at all. Change might involve continuing, scaling up, adapting, innovating or stopping certain activities depending on how their plan is evolving and what is being achieved. Don't forget that the best job you can do as a National Society/branch is to use the EVCA process to transform and empower the community to independently and inclusively strengthen their resilience and reduce risks.

Sometimes you need to take specific actions to obtain people's views on how to resolve a problem. If planned activities need to be changed significantly, encourage the community and other stakeholders to take those decisions together, with maximum participation and notifying partners of major changes. Accompany them as they repeat parts of the action planning process and help connect the community with other actors if necessary.

Encourage the community to organise an exchange visit to share learning with other communities, either by exchanging directly or via the RCRC. Provide connections and resources to enable other community representatives to visit and learn from the community, and ask the community's permission to share its experience with other organisations in publications.

At the National Society/branch level, you will probably need to conduct your own organisational monitoring. This may be tied to required tasks for your donors and may benefit from collaboration with

local authorities and partners. **Celebrate success but also learn from any mistakes and find ways to improve.**