



Myanmar Red Cross Society

Manual

on **Community-Based Disaster Risk Reduction**



Disclaimer

The **Manual on Community-Based Disaster Risk Reduction** is a consolidation and harmonization of existing CBDRR methodologies, procedures, and practices of Myanmar Red Cross Society. Efforts have been made to ensure the accuracy and reliability of the information contained in this document. The document remains open for correction and improvement.

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Foreword



I am pleased to write the foreword for this publication as I think this commendable effort will have a long-lasting impact on streamlining the resources, human, materials and technologies, available at Myanmar Red Cross society (MRCS). We practiced a number of different approaches in community-based disaster risk reduction programming and implementation over the past decade. This resulted in some confusion among the Red Cross volunteers at the community level. Our realization of the need for a common and an integrated approach to the community-based risk reduction programming at MRCS has now materialized.

Community-based disaster risk reduction (CBDRR) practices in Myanmar have evolved through a process of sustained involvement of MRCS with the support of International Federation of the Red Cross and Red Cross Societies (IFRC) and other Movement Partners. The MRCS has been able to implement CBDRR/CBDRM activities in villages and Townships since 2003 by building capacities of the Red Cross volunteers in community actions as well as implementing specific interventions supported by IFRC, French Red Cross, Canadian Red Cross, and American Red Cross, among others.

The experiences clearly show that increased capacity of the RCVs has led to development of CBDRR tools and methodologies. There is a certain pool of MRCS resources and amount of knowledge and experiences on CBDRR available; however, they have not been widely applied as an integrated approach. Standardization of the already developed tools and methodologies is the need felt by MRCS to ensure the implementation of the community programs in a more integrated and holistic manner. In addition, such tools also need to be applied in other community-based initiatives of MRCS. I hope that the CBDRR Framework will be able to fill up this gap, and such tools and methodologies would focus the approach of Red Cross model of CBDRR in Myanmar.

I take this opportunity to urge all concerned at MRCS and at the Movement Partners to adopt this framework when designing and implementing CBDRR programs in the country. Needless to say, it is a live document and needs to be reviewed and updated on a regular basis.

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Acronyms

2IC	Second in Command
AmRC	American Red Cross
BFA	Basic First Aid
CBDRR	Community-Based Disaster Risk Reduction
CBDRM	Community-Based Disaster Risk Management
CBFA	Community-Based First Aid
CCA	Climate Change Adaptation
CRC	Canadian Red Cross
CSO	Civil Society Organization
DM	Disaster Management
DRR	Disaster Risk Reduction
DyHoD	Deputy Head of Division
EWS	Early Warning System
FGD	Focus Group Discussion
FO	Field Officer
FRC	French Red Cross
G1	Grade 1 Officer
G2	Grade 2 Officer
GAD	General Administration Department
HoD	Head of Division
HQ	Headquarters
IDRR	International Day of Risk Reduction
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
M&E	Monitoring & Evaluation
MAPDRR	Myanmar Action Plan on Disaster Risk Reduction
MRCS	Myanmar Red Cross Society
MSA	Multi-Sector Assessment
NGO	Non Governmental Organization
OD	Organization Development

- PC** Program Coordinator
- PMER** Planning, Monitoring, Evaluation and Reporting
- PNS** Partner National Society
- PwD** People with Disabilities
- RCEC** Red Cross Executive Committee
- RCV** Red Cross Volunteer
- RRD** Relief and Resettlement Department
- SAR** Search & Rescue
- SBDRR** School-Based Disaster Risk Reduction
- SDMC** School Disaster Management Committee
- SPP** School Preparedness Plan
- SPSS** Statistical Package for Social Sciences
- TBCB** Township Branch Capacity Building
- TEO** Township Education Officer
- TO** Training Officer
- ToT** Training of Trainers
- Tsp** Township
- UDRR** Urban Disaster Risk Reduction
- VDMC** Village Disaster Management Committee

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Introduction

Community-based disaster risk reduction [CBDRR] practices in Myanmar have evolved through a process of sustained involvement of the Myanmar Red Cross Society [MRCS] with the support of IFRC and Partner National Societies [PNS]. The MRCS has been implementing CBDRR activities in villages and townships since 2003 by building capacities of the Red Cross Volunteers [RCV] at the grass-root levels, as well as by implementing specific CBDRR interventions.

The increased engagement and experience of MRCS with CBDRR activities has led to the development of different CBDRR tools and methodologies. Even though this pool of resources as well as the knowledge and the experience is available in MRCS now, they have not been widely applied as an integrated approach. Therefore, it was decided to develop a CBDRR Framework which would facilitate the development of an integrated approach including all community-based activities of MRCS. The CBDRR Framework aims to provide an integrated approach to implement Community-Based Disaster Risk Reduction activities in Myanmar and is based on existing tools and methodologies experiences and lessons learned from previous and existing programs implemented by MRCS.

An integrated approach will provide MRCS with a more compact and uniform tactic towards CBDRR that would promote the use of the same tools and methodologies throughout all DRR programs and would simplify the implementation for MRCS Headquarters [HQ] staff, as well as for the staff in the field and the RCVs who are associated with the programs.

The CBDRR Framework includes the following documents:

- + CBDRR Practice Case Studies
- + CBDRR Step-by-Step Methodology
- + CBDRR Manual
- + CBDRR Training Modules
- + CBDRR Awareness Tool Box

What is the CBDRR Manual?

The CBDRR Manual is a practical how-to-guide for Red Cross Volunteers trained in CBDRR, MRCS program staff as well as any other CBDRR Practitioners in Myanmar. Together with the CBDRR Awareness Tool Box, the CBDRR Manual provides guidance and support to the implementation of community-based programs in Myanmar by explaining each of the implementation steps as well as the tools used. However, it has to be kept in mind, that the CBDRR Manual is based on the *Minimum Package of Activities*. Minimum Activities refer to the activities that MRCS would like to see in each of their field interventions irrespective of time frame and budget. The Minimum Activities form therefore the core of each CBDRR program. Having a set of Minimum Activities that guide the implementation of CBDRR programs will result in a more consistent implementation of CBDRR programs in Myanmar. However, this does not mean that any other activities should not be implemented. Based on the needs of the communities as well as the specific requirements of donors, any other activity can be implemented when time and resources allow for additional activities. There is no limitation in the amount of additional activities that are implemented under one specific program.

What can be found in the CBDRR Manual?

The CBDRR Manual provides detailed description of each of the 9 CBDRR implementation steps as well as an introductory chapter about CBDRR in Myanmar.

Part A is an introductory part which will give you background information about CBDRR in Myanmar. It has a small section about the importance of CBDRR in Myanmar, the stakeholders of CBDRR in Myanmar, as well as an overview about the challenges that are faced when implementing CBDRR in Myanmar.

Part B contains the instructions on how to conduct the 9-step process agreed upon and described in detail in the step-by-step methodology document. These nine (9) steps are considered the minimum required activities to be followed by all MRCS community based initiatives regardless of their budget or time frame. The nine (9) steps involved are:

- Step 1: Program Socialization
- Step 2: Program Site Selection
- Step 3: Baseline Study
- Step 4: Community Mobilization
- Step 5: Multi-Sector Assessment
- Step 6: Action Plan Development
- Step 7: Implementation of Action Plan
- Step 8: End-line Study
- Step 9: Handover and Exit Strategy;

Part C includes all the implementation steps of CBDRR programs namely step 6 (Action Plan Development), and step 7 (Implementation of Action Plan).

Part D includes all the steps that finalize a CBDRR program namely step 4 and step 8 (Baseline and Endline Study) as well as step 9 (Handover & Exit Strategy).

In order to make the CBDRR Manual more practical, each chapter entails some or all of the following icons:



Under this icon, a checklist is presented which provides a set of statements that need to be re-evaluated by the CBDRR practitioner to assure adherence to the procedures, rules, benchmarks and requirements under each step of the CBDRR process. They needed to be referred to from time to time to guarantee completeness and consistency.



The challenge icon draws attention to certain challenges that are likely to be faced when implementing CBDRR programs. By paying attention to the information next to this icon, CBDRR practitioners will be able to prepare themselves for certain challenges in the field and come up with counter measures.



This icon draws attention to points to ponder. Even though these points to not present a challenge to the implementation of a CBDRR program, it is important to keep some aspects in mind while implementing. The points to ponder raise attention to aspects that should be included in the program planning to ensure that the program can be successful implemented.



This icon refers to additional reference materials that could be consulted for more in-depth information. Even though this CBDRR Manual strives to be as comprehensive as possible, more complex processes would go beyond the scope of this manual and will therefore be not included in this manual.



This icon indicates that the same information has already been given in a different part of the CBDRR Manual. In order to make it easier for the CBDRR Practitioner to see these linkages and to go back and forth between the different steps and activities, this icon will be used together with the section, table, box, figure numbers where similar information has already been given.

Cross-Cutting Issues

Furthermore, whenever applicable, attention will be raised to cross-cutting issues that are of importance in a certain activity. The following icons are used for the cross-cutting issues:



It is widely acknowledged that climate change adaptation [CCA] and community-based disaster risk reduction should be integrated to enhance aid effectiveness and reduce confusion for communities. Climate change is associated with increased occurrence of natural hazards as well as an increase in the severity of natural hazards. The rationale for CCA and CBDRR integration is therefore to prepare the communities for any adverse effects climate change may have for their livelihoods. Therefore, it is very important to identify areas in ongoing CBDRR or CCA programs where CCA and CBDRR efforts can be combined to increase the overall resilience of communities. Programs that address vulnerability holistically - integrating both DRR and CCA aspects – and thereby targeting the overall needs and capacity of the community are especially effective in enhancing the resilience of communities. Possible ways to include climate change adaptation in CBDRR programs implemented by MRCS are pointed out in the following chapters.



As a natural resource rich country, the livelihoods of the communities in Myanmar are intrinsically linked to their surrounding natural environment. Especially prominent in rural areas, their livelihoods and their everyday lives depend on the produce from the forests, the lands and the water close to them. Certain factors, nevertheless, can disrupt this dependency in a most devastating way: natural hazards' impacts that could destroy the invaluable environmental resources, over-exploitation or unlimited/unplanned extraction of these same resources and encroachment upon or disruption of eco-zones brought about by so-called development activities. Government environment laws and regulations can no doubt obligate more responsible dealings in the field. However, given the apparent linkage between climate change, environment, livelihood and disaster risk reduction, any CBDRR planning and implementation period could and should be taken as a well-timed moment to mainstream environmental concerns and natural resources management issues into the program design. In so doing, voluntary and conscientious actions and mindset changed can be invoked within the community.



IFRC defines violence as the use of power, either as an action or omission in any setting, threatened, perceived or actual against oneself, another person, a group, a community that either results in or has a high likelihood of resulting in death, physical injury, psychological or emotional harm, mal development or deprivation (High-level meeting on violence, Geneva, 2008).

The definition already includes the notion that violence is an issue that can affect anyone, irrespective of gender, age, background, belief or status. Especially in the context of Myanmar, violence prevention should be kept in awareness when implementing new programs. The ethnical as well as religious diversities in the country can lead to violence, especially in the aftermath of natural disasters. MRCS recently decided to implement the Canadian Red Cross [CRC] Violence Prevention program which aims to prevent, mitigate and respond to interpersonal violence on community level. In order to facilitate the no-violence approach

MRCs already started to establish a MRCs Violence Prevention Team which is mainly responsible for the implementation of the Violence Prevention program. However, violence prevention should also be taken into account when implementing CBDRR programs.



A gender conscious approach should ensure that all programs benefit men and women equally, according to their different needs. Gender refers to the social construction of roles of women and men and the resultant role-perceptions about men and women. In comparison to the biological sex which is universally applicable, gender is influenced by local traditions and beliefs and it is therefore of importance to be gender conscious when planning for CBDRR. A gender conscious approach to CBDRR means going beyond awareness about gender issues and taking actions to transform prevailing unequal gender relations during and through disaster risk management. Especially in Myanmar, women are often absent from decision making positions which result in not taking into account the viewpoint of women when it comes to the implementation of DRR programs.



Among vulnerable groups, persons with disabilities are considered to face the worse barriers and stigma, mostly due to cultural and religious stereotypes. They still face widespread exclusion and isolation in their daily lives, within families and communities. They also tend to be less visible during disasters due to their low participation within community activities, including socioeconomic and activities on disaster risk management. They are consequently more at risk to be neglected or to see their needs inadequately addressed. Due to mobility problems and hearing, learning, or seeing disabilities additional problems can be added to the already tense and dangerous situation before, during and after natural disasters. Therefore, it is important to ensure that people with disabilities are considered during the planning for CBDRR programs. Similar to exclusion of women from decision making positions as mentioned in the gender-sensitive approach, people with disabilities are often not included in the participatory planning and assessment process and their capacities and vulnerabilities are not taken into account when it comes to disaster preparedness planning.

Disability-inclusive DRR considers how the rights and needs of persons with disabilities can be addressed in actions to avoid or to limit the adverse impacts of hazards, and how they can participate and contribute to DRR. Some persons with disabilities require specific support (e.g. assistive devices and an adapted environment among others) to participate actively, while others, because of their disabilities, have developed innovative solutions and coping strategies and have sound experiences and ideas that can benefit the whole community in DRR activities. The challenge for DRR stakeholders is to identify the best way in which persons with disabilities can be included and involved, keeping in mind that they are an asset and not a burden to their community.

Where can you find what?

Each of the 9 CBDRR steps is described separately in one chapter. Each of the chapters provides a description of the different activities that need to be carried out to implement one of the CBDRR steps and gives support and advice with regard to the implementation of these activities. Figure 1 – Chapter Overview shows an overview about the different chapters as well as the activities described in each of the chapters.

Figure 1
Chapter
Overview



step 5

step 6

step 7

step 8

step 9

Multi-Sector
AssessmentAction Plan
DevelopmentImplementation
of Action Plan

Endline Study

Handover Process

- formation of MSA team
- field session including training and assessment
- assessment report

- participatory action planning
- resource identification
- proposal writing

- assignment of tasks
- capacity building
- mobilization of resources
- imp. of activities
- M&E
- revising action plan

- refresher M&E training
- data collection and analysis

- revision of action plans
- handover of program documents

Chapter 5

Chapter 6

Chapter 7

Chapter 8

Chapter 9

Part

Community-Based Disaster Risk

A

Reduction in Myanmar

CBDRR Process of MRCS

A common process for CBDRR for all community-based programs implemented by MRCS has been developed under the MRCS CBDRR Framework. The identification of the 9 key steps of CBDRR was done in a participatory process involving all MRCS staff working in the Disaster Management Division as well as selected MRCS staff from other divisions (OD, Health etc). It is important to acknowledge that the 9 steps presented should not be regarded as separate processes. Even though the program starts with program socialization at the different levels, there is an overlap with the following steps, especially with the program site selection as first discussions about the program sites are actually held during the program socialization meetings. Furthermore, for instance, community mobilization does not end after a certain period, but is facilitated during the whole program period. The steps 5 and 6 (Multi-Sector Assessment and Action Plan development) are mostly carried out at the same time and should therefore be regarded as more or less one entity. Furthermore, there are two processes which are carried out on an ongoing basis during program implementation, namely advocacy and the development and implementation of an exit strategy. Both processes start early on in the program and continue till the final handover process.



Figure 1 - Chapter Overview shows the 9 different steps as well as the key activities that are included in each of the steps.

Relevance of CBDRR in Myanmar

If we are to raise the question about whether CBDRR would benefit Myanmar in any way, the answer would indubitably be affirmative. The justification for such claim is based on two major and undeniable facts we will be looking at below.

1. Myanmar is susceptible to a plethora of natural hazards.

OCHA's overview declares Myanmar as one of the most disaster prone countries in Asia-Pacific, deeming it the 'most at risk' in 2012. The country is exposed to a wide range of hazards from floods, cyclones, earthquakes, drought, landslides and tsunamis with the high likelihood of occurrence of medium to large-scale natural disasters every couple of years, according to historical data (OCHA Overview¹). The Tri-partite Core Group (TCG)² sponsored Post-Nargis Joint Assessment (PONJA)³ report conducted in 2008 also

1 Overview downloadable at <http://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar%20A%20Country%20prone%20to%20a%20range%20of%20natural%20disasters.pdf>

2 TCG was mooted at the ASEAN Ministerial Meeting in Singapore in late May 2008 and formed by the ASEAN Humanitarian Task Force for the Victims of Cyclone Nargis (AHTF). It was made up of the Government of Myanmar, Association of South-East Asian Nations (ASEAN) and UN.

3 PONJA was conducted immediately following the 2008 Nargis Cyclone.

highlighted Myanmar's vulnerability to high-impact, low-frequency natural hazards. Major hazard occurrences in Myanmar from 2006 to 2013 are summarized in Table 1.

Table 1
Major Hazard
Events in
Myanmar 2006-
2013

April 2006 (Cyclone Mala)

Cyclone Mala hit the Rakhine state and north of Ayeyarwady delta in April of 2006 and left behind damages worth no less than 6.7 million USD.

May 2008 (Cyclone Nargis)

The Cyclone Nargis left some 140,000 people dead and missing in the Ayeyarwady delta region and Yangon. An estimated 2.4 million people lost partially or completely, their homes and livelihoods.

October 2010 (Cyclone Giri)

At least 45 people were killed, over 100,000 people became homeless and some 260,000 were affected. Over 20,300 houses, 17,500 acres of agricultural land and nearly 50,000 acres of aquaculture ponds were damaged by the Cyclone Giri.

March 2011 (6.8 Earthquake in Shan State)

Over 18,000 people were affected. At least 74 people were killed and 125 injured. Over 3,000 people became homeless.

October 2011 (Floods in Magway Region)

Nearly 30,000 people were affected to varying degree. Over 3,500 houses and some 5,400 acres of croplands were destroyed and the number of casualties has been estimated to be around 162.

August 2012 (Floods across Myanmar)

The floods in different states and regions displaced some 86,000 people and affected over 287,000 individuals. Ayeyarwady Region was the worst affected with some 48,000 people displaced. Over 136,000 acres of farmland, residential houses, roads and bridges were damaged.

November 2012 (6.8 Earthquake in northern Myanmar)

At least 17 people were killed and 11 injured, with 1437 houses, 138 schools, 391 pagodas and 200 monasteries damaged due to the earthquake.

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At least 17 people were killed and 11 injured, with 1437 houses, 138 schools, 391 pagodas and 200 monasteries damaged due to the earthquake.

May 2013 (Tropical Storm)

Some 120,000 people in Rakhine were evacuated to safer locations in advance of a predictable cyclone with support from the Government. While the storm eventually impacted Bangladesh, the impact on Myanmar was limited.

Source: OCHA Overview.

2. Disaster risk reduction (DRR) is a national priority in Myanmar.

We have seen plenty of evidence that the natural disasters have adverse impacts on social, economic and environmental states of a country. However, the evidences also demonstrate that disasters create opportunities such as in the case of 2008 cyclone Nargis which instigated profound changes especially in humanitarian landscape with the influx of humanitarian funds and the international humanitarian agencies. The disaster also opened up the eyes of the Myanmar people towards risk reduction approaches and their potentialities to defend themselves from future disaster happenings.

With the development of the national framework - Myanmar Action Plan on Disaster Risk Reduction (MAPDRR) - and the establishment of the associated institutional arrangements to oversee the achievement of MAPDRR's goals, DRR, and CBDRR as well have been elevated as a key priority in the national development process. With international partners more than willing to lend a hand in this endeavour, it is imperative that we take advantage of this drive for DRR excellence and strive for wider coverage of DRR and CBDRR initiatives.

CBDRR Stakeholders in Myanmar

The array of stakeholders involved in CBDRR approach is broad as it needs backings at different level: national, sub-national and local, covering not just DRR actors but also agencies active in related sectors of development. For successful execution of CBDRR initiatives in Myanmar, this sub-section is devoted solely to study the diverse stakeholders at each level in order to have a good understanding of these important players.

National Level Stakeholders

Chiefly during the last decade, a considerable number of agencies have been seen actively engaged in DRR functions throughout Myanmar. As the holders of the decision making authorities at the highest level, the involvement of these bodies is critical for CBDRR implementation in the country in terms of political endorsement and official DRR resource allocation. At the national level, the key actors can be divided into two sectors: government and non-government.

The main DRR stakeholders in the government sector are:

- + **Ministry of Social Welfare, Relief and Resettlement (MSWRR)** – the nodal ministry responsible for the country wide DRR as per the national and ministerial policy and plan on DRR. The Relief and Resettlement Department (RRD), one of the departments under the MSWRR, led the development of Myanmar Action Plan for Disaster Risk Reduction (MAPDRR) and is the DRR technical agency responsible for enhancing necessary knowledge and skills on DRR of government agencies at all level and educate people on matters related to DRR.
- + **National Disaster Management Committee (NDMC)** - constituted under the Chairmanship of the Union Minister of Social Welfare, Relief and Resettlement. The Union Minister for Defence and the Union Minister for Home Affairs are the Vice Chairmen of MDPA. The Deputy Minister for Social Welfare, Relief and Resettlement is the Secretary and the Director General of Relief and Resettlement Department is the Joint Secretary.
- + **Myanmar Disaster Management Work Committee (DMWC)** - constituted to provide effective disaster management mechanism with the support of 13 sub-committees.
- + **Myanmar National Search and Rescue Committee** - constituted under the Chairmanship of the Minister for Home Affairs and co-chaired by the Minister for Social Welfare, Relief and Resettlement and the Minister for President Office. The Deputy Minister for Social Welfare, Relief and Resettlement serves as the Secretary and the Director General for Relief and

Resettlement Department is the Joint Secretary. The Committee has 17 members from the line ministries, relevant departments and social organization.

- + **Other Support Ministries and Departments** - All line ministries and departments within the system of the Union Government of Myanmar have mandates to support DRR within their ministerial operations and, through their membership in NDMC and other related committees, are required to support the national DRR works. Many have actively invested time and efforts in mainstreaming risk reduction measures in their specific fields on their own or in collaboration with non-government organizations (NGOs).

The main stakeholders in the non-government sector on national level are:

- + **Red Cross Movement** - Myanmar Red Cross Society (MRCS), the national chapter of the international Red Cross movement, is the leading practitioner of DRR in Myanmar and the pioneer of the concept of CBDRR since 2000. It is supported mainly by the International Federation of Red Cross and Red Crescent Societies (IFRC) through IFRC country delegation in Yangon both technically and financially. Other Red Cross societies actively involved in DRR in the country, that are also supporting technically and financially to MRCS' works, are Australian Red Cross, American Red Cross, Hong Kong Red Cross, Danish Red Cross, Canadian Red Cross and French Red Cross.
- + **UN Agencies** - Of all the UN agencies working in Myanmar, the most active organizations in the field of DRR are UNDP, UNESCO, UNICEF, UNHABITAT and UNOCHA.
- + **NGOs and Civil Society Organizations [CSOs]** - There are 100 plus international and local NGOs and civil society organizations actively working in Myanmar in the field of DRR.

Sub-national Level Stakeholders

The main stakeholders at the sub-national level are:

- + **State/regional, district and township level government authorities** - mainly the regional, township and district level disaster preparedness agencies consisting of representatives from relevant line departments (health, education, agriculture, general administration, etc.), administrative authorities, officers serving in the Relief and Resettlement and other related departments under the Ministry of Social Welfare, Relief and Resettlement, regional/township/district education board and government affiliated mass organizations;
- + **Existing Red Cross structures** - that include RC Supervisory Committees at state/regional and district level, as well as Red Cross Executive Committees and the branch members at township level; and
- + **NGOs and CSOs** - working at sub-national level including the private research and academic institutions.

Local Level Stakeholders

At the local or community level, the stakeholders can be identified as follows:

Box 1
Existing DRR
Networks in
Myanmar

DRR Working Group

DRR Working Group was constituted under the Early Recovery Cluster during Cyclone Nargis recovery process in 2008. It is made up of various agencies: Government Departments, UN Agencies, INGOs, Red Cross Societies, local NGOs and academic institutions and its membership is open to any organizations working on or with interest in DRR. The DRR Working Group actively engaged and contributed to the Post-Nargis recovery planning on identifying disaster risk reduction issues for consideration and inclusion into recovery and reconstruction planning. The DRR Working Group mandate was later expanded and presently it serves as a platform for DRR related agencies to participate, share and discuss further development of Myanmar DRR in various aspects through its monthly meetings. The focus thematic areas are:

- Support policy dialogue and strengthening institutions for DRR
- Community-based disaster preparedness and mitigation
- Building DRR knowledge and awareness (disaster research and assessments to inform programme development)
- Mainstreaming DRR into other sectors.

The DRR Working Group is currently chaired by UNDP and co-chaired by Action Aid, Myanmar. The Steering Committee under the DRR Working Group with twelve selected members provides secretariat support and guides the activities. The number of members in the steering committee will be reduced to 11 as soon as the DRR WG Strategic Plan 2018 is finalized.

Civil Society Forum on DRR

Civil Society Forum (CSF) is also in place, at present under the leadership of local NGO, with the intention of further fortifying the DRR coordination mechanism within the non-state setting. It is the result of a partnership between Action Aid, ADPC, Mingalar Myanmar, Myanmar Red Cross Society (MRCS), Save the Children (SC) and United Nations Development Programme (UNDP) in 2009. The CSF promotes information/ experience sharing and partnership building among DRR related agencies. Due to its newly formed status, its members are still discussing plans on how to expand its membership and to promote DRR to new members. However, CSF is already organizing wider consultations to involve local NGOs and CBOs at township and village levels to advocate for expansion of community-based disaster risk management (CBDRM) practices in the country. So far three forums have been organized on this issue: 1st Forum on 'Community-Based Disaster Management Institutionalization' in March 2009 and 2nd and 3rd on general DRR issues.

Source: Myanmar Information Management Unit (MIMU), www.themimu.info.

- + **Local authorities** – village, ward level administrative bodies, village level disaster preparedness committees or village level equivalent of the MDPA, school authorities and teachers and government affiliated mass organizations;
- + **Red Cross branches at the local level** made up of Red Cross Volunteers (RCVs) and specialized DRR structures on the ground - e.g., CBDRR multiplier team;
- + **NGOs and CSOs** working at the grass-root level such as local level organizations; and
- + **Community** - community leaders, students, local businesses and community member themselves. Their stake in CBDRR is the most meaningful of all as their participation in the process means they are having a say in changing their own fate. Attention is to be given to make sure most vulnerable groups in the community: women, children, aged, physically and mentally challenged and ethnic minorities are also included as stakeholders.

Some of the sub-national and local level stakeholders might overlap when implementing a CBDRR intervention depending on the target recipients.

Challenges and Opportunities

For effective CBDRR planning and implementation, we have to have a clear picture of what factors can pose threats or hinder the interventions and what can facilitate and aid the achievements of CBDRR goals. In the earlier sections, we have looked at the CBDRR in terms of its virtues and worth, its relevance to the Myanmar risk reduction endeavours and the various stakeholders of CBDRR in the country. They reveal certain opportunities as well as challenges for effective CBDRR planning and implementation. We summarize and discuss in further details the country specific opposing and supporting elements here for consideration in any CBDRR operation.

Challenges

Challenges create obstacles for CBDRR initiatives in accomplishing the goals and objectives. But they can also be seen as tests that prompt the implementers to try harder and strive for excellence by overcoming them successfully. The challenges can be set off by either external or internal circumstances or a combination of both. The list of challenges provided below hopes to serve as cautionary points that deserve serious deliberations to avoid or prepare for in advance.

+ Limited political support

The lack of political support originates from the lack of understanding of risk reduction issues and their consequences by the high level decision makers. If the government fails to grasp the urgency of addressing the rising threats of natural disasters, reducing their risks would not be included in the national priorities nor the development plans pay attention to the need for DRR integration to promote sustainable development. For CBDRR, the absence of such high level political support usually results in relief-response focused disaster management which could be overseen by centrally organized agencies and undermines community involvement in the process. It also produces resource vacuum for risk reduction tasks on the ground since no allocation is made from the beginning.

+ Poverty

The still existing poverty in parts of the country could negatively impact CBDRR efforts in two major ways. Firstly, the poor people are living hand to mouth existence where they are surviving on day to day basis. For this reason, they have more to worry about in how to subsist every single day than to participate in any risk reduction activities that might take away their precious working hours. Secondly, poor families usually exist at the lowest strata of the society and usually do not have a chance to voice their concerns. It is very likely that except for token representation, they might not be consulted acutely.

+ Limited DRR capacity on the ground

One of the key challenges many CBDRR implementing organizations in Myanmar face is the scarcity of existing DRR capacity on the ground, specifically skilled human resources.

Although general awareness of DRR has improved since Nargis event in 2008, deep understanding of the subject is still limited. The communities and the local authorities have very little or no knowledge of their own risks and vulnerabilities that leads to lack of disaster preparedness mind-set. They are not sure of where to get the reliable information about hazards and their warnings and end up not paying attention. Nurturing competent DRR practitioners takes time and due to the limited implementation period, the responsible organizations may have to bring in outsiders who are not familiar with the socio-cultural nuances of the target community. Mistrust and misunderstanding could arise under the circumstances and could greatly hamper the CBDRR venture.

+ Weak social and physical infrastructure

In Myanmar, social and physical infrastructure are literally rudimentary, especially in many rural areas which account for 70% of the total land area and where 35.25 million of overall 52.8 million population live (World Bank Country Profile⁴). The health care and educational services in rural areas are basics at best and social welfare programmes for disaster affected or at-risk communities are almost non-existence. Physical infrastructure such as roads, communication and other utility service facilities, similarly, are not well developed. These supported infrastructures are vital for all aspects of risk reduction operations (preparedness, mitigation, response and recovery) and their shortfall can induce unfavourable environment for CBDRR activities.

+ Inadequate DRR information

Lack of or inadequate existing data on hazards, risks and vulnerabilities is one area that needs urgent attention. Even if the data exists, they may be dispersed among various agencies and departments with no central database to collate and maintain the data. Since the mechanisms for data collection and experienced personnel to carry out such a task are also in shortage, considerable time and resources may need to be devoted to data gathering task alone. However, it is possible and doable to train data collector, particularly from the community and, thus, should be taken as a major precedence in CBDRR programs through allocation of ample resources and time for the activity.

+ Socio-cultural issues

Socio-cultural issues in a community are sensitive topics that need to be handled with care. Deep-seated fatalistic beliefs like disasters are punishment from god, etc. are a danger to CBDRR because they prevent people from undertaking any meaningful preventive or corrective measures. Some communities might not want help from outsiders suspecting ulterior motives and might resist any proposed changes. Another problematic issue that might arise in connection with social standings in the community is that the elderly and adult members might not be receptive to changes suggested by or movements led by youth and young persons. Myanmar is a country where respect is demanded and determined by hierarchy of the age and therefore care need to be taken to involve the

4 Country data is downloadable at <http://databank.worldbank.org/data/views/reports/map.aspx>

senior members of the community when any youth focused DRR activities are to be designed.

+ Unequal involvement of various stakeholders

With participatory process at the core of its concept, the realization of CBDRR goals and objectives very much depend on the equal opportunities being offered to various sub-groups within the community specially the most-vulnerable groups consisting of women, poor women headed household, children, elderly, ethnic minorities and physically/mentally challenged. Same as with the poor, the danger lies in the imbalance of power structure leading to their involvement being sought only superficially and their needs and concerns not getting addressed appropriately. The outcomes of such exclusion can make them more isolated and marginalized and more vulnerable than ever. This can have profound impact on community level development schemes. The local authorities, community leaders and Red Cross personnel who are leading the CBDRR process on the ground need to be briefed on the consequences of this kind of oversight and encouraged and enlightened to base participatory process predominantly on human rights foundation. Any favouritism or bias need to be dealt with strict counter-measures and regular feedback from the ground obtained to monitor any existence of wrongdoings and discrimination.

Opportunities

The opportunities are conditions that can strengthen and reinforce CBDRR achievements and the drive towards its goals and objectives. Existing supporting situations are discussed here to emphasize the enabling environment that is already in place and that can be and should be capitalized upon.

+ Existence of national level DRR framework

In the existing national level DRR frameworks of Myanmar: Myanmar Action Plan on Disaster Risk Reduction (MAPDRR), CBDRR is one of the seven key focus themes. Further defined under the component 6 (CBDRR component) are nine priority program areas listed below:

1. National Policy on Development of CBDRR
2. National Program on CBDRR
3. Promoting CBDRR Volunteerism
4. Establishing CBDRR Centres
5. Preparedness and Mitigation through Small Grants Program
6. Micro Finance Schemes
7. Integration of CBDRR into Community Development Projects
8. Development and implementation of community-based Natural Resource Management Programs
9. Documentation of CBDRR Good Practices.

This exhibits the strong evidence of the government's commitment towards enhancing the resilience of the population. Hence, any independent CBDRR programs to be delivered in Myanmar should establish linkages to this specific component as a mean of supporting the national DRR goal as well as to gain endorsement from the highest level and to get access to the existing in-country DRR human and technical resources.

+ Presence of existing guidelines

In addition to the national level action plan on DRR, the government of Myanmar has also developed and published township level DRR planning guidelines to assist the township disaster preparedness committees in their DRR preparation. At the international level, CBDRR guidelines, manuals and standard procedural documents of NGO partners working in Myanmar such as IFRC, ADPC, OXFAM, CARE International, Action Aid, UNDP and national DRR organizations of neighbouring South East Asian countries are readily accessible through direct contact or via internet. These guidelines serve as reference materials offering step by step methodologies and lessons learned that could be replicated, with suitable adaptation, in the country.

+ Increased awareness on DRR

Generally speaking, the DRR awareness in Myanmar has improved remarkably during the past years due to the disaster events that occurred in the region and in the country itself such as 2004 India Ocean Tsunami, 2006 Marla Cyclone, 2008 Nargis Cyclone and 2012 East Japan Earthquake and Tsunami. Many humanitarian organizations including MRCS, NGOs and UN agencies have developed, produced and disseminated widely educational materials and DRR messages covering background information on various hazards and what to do before, during and after a specific hazard. TV and radio programs on the same topics have also been prepared and broadcasted. These public awareness campaigns coupled with curiosity of the people have made them more aware of the benefits of pro-active measures. It provides a favourable time to introduce more in-depth CBDRR programs and activities that would be embraced readily by the public.

+ Availability of resources

As we have discussed before, major hazard episodes can cause devastation and destruction but at the same time they also bring about such opportunity as pledges for resources similar to what we have seen during 2008 Cyclone Nargis. Despite the decline in financial support during the recovery phase, the resources, particularly technical resources (expertise, knowledge, experience), available at present can be considered unprecedented in a country where DRR is still in its infancy. These resources would be invaluable in promoting CBDRR approach further and in enriching the in-country expertise.

+ Existence of CBDRR advocates

CBDRR is at the forefront of many DRR focused humanitarian agencies working in Myanmar led by MRCS, UNDP and other NGOs. Although their attempts at CBDRR implementation in Myanmar is still sporadic, their coming together through DRR working group and civil society forums have them sharing information and experiences and avoiding overlaps. Their presence and their relentless efforts and commitments can help push CBDRR for greater recognition and adoption.

Part

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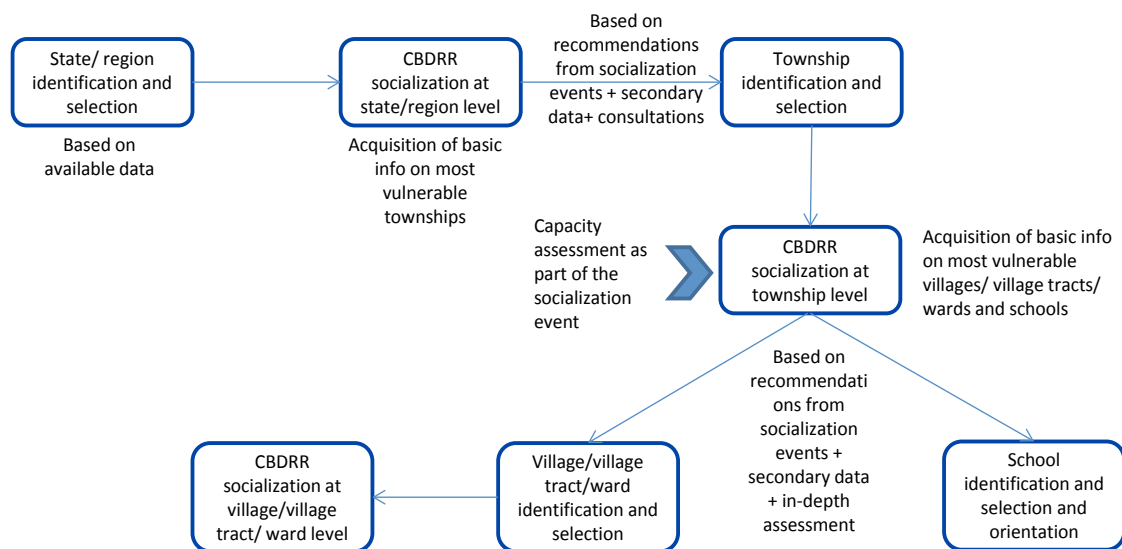
Planning of CBDRR Activities

Step 1 Program Socialization

Program socialization or socialization of CBDRR activities serves as an initial advocacy⁵ process to raise the awareness of the stakeholders about MRCS and its works in general and about the specific program interventions in particular. The main aim of socialization activities at every level is to ensure the support of the relevant authorities at that level for the particular CBDRR program that is going to be implemented in their location.

In Myanmar context, the socialization process and community identification and selection are interlinked and all have to be completed at each administrative level involved: state/ regional, township and village/village tract/ward, before moving on to another. The final target would be to pick the most vulnerable villages/village tracts/wards or schools as the target. Since different level calls for slight alterations of activities under each stage, we will be looking at this key step as per individual administrative level. But in reality and in majority of the cases, the selection of state/region, down to township level, has usually been undertaken from the program proposal development stage, thus, the socialization process would be the first to commence at the state/region level with the aim of informing the state/region

Figure 2
The Target
Community
Selection
Process Chart



⁵ Advocacy is an integral part of the overall CBDRR, embedded within each step with the intention of maintaining the CBDRR awareness throughout the entire implementation period.

authorities of the upcoming program. The entwining relationships between the two stages and the administrative levels are explained in Figure 2. “The Target Community Selection and Socialization Process Chart⁶”.

Box 2
Benefits of Socialization of CBDRR Activities

- Respective authorities and Red Cross Branch personnel are informed from the outset what is to be taken place within their area, garnering ready access to available data and resources and good will.
- Official endorsement is obtained from the relevant high level authorities at various levels in order to create a supportive environment. This is particularly crucial at the township level, where MRCS’ reliance on delivery of its humanitarian activities lies.
- The introductory socialization activities offer unique opportunity for analysing existing capacities at that level in line with the required program focus, through simple question and answer sessions, allowing the development of plans for suitable capacity building interventions.
- The target community selection process is expedited as the socialization activities provide the very first discussions with regard to township selection.
- By initiating engagement with personnel who are already familiar with the context on the ground (social, cultural and geographical) as well as the local key actors, invaluable information and nuances for potential target areas can be gathered, which assist in the selection of target community.

1.1. At State/Region Level

The modalities of socialization process employed at each administrative level may differ depending on the degree of formality and the extent of commitment expected from that level but simple common steps can be followed in getting the socialization process done. The steps are described briefly in Table 2.

Table 2
How to Organize the Socialization Meeting at State/Region Level

1. Preparation of program brief	The program brief takes the form of a brochure, a one/two page note and a PowerPoint presentation	<i>Responsibility of the program coordinator (PC)</i>
2. Making a list of main contact persons	The list should contain government authorities (Government Administration Department [GAD] and state/regional level disaster management committee), Red Cross Executive Committee [RCEC] and supervisory committee, state/region education board and delegates from NGOs working in the area	<i>Responsibility of the program personnel under the supervision of PC and in consultation with Red Cross personnel on the ground</i>
3. Preparation and dispatch of introductory official letters	In order to plan for the socialization events, brief official letters should be sent to the invited participants well ahead of time. The letter should contain short but informative data on the program and requests for venue and date for socialization meetings	<i>Responsibility of the PC with support from program personnel and MRCS state/region RCEC</i>
4. Preparation of a list of key information to be collected	The socialization meetings also serve as a possibility to gather information and recommendations for township selection. A list of key information will help to speed up the process.	<i>Responsibility of the PC with support from program personnel</i>
5. Socialization event	During the meeting more detailed information on the program is presented to the audiences and recommendations on the most vulnerable townships in the state/region are sought.	<i>Responsibility of the PC with support from program personnel and field officers (G1 & G2 Officers)</i>

6 The figure depicts a situation where site selection process is undertaken without any prior determination of where CBDRR activities are to take place.

As for the presentation of the information during the socialization event, it is advisable that either Head of Department or Deputy Head of Department from MRCS headquarter could take on the job to indicate appreciation and respect towards the meeting participants.



We need to keep in mind also that simply sending one introductory letter might not suffice at times to capture the attention of the intended audiences at different level (*see CBDRR Stakeholders in Myanmar*). Vigorous follow-up and more letters might need to be written and exchanged before the dates and the venues for any briefing events can be agreed upon and finalized. Table 3 summarizes the modality used, expected output and information required or could be collected courtesy of the socialization meetings at the state/region level.

Table 3
Brief Overview:
Socialization
Meetings State/
Regional Level

Modality employed	Expected output	Info to be shared	Info to be collected
Briefing meetings	<ul style="list-style-type: none"> Approval of state/region authorities Coordination and collaboration by state/region authorities and other partners 	<ul style="list-style-type: none"> General information of MRCS – mission, vision, goal, objective, strategy, key areas of work, etc. Short program profile (objective, expected outcomes and outputs, target beneficiaries, time frame, detailed activities, exit strategy, M&E, etc.) 	<ul style="list-style-type: none"> Most disaster vulnerable townships within the state/region (hazard and risk information) Existing DRR activities (by both government and non-government agencies) in the state/region DRR gaps and needs in general



To cultivate greater assimilation of environmental and climate change issues within the CBDRR initiatives and vice versa, representatives from the respective fields need to be invited to partake in the socialization activities and beyond. Periodic consultations and discussions should take place in order to exchange views and seek inputs from the subject experts.



- ✓ The information to be shared at the socialization events appropriately covers all important information.
- ✓ The list of information to be gathered at the socialization events are prepared and approved.
- ✓ The list of invitees for the socialization events includes all relevant stakeholders (at each level).

It could be useful to share the CBDRR Practice Case Studies Series with the stakeholders at regional/state level to provide them with more detailed information about the activities MRCS has been implementing in Myanmar.



During the program socialization briefing meetings and orientation sessions, it is imperative to emphasize on the positive aspects of CBDRR process, focusing on both economic advantage: pro-activeness can help reduce rehabilitation and recovery costs, and life-saving properties, to gain buy-in and contribution especially of the authorities.



There is always the possibility that some delays might occur during the selection and socialization processes caused by bureaucratic procedures such as hold-up in issuing of official letters or postponement of program activities because of the unavailability of government officials. A potential solution is to keep the number of official meetings at a minimum.

1.2. At Township Level

For the township level, the program brief prepared beforehand can be utilized in the socialization process at the township level. The steps employed are similar to the steps at state/region level and can be found in Table 4.

Introductory phase of a program is also the time to begin prepping the local stakeholders for their ultimate expected role: to take over the management of CBDRR activities on the ground at the end of program period. The socialization meetings and sessions provide a great opportunity to acquaint the key stakeholders with roles and responsibilities they are expected to assume. It is very important to share detailed time frame of the program activities with them so that they can prepare themselves.

Table 4
How to
Organize the
Socialization
Meeting at
Township Level

1. Making a list of main contact	The list should contain government authorities at township level, RC Township Branch Committee, township education board and delegates from NGOs working in the area.	<i>Responsibility of the program personnel under the supervision of PC and in consultation with Red Cross personnel on the ground</i>
2. Modification and dispatch of introductory official letters	Brief official letters should be sent to the invited participants well ahead of time. The letter can be the same as the one that has been sent on state/ regional level. If any modifications are required with regards to the contents or the tone of the letters, field officers should take the lead.	<i>Responsibility of the program personnel under the supervision of PC and in consultation with Red Cross personnel on the ground</i>
3. Preparation of a list of key information to be collected at the event	The socialization meetings also serve as a possibility to gather information and recommendations for township selection. A list of key information will help to speed up the process.	<i>Responsibility of the PC with support from program personnel and field officers (Grade 1 and Grade 2 Officers and 2nd in Command of Red Cross Chapter (2IC)).</i>
4. Socialization event	During the meeting more detailed information on the program is presented to the audience. Initial inputs on potential at-risk villages/ village tracts/ wards and schools would also be gathered. Depending on the time and resource availability, this can either be shortened: requesting the attendees to nominate most hazard prone villages based on their prior knowledge or extended: through more in-depth assessment as follow up to the information shared at the orientation sessions.	<i>Responsibility of the PC with support from program personnel and field officers (Grade 1 and Grade 2 Officers and 2nd in Command of Red Cross Chapter (2IC)).</i>

Table 5
Brief Overview:
Socialization
Meetings at
Township Level

Modality employed	Expected output	Info to be shared	Info to be collected
Socialization sessions	<ul style="list-style-type: none"> Official support of township authorities Coordination and collaboration by the township authorities and other partners 	<ul style="list-style-type: none"> General information of the implementing agency (MRCS mission, vision, goal, objective, strategy, key areas of work, etc.) Short program profile Expected commitment from the stakeholders 	<ul style="list-style-type: none"> DRR needs and gaps at the township level including capacity requirement of township branch Most vulnerable villages/ village tracts/ wards in the township (hazard and risk information) Number of schools located in the most vulnerable village/ village tract/ ward Contact list of community leaders/ leading community members Existing DRR activities (by both government and non-government agencies) in the township

1.3. At Village/ Ward Level

Following the selection of most vulnerable villages/ village tracts/ wards, the same three steps, as at the township level, are to be duplicated in each and every one of these sites with only the changes altered to reflect the village/ ward aspects. The names of community representatives need to be added to the list of main contact persons, with the help of the field personnel (MRCS officers on the ground such as G1, G2 and 2IC). Introductory letters modification and dispatch and organizing of orientation sessions would also be repeated as before. Most importantly though, the information to be shared at the session has to be more comprehensive than previous socialization events at state/region and township level: especially in the presentation of the upcoming activities under the program and what roles the community is expected to play in their implementation. For instance, the presentation should contain information on the next logical stage of organizing the community, how they would be organized (into disaster management committees) and what the anticipated roles and responsibilities would be.

Table 6
Brief Overview:
Socialization
Meetings at
Village/Ward
Level

Modality employed	Expected output	Info to be shared	Info to be collected
Orientation sessions	<ul style="list-style-type: none"> Official support of local authorities Coordination and close collaboration by the local authorities and other partners 	<ul style="list-style-type: none"> General information of the implementing agency Short program profile Detailed expected commitment from the stakeholders 	<ul style="list-style-type: none"> DRR needs and gaps on the ground Existing DRR activities (by both government and non-government agencies) in the community Any other concerns with regards to poverty and environmental issues

Some of the awareness tools included in the CBDRR Awareness Toolbox such as the disaster pamphlets may be distributed during the orientation session at the village level

to ensure that the community is better able to understand the benefits of having a CBDRR program in their village.



As a reference, consult the 'Village Level Advocacy Guidelines' prepared and published by MRCS in Myanmar language for the socialization process.

1.4. Orientation of CBDRR activities at School Level

All target schools would be provided with orientation sessions to inform the school authorities of the upcoming program activities and to seek their commitment and support. The choice of whether there is going to be an orientation session organized for each individual target school or one session for all target schools located in the one township or one single session for all the target schools hinges on the program disposal of resource and time.

Table 7
Brief Overview:
Socialization Meetings at School Level

Modality employed	Expected output	Info to be shared	Info to be collected
Orientation sessions	<ul style="list-style-type: none"> Official support and coordination/collaboration of school authorities 	<ul style="list-style-type: none"> General information of the implementing agency Short program profile Detailed expected commitment from the stakeholders 	<ul style="list-style-type: none"> DRR needs and gaps Potential human resources (students, teachers)



Socialization events at the community level (village/ ward or school) need to make sure the most vulnerable groups are included in process. Hence, the envoys of groups or associations representing the most vulnerable population (women, aged, physically challenged, PwDs, ethnic minorities, and children) should be unequivocally invited to the orientation sessions.



- ✓ The information to be shared at the socialization events appropriately covers the anticipated benefits of CBDRR as well as the key points of the upcoming activities.
- ✓ The list of invitees for the socialization events includes all relevant stakeholders (at each level).
- ✓ Potential human resources and DRR gaps have been identified during the socialization meeting.



Especially in schools, it is important to get the support of parents during the socialization meetings. It should be ensured that parents know about the upcoming program activities and are engaged in the planning and implementation phase to ensure that they support their children in their learning experience and are also able to benefit from the knowledge which is newly acquired by the children. Furthermore, SBDRR activities may require the students to spend additional time in school which should be approved by the parents.

Step 2 Program Site Selection

The selection of the most vulnerable community is the first major step under CBDRR. Since different communities with different characteristics and varying socio-economic conditions develop different degree of vulnerabilities, this step is a particularly crucial in assuring that the most vulnerable community or communities get chosen as beneficiaries to profit from the planned CBDRR initiatives.

2.1. Selection of State/Region

The selection of most vulnerable community; i.e. community living in most vulnerable village/ ward and the target school/schools located in the area, begins at the state/region level. Realistically, the implementing agency has to have a rough idea of which state or region in the country they want to work in even at the activity formulation stage. It is the principal responsibility of the senior management and the key personnel of the implementing agency. For MRCS, the main responsible parties would include the Head and the Deputy Head of DM Division and the Program Coordinator as well as the Red-Cross Executive Committee (RCEC) in the states/regions. As explained in the previous steps, since most of MRCS programs have pre-selected the state/region, down to township level, where they want to work from the program conceptualization stage, the selection activity provided herewith at state/region and township levels could be skipped although the selection criteria used would still be relevant as they could and would be employed during the proposal formulation stage to choose the most vulnerable states/regions and townships.

2.1.1. Selection Criteria

Having pre-determined selection criteria help in prioritizing the implementing agency's priority mandate and organisational mission and goal and also in distinguishing the different degree of risks and vulnerabilities. In selecting the most appropriate state/region, following criteria apply.

- + **Risks and vulnerabilities** This is the most important aspect of the criteria and in contemplating the level of risks and vulnerabilities, the root causes of the vulnerabilities should also be paid equal attention such as poverty level, management of natural resources (environment and livelihood link in particular) and level of development. One major source for such data in the country is Myanmar Information Management Unit (MIMU at themimu.info). Substantial amount of information on such topics are also available through various studies conducted by UN Agencies (e.g. IHLAC study) specifically for Myanmar. Future trends of disasters and their related risks should also be taken into account and again such information could be found online (for instance on the websites of

UNFCCC, UNDP and the Centre for People and Forests (RECOFTC⁷). Furthermore, already existing data within MRCS should be taken into account.

- + **The extent of past, on-going and planned DRR initiatives** It means the number of DRR programs that are already implemented or being implemented or agreed to be implemented in the state/region. The precedence should be given to state/region with the least or no DRR activities.
- + **The extent of interests shown by the state/region authorities** In some cases, the state authorities of a state/region specifically request the delivery of a CBDRR program. Such a request implies that the authorities are more likely to support the program implementation although it does not guarantee resource commitment.

Although it should not influence the decision making process substantially, we may have to consider the requirement of donor agencies that could be in favour of one particular state/region. For example the donor agency is looking to support CBDRR activities in coastal areas or in earthquake prone regions. If those circumstances arise, it is prudent to investigate and arrange for discussion with donors to ensure their focuses are based on realistic risk and vulnerability information. Before the selection process is started, it needs to be ensured that the exact selection criteria as well as their weight in the final selection have been agreed upon within the program team as well as MRCS governance. This will ensure that the selection of the state/region can be finalized in a transparent way and without any disturbances.

2.1.2. Selection Process

To identify and select the state/region that would be suitable for the CBDRR planned activities which are usually implemented as time-bound programs, following steps could be undertaken:

Table 8
How to Select a
State/Region

1. Review and study data related to the selection criteria	This step requires extensive desk research. As much information as possible should be gathered and organized to simplify the comparison of different state/regions. It should be ensured that the process of data analysis is transparent and the decisions taken are based on the data analysis.
2. Preparation of a list of state/regions	This step should be based on the analysis that has been carried out above. All state/regions on the list will be regarded as shortlisted. Therefore, the amount of state/regions that will be put on this list should be reasonable.
3. Convening meetings with shortlisted state/region RCEC	All shortlisted state/regions from step 2 need to be contacted and the possibility of CBDRR execution in their area should be discussed. The respective state/region RCEC should be encouraged to provide recommendations and inputs with regard to the selection process
4. Final Selection	Based on the feedback of the meeting as well as the selection criteria mentioned before, the final selection of program state/regions should be taken and the state/region RCEC needs to be informed about the decision.

⁷ <http://www.recoftc.org/site/Climate-Change-REDD-and-Forests-in-Myanmar/> and <http://unfccc.int/2860.php> and www.mm.undp.org.



- ✓ Selection criteria have been chosen and agreed upon
- ✓ Data has been collected from different sources and organized in a systematical way
- ✓ A shortlist of possible state/regions has been prepared and validated by MRCS governance

2.2. Selection of Most Vulnerable Townships

At the end of the briefing meeting at the state/region level, the program team should be in possession of basic information and recommendations on most vulnerable townships.

2.2.1. Selection Criteria

The criteria for township selection should cover a wide range of topics:

Table 9
Selection
Criteria
Township
Selection

Criteria	Explanation	Source of Information
Prone to natural disaster	Townships that have been hit most often by disasters in the last 10 years.	Township hazard profiles, historical hazard data etc.
Township Capacity	It has to be made sure that the chosen township branches have the necessary capacities to implement a DRR program. The OD Branch Assessment provides information about the capacities of a particular township. However, townships that did not score well on the OD Branch Assessment should not be neglected during the township selection process.	OD Branch Assessment
Commitment of the Tsp authority and RCEC	Township authorities and especially the RCEC need to be committed to the idea of implementing a program in the township. The actual program implementation is heavily supported by both the township authorities and the RCEC and therefore requires collaboration and commitment of both entities. Townships that do not want to commit should not be chosen as program sites.	Consultation meetings with Township authority and RCEC
Presence of MRCS and other DRR actors	Especially in the most disaster prone townships, chances are high that other DRR actors already implement programs. In order to not duplicate efforts, townships with ongoing DRR programs should not be chosen. Focus should be laid on townships which could not benefit from DRR programs of MRCS or other DRR actors in the past and presence.	Consultation meetings with other DRR actors, program documents etc.
Accessibility	It has to be considered whether it is feasible to implement programs in certain areas. In some cases, accessing certain program areas is maybe not feasible or not possible at all for MRCS. However, this criterion should not imply that hard to access townships are never selected as program sites. Time as well as budget constraints should be taken into account when talking about accessibility.	Information about transportation costs, first hand experiences of RCVs etc.
Socio-Economic Status	Even though the socio-economic status of townships should not be one of the key criteria when it comes to township selection, in cases of two townships with similar hazard profile, capacity and commitment, the townships with the lower socio-economic status should be chosen.	Township data related to socio-economic status (income, education, occupation, health, etc.)

However, depending on the program, the selection criteria may slightly differ. The most important aspect is that the criteria should be agreed upon before the start of the program and that they should be shared with all concerned stakeholders to ensure that the program site selection is experienced as fair and transparent.

2.2.2. Selection Process

Steps recommended for identification and selection of most vulnerable townships are described in Table 10.



During the selection process, information about climate change as well as environmental and natural resource management should be taken into account as underlying factors influencing the risks and vulnerabilities.



- ✓ Selection criteria have been chosen and agreed upon
- ✓ Number of townships that are going to be selected have been agreed upon
- ✓ Data has been collected from different sources and organized in a systematical way
- ✓ All stakeholders have been consulted and informed about the final decision

Table 10
How to Select a
Township

1 Identification of data gaps	Before any selection process can start, the implementing agency has to figure out what kind of data they already have on the townships branded as vulnerable at the state/region briefing meetings and what they do not, in relation to the established criteria mentioned in table 9.	<i>PC with support of the program team</i>
2. Desktop collection of relevant data and analysis	This involves mainly filling the data gap detected in the previous step through research and desktop study methods from secondary sources and the analysis of resulting information. The sources of information include historical records kept at government or NGOs' offices, reports, research papers, program proposals and shared data/online information.	<i>The main responsibility lies with the program coordinator and the field officer. The data collection should be supported by 2IC.</i>
3. Organization of consultation meetings	Once the data/information on the recommended townships has been collated, compiled and analysed, consultation meetings with state/region authorities, if necessary also with district authorities, and field visits need to be organized. At these meetings, the data on these townships would be presented and the authorities would be requested to give their recommendations. Based on the discussions, a list of an initial number of townships is to be prepared which will be reviewed by the chief minister to shortlist final candidate townships.	<i>PC with support of the program team</i>

4. Final selection	The decision would be determined by pre-established criteria (Table 9). The number of township to be selected depends on the program requirements and capacities of the implementing agency.	<i>Staff members submit the report to HQ governance for final validation. The report is prepared in consultation with Township/ regional RCEC.</i>
5. Approval of selection	The final selection has to be endorsed by the MRCS President to make it official	<i>Approval by MRCS President</i>

2.3. Selection of Most Vulnerable Village/ Ward

As the final and most important stage, significant importance is attached to each and every activity in selecting the most vulnerable villages/village tracts/wards or schools as the target.

2.3.1. Selection Criteria



Selection criteria for the most vulnerable villages/ village tracts/wards could be exactly the same as those of the township (*see Table 9*) only adapted to village/ ward level. They are: proneness to natural disaster, existing DRR capacity on the ground, commitment of the local authorities and field personnel of the implementing agencies (RCVs for MRCS), presence of MRCS and other DRR actors, accessibility and socio-economic conditions. Additional issues that need to be added is the consideration of cross-cutting issues such as poverty and status of environmental fragility of a locality.

2.3.2. Selection Process

The suggested steps under this process differ from those at state/region and township levels. More extensive research and assessments are required. The steps are explained in Table 11.

Table 11
How to Select a
Village/Ward

1. Identification of data gaps	As in the case of township selection process, as per the criteria mentioned in Table 9, additional data required need to be chronicled.
2. Desktop collection of relevant data and analysis	Data identified as needed but missing in the previous steps would be collected through research and desktop study methods from secondary sources and analysed.
3. Short listing of potential villages/ village tracts/ wards	In consultation with the township authorities and the implementing agency's representatives at the township level (township RCEC for MRCS), a list of pre-selected villages/wards is to be prepared based on the selection criteria and the secondary data collected.
4. Initial diagnostic assessment of shortlisted villages/ wards	The initial assessment is a crucial feature that needs to be replicated in all shortlisted village/ village tracts/ wards. It does not necessarily have to be in-depth assessment but since it will be the very first participatory process in the CBDRR program where the program team would have the earliest opportunity to establish contacts with the potential target communities, it should be a combination of courtesy call and data gathering missing. In MRCS term, it is known as 'Initial Diagnostic Assessment' of potential target communities. It should be ideally overseen by program team in the field if one exists. As for MRCS, their RCVs represent the field team and full backing from the township and village authorities are essential.

Both primary and secondary data are necessary for this assessment but desktop research performed under the previous step should provide substantial amount of data. If any extra information is required, similar research could be undertaken to supplement the need. Short field visits need to be organized in the pre-selected villages/ wards to talk to some key community members for the primary data through face-to-face interview. To facilitate the process, data collection forms need to be developed with simple easy to complete formats. If any software programs are to be utilized, the format should be based on the output of the format. The findings should be presented in either report or tabular form in easily comprehensible manner accompanied by relevant maps indicating at-risk and vulnerable areas and existing capacities on the ground.

- 5. Final Selection** The results and outcomes from initial assessment of each village/ward are presented, under this step, to the township level personnel of the implementing agency: township RCEC and branch personnel of MRCS for instance, and the entire program team in the field. Through these township personnel, the findings are also shared with the township authorities. The final decision should be made jointly between the implementing agency personnel and the township authorities. The number of target villages/ wards to be chosen depends on the available resources. For MRCS, CBDRR program requirements dictate selection of at least 10 villages/ wards in each target township.

Box 3
Data to be
Collected under
the Initial
Diagnostic
Assessment

- Background context (population, location, economic situation, ethnic context, etc.).
- Disaster profile (risks, vulnerabilities and their underlying root causes, potential future trend).
- Existing infrastructure - access road and transportation (distance to township capital, village roads, existing type of public transportation), telecommunication (type and reliability), water (main source of water supply and its distance, water quality and quantity, presence of water treatment system), sanitation (means of waste disposal, existence of rubbish collection system and drainage system).
- Existing communal services - health (distance to the nearest one, existing human resources and services offered, occasional visits of health team and how often, main illness that community encounters), fire service and security (presence of any fire-fighting station or fire brigade, existence of police force, existence of RCVs).
- Existing on-going DRR activities (where, what and by whom).



In the Initial Diagnostic Assessment, the vulnerability related information should examine disaster-poverty-environment relation to ensure the planned initiatives do not harm the environment if it is proven to be already rather fragile.



- ✓ There are pre-established criterion for selecting the most vulnerable community
- ✓ These criteria sufficiently address the aspects of cross-cutting issues: poverty, environmental management, climate change.
- ✓ These criteria sufficiently address the issues concerning disaster risks and vulnerabilities.
- ✓ The selection process sufficiently seeks to involve all the relevant stakeholders (government authorities, non-government partners, most vulnerable population: women, children, aged, physically and mentally challenged, ethnic minorities) in the community.
- ✓ Mechanisms are in place to ensure partiality and fairness in selecting the most vulnerable community.



1. In selecting the most vulnerable community, there needs to be general consensus among the responsible parties. Every one of them has to have a good knowledge of what criteria

are being applied in making the final decision and any suggestions or questions raised by any stakeholder should be taken into consideration.

2. Community selection process, first and foremost, has to be impartial: solely placing the evaluation and conclusion on risk and vulnerability factors, and transparent: so that no illicit activities or favouritism are involved. Any problem encountered in the process needs to be documented in detail as lessons learned and challenges and how to overcome them should also be noted.
3. There are always multiple-stakeholders in any development or DRR program. When negotiating access to the communities, it is important to know the interests of the various stakeholders so as to maintain independence and neutrality with the organizations represented (ADPC, 2004).

2.4. Selection of Most Vulnerable Schools

The school identification and selection process can be linked back to township socialization process because it is during the orientation sessions in the target townships that the schools located in at-risk villages/ ward would be identified and recommended for CBDRR activity implementation. Once the potential schools are identified, final schools would be selected based on the criteria we will be discussing under this sub-section through steps defined underneath. The number of schools selected, identical to township and community selection, would be determined by the resource availability.

2.4.1. Selection Criteria

The benchmarks for school selection include:

- + **Extent of risk exposure:** Schools with high risk level that frequently experience hazards should be chosen. This is shaped by two chief factors – location of the school and degree of vulnerability of infrastructure (further discussed in the next point).
- + **The building type and condition:** This refers to the structural vulnerability of the school infrastructure. The risks are higher for weaker structures due to its age or shoddy construction. Although mere observation and questioning the school officials could reveal the risks, a thorough structural assessment by certified structural engineers is strongly advised.
- + **Existence of on-going or planned DRR activity:** Schools receiving little or no support currently or immediate past or immediate future will be prioritized for selection.
- + **Number of beneficiaries:** Beneficiaries of CBDRR activities in a school are first and foremost the students and the teachers, the principle and the administrative officers working there. Since the grand objective of CBDRR in school is to nurture future DRR advocates who can further impart DRR messages to wider community, the number of beneficiaries is a vital issue. Schools with students no less than certain amount (to be determined by implementing agency but it would not worthwhile if there are less than 200 students) should be given the priority.

- + **The willingness of the school to collaborate:** Schools that embrace the CBDRR proposal and show commitment and enthusiasm will have precedence over those with lackluster interests.

Utmost attempts should be made to ensure that the schools chosen are located in the target villages/ village tracts/ wards to support the linkage between school-based and village-based CBDRR activities. Between the two activities the same community members would be engaged especially the teachers and the students, who might even be volunteers (RCVs of MRCS) for the program. As have been proven repeatedly, children can take up the role of disaster communicators effectively. Their earnestness in sharing their learning from the schools with their families, friends and neighbours is one aspect we need to capitalize on.

2.4.2. Selection Process

In selecting the schools for CBDRR activities, two main steps mentioned below need to be carried out.

1. School Hazard Risk Assessment



The selection process commences with the conduct of school hazard assessment in each identified school. Standard forms are normally used but if there is none readily available, one needs to be developed. A sample template is given in *Annex 2 - School Hazard Risk Assessment Template*. For wider distribution of the assessment forms, help could be requested from the Township Education Officers (TEO), with whom the initial contacts have been established at the township briefing meetings. The assessment is to obtain the following info at the school level:

- + Natural hazards the school has experienced in the last 10 years;
- + Extent of damage and loss caused by the natural hazards in the past 10 years;
- + Potential hazards the school is exposed to;
- + Type of school building (description of materials used, age of the building, sturdiness of the school building towards any particular type of hazard);
- + Design of the school building (DRR consideration included or not in the design – both physical and architectural considerations);
- + Key elements at risk in the school;
- + Presence of any other hazards in the surrounding area (for instance existence of a chemical plant or industrial zone nearby);
- + Current level of preparedness (presence of a school preparedness plan, existence of temporary teaching location, additional features added to school buildings to serve as temporary shelters, disaster proofing water and sanitation facilities, speech and lectures on hazards and related risks, vulnerability, conducting drills and exercises, etc.);
- + Existence of awareness raising activities for students on DRR;

- + Level of support from the community (for example: transportation arrangements for students, support from parent-teacher association etc.);
- + Past, on-going or planned DRR activities within the school and by whom.

By sending the forms to individual school and asking the school personnel to fill it, participatory risk assessment is initiated for school site and its environment which can effectively become a learning process by itself. When the forms are completed, they are sent back to the Township Education Officers of respective township, who in turn hand over the forms to the program team. Additionally, this confirms also the inclusivity and impartiality of CBDRR as children are considered one of the most vulnerable sub-groups within the society.

2. Selection of target schools

Once the findings from the assessments are compiled, analysis process has to be undertaken under the supervision of the program coordinator. To facilitate the final selection process, the results can be presented in such a way that the schools are arranged from most vulnerable to least vulnerable. Figure 3 provides an example of table template that can be used to rank the schools. The final decision should be based solely on the criteria stated under 2.4.1. Selection Criteria to be determined by the program personnel (program coordinator and township RCEC of MRCS) in consultation with the Township Education Officer.



Figure 3
An Example
Ranking Table
for School
Selection

	Extent of risk exposure	Safety of building	No. of on-going or planned DRR activity	Number of beneficiaries	Willingness of the school to collaborate	Total
School 1						
School 2						
School 3						
School 4						

Score 1 - lowest, Score 5 – highest
For column 5, low score starts with 100 beneficiaries, 1 score higher for every 100 more beneficiaries

Same method can be applied in choosing the most vulnerable village/ ward.

Step 3 Baseline Study

Measuring the impacts of CBDRR program provides evidence-based changes within the target community brought about by the risk reduction activities. They can be attitudinal and behavioural changes of the community, changes in organizations and institutions, changes in policies and knowledge and capacities of the beneficiaries. It is also aligned with results-based management and can help improve the future program development. By highlighting what works, the measurement of impacts can substantiate to the policy makers and donors the relevance and the importance of the CBDRR activities. It is intrinsically linked to monitoring and evaluation and two methods are usually employed in deciding the impacts: baseline study and end-line study. They took place at the beginning and the end of the program period and the findings are compared to decide any changes brought about by the program, to evaluate the effectiveness and to identify key areas of improvement.

Baseline study, which generally takes place at the beginning of a CBDRR program, provides basic demographic and disaster risk related information covering current local experiences, knowledge and interpretation of risks. Nearing the end of the programme the outcomes from the baseline and end-line studies are then compared to see what changes have taken place over time, evidently triggered by the program.

It should be noted that for CBDRR program, baseline study serves the same purpose and collects almost exactly the same data as the participatory risk assessment that transpires immediately after the DMCs are formed. In programs with limited time and resources, baseline study could be clubbed with the participatory risk assessment. Similarly, in schools, the school risk assessment becomes the baseline data collection and only end-line study needs to be carried out.



Before any baseline data collection commence, thorough review should be made of whether any other humanitarian or DRR agencies have undertaken the same type of data collection in the same area. If so, what additional data is required need to be identified and the resulting study should build upon the existing ones and save time by collecting only the essential extra information. However, if the previous data collection has been conducted too long ago, the baseline study should be carried out anyway to ensure most up-to-date information.



✓ Arrangements have been made to link the baseline data collection with participatory risk assessment as well as school risk assessment.

For baseline study the key principles are identified as:

- + **Participation:** Success depends on local people's participation in sharing information and responsibilities.
- + **Teamwork:** Typically the baseline study process is managed by the project team, but participatory involvement of local stakeholders can build ownership and motivation for improving the baseline conditions. Therefore, establishing a team with a mix of MRCS staff and community representatives is recommended.

- + **Systematic:** Data collected is guaranteed to be accurate, easily verifiable and carefully organized.

The baseline study needs to be conducted before any major program activities to be able to actually measure the impact of the intervention in the end. If possible, the baseline study should therefore be carried out even before the socialization meetings at the beginning of the program.

Baseline study follows a set of activities as described below.

1. Formation of study team

To avoid any misunderstanding and overlapping of tasks, specialized study teams should be formed in every township. First of all, the specific tasks of the study team need to be drafted and approved in the form of a ToR. The local authorities of the target villages are then informed of the upcoming study. For the baseline study, MRCS customarily involve the RCVs on top of the program field staffs and the M&E personnel. For overall management of the data collection activity, the program team holds the key responsibility in supervision and monitoring.



In order to ensure that the baseline study gives a realistic picture of the situation, it should utilize a heterogeneous study sample involving both the male and female members of the community. Women should be engaged in the process as interviewees as well as part of the study team as interviewers (female RCVs). Women interviewers might be able to reach out better and ask more relevant questions to other women.

2. Training of data collection team

Before the training, the framework for the study has to be developed which describes in detail the different information sources and methods employed (data collection and analysis) and any anticipated challenges. During the training, the study team would then be introduced to the framework. Furthermore, the study team would be oriented on the standardized questionnaires (see *Annex 3 - Initial Baseline Study Template*) that are used during the data collection, as well as different interview techniques that can be used during the data collection. The trainings should also cover issues relating to basic human rights, introduction to fundamental DRR concepts, the importance of addressing real needs on the ground, including those of the most vulnerable groups and the concepts and the advantages of gender sensitive and child focused practices.



- ✓ The study team is provided with appropriate trainings on not just the questionnaire, but also on different interview techniques.
- ✓ The study framework captures all necessary elements such as the type of information required, possible sources, tools to be employed, challenges the team might encounter during the process and the suggested solutions.

3. Data collection and analysis



The baseline study is based on questionnaires, entailing information about the respondent (age, gender, education, occupation, race, and religion), the household (no. of family members, no. of elderly, no. of children, no. of family members with disability, and house type), hazard experience, perception of natural hazards, and current level of natural disaster preparedness and response. A template for the initial baseline study can be found in *Annex 3 - Initial Baseline Study Template*.

A multi-sampling method is usually employed. First, a sample size is considered based on the number of households in each village. The sample size is recommended to cover at least 10% of all households in one village. The households that will be part of the sample size are then randomly chosen by using different methods which includes referring to a map of the village, assigning a number to each household and picking random numbers or using a die to arbitrarily select numbers or walking around and counting the houses and choosing the ones where the pre-determined numbers fall. The selected households are then approached with the questionnaire and one person per household is interviewed. The pre-determined criteria for the respondents are: he/ she has to be between 15 and 60 years of age and is a permanent resident of the village. In order to facilitate the data collection, the study team is divided into sub-groups and are assigned to certain households. The number of the sub-group depends on the size of the village or the area to be covered.

Data analysis is carried out by first entering the data into excel database by the assigned program personnel with the help of the study team. The specific M&E officer from the program would be the main person to carry out the analysis using computer software and interpret the generated outputs into easily comprehensible points of reference or data.



1. To ensure high quality data, all data gathered during the baseline study has to be screened with regard to precision, accuracy, relevance and completeness of the data.
2. There should be a gender balance with regard to the interviewees to ensure a better understanding of the situation on the ground.
3. In both baseline and end-line studies, data gathering should cover the schools. In schools, the School Hazard Risk Assessment can be used as template for the baseline and endline study (see *Annex 2 – School Hazard Risk Assessment Template*)



4. Presentation of findings

The program M&E officer should bear the responsibility for preparing reports on the findings. For easy reference, the reports should mainly contain quantitative data categorized in different aspects: for instance DRR practices of the community, the capacity of the community, etc. The report format should be jointly decided by the M&E officer and the study team as part of the study framework.

Furthermore, it is important to share the report and the findings with all concerned project stakeholders. This can be a strategic decision that can help build recognition and support for the project, and frame expectations among stakeholders. It also upholds transparency and accountability. Disseminating the report can raise awareness, and generate further discussion and feedback.

In addition to the written report, it is advisable to have an oral debrief and presentation from the baseline study team. This helps to check accuracy of data, confirm findings, and provide additional input and impressions to inform future action/recommendation. Furthermore, it keeps stakeholders informed, reinforcing transparency, building ownership, and supporting organizational learning.



In addition to gathering DRR related data, the study can also look into people's understanding, perception and their current practices in adapting to climate change and in managing natural resource as well as the environment conditions.



For more detailed information about baseline and endline study as well as the monitoring and evaluation process, please refer to the guideline developed by IFRC "Project/programme monitoring and evaluation (M&E) guide".

Step 4 Mobilizing the Community

Mobilization of the community takes place right after the target community or communities are identified and chosen. For CBDRR programs of MRCS, community mobilization is a process that combines the crucial rapport building with the target community and their fundamental capacity enhancement. The program team of MRCS, under community mobilization, would have to actively collaborate with a wide range of community CBDRR stakeholders: the Red Cross Volunteers (RCVs), the local government authorities, the community members, the school teachers, the school staffs and the students. The program team would get to know the target community better by assisting them to organize themselves into functional entities and by equipping them with necessary skill sets to enable them to support and participate in the planned CBDRR activities and also to expand the human resource base on the ground.

Community mobilization is considered a top priority in CBDRR process because it -

- + Is practiced throughout the entire project/ programme period.
- + Helps motivate the community by encouraging them to participate and involve;
- + Builds the community's capacity to identify and address their own needs, recognizing them as the first responders in a crisis and also as the key informants familiar with their own area, cultural practices and social set ups;
- + Raise the awareness of the community on important DRR issues so that they can demand for better DRR and humanitarian services;
- + Helps eliminate outsiders-insiders divide sine they are the ones calling the shots;
- + In the case the community has experienced any recent disaster events, can help the community to heal and move on;
- + Helps promote good leadership and democratic decision making; and
- + Creates new generation of DRR communicators and practitioners through school-based CBDRR which ultimately would generate multiplier effects through sharing of DRR knowledge and information by teachers and students to the community at large.

Box 4 MRCS' Definition of Community Mobilization

Organizing key stakeholders on the ground such as Red Cross Volunteers (RCVs), community members, teachers and students in such a way that they are actively involved in assessing their own risks and capacities, planning and implementation of the risk reduction measures along with key program personnel and authorities at different levels. Functional groups can be formed, under the umbrella of village/ township disaster management committee, each assigned specific area of tasks such as relief, search and rescue, awareness, preparedness, early warning, mitigation, preparedness, etc.



1. Building trust and rapport is the key to facilitate community participation. If community members have trust in the outsiders who are working with them, they would openly share problems, concerns and solutions and would help the outsiders to gain better understanding of the local culture and social structures. To earn such trusts and to nurture mutually beneficial bond with the community, the program team members have to show humility, take interest in local culture, problems and way of life, be observant rather than judgmental, appreciate their willingness and commitment to participate.

2. Since the involvement of the community is the principal factor, the timing of the activities to be undertaken need to be flexible and the times and dates of various social and religious affairs should be taken into consideration to assure maximum attendance at program organized events.

4.1. Establishment of Disaster Management Committees in the Community

For effective participatory planning and implementation of risk reduction measures a target community, a specific DMC has to be in place that would be the main responsible body for the said functions. The creation of a DRR body at the community level rests on -



- + **Available resources:** which relates to both material and human resources on the ground and it would determine the size and structure of the unit.
- + **Existence of community level structure:** If any such structure: such as village level disaster management committee of Myanmar Disaster Preparedness Agency (MPDA, *see CBDRR Stakeholders in Myanmar*) or community-based organization (CBO)⁸, already exists, enquiries should be made to find out whether it has sufficient resource and capacity to take on CBDRR tasks under the program as well or whether it needs additional support (financial, material, human) in order to accept the tasks. If there is no such structure at all or the existing one is not willing to or incapable of taking on the challenge, a new one has to be created.
- + **Opinions of the community:** It relates to the time the community is willing to spare, whether they even want a specific DRR body and whom they would trust and listen. The time the community is willing to spare could be decided by their perception of the degree of their own risks and vulnerabilities and the priority they attach to DRR based on that perception. The same reason could also affect their decision on if they want a community DRR body. If not, their wish needs to be respected and has to negotiate for another solution like formation of temporary taskforce that could work from time to time with the team.

The DRR body can be called different names: local or village DMC, DRR task-force, local DRR organization, etc. Under MRCS programs, they are usually termed Disaster Management Committees (DMCs) and are constituted in every target village/ ward and school. The DMCs provide the crucial linkage between MRCS staff at field level and the community members and hold the main responsibility to mobilize community members to do certain tasks and to coordinate the DRR efforts on the ground.

⁸ They do not necessarily have to be DRR focused. They could be humanitarian agency or volunteer social institutions with the potential to manage CBDRR activities as well.

Box 5
Mobilization
of Red Cross
Volunteers
(RCVs)

The MRCS' CBDRR activities necessitate the identification and selection of Red Cross Volunteers (RCVs) in each target community before any community mobilization process can be initiated. Their key task is to play the middle-men between the program team and the community members. The Society usually assigns 2IC, G1 and G2 at the township level to identify and select the RCVs based on their capability and willingness to support the activities. The RCVs would then be briefed on the program, their duties and if necessary, be provided with CBDRR trainings. This can even take place, if the needs arise, immediately at the conclusion of the socialization orientation sessions at the township level. In so doing, the RCVs can be engaged in the initial diagnostic assessment and final selection of most vulnerable community (*see Selection of Most Vulnerable Village/ Ward*).

Regardless of whether a new DRR body is to create or the existing one need to be expanded for the planned activities, the following steps could be used.

4.1.1. Formation of a Village Disaster Management Committee

1. Situation analysis

The situation analysis is to be conducted to examine the various organisational arrangements and leadership structure within the target community. Three methods can be applied:

- + Desk review of existing reports and meeting minutes such as community meetings organized by the government or non-government organizations. They indicate which associations or individuals usually represent which sector of the community.
- + Observation which needs time to observe community functioning – to whom do they usually go for advice, for officiating events and functions, for financial needs, etc.
- + Interviews of local government authorities, partner non-government agency staffs working in the community and selected community members including the RCVs in the case of MRCS. Focused group interviews are highly recommended for community level data collection; particularly having separate women and men groups as they may have different ideas on the social structure within the same community. It is also vital to talk to the most vulnerable groups (aged, children, ethnic minorities, and disabled) to seek their inputs and to propose their own agents. This would also provide the much-needed community's outlook on the relevance and the need for a DMC.



We are recommending this situation analysis on top of the information the program has collected with regards to community leadership during the orientation sessions in village/ ward (*see Step 1: Program Socialization*). However, if some in-depth discussions have taken place during the socialization event at the community level and if the program team believes enough information has been collected to reach the required conclusion, this step can be skipped entirely.

Box 6
The Advantages and Disadvantages of Using the Existing Institutions/Groups

Advantages

- Avoidance of delays in start-up: Extra time is not needed to organize new groups and give members time to become acquainted.
- Group cohesion: In existing groups the group dynamics have already been worked out. The group is usually stable and cohesive and can turn its attention to new topics.
- Trust: Group members develop a common bond and learn to trust each other. This trusting relationship enables them to have a more open discussion about the realities of their lives.
- Altruism: Group members have demonstrated their interest in giving support to others.

Disadvantages

- Inflexibility: Groups may not be open to taking on new issues or different approaches.
- Dependence on incentives: Groups that were formed to receive some tangible benefit, such as food supplements, may not be motivated to attend group meetings when concrete incentives are not provided.
- Dysfunctional structure: Some groups may be structured in ways that discourage the active participation of all group members and that restrain members from divulging personal information.
- Unequal structures: The existing structure of a group may perpetuate inequities.

Source: Community-based Disaster Risk Reduction (CBDRR) Participants Workbook. Community Safety and Resilience Unit (CSRU) of IFRC, 2008.

2. Development of Terms of Reference

The program at this stage have a draft roles and responsibilities of the any DRR entity to be created at the community level which has been presented at the socialization events at the target villages/ wards and schools. It needs to be further developed so that it can become a stand-alone document on its own that comprises of program profile, purpose and duties of the DMC. For existing entities, modified for CBDRR implementation purpose, their present ToR would be amended to meet the requirements of the additional responsibilities.



1. It needs to highlight that MRCS usually closely follows the 'Standing Order on Natural Disaster Management in Myanmar' devised, distributed and enforced by the Ministry of Social Welfare, Relief and Resettlement in their village DMC formation activities. It also states that from national to township and village levels, disaster management committees are set to be formed throughout the entire country. These committees in actuality, however, may not be operational and may exist only on paper. Nevertheless, it is worthwhile to examine and consider the possibility of utilizing these committees as VDMCs for MRCS programs.
2. One drawback in following the standing order closely is that the person named as chair is usually the one who already has some designated official role in the government structure and by taking on an additional task, he/she might not able to pay attention well. Possible solutions include requesting that person to delegate someone or to elect a co-chair: a person that the community and the implementing agency has confidence in and who is enthusiastic about CBDRR.
3. Another problem faced in this situation of using the existing structures or closely adhering to the standing order is that sometimes it is hard to apply such requirements as gender-balanced memberships for VDMC.

3. Identification and selection of key persons from the community

Identification and selection of suitable members from the community starts with the creation of benchmarks as selection criteria. MRCS has pre-determined criteria established based on the Society's long-standing community-based activities in the country, as listed below.

- + Well respected in the community;
- + Willing and able to spare their time for communities when needed;
- + Willing and able to move around the assigned sites;
- + Have basic skills for communication and other relevant knowledge; and
- + Motivated to do voluntary work.

The number and the composition of members are to be determined by the nature of the activities (school-based, urban-based or community-based), the available resources and the extent of the activities (more activities translates to more members covering more fields). It can begin with the compilation of a list of potential members drawn from the situation analysis study.



Attention needs to be paid to assure as many representatives from diverse disciplines, related to DRR such as education, agriculture, health, infrastructure, etc., are included and so too the inclusion of women delegates and those from other vulnerable groups (aged, ethnic minorities, persons with disabilities). A common practice is to have a VDMC which consists at least 40% of women.



More information about the formation of VDMCs can be found in the [Standing Order on Natural Disaster Management in Myanmar](#).

4. Confirmation of nominated members and leaders

Based on the prepared list of potential members, a first official meeting should be arranged in each target area for the candidates. The meeting should also invite the local government authorities, NGOs working in the area and representatives from target schools as observers. In the case there already exists a disaster management body in the community and the new entity is just an extension of it, the invited original members should be asked to preside over the meeting. The candidates would be presented at the meeting with the brief risk and vulnerability profile of their area, program overview, projected duties, the proposed structure of the DMC and the consent form.

Prior to the meeting, standard consent forms must be prepared to be distributed to the candidates at the meeting. The consent forms should contain a section where, if the candidate is not able to accept his/her nomination, he/she can suggest an alternate. It is the program team's responsibility to follow up on it. The completed consent forms would be asked to return within a period agreed at the meeting but it should not be more than a week (*see Annex 4 - Sample Consent Form for DMC Candidates*).



Box 7
Roles and
Responsibilities
of the Disaster
Management
Committees
at the Village
Level

- Form different sub-groups such as relief, search and rescue, early warning system, awareness raising, information, preparedness/ mitigation, health, etc.
- Mobilize the community and lead the community action planning process.
- Mobilize the community and provide support in the action plan implementation.
- Mobilize resources that the community cannot produce or access on its own.
- Monitor the hazard status in the community and share with the populace.
- Monitor the progress of CBDRR implementation and inform the community, local and township authorities as well as the implementing agency.

Source: MRCS CBDRR Implementation Guidelines (2009)

5. Orienting the VDMC on the ToR

After the membership is confirmed, an orientation meeting has to be called for all the members to familiarize them with the committee's ToR. A synopsis of the ToR has already, by then, introduced to them during the first consultative meeting. This step is imperative as the process provides the implementing agency with an opportunity to address the exit strategy by engaging the VDMC in discussions about the continuation of their tasks after the finalization of the program. Under this process, the VDMC will learn of the linkage between the proposed CBDRR activities and their duties, long-term anticipated results of their efforts, the potential partners internal and external to the community and the resources involved.

This is the second official meeting of the newly formed VDMC and the meeting will also facilitate the election of chair, co-chair and secretariat of the new VDMC or ratification of the existing ones in the extended body. Similarly, the meeting will also seek the endorsement of the new ToR. Under the circumstances that the program has limited resources and cannot organize too many support events or it faces any timing crunch, this step can be combined with step four and conduct only one start-up meeting for the VDMC in each target area or a combined meeting for all VDMCs within a target township. Under those circumstances, consent forms can be hand delivered by field representatives (RCVs of MRCS) to each candidate with a set date to return the forms. At the school level, these steps can be skipped due to limited human resources.

Box 8
Key
Characteristics
of a Functional
Disaster
Management
Committee

- Members agree on common goals and objectives to develop the community into a prepared community in the immediate-term and into a resilient one in the long-term
- Members should include representatives of most vulnerable groups
- Elected officers and committees/task forces/working groups formed perform disaster risk management functions
- Members of the community-based organizations have agreed on the CBDRR Plan, policies and procedures
- Have agreed on how to pool resources for preparedness and mitigation activities
- Have identified and networked with government and non-government agencies to tap financial and technical supports
- Well informed about developments affecting the community
- Commitment and leadership in mobilizing the community-at large in implementation of the Plan

Source: Community-based Disaster Risk Reduction (CBDRR) Participants Workbook. Community Safety and Resilience Unit (CSRU) of IFRC, 2008.

6. Informing the community of the newly-formed VDMC

When all the formalities are completed and the newly formed VDMC is endorsed officially, there has to be a notification prepared and distributed within the community, informing them of the newly appointed members and leaders of the VDMC. A community meeting could also be called to make the announcement and officially introduce the committee.

4.1.2. Formation of a School Disaster Management Committee

1. Consultations with target school authorities

During the first consultations, the focus lies on the identification of potential members of the SDMC as well as the selection of members if possible.

2. Confirmation of nominated members and leaders

Similar to step 4 of the formation of the VDMC, the candidates for the SDMC officially need to accept their nomination and the ToR should be shared with them and signed by them. Furthermore, the internal organization structure of the SDMC needs to be set up by electing a chair, co-chair and secretariat.

Under the school-based DRR activities of MRCS, School Disaster Management Committees are usually headed by the school headmaster/ headmistress as chairperson. All in all, it would be beneficial to include a wide range of stakeholders in the school DMC such as a combination of teachers, students and parents to ensure that the school-based DRR activities are supported by all parties. The best pool for such resources would be parent-teacher association. It is also constructive to invite envoys from community DMC to school DRR functions and vice versa, to keep each other informed of what is going on and to collaborate for utmost CBDRR achievements.

3. Announcement of SDMC

All members of the SDMC need to be introduced within the school (students as well as their parents) as well within the community.



Given Myanmar is a society in which men tend to have more power and influence than women within the community, extra efforts might be needed in reality to realize the involvement of women representatives in the DMCs.



1. The program team should have a good understanding of the existing social arrangements within the community that would help greatly in forming the DMCs since the team would have a good idea of who to approach and when to approach.
2. It is sensible to keep the structure of the DMCs simple. If needs be, they can be further developed later on. Developing a complex organization from the start may generate management problems.

3. The DMCs should have linkages with the local government systems to ensure that they are well respected and recognized officially.
4. At times, the headmaster/ headmistress is not a local person and that could create resentment or discontentment among the parents and the local community. Hence, it is imperative to invite local community members to be part of the school DMC to diffuse any tension.



- ✓ Adequate consultations are conducted with existing community-based agencies with regards to CBDRR activities under program.
- ✓ The view of the community is sufficiently assessed before creating the DMC on the ground, including the opinions of the most vulnerable groups.
- ✓ In order to avoid clashes or creating rival organizations in the community, relationships among various organizations working at the grass-root levels are taken into considerations.
- ✓ The first draft of ToR for the DMC was prepared well before the consultation meetings.
- ✓ The criteria for selection of members are well understood and agreed upon by all decision making parties.
- ✓ All the candidates are thoroughly briefed on program background and their expected duties to help them make their decision.
- ✓ All the candidates are provided with consent forms.
- ✓ The DMC has sufficient representations from cross-cutting sectors (agriculture, health, education, and environment) and the most vulnerable groups to help advocate their causes.
- ✓ The DMC members are well respected members of the society who can spare time for risk reduction functions in the community.
- ✓ Majority of the DMC members are comfortable and agree with the ToR.
- ✓ All documentations targeted at the community (including consent forms, announcements, program briefs) use clear, concise and easy to understand language with no or very little technical jargons.



A key document which should be shared with the SDMC members at this point is the *School Disaster Management Committee Guidebook* which is included in the *CBDRR Awareness Toolbox*.

4.2. Capacity Buildings for CBDRR

The capacity building at this stage focuses mainly on improving the CBDRR knowledge and know-how of the DMCs (VDMC as well as SDMC) as well as the RCVs in the target communities and schools. In ensuring the functionality and effectiveness of the DMC, skill enhancement on areas of disaster risk reduction should be paired with organisational strengthening activities to manage the roles and functions of the unit. The instruments to be employed need not be confined to training alone. Organizing study tours to other communities engaged in CBDRR activities and exchange programs where selected members of one DMC and/or selected

RCVs can go and work in another DMC of neighbouring village/ school for a short period of time have also proven effective in facilitating the learning process. Below are given two key processes that typically ensue the formation of community level DMCs: training need assessment and design and delivery of appropriate trainings; although for MRCS, the usual practices involve offering of trainings from a standard existing list without conducting any training need assessments. Nonetheless, these two activities are provided herewith as reference if and when such actions are called for in the future.

4.2.1. Training Needs Assessment

The implementing agency may have the capacity and experience to offer a wide range of CBDRR related trainings, but what is to be offered under any specific CBDRR program should be decided by the outcomes of a training needs assessment undertaken by the program team. MRCS can assign its PC together with RCVs and township RCEC to perform the assessment with the members of the DMCs and the RCVs in the program area as the key respondents.

The assessment entails the following key activities.

1. **Distinguishing what DRR related trainings have been offered in the target area:** If the implementing agency has previously carried out some activities in the target area, even if was not DRR focused, the department or the team which originally organized these trainings should be consulted to get a comprehensive picture of the training history. Studying the public reports or meeting with relevant government agencies and NGOs working in the area can also reveal information on this topic. However, we need to remember the purpose of doing such an exercise which is twofold: firstly to identify potential trainers and secondly to determine what new trainings and what refresher courses can be provided under CBDRR program.
2. **Organizing consultation meetings with key target recipients:** Consultative meetings and workshops are held for key stakeholders, VDMC and SDMC members as well as RCVs, to discuss and come up with uniformed priority needs. These events can also give additional information about the training history. At the end of the meeting or workshop, there should be a list of skill sets the members of DMC and RCVs think they need, based on their official roles and responsibilities.
3. **Creating catalogue of trainings to be provided:** A catalogue of trainings is prepared from the data collected in the previous steps. Although the number of trainings to be offered would rely on the time frame and the availability of resources under the program, it is safer to start with an all-inclusive list. The new list, if any changes were made, need to be discussed again with the DMCs to obtain their agreement. Following table lists array of areas for consideration in building the capacities of DMC.

Table 12
Areas for
Capacity
Building

Main topic	Specific areas of focus for capacity building
Disaster preparedness and response	<ul style="list-style-type: none"> • Search and rescue • Medical first aid • Relief coordination, distribution • Emergency shelter management • Evacuation management
Disaster risk reduction	<ul style="list-style-type: none"> • Orientation on disaster reduction • Conducting risk assessment • Designing and conducting risk communication • Designing local early warning systems • Structural mitigation • Livelihood sustainability • Advocacy for community vulnerability reduction
Organisational management and development	<ul style="list-style-type: none"> • Leadership (facilitation) • Planning • Negotiation, conflict management and conflict resolution • Community mobilization • Budgeting and financial management • Proposal and report writing • Facilitating a meeting or training • Documentation and reporting • Networking

4. **Developing a training schedule:** In consultation with the DMCs, a training schedule is developed that lays out when each training would take place and where. Key dates of religious events or major livelihood events (harvesting time, etc.) should be avoided. The objectives, target participants, resource needs (no. of resource persons, budget, etc.), duration of the training and the obtainability of teaching materials should all be clearly stated for each training.

4.2.2. Design and Delivery of Appropriate Trainings

The first thing to do after finalizing the list of training is to find out the presence of standardized curriculum on the subject within the implementing agency training archives or if not those of its partners (counterpart government agencies and NGOs). If there is one, it needs reviewing for adaptation to suit the local conditions or the specific needs of individual DMCs. For newly developed trainings, same reflections need to be given.

Simultaneously to development or adaptation of training activities, suitable trainers and resource persons have to be identified within and outside the implementing agency. For MRCS, their RCVs are well versed in first aids and can be enlisted as resource persons for the course. The Training Unit of MRCS is also another potential source for trainers as it provides a range of regular (first aid) and specialized (livelihood and mitigation) capacity building activities. *Table 13* registers some of the training programs MRCS would normally provide under its CBDRR program.

Each training would typically end with participants' evaluation of the course which serves as recommendations, together with the lessons learned recorded in the training report prepared by the program coordinator, for further improvement of the training. In target schools, CBDRR capacity building of the students should seek support and approval from the parents. Few children would continue and take the subject seriously if parents failed to accept it at home. Plus, notifying the parents of such activities taken place in the school might stimulate their interests in the subjects.

The basic CBDRR training curriculum can be expanded to include cross-cutting issues. By highlighting their linkage to CBDRR and their beneficial values in overall community development process, the expanded CBDRR training curriculum can be the beginning of more integrated DRR approaches.



- ✓ All requests, suggestion and recommendations made at assessment workshops and meetings are well recorded.
- ✓ The list of trainings to be offered under the program ensures a good mix of DRR and organisational development aspects.
- ✓ Qualified resource persons have been invited to deliver the trainings.
- ✓ Previous and past training evaluation reports are referred to in adapting the existing trainings.
- ✓ In schools, the parents are kept informed of the extra-curricular activities such as DMC formation and trainings/ orientations that follow.
- ✓ Government authorities are regularly invited to the program events.
- ✓ Regular information sharing is encouraged with government authorities, CBOs and NGOs working in the area.

Table 13
List of Possible
Training
Activities

Training Activity	Purpose	Training recipients	Resources
Basic First Aid (BFA)	To equip RCVs with the skills to carry out basic first aid techniques	30 trained RCVs in each program township	<ul style="list-style-type: none"> BFA guideline Teaching aids for illustration
CBFA ToT	To equip RCVs with the skills to teach community basic first aid to community members	30 trained RCVs in each program township	<ul style="list-style-type: none"> CBFA guideline
CBFA Multiplier Training	To equip community members with basic first aid skills	30 community members with BFA skills in each village	<ul style="list-style-type: none"> CBFA guideline
CBDRR Training	To raise awareness of RCVs about DRR activities and to improve the capacity of RCVs to carry out DRR activities	To raise awareness of RCVs about DRR activities and to improve the capacity of RCVs to carry out DRR activities	<ul style="list-style-type: none"> CBDRM Manual
Office Work Training	To equip RCVs with the skills to carry out office related work such as report writing and to ensure smooth and efficient program implementation at branch office	15 – 30 trained RCVs in each program township	<ul style="list-style-type: none"> MRCs Finance Procedure Guidelines Training Officer from Finance Division
Computer Training	To equip RCVs with computer skills resulting in smooth and efficient program implementation at branch level	10 trained RCVs in each program township	<ul style="list-style-type: none"> Computer equipment
Water Safety & Lifeguard Training	To prevent loss of life in drowning and water related injuries and promote prevention awareness in coastal and other flood prone areas	3-5 trained RCVs in each program township 20 to 25 participants were trained in each training	<ul style="list-style-type: none"> Water Safety & Lifeguard Training Manual Technical resource persons from Myanmar Navy Standard size swimming pool
Livelihood & Mitigation Training	To improve households economic condition and livelihoods To limit or reduce the adverse impact of natural hazards by undertaking structural and non-structural measures	Community members with increased skills/ knowledge in a specific topic	<ul style="list-style-type: none"> External trainers

Step 5 Multi-Sector Assessment (MSA)

The fifth step in the CBDRR process aims to identify the needs of the target community through participatory disaster risk assessment. It is both a dialogue and a negotiated process involving those at risk, authorities and other stakeholders whereby all parties jointly collect and analyse disaster risks information, related vulnerabilities and existing capacities within the community with the objective of making appropriate plans and implementing concrete actions to reduce and/or eliminate disaster risks that will adversely affect their lives (ADPC, 2004). By making it participatory, the process allows the at-risk communities themselves to take the reign in making their own risk reduction decisions, making use of their own capacities and resources. This is basically founded on the belief that local people can and will help themselves to prevent or reduce disaster risks (ADPC, 2004).

The Multi-Sector Assessment [MSA] follows a participatory approach, focusing on the inclusion of community members during the whole process. In contrast to other participatory risk assessments, the MSA focuses also on such areas as health, education and livelihood, with direct links to development field. Instead of conducting assessments in different sectors separately before combining the information, the MSA implies the notion of a single assessment, integrating information about different sectors. In a way, it is a bridge that spans the long ignored gap between DRR and the sustainable development. MSA provides the community with an array of identified problems and possible solutions. Even if MRCS or any DRR focused organizations are not capable of addressing the issues beyond DRR sector due to their limited budget or time frame, the community already has somewhat proposal-like materials and have the basis for other fund raising opportunities to tackle the other identified issues.

With different development related sectors as the key informants, before and after disaster situation data from the past disaster events and information on any existing risk reduction initiatives being undertaken in each sector would be collected to inform and enable the CBDRR program team and the local authorities to develop a more comprehensive and holistic risk reduction plan at the community level. Furthermore, the assessment brings about awareness of DRR considerations in sectoral planning process which ultimately makes it possible to strive for building back better. The assessment process is made up of following activities.

5.1. Establish and Train a MSA Team

The establishment of the MSA team is done in several steps. Establishing a separate MSA team serves several purposes. First, it provides an opportunity for the project team to involve more community members into the planning and implementation phase of the program. Community members and RCVs that are part of an official team are more likely to engage in other activities of the program implementation as well. Furthermore, there are more likely to understand the benefits of the program because they have more insight information in

the program. Second, by training a specific team to carry out the MSA it can be ensured that all team members are well prepared for their task and that the assessment is carried out as expected. By training a specific team, it is ensured that some community members have the necessary knowledge to carry out a MSA even after the MRCS program team leaves the village.

Before the process of establishing a MSA team is started, it has to be ensured that the DMCs as well as local authorities are informed about the plans and the exact task of the team in the future.



- ✓ DMCs are briefed thoroughly on the upcoming assessment.
- ✓ DMCs support the assessment process and commit to assist in the process.
- ✓ Proper approval and buy-in from the local government authority is obtained from the beginning.
- ✓ Suitable information sharing and consultative mechanisms are in place between the program team and the local authorities.
- ✓ An information package is prepared with required data (objectives of the assessment, time frame, type of information required, activities involved, overview of assessment team, expected assistance from the stakeholders, etc.).



The involvement of relevant institutions, agencies and experts on cross-cutting issues such as climate change and environmental management need to be encouraged in the formation of multi-disciplinary assessment team.



It is crucial that the trainings for risk assessment teams features basis introduction of DRR and CBDRR concepts especially their benefits and relevance to the at-risk communities. Although the members of the DMC have been introduced to these concepts after their formation (*see 4.2. Capacity Buildings for CBDRR*), for other members especially the community representatives this may be the first time they are exposed exclusively to these topics or have an opportunity for more profound understanding of the subjects. On the whole this chance should not be passed to warrant the personnel responsible for risk assessment have proper grasp of the main issues.



- ✓ Community members with appropriate skills and experiences are invited to join the assessment team.
- ✓ Subject experts from government agencies, NGOs and CBOs are sought out and invited to join the team.
- ✓ All community volunteers with or without experiences or right skills are also given changes to join the team.
- ✓ Volunteers from the most vulnerable groups are allowed or invited to be part of the team.
- ✓ All community volunteers, as the assessment team are equipped with relevant skills on how to facilitate the community and different assessment and analysis tools.

- ✓ The trainings cover both basic DRR and CBDRR concepts.
- ✓ Good working relationship and understanding is established between the program team and the assessment teams.
- ✓ All team members are involved in developing the assessment framework.
- ✓ The field exercise helps the members of the assessment team to gain hands-on experiences in data gathering and dealing with the community.
- ✓ The field exercise is designed in such a way that the assessment framework is thoroughly tested.
- ✓ All team members are involved in finalizing the assessment framework based on their own field experience.

Table 14
In Brief:
Establish and
Train a MSA
Team

1. Development of information package on MSA	An MSA information package need to be developed in order to facilitate the understanding of the entire assessment. The package should include information on the specific objectives, the time frame of the MSA, what type of information would be sought, who is leading the activity, what kind of tasks are involved and what kind of help is needed by the stakeholders.
2. Engaging the community level DMC	The first thing to do is to solicit the involvement of village DMC in MSA exercise. The members of committee would be notified about the MSA, its objectives, expected outputs and their roles in conducting MSA through a workshop, a meeting or dissemination of MSA information package adapted to the committee's needs which means it will emphasize the roles of the committee in MSA.
3. Seeking approval from the local authorities	With the assistance of the DMC, the local authorities would be consulted on the approaching MSA and their approval and commitment would be obtained to support the activity. Any officials interested to join the assessment team should be invited to do so.
4. Informing the community members	Information sessions are organized for the community members in the target areas by the respective DMC. On top of the briefing, the information package would be distributed among the attendees and any questions or concerns the community members might have with regards to MSA can be sorted out there and then. The sessions would also be used for identifying and recruiting volunteers from the community to be part of the MSA team. If subject specific experts are still in need, personnel from relevant CBOs and NGOs working in the area need to be contacted and encouraged to join the team. Similarly, native language speakers should also be urged to become a member.
5. Formation of the Multi-Sector Assessment Team	The Multi-Sector Assessment (MSA) team should be established with a mixture of RCVs, community members, members of village DMC and subject specialists. The DMC members should play a prominent role in the formation and organization of the MSA Team.
5. Training the MSA team	The MSA team, immediately after establishing, will attend the field session including sessions about the purpose of the MSA, different means of community facilitation, the different steps that need to be followed and the tools that are to be used. As part of the training, the framework of MSA (what tools to be used, how to organize the team and the respondents, time line, etc.) would be prepared and a field exercise organized for the participants in one of the target areas to test the framework. The experiences and lessons learned from the exercise would provide valuable inputs for improving and finalizing the framework. The training ends with an evaluation by the participants, which provides feedbacks for improvements of the overall course. In MRCS' term, this training is referred to as 'field session' due to its field exercise involved.

Table 15
Assessment
Tools

Tools	Description	Objective
Risk mapping	<p>It makes a spatial overview of the area's main features and can denote:</p> <ul style="list-style-type: none"> • spatial arrangement of houses, fields, roads, rivers, land uses, social facilities, infrastructure and utilities • elements at risk • safe areas and route to evacuation centre or shelter • local capacities (boats, heavy machineries, search and rescue posts, etc.) 	To facilitate communication and stimulate discussions on important issues in the community.
Seasonal calendar	It makes a calendar showing different events, experiences, activities, conditions throughout the annual cycle.	<ul style="list-style-type: none"> • To identify periods of stress (possibly caused by hazards, diseases, hunger, debt, vulnerability, etc.) • To identify what people do in these periods, how they diversify sources of livelihood and their coping strategies • To identify gender specific division of work, in times of disasters and in normal times
Venn diagram/ Chappati diagram	It makes a diagram that shows key-organizations, groups and individuals in a community, nature of relationship and level of importance.	<ul style="list-style-type: none"> • To identify organizations (local & outside), their role/importance, and perceptions that people have about them. • To identify individuals, groups, organizations that play a role in disaster response and can support community.
Historical profile	It gathers information about what happened in the past and its impact in the near in the future.	<ul style="list-style-type: none"> • To gain insight on past hazards, changes in their nature, intensity and behaviour • To understand present situation in community (causal link between hazards and vulnerabilities) • To make people aware of changes • To identify impacts of past experiences in the future

Key Respondents	Steps/ Procedures
Community members	<ol style="list-style-type: none"> i. Decide what kind of map should be drawn. ii. Find men and women (and other vulnerable group representation) who know the area and are willing to share their experiences. iii. Choose a suitable and medium (sticks, paper, stones, seeds, pencils, chalk) for the map. iv. Help the people get started but let them draw the map by themselves
<p>Community members</p> <p>It is better to have separate sessions for men and women. Older people often have good historical information around seasons.</p>	<ol style="list-style-type: none"> i. Use “blackboard” or craft paper to mark off the months of the year on the horizontal axis. Ask people to list sources of livelihood, events, conditions, etc., and arrange these along the vertical axis. ii. Ask people to enumerate all the work they do (e.g. ploughing, planting, weeding, etc.) for each source of livelihood / income by marking months and duration, adding gender and age. iii. Facilitate analysis by linking the different aspects of the calendar: how do disasters affect sources of livelihood? When is workload heaviest? Ask for seasonal food intake; period of food shortage, out-migration, etc. iv. Discuss coping strategies, change in gender roles and responsibilities during times of disasters, or other issues deemed relevant.
<p>Community members, especially including representatives from all vulnerable groups.</p>	<ol style="list-style-type: none"> i. Become familiar in advance with the names of the organizations. ii. Ask people to determine criteria for the importance of an organization and to rank them according to these criteria. iii. Ask people the extent to which organizations are linked to each other; note kind of relationship. iv. Draw circles to represent each organization or group; size of circle indicates importance. v. Ask history of organizations; activities undertaken in community; how well do they function; how good is coordination; which organizations, groups, individuals are important in times of disasters, community level decision making mechanisms etc.
<p>Old people, community leaders, teachers</p>	<ol style="list-style-type: none"> i. Plan a group discussion with key-informants. Invite as many people as possible, especially the young ones, for them to hear the history of their community ii. Ask people if they can recall major events in the community, such as: <ul style="list-style-type: none"> • major hazards and their effects • changes in land use (crops, forest cover, etc.) • changes in land tenure • changes in food security and nutrition • changes in administration and organization • major political events • changes in attitudes (e.g. toward people with disability and the elderly) • expected impact of changes in the near future

Semi-structured interview/ Focus group discussions	Semi-structured interviews are discussions in an informal and conversational way. They do not use a formal questionnaire but at the most a checklist of questions as a flexible guide. There are different types of semi-structured interviews: (1) group interview; (2) focus group discussion; (3) individual interview; and (4) key-informant interview.	<ul style="list-style-type: none"> • To get info (general and specific) • To analyse problems, vulnerabilities, capacities and perceptions • To discuss plans <p>Group interview: to obtain community level info, to have access to a large body of knowledge. Individual interview: to obtain representative, personal info; may reveal differences / conflicts within community. Key-informant interview: to obtain special knowledge about a particular topic. Focus group discussion: to discuss specific topics in detail with a small group of persons who are knowledgeable or interested in the topic.</p>
Transact walk	It is a systematic walk with key-informants through the community to look at the layout of the community including distances between key places, accessibility, and land use zones, by observing, asking, listening and producing a transect diagram.	<ul style="list-style-type: none"> • To visualize interactions between physical environment and human activities over space and time. • To identify danger zones, evacuation sites, local resources used during emergency periods, land use zones, etc. • To identify problems and seek opportunities
Direct observation	It systematically observes objects, people, events, relationships, participation, and records these observations.	To get a better picture of the disaster situation, especially of things that are difficult to get across verbally
Health and nutrition needs assessment	It is a tool to assess health and nutrition condition and needs.	To gain insight of the health and nutrition condition of men, women, children and babies, elderly people, and people with disabilities in the community.
Ranking	It is a tool for exploring people's perceptions, elicit their criteria and understand their choices in measuring and prioritizing.	<ul style="list-style-type: none"> • To identify criteria and determine preference; to identify differences in perceptions and reasons • To encourage problem solving through discussion and ranking the problems and the solutions; for comparative studies

Source: Community Safety and Resilience Unit (CSRU) of International Federation of Red Cross and Red Crescent Societies (IFRC) Community-based Disaster Risk Reduction (CBDRR) Participants Workbook, 2008.

Team of 2 - 4 people	<ul style="list-style-type: none"> i. Prepare key issues in advance. ii. Select one person to lead the interview. iii. Ask questions in an open-ended way (what, why, who, when, how, how do you mean, anything else?). The semi-structured format ensures completeness of the information and allows flexibility for community members to voice what they want. iv. Ask for concrete information and examples. v. Try to involve different people (if present). vi. Pay attention to group dynamics. vii. Ask new (lines) of questions, arising from answers given. viii. Make notes in a discreet way.
The assessment team with six to ten community members representing the cross-section of the area	<ul style="list-style-type: none"> i. Based on map, select a transect line (can be more than one). ii. Select a group of six to ten people who represent the cross-section, and explain purpose. iii. During walk, take time for brief and informal interviews at different places. iv. Focus on issues like land use, proneness to particular disasters, land tenure, and even changes in the environment to draw a historical transect. v. Conduct transect walks with representatives from vulnerable groups, and their families.
Community members	Identify indicators, which can be accessed through direct observation.
Midwife, community health workers, staff of health centre, individual households	<ul style="list-style-type: none"> i. Use tools like focused group discussion, semi-structured interviews, direct observation, seasonal calendar and mapping. ii. Look into the following aspects: <ul style="list-style-type: none"> • Nutritional status of women and children • Food security situation • Prevention • Women's health condition • Consider mixed situations • Caring capacity • Traditional medicine/healing
Community members	<ul style="list-style-type: none"> i. Criteria or characteristics for comparing items are listed by the community members. ii. Criteria used are put on one side of the matrix or table (y-axis). iii. Items being compared are put on the x-axis. iv. Points are given by putting stones, seeds, etc.

5.2. Conducting the Multi-Sector Assessment

To simplify the data collection tasks, it is recommended to divide the MSA team into sub-groups focusing on (i) different groups of key respondents (village heads, school authorities, teachers, students, religious leaders, head of households, women groups, representatives of most vulnerable groups – physically challenged, aged, ethnic minorities, other humanitarian NGOs or CSOs working in target villages) and (ii) secondary data sources (government and non-government sectors - official reports, maps and other relevant documentations). Use of alternative communication methods should be encouraged. A short overview about the tools can be found in *Table 15 – Assessment Tools*.



Before the actual data collection is carried out, it is advised to prepare a Field Plan of Action which describes in detail the step-by-step process of the data collection, the tools that are going to be used, the task assignment among the team members as well as a description of all logistics needed for the data collection. The Field Plans of Action should be shortly discussed among the different sub-teams to ensure that none of the teams missed out important information that would be crucial for the data collection the next day.



The assessments process should also make sure the vulnerable groups in the target community are given due opportunities to take part in the process either as the respondents or, if they possess any specific skills and are interested and willing, as members of the assessment team as well.

Box 9 Tips for Including the Most Vulnerable Groups in MSA Activities

- Find out where the most vulnerable people are living and go to their homes to conduct the assessments and provide messages about your support and activities.
- Ensure that the assessment is accessible for all (physical accessibility, proximity of the service/ activities and your ways of communicating and conducting activities).
- Ensure that all messages are communicated using multiple formats (leaflets, posters, radio, loud speaker announcements, simple language and drawing/symbols).
- Prepare to conduct assessment with alternative communication means (using drawings, symbols, body language or simple language).

Source: Community-based Disaster Risk Reduction (CBDRR) Participants Workbook. Community Safety and Resilience Unit (CSRU) of IFRC, 2008.



1. The target community need to be informed from the outset the expected immediate results so that no false hopes are created.
2. For facilitators it is important to stress that their role is to urge and motivate the community participants to talk, discuss and identify their own problems and not to assert their wills
3. The use of problem tree should be highlighted as a tool to analyse the risks, threats, potential threats and potential impacts and then turn it into a solution tree by figuring out possible solution; with facilitations from the program team.



- ✓ A kit with basic essential tools such as flip charts, markers, etc. is prepared for every sub-team of the assessment team before the assessment exercise commences.

- ✓ When required, the assessment activities are conducted with alternative communication means such as use of sign language, native dialects.
- ✓ All respondents are given equal chances to reply and participate in the discussions.

5.3. Analysis of the Assessment Findings

To ease the burden of workload as well as to avoid compilation of human errors, it is better to collate and cross check the data at the end of each assessment day (ADPC, 2004). In doing so, the MSA team would be able to identify the data that are duplicated, contradictory and irrelevant. Duplicated data could be deleted while the contradictory ones need to be verified with the concerned individuals and agencies. But we have to be careful that irrelevant data at this stage might become relevant later so remove them but save them for later.

In order to analyse the information that was gathered during the assessment, the information needs to be included in a specific template which divides all information into 5 key areas such as hazards/threats, risks/impacts, elements at risk, vulnerability and capacity. By systematizing the information in the template, the different linkages between the data are easier to see and will therefore facilitate the problem identification.

In a next step, the information that was gathered with regard to risk, elements at risk and vulnerabilities should be considered again and the most critical concerns of the community should be formulated as a problem statement. Possible problem statements are for example

- + high prevalence of fire breaking
- + poor health, sanitation and hygiene
- + poor settlement and infrastructure

In a next step, the direct, indirect and root causes of the before identified problem should be analysed and discussed. If possible, the assessed community should be part of this process as much as possible. If it is not feasible to include all community members in the actual discussion, the final problem tree should be validated with different community members to cross validate the information that has been included.

After the problem tree has been validated by the community members, the problem tree needs to be transferred into an objective tree. Thereby, two steps should be followed:

1. All negative statements of the problem tree needs to be converted into positive statements
 - a. Example 1: Lack of sanitation facilities converts into Availability of sanitation facilities
 - b. Example 2: Households are unprepared for fires converts into Households are prepared for fires
2. The logic of the objective tree needs to be cross-checked and revised if necessary

In the last step, possible interventions to reach the objectives in the objective tree need to be identified together with the community. These interventions will form the basis of the



Community Action Plan that will be developed in the next step (see 6.2. *Development of Community Disaster Risk Reduction (DRR) Action Plan*).



To eliminate any replication of efforts and waste of invaluable resources, linkages between the baseline study and the participatory assessments should be established.



- ✓ Data collected is cross-checked at the end of every assessment day.
- ✓ Data verification, if needed, is carried out immediately with relevant respondents.
- ✓ The risk ranking is properly done based on community's perceptions and inputs.
- ✓ Existing vulnerabilities and capacities are listed and catalogued properly based on community's perceptions and inputs.

5.4. Presentation of Assessment Findings

The findings from the assessments can best be presented in the combination of following three formats:

- + Final assessment narrative report;
- + Risk maps; and
- + Tabular arrangements.

The *final assessment narrative report* captures the entire process of the assessment from its creation, the objectives, the overview of the assessment team, the training, the detailed step-by-step assessment process to the final results. Both the maps and tabular forms complement the report as summarized risk information accounts for quick reference.

Maps are particularly useful as they can planners to visualize what they are dealing with, where and to what extent and also what they have in hand to solve the identified problems. In overlaying the hazard maps which usually indicates the impacts of past hazards with risk maps that shows risk prone areas and elements at risks, potential future impacts could be projected and counter-measures could be designed. Basic GIS capacities are required within the implementing agency to produce good quality digitized maps. Hand-drawn maps prepared by the community (children are especially good at this) during the data collection process, specifying hazard prone areas, safe areas and basic facilities (health clinics, schools, communication and transportation networks, public buildings, etc.), if available, should be annexed to the final report.

Tables, on the other hand, showcase the estimated risk derived from either quantitative or qualitative calculations and may be expressed, among other ways, in terms of number of fatalities per year or the estimated value of damaged properties per year (ADPC, 2004). They can also present ranking of different risks.



All of these products: narrative reports, maps and tables would all contribute to formulation of effective DRR measures for the community plan in the next step (see 6.2. *Development of Community Disaster Risk Reduction (DRR) Action Plan*).



For further reference on VCA, refer to IFRC's 'Vulnerability and Capacity Assessment Guidelines' at http://www.ifrc.org/Global/Publications/disasters/vca/Vca_en.pdf and other VCA related documents at <http://www.ifrc.org/en/what-we-do/disaster-management/preparing-for-disaster/disaster-preparedness-tools/disaster-preparedness-tools/>.



The final narrative report together with the accompanying maps and tables must be shared with the local community for verification purposes as well as to maintain their interests by demonstrating they are part of the process. Furthermore, the community should be made aware of how the results and outcomes of the assessment would be utilized for their own benefits.



- ✓ Digitized risk and hazard maps are created base on the findings of the assessment and are annexed to the final assessment report.
- ✓ Hand drawn maps prepared by the communities are annexed to the final assessment report
- ✓ Findings are presented in tabular forms and are annexed to the final assessment report.
- ✓ The final report together with the maps and tables are shared with the community for the dual purpose of verifying facts and of keeping their interests going.

Step 6 Action Plan Development

Risk reduction action planning in the community starts with the desire to create a safer environment for the family and individual living in it. While the MSA unites the community in understanding the disaster risks and its essential elements of hazard exposure, elements at risk and why they are at risk, local resources and coping strategies; the participatory community action planning unites the community, and other stakeholders too, in commitment and action to reduce these risks (CSRU- IFRC SEA Office, 2008).

In real life, most of the at-risk communities usually are not capable of formulating their own elaborate DRR plan and, thus, external facilitation and guidance are necessary to assist them. Using the issues and problems identified from the MSA process, some questions listed here below can be asked to direct and gather their thoughts.

- + What is expected to achieve in the next 3 to 5 years?
- + What resources are available right now in the community to achieve this?
- + What additional support is needed?
- + Who can support those additional resources?
- + When can the necessary actions be taken?
- + Who can do it and how?

The resulting plan would be the road map projecting a path for the community to achieve more resilience and to sustain any development accomplishments being made so far. One of the key aspects to consider in the community action plan is the involvement of all stakeholders in every step of the way through consultation.

Box 10 Key Aspects in Community Action Planning

- Purpose of the plan should be clear;
- Resources and time to carry out the plan should be available;
- Technical support and expertise should be in place; and
- Involvement of stakeholders (men, women, boys, girls, elderly and people with disability).

Source: *Community-based Disaster Risk Reduction (CBDRR) Participants Workbook. Community Safety and Resilience Unit (CSRU) of IFRC, 2008.*

6.1. Participatory Action Planning

6.1.1. What is Participatory Action Planning?

By definition, participatory action planning, is described as a planning process where all stakeholders are consulted to varying degrees; some groups' involvement more intensive than the others, to formulate locally appropriate (in cultural, religious, social and economic aspects) risk reduction measures with the goals of reducing the disaster related risks and vulnerabilities the community is facing. It defines not only the detailed activities but also what kind resources are required (what already exist in the community and what more is needed), the level of capacities needed, who is responsible for effective implementation and when each activity is to be undertaken.

6.1.2. What are the Benefits of Participatory Action Planning?

Participatory action planning is worth promoting at the community level because:

- + It captures the collective vision of the community.
- + It assures the commitment (resources, duties) by each stakeholder as the plan is formulated in agreement with all the stakeholders.
- + The completed plan with a comprehensive inventory of risk reduction measures can serve as a proposal to approach interested financial supporters or donors to fill the funding gaps.
- + It encourages greater ownership by the community since their active involvement has been sought from the beginning throughout the entire process.
- + It provides opportunities for the community level or school level disaster management committee with planning and management skills that would last beyond the program period.

6.2. Development of Community Disaster Risk Reduction (DRR) Action Plan

Participatory community level DRR action planning or community-based DRR planning aims to arrive at its final conclusion of a mutually agreed, appropriate and practical action plan through the steps described beneath.

1. Engaging the community in the action planning process

Informing the community about the action planning is an activity that comes naturally at the beginning of any assessment exercise. It is crucial because it assures the community the worthiness of the assessment and of the time they have invested in it. A community meeting is convened where the entire community is invited and can raise any questions on concerns and doubts. They are informed of the forthcoming planning activities, its importance, the time line, the expected results and the kind of assistance or commitment expected from the community. At the meeting, the community can nominate persons who can represent them to be part of the planning team together with the DMC and the program team. It is desirable to keep the team multi-disciplinary.

Following persons should be invited or nominated to get involved in the planning process:

- Influential people from all groups affected
- People directly involved in the problem or issue
- Members of grassroots organizations or NGOs working in the community
- Members of ethnic and cultural groups of the community
- Different sectors of the community: media/business community/religious groups/schools/youth organizations/social service organizations/health organizations

Source: *Developing an Action Plan, The Community Tool Box*, http://ctb.ku.edu/en/tablecontents/sub_section_tools_1089.aspx#checklist.



It is vital to include the most vulnerable groups in the society (ethnic minorities, poor women headed households, aged, physically challenged) in participatory planning to make sure differing needs are addressed. Their strengths and capacities should also be listed under the community resources and made use of to help other members of same group.



- ✓ The community is briefed carefully on the impending planning process.
- ✓ The community understands well the need for a community DRR plan.
- ✓ The community representatives to partake in the planning process are nominated unanimously by the community and thus considered the true delegates of the people.
- ✓ The team is multi-disciplinary: made up of members from different background.
- ✓ The sub-groups are formed within the planning team based on suggestions by the team members, especially the DMC.



1. Throughout the entire planning process, it needs to make sure that the local authorities' involvement is encouraged through constant information sharing and consultation, who in turn can help lobby for greater community engagement and resource commitment.
2. Similarly, the community should also be kept informed of the progress in the planning process.
3. To keep the interests of the community going strong, the planning consultative meetings should be made lively with social activities.

2. Formulation of objectives of the plan

A brainstorming session is organized for all involved (DMC, program personnel, community representatives) to come up with the objectives for the plan that reflect the aspiration of the target community. To ensure the objectives capture the genuine needs of the community, the community representatives should be encouraged to take the lead in the discussion and the assessment report and findings from the previous step should be referred to. The formulation of the objectives of the plan have already been mentioned in *section 5.3. Analysis of the Assessment Findings* where we discussed how the problem tree is converted into an objective tree as well as how interventions are identified.



- ✓ findings of the assessment are referred to systematically.
- ✓ community representatives are encouraged to take in the discussions.
- ✓ objectives of the plan truly reflect the needs of the community.

3. Formation of sub-teams/ groups

For more effective planning, the involved stakeholders can be divided into smaller groups or teams based on key aspects of DRR such as preparedness and mitigation, relief and response, recovery and rehabilitation, shelter, health care, psychosocial support, capacity building, coordination, information, monitoring and evaluation, etc. or time scale (before, during, after). As the key agency to oversee the implementation process and to take on the CBDRR duties beyond the program period, the DMC should be in charge. In allocating

members to each specific sub-group/ team, the individuals would be assigned based on a combination of their backgrounds and interests shown. The number of sub-teams/groups should depend on the actual needs, the capacity of the community and the situations on the ground.

Steps 2 and 3 can be combined and conducted in one single meeting.

4. Devising of risk reduction measures

The community action plan should contain measures on how the community can:

- + Avoid loss, rather than replace loss;
- + Avoid social dislocation;
- + Protect assets of households, community, government;
- + Protect community safety nets (family, health, food supply, business, education, culture) and equity of access to support; and
- + Ensure the needs of vulnerable people are adequately addressed (CSRU- IFRC SEA Office, 2008).

Each sub-group/ team would be responsible for formulating risk reduction measures in their respective area. The measures can be divided into short, medium and long-term and have to include both structural and non-structural interventions. Some examples are described in Box 11. A more detailed account of example activities can be found in *Annex 5 - Examples of DRR Measures at Community Level*.



Box 11 **Overview of** **Possible Structural** **and Non-Structural** **Measures**

Structural Measures

Structural mitigation such as

- Building of protective structures such as levees, dykes, wave barriers, flood wall, etc.
- Strengthening and hazard proofing of public infrastructure such as road networks, communication networks and other facilities (hospitals, schools, water distribution plants, electricity grids, bridges, gas pipelines, etc.) by incorporating hazard resistance concepts in the designs and the construction

Non-structural Measures

- Preparing for disaster emergency (e.g. establishment of seed banks, search and rescue posts along the river, stockpiling of relief materials)
- Capacity building and institutional strengthening (e.g. search and rescue trainings for local RCVs, trainings of carpenters and builders on hazard resistance construction methods.)
- Land use planning (e.g. zoning of at-risk areas for development purposes)
- Development of DRR laws and legislation and their enforcement (e.g. building codes, land use regulations)
- Research and development
- Assessment (e.g. damage and loss assessment, HVCA, monitoring and evaluation)
- Management of information resources (e.g. creating and maintaining disaster database)
- Public awareness (e.g. development and distribution of pamphlets, posters on hazards and do's and don'ts, school plays)
- Early warning system
- Disaster insurance
- Mainstreaming of DRR into development planning (e.g. incorporating DRR concepts into school curriculum, growing of flood resistance crops, mangrove plantation, sustainable livelihood schemes)

For example, for the issue of 'weak housing', appropriate measures can be strengthening of houses before the flood or cyclone season (structural and short-term), training of carpenters and building workers on hazard resistant construction methods (non-structural and medium-term) and advocacy to incorporate hazard resistant design into construction practices (non-structural and long-term). Similarly in the case of 'risk prone location', the activities could include building of dykes and levees (structural and medium-term) and adoption of land use planning (non-structural and long-term). For structural measures, if certified engineers' involvement is required, township public work departments can be the key source.

It is better to address each issue and problem one at a time and list all the activities suggested by the group/ team members. Some of the activities might need collaborative efforts among sub-groups/teams and that should be highlighted. At the end of the day, when each group/ team is asked to share the outcomes of the discussions, more debate can follow of which activities should really be under which group/ team and how they can collaborate in actual implementation. Some examples of menu of options for different risk reduction measures are given in *Annex 5 - Examples of DRR Measures at Community Level*.



Climate change adaptation and preserving the natural environment are topics crucial for rural communities who live in harmony with and have mutual respects for their surrounding environment, flora and fauna. Hence the inclusion of measures such as mangrove rehabilitation and tree planting should be promoted as mitigation measures to help mitigate the adverse effects of climate change and environmental degradation.



- ✓ Each problem/ issue identified in the assessment is given equal attention.
- ✓ Risk reduction measures cover both structural and non-structural interventions.
- ✓ Monitoring and evaluation is included as one of the key measures.



A common pitfall many community action plan face is the lack of or poorly planned M&E procedures and its supporting budget. As one of the key activities to ensure the successful realization of the action plan, M&E should be prominently featured in the list of activities with its own time frame and adequate budget.



Subject specialists of cross cutting issues such as climate change and environmental management need to be consulted as well to ensure the planned activities cover these topics as well.

5. Determination of required resources

Like the formulation of risk reduction measures, each of the groups can prepare their own resource analysis and budget which would later be combined for a common budget. For each risk reduction activity, the following need to be identified (CSRU- IFRC SEA Office, 2008).

- + estimated budget;
- + resources available in the community (manpower, materials, money, time), including abilities of the vulnerable groups (language skills, insight, connection, etc.);

- + resources available at local level: local government, private sector, local NGOs;
- + resources that could be requested to the program;
- + additional resources that need to be obtained from outside the program and potential sources (donor agencies).



- ✓ Resources needed for each activity are identified and availability (within community, program, external) of resources has been identified.

6. Assigning of roles and responsibilities

Against each activity/ risk reduction measure, key people or organization or group responsible to make it happen need to be identified. They can be government agencies, NGOs or CBOs in the area.



- ✓ Lead agency for each activity is identified.
- ✓ Estimated time-line or implementation schedule is developed.
- ✓ Operational procedures and policies are developed and agreed upon.
- ✓ Challenges that might come up during implementation are identified and so too the solutions.

7. Defining the time line

The time line in a plan determines when particular activities would be initiated and complete. This again needs to be defined for each risk reduction measure.

8. Development and enforcement of operational procedures and policies

Basic principles and operational procedures and policies to guide the DMC and the community members in the implementation of the plan need to be prepared and agreed on. It can begin by referring to existing implementation principles and policies of the implementing agency and adapt, add or drop as suggested by the DMC and the community members themselves.

9. Identification of opposing elements in plan implementation

Before wrapping up the plan development, possible hindering factors that can delay or derail plan implementation need to be spelled out and means to address these issues should be identified.

10. Finalizing the plan

The responsibility of finalizing the plan, that is compiling all relevant information, outcomes from assessments and discussions, and organizing them into a complete document, rests on the program team with support from the DMCs and respective township agencies (MRCS' RCEC). We need to be prepared for the fact that a series of consultative meetings

might have to be organized before we can finalize the plan but taking into account the program resources and its timeline, too many meetings might not be feasible. Therefore, the planning team has to agree from the beginning (during the first meeting) how many consultative meetings can be allowed. Most importantly, the finalized plan has to be concise, clear and current, allows room for improvements and set a time line for the next review and update (preferably after a year). The finalized plan should be shared with the local authorities and wider community at a community meeting. The key components of a community DRR action plan are provided in *Box 12 – Key Components of a DRR Action Plan*.

Box 12
Key Components of
a DRR Action Plan

1. Objectives and Targets of the community DRR plan
 - Target number of population or families to cover; target percentage decrease in deaths and damages to property
2. Validity of the plan
3. Description of key agency or agencies responsible for developing the plan
4. Brief Description of the Community
 - Location, population, livelihood, community in relation to other villages
5. Community Disaster Situation
 - Summary of Disaster History and Risk Assessment Results
 - People and other elements at risk in the community
 - Why they are at risk (underlying causes)
6. Strategies and Activities for Risk Reduction
 - Pre-, emergency phase, post- disaster risk reduction activities
 - Community early warning system; evacuation sites, routes and procedures for families and animals; evacuation center management, drills and simulation exercises
 - Structural and non- mitigation measures such as strengthening of houses and river embankments, community health and sanitation, reforestation activities, diversification of livelihood and income sources, sustainable agriculture training and projects, etc.
7. Roles and Responsibilities
 - Persons, committees and organizations to be in-charge of particular functions and activities; relationships of persons, committees,
 - Relationships of persons, committees and organizations.
8. Schedule of activities
 - When are different activities taking place, when to complete
9. Review and update of the plan (date)
10. Contact numbers of key agencies and individuals
11. Annexes (hazard map of the community)

Source: Community-based Disaster Risk Reduction (CBDRR) Participants Workbook. Community Safety and Resilience Unit (CSRU) of IFRC, 2008.

6.2.1. Disaster Risk Reduction Planning in Schools

Disaster risk reduction planning in school more or less follows the same steps as the DRR planning in villages:

1. Informing the entire the school community (all teachers and students) of the upcoming DRR action planning process and inviting/ nominating interested parties to be part of the process.
2. Formulation of objectives of the plan
3. Formation of sub-groups/ teams
4. Devising of risk reduction measures which would mainly consist of conducting awareness activities and structural measures such as strengthening the school buildings and its facilities.

5. Determination of required resources
6. Confirmation of roles and responsibilities for plan implementation
7. Defining the time line of the plan
8. Development and enforcement of operational procedures and policies
9. Identification of potential challenges in plan implementation and formulation of counter solutions
10. Finalizing the plan



- ✓ All consultative meetings organized under the planning process are inclusive with activities to relax and support the thinking process of the participants.
- ✓ local authorities and the community are informed constantly of the progress of the activity.
- ✓ final plan is current, complete and comprehensible with little technical jargons.
- ✓ final plan is shared with the local authorities and the community and comments invited.



There should be a strong linkage between the community-based action planning and school-based plan preparation. Specific activities that can be executed jointly such as conducting awareness raising campaigns through school plays or essay/ painting competitions or organizing special events where the entire community is invited to attend.

Step 7 Implementation of Action Plans

Just as the community action plan is developed through participatory process, the implementation of the resulting plan should also be made participatory which means all stakeholders of the CBDRR process at the community level would partake in the execution of planned risk reduction activities. This application of participatory implementation mechanism would –

- + increases the prospect of success and sustainability of risk reduction measures in the community;
- + help build self-reliance and overall risk reduction capacities of the community stakeholders;
- + enable the community, especially the lead agency for the implementation - DMC, to learn to manage resources and time constraints and to mobilize additional resources when needs arise;
- + create a platform for all stakeholders, from different cultural, discipline, social and economic backgrounds, to interact and work closely together and exchange ideas, experiences and skills in order to find better solutions to the common problems; and
- + in due course, lead to greater tolerance and harmonization among different social groups, providing them a united front to counter the negative impacts of disasters.

The process of implementation would be generally managed and spearheaded by the DMC at the community level with technical support from the program team. Therefore, the effectiveness of participatory implementation depends on the commitment and capacities of the DMC. The involvement of the community comes in two forms: through regular stakeholder consultative meetings/ workshops and through direct participation in the implementation. By and large, the participatory implementation involves undertaking of a succession of tasks and processes: assignment of tasks, mobilization of resources, capacity building, implementation of planned activities, monitoring and review and making adjustments by formulating corrective actions. All these processes will be discussed in more detail in this chapter.

7.1. Assignment of Tasks

The appointment of tasks for community action plan implementation follows the similar approach to participatory planning: that is the sub-committee formats adopted under the planning process is maintained here (e.g. evacuation, relief, search and rescue, EWS, Mitigation, information management, capacity building, monitoring and evaluation, etc.). For each sub-committee to be able to carry out its own implementation duties effectively, clear and precise responsibilities should be defined and assigned. It is also vital to make sure that the DMC has access to individuals and groups with the necessary skills to assist them in their implementation. As the community action plan clearly spells out the external agencies (government agencies, NGOs or CBOs in the area) that might be able to help in the implementation, one of the key responsibility for each sub-committee is to nurture

Box 13
Guiding Principles
for a Participatory
Implementation
Process

1. Participation of all stakeholders: Active involvement of individuals, social groups, organizations, and other stakeholders from the beginning of the program planning process.
2. Dialogue among stakeholders: Respect the diversity of opinions. People of different cultures, groups, disciplines, social and economic classes can work together to find better solutions to problems through continuous exchange of ideas and interactions.
3. Sequential process: The application of different methods and tools should follow a logical and systematic process to analyse the situation, establish a clear understanding of the problems, and formulate a sound vision for the community.
4. Cyclic process: Carry out planning in a cyclical manner, through several feed-back loops in order to modify program activities according to the experience gained. In this, process plans are valid until new insights and findings make it necessary to revise them. Flexibility in decisions and plans is regarded as the strength of the participatory project cycle management process.
5. Systematic analysis. The program is analyzed in relation to both its internal and external environment in which it operates.
6. Cross-cultural sensitivity. Use methods and tools that are acceptable to various sub-groups in the community, given their cultural context. The process should be flexible to change.
7. Transparency. Encourage open communication among stakeholders, continuous feedback on results of decisions and the use of methods and instruments.
8. Consensus orientation. Complete agreement during discussions may not always be possible due to diverse groups and interests. However, the transparency established by the process leads to developing relationships based on mutual understanding and concurrence among those involved in the planning process. This process works towards achieving the best consensus in each situation.

Source: Community-based Disaster Risk Management Field Practitioners' Handbook, ADPC, 2004.



partnership with relevant external institutions (see 6.2. *Development of Community Disaster Risk Reduction (DRR) Action Plan*).

Since each sub-committee is in charge of implementing corresponding risk reduction measures under their own focused area, individual sub-committee should have adequate number of people to carry out the following essential roles (ADPC, 2004):

- + Leadership role (overall responsibility for the activities of the committee);
- + Management role (to ensure the implementation of agreed activities);
- + Technical role (to provide inputs);
- + Financial management role (to ensure proper accounting);
- + Administrative role (to assist in management); and
- + Social mobilization role (to mobilize community resources).

Community members who are interested in being part of the implementation process can offer their services as volunteers and the community representatives who were involved in the planning process in the previous step, if they wish to remain and help the DMC during the implementation stage, should be actually be urged to do so.



- ✓ There are clear roles and responsibilities for each sub-committee to effectively implement the risk reduction measures. The members of the sub-committees understand well their duties.

7.2. Capacity Building

Under the *section 4.2. Capacity Buildings for CBDRR*, we have already looked into the skill enhancement of DMCs particularly in improving their basic CBDRR knowledge and know-how and their management aptitude. For the implementation of community action plan, DMC and the stakeholders involved in the process would definitely need specific technical capability not to compromise the quality of risk reduction measures. The solution therefore is to provide refresher courses of existing trainings as well as newly designed subject-focused trainings. *Table 16 - Possible Capacity Building Trainings* provides some suggestions on what topics should be covered in upgrading the capacities of the DMC and its newest members: community volunteers, in their implementation efforts.

Table 16
Possible
Capacity
Building
Trainings

Type of training	Covered topics	Notes on delivery
Training courses that can be offered again as 'Refresher Course'	Disaster preparedness and response <ul style="list-style-type: none"> • Search and rescue • Medical first aid • Relief coordination, distribution • Emergency shelter management • Evacuation management 	<ul style="list-style-type: none"> • If the program has limited resources or time frame, partners agencies (government and non-government) should be approached and request for assistance. • Both new members, and also the original members, who feel the need to repeat the course, of the DMC, should be given the opportunity to take the trainings.
	Disaster risk reduction <ul style="list-style-type: none"> • Orientation on disaster reduction • Risk communication (awareness raising) • Early warning systems • Structural mitigation • Livelihood sustainability 	
	Organisational management & development <ul style="list-style-type: none"> • Leadership (facilitation) • Negotiation, conflict management and resolution • Community mobilization • Budgeting and financial management • Proposal and report writing • Facilitating a meeting or training • Documentation 	
Subject specific new courses	Disaster risk reduction <ul style="list-style-type: none"> • Disaster risk reduction and education • Disaster risk reduction and health • Water and sanitation • Climate change • Environmental management • Gender and disaster risk reduction 	
	Organisational management & development <ul style="list-style-type: none"> • Resource mobilization • Coordination • Monitoring and evaluation 	

The list provided above is not an exhaustive list and more could be added as and when additional needs are identified but the decision on how many courses would be designed and delivered depends on the disposal of the resources and the time frame under the program.



- ✓ There is sufficient time for orientation and training of DMC and community volunteers in relation to technical nature of the plan implementation.
- ✓ The trainings for the DMC and the community volunteers cover all the topics essential to enable them to perform their implementation tasks.

7.3. Mobilization of Resources



Resource mobilization is an activity that spans three steps of CBDRR – commences during the assessment when existing capacities in the community are identified (see 5.3. *Analysis of the Assessment Findings*), it continues on through the participatory planning when resources required for each activity are determined and the implementation phase realizes their mobilization for actual execution of planned activities on the ground. Under the step 5 of



the planning process (see section 6.2. *Development of Community Disaster Risk Reduction (DRR) Action Plan*), the resources are split into four categories: (i) those available in the community; (ii) those available at local level; (iii) those that could be requested to the program; and (iv) those that need to be obtained from outside the program where potential sources (donor agencies) are also named.

To muster the deployment of these resources, meetings need to be organized by the DMC with the potential local and external donors⁹. It could start with separate meetings for different donors (international NGOs or development agencies, local business, government agencies) but once the pledges are settled and confirmed, follow-up meetings could be combined. The purpose of this is to nurture mutual respects between the contributing parties, to avoid overlaps and to ensure transparency. These meetings should also serve as awareness raising events for these institutions on CBDRR in general and on the program in particular.

When the external sources are involved, there is also the probability that the resources may have to be obtained through development of proposal and competitive bidding processes. In any case, it is pragmatic and recommended to have the promises for resource contribution in written, official statements and not just in verbal agreements. It is useful to note that human, physical and natural resources can be directly employed for delivery of inputs, while financial resources can be used to hire the other three kinds of resources (ADPC, 2004).



- ✓ Resources required for effective implementation of the community action plan have been secured.
- ✓ There is ample understanding by all stakeholders involved in where and how the resources would be obtained.
- ✓ There is a list of prospective resource providers including institutions and personnel with necessary skills and competence.

⁹ Examples: the engagement of a certified engineer from township Public Work Department in structural mitigation works involvement of livelihood expert from an NGO in providing livelihood trainings, involvement of resource mobilization expert from a local business, etc.

- ✓ The DMC has the mean and the capacity to establish contact with and develop partnerships with potential donors.

7.4. Implementation of Planned Activities

This is the stage where risk reduction activities proposed in the community action plan are put into action by the main implementing agency (the DMC with support from the program team) and the cooperating agencies (contributing expertise, technical advice, financial and material). To make the implementation functions smooth and efficient, followings need to be in order.

- + **Implementation schedule** that shows sequence and time frame for each activity;
- + **Roles of the participating agencies** that clearly define the respective duties;
- + **Beneficiary participation** through periodic review meetings/ events;
- + **Incentive and reward system** (material rewards, financial rewards, promotion, certification, etc.) that recognize the hard works put in by various stakeholders;
- + **Financial tracking system** that enables the management of funds;
- + **Coordination and communication system** that keeps the flow of information constant between different agencies and stakeholders as well as among the different sub-committees;
- + **Standard operating procedures** and policies that need to be followed in executing the planned activities (e.g. procurement procedures, recruiting procedures, etc.);
- + **Monitoring and evaluation system** that facilitate periodic data gathering on progress of the program to detect any divergence from the intended goals and objectives and how that can be brought back on track. It would also include a feedback system that captures any complaints or suggestions from the ground and conveys to the decision makers; and
- + **Reporting system** that documents all the happenings in the program for current and future reference.

Box 14 Examples of Implementation Problems

- Poor scheduling of programs leading to delays in implementation
- Misallocation of funds
- Lack of accountability and transparency
- Bureaucracy in decision-making
- Selfishness/nepotism/favouritism in selecting members of various operational teams (assessment, planning, implementation)
- Weak monitoring and evaluation
- Sudden policy changes
- Migration of beneficiaries (brought about by economic or natural crisis)
- Lack of team work
- Lack of incentives for implementers



1. Although a pre-determined schedule, procedures and policies are important in assuring effortless implementation process, there also has to exist some flexibility in allowing fundamental changes as and when required based on the changing needs on the ground.

2. In rallying the participation of various stakeholder groups, community organizing techniques need to consider the cultural and religious contexts of the groups and only the methods acceptable to the community should be applied. Different methods might need to be adopted for different groups of stakeholder and ample time and resources should be allocated for such eventualities.
3. In schools, parents should be invited to be active partners in the implementation of school risk reduction plans. Their involvement would serve as the linkage between the community-based and the school based activities and would also stimulate their interests in the subject of DRR as well.
4. In dealing with multiple stakeholders, transparency is one key element that could prevent conflicts. There may be times when 100% consensus is not possible due to diverse groups and interests. However, transparency would maintain trusts and understanding and can help develop tolerance to reach the best possible agreement.



The involvement of women in the implementation of disaster mitigation activities should be encouraged as it can provide them with opportunities to boost their personal income and community safety. Their participation in relevant mitigation trainings, thus, needs to be boosted to make sure they are equipped with necessary skills.



When designing an Early Warning System (EWS), the most vulnerable groups in the community (women, children, elderly, ethnic minorities and disabled people) should be included in the planning and design as well as in the implementation phase to ensure that specific restrictions they face are taken into account (e.g. use of native dialects, mobile announcement of warnings, usage of signs and signals, etc.).

7.5. Participatory Monitoring & Evaluation

A central element of CBDRR implementation is the participatory monitoring and evaluation (PME), a process of self-assessment, knowledge generation, and collective action in which stakeholders in a program or intervention collaboratively define the evaluation issues, collect and analyse data, and take action as a result of what they learn through this process (Jackson & Kassam, 1998). It focuses on the active engagement of primary stakeholders: the community itself, the implementing agency, partner cooperating agencies, of government and non-government nature, and the funders/ donors. Through the process, all stakeholders would learn of the effectiveness of the program efforts. Since it motivates the involvement of multiple stakeholders, conflicts may be unavoidable: some may feel the need to defend the original concepts and assumptions while others might question and challenge them. It is the duty of the lead implementing body, the DMC, to handle any emerging tensions with care and open-mindedness, with support from the program team.

PME is extremely relevant for CBDRR because (CSRU- IFRC SEA Office, 2008 and C4D Toolkit¹⁰):

¹⁰ Communication for Development (C4D), Equal Access Participatory Monitoring and Evaluation toolkit, downloadable at http://betterevaluation.org/toolkits/equal_access_participatory_monitoring.

- + It builds ownership and empowers beneficiaries by getting the stakeholders involved in all stages of the program cycle. Not only the information is analysed locally, follow-up actions are defined and implemented locally as well.
- + It builds the local capacity. As the knowledge, gained through active participation, turns into skills, it usually leads to self-sustaining actions.
- + It promotes effectiveness by allowing the stakeholders to observe both the successes and failures.
- + It takes corrective actions to improve performance and outcomes which provides a chance to make mid-course corrections as the program is being implemented.
- + It builds accountability and transparency that can help solve discords among participating entities.
- + It enhances the team spirit through collaborative efforts.
- + It presents on-going information on program progress to all its stakeholders.

Box 15
Principles of
Participatory
Monitoring and
Evaluation

- **Participation.** Multiple stakeholders participate in PME which may include beneficiaries, program staff, government agencies, and donors.
- **Learning.** Participants gain skills, which strengthen capacity for planning, problem solving, and decision making. They also gain a greater understanding of the factors or conditions that affect their program, reasons for successes or failures and why alternates may be tried.
- **Negotiation.** PME becomes a social process for negotiation between people's differing needs, expectations, aspirations, and visions.
- **Flexibility.** There is no one way to do PME. It is flexible and adaptive according to program-specific circumstances and needs.

Source: Community-based Disaster Risk Management Field Practitioners' Handbook, ADPC, 2004.

For PME, a monitoring and evaluation framework should be in place from the very beginning of the program conceptualization stage. It would consist of

- + A **log-frame** (logical framework) that highlights and links the main elements and milestones in a program. In a log-frame, each objective and expected outcomes would be correlated to its corresponding outputs and key activities, indicators (to measure the extent of achievements), means of verification (evidence of achievements) and important risks and assumptions (anticipated challenges and supporting factors).
- + A **draft schedule for periodic review** mainly showing when the reviews can be carried out; for instance every 3 months, monthly, etc.
- + **Manpower** for carrying out the monitoring and evaluation tasks which suggests how many people would be involved, from which department/ agency and who would be the lead (internal or external).
- + **Key aspects to be considered** such as timeliness, effectiveness of implementing agency, effectiveness of the usage of available resources, impacts on the ground, etc.
- + The **final proposed format of the report** for presentation of findings.

More elaborate scheme can be designed during the participatory community planning phase, detailing out particularly the schedule and the manpower and making it more participatory.

What is Monitoring?

Monitoring is the continuous or periodic review to ensure that input deliveries, work schedules, target outputs and other required actions are proceeding according to plan (CSRU- IFRC SEA Office, 2008). It tends to provide accurate information on the timeliness and effectiveness of the program inputs and operations. It is a process that is to be undertaken throughout the entire program period as an on-going documentation of the specifics of the implementation process. The participatory monitoring essentially helps us (CSRU- IFRC SEA Office, 2008) –

- + To see if we are on track;
- + To see if we are achieving our objectives;
- + To track progress on the implementation of agreed risk reduction measures;
- + To see how we are achieving our objectives;
- + To look at strengths and weaknesses;
- + To observe who might negatively affected by program activities;
- + To identify problems and lessons learned;
- + To make changes if we have to before it is too late;
- + To make sure we are not wasting money or our limited resources;
- + To make sure the community is involved and the process is documented; and
- + To help identify areas for staffing and community training.

Two types of monitoring need to be covered: **process monitoring**; that monitors relevance, effectiveness and the efficiency of processes, and **effect monitoring**: that monitors the progress towards achieving objectives, and on what the effects are in relation to these objectives. The monitoring process usually involves data collection, review meetings and reporting.

What is Evaluation?

Evaluation is an analytical impact assessment of the long-term results and effects of the program concentrating on outputs, outcomes and impacts, to what extent objectives have been met. It occurs less frequently compared to monitoring. Most programs usually have evaluation at the end of a phase or towards the end of the plan or program implementation (CSRU- IFRC SEA Office, 2008). It is also considered an organisational process for improving activities still in progress and for aiding management in future planning and decision making (ADPC, 2004).

In conducting the evaluation, the findings from the participatory disaster risk assessment or the baseline study should make up the basis upon which to compare the newly collected information of the same aspects at a later time. They are contrasted against the indicators from the log-frame to analyse accomplishments. Same as monitoring, the process usually entails, data collection, reviewing and reporting.

7.5.1. The Process of Participatory Monitoring and Evaluation (PME)

In a CBDRR program, there are two layers of monitoring and evaluation (M&E): for implementation of the overall program activities and of the community action plan. Both can be made participatory with varying degree of community involvement. *Figure 4* depicts the two processes and the linkage between them.

Followings are the sequence of activities that make up the participatory monitoring and evaluation (PME) process.

1. Formulation of indicators

Indicators are integral components of the monitoring and evaluation (M&E) process. They serve as benchmarks or measurement tools against progress and effectiveness of interventions. They ensure beneficiary accountability and provide the basis for decision making of the next steps (CSRU- IFRC SEA Office, 2008). There are two types of indicators: process indicators (for inputs and outputs) and effect indicators (for outcomes). They can be both quantitative, that shows changes which cannot be measured and qualitative, that show changes which can be monitored numerically (CSRU- IFRC SEA Office, 2008). Good indicators should be clear, direct, verifiable, measurable, sensitive (to capture changes over time), time-bound (to detect expected changes) and adequate (provide enough information) (C. Shutt, 2003).

As mentioned at the beginning of this Chapter, the program document already has an overall M&E framework with indicators for the major activities or components. At this stage with a community action plan in hand, a new sets of indicators can be developed to monitor and evaluate changes in relation to the risk reduction measures in the plan, but with a link to the overall program indicators. Ideally this should take place during the participatory planning process immediately after the risk reduction initiatives are formulated (*see 6.2. Development of Community Disaster Risk Reduction (DRR) Action Plan*). Respective thematic sub-committee tasked to design their own activities and to figure out the matching required resources should also come up with relevant indicators to determine what changes are expected to take place and how to that can be monitored. It could be achieved by carrying out the following activities (ADPC, 2004):



+ Review of the community action plan objectives – by DMC and selected community members (community volunteers involved in planning) together with the program team.

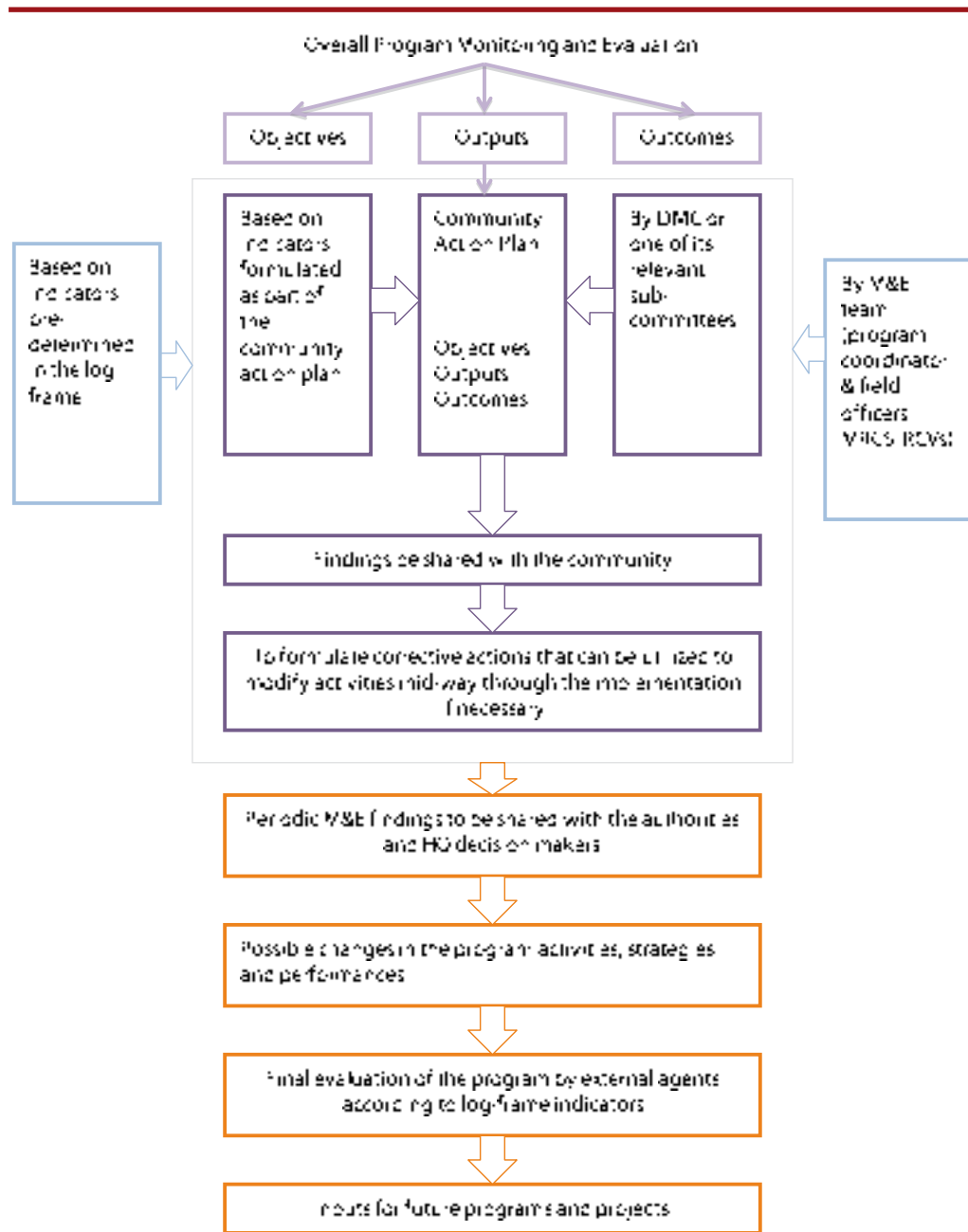


+ Identification of external factors that might affect the community and influence the program results (step 9 of participatory action planning, (*see 6.2. Development of Community Disaster Risk Reduction (DRR) Action Plan*)).



+ Formulation of questions, which need to be answered in order to monitor the relevant issues and changes (*see Box 17 - Questions to Contemplate in Participatory Monitoring and Evaluation*).

Figure 4
Monitoring and
evaluation of
CBDRR program



Box 16
Questions to
Contemplate
in Participatory
Monitoring and
Evaluation

- Have the activities been implemented as planned? Have they met the objectives?
- How the activities have contributed towards achieving the objectives?
- Are the activities achieving the desired impact on (or change in) peoples' perceptions, behaviours, material and social well-being and empowerment?
- Why are the objectives not being met? Do we need to change activities or objectives?
- What new activities are required to achieve the objectives? What indicators can be used to assess their impact?
- Are any groups or individuals being negatively affected? Have any groups or individuals dropped-out? Why is this so?
- Are the current objectives still valid or do we need to change? If yes, what new objectives and new activities?

Source: *Community-based Disaster Risk Management Field Practitioners' Handbook, ADPC, 2004.*



- ✓ There are adequate procedures in place for efficient coordination and communication.
- ✓ The indicators developed meet all the criteria (clear, direct, verifiable, measurable, sensitive, time-bound, and adequate).
- ✓ Each risk reduction measure identified under the community action plan has its own.

2. Determining the methodology

To determine the PME methodology, three main questions need to be asked: what methods will be used to gather the information, who will do it and when it will be done. Some of the tools that can be used for data collection are: structured surveys and review of existing records for quantitative data and in-depth interviews, group interviews (community meetings and focus group discussions) and direct observation for qualitative data. They are briefly explained in the following table:

Table 17
Overview of
M&E Methods

Method	Description
Structured surveys	It entails administering a written questionnaire to a sample of respondents. The advantages are that the interview mode and construction of questions can be standardized on the basis of experience so that the size of biases introduced by either the enumerator's style or the respondent's misunderstanding is controlled.
Review of existing records	Existing records of government offices, especially the statistical office, and NGOs.
In-depth interviews	It allows the interviewer to have a conversation with the respondents in which ideas flow freely. The interviewer must, however, take elaborate notes. Such interviews can be conducted with a few well-informed persons called "key informants" such as village leaders, tribal chiefs, extension workers, teachers and local government officials.
Community meetings	They are open to all adults in the community or village and are usually well attended if sufficient notice is given. Such meetings are best conducted by a team of two or three interviewers, who address queries to the participants.
Focus group discussions	Focused group discussions are sessions for a small number of invited participants, who discuss a topic among themselves. The interviewer simply stimulates the discussion and keeps it focused on a desired topic.
Direct observations	It involves direct, extensive observation of an activity, behaviour, or relationship. Participant observation can also include qualitative interviews with the informants. The merit of this approach is that the investigator gets an inside picture of the situation as seen by the people involved.

Source: *Casley, D. J.; Kumar, K., 2000.*

As for the second question of who, there are three different agents we can consider:

- + For the PME of community action plan, giving the existing structures and arrangements under the CBDRR program, the most likely lead actor for PME is the DMC or one of the relevant sub-committees; monitoring & evaluation sub-committee with ample support from other sub-committees.
- + Overall program M&E is carried out by the M&E team under the program, headed by the coordinator with field officers (MRCS' RCVs and RCEC members).
- + For final evaluation of program, it is the norm to bring in external evaluation team or experts not directly associated with the program to ensure impartiality.

The time factor can be decided based on the schedule of the activities. It also has to look into the need to keep the stakeholders informed through periodic meetings: organized monthly, bi-monthly or quarterly basis depending upon the duration of the program, the requirements of the community DRR plan and the concerns of the stakeholders (ADPC, 2004). It might be more convenient and save time if the M&E cycles coincide with program reporting timetable (*see also point 4 for additional reason for this suggestion – joint reporting*).



- ✓ The lead agency (DMC) for PME understands thoroughly how to effectively use the selected data gathering tools.

3. Defining the analysis tools

Key factors for analysing the information are: the tools to analyse the gathered information and the person/ persons responsible. A simple descriptive summarization and collation and sorting of these summaries into categories of changes would suffice in a PME of the community action plan. This is especially because introducing complicated and advanced analysis tools to the community on the ground may not be feasible nor practical unless statistical expertise is already in place at the grass-root level complete with computerized systems; a situation not realistic for Myanmar at current period. The overall program monitoring and evaluation data however, can go through a more advanced analysis process using specialized software such as SPSS for analysis but it also is up to the level of technical capacities of the implementing agency.



- ✓ The lead agency (DMC) for PME knows how to analyse the findings.

4. Deciding on the reporting format

The M&E reports are normally internal documents but in PME of the community action plan, they must be shared with all stakeholders and, collectively, remedial actions can be formulated if any deviances are detected. The changes detected on the ground can be presented in tabular forms and in graphs to accompany the report. How the results of

PME would be utilized also need to be explained thoroughly. The reporting duty should be carried out by assigned members of the DMC jointly with program team coordinator.

The format of report need to be decided by the respective lead: the DMC for the M&E of the community action plan and the M&E team for the overall program monitoring, considering the kind of information they would like to see reported (ADPC, 2004). The report format of the final evaluation that could and should go to the external evaluators, nonetheless, should be developed by the M&E team and should be included in the ToR prepared for the external appraisers. It is essential to also make it clear that except for the final evaluation report, which should be a stand-alone report of substantial length, the other M&E reports on community plan implementation and overall program execution can be short write-ups attached to regular progress reports. They can even be presented in simple tabular forms consisting of the following data (ADPC, 2004):

- + Date of report preparation
- + Agency preparing the report
- + Period covered by the report
- + Progress on activities
- + Achievements on indicators
- + Achievements on objectives
- + Problems faced
- + Actions taken to address the problems
- + Recommendations.

For the community, the emphasis of the report has to be on the progress made under the community action plan, whereas for the higher level stakeholders like the state/regional/township level authorities and HQ level executives, the headways made under the overall program would be of more interests.



The reports have to be clear, concise and conclusions easily comprehensible for use by the program coordinator, concerned officials at the headquarters level and other stakeholders including local government officials and community members to make necessary decisions. It should also avoid using too many technical jargons. An example template can be found in *Annex 6 - Sample Monitoring Sheet for CBDRR Activities*.



- ✓ The finalized report format is well accepted by all stakeholders.
- ✓ The lead agency (DMC) has the ample capacity to prepare regular, relevant and adequate M&E reports.

5. Realizing the PME

All the specifics of PME, mentioned in the previous activities 1 to 4, lead to a PME plan that needs to be employed in cyclic pattern of periodic data collection, analysis and report preparation. It has been highly recommended to match M&E exercise with the regular

reporting schedule for joint reporting purpose (see point 3 and 4 above) to save time and resources and also to harmonize the workings of different sub-committees under the DMC and the program team. Substantial information sharing need to take place among these parties to ensure widely held consent is achieved in making any major decisions.



1. Regular information sharing is the key in PME and for this reason a realistic meeting schedule should be prepared in agreement with all the stakeholders in advance.
2. Greater participation of the most vulnerable groups in the PME should be facilitated through use of unconventional means of communication such as symbols and signs, ethnic dialects, written questions, etc. to cater to the special needs.



- ✓ The representatives from the most vulnerable groups are included in PME activities.
- ✓ There is communication mechanism in place to ensure sufficient information sharing among different sub-committees under the lead DMC.

6. Formulation and implementation of corrective actions

The results of PME: anticipated changes vs. real changes on the ground and progress on activities and achievement of objectives need to be presented to the stakeholders through periodic review and information sharing meetings. Some activities might prove to be not as relevant and effective as they were thought to be during the planning process or some activities might be having a negative impact upon other groups (ADPC, 2004). Based on these findings, adjustments may be required in different aspects of the program: performance, operational procedures, activities, objectives, time frames, etc. It is likely that any alteration or adaptation made might need mobilization of additional resources to implement the newly identified activities and targets. Any arising extra resource needs should be treated as a chance for the DMC to practice their resource mobilization skills and with the assistance of the program team; proposals can be developed for submission to the interested donors and potential resource contributors.



Although a pre-determined schedule, procedures and policies are important in assuring effortless implementation process, there also has to exist some flexibility in allowing fundamental changes as and when required based on the changing needs on the ground.



- ✓ There is communication mechanism in place to ensure sufficient information sharing with all internal and external stakeholders.
- ✓ Corrective actions are designed and undertaken when actual results are substantially different from detailed program plan.
- ✓ Any changes/ corrective actions to be made are agreed upon by all stakeholders involved in PME.



For more information, please refer to the IFRC guideline "Project/programme monitoring and evaluation (M&E) guide".

Step 8

Measuring the Impact – Endline Study

The **end-line study** takes place close to the end of a CBDRR program and collects the same data as baseline study but after risk reduction measures have been put in place for a considerable period of time. The two data sets from baseline and end-line studies are then compared to identify the changes brought about by the program.

Same as the baseline study, the key principles for end-line survey include:

- + *Participation*: Success depends on local people's participation in sharing information and responsibilities.
- + *Teamwork*: It is best to have a mix of sector specialists and community representatives including women.
- + *Systematic*: Data collected is guaranteed to be accurate, easily verifiable and carefully organized.

Both studies follow the same set of activities as described below.

1. Formation of study team

Ideally, the study team of the end-line study should be the same as that of the baseline study but in reality, that might not be possible as some RCVs involved before in the baseline data collection might not be available any more or have moved to another place. Nevertheless, a specialized study teams should be formed in every target village for the end-line survey just as during the baseline study, with corresponding tasks spelled out in a ToR. The local authorities need to be then informed and the respective DMCs are requested to convene a community meeting where the information on the study would be shared with the local community members, including the ToR of the study team. At the meeting, volunteers from the community could be invited to join the study team. Unlike during the baseline study, the program team should consider the following key stakeholders to be part of the team, on top of the RCVs and the program M&E personnel.

- + Representatives from relevant government departments from the targeted township and village;
- + Representatives from non-government agencies and academic/research institutions working in the target villages;
- + Local or traditional leaders in the community;
- + Red cross volunteers from the target township and village; and
- + Representative members of the community to be assessed.



The program team and village DMC can jointly carry out overall management of the data collection activity, the supervision and the monitoring. An sub-group focusing on schools should be established as well to gather school based data.



- ✓ The ToR for the study team outlines in details the roles and responsibilities of the team members.
- ✓ The community volunteers and representatives are invited to join the team including the agents from the most vulnerable groups, especially the women.
- ✓ Both baseline and end-line study teams are made up of more or less the same members.

2. Training of data collection team

The training of data collection team as practiced before in baseline study, on the use of participatory learning and action tools and analysis methods as well as the orientation of any standardized questionnaires and other basic human rights DRR issues, is highly recommended as refresher courses especially if new members are involved.



- ✓ The study team is provided with appropriate trainings.

3. Data collection and analysis

The end-line study, just like the baseline, is based principally on questionnaires and collect the same type of info: on the individual respondent, the household, hazard experience, perception of natural hazards, and current level of natural disaster preparedness and response. The random sampling method, more or less the same as that of baseline can be employed and so too the data entry and analysis tools (excel and SPSS program) would be applied. The same questionnaire and, as much as possible, the same persons from the same households are interviewed for the end-line study. If the same person is not available, another member from the same household would be selected for interview. Another solution is to involve more than one members of the household in the first baseline study interview. However, due to the random sampling procedure, the use of a different sample would still result in comparable data.



1. A quality control process needs to be in position to guarantee the high quality and reliability of the data. In general, the data, at the stage of collection, has to undergo screening process based on their precision, accuracy, relevance and completeness.
2. There should be a gender balance with regard to the interviewees to ensure a better understanding of the situation on the ground.
3. In both baseline and end-line studies, data gathering should cover the schools.

4. Presentation of findings

In both baseline and end-line studies, the program M&E officer takes on the duty for preparing the final reports: containing quantitative data with changes categorized in different aspects clearly stating the before and after scenarios, indicating any prominent improvements or set backs. The final products, especially the end-line study report, need to be shared with all stakeholders. The report format should be jointly decided by the M&E officer and the study team either as part of the study framework or as part of the M&E requirement.



On top of DRR related data, people's understanding, perception and their current practices in adapting to climate change and in managing natural resources, the study can also reveal the and environment conditions before and after the DRR interventions to make sure the program activities do no harm to the natural ecosystem. This would also reveal how the CBDRR implementation in the community has affected these cross cutting issues: either negatively or positively, and document it for future references.

Step 9 Empowerment of the Community

Anytime-bound CBDRR program have to leave the target areas at the end of the implementation period: if not complete withdrawal, the activities might be scaled down in one area to be replicated in another. In both cases, to ensure the continuity of the risk reduction efforts in the at-risk target sites, it is crucial to transfer the program goals, responsibilities, and activities to another organization, ideally a community-based entity so that uninterrupted services can continue under localized management. Besides safeguarding the investments been made in the targeted areas, such an arrangement can also prevent the recurrence of the original problems. Likewise, the act would be seen by the community as the vote of confidence the program has entrusted to them, thereby encouraging and empowering them to carry on.

9.1. Planning to Exit

The handing over of the program achievements to a suitable local agency is most effective through an adequate exit strategy that should be carefully planned from the onset of the program. An **exit strategy** is best defined in the technical note '*Graduation and Exit Strategies: A Focus on Title II Food Aid Development Programs*' of Rogers and Macias¹¹ as 'a plan describing how the program intends to withdraw its resources while ensuring that achievement of the program goals (relief or development) is not jeopardized and that progress towards these goals will continue'.

Most development and humanitarian donors require the inclusion of an exit strategy at the time of program proposal preparation. Even without such obligation, it is worthwhile to plan an exit strategy as early as possible as it allows the employment of participatory approaches encouraging the involvement of key stakeholders. The advantage of informing the stakeholders from the beginning that they would eventually take over the management of the activities is that they are given ample notice to sufficiently prepare until the time comes and augment their commitment to program sustainability. The early planning also strengthens the relations between the implementing agency, the cooperating partners and the target communities as they work together and make incremental steps toward the exit within a reasonable period of time.

The strategy should be built into the program design so as to encourage development of activities that support sustainability on the ground. It can include a set of contingency plans to accommodate any unexpected delays or changes that might arise during the active life of the program. It may also contain some schemes for mobilization of further resources when it may not be possible to exit entirely from program areas. Imperative too to include in the exit strategy is the advocacy component to guarantee on-going donor and government support which is to be strongly linked to or, better still, embedded within the wider advocacy activities

¹¹ Rogers, B. and Macias, K., Program Graduation and Exit Strategies: A Focus on Title II Food Aid Development Programs, FANTA Technical Note No. 9, November 2004.

under the program. The strategy also needs to look into how some form of communication can be maintained with the recipient local organization after the exit.

Following questions need to be addressed in developing an exit strategy (C-SAFE, 2005¹² and Aid Workers Network):

- + How strong is the community's sense of ownership/commitment to continue program activities?
- + Do community members, groups and service providers have the knowledge and skills needed to implement the program activities?
- + Who will be responsible for handling that activity?
- + Is there a local NGO or agency or a community organization to which it should be transferred?
- + Do the local organizations implementing the phased over activities have sufficient institutional and human resource capacity? Do the successor organizations need any training?
- + How will the activity be transferred?
- + How will it be funded?
- + How will it be monitored?
- + What will be the role of the community in managing or monitoring?
- + What is the role of the local authorities/Red Cross Branch/ DMC/ RCVs/ Community Members?
- + Are the organizations responsible for implementing phased over programs resilient to shocks and changes in the political and social environment?



1. In presenting the exit strategy to the donors and the target communities, they should be promoted as 'sustainability plan' which has inherent benefits irrespective of timing and context.
2. Developing exit strategies may be new for many staffs of the implementing agency and there might be a need to dedicate resources to training the staffs on the subject (C-SAFE, 2005).

9.2. Finalizing the Timeline for the Final Exit

Whatever time line is mentioned in the strategy as the 'exit date' needs to be flexible as more certain dates can be determined later on together with the stakeholders, especially the agency identified to take over and the host local authority. There are three basic factors that can influence the decision on when to exit (C-SAFE, 2005):

¹² What we Know about Exit Strategy: Practical Guidance for Developing Exit Strategies in the Field, A product of the Consortium for Southern Africa Food Security Emergency (C-SAFE) Regional Learning Spaces Initiative, 2005.

1. **Time limit:** Time limits imposed by the funding cycles can prompt the urgency or the delay in deciding 'when'.
2. **Achievement of program impacts:** Indicators of program impact can sometimes be used as exit criteria, especially the capacity level of the target community that can be termed self-reliant or adequate.
3. **Achievement of Benchmarks:** Benchmarks are defined as the measurable indicators of identified steps in an Exit Strategy. They are part of the monitoring and evaluation planning matrix from the onset and arriving at certain benchmarks, indicated by regular M&E exercise, can be taken as signal for an 'exit'.

Since the program implementation is entwined with the exit strategy time line, we have to keep in mind that any benchmarks that might mark the exit point are subjected to changes as the implementation progresses and unexpected events occur. Furthermore, we might need to plan different exit points for different activities. Specifically in multi-phase programs, different components would have their own individual exit point according to the achievement of predetermined objectives and goals. Some of the activities might require to be slowly phased out with hand-over taking place well in advance of the arrival of the overall end dates.

9.3. Strengthening the Local Partnerships and Local Capacities

As mentioned before, early planning of an exit strategy allows ample time for the implementing agency to work closely with the intended take-over organization, community DMC in the case of MRCS' CBDRR program. By adopting participatory approaches throughout the program period for planning, implementation as well as for monitoring and evaluation, the stakeholders get to learn of the exact happenings at regular intervals which permit them to have their say in grooming themselves for the ultimate role: that is they can weigh in on the type of skills they need.

We have discussed under Chapter 4, 5, 6 and 7 the various capacity building activities for the DMCs and the community, covering a range of topics and skill sets. With exit strategy in place from the beginning, these initiatives would be designed with the mind-set of getting ready not just for managing risk reduction activities within the program time frame but also beyond it. M&E exercise that takes place just before the end of the program can provide invaluable information on the local actors' strengths and weaknesses and the resulting outcomes can help determine whether more capacity-building activities need be designed and customized to fit the emerging needs.

Apart from providing a healthy mix of formal training courses and learning-by-doing, following activities would also assist in improving the capacities of the stakeholders.

- + **Revisiting the Action Plan:** It serves to review the priorities set before and to contrast them against the evolving changes, to identify changes in the risk situation on the ground and to assist the community in revising the plan, as a repeat of planning exercise, if needed. The process should be facilitated primarily by the DMC with limited technical support from the implementing agency. As the alteration of the action plan gives the community an

opportunity to practice the planning process a second time under minimum supervision, it somehow set them to get ready for future planning activities.

- + **Provision of Hardware:** Providing some essential hardware such as emergency kit and guidance documents, that contains maps, how-to-do guides on different activities and program related dossiers as references, to DMC can help them in undertaking risk reduction activities after the program closure.
- + **Mentorship:** The implementing agency can act as an on-going mentor to the recipient organization which can enhance the gradual transition during the period of shifting responsibilities and activities, and might even continue to offer complementary services within the same geographic area (C-SAFE, 2005). This might require additional resources, but making it an integral part of the program exit strategy, depending on the demand and request from the stakeholders, would ensure access to extra essential resources.



1. Information on program progress and tracking of resources, that is the results of periodic monitoring and evaluation exercises, should always be shared with all the stakeholder groups. It keeps the stakeholders updated of the development within the program and makes the hand-over process much smoother.
2. The monitoring of exit strategy benchmarks should be integrated into the overall program's monitoring and evaluation plan.
3. To make sure the exit strategy is fully accepted by the local partners and the target communities, developing and communicating the strategy in a transparent fashion is critical as it conveys a sense of responsibility and ownership.
4. To determine the success of an exit strategy, it is highly recommended to conduct an evaluation after a period of time has elapsed following the program exit. This should be programmed into the overall program framework as a follow-up evaluation.
5. The hand-over process has to be formal and officially recognized so as to ensure everyone is aware of such crucial information as who is responsible from now on, what the commitments are and what is expected to achieve.
6. Uncertain political situations can adversely impact exit strategy by hampering critical relationship building and in creating doubts about with whom to plan for exit as there is no guarantee for how long the same high level authorities, especially government personnel, would be working in the current positions. In this dynamic environment, it may be necessary to develop several different 'exit scenarios' and include regular re-assessment of the current exit plan so that adjustments can be made as situation evolves (C-SAFE, 2005).

Three measures to gauge the success of an Exit Strategy:

- If the program impact has been sustained, expanded or improved after program end;
- If the relevant activities are continued in the same or modified format; and
- If the systems developed continue to function effectively.

Source: C-SAFE, 2005.



- ✓ An exit strategy also exists as part of the overall program framework.
- ✓ Good partnership has been built between the exiting agency and the recipient local organization.
- ✓ Local program partner (DMC in this case) has been properly trained for handling the CBDRR activities after the exit of the implementing partner.
- ✓ The community stakeholders are engaged in making critical decisions with regards to exit strategy throughout program.
- ✓ The exit strategy covers mobilization of additional resources if there is a need to continue beyond original program end dates.
- ✓ The exit strategy includes a communication plan that enables the exiting agency to keep in touch with recipient local agency after the program end dates.
- ✓ There is a strong linkage between the exit strategy and the M&E plan.

Annex

Annex 1 Key Technical Terms and Terminologies

Advocacy	<p>Advocacy is about persuading people to make changes, whether in policy, practice, systems or structures. Advocacy can bring communities together and encourage them to respond to external threats. For both International Federation of Red Cross and Red Crescent Societies (IFRC) and the National Societies, effective humanitarian diplomacy to persuade decision-makers and opinion leaders to act at all times in the interests of vulnerable people has become a top priority in their advocacy efforts (IFRC, 2012¹³).</p> <p>In the context of Myanmar Red Cross Society (MRCS) community-based disaster risk management (CBDRM) activities, advocacy focuses on awareness raising and education to strengthen its interventions and to keep all the stakeholders informed as a way of lobbying for their support. It takes place at different levels targeting different stakeholders: high level decision and policy makers, branch personnel and local authorities, Red Cross volunteers and the community. Information sharing through organizing of specialized events (meetings, conference, and workshops) and regular reporting process are key forms exercised in ensuring the constant information flow.</p>
Base line study	<p>A baseline study is an analysis describing the initial conditions before the start of a programme, against which progress can be assessed or comparisons made. The data collected acts as indicators and can used for comparison later in the programme and/or at its end (end-line study) to help determine what difference the programme has made towards its objectives (IFRC, 2011¹⁴).</p>
Capacity	<p>Capacity is the combination of all the strengths and resources available within a community, society or organization that can reduce the level of risk, or the effects of a disaster; may include physical, institutional, social or economic means as well as skilled personal or collective attributes such as leadership and management. Capacity may also be described as capability (CSRU- IFRC SEA Office, 2008)¹⁵.</p>
Capacity development	<p>The process by which people, organizations and society systematically stimulate, develop and sustain their capacities over time to achieve social and economic goals, including through improvement of knowledge, skills, systems, and institutions. The key recipients of such process under MRCS' CBDRR initiatives are the MRCS staffs involved in the CBDRR implementation, Red Cross volunteers (RCVs), the community representative and leaders, counterpart government agencies and branch personnel, teachers, students and most importantly the community at large. A combination of structured and standardized trainings as well as learning-by-doing and public awareness raising activities is employed.</p>
Community	<p>Community is a group of people in a locality who by virtue of sharing the same environment (living in the locality, working in the locality or sector) are exposed to the same threats, though the degree of exposure may differ. Common problems, interests, hopes and behaviours may be shared and are basis for common objectives in disaster risk management (CSRU- IFRC SEA Office, 2008).</p>

13 Community Based Disaster Risk Reduction (CBDRR) Participants Workbook, Community Safety and Resilience Unit (CSRU) of International Federation of Red Cross and Red Crescent Societies (IFRC), 2008, the manual downloadable at <https://sites.google.com/site/drrtoolsinsoutheastasia/disaster-risk-reduction/community-based-disaster-risk-reduction-cbdr>.

14 Project/Programme Monitoring and Evaluation: Guide, IFRC 2011.

15 Community Based Disaster Risk Reduction (CBDRR) Participants Workbook, Community Safety and Resilience Unit (CSRU) of International Federation of Red Cross and Red Crescent Societies (IFRC), 2008, the manual downloadable at <https://sites.google.com/site/drrtoolsinsoutheastasia/disaster-risk-reduction/community-based-disaster-risk-reduction-cbdr>.

Community-based disaster risk reduction (CBDRR)	Community-based disaster risk reduction is a process of disaster risk management in which at-risk communities are actively engaged in the identification, analysis, treatment, monitoring and evaluation of disaster risks in order to reduce their vulnerabilities and enhance their capacities. By putting the people at the heart of decision making and implementation of disaster risk management activities, they are empowered and are furnished with a sense of ownership. In CBDRM, it is crucial that the local and the national governments are involved and supportive (ADPC, 2004 ¹⁶).
Community mobilization	Organizing key stakeholders on the ground such as Red Cross volunteers (RCVs), community members, teachers and students in such a way that they are actively involved in assessing their own risks and capacities, planning and implementation of the risk reduction measures along with key programme personnel and authorities at different levels. Functional groups can be formed, under the umbrella of village/ township disaster management committee, each assigned specific area of tasks such as relief, search and rescue, health, awareness, preparedness, early warning, mitigation, preparedness, etc.
Disaster	A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that, in most of the cases, exceed the ability of the affected community or society to cope using its own resources (UNISDR, 2009 ¹⁷).
Disaster risk	The potential losses, in lives, health status, livelihoods, assets and services, which could occur to a particular community or a society over some specified future time period as the results of a disaster (UNISDR, 2009).
Disaster risk reduction	The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, reduced vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events (UNISDR, 2009).
Disaster risk management	The systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster. It aims to avoid, lessen or transfer the adverse effects of hazards through activities and measures for prevention, mitigation and preparedness (UNISDR, 2009).
Early warning system	The set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately in sufficient time in order to reduce the possibility of harm or loss. A people-centered early warning system necessarily comprises four key elements: knowledge of the risks; monitoring, analysis and forecasting of the hazards; communication or dissemination of alerts and warnings; and local capabilities to respond to the warnings received (UNISDR, 2009).
Element at risk	The population, buildings and civil engineering works, economic activities, public services and infrastructure, etc. exposed to hazards.
End-line study	An end-line study is a measure made at the completion of a programme, usually as part of its final evaluation, to compare with baseline conditions and assess change. Although baseline and end-line studies are not evaluations themselves, but they form an important part of assessing change and contribute to programme evaluation and can also contribute to monitoring changes on longer-term programs (IFRC, 2011).

16 Community Based Disaster Risk Management Field Practitioners' Handbook, Asian Disaster Preparedness Center (ADPC), 2004.

17 UNISDR Terminology on Disaster Risk Reduction, 2009, downloadable at http://www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf.

Evaluation	An assessment, as systematic and objective as possible, of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, developmental efficiency, effectiveness, impact and sustainability. Their findings allow programme managers, beneficiaries, partners, donors and other programme stakeholders to learn from the experience and improve future interventions ¹⁸ .
Mitigation	The lessening or limitation of the adverse impacts of hazards and related disasters.
Monitoring	Monitoring is the routine collection and analysis of information to track progress against set plans and check compliance to established standards. It helps identify trends and patterns, adapt strategies and inform decisions for programme management (IFRC, 2011).
Multi-Sector Assessment	<p>Under the CBDRR undertakings of MRCS, multi-sector assessment takes the form of participatory vulnerability and capacity assessment with the involvement of Red Cross volunteers (RCV), community members and the government representatives from the existing disaster management entities at the local level (from various related departments and sectors) within the target programme area. They are usually organized as multi-days workshops and discussion sessions to stimulate exchange of information and dialogues among various participating groups with specially trained facilitators, well versed in MRCS standardized MSA procedures (can be senior RCVs or specially assigned programme personnel). The resulting output would be a thorough assessment and analysis of existing vulnerabilities, their root causes and available capacities within the target area.</p> <p>In general, it is the process of identifying risk reduction needs and gaps in the development and its related sectors to pave the way for more comprehensive risk reduction strategy through mainstreaming of risk reduction concepts and measures in the sectoral planning procedures.</p>
Natural hazard	Natural processes or phenomenon that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (UNISDR, 2009).
Natural disaster	A disaster triggered by natural hazard(s) that may or may not be known in advance: in the cases of hydro-meteorological hazards such as floods, the chances of predictability are high whereas for geological hazards like earthquakes, there is very low predictability.
Participatory assessment	A process whereby all concerned parties collect and analyse disaster risks information, existing capacities within the implementing bodies (the organization as well as the community) and possible available resources, in order to make appropriate plans and implement concrete actions to reduce and/or eliminate disaster risks that will adversely affect their lives. It is both a dialogue and a negotiated process involving those at risk, authorities and other stakeholders (based on ADPC definition).
Participatory action planning	A planning process where all stakeholders are consulted to varying degrees; some groups' involvement more intensive than the others, to formulate locally appropriate (in cultural, religious, social and economic aspects) risk reduction measures with the goals of reducing the disaster related risks and vulnerabilities the community is facing and making it more resilient. It defines not only the detailed activities but also what kind resources are required, the level of capacities needed and who is responsible for effective implementation, at the same time it identifies what resources/capacities are already available and in place and what gaps exist.
Disaster Preparedness	The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals in advance of any disaster events to effectively anticipate, respond to, and recover from the impacts of likely, imminent or current hazard events or conditions (UNISDR, 2009).

Prevention	The outright avoidance of adverse impacts of hazards and related disasters. The measures aim to permanently protect the impacts of disasters however it is vital to realize that it is not always possible to prevent the effects of natural disasters and the best solution is to pair preventive measures with mitigation and preparedness initiatives to address the root causes of the manifested vulnerability and risks (based on UNISDR Terminology).
Public awareness	The process of disseminating common knowledge on disaster risks, the factors that lead to disasters and the actions that can be taken, individually and collectively, to the general public with the objective of reducing exposure and vulnerability to hazards (based on UNISDR Terminology).
Resilience	The ability of a system, community or society exposed to hazards to resist, absorb, adapt to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions (UNISDR, 2009).
Risk	The probability of an event and its negative consequences (UNISDR, 2009).
Risk assessment	A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend. The resulting information provides estimated actual or expected damages to make recommendations for prevention, preparedness and response (UNISDR, 2009).
Stakeholder(s)	Stakeholder(s) refer to individuals, groups, organizations or communities that have interest or concern in a certain matter.
Target community	The at-risk community where risk reduction initiatives are to be undertaken. Due to the limited resources and time constraints, majority of the risk reduction programs, implemented either by the government or non-government agencies, need to focus on selected communities living in highly disaster prone areas. The selection criteria for such community is usually dictated by the implementing organization's disaster risk reduction mandates, the objectives and goals of the programme, the extent of risks the community is exposed to and the willingness of the community and its local authorities to collaborate and cooperate.
Vulnerability	The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard (UNISDR, 2009).

Annex 2 School Hazard Risk Assessment Template

Basic Education School Hazard Risk Assessment Questionnaire

.....TownshipDivision

(To be filled up by the headmaster or teacher of each school)

Name of the headmaster or teacher who filled the form

Filling Date _____

Name _____

Position _____

1. School Name _____

2. Village _____

3. Tract _____

4. School type: _____

- High School
- High School Extension
- Middle School
- Middle School Extension
- Post Primary School
- Primary
- Monastic School

5. Total Number of children

Primary School Level			Middle School Level			High School Level			Grand Total of Children
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	

6. Number of teachers

a) Outside teachers : _____ (b) Living in the same tract/village teachers: _____

7. Headmaster

(a) Outside : _____ (b) Living in the same tract/village : _____

8. Name of the headmaster or teacher(s) who received Basic First Aid Training;

No	Name	Position	Date of Training Received

9. School building specification

Number of the building	Building Type	Using Material	Condition (new or old building, year of construction)
	Flat building	Roof - Floor - Wall -	
	One stored building (including Posted School)	Roof - Floor - Wall -	
	Two stored building	Roof - Floor - Wall -	

11. Teaching /Learning process interrupted during hazards ? Yes or No

If yes- Please specify the reasons. You can choose more than one.

- School Building is flooded
- Classroom is flooded
- No alternative or temporary place for teaching
- Teachers cannot access because of the hazard (transport difficulties, strong water current.....)
- Children cannot access because of the hazard (transport difficulties , strong water current..)
- Most of the children move to the other temporary shelter place or relative houses outside of their own village or tract
- School is being used as a Temporary place for the vulnerable people from the village
- Others, please specify

12. Have you the Coping Solutions when your school is flooded? Yes or No

If yes- Please specify the reasons.

Scenario	Coping Solution	Activities	Resources	Who	When

13. Is there any temporary teaching place? (Monastery, community hall,) Yes or No

If yes- Please specify the reasons.

Temporary Teaching Place	Location	Capacity	Estimated Duration	Remarks

14. Do you have an existing safety school preparedness plan (Clear Procedures to be followed in case of alert and evacuation) ? Yes or No.

If yes, please specify date of creation.

15. Concerning about the school disaster, your community associate with school ? (children transport, arrange the safety program, parents-teachers association support...) Yes or No

If yes, please please fill in the blank with good, average and poor.

	Before disaster	During disaster	After disaster
good			
average			
poor			

16. Do you have an idea to put DRR basic knowledge in school curriculum? Yes or No. If yes, please specify the children age and grade.

DRR basic knowledge	Children age	Grade

12. Do you practice natural hazard risk awareness towards your students? Yes or No. If yes, please specify.

No	Hazard Risk Awareness program	Student Level (Grade/Age)	Program Place	Program Time
1	Sharing Knowledge			
2	Exhibition (Photo/Message/ Drawing...)			
3	Competition(Essay/Drawing/ Cartoon/Poem/ Slogan, Game.....)			
4	Others			

Thank you very much for your participation.

Please return back this questionnaire before dd/mm/yy to your concerned Assistant Township Education Officer.

Basic Education School Hazard Risk Assessment questionnaire.

Prepared by

Finishing date

Starting the Validation process

Signed by APC

Signed by Dy HoD

Signed by DMHoD

Signed by EC

Signed by HS

Signed by President (first time)

Resubmit to President

Receiving the Approval from President

Annex 3 Initial Baseline Study Template

Myanmar Red Cross Society
Local Branch Capacity Building & CBDRR Coastal Area Program, Myanmar
Community Risk Culture Study (Initial Baseline)

Respondent Profile

Township	_____
Village Tract Name	_____
Village Name	_____
Date	_____

Data Collector Name _____ Position _____
Data Entry Name _____ Position _____

(Please circle the appropriate number)

1. Age					
(A) Under 15	(B) 15 to 30	(C) 31 to 60	(D) Over 60		
2. Gender					
Male					Female
3. Education					
(A) No Literacy	(B) Monastic	(C) Primary	(D) Middle		
(E) High School	(F) Undergraduate	(G) Graduate	(H) Master		
4. Occupation					
(A) Paddy	(B) Farming	(C) Fishing	(D) Business Owner		
(E) Casual Work	(F) Small Shop	(G) Others :			
5. Race					
(A) Burma	(B) Kayin	(C) Indian	(D) Chinese		
(E) Rakhine	(F) Others :				
6. Religion					
(A) Buddhist	(B) Christian	(C) Muslim	(D) Hindu		
7. Number of Family Member					
(A) 1	(B) 2	(C) 3	(D) 4	(E) 5	
(F) 6	(G) 7	(H) 8	(I) 9	(J) 10	
8. Number of Elderly (over 60)					
(A) 1	(B) 2	(C) 3	(D) 4		
9. Number of Children (under 5 years)					
(A) 1	(B) 2	(C) 3	(D) 4		
10. Number of family members with disabilities					
(A) 1	(B) 2	(C) 3			

11. House Type

- | | |
|--|---|
| (A) Bamboo Hut (Bamboo pole, bamboo floor, bamboo mat and thatch roof) | (B) Wooden Floor Bamboo Hut (Timber pole and floor, bamboo mat and thatch roof) |
| (C) Wooden House (1 story) | (D) Wooden House (2 story) |
| (E) Brick Nogging Building | (F) Concrete Building |

12. Highest Water Level of your house during flood period

- | | | |
|-----------------|-----------------|------------------|
| (A) Over 6 feet | (B) 3 to 6 feet | (C) under 3 feet |
|-----------------|-----------------|------------------|

13. What type of hazard you have used to experience in your home?

- | | | | |
|------------------|-------------------|------------------|---------------|
| (A) Flood | (B) Cyclone | (C) Strong Winds | (D) Tornado |
| (E) Dengue | (F) Volcano | (G) Fire | (H) Diarrhoea |
| (I) Drought | (J) Mudslide | (K) Landslide | (L) Drowning |
| (M) Boat Capsize | (N) Road accident | (O) HIV/AIDS | (P) Malaria |

Perception on Natural Hazard

14. Circle the hazard that you have knowledge of :

- | | | | |
|------------------|-------------------|------------------|--------------|
| (A) Flood | (B) Cyclone | (C) Strong Winds | (D) Tornado |
| (E) Volcano | (F) Earthquake | (G) Fire | (H) Tsunami |
| (I) Drought | (J) Mudslide | (K) Landslide | (L) Drowning |
| (M) Boat Capsize | (N) Road accident | (O) HIV/AIDS | (P) Malaria |
| (Q) Diarrhoea | (R) Dengue | | |

15. Circle the hazard your community prone to :

- | | | | |
|------------------|-------------------|------------------|---------------|
| (A) Flood | (B) Cyclone | (C) Strong Winds | (D) Tornado |
| (E) Dengue | (F) Volcano | (G) Fire | (H) Diarrhoea |
| (I) Drought | (J) Mudslide | (K) Landslide | (L) Drowning |
| (M) Boat Capsize | (N) Road accident | (O) HIV/AIDS | (P) Malaria |

Natural Disaster Preparedness and Response

16. What important things you must bring, if you are going to evacuate when you face with disaster?

- | | | | |
|-------------|-------------------------|-----------------------------|-----------------|
| (A) Food | (B) Water | (C) First Aid Kit/ Medicine | (D) Kitchen Kit |
| (E) Clothes | (F) Important Documents | (G) Precious | (H) Money |
| (I) Radio | (J) Flash Light/Candle | (K) Hygiene Kit | (L) Others |

17. If my house is located in river flood area, my mechanism to cope with are

- (A) Putting my belongings to upper level (shelf)
- (B) Re-elevating my house on stilt
- (C) Evacuating to the community shelter when the water level is raising up
- (D) Moving to relative house
- (E) Other :

18. If earthquake occurs while I am in my house

- (A) Running out of the building
- (B) Hiding under the table
- (C) Avoiding my valuable assets to fall down
- (D) Looking for my children
- (E) Looking for my pets
- (F) Standing beside a reinforced door frame
- (G) Other :

19. In case of limited food supplies following a disaster, priority should be given to whom?

- (A) Children
- (B) Elderly
- (C) Pregnant Woman
- (D) Disable Person
- (E) Pets
- (F) Chronic Persons
- (G) Others :

Sr.	Description	Yes	No	Don't Know
Please circle the appropriate number				
20	I know that flood is coming toward our community as people in the community, neighbours, and relatives are talking about it.	1	2	3
21	I know that flood is coming toward our community according to the radio and TV broadcast warning.	1	2	3
22	I know that flood is coming toward our community because of warning by local authorities.	1	2	3
23	I know that flood is coming toward our community because of forewarning signs from our environment.	1	2	3
24	I would run away if I faced the earthquake.	1	2	3
Sr.	Description	Yes	No	Don't Know
Please circle the appropriate number				
25	I would run away if I faced the cyclone.	1	2	3
26	I would run away if I faced the tsunami.	1	2	3
27	I would run away if I faced the flood.	1	2	3
28	If the event of heavy rainfall and strong winds, it is better to take the shortest way across a river to safely rather than a longer way by road.	1	2	3
29	A cyclone warning is broadcasted and my community is on targeted area list, I will stay in my rehabilitated house after damages caused by the last year windstorm.	1	2	3

30	A cyclone warning is broadcasted and my community is on targeted area list. I will evacuate to the community shelter.	1	2	3
31	If I have to leave my house suddenly, I will plan a meeting place to find my family members.	1	2	3
32	My family is well prepared to cope with natural disasters.	1	2	3
33	My family is somewhat prepared to cope with natural disasters.	1	2	3
34	My family is not well prepared to cope with natural disasters.	1	2	3
35	Our community have established a disaster risk reduction (DRR) community action plan. (If no, skip to question 41)	1	2	3
36	Prioritize emergency actions are included in this action plan.	1	2	3
37	The action plan is already set up with timeframe including who will do what in which period.	1	2	3
38	I know where the action plan is kept.	1	2	3
39	The action plan has been tested through drill exercises before the flood season.	1	2	3
40	I participated in these drill exercises.	1	2	3
41	Our community have disaster management committee. (If no, skip to question 45)	1	2	3
42	This disaster management committee have the ability to help the community when faced the disaster.	1	2	3
43	I know some of the disaster management members.	1	2	3
44	This committee lead everything in case of natural disaster occurrence.	1	2	3
45	Our community have rescue team (including first aiders, Red Cross Members) to save lives during a disaster.	1	2	3
46	We identified the safe community buildings as temporary shelter to stay during flood period. (eg. monastery, community hall) (If no, skip to question 53)	1	2	3
47	The nearest temporary shelter has enough space. (6 ft x 15 ft for 1 family)	1	2	3
Sr.	Description	Yes	No	Don't Know
Please circle the appropriate number				
48	The nearest temporary shelter has enough latrines. (1 unit for 5 families)	1	2	3
49	The nearest temporary shelter has enough drinking and domestic water. (1 hand pump for 20 families)	1	2	3

50	The nearest temporary shelter has shelter management committee. (If no, skip to question 53)	1	2	3
51	I know some of the shelter management committee members.	1	2	3
52	I know who have the temporary shelter keys.	1	2	3
53	Our community have early warning system. (Loudspeaker, Whistle,..)	1	2	3
54	Our community have evacuation map or plan. (If no, skip to question 56)	1	2	3
55	I know where this map or plan is kept.	1	2	3
56	My family have preparedness plan and all my family members know it.	1	2	3
57	My family know the location of nearest temporary shelter.	1	2	3
58	My family have prepared and packed a disaster kit.	1	2	3
59	My family have radio and listen regularly the weather forecast during the flood season.	1	2	3
60	During the flood period, my family stay at home as much as we can and go to the temporary shelter at the last time.	1	2	3
61	My family stay at home before evacuation order is given. (Please ask if they have early warning and alert system)	1	2	3
62	My family respect warning and alert instructions. (Please ask if they have early warning and alert system)	1	2	3

Your provided information would have very valuable result for our CBDRR implementation.
Thanks you very much for your participation!

Annex 4 Sample Consent Form for DMC Candidates

Name _____
Street address _____
Village/ ward _____
Township _____
State/ region _____
Occupation _____
Age _____

If you read the terms of reference (ToR) of DMC, please indicate whether you would accept the proposed membership.

Yes

No

If no, may we request who else in the community would you recommend to join the DMC.

Any remarks

Signed _____

Date _____

Annex 5 Examples of DRR Measures at Community Level

Key Issues	Measures to be undertaken
Protecting lives and properties	<p>Structural</p> <ul style="list-style-type: none"> • Construction and regular maintenance of barriers, storm walls, levees, wave breakers and dykes • Construction and regular maintenance of transportation networks such as roads, bridges, etc. • Repair and retrofitting of buildings to withstand the maximum hazard forces (based on the last strongest cyclone and the strongest earthquake) such as providing extra bracings and reinforcements to foundations, walls, roofs, columns, beams, joints and around openings (doors, windows) and strengthening the staircases • Elevation of buildings and homestead located on the low ground (based on the last biggest flood and storm surge) • Elevation of roads (based on the water level of the last biggest flood and the storm surge) • Adding culverts to the coastal roads or roads built on or along flood plains to allow water flow • Adding debris control mechanisms to the culverts to avoid blockage by gathering debris • Anchoring equipment that might create secondary hazards • Restoration of old or construction of new tube wells • Maintaining the drainage system (regular cleaning, dredging and de-silting) <p>Non-structural</p> <ul style="list-style-type: none"> • Raising the awareness of the community on different disaster risks they are susceptible to • Stockpiling of necessary relief materials (perishable - food, water and medicine as well as non-perishable - blankets, construction materials, etc.) • Preparation of transportation equipment such as boats, carts, cars for emergency situation • Design and regular delivery of search and rescue and other emergency response related trainings • Training of construction forces (carpenters, masons, etc.) on hazard resistance construction methods • Integration of DRR concepts into engineering subjects (civil engineering, architecture) at the graduate and post-graduate level • Dissemination of public awareness materials (posters, booklets, etc.) on dos and don'ts before, during and after disasters on household level preparedness and mitigation actions and crucial hygiene practices (use of water filters, water purification tablets, washing of hands, consumption of nutritious food, etc.)
Preparing and maintaining community safe areas	<p>Structural</p> <ul style="list-style-type: none"> • Addition of special features (wide veranda, hygiene facilities, etc.) to potential temporary shelter sites such as schools and monasteries • Building/ preparation of area for livestock at the safe area • Building/ preparation of water and sanitation facilities at the safe areas <p>Non-structural</p> <ul style="list-style-type: none"> • Dissemination of information on emergency evacuation and how to get to community safe areas • Provision of adequate signage along the safest route leading to community safe areas • Setting up of security forces to protect the safe areas • Informing the community of the location of and the facilities available at the safe areas and how to get there

Early warning system	<p>Structural</p> <ul style="list-style-type: none"> • Installation of information/ bulletin boards at strategic locations (for maximum viewing) providing information on cyclone/flood forecasts <p>Non-structural</p> <ul style="list-style-type: none"> • Installation of necessary equipment such as loudspeakers for announcements in the community • Preparation and deployment of mobile announcement system
Disaster communication	<p>Structural</p> <ul style="list-style-type: none"> • Reinforcement and retrofitting of telecommunication facilities <p>Non-structural</p> <ul style="list-style-type: none"> • Provision of mobile phones and other portable communication devices for emergency • Establishment of simple but effective information despatch system within the community with the help of information committee under the community level DRR committee • Establishment of communication protocol on the ground • Design and delivery of damage and loss assessment trainings • Development of standardized forms to capture damages and losses
Ensuring access to basic services	<p>Structural</p> <ul style="list-style-type: none"> • Retrofitting of public service buildings (schools, hospitals, clinics, administrative offices, etc.) and facilities (water storage, waste treatment, electricity distribution, etc.) to withstand the maximum wind, earthquake and water forces • Elevation of public service buildings and facilities • Strengthening and covering structures like water storage tanks or to elevate them to prevent introduction of subjects that might contaminate the water • Installation of alternative structures such as rainwater harvesting facilities, renewable energy sources, etc., at home, hospitals, schools and community safe areas, for emergency water and energy supplies • Raising the levels of routes leading to key public buildings such as hospitals, clinics and schools to ensure continued access • Installation of additional structures such as ramps to provide easy access to physically challenged • Installation of extra power sources in hospitals and other essential service providing facilities <p>Non-structural</p> <ul style="list-style-type: none"> • Establishing temporary service provision locations (temporary learning facilities, temporary health clinics, transitory water, communication and electricity provision systems, etc.) • Setting up a team of mobile health workers with necessary equipment • Supporting the concerned personnel to develop preparedness plans and to execute the planned activities to safeguard the properties and to ensure continuous services • Raising the awareness of the personnel working in the service provision field on the importance of preparing for disasters (basic DRR course) • Formation of emergency committees at the facilities and development of disaster emergency plans

Protecting and strengthening livelihoods	<p>Structural Construction and maintenance of food, seeds and fodder storage areas</p> <p>Non-structural</p> <ul style="list-style-type: none"> • Stockpiling of fodder for livestock and seeds for the next growing seasons • Making available the seeds and the equipment for homestead garden (at home as well as in safe areas) in flood prone areas • Provision of micro-credit for disaster affected households (with special attention given to members of the most vulnerable groups) • Creation of cash-for-work and food-for-work programs • Provision of alternative livelihood trainings (suitable to local conditions and socio-cultural aspects) for both men and women (sewing, handicraft making) • Provision of livelihood support tools (as part of the livelihood trainings) • Introduction of hazard resistant crops (flood resistant, drought resistant, salt resistant) and of crop rotation programs • Provision of agricultural outreach programs such as livestock vaccination • Introduction of crop insurance programs
Environmental conservation	<ul style="list-style-type: none"> • Implementation of tree planting programs which can yield extra fuel wood as well as for other use such as construction for the community • Improving the upstream-downstream communication on activities concerning forestation and curbing deforestation to limit impact on downstream flooding patterns • Planting trees and shrubs in areas threatened by drought and desertification to help break the force of the wind and to provide shade for the soil, bind the soil together through their roots, trap water and restore organic material • Preserving forest and vegetation covers on hilly terrain to prevent landslides and avalanches • Protection and restoration of coastal eco system that includes mangrove forests, various coastal vegetation and coral reefs as natural buffer zones to reduce the impacts of storm surges and tsunamis and also to boost the coastal livelihoods (fishery, tourism and recreation - scuba diving, fuel wood, etc.) • Preservation of wetlands and floodplains • Development and enforcement of relevant regulations • Awareness raising and trainings of concerned agencies and the communities especially on the values and the benefits of natural resources management • Implementation of land use planning practices through development and enforcement of suitable legislation, marking no-built zones, etc.

This is not an exhaustive list but just examples of different measures that could be included in the community action plan.

Annex 6 Sample Monitoring Sheet for CDBRR Activities

Monitoring Sheet for:	(Start of Construction Date to day/month/year) or (From the date of last monitoring to day/month/year)																													
Reporting Period	From date day/month/year to date day/month/year																													
Project Title																														
Location																														
Implementing agency																														
Date approved																														
Name of contractor																														
Total project cost																														
Funds disbursed	1st Disbursement						2nd Disbursement						3rd Disbursement						Nth Disbursement											
Expected output																														
Activities and Milestones	Month 1		Month 2		Month 3		Month 4		Month 5		Month 6		Month N		Remarks															
Excavation	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4														
Concrete pouring																														
Installation of Girders																														
Testing																														
Turn-over																														
Other activities																														
Inspection by DPWT																														
Schedule of payments																														
Payment/s made by KDP																														
Other observations:																														
Recommendations:																														

References

- Disaster Risk Reduction: A Global Advocacy Guide, IFRC 2012.
- Project/Programme Monitoring and Evaluation: Guide, IFRC 2011.
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- Community-based Disaster Risk Management Field Practitioners' Handbook, Asian Disaster Preparedness Center (ADPC), 2004.
- Key disaster terms and concepts, <http://www.oecd.org/dac/dacglossaryofkeytermsandconcepts.htm#Evaluation>.
- UNISDR Terminology on Disaster Risk Reduction, 2009, downloadable at http://www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf

The Community-Based Disaster Risk Reduction Framework is an initiative led by the Myanmar Red Cross Society with the support of the International Federation of Red Cross/Red Crescent Societies, the French Red Cross, the Canadian Red Cross and the American Red Cross to harmonize and consolidate existing CBDRR methodologies, procedures, and practices of Myanmar Red Cross Society. The CBDRR Framework entails 5 different outputs.

1. **CBDRR Practice Case Studies:** Five CBDRR Practice Case Studies have been developed under the CBDRR Framework so far showcasing a range of activities undertaken by MRCS to implement CBDRR projects. The topics of the CBDRR Practice Case Studies are project site selection, township capacity building, baseline studies, community mobilization and awareness raising in communities. These Practice Case Studies reflects the status quo, highlighting commonalities but also points out the different approaches, methodologies and tools used by MRCS in their project implementation.
2. **CBDRR Step-by-Step Methodology:** The CBDRR Step-by-Step Methodology is a consolidation and harmonization of existing CBDRR methodologies, procedures, and practices of Myanmar Red Cross Society. It aims to guide the development and effective implementation of new community-based as well as school-based interventions implemented by the Myanmar Red Cross Society as well as other DRR actors in Myanmar by identifying key steps that form the basis of each CBDRR program.
3. **CBDRR Manual:** The CBDRR Manual is a practical how-to-guide for Red Cross Volunteers trained in CBDRR, MRCS program staff as well as any other CBDRR Practitioners in Myanmar. Together with the CBDRR Awareness Tool Box, the CBDRR Manual provides guidance and support to the implementation of community-based programs in Myanmar by explaining each of the implementation steps as well as the tools used. It is based on the Minimum Activities that have been identified in the CBDRR Step-by-Step Methodology.
4. **CBDRR Training Modules:** The CBDRR Training Modules are based on the common CBDRR implementation approach as defined in the CBDRR Manual and will teach Red Cross Volunteers, MRCS program staff as well as any other CBDRR Practitioners in Myanmar how to implement CBDRR programs with the common approach as well as how to use the CBDRR Manual in a field setting. The CBDRR Training Modules include PowerPoint presentations as well as a facilitator guidebook and a participant's handbook.
5. **CBDRR Awareness Tool Box:** The CBDRR Awareness Tool Box includes all the tools that are currently used in CBDRR programs to raise awareness. The CBDRR Awareness Tool Box provides an overview about all the existing tools and provides guidance about the use of the tools in CBDRR programs.

For more information, please contact;

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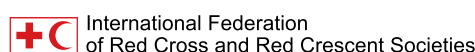
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