Myanmar Red Cross Society

Community-Based Disaster Risk Reduction

STEP-BY-STEP
Methodology

Disclaimer
The **Community-Based Disaster Risk Reduction Step-by-Step Methodology** 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.

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	Head Quarter
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
MCWA	Maternal and Child Welfare Association
MRCS	Myanmar Red Cross Society
MSA	Multi-Sector Assessment
NGO	Non Governmental Organization
OD	Organization Development Division (MRCS)
PC	Program Coordinator
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
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

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 township and community levels, as well as by implementing specific interventions[1] between 2003 and 2013.

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, 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 from previous and existing programs implemented by MRCS as well as the experiences and lessons learned.

An integrated approach will provide MRCS with a more compact and uniform approach to CBDRR. Currently, different methodologies and tools are used under each of the different DRR programs implemented by the Disaster Management [DM] Division of MRCS. An integrated approach would promote the use of the same tools and methodologies throughout all DRR programs which would simplify the implementation for MRCS Head Quarter [HQ] staff, as well as for the staff in the field and the RCVs which are associated with the programs.

The CBDRR Framework includes the following documents:

- CBDRR Practice Case Studies
- CBDRR Step-by-Step Methodology
- CBDRR Manual/Operational Handbook
- CBDRR Training Modules
- CBDRR Awareness Tool Box

The different outputs will serve different purposes and target different stakeholders. While the CBDRR Step-by-Step Methodology is targeted at MRCS staff both at HQ as well as field level, the CBDRR Manual is targeted at MRCS field staff as well as RCV which are directly working with MRCS in the field.

What is the CBDRR Step-by-Step Methodology?

The CBDRR Step-by-Step Methodology aims to guide the development and effective implementation of new community-based as well as school-based interventions implemented by MRCS as well as other DRR actors in Myanmar identifying key steps that

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1   School-based DRR [SBDRR], Community-based DRR [CBDRR], Community-based Disaster Risk Management [CBDRM], Urban DRR [UDRR] and DRR interventions

Box 1 Minimum Package of Activities	A set of CBDRR activities that MRCS would like to see in each of their field interventions

need to be followed under each program as well as Minimum Activities for each of the steps. *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. The CBDRR Step-by-Step Methodology aims to be a flexible document which does not limit implementation of programs in any regard. The main target audience of the CBDRR Step-by-Step Methodology is MRCS staff at HQ as well as field level.

How was the CBDRR Step-by-Step Methodology developed?

The Step-by-Step Methodology has been developed using a participatory approach. During several meetings, the existing DRR programs and their implementation approach as well as the tools and methodologies used were presented and discussed in detail with MRCS staff from the DM Division as well as other concerned divisions such as representatives of the Organisational Development [OD], Communication, and First Aid & Safety divisions. The goal of the meetings and workshops was the identification of common implementations steps, as well as good practices from each of the DRR programs. First, the key steps of each CBDRR program have been identified. Afterwards, for each of the 9 steps, activities have been identified that are necessary to implement this step. These are the Minimum Activities.

What can be found in the CBDRR Step-by-Step Methodology?

The main part of the CBDRR Step-by-Step Methodology deals with the 9 steps that have been identified as key steps of CBDRR programs. First, all 9 steps are presented and the linkages between the steps are discussed. Furthermore, for each of the steps, a general description and the objectives of this step are provided as well as detailed description of the minimum activities that have been identified for this step. In order to trigger discussions about the different steps, some key challenges are identified for each of the steps as well also giving some advice about how to deal with the challenges. Furthermore, a practice example is given based on the experiences from the various DRR programs that MRCS is currently implementing. In the end, some cross-cutting issues are raised that need attention while implementing the particular step. Caution should be exercised when referring to the challenges and cross-cutting issues. The challenges and cross-cutting issues identified are the most profound ones. However, it goes without saying, that there are additional challenges as well as cross-cutting issues. Especially in the period of time, the challenges as well as the cross-cutting issues are likely to change.

In order to facilitate the understanding of the key points of the CBDRR Step-by-Step Methodology, the key information for each of the activities is presented in a tabular format. The table indicates the process that is followed for a particular activity, the roles & responsibilities are identified and the expected outcomes are highlighted. Furthermore, existing resource documents that give additional guidance for each of the steps/activities are identified. This document does not include any specific tools or methodology examples. In a next step, a CBDRR Manual will be developed based on the Step-by-Step Methodology which will follow a more practical approach including all the tools and materials that are needed to implement a CBDRR program. Furthermore, more detailed check lists and guidelines about how to plan and implement the different steps will be provided. The Step-by-Step Methodology should be regarded as background document building the basis for the more practice oriented CBDRR Manual.

CBDRR-SBDRR Linkages

Confusion may arise about the status of school-based DRR [SBDRR] in relation to CBDRR programs. SBDRR could either be regarded as stand-alone program or it could be regarded as a crucial part of any CBDRR program thereby stressing the importance of SBDRR for effective CBDRR. The Step-by-Step Methodology provides a guideline for both options. In cases where SBDRR is implemented as stand-alone program, the steps 1-9 can simply be followed adapting the content to a more school-based approach. On the other hand, the Step-by-Step Methodology provides linkages between CBDRR and SBDRR to ensure that during each CBDRR program, the SBDRR component is implemented as a sub-component at the same time. Whenever applicable, differences between CBDRR and SBDRR implementation are pointed out in the document, and possibilities to link SBDRR and CBDRR are identified as well.

What's next?

The Step-by-Step Methodology forms the basis for the CBDRR Manual. While the Step-by-Step Methodology intends to give overall guidance, the CBDRR Manual provides more practical information and guidance for actual implementation. The CBDRR Manual is targeted at MRCS staff in the townships and communities who are implementing activities on a day-by-day basis as well as RCVs who are engaged in the implementation of activities. The CBDRR Manual also entails examples of the tools and detailed accounts about the use of these tools.

Cross-Cutting Issues

While implementing CBDRR, there are a number of cross-cutting issues that deserves the attention of the program implementer. Including some of the cross-cutting issues in the program planning and implementation will ensure a more successful program which is likely to have a higher impact on the communities in the future. In the following, 5 key cross-cutting issues are introduced that are of importance in the context of Myanmar. As mentioned before, following each of the steps, more detailed information is given with

regard to the cross-cutting issues. All of the cross-cutting issues should be considered under a wider perspective of overall program development and management as well as under the specific implementation steps. The Step-by-Step Methodology will address the relevant cross-cutting issues under each implementation step.

Climate Change

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.

Violence Prevention

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. Throughout the CBDRR Step-by-Step Methodology, possible ways to integrate violence prevention in the existing program implementation steps are presented.

Gender Issues

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.

Disability

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

Environmental Issues

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.

Steps of CBDRR Programs

The identification of the key steps that should be followed under each community-based DRR program 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). Figure 1 shows the 9 steps that have been identified.

**Figure 1
Steps of CBDRR
Programs**

Advocacy

Program Socialization

Program Site Selection

Community Mobilization

► Baseline Study
► Multisector Assessment
► Action Plan Development

Implementation of Action Plan

Endline Study

Handover Process

Development and Implementation of Exit Strategy
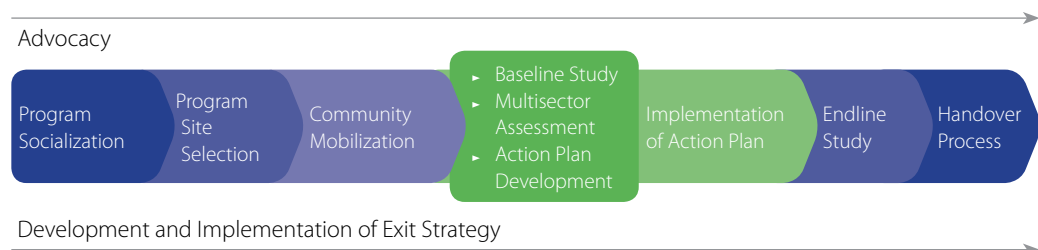
It is important to acknowledge that the 9 steps presented should not be regarded as separate processes. Even though the program starts with program socialization at the different levels, there is an overlap with the following steps, especially with the program site selection as first discussions about the program sites are actually held during the program socialization meetings. For instance, community mobilization does not end after a certain period, but is facilitated during the whole program period. The steps 4, 5 and 6 (baseline study, 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.

Another important aspect about the 9 identified steps is the change of responsibility depending on the step. As can be seen in Figure 1, the blue coloured steps are mostly in the responsibility of the MRCS program team, while the green coloured steps are led by the community itself. Table 1 shows the responsibilities on different levels in more detail.

Program Socialization

Program socialization activities are part of every MRCS program and always mark the beginning of a new program. Confusion often emerges around the terminology. In the context of MRCS, program socialization refers to the first step in program implementation including the official meetings with authorities at the different levels to ensure their support during the program implementation. Program socialization ensures that the authorities at the different levels are informed about the program and willing to commit time and resources to the successful implementation of the CBDRR program in question. Advocacy on the other hand refers to the ongoing process of informing stakeholders about MRCS in general and to raise awareness about the intervention. Advocacy is used as an awareness raising tool at different levels, ensuring that the importance of CBDRR is kept in mind by local authorities and the program is accepted and supported by a wide range of stakeholders. Therefore, program socialization can be regarded as separate step, while advocacy is included in each of the steps during the whole program implementation period.

In the context of Myanmar Red Cross Society (MRCS), program socialization focuses on informing relevant stakeholder about MRCS in general, as well as the program in particular, thereby lobbying for the support of the stakeholders.	**Box 2** **Definition of Program Socialization**

For program socialization, the organization of briefing meetings at the state and regional levels is the first step in obtaining official endorsement from the relevant high level authorities. At the township level, where MRCS' reliance on delivery of its humanitarian activities lies, it is vital to get the branch office personnel on board in order to create a supportive environment. The introductory presentation and orientation also offer unique opportunity for analysing existing branches' capacities in line with the required program focus, through simple question and answer sessions, and plan for suitable capacity building interventions. Furthermore, the engagement with township based personnel who are already familiar with the context on the ground (social, cultural and geographical) as well as the local key actors can impart invaluable information and nuances of the targeted areas. On top, the composition of Red Cross township committees, making up of top government officials from relevant departments, helps eliminate the process, often time-consuming, that other non-government agencies have to go through in establishing initial contacts with the local authorities.

All in all, by informing the respective authorities and Red Cross Branch personnel from the outset what is to be taken place within their area, ready access to available data, good will, official backing and commitment are garnered.

Steps of CBDRR Programs	HQ Level	Region/state Level
Program Socialization	Preparation of program brief	Organization of orientation session (HoD, G1)
Program Site Selection	Final selection of state/region Final approval of township selection	Selection of state/region (EC) Consultations for township collection (RCEC, GAD)
Community Mobilization		
Baseline Study	Approval of baseline report	
Multi-Sector Assessment	Approval of MSA report	
Action Plan Development	Approval of proposal and budget	
Implementation of Action Plan	Provision of resources	Provision of resources
Endline Study		
Handover process	Development of exit strategy	Development of exit strategy

	Township Level	Community Level
	Organization of orientation session (HoD, PC, G1/G2)	Organization of orientation session (FO, 2IC)
	Data collection for township selection Final community selection (PC, RCEC) Final school selection (PC,TEO)	Initial Diagnostic Assessment (FO, RCV) School Risk Assessment (TEO)
	Role & Responsibility Training (PC/FO, 2IC) Organization of events (township branch) Training Needs Assessment (PC, FO/TO)	Formation of VDMC (FO/2IC) Formation of SDMC (FO/2IC/school head master)
	M&E Training (PMER Officer, trained RCVs) Data analysis (PMER Officer) Preparation of report and submission (PMER Officer)	Formation of Assessment Team (VDMC/SDMC) Data collection (VDMC/SDMC)
	Development and implementation of field session (PC, Training Officer) MSA report (PC)	Formation of MSA team (VDMC) MSA Exercise (PC, FO, CM, RCVs, Community, Training Officer, 2IC)
		Development of action plan (DMC) Development of proposal and budget (VDMC/SDMC, FO)
	Provision of resources	Assignment of tasks (VDMC/SDMC) Capacity building for program implementation (VDMC/SDMC, Training Officer, PC, FO, Community Mobilizer, RCVs, Community members) Mobilization of resources (VDMC/SDMC) Revising the action plan (VDMC/SDMC)
	Refresher M&E Training (PMER Officer) Endline report (PMER Officer and TEO) Impact evaluation process (PMER Officer, TEO)	Facilitation of data collection (VDMC/SDMC) Identification of interviewees for evaluation report (VDMC/SDMC)
	Development of exit strategy Providing hardware (PC)	Development of exit strategy Revisit action plans (VDMC/SDMC)

1.1 Program Socialization at State/Region Level

The main purpose of program socialization activities at the state/region level is to ensure the support of the state/region authorities for the particular program that is going to be implemented in the specific state/region. Thereby, the most important part is to engage all key stakeholders in discussion and get their interest and support for the program. Therefore, it is important to include the supervisory committee of MRCS at the state/regional level at regional level in the program socialization process as well as educational officers. Furthermore, the program socialization meetings play an important role in the identification of program townships as first discussions with regard to township selection are held during the program socialization meetings.

The information that should be shared at state/regional level is mostly related to overall information about MRCS. Therefore, information about MRCS's mission and vision should be shared as well as general information about the activity profile of MRCS should be given including the main programs MRCS is implementing irrespective whether it is a DM program or another program. Furthermore, a short program profile should be presented to ensure that the stakeholders at state and regional level know what the key points of the upcoming program are. The program profile should include information about the target group, the number of beneficiaries, the exact time frame of the program as well as information about the handing over process including possible responsibilities of state/region authorities after the handing over by MRCS.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To ensure the support of region/state authorities for the CBDRR program	1. Preparation of program brief 2. Making a list of main contact persons (RCEC, GAD) 3. Introductory official letters 4. Briefing meetings	Preparation of program brief, introductory letter – MRCS Staff List of main contact persons – G1 Briefing meetings – HoD, G1	Approval of state/region authorities to implement program Commitment, coordination and collaboration	Standard PPT for state/region level program socialization

Table 2 In Brief: State/Regional Program Socialization

1.2 Program Socialization at Township Level

As in the case of conducting briefing meetings at the state and regional levels, similar arrangements are made targeting the branch personnel of targeted townships: the orientation sessions. It is necessary that these sessions cover as many stakeholder groups as possible that need to include township branch committee members, Red Cross Volunteers and Township authorities (General Administration Department [GAD]as the key representative). In addition to informing these stakeholders of the upcoming CBDRR activities the sessions also have to incorporate two important features:

• Through question and answer, the branch personnel are to be requested to express their needs with regards to the existing capacities and resources in order for successful execution of planned activities.

- Initial inputs into the selection of most appropriate village tracts or villages (community), especially to encourage the participants of the orientation session to share hazard and other relevant information on the villages. Depending on the time and resources available for the program, this sub-step can either be shortened – requesting the attendees to nominate most hazard prone villages based on their prior knowledge – or extended - only to seek promises to share existing hazard data on all villages and village tracts.

The information that should be shared on township level slightly differs from the information shared on state/region level. First, discussions on township level should include the training needs for RCVs as well as ways of disseminating the work of MRCS. Similar to the program socialization sessions at state/region, a short program profile should be presented as well and especially at township level the role of the township after the program handover should be discussed in detail.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To ensure the support of township authorities for the CBDRR program	1. Preparation of program brief 2. Making a list of main contact persons (RCEC, local authorities, RCVs) 3. Introductory official letters 4. Briefing meetings	Preparation of program brief, introductory letter – PC/Field Officer List of main contact persons – G1/G2 Briefing meetings – HoD/DyHoD + PC + G1/G2	Official support of township authorities with regard to program implementation Commitment, coordination and collaboration	Standard PPT for township level Program related information handouts

Table 3
In Brief: Township Program Socialization

1.3 Orientation Sessions at Village/Ward Level

Similar to the socialization meetings at state/region and township level, orientation sessions are also conducted at village/ward level. These orientation sessions are of particular importance as the involvement of the village/ward authorities is crucial for the successful implementation of the programs. The orientation session follows the same steps as for the state/region and township program socialization activities. However, the roles and responsibilities are slightly changed. The conduction of the meetings lies in the responsibility of the Program Coordinator [PC], Field Officer [FO] and/or Second in Command [2IC] as opposed to the Head of Division [HoD] or Deputy HoD [Dy HoD]. Furthermore, the orientation sessions at the village and ward level are only conducted after the final selection of villages and wards has been taken place. Therefore, activity 1.3 actually takes place after the step 2 activity 2.3.

The information that should be shared is similar to the information provided at township level. It has been acknowledged that information sharing especially with local authorities should also include facts and figures about MRCS to facilitate interaction between local authorities and MRCS. Furthermore, the responsibilities of the village/ward/school leaders

after the handover process should be presented and discussed in detail to ensure that the local leaders are prepared for their tasks at the end of the program.

Table 4
In Brief: Village/
Ward Program
Socialization

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To ensure the support of village leaders for the CBDRR program	1. Preparation of program brief 2. Making a list of main contact persons (village head, village tract head, village leaders, RCVs) 3. Introductory official letters 4. Briefing meetings	Preparation of program brief, introductory letter – Field Officer List of main contact persons – 2IC Briefing meetings – PC, Field Officer, 2IC	Official support of village/ ward authorities with regard to program implementation Commitment, coordination and collaboration	Village level advocacy guideline (only available in Myanmar language)

Key Challenges

Emphasizing on the positive aspects of CBDRR: During the program socialization meetings, the focus should be laid on the positive aspects of CBDRR. Next to the obvious benefits of CBDRR such as better prepared communities and fast recovery after a disaster hit, CBDRR also provides financial benefits as preparation cost less than recovery after a disaster. This point in particular about the economic advantage of CBDRR and its life-saving functions need to be emphasized to the authorities to gain their acceptance, contribution and buy-in.

Preparation for exit strategy: From the beginning, the exit strategy should be taken in mind. In order for the program to have a lasting impact on the selected program sites, it is important that the concerned stakeholders in the field are committed to continue the program activities after MRCS finished their program activities. The socialization meetings and orientation sessions provide a great opportunity to already prepare the key stakeholders for their roles and responsibilities after MRCS left. It is very important to give a detailed time frame to the key stakeholders so they can prepare themselves for their tasks. First key points should be noted down during the orientation meetings, and key contact persons that will support the development of a detailed exit strategy should be selected.

Cross-Cutting Issues

Vulnerable groups, especially on village, ward and school level, should be included in the socialization process. It is important, that every community member feels included in the program process and has the feeling that his/her opinion is important for the program. Therefore, representatives of such groups e.g. association of women such as the Maternal and Child Welfare Association [MCWA] or any other kind of association or club representing a vulnerable group (including minority groups in this particular community) should be explicitly invited to the session to be able to share the information with their colleagues, neighbours etc.

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.

In Practice: Example from the Field

State/region program socialization in Rakhine (*CBDRR Program, May 2013*)
First, contact was made to the Grade 1 Officer [G1] from Rakhine state to ask him for support in organizing a program socialization meeting at state level. Support was asked to find a suitable date, venue, time frame as well as to develop a list of participants. Afterwards, official invitation letters where delivered to state GAD and the Red Cross Executive Committee [RCEC] who were asked to confirm the appointment. People attending were the Dy HoD, DM division, and Program Coordinator as representative of MRCS HQ, State G1 and G2 [Grade 2] officers, state RCEC members, Township RCVs, Relief and Resettlement Department [RRD] staff, fire brigade and media reporter as representatives of the state. In the meeting, Dy HoD, DM division, presented the program in brief, and program document handouts as well as some IECs [Information, Education and Communication materials] were distributed to the meeting participants. After the presentation, there was some time for questions and answers.

The meeting in Rakhine was carried out after the township and village selection process has already been finalized. The reason for that was that the CBDRR program in Rakhine targeted the same townships that have been targeted in the Giri recovery operations. While during the Giri recovery operations, activities have been carried out in Kyauk Phyu, Pauk Taw, Myaebon and Minbyar townships, only Myaebon and Minbyar townships were reselected for CBDRM intervention. Thus, program socialization meetings were carried out whenever the new program starts.

Township level program socialization in Min Hla Township, Bago region (*DRR program, July 2012*)
In order to conduct program socialization meetings at Min Hla Township, the 2IC was contacted. The 2IC is responsible for organizing all arrangements with regard to the program socialization meeting. After everything has been organized, official letters have been delivered by MRCS HQ to the township GAD as well as the RCEC. As MRCS HQ representatives, the program coordinator of the DRR program, the CBDRR Officer, the PMER Officer [Planning, Monitoring, Evaluation and Reporting] as well as the TBCB Officer [Township Branch Capacity Building] attended the meeting. Other participants of the meeting were the 2IC, RCVs, RCEC, GAD, Health Department, Fire brigade, Department of Forestry, Department of Planning, Immigration Department, Myanmar Economics Bank staff and Township elders. The program coordinator of the DRR program was responsible to present the program and discussions were facilitated among all meeting participants after the official presentation. Another important part of the program socialization meeting in Min Hla Township was the discussion of shortlisted villages with local authorities.

Program Site Selection

step 2

The identification of the community is one of the key steps for program implementation. Myanmar is known to have experienced large and small scale natural disasters almost every single year. However, such issues as the topography, population density, economic conditions, remoteness and level of development all contribute to different level of vulnerabilities and varying degree of disaster risks for different communities (village and village tracts or schools) within a single township. For this reason, considerable significance is attached to the selection of the most vulnerable communities in CBDRR schemes for the sole purpose of assuring the most vulnerable communities get chosen as beneficiaries of the planned initiatives. Although MRCS is fully committed to providing humanitarian assistance to the most vulnerable communities in the country, taking into account the limited resources, it is only possible to select a certain number of communities to make the most of the available resources, at the same time making sure the services provided reach the least privileged. The community selection process of MRCS takes place on different levels, starting at state/region level and township level, and ending at village/ward and school level.

Box 3
State/Region Selection Criteria

1. **Disaster prone region**: State/regions that have been affected by disasters most often in the last 10 years should be favored during the selection process.
2. **Least receiving area**: State/regions which have not been covered by DRR programs implemented by MRCS and other DRR actors should be favored during the selection process.
3. **Request by state authorities**: In case of direct requests by state authorities to implement CBDRR programs in that particular state/region, preference should be given to these state/regions (taken into account the disaster situation in that specific state/region).
4. **Commitment and capacity of Red Cross Branch**: In order to ensure that the CBDRR program can be effectively implemented, attention should be paid whether the state/region Red Cross Branch is interested and able to support the implementation of a DRR program in their state/region.

2.1   State/Region Selection

The community selection process starts at the state/region level and is mainly facilitated by the senior management of MRCS and focal RCEC in the states/regions. The first step in the selection process is the preparation of a list with a number of state/regions that would be suitable for a certain program. In order to prepare this list, MRCS consults the historical hazard records thereby identifying the state/regions which are most disaster prone. Furthermore, attention is paid to the number of other DRR programs that are already implemented in the state/region. If possible, a state/region should be chosen which is not among the most receiving areas. Furthermore, the commitment of state/region authorities including MRCS branches at state/region level should be taken into account. Program implementation will be more efficient when the respective authorities are committed to the program and see the need of the program.

After the list has been prepared by MRCS HQ staff, consultation meetings will be organized with key members of the respective RCEC. During these consultative meetings, the possibilities to conduct the program in that specific state/region are discussed and

recommendations by RCEC members are taken into account. Based on the meetings, the final set of state/regions is chosen.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To identify state/region for program implementation	1. Preparation of list with possible state/regions 2. Consultation meetings with state/region chief minister 3. Final selection of state/region	Senior management of MRCS as well as focal person from the state/region ECs are responsible for the selection process	Approved selection of state/region	Historical Hazard records Donor proposal Central Council meeting report Chief minister recommendation

**Table 5
In Brief: Region Selection**

2.2 Township Selection

Collection of Data: As can be seen in Box 4, the criteria for township selection cover a wide range of topics and require mostly quantitative data. Information which is not with MRCS yet needs to be requested from the township authorities and the data need to be organized and analysed. It needs to be ensured that the data gathered is not outdated and that the kind of information collected in the different townships is similar to be able to compare the data. While the main responsibility for data collection lies with the program coordinator and the field officer (if applicable), the collection should be supported by 2IC as well as RCVs who have already experience with MRCS. One particular aspect of the data collection is the branch assessment. Since the development of the branch development model, the OD division of MRCS is regularly carrying out branch assessments in all townships in Myanmar independent of ongoing programs in that particular township. The results of the branch assessment are important to determine the township capacity (criteria 2, see Box 4).

Consultation Meetings: After all the data have been compiled and analysed, consultation meetings and field visits need to be organized with state/region authorities and – if necessary – also with district authorities. During these meetings, the data for the different townships is presented and the state/region authorities are asked to give their recommendations. Based on the discussions during the consultation meeting, a list of an initial number of townships is prepared which will be consulted by the chief minister to select a final number of townships.

Final Selection and Approval of Selection: Based on the shortlist, the state/region RCEC is asked to select a final set of townships with support of the program staff and other MRCS HQ staff. The chief minister of the state/region can be consulted as well for his/her recommendation. There is no minimum number of townships that need to be chosen per state/region. The number of townships to be selected depends on the program requirements and/or recommendations and capacities of MRCS. After the decision has been made, the selection needs to be approved by MRCS president.

Box 4 **Township** **Selection** **Criteria**	1. **Prone to natural disaster**: Townships that have been hit most often by disasters in the last 10 years. *Source of information: Township hazard profiles, historical hazard data etc.* 2. **Township Capacity**: Is 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. *Source of information: OD Branch Assessment* 3. **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. *Source of information: consultation meetings with Township authority and RCEC* 4. **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. *Source of information: consultation meetings with other DRR actors, program documents etc.* 5. **Accessibility**: MRCS has to consider 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. 6. **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. *Source of information: township data related to socio-economic status (income, education, occupation, health, etc.)*

2.3 Village/Ward Selection

For MRCS' CBDRR activities, the final selection results in identification of most vulnerable villages/village tracts or schools as their target. Slightly different modalities are adopted in determining the final selection of these two entities and the various activities involved under this step are discussed below. In general, MRCS encourages choosing at least 10 villages in each township to increase the efficiency of each program.

Short listing of villages/village tracts/wards: In consultation with the township authorities and the Red Cross Executive Committee [RCEC], a list of pre-selected villages/village tracts/wards is prepared based on the selection criteria (see Box 5). Due to limited information for each of the criteria, the decision to short list a village/ward is mainly based on the hazard record of this village/ward as well as information about the accessibility of the community. Similar to the accessibility criteria for township selection, it is not encouraged to select a community that is hard to access (both with regard to transportation as well as communication) as it may not be feasible or even possible for MRCS to implement a program there. Most of the data related to the other two selection criteria will only become available during the initial diagnostic assessment. In general, it is advised to identify at least two times more shortlisted villages/wards than will be chosen in the end. If 10 villages/wards are going to be chosen as program sites in the end, the shortlist should therefore include at least 20 villages/wards.

Purpose	Process	Roles & Responsibilities	Outputs	Resources	Table 6 In Brief: Township Selection
To identify most vulnerable townships in a specific state/region	1. Collection of data related to township selection criteria 2. Consultation meetings with state/region authorities/district approval 3. Final selection by state or region RCEC 4. Confirmation by MRCS president 5. Program presentation/advocacy	Data collection – PC, Field Officer, 2IC, Trained RCVs Consultation meetings, facilitation of selection of initial numbers of townships, facilitation of final selection by chief minister and MRCS president – HoD, G1 Confirmation of township selection – MRCS president Program presentation/advocacy – HoD/DyHoD + PC, G1/G2	Data set including key data for all townships in question List of initial number of townships Final selection of townships Constructive support	Historical Hazard records Secondary data Recommendation of Red Cross Supervisory Committee and G1 and other local authorities	

	Box 5 Village/Ward Selection Criteria
1. **Prone to natural disasters**: Village/wards that have been hit most often by disasters in the last 10 years. *Source of information: Village hazard profiles, historical hazard data etc.* 2. **Community commitment**: Communities need to be committed to the idea of implementing a program in their community. The community members play an important role in the program implementation. Therefore, communities who do not show interest in the program or do not seem to have the capacities to support implementation should therefore not be chosen as program sites. *Source of information: Initial Diagnostic Assessment, interviews and focus groups with community members* 3. **Accessibility**: As already pointed out with regard to township selection, it needs to be feasible for MRCS to access a certain area. If the community is very hard to access (both with regard to transportation and communication) it may not be feasible or even possible to successfully implement a program there. However, it is important to find the right balance between the needs and/or vulnerabilities and the accessibility – the neediest or vulnerable communities should not be forgotten just because they are difficult to access. *Source of information: information about transportation costs, first hand experiences of RCVs etc.* 4. **Socio-Economic status**: Similar to the criterion for township selection, the socio-economic status may influence the selection of a program site. Especially when it comes to two communities that are similar in all other criteria, the community with the lower socio-economic status should be chosen as program site. *Source of information: Initial Diagnostic Assessment, community data related to socio-economic status (income, education, occupation, health, etc.)*	

Initial Diagnostic Assessment: The Initial Diagnostic Assessment needs to be undertaken in all shortlisted villages/wards within the target townships. The assessment is usually performed by the Program Field Team together with selected experienced RCVs from the township with the full backing of the township authorities. The outcomes and findings can be presented either in a report format or tabular form supported by relevant maps.

The Initial Diagnostic Assessment is based on secondary as well as primary data. Data that should be collected include background context (population, location, economic situation, ethnic context, etc.), information about infrastructure and communal services, access road and transportation (distance to township capital, village roads, existing type of public transportation), telecommunication (type and reliability), 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), 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), fire service and security (presence of any fire-fighting station or fire brigade, existence of police force, existence of RCVs). The format can follow the existing MRCS village assessment form or the program can create a new format. Either way the formats should not be too different and if any software programs are to be utilized, it is important to stick to one single format with periodic review and update.

Final selection: The Initial Diagnostic Assessment reports from each of the shortlisted villages/village tracts are reviewed by the Township Branch, the Township RCEC as well as the MRCS field team. Consultation meetings may be conducted with the Township Administrator, from the General Administration Department, in order to make the final decision. However, the main responsibility for community selection lies with the Township Branch with the support of the MRCS field team. Furthermore, being a community-based program, the target community must be oriented on CBDRR and give their consent to start the program. If the chosen community is not interested, another community must be selected.

**Table 7
In Brief: Village/
Ward Selection**

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To identify most vulnerable villages/ village tracts/ wards in a specific township	1. Consultation meetings with township authorities and RCEC 2. Initial Diagnostic Assessment + Report 3. Final selection	Initial Diagnostic Assessment + report writing – Field Officer, selected and trained RCVs Consultation meetings and facilitation of final selection – PC, Field Officer	Shortlist of villages/ village tracts/ wards Initial Diagnostic Assessment report List of selected villages/ village tracts/ wards	ID Assessment form Secondary data

2.4   School Selection

For MRCS' CBDRR activities, the selection of schools is slightly different depending on the program. As can be seen in Table 8, there are two options when it comes to township selection. The first option is based on the assumption that only a certain number of schools is targeted by the program (preferably in the villages that have been selected beforehand) while option number 2 is based on the assumption that all schools in a particular area will be targeted. Which option is applied depends on the resources available as well as the size of the program area as this is a factor influencing the numbers of school. The different steps for each of the options are described in more detail below.

School Hazard Risk Assessment: The Assessment for school takes place in all schools in the targeted townships by distributing the standard form through the Township Education Officer [TEO]. The assessment focuses on the potential hazards each school is exposed to, the type of school building, experiences of any hazards and their impacts in the recent past (especially interruption to teaching-learning activities), present level of preparedness (presence of a school preparedness plan, existence of temporary teaching location, etc.), support from the community (transportation arrangements for students, support from parent-teacher association etc.) and any past, present or on-going school activity to improve the awareness of the students on DRR. The completed forms are sent back to the Township Education Officer.

Selection of Target Schools: The Township Education Officer, jointly with the Township RCEC, is responsible for determining the final target schools. Here the ranking method can be applied to facilitate the process deeming the schools with highest scores the most vulnerable and suitable for implementation of DRR initiatives.

- **risk level** – those schools with high risk level that frequently experience hazards;
- **building type and condition** – the weaker the structure, the higher the risks;
- **level of collaboration with the community** – those schools that receiving very little support from the community bear high risks;
- **education process** – those schools with little or no past, ongoing or planned DRR related activity

**Box 6
School Selection Criteria**

Program Presentations/Advocacy at School Level: Similar to the orientation sessions at village level, it is important to inform the targeted schools about the upcoming program activities and to ensure their commitment and support during the upcoming program. For more detailed information please refer back to step 1.

Purpose	Process	Roles & Responsibilities	Outputs	Resources	
To identify most vulnerable schools in a specific township or village	Option 1: 1. School Hazard Risk Assessment 2. Consultation meetings with TEO and RCEC 3. Final selection of schools 4. Program presentation at selected schools Option 2: 1. Program presentation at all schools in selected village/ village tract/ ward	Option 1: Distribution of standard form and analysis – Township Education Officer Facilitation of consultation meetings and final decision – PC, Field Officer, TEO Option 2: Program presentation – PC, Field Officer, TEO	Option 1: School risk assessment report List of selected schools Option 2: List of selected schools	School Risk Assessment Form	**Table 8
In Brief: School Selection**

Key Challenges

Obtaining general consensus: It is important that there is general consensus among the responsible personnel on how communities are selected for program implementation to ensure that the selection is not only fair but also warrants that the most vulnerable communities are actually targeted. Therefore, all concerned parties should be included in the whole selection process on a regular basis to ensure that they feel that their opinion is taken into account. The program socialization meetings described in step 1 are crucial to inform all concerned stakeholders about the current progress and about the criteria that are used to select the program sites.

Being impartial and transparent: The primary concern for community selection process is that it 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. In the case that the implementation team encounters problems that are out of their control such as poor transportation preventing them from conducting initial assessment in certain villages, these incidents should be documented in details as lessons learned and challenges.

Avoid unnecessary delays: In dealing with the government organizations, there is the probability of bureaucratic procedures lengthening the community selection process. Some unnecessary delays can be caused during the program site selection when bureaucratic procedures prolong the issuance of approval letters at the outset of the programs. It, therefore, is vital to engage the township authorities from the beginning and gain their trusts and commitment early on. Still, more delays can occur if the meeting dates for finalization of targeted villages are repeatedly postponed due to the unavailability of the township administrator and his/her team. A possible solution would be the combination of program socialization and program site selection activities. Keeping the number of official meetings at a minimum could decrease the occurrence of delays.

Linking village-based and school-based activities: Programs should try to link village-based and school-based activities as much as possible. One key step to facilitate the linkage between the activities is by only selecting schools in villages/wards that have already been selected as program sites. The combination of community based and school based DRR could increase the effectiveness of the DRR intervention by targeting a wider range of people in the community. Especially when it comes to awareness raising, MRCS found that school children are very active in sharing their new found knowledge on hazards and disaster preparedness with their families and neighbours which would then act as reminder about ongoing activities in the community.

Obtaining historical hazard data: The official records, if exist at all, are scattered among the different departments where loss and damage records are kept which complicate the data gathering process. To ensure thorough review is accomplished before making the final decision on target community, all concerned departments should be contacted and requested for data. Although it is time-consuming, it is worth it in the end to make sure no available data is left unchecked or reflected. Furthermore, RCVs could be trained to keep

track of disasters happening in their communities which could then later on be used as hazard data when new communities are selected for a program.

Cross-Cutting Issues

Climate change and environmental concerns present a risk for the future. During the selection process, information about climate change as well as environmental and natural resource management should be taken into account. When a certain state/region or township is for example prone to natural hazards that are likely going to be increased by climate change the implementation of a DRR program would be of great benefit for this state/region. It is crucial to ensure the initial data collection processes of community selection phase collects relevant environmental related information of potential target areas because if a specifically eco-sensitive region is selected, it needs to make sure the planned initiatives do not harm the already fragile environment.

In Practice: Example from the Field

Selection of target villages in Moe Nyo Township, Bago Region (*DRR program, August 2011*)

The village selection process began after the townships have been selected. In a first step, the 35 most vulnerable villages in the township have been identified based on the village selection criteria. These 35 villages have been identified in consultation with township GAD as well as the RCEC during the township level advocacy meeting. In each of these villages, an initial diagnostic assessment has been carried out. Next to the program coordinator as well as 3 staff from MRCS HQ, 3 staff from the field office have been involved in the assessment as well. Township RCVs were engaged in the assessment as well by providing logistical support as well as by supporting data collection in the villages.

In the field, the assessment team first met with the village head to inform him about the program as well as the purpose of the assessment. Afterwards, the assessment team talked to the village elders and some selected villagers (around 7) to be able to fill out the initial diagnosis assessment form. Only after all the assessments have been carried out in the 35 villages, the data was entered into a statistical program, and the data was analysed. Based on the scores in the assessment, a selection of 15 villages was reached. In the case that two villages have exactly the same score in this assessment, villages which are more disaster prone and which showed a higher level of interest in the program are prioritized. In the case of Moe Nyo Township, the township GAD requested to carry out the assessment in some additional villages which was done by the assessment team. The GAD was also able to provide the team with some additional information about the different villages.

The finalized report, including all the data as well as recommendations about village selection, was then sent to MRCS HQ for final selection. In the case of the DRR program in Moe Nyo, a total of 15 villages have been selected. As soon as MRCS HQ came to their final decision they informed the township GAD as well as the RCEC about their decision. After both parties agreed with the selection of villages, the field base was officially opened and the program activities were started in Moe Nyo.

Branch Capacity Assessment in Mogok Township, Mandalay Region (*Health Program, January 2011*)

The Branch Capacity Assessment is carried out by the 2IC with the support of one Organisational Development Division staff from MRCS HQ as well as the township RCEC. The assessment is divided in four parts, human resource, RCVs skills, finance and materials. Questions that are asked during the assessment include e.g. how many active RCVs are in the township, how is the office managed, are there insurances for RCVs and the branch office? The filled in assessment form then shows how the respective township is graded. The grading system ranges from A-D with A being the best possible grade. Mogok received a grade A after the assessment which indicated that the branch was working very effective and that there was not much room for improvement. At the same time, a health program was implemented in Mogok Township and some additional township capacity building activities were carried out under this program.

RCV and Community Mobilization

step
3

Mobilizing RCVs and community members on the ground for CBDRR activities, designated as the people-led disaster risk reduction initiatives, entail rallying of a wide range of DRR stakeholders: the Red Cross Volunteers and the community members at the community level and the teachers, education staffs and students at the school level. It involves enhancing the ability of the human resource base and organizing the community into functional groups to manage and dictate their own preparedness, mitigation, recovery and rehabilitation activities. The RCVs and the community members are the key stakeholders when it comes to the implementation of the program activities. They are engaged in all 9 steps of CBDRR programs which underlines the importance of mobilizing them from the beginning of the program implementation phase.

As the first responders in any crisis, the capacity development of the RCVs and the community provide them with crucial skill sets in reducing the disaster risks. It empowers them to determine their own fate by participating in CBDRR implementation directly. The better educated the community is, the more pressure would be put on the implementing agencies to deliver quality services. Moreover, they are familiar with the vulnerabilities of their own surrounding areas, cultural practices and social set ups, an invaluable quality that the outsiders do not possess. This also eliminate the resentment the community might feel if the outsiders try to impose changes on them without their participation and consent since their leaders, neighbours and children are the ones taking the reign.

The CBDRR activities in schools, at the same time, can create a new generation of DRR communicators and practitioners which ultimately would generate multiplier effects through sharing of DRR knowledge and information by teachers and students to the community at large. Many documented occasions have highlighted the safety lessons learned from school being transmitted to home environments.

> 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.

Box 7
Definition
Community
Mobilization

Before any community mobilizing activities can take place, it is essential to convene program orientation meetings, to be organized in each township as well as villages/wards and schools to inform the concerned stakeholders (RCEC, Township authorities, village leaders from the targeted villages, RCVs and school authorities) on the final selection just before the actual implementation takes place. These meetings are the same as the orientation meetings discussed in step 1. Immediately following the meetings, major activities in this step can be undertaken which can be divided in three types as explained

underneath. In general, it should be kept in mind that any community mobilization activity should be flexible with regard to dates and times to ensure that everyone is able to join the activities.

3.1 Formation of a Village Disaster Management Committee (VDMC)

At the community level, the presence of a committee or group dedicated to disaster risk management is important to effectively undertake risk reduction measures. The VDMC provides the linkage between MRCS staff at field level and the community members. Therefore, the VDMC has a key role when it comes to community mobilization. It lies in their responsibility to mobilize community members to do certain tasks and to coordinate the efforts of the community members.

If a DRR oriented body already exists in the target community such as village disaster management team, it is better to involve them as the main responsible group for proposed CBDRR activities rather than forming a new and separate committee or group. If there is no such organization in the community, a Village Disaster Management Committee [VDMC] can be formed. However, the decision whether to form the VDMC based on existing structures or whether to form a new group should be based on the preferences of the community. MRCS only acts as facilitator in this regard. The objective of the VDMC is to manage and oversee the implementation of risk reduction activities outlined in the disaster risk management action plan.

Under MRCS programs, Disaster Management Committees are usually constituted in every target village/ village tract and school. According to the Myanmar Action Plan for Disaster Risk Reduction [MAPDRR], village tract disaster preparedness committees have been constituted at each village tract under Chairman of the Village Tract Peace and Development Councils (2009). In addition, up to ten subcommittees have been established based on the needs of the village tract which support the DP committee in discharging its duty. When VDMCs are established in the

Box 8 Roles and Responsibilities of Disaster Management Committee at the Community Level	• Conduct MSA exercise during the training program with the support of MRCS-Township Branch • Form different sub-groups such as Relief, Search and Rescue, EWS/Awareness, Preparedness/Mitigation, Health, and First Aid • Lead the community action planning process. • Identify possible safe areas along with evacuation routes. • Set up basic early warning system at community's level. • Conduct awareness campaign time and often in coordination with Township Branch. • Implement preparedness and mitigation activities as per the action plan. • Update MSA report at least once a year in coordination with Township Branch. • Regularly inform the Township branch of DRR related issues and concerns on the ground. *Source: MRCS CBDRM Implementation Guidelines (2009)*
Box 9 Selection Criteria for Members of Disaster Management Committee	• Those who are well respected; • Those who can spare their time for communities when needed; • Those having basic skills for communication and other relevant knowledge; and • Those having the will and the ability to move around the assigned sites; • Those who are motivated to do voluntary work.

different program villages, the already existing institutions should therefore be taken into account.

The number of members and the composition could vary from program to program determined by the nature of the activities (school based, urban based or community based), the available resources, coverage of the activities (the more villages and schools are involved, more members would be invited) and the duration of the activities (the longer the program, more activities would be involved and thus possibly more members covering more fields).

During the whole formation process, a gender balanced approach should be followed and attention should be paid to other vulnerable groups in the community. During the formation of the VDMC, attention should be paid to include a certain percentage of women, and if possible also members from other vulnerable groups. A common practice already used in MRCS programs is to have a DMC which consists at least to 40% of women. Furthermore, during the consultation meetings as well as the role and responsibility training, the VDMC members should be taught about gender issues and ways to include vulnerable groups into CBDRR should be discussed. A possible optional activity would be an additional workshop focusing specifically on these issues to stress the importance.

Purpose	Process	Roles & Responsibilities	Outputs	Resources	
To identify key persons in the village/ ward who support the implementation of program activities	1. Consultation meetings with already existing DM committee 2. Approval of DM committee members to support CBDRR program 3. Selection of trained RCV that can become part of the DM Committee 4. Role and Responsibility Training	Organization/ facilitation of consultation meetings – PC/ Field Officer, 2IC and trained RCVs Selection of RCVs – PC/Field Officer, 2IC Role & Responsibility Training - PC/Field Officer, 2IC	VDM Committee	MRCS CBDRM Implementation Guidelines	**Table 9** **In Brief: Formation of DMC at Village/ Ward Level**

3.2 Formation of a School Disaster Management Committee (SDMC)

Even though the exact composition of the team might be slightly different for the specific programs, it is common to ask the school headmaster to act as chairman for the School Disaster Management Committee [SDMC]. Furthermore, it is beneficial to include a range of stakeholders in the SDMC such as a combination of teachers, students as well as parents to ensure that the program activities are supported by all parties.

Table 10
In Brief:
Formation of
SDMC at School
Level

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To identify key persons in each school who support the implementation of program activities	1. Consultations with school headmaster about his/ her chairman position 2. Selection of committee members 3. Role and Responsibility Training	Organization/ facilitation of consultation meetings – PC/ Field Officer, 2IC and trained RCVs Selection of committee members – school headmaster in consultation with teachers and parent association Role & Responsibility Training – PC/ Field Officer, 2IC	SDMC in each school	DPRE Handbook SBDRR Handbook

3.3 Role and Responsibility Training

The Role and Responsibility Training is of utmost importance as it gives MRCS the opportunity to not only teach the DMC members[2] necessary skills for the upcoming program including their roles and responsibilities, but it also gives MRCS the chance to begin to plan their exit strategy by engaging the DMCs in discussions about their tasks after the finalization of the program. The training should include a detailed overview about the program activities as well as a work plan for the whole program period. Furthermore, copies of important documents as well as handouts should be shared with the DMC members. In general, it is important to ensure that all DMC members have a good overview about all upcoming activities, the purpose of these activities as well as their roles during the activities. They need to be able to share information with their communities to ensure that everyone is informed about the program. In addition to the roles and responsibilities, there should also be a part of the training dedicated to operation & maintenance. The DMC is responsible for the emergency kits that are provided under DRR programs and therefore need some basic skills in maintaining the tools included in the kit. The maintenance training could either be a separate training, or could be, as suggested, part of the roles and responsibility training to ease the effort of participation for DMC members.

The exact content of the training needs to be developed by the PC and the field/training officer of the respective program. It should be based on a standard curriculum including general sessions about CBDRR as well as sessions about mediation and presentation skills as well as basics of reporting. Based on the existing skills of the DMC members, the exact curriculum may be adapted and some sessions will be excluded while others will be included. They are also responsible to develop a training report after the training

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2   DMC refers to both the VDMC as well as the SDMC

which can be used to improve further trainings. Furthermore, it will serve as a reference document when obscurities about certain roles and responsibilities arise.

Purpose	Process	Roles & Responsibilities	Outputs	Resources	
To ensure that DMC members are aware of their roles and responsibilities and act accordingly	1. Adaptation of standard curriculum 2. Identification of trainer 3. Conduct training + simulation exercise 4. Write training report for further improvement of training	PC and field/training officers are responsible for the implementation	Village DMC Brainstorming Session (DRR)	MRCS CBDRM Implementation Guidelines	**Table 11** **In Brief:** **Role and Responsibility Training**

3.4 Organization of Events

MRCS is also engaged in the organization of global RC events. In every program township, the International Day for Disaster Risk Reduction [IDDR] as well as the World Red Cross Day and the World First Aid Day are celebrated. The responsibility to organize these events lies with the Township Branch which is supported by MRCS Officers in the field. Furthermore, the organization of the events relies heavily on the support of the RCVs.

Activity	Purpose	Process	Roles & Responsibilities	Outputs	Resources	
IDDR Day (13th October)	To raise awareness about the importance of DRR as well as celebrating people and communities who are reducing their risk	1. Conduct ceremony at HQ, township and village level 2. Education talk – risk awareness campaign for students 3. Essay competition in schools 4. Simulation exercise competition in village/school level 5. Photo exhibition 6. Prize giving ceremony 7. Development of report	Township Branch (support of field officers)	Awareness raising for DRR Feedback report	Yearly theme is given by UNISDR DRR related IEC material Activity pictures	**Table 12** **In Brief:** **Organization of Events**
World Red Cross Day (8th May)	To raise disaster risk awareness and to disseminate and promote DRR program activities	1. Conduct ceremony at HQ and township level 2. Photo exhibition 3. prize giving ceremony for outstanding RCVs 4. Development of report	Township Branch (support of field officers)	Awareness raising for DRR Feedback report	DRR related IECs Activity pictures	
World First Aid Day (2nd Saturday of September)	To raise public awareness of how first aid can save lives	1. Conduct ceremony at HQ and township level 2. Photo exhibition 3. prize giving ceremony for outstanding RCVs 4. Development of report	Township Branch (support of field officers)	Awareness raising for DRR Feedback report	DRR related IECs Activity pictures	

3.5   Training Needs Assessment

MRCS provides a wide range of skill trainings, ranging from first aid related trainings to program management related courses to specific DRR trainings. In order to use the resources efficiently, not all skill trainings need to be offered under each program in each township/community/school. The skill trainings that are offered should be chosen based on the results of a training needs assessment that is carried out right after the final selection of townships/communities/schools is approved.

Box 10 Definition Capacity Development	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.

In order to find out which trainings should be provided in a specific program site, it is important to first find out information about trainings that have been offered in that particular township/community/school in the past. Other divisions of MRCS should be consulted as well to get a comprehensive picture of the training history in that area. Furthermore, consultation meetings should be conducted with key stakeholders (Township RCEC, RCVs, community members, and school directors) to find out which skills are needed according to their experience. These consultation meetings can also give additional information about the training history. Afterwards, MRCS needs to decide whether the level of expertise is already high enough for the tasks they are expecting the RCVs and community members to do or whether additional training should be provided. In one particular township, there could for example have been an Office Work Training only 3 years ago which could let to the assumption that no additional resources have to be spent on conducting another Office Work Training. However, it could be that the trained RCVs already left the township or do not have time to engage in MRCS work anymore which would then make the provision of another Office Work Training crucial.

Table 13 In Brief: Training Needs Assessment

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To identify which trainings are needed in a specific program site based on the needs of the program as well as the participants	1. Collection of training data 2. Identification of key areas for improvement 3. Shortlist of trainings 4. MRCS HQ approval 5. Development of training calendar	DMC is responsible to facilitate the whole process with support of field officers/ training officers	Shortlist of trainings Training calendar	Training manuals List of trainings

Depending on the time frame, the budget as well as the resources available, a number of trainings should be shortlisted including the exact target group, resources needed as well as financial information. Based on this list, MRCS HQ in consultation with the program coordinator of the particular program has then to decide which trainings will be conducted. Afterwards, the program coordinator is responsible to develop a training calendar including key information about all trainings and updated information about all trained persons.

In general, possible capacity building trainings can be divided in 4 groups depending on their focus: First Aid Trainings, CBDRR Trainings, Office and Program Management Trainings and Mitigation Trainings. At the same time, the trainings can be targeted at different groups such as RCVs or DMC members. The table below gives some examples for trainings that fall under the 4 categories:

Category	Example Trainings
First Aid	Basic First Aid Training, CBFA ToT, CBFA Multiplier Training
CBDRR	CBDRR Training, DRR Field Session, Awareness Raising Trainings
Office and Program Management	Office Work Training, Finance Training, Computer Training
Mitigation	Water Safety & Lifeguard Training, Livelihood & Mitigation Training

Table 14
Examples of Capacity Building Trainings

Key Challenges

Rapport building within the community: Building trust and rapport is the key to facilitate community participation, which is the foundation of the CBDRR concept. 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 and acknowledge that the disaster affected communities are not victims but are competent individuals with unique knowledge and skills sets.

Understanding the community way of life: The program team has to have a good understanding of the local way of life especially in terms of existing social arrangements within the community (patriarchal or matriarchal) and cultural, religious and economic practices. These understanding would help greatly in mobilizing the community to form DMCs as the team would have a good idea of who to approach and when to approach.

Keeping the structure of DMC simple: It needs to be realized that DMC is not the solution itself but only an instrument set up to achieve the disaster risk reduction goal of the community. Keeping its structure simple can avoid confusion and overlap of responsibilities among members, making it more operational and easy to deploy. As mentioned before, using the existing committees established under the MAPDRR would be beneficial.

Training for school children: Students' capacity building activities should be done with 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 children of such activities taken place in the school might stimulate their interests in the subjects.

Cross-Cutting Issues

Disasters can impact men and women differently and to capture the point of view of both, it is of utmost important to include women in any disaster risk reduction body at the community level. It is a well-known practice of MRCS in its programs to form community based committees with at least 40% of women members. Given Myanmar is a patriarchal society and very few women hold high level positions within the community, extra efforts might be needed in reality to realize this. Especially in more urban settings (e.g. programs implemented in wards) it is of utmost importance to ensure that community mobilization is targeted at a wide variety of community actors to ensure that each community member in this settings feels that his/her opinion is valued. Therefore, especially in programs implemented in wards, the DMC should not be based on existing structures but all community members should be encouraged to become a member of the DMC based on their interest, motivation and activeness in the community.

The basic CBDRR training curriculum can also be expanded to include cross-cutting issues such as climate change, environmental and natural resource management and human rights: it is not essential to cover the subjects deeply but highlighting their linkage to CBDRR and their beneficial values in overall community development process can trigger interests within the target stakeholder groups and herald the beginning of more integrated DRR approaches.

In Practice: Example from the Field

Formation of VDMC in Shintaung Village, Myaebon Township (*CBDRM program, March 2012*)
Before setting up the Village Disaster Management Committee in Shintaung Village in Myaebon Township, a CBDRM facilitator training was provided to RCVs on township level. Afterwards, these RCVs conducted 5 day multiplier trainings in the target villages. In each village, 30 community members were trained during the CBDRM multiplier training and they formed the CBDRM team in their village. With the support of RCVs, the CBDRM team was then transformed into a disaster management committee. Instead of providing training about roles and responsibilities, the DMC set up their own roles and responsibilities with the help of RCVs. Afterwards, 5 sub-teams of 6 people each were formed under the VDMC: First Aid, Early Warning, Search and Rescue, Preparedness, and Communication.

Baseline Study

Baseline and endline studies are crucial to evaluate the effectiveness of the program as well as to identify key areas of improvement. Baseline study, which generally takes place at the beginning of a program is especially recognized as a key step in establishing an effective monitoring and evaluation [M&E] framework as it offers a set of data which, periodically, can be compared to planned goals, objectives and expected outputs of CBDRR to ensure the activities undertaken so far are on the right track to accomplish these results. Therefore, it also provides a possibility to study the impact of a particular CBDRR intervention. In the context of MRCS' CBDRR activities, baseline data collection represents participatory appraisal and documentation of a range of basic demographic and disaster risk related information covering current local experiences, knowledge and interpretation of risks. In addition to having significant value to M&E functions, the findings of baseline study is also of great value in formulating appropriate mitigation and preparedness activities to reduce the disaster risks within the community.

A baseline study is an analysis describing the initial conditions before the start of a program, against which progress can be assessed or comparisons made. The data collected acts as indicators and can used for comparison later in the program and/or at its end (end-line study) to help determine what difference the program has made towards its objectives (IFRC VCA Guidelines, 2007)

**Box 11
Definition
Baseline Study**

The overall objective of the baseline study is to identify the degree of understanding of risks and the preparedness status or risk culture at the community, school and household levels. The key principles are identified as:

- **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.

In the case of school-based CBDRR programs, the baseline study is mostly redundant as the school risk assessment has already been filled out by the schools. The data collected for the school risk assessments could be used as baseline data as well. To be able to measure the impact of the school-based interventions, the same assessment could then be carried out as endline study with additional interviews with key stakeholders to get a comprehensive understanding of the changes that occurred during the implementation of the program activities.

4.1 Composition of Monitoring & Evaluation Team (M&E Team)

The principal focus of the baseline data collection is the community. From the outset, it should be acknowledged that the community has significant knowledge and coping capacities and thus their active involvement in the process is central to its success. With the establishment of village disaster management committees as well as school disaster management committees in every target village (see Step 3), there might emerge certain level of confusion on who would take charge of the baseline study. To avoid any misunderstanding and overlapping of tasks, a specialized data collection team could be formed in every target village.

Firstly, specific tasks, roles and responsibilities of the M&E team and its individual members need to be drafted and approved. Then the DMCs are informed of the data collection activity: its relevance and purpose, role of DMCs, anticipated detailed sub-activities and expected outcomes. Subsequently, the VDMC organizes community meeting where community is informed of the activities and what is expected of them, at the same time, is enquired about volunteers with relevant skills who could be or might want to be part of the M&E team.

The selection of team members for baseline data collection can depend on such factors as the chosen methodology, resources at disposal and the objective of the activity. Ideally, the program team should consider the following key stakeholders to be part of the data collection team.

- 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.

**Table 15
In Brief:
Formation of
M&E Team**

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To form a specialized team that will support program implementation	1. Draft ToRs for M&E Team 2. Deliver official information letter to targeted villages through township authority 3. Selection of M&E members 4. M&E Training	DMC is mostly responsible for the implementation of this activity	ToRs for M&E Team M&E Team	Township Branch Organization Structure

For overall management of the data collection activity, the program team and village DMC can jointly carry out supervision and monitoring; with DMC especially involving in initiating contacts with community members and affording legitimacy to the process.

4.2 Training of M&E Team

In preparation for the forthcoming data collection tasks, the M&E team together with the DMC key personnel would be oriented on the use of participatory learning and action tools and analysing data using the MRCS framework. The questionnaires used during the baseline and endline study should be discussed in detail and different interview techniques should be discussed to ensure that all team members are comfortable with carrying out the study after the training. During the training, a study design can be drafted that would consist of detailed procedures to follow together with a set of questionnaire. At least one field session can be undertaken as part of the training to test out the questionnaire and the procedures. Hands-on experiences and lessons learned from this exercise can provide feedbacks to further improve the survey techniques.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To equip M&E team with the necessary skills for an effective baseline study	1. Development of concept note 2. Identification of trainer 3. Conduct training (including practical session) 4. Write training report for further improvement of training	PMER Officer in consultation with trained RCVs	Trained M&E team for baseline study Feedback to improve future M&E trainings	Training handouts and PPT

**Table 16
In Brief: M&E Training**

4.3 Data Collection

The program team in consultation with the M&E team and the village DMC bear the main duty in determining when, how and what data would be collected. Normally, this information can be found in the program log frame. Ideally, the process should be support by members of the SDMC.

When to conduct the data collection
To decide 'when', the most important aspect is that the baseline study should be carried out during an early stage of program implementation to ensure that the results of the baseline study are not diluted by program intervention. Furthermore, the following instances should be considered -

•   Seasonal climate conditions that could trigger highly vulnerable situations;

- In agricultural areas, peak growing periods when the community can spare little time for answering assessment queries;
- Special times celebrating cultural or religious beliefs; and
- Other organizations that conduct surveys at the same time – survey fatigue

How to conduct the data collection

The baseline study as well as the endline study is mostly based on a questionnaire. It entails questions 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), and hazard experience, perception of natural hazards, and natural disaster preparedness and response. The questions should be targeted as getting information about knowledge, attitudes, and the reception of services.

Box 12 Example: Random Selection of Households	A map of the village is drawn including all households. Each of the households is assigned with a number. Afterwards, random numbers are picked and the corresponding households are approached with the questionnaire.

all households in one village. However, in cases of very small villages, the number of households may change and should be discussed for each particular case. The households that will be part of the sample size are then randomly chosen. A possible way to get a random sample of households in one village is explained in box 10. Each of the households is then approach by members of the M&E Team and one person per household is interviewed. The person interviewed has to be at least 15 years of age and needs to be a permanent resident of the villages. In order to facilitate the data collection, it is beneficial to divide the assessment team into sub-groups which are assigned to certain households.

Analysis of data

Before analysis can begin, the gathered data is entered into excel database by the assigned personnel from the program team, with support from the selected members from the data collection team. The M&E officer from the program is the key official to carry out the analysis using computer software and interpret the generated outputs into easily comprehensible points of reference or baseline data.

Table 17 In Brief: Data Collection	Purpose	Process	Roles & Responsibilities	Outputs	Resources
	To gather data to be able to measure the impact of the program	1. Division of M&E Team into sub groups 2. Collection of data 3. Analysis of data	Division of Assessment Team and analysis of data – PMER Officer Facilitation of data collection –VDMC	Baseline data	Baseline study questionnaire

4.4 Presentation of Findings

Report preparation duty lies mainly with the program team before being submitted to the MRCS governance and partner agencies. As pointed out before, the main idea behind the baseline study is to describe the initial conditions before the start of a program, against which progress can be assessed or comparisons can be made. Therefore, the report solely focuses on quantitative data that is easy to compare.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To inform program stakeholders about baseline situation	1. Preparation of report 2. Submission of report to MRCS governance and program partners	Preparation of report and submission of report – PMER Officer	Baseline report	Collected data and information

**Table 18
In Brief:
Baseline Study
Report**

Key Challenges

Ensuring quality control of the data: A quality control process needs to be in position to guarantee the high quality and reliability of the data. Depending on the availability of budget of the data collection activities, either internal audits or external reviews of data collection, especially in the areas of representativeness of stakeholders, and processing procedures can be critically assessed to identify gaps. In general, the data, at the stage of collection, has to undergo screening process based on their precision, accuracy, relevance and completeness.

Ensuring timeliness: The collection and analysis of baseline data need to meet the time crunch of making key decision which is of particular significance in time-bound CBDRR programs. It is very important to conduct the baseline study before the actual program implementation to be able to actually measure the impact of the intervention in the end. Moreover, the timeliness of first data collection exercise can dictate the relevance and effectiveness of the subsequent ones.

Ensuring transparency: It is essential to be explicit about the assumptions made, the different sources used and methods employed (data collection and analysis) as well as any limitations regarding the data. The methods should be described in detail in the report, as well as all limitations that were faced during the data collection. Furthermore, focus should be laid on the group of respondents that took part in the study. It should be ensured, that there is a gender balance with regard to the interviewees to ensure a better understanding of the situation at the ground before starting to implement the program.

Avoiding duplicity: Before any baseline data collection should be initiated, 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, the baseline study MRCS program needs to look into the data missing from the already available ones,

build upon the existing ones and save time by collecting only the additional essential information. However, before using the already existing data the data should be validated and the quality and relevance of the data should be determined.

Inclusion of SDMC in baseline data collection: It is important to include SDMC during the program implementation. Even though the main responsibility for the baseline data collection lies with the VDMC, it should be ensured that the SDMC feels included in the process. The SBDRR component of a program, or the SBDRR program should be implemented in close linkages with the CBDRR program to ensure that resources are used in the most effective way and to ensure that no efforts are duplicated under the different programs/components. In order to increase linkages between the two components (CBDRR and SBDRR) it could for example be suggested to include one member of the SDMC in the data collection team.

Cross-Cutting Issues

In order to ensure that the baseline study gives a realistic picture of the situation in a village/ward/community, it is of importance to base the results of the baseline study on a heterogeneous study sample. Therefore, women should be encouraged to act as interviewees during the data collection. Furthermore, women should be encouraged to take part in the data collection team to be part of the process. Ideally, the data collection team should have at least 40% women.

As pointed out before, the sample for the baseline study should be as heterogeneous as possible. For many people with disabilities, emergencies and disasters present an even bigger challenge than for other community members. 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. In order to be able to evaluate how the situation has been changed for people with disabilities, it is therefore important to also include people with disabilities in the pool of interviewees.

Recommendation: During the baseline data collection, on top of gathering existing risks and vulnerability for DRR related data, basic information on people's understanding, perception and their current practices of climate change, gender and natural resource/ environmental management should be collected as well. This can help identify potential areas for mainstreaming into the CBDRM activities of the various cross cutting issues.

In Practice: Examples from the Field

Implementation of Baseline Study in Ye Kyi Township, Ayeyarwady Region (*DRR Program, February 2010*)
Before the actual baseline study was carried out, a two-day training was provided for 15 RCVs. The training was divided in two main parts, interview techniques as well as data entry. After the training, the local authorities were informed about the baseline data collection in the area.

During the actual baseline study, RCVs first facilitated a session together with village leaders and community members in each targeted village to draft a map of the particular village indicating all the different households. Each of the households on the map was marked with a number. In each village, 10% of all households were targeted based on random sampling. For the random sampling, number cards were used corresponding to the numbers of the households on the map. In total, the RCVs in Ye Kyi Township visited 17 villages and collected data in a total of 2458 households.

The RCVs went to each of the randomly selected households, interviewing each family member that was older than 18 years. After they completed the interview forms, they submitted them to the data entry leader who was then responsible for the data entry. Afterwards, the M&E Officer developed the final report which was then submitted to MRCS HQ and French Red Cross [FRC].

Multi-Sector Assessment

A Multi-Sector Assessment [MSA] not only allows the identification of areas of improvement in the field of disaster risk management alone but also links the risk reduction functions to wider development oriented areas such as health, education and livelihood. In a way, Multi-Sector Assessment is a bridge that spans the long ignored gap between disaster risk reduction and the sustainable development. With different development related sectors as the key informants, pre- and post 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.

In order to design the Multi-Sector Assessment as efficient and useful as possible, it is important that possible linkages between the baseline study and the MSA are taken into account. In order to prevent replication of efforts, possibilities to link these two assessments should therefore be kept in mind and joint efforts should be undertaken to combine these two in the future. Furthermore, attention needs to be paid to the linkage between the MSA and the development of the community action plan as well as the implementation of the action plan. So far, the development of the action plan is regarded as separate entity that follows after the MSA. However, it should be considered to include the actual action plan development in the MSA exercise to prevent the loss of ideas and data and to ensure a smooth and timely program implementation.

As instructed in the IFRC's Guidelines on Vulnerability and Capacity Assessment, it is important to make sure people who will be required to implement any decisions resulting from the study are involved in the initial data gathering process to give them a chance to influence the ultimate outcomes. In addition, staff and volunteers from local branch offices are likely to adapt more readily to changes in policy and operational programs if they were part of the data collection, analysis and decision-making process (IFRC VCA Guidelines, 2007).

5.1 Formation of Multi-Sector Assessment Team

In order to ensure an effective and qualitative acceptable Multi-Sector Assessment, it is important to establish a Multi-Sector Assessment Team that will be responsible for the implementation of the assessment. The MSA Team will be established based on certain requirements.

1. There should be a mixture of RCVs and community members with involvement of DMC members (both VDMC and SDMC) as well. Similar to the M&E Team, the DMC members should play a prominent role in the formation and organization of the MSA Team.

2. Members of the MSA Team should already poses certain skills or attended certain trainings related to DRR, Health, Education, Livelihood, Mitigation etc.

3. Participation of women and other vulnerable groups should be encouraged from the beginning.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To form a specialized team that will support program implementation	1. Information package with village/ward DMC 2. Community information session 3. Selection of MSA Team members 4. Field Session (MSA training and exercise)	Information session with DMC/ selection of team members/ field session – PC/Training officer Distribute the information package– DMC	MSA Team	IFRC VCA Guidelines

Table 19
In Brief: Formation of Multi-Sector Assessment Team

5.2 Field Session

Field sessions are trainings at community level used to inform the communities about program activities as well as providing them with skills related to program management and DRR in general. Sessions during this training include sessions about vulnerability and capacity assessment tools and problem analysis. Furthermore, time during the field session should be spent on awareness raising sessions about gender sensitive approaches for disaster management and the inclusion of disabled people in CBDRR programs. Furthermore, the recent IFRC Strategy 2020 highlights the importance to include prevention, mitigation and response to violence in each program. Therefore, awareness about violence prevention should already be raised during the field session. Whether or not a specific training session about violence prevention will be offered as well later on in the program needs to be decided on a case-by-case basis. The field session last for 3 full days and is mainly taught by RCVs who have earlier been trained in a 10 days field session at HQ level. They are supported by MRCS staff. One of the key elements of the field session is the MSA training session as well as the MSA Exercise.

MSA Training

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To equip MSA team with the necessary skills for an effective MSA	1. Development of concept note 2. Identification of trainer 3. Conduct training (including MSA Exercise) 4. Write training report for further improvement of training	PC/Training officer	Trained MSA Team members Feedback to improve future MSA trainings	IFRC VCA Guidelines MSA Tools

Table 20
In Brief: MSA Training

The MSA training aims to equip all members of the MSA team with the necessary skills for an effective MSA. Therefore, the members will learn about the purpose of the MSA, the different steps that need to be followed during the implementation of the MSA as well as the tools that are used to conduct a MSA such as transect walk, local material availability

mapping etc. After acquiring the theoretical knowledge about MSA, the participants are also asked to carry out an MSA exercise which results in a valid assessment report.

MSA Exercise

Ideally, the MSA Team should be divided in sub groups which are focusing on specific groups of people or aspects of the MSA. This ensures that all groups are heard and all capacities and vulnerabilities are recorded correctly. Especially when taking into account a gender sensitive approach this could result in more detailed assessment of the situation including the specific vulnerabilities and capacities of certain groups. Before the actual data collection, all teams should prepare a Field Plan of Action including:

• step by step process with timeline

• tools to be executed

• task assignment among the team

• logistics needed

How to conduct the data collection

Based on the Field Plan of Action that has been prepared and discussed earlier, the teams carry out the MSA with the communities. Data collection methodologies that can be employed can be found in Box 13. Red Cross youths should be actively engaged in the data collection and it should be ensured that the tools can be used in a flexible way depending on the situation in the community.

Table 21
In Brief: MSA Exercise

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To identify and assess together with the community the vulnerabilities, capacities, resources and facilities of the community	1. Division of MSA Team into sub groups 2. Implementation of activities such as transect walk, natural hazard risk mapping, seasonal calendar 3. Compilation of findings	Division of MSA team and compilation of findings – PC/Training officer Implementation of MSA exercise – PC/Training officer, 2IC	MSA Assessment	DRR community Assessment Report (DRR) IFRC VCA Guidelines MSA Tools

In a next step, the data has to be analysed. The collected information should be systematized into a common template that will be easy for all to see the linkages and use the information for problem identification. The template should refer to five key elements such as hazards/threats, risks/impacts, elements at risk, vulnerability, capacity. Next, the MSA team needs to come up with a problem identification and problem statement. Based on the problem statement, it is then possible to identify the problem tree as well as the objective tree which will then result in the formulation of possible interventions which could address

Box 13
Participatory Data Collection Methods (Examples)

· Mapping (social, hazards, resources)
· Direct observation
· Seasonal calendar
· Historical profile
· Focus group discussions
· Key informant interviews
· Social network analysis

the identified problems. Afterwards, the outputs should be validated by the community members and additional ideas and inputs should be included. Additional information about the formulation process of the Village Action Plan can be found in step 6.

5.3 Assessment Report

After the MSA exercise has been carried out, it lies in the responsibility of the PC as well as the training officer to prepare a report. This report should include all the information that were gathered during the exercise, documented with photos, maps etc. A report has to be prepared for each village and the report need to be submitted to MRCS governance as well as program partners. The document also serves as a reference document when measuring the effect of the action plan for example.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To inform program stakeholders about situation in program site	1. Preparation of report 2. Submission of report to MRCS governance and program partners	PC/Training officer	Assessment results MSA assessment report	IFRC VCA Guidelines

Table 22
In Brief: Multi-Sector Assessment Report

Key Challenges

Lack of risk reduction knowledge: In order to assure the adequacy and the relevance of the information being collected in Multi-Sector Assessment, basis understanding of risk reduction concepts need to be available among the community members. Therefore, some forms of orientation sessions on DRR and especially CBDRR should be organized for the MSA team before the actual data collection. It is suggested to have an introduction to DRR and CBDRR at the beginning of the field session.

Extensiveness of respondents: A variety of sources should be used in collecting the information to ensure varied views and opinions are captured. Both government and non-government agencies, specialized in different sectors, already working in the targeted areas need to be engaged, along with the community members.

Nurturing realistic expectations: It is very likely that the community contributing to the data collection process may have high expectations believing all the problems would be immediately solved. It is, thus, critical to inform the community from the outset the purpose of this exercise and the immediate results not to create any false hopes.

Dissemination of report at community level: : While the MSA report is always submitted to MRCS HQ, the importance of the report for the local community is often overlooked. Enabling the community to access the results of the MSA increases the engagement of the community and also stresses the ownership of the community with regard to the program implementation. It is suggested to provide the full report at public places in the community (e.g. community house, schools etc.) and to also prepare short summaries of the report that can then be distributed in the different households.

Cross-Cutting Issues

During the MSA training, and especially during the MSA exercise, attention needs to be paid to the participation of women, as well as other vulnerable groups in the particular community. Due to their gender-roles and life conditions determined by gender relations, men and women have differential capacities and vulnerabilities. Therefore, their engagement in CBDRR may differ which needs to be taken into account when implementing CBDRR programs. The same is true for other vulnerable groups. The Multi-Sector Assessment process therefore requires a focus on the vulnerabilities and capacities of different groups within the community to ensure that the CBDRR program implement can be effective and useful for the communities.

As the key step creating opportunities to address crucial cross-cutting issues such as climate change and environmental aspects that can have reduce or increase the future impacts of disasters on the community, the chances offered should be taken full advantage of. Participation of relevant institutions, agencies and experts need to be encouraged and in-depth discussions with these entities can lead to formation of multi-disciplinary networks at the community level that can profoundly influence the DRR outlook and strive for sustainable development goals.

In Practice: Examples from the Field

Integrated community assessment in Anaw Yahtar Ward, Tatkone Township, Mandalay region (*UDRR program, July 2013*)

In order to prepare for the Multi-Sector Assessment, a field session was organized in Anaw Yahtar together with the ward risk reduction committee. In the 3 day field session, a total of 40 people participated, 30 community members and 10 RCVs. During the first day of the field session, the MSA tools were introduced. Therefore, all participants were divided in groups to study one particular MSA tool in detail. The tools that were discussed were mapping, transact walk, focus group discussion [FGD], historical background, seasonal calendar and van diagram. Furthermore, the groups went outside to collect data with their respective tool.

During the second day, each group presented at least two findings from the group work from day 1. All findings were then prioritized from 1 to 12. During the third day, the three priorities were identified and ranked in consultation with the GAD. Furthermore, possible activities were divided in activities that can be done by the community itself and activities that need additional support during the program. In Anaw Yahtar Ward, the community selected the following three priorities:

1. Health issues
2. Water and sanitation issues
3. Environmental sanitation issues

Action Plan Development

Strategic risk reduction action planning at the community level aims at identifying and laying out counter-activities to reduce the identified risks associated with natural phenomena in the community. In CBDRR, community level planning is practically a participatory process that captures the collective vision of the community. Such a plan is formulated in agreement with the stakeholders of the plan listing in details the committed resources from each stakeholder, their roles and responsibilities and expected outputs. One of the key advantages of having a comprehensive inventory of risk reduction activities in the plan is that the document can serve as a proposal to approach interested financial supporters or donors to fill the funding gaps. The main components of each Action Plan are identified in Box 14.

• General Profile of the community/ school • Background on hazard and vulnerability in the community/ school • Purpose of the plan • Brief description on the development of the plan • Disaster Management Committee – its composition and duties and responsibilities • Inventory of preparedness, mitigation and response activities (before, during and after) accompanied by time line for each activity, estimated budget and responsible entity for its implementation • List of Resources available in community and nearby areas and important contact details • Maps of the community/school indicating vulnerable areas • Updating the plan	**Box 14** **Components of A Community Risk Reduction Action Plan**

The community (the villagers or the school members), having been actively involved in the entire planning process, would feel greater ownership of the product: in this case the action plan, and be proud of it. They are in a way taking charge of their own fate through contribution of ideas and resources in laying out a plan that would address and reduce the negative aspects of natural hazards. At the same time, the village

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.	**Box 15** **Definition Participatory Action Planning**

DMCs or any other DRR body leading the planning process acquire more planning and management skills and regular updates of plan and continued implementation of the activities can be carried out beyond the program period.

6.1 Participatory Action Planning

Based on the results of the MSA as well as the baseline study, the community is asked to prepare an action plan with counter measures to decrease the identified risks. The counter measures are identified in a participatory manner. After the DMC facilitates information sessions with all relevant stakeholders to discuss the outcomes of the MSA exercise, sub-

teams are formed by community members and RCVs for specific areas such as Relief, SAR [Search & Rescue], CBFA [Community-Based First Aid], Mitigation and EWS [Early Warning System]. Each of these groups is then formulating risk reduction measures in their respective area. In the end, either each of the groups prepares their own report and budget, or all counter measures are compiled in one report and a common budget is prepared. For each of the activities in the action plan, the following should be identified:

• Resources available in the community (time, materials etc.)

• Resources available at local level (local government, private sector, local NGOs)

• Resources that could be requested to the program

Especially when it comes to the identification of resources available at the local level, advocacy for the program carried out by both MRCS as well as the community themselves could prove to be very useful. Furthermore, the request for certain resources should always be linked up with awareness raising about the program and advocacy about the program towards external stakeholders. The whole process is facilitated by the Disaster Management Committee and is only supported when needed by MRCS officers in the field.

	Purpose	Process	Roles & Responsibilities	Outputs	Resources
Table 23 In Brief: Participatory Action Planning	To identify counter measures for the risks identified in the MSA	1. Distribute information package with community members, local authorities and other stakeholders about „safe communities" 2. Formation of sub-teams/ groups for specific areas 3. Invite community for their contribution (financial and/ or human resource) 4. Formulation of risk reduction measures 5. Development of action plan	The whole participatory action planning process is facilitated by the DMC with support of PC/ Training Officer/ Field Officer and community members	Community action plan	Action plan format sample

In this step, it is important to decide whether there should only be one action plan including school-based activities, or whether it is better to have one action plan for community based activities under the lead of the VDMC and one action plan for the school based activities under the lead of the SDMC. Both options carry certain advantages and disadvantages. In general, it should be ensured that the activities that are implemented in the village and

the schools are linked with each other. Awareness sessions could for example be linked, and the benefits of one activity (e.g. improvement of the school building as mitigation activity) should be shared with the whole community (e.g. the improved school building can be used as evacuation shelter).

6.2 Gather Support and Local Resources

Based on the action plan and especially the section about the available resources, efforts are undertaken to acquire the necessary resources. Possible resources that need to be acquired include skilled human resources, materials (such as wood, bamboo, stone, etc.), and tools (gas-engined saw, a truck, etc.). Furthermore, some monetary resources may be needed to buy or rent certain things and to pay experts to carry out certain tasks. In general, the community should be the first source of any kind of resources. In order to ensure that all necessary resources will be available to implement the activities detailed in the action plan, a detailed plan should be formulated including all the resources, where to get these resources and detailed information about how to get the resources. When it comes to resources that are e.g. available at local government level, the detailed information should include a description of who is going to approach whom in the local government department.

The DMC is responsible for the preparation of all the documents in consultation with the community and with the support of the MRCS program team.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To request resources needed to implement the action plan at different levels	1. Identification of all community resources 2. Development of strategy to request resources from local sources	The whole process is facilitated by the DMC with support of PC/ Training Officer/ Field Officer and community members	Strategy to request resources from local level	

Table 24 In Brief: Development of Proposal

6.3 Proposal for Action Plan Support

After identifying all the resources that can be arranged by the community itself, a detailed proposal needs to be developed indicating all the resources that should be supported by the program. The proposal should include detail descriptions of the activities, the exact description of the resources needed and maybe some additional remarks why this resource could not be provided from community resources or local resources. Furthermore, the proposal should include a detailed budget for each of the activities.

After the proposal is submitted by the PC, approval follows the MRCS governance rules. The process of approval should be as timely as possible. If the approval process takes too long, program implementation is delayed which may result in unfavourable conditions for implementation. After approval, resources are provided to the respective community and the implementation of program activities can start.

Depending on the kind of activities and the kind of resources needed for the action plan, activity 6.3 could be redundant as there is no need for additional resources. However, especially when mitigation activities are included in the action plan, the support by MRCS is most likely be needed.

**Table 25
In Brief: Action
Plan Proposal
Approval**

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To obtain approval by MRCS governance to start implementation	1. Development of proposal and budget for action plan support 2. Submission of proposal 3. Approval by MRCS governance	Submission – DMC with support of PC	Development of proposal and budget for action plan support Approved action plan and approved budget	Standard proposal form

Key Challenges

Monitoring and evaluation functions: 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.

Involvement of the local authorities: Throughout the entire planning process, it needs to make sure that the local authorities' involvement is encouraged through constant information sharing and consultation, especially in the planning and decision making phases. This facilitates the buy-in of the authorities to help lobby for greater community engagement and resource commitment.

Keeping the community interested: Well organized games and social activities have proven to be effective in capturing the interests of the community and similar events should be conducted in participatory planning. In doing so, the facilitators also need to be sensitive about the timing of such actions and should avoid coinciding them with the community's income generating activities (e.g., harvesting season) or their religious events.

Cross-Cutting Issues

Different groups in the community face different effects from the same disaster event and react differently which make them have varying points of view when it comes to risk reduction visioning and needs. It is, thus, vital to include as many stakeholder groups as possible in participatory planning to make sure differing needs are addressed. Especially important is the inclusion of the marginalized groups in the society: ethnic minorities, poor women headed households, aged, physically challenged, etc., who normally might not have a chance to express their concerns and have been left out from any decision making process. It should include also the subject specialists of other cross cutting areas on climate change and environment to ensure the activities planned do not negatively impact or hinder their on-going activities but instead are complementary.

In Practices: Examples from the Field

Implementation of Village Action Plan in Shan Su Village, Min Hla Township, Bago region (*DRR Program, October 2012*)

The action plan development was part of the MSA exercise that was carried out for 5 days in Shan Su. The activities that have been proposed as part of the action plan in Shan Su have been: Basic First Aid [BFA] training, DRR awareness session, digging shallow tube well with compressor engine and pump house and double room brick latrine. The two mitigation activities were carried out in a basic primary school which is also used as temporary shelter. After the discussions during the MSA exercise, the mitigation training officer prepared a budget and a proposal which was then approved by the community. Based on the available budget, the activities were then prioritized but both suggested mitigation activities could be carried out in Shan Su. Afterwards, the final budget as well as the proposal has been submitted to the mitigation officer from MRCS HQ to check whether there is need for any changes. Afterwards, the proposal is submitted to French Red Cross through the Program Coordinator. After the approval of FRC, the community was able to start with the implementation of their mitigation activities.

7 Implementation of Action Plan

The implementation of the finalized community action plan and the school based action plan if available needs to constitute the same set up as its planning process that is participatory implementation, integrating the participation of all stakeholders at the community level. Their strong involvement in the process increases the prospect of success and sustainability of risk reduction measures in addition to building self-reliance and the overall risk reduction capacities. Additionally, they learn to manage the resources and the time constraints and to mobilize addition resources when needs arise. Most of the all, the entire participatory implementation mechanism 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. This in due course would lead to greater tolerance and harmonization among different social groups, providing them a united front to counter the negative impacts of disasters.

The general management and monitoring responsibilities of the implementation process, by and large, would be borne by the village/ward/school DMC with support from the CBDRR program team during the program period. The effectiveness of such an arrangement depends on the commitment and capacities of the DMCs. On the whole, the participatory implementation involves undertaking of a succession of tasks and processes as listed below.

7.1 Assignment of Tasks

As in the case of participatory planning (see Step 6), the sub-teams or sub-groups (Relief, SAR, CBFA, Mitigation and EWS) under the village DMC can continue to take charge of implementing the various risk reduction measures of the action plan in their own focused area. Clear and precise responsibilities should be defined and assigned to the sub-teams/groups.

Table 26
In Brief:
Assignment of
Tasks

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To define clear and precise responsibilities and assign them to the sub-teams/ groups.	1. Identification of roles and responsibilities for each sub-team 2. Consultation meeting with all teams/ groups	Field Officer and DMC (both school and village)	Document linking the different tasks from the Action Plan with responsibilities of sub-teams	Action Plan (school, village)

7.2 Capacity Building

A crucial aspect of participatory implementation is for the responsible individuals and committee/team members to have the technical capability essential to implement their tasks. In order to do so, the village/ward/school DMC can seek assistance (material and financial resources) from the program team, any other civil society organizations [CSOs] or NGOs working in the area and government's township/village level disaster preparedness entities. Both formal training course as well as learning-by-doing techniques should be employed that complement each other. The skills to be improved span a wide range of themes: resource mobilization, general management, monitoring and evaluation, partnership building and subject specific courses that cover community based early warning practices, risk reduction education, etc.

Purpose	Process	Roles & Responsibilities	Outputs
To ensure that the responsible individuals and committee/team members have the technical capability essential to implement their tasks	1. Identification of relevant trainings/techniques 2. Securing material and financial resources 3. Conducting trainings, workshops etc.	DMC with support of field/training officer	List of relevant trainings Budget proposals Training reports

Table 27
In Brief: Capacity Building for Program Implementation

7.3 Mobilizing Resources

Based on the plans to mobilize resources developed in step 6, the main goal of sub activity 7.3 is to secure all the necessary resources. Meetings with the responsible stakeholders should be organized, and advocacy for the planned activities should be done. As mentioned before, there should be a clear understanding of who is going to talk to whom to ensure that the resource mobilization process runs smooth and effectively. Again, women and other vulnerable people should be included in this process as much as possible to increase the ownership of each community member.

Purpose	Process	Roles & Responsibilities	Outputs
To secure resources for implementation of program activities	1. Stakeholder meetings 2. Securing needed resources	DMCs with support of field/training officer	Resources (financial, material and human)

Table 28
In Brief: Mobilizing Resources for Program Activity Implementation

7.4 Implementation of Planned Activities

The actual implementation process would just focus on execution of the risk reduction measures listed in the community action plan. The exact activity depends on the action plan and therefore differs for each program site. Activities that are identified in the action plan could fall under one of the following categories: DRR communications, capacity building training, networking, branch assets, mitigation activities, WatSan activities, health related activities, livelihood activities and any other activity that has been identified by

the community as necessary. However, possible activities are not restricted to that set of categories. Table 29 gives example activities for each of the categories:

**Table 29
In Brief:
Implementation
of Planned
Activities**

Category	Example Activity	
DRR Communications	Development of IEC materials Awareness raising sessions	Distribution of IEC materials
Education	Awareness raising sessions	Simulation exercises
Networking	Organization of meetings, workshops and events Establishment of media relations	Sharing of tools and experiences with other stakeholders
Branch Assets	Distribution of Early Warning Response Kits Kit maintenance training	Acquisition of office space/ equipment/materials
Mitigation	Tree planting Mangrove rehabilitation	Building of safe shelter Small scale mitigation activities
WatSan	Elevation of latrines	Acquisition of water pumps
Health	Distribution of mosquito nets Hygiene promotion	FA training
Livelihood	Establishment of seed bank	Income diversification
Early Warning	Installation of loudspeakers	

7.5 Monitoring and Evaluation

DMC, in collaboration with the program team and the selected community representatives can form a participatory monitoring and evaluation team. Monitoring keeps track of the progress on the implementation of agreed risk reduction measures and the status of the financial resources ensuring the activities are being implemented on time within the available resource range. The evaluation of completed activities, on the other hand, can pinpoint any gaps or deviations that may have taken place along the way from the originally proposed procedures and paths towards accomplishing the CBDRR goals and objectives. The M&E process involves collecting relevant data and information, organizing periodic review meetings with all stakeholders and reporting on the findings. The M&E

**Box 16
Questions to
Ponder in M&E**

- 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, behaviors, material and social well being and empowerment?
- Why are the objectives not being met? (If applicable) 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?
- Are current resources enough to implement the new activities or do we need more resources?
- What and how many new resources are needed?
- Do we have those resources available in the community? If yes, who has these resources?
- Do we need to mobilize resources from external sources? If so, how much and from whom?

Source: Community Based Disaster Risk Management Field Practitioners' Handbook, ADPC.

reports are normally internal documents but should be shared with MRCS headquarters, program management team, local authorities as well as with the community. All of the above mentioned stakeholder groups can find solutions in case some remedial actions are required to get the implementation process back on track.

7.6 Revising the Action Plan

If any significant gaps and problems emerge during the implementation and the root causes prove to the flaws in implementation or planning procedures, corrective revision to the plan should be undertaken. For instance, some of the activities identified originally as crucial might not be relevant anymore due to various reasons (changing situations, improved awareness, unavailability of already committed resources, etc.) or are impacting negatively on groups in the community who may not be the direct beneficiaries. Necessary adjustments, under the circumstances, need to be carried out by DMC and the program team in consultation with the other stakeholder groups.

In general, the action plan should be updated once every year based on the results of the M&E as well as new assessments carried out in the community. Furthermore, it should be shared with the local authorities as well as MRCS.

Key Challenges

Ensure flexibility: Flexibility is essential in the participatory implementation process for the key reasons of adjusting to different stakeholders' schedule and needs, of allowing feedback loops which, after the identification of divergence and gaps, can help in formulating corrective measures and of permitting necessary changes to be made to the overall plan to achieve the safer community goal.

Cross-cultural sensitivity: In rallying the participation of various stakeholder groups in the implementation process, community organizing techniques employed need to consider the cultural and religious contexts of the groups and only the methods acceptable should be applied. It also needs to be remembered that different methods might need to be adopted for different groups of stakeholder and ample time and resources should be allocated for such eventualities.

Transparency: In dealing with multiple stakeholders, transparency is one key element that could prevent conflicts and doubts of bias or favouritism. 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.

Cross-Cutting Issues

Climate change, climate change adaptation and preserving the natural environment are very important topics especially for rural communities that are prone to natural hazards. By including common climate change adaptation measures such as mangrove rehabilitation and tree planting, some of the adverse effects of climate change and environmental

degradation can be mitigated for that particular community. Therefore, MRCS should raise awareness about the positive side effects of tree planting etc. and should encourage the communities to include these activities in their action plans to ensure a sustainable disaster risk reduction.

When it comes to mitigation works, women are often not adequately consulted or involved in the selection, design and implementation of these mitigation activities undermining the capacities of women. Examples show that women are not only capable of carrying out mitigation work, but it also provides them with opportunities to boost their personal income and community safety. Therefore, it should be encouraged that women participate in specific trainings (e.g. cyclone-resistant roof construction) to be able to increase their income as well as community safety at the same time. Furthermore, opportunities to work should be created as possible to enable the women the application of their new skills.

Both women and people with disabilities are often overlooked when it comes to Early Warning Systems. Especially, when the mobility of these people is restricted, they were often not informed about upcoming disasters. When designing an Early Warning System, both women and disabled people should be included in the planning and design phase as well as the implementation to ensure that specific restrictions these people face are taken into account.

In Practice: Example from the Field

Implementation of Village Action Plan in Shan Su Village, Min Hla Township, Bago Region (*October 2012*)
The community of Shan Su Village had decided to dig a shallow tube well with compressor engine and pump house and a double room brick latrine in their village action plan. Even though both activities were supported by the French Red Cross, the community was asked to provide the following materials: timber, river single/aggregate and labourer while FRC provided bricks, cement, CGI roofing sheet, nails, labour charges, ceramic latrine pan, engine compressor, PVC pipe and pipe fitting. During the construction period, members of the VDMC supervised the labour daily and the mitigation training officer as well as RCVs were in charge of quality control and visited the construction site regularly. In Shan Su Village, the proposed activities were completed within one and a half month after the action plan had been approved by FRC. After the construction has been finalized, the VDMC delivered an official letter indicating the completion of the activity to the mitigation training officer. Afterwards, this letter together with additional reference material was submitted to the program coordinator of FRC by the mitigation training officer.

Endline Study

Similar fundamentally in terms of basic procedures to baseline study, the end-line study focuses on the changes after an intervention has been implemented; in other words it measures the impacts of the program. It serves as an essential M&E tool that entails collection and analysis of comparable data to that collected in the baseline study to detect what has changed since then.

As mentioned before, the baseline study only needs to be carried out at community level as the school risk assessment serves as baseline data for school-based components/programs. However, the endline study needs to be carried out both in the community as well as the schools. Therefore, during the endline study an additional subgroup focusing on schools should be established. As a different assessment tool is used for schools, more experienced M&E Team members should be responsible for the school assessment.

> **Box 17**
> **Definition Endline Study**
>
> An end-line study is a measure made at the completion of a program, 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 program evaluation and can also contribute to monitoring changes on longer-term programs (IFRC VCA Guidelines, 2007)

8.1 Refresher M&E Training

Similar to the original M&E Training in the beginning of the program, in the refresher M&E Training skills related to baseline and endline study implementation and data gathering are taught. If possible, the Assessment Team should consist of the same people who carried out the baseline study, but in case of any dropouts, the refresher M&E Training provides the change to equip new RCVs and community members with the skills needed to carry out an endline study.

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To refresh the skills of M&E team members and equip new members with necessary skills	1. Identify new M&E team members in cases of drop out 2. Development of concept note 3. Identification of trainer 4. Conduct 2 days training 5. Write training report for further improvement of training	PMER Officer in consultation with trained RCVs	Trained M&E Team members Feedback to improve future M&E trainings	Training handouts and PPT

Table 30
In Brief: Refresher M&E Training

8.2 Conduct Endline Study

The endline study follows the same methodology as the baseline study. The same questionnaire is used for data collection and if possible the same households should be approached for data collection. However, due to the random sampling procedure, the

use of a different sample would still result in comparable data. Further to the two studies, impact evaluation assessments can be conducted to evaluate the impacts of the DRR program. The impact evaluation assessment combines data gathered during the baseline and endline study with additional interviews that try to capture changes before and after the program within the community from the point of view different stakeholder, their views on the gaps and improvements needed and their involvement in promoting DRR within their own communities. For inclusion in the impact evaluation report, the data from baseline and end-line studies is re-formatted and re-coded for final analysis: the baseline data from Excel into SPSS (Statistical Package for Social Sciences) and the end-line data from Sphinx to SPSS . The collective outcomes from the impact evaluation assessment and the decoded study data are then presented in the impact evaluation report, the preparation process of which is led by the PMER officer with support from other MRCS staff.

**Table 31
In Brief:
Conduct an
Endline Study**

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To gather data to be able to measure the impact of the program	1. Division of M&E Team into sub groups 2. Collection of data 3. Analysis of data	Division of M&E Team and analysis of data – PMER Officer Facilitation of data collection – PMER Officer, 2IC	Endline data	Endline study questionnaire

8.3 Study Report

Again, the PMER officer from the program is the key official to carry out the analysis using the SPSS software and interpret the generated outputs into easily comprehensible points of reference. On school level, the Township Education Officer should be responsible for the preparation and submissions of the report.

**Table 32
In Brief: Study
Report**

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To inform program stakeholders about baseline situation	1. Preparation of report 2. Submission of report to MRCS governance and program partners	Preparation of report and submission of report – PMER Officer (Village level) Preparation of report and submission of report – Township Education Officer (School level)	Endline data	Collected data Monthly reports

8.4 Impact Evaluation Process

Further to the two projects, impact evaluation assessments can be conducted to evaluate the impacts of the DRR program. The impact evaluation assessment combines data gathered during the baseline and endline study with additional interviews that try to capture changes before and after the program within the community from the point of view different stakeholder, their views on the gaps and improvements needed and their involvement in promoting DRR within their own communities. For inclusion in the impact

evaluation report, the data from baseline and end-line studies is re-formatted and re-coded for final analysis: the baseline data from Excel into SPSS [Statistical Package for Social Sciences] and the end-line data from Sphinx to SPSS[3]. The collective outcomes from the impact evaluation assessment and the decoded study data are then presented in the impact evaluation report, the preparation process of which is led by the PMER officer with support from other MRCS staff.

An assessment, as systematic and objective as possible, of an on-going or completed project, program or policy, its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability. Their findings allow program managers, beneficiaries, partners, donors and other program stakeholders to learn from the experience and improve future interventions (OECD-DAC Glossary of Key Terms and Concepts)

**Box 18
Definition
Evaluation**

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To capture changes before and after the program within the community	1. Draft interview outline 2. Identification of stakeholders 3. Conduct interviews 4. Preparation of interview summary 5. Combine base and endline study with interview summary into an impact evaluation report	Drafting of interview outline, conducting interviews, preparation of summary and development of impact evaluation report – PMER officer/ TEO Identification of interviewees – PMER in consultation with trained RCVs, Field Officer and DMC	Impact Evaluation Report	Collected data Monthly reports

**Table 33
In Brief: Impact Evaluation Process**

Key Challenges

Measuring changes: Quantification of any changes with regards to DRR within the community; be it attitudinal or behavioural or level of awareness, is a time-consuming process as it might require months or even years for any changes to become apparent and measurable. Relevant tangible and computable benchmarks and indicators development is one key step in getting this right. All in all, considerable time period and resources need to be devoted in order to capture and document the key changes that clearly signify the beneficial impacts of the CBDRR program.

Relevance of data: A major challenge faced in end-line study is making sure that the same respondents, as during the baseline study, are available again to collect comparable information. Careful respondent selection procedures; for instance two to three members of a particular household can sit down with the data collectors and answer the questions, should be established since the baseline study so that as little change as possible would take place between the two studies. Since the end-line study follows more or less the

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3   The coded responses of the open-ended questions are also de-coded. SPSS Software is then employed to run the analysis.

similar sets of questionnaire and similar information gathering process, generating same type of data as the baseline study, at least the structure and format of the data would be the same for easy comparison sake.

Community participation: The willingness of the community to set aside some time to answer the survey questions and to share information is one main success factor for the survey. This could be triggered by their understanding and awareness of disaster risks in their vicinity and their desire to have a say in improving the situation which in turn could be spawned by effective public awareness initiatives in the community.

Cross-Cutting Issues

Any change in public's perception of climate change, environmental issues and human rights aspect should be one of the areas covered under the endline study. In addition to the change of perspectives, the survey should also collect information with regards to how the CBDRR implementation in the community has affected these cross cutting issues: either negatively or positively, and document it for future references.

In Practice: Example from the Field

Implementation of Endline Survey in Min Hla Township, Bago region (*DRR program, May 2013*)
First, a 4 day M&E refresher training was organized for all 15 RCVs that have been involved in the baseline survey. After the training, these 15 RCVs were sent back to the villages using the baseline questionnaire again. Data was collected in 10 villages in a total of 484 households which is roughly 30% of all households in these 10 villages. Oo San Nyunt, the CBDRR Training Officer of MRCS then collected all the questionnaire forms and sent them to the PMER officer. The PMER Officer insert all the data into an excel sheet and analysed the data. Furthermore, she was responsible to develop a report about the endline survey results which was then shared with MRCS governance as well as the DRR Program Coordinator of FRC.

Handover Process & Exit Strategy

step **9**

Disaster risk reduction is a continuous process and it is crucial to maintain that continuity. But all CBDRR programs or programs are time bound and at the end of its implementation period, the program team would have to leave the area. Since that does not mean the disasters would stop occurring, an appropriate institution or organization based in the community should be prepared for gradual takeover of the activities so as not to lose the momentum. There is also the chance that community expectations are not entirely satisfied by program limited activities and more needs to be done. To ensure that all program stakeholders are comfortable with the handover process, the exit strategy should be carefully planned from the onset of the program allowing the key stakeholders to express their ideas and opinions as well.

Box 19
Checklist for Developing an Exit Strategy

Who will be responsible for handling that activity?
Is there a local NGO or agency e.g. the municipality or a community organization to which it should be transferred?
How will the activity be transferred?
Are there performance specifications to be maintained?
How will it be funded?
How will it be monitored?
What will be the role of the community in managing or monitoring?
How will the community role be support?
What is the role of the local authorities/ Red Cross Branch/ DMC/ RCVs/ Community Members?
Do the successor organizations need any training?
Which assets need to be retained by your organization and which ones can be transferred to a successor?
Source: Aid Workers Network, http://www. aidworkers.net/?q=node/246. Exit Strategy: How to Withdraw Responsibly.

In the case of MRCS, the responsibilities for the continuation of the program is handed over from MRCS to a key local DRR body such as village and township DMCs. 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.

As the last key step of each CBDRR program, the handover process involves the provision of the township emergency kit as well as the program documents to any responsible body at the community level, as well as a revisiting of the action plan to ensure that the community has some guidance for the next year without direct MRCS support. All stakeholder groups should be involved in the process with special emphasis given to local DRR authorities and municipality departments or community based agencies that have the capacity to continue to support or even lead the CBDRR initiatives within the community.

9.1 Revisit Action Plans

Revisiting the action plans serves mainly the purpose to capture changes in the risk situation at the ground and to facilitate the continuation of risk reduction activities in the community. Again, the process is mainly facilitated by the DMC and only supported

as needed by MRCS staff and RCVs. Therefore, the revisiting of action plans gives the community to practice the development of action plans under minimum supervision a second time, before they need to rely on themselves for action plan development.

Table 34
In Brief: Revisit
Action Plans

Purpose	Process	Roles & Responsibilities	Outputs	Resources
To capture changes in the risk situation at the ground and facilitate the continuation of risk reduction activities	1. Information session with DMC 2. Consultation session with village/ ward members 3. Adaptation of village action plan 4. Preparation of new budget 5. Submission to HQ 6. Approval by MRCS governance	DMC is responsible for the facilitation of activities related to the revisit of action plan with the support of PC/Field Officer/ RCVs	Renewed action plan Approved action plan and budget	Former developed action plan and M&E reports

9.2 Providing Hardware

Table 35
In Brief:
Hardware for
Exit Strategy

Activity	Purpose	Process	Roles & Responsibilities	Outputs	Resources
Township Emergency Kit	To equip townships with tools permitting them to continue with DRR program activities	1. Organization of meetings with township RCEC 2. Identification of final kit list 3. Approval of kit list by MRCS governance 4. Donation/ distribution of kit	PC	Township Emergency Kit in each program township	Meeting minutes
Program documents	To provide communities and townships with reference documents that can be used in future activities	1. Collection of all program documents 2. Official handing over to township branch and DMC after closure of the program	PC		Maps, Action Plans, Proposals, Reports, List of material donations

Besides the support in revisiting the action plans, MRCS also provides some hardware to the townships and communities to facilitate the implementation of future activities after program closure. First, each township receives a township emergency kit including tools that have been identified by the township branch as important for future DRR activities. Furthermore, all program documents are handed over to the township branch as well as the VDMC for their future reference. The document package includes maps,

action plans, proposals, reports and lists of material donations from the whole program implementation period. These documents can then be used by the respective branches and DMCs to develop future documents based on the examples.

Key Challenges

Different exit points for different activities: It is imperative to realize that in a CBDRR program, not all activities would terminate at the same time. Especially in multi-phase program, 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 their end dates.

Regular information sharing: Information on program progress and tracking of resources, especially the results and outcomes of any periodic assessment 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 since the well informed and fully aware DRR institutions the community have better sense and ability to handle the tasks than less enlightened entities.

Formal process: The hand-over process has to be formal and officially recognized so as to ensure everyone is aware of such crucial information as when it is taking place, who is responsible from now on, what are the commitments and what is expected to achieve.

In Practice: Example from the Field

Handover Process in Min Hla Township, Bago Region (*DRR Program, June 2012*)
In order to facilitate the handover process in Min Hla, MRCS developed a one-year action plan together with the Township RCEC and donated Kyats-17 lakhs to the township RCEC which had to be used for the implementation of the action plan. The official program closure was done during a closing ceremony which included a handover process to both the township officials as well as the village leaders. In case of the township, documents that were handed over include branch office related files such as RCVs recruitment charts, donation certificates, activity reports, RCVs mapping, RCVs growth chart, RCVs profile and training documents, and the final program report . In the case of the community, the household checklist data, village profiles including maps, MSA findings, action plans, mitigation activity report (summary sheet), and village emergency kit donation certificate were handed over to VDMC. Furthermore, school profiles, school preparedness plan (SPP) kit, maps, and activity report (summary sheet) were handed over to the Township Education Officer (TEO).

Glossary

Advocacy 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 (Disaster Risk Reduction: A Global Advocacy Guide, IFRC 2012).

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.

Baseline study A baseline study is an analysis describing the initial conditions before the start of a program, against which progress can be assessed or comparisons made. The data collected acts as indicators and can used for comparison later in the program and/or at its end (end-line study) to help determine what difference the program has made towards its objectives (Program Monitoring and Evaluation: Guide, IFRC 2011).

Capacity development 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.

Community based disaster risk management (CBDRM) Community based disaster risk management 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 are 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 (*Community Based Disaster Risk Management Filed Practitioners' Handbook, ADPC 2004*).

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, 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 Terminology, *http://www.unisdr.org/we/inform/terminology*).
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 (*http://www.unisdr.org/we/inform/terminology*).
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 (*http://www.unisdr.org/we/inform/terminology*).
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 (*http://www.unisdr.org/we/inform/terminology*).
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 (*http://www.unisdr.org/we/inform/terminology*).
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 (*http://www.unisdr.org/we/inform/terminology*).
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 program, 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 program evaluation and can also contribute to monitoring changes on longer-term programs (P*rogram Monitoring and Evaluation: Guide, IFRC 2011*).

Evaluation   An assessment, as systematic and objective as possible, of an on-going or completed project, program 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 program managers, beneficiaries, partners, donors and other program stakeholders to learn from the experience and improve future interventions (*http://www.oecd.org/ dac/dacglossaryofkeytermsandconcepts.htm#Evaluation*).

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 program management (*Program Monitoring and Evaluation: Guide, IFRC 2011*).

Multi-Sector Assessment   Under the CBDRR undertakings of MRCS, Multi-Sector Assessment takes the form of participatory vulnerability and capacity assessment (VCA) 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 program 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 program personnel). The resulting output would be a thorough assessment and analysis of existing vulnerabilities, their root causes and available capacities within the target area.

   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.

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.

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 (*http://www.unisdr.org/we/ inform/terminology*).

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.

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 *Community Based Disaster Risk Management Field Practitioners' Handbook, ADPC 2004*).

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 h*ttp://www.unisdr.org/we/inform/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 *http://www.unisdr.org/we/inform/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 (*http://www.unisdr.org/we/inform/terminology*).

Risk The probability of an event and its negative consequences (*http://www.unisdr.org/we/inform/terminology*).

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 (*http://www.unisdr.org/we/inform/terminology*).

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 and 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 program, 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 (*http://www.unisdr.org/we/inform/terminology*).

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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.

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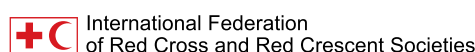**Myanmar Red Cross Society (MRCS)**
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