Understanding community resilience and program factors that strengthen them

A comprehensive study of Red Cross Red Crescent Societies tsunami operation

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International Federation
of Red Cross and Red Crescent Societies

Strategy 2020 voices the collective determination of the IFRC to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified, and peaceful world.

In this decade, the collective focus of the IFRC will be on achieving the following strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises
2. Enable healthy and safe living
3. Promote social inclusion and a culture of non-violence and peace

Cover photo: Japanese Red Cross

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1226300 - Summary Characteristics and Determinants of a Safe and Resilient Community

Table of contents

Introduction

The IFRC's response and recovery operation in the aftermath of the 2004 Indian Ocean tsunami reflected the scale of what is recorded as the deadliest tsunami in history – one that swept through coastal areas of Indonesia, Sri Lanka, the Maldives, Thailand, and ten other Indian Ocean countries. Over 4.8 million people benefited from a wide range of Red Cross Red Crescent support that included reconstruction of physical infrastructure such as homes, schools and health facilities as well as long-term recovery and disaster risk reduction programming.

Background

As the world's largest humanitarian relief and development network, the International Red Cross and Red Crescent Movement have significant knowledge and experience in implementing community-based disaster risk reduction (CBDRR)[1] programmes. Building safe and resilient communities is at the heart of all of the International Federation of Red Cross and Red Crescent Societies' (IFRC) CBDRR programmes.

The scale of our tsunami operation presented an important opportunity to better understand and respond to two key challenges in the implementation of our programmes. The first is to gauge how we can **articulate resilience** in a way that is meaningful both to the communities in which CBDRR programmes are being implemented, and for CBDRR practitioners. The second is to identify and build a greater understanding of the critical factors that help our National Societies to achieve the needed **impact** and **sustainability** in implementation of CBDRR programmes at scale.

Between October 2010 and September 2011, the IFRC commissioned an in-depth study of CBDRR programmes implemented as part of its tsunami operation. This study was carried out by ARUP International Development and sought to answer the following key questions for CBDRR programming:

- What do communities perceive as the most important characteristics needed to be safe and resilient?
- Are there a set of characteristics that are common across all communities, despite being located in different countries and settings?
- How do communities rank changes in characteristics, and how have Red Cross Red Crescent interventions contributed to these changes?
- How do these changes over time reflect shifts in community attitudes and behaviours towards risk?

1 *The acronym CBDRR is used to include programs such as Community based Disaster Preparedness (CBDP), Climate Change Adaptation (CCA), ICBRR.*

Post-tsunami CBDRR programmes were implemented in 600 communities in Indonesia, Sri Lanka, Thailand and the Maldives providing an opportunity to learn from implementing at scale CBDRR programmes and to build an evidence base for this work within the IFRC and the broader practitioner community. These programmes were supported by six Partner National Societies (PNS)[2] and the International Federation of Red Cross and Red Crescent Societies.

The study is based on both secondary and primary data sources. Drawing on documentation from the tsunami operation, a broad-ranging literature review as well as participatory research in 30 communities, some of which were selected from areas not directly affected by the tsunami, the study identified:

- A focused list of six key characteristics that describe a safe and resilient community.
- Critical factors or key determinants which help or hinder programme implementation, success and long-term sustainability.

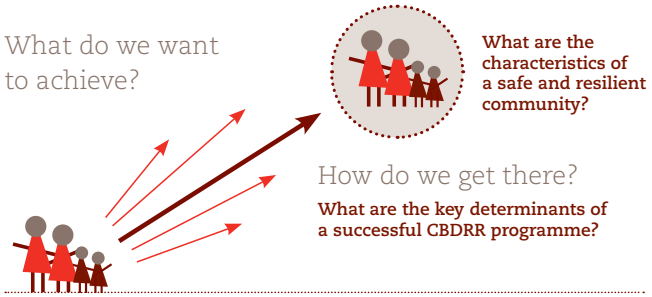

Figure 1: Main components of research undertaken in tsunami operation CBDRR programmes

Our extensive studies that led to the identification of the key characteristics of resilience are unique in that they are rigorously grounded in the communities' own identification of the characteristics. Great efforts were also made to identify characteristics which can help bring better focus to programmes and help sharpen National Societies' monitoring and evaluation. They may be used as part of the community selection process (e.g., to identify communities that are particularly vulnerable in certain areas) or to define programme objectives (e. g., to map out what is realistic for the project to achieve).

This document combines the findings from the research on characteristics of safe and resilient communities with case studies of communities which received RCRC support through the Tsunami operation as well as factors and lessons in successful CBDRR programming. It is intended for use by practitioners, programme managers, and policy makers within the RCRC movement as well as external stakeholders.

What is resilience?

The concept of **resilience** is increasingly gaining traction as disaster risk reduction has progressively moved away from a 'predict and prevent' paradigm in the context of specific hazards, **to building the capacity of communities** who face a wide range of rapid onset shocks and slow onset stresses. The latter is increasingly relevant as we face future **uncertainties** associated with **climate change**.

> **'Anticipation strategies work against known problems, while resilient strategies are better against unknown problems.'**
>
> *Normandin et al (2007) City Strength in Times of Turbulence: Strategic Resilience Indicators*

Resilience is achieved within a system (economic, infrastructure, ecological, social) that includes multiple activities, interactions and relationships. Our point of departure working within complex systems are communities and putting local people, who are able to act within their sphere of influence, in the centre of the process. At the same time, a wider enabling environment which recognises the interdependency of local communities on others in terms of policy or access to wider resources is identified.

The review of current literature on resilience completed as part of this study identified five key themes critical to strengthening community resilience:

Meeting **basic needs** (food, water, shelter, health) is a prerequisite to building resilient communities. Communities who are unable to meet their basic needs, whose day-to-day focus is **survival**, do not have the capacity to build resilience. This is particularly important in deciding when to commence CBDRR programmes in a post-disaster situation.

2 *The six Partner National Societies who supported CBDRR as part of the tsunami operation were American Red Cross, Belgian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, and French Red Cross.*

Building **assets** (physical, natural, financial, social, political and human) are seen as critical 'buffers' to withstand shocks and stresses. A distinction is made between those assets within the control of the community, and access to **external assistance and resources** (for example remittances from family overseas or post-disaster assistance from local government or NGOs).

However, assets and resources alone are insufficient. It is the **qualities** of those assets which determines the safety and resilience of a community. Assets need to be robust, diverse, well located, and equitably distributed. Ensuring that there is redundancy within the system such as stockpiles of assets or back up power supplies is also important. For example, a community may have houses, but they need to be strong enough to withstand cyclones. Diversity of water supply or livelihood opportunities is preferable to dependency on a single source and stockpiles of food, water or medical supplies located in safe places provide back up in times of need.

Finally, but perhaps most importantly is the **capacity** of the community to adapt to change, self-organize, act and learn from experience, factors which ultimately enable communities to mobilise their assets and resources.

No community is ever free of risks or absolutely resilient against all hazards. Building resilience is therefore an ongoing process, rather than an outcome. A safe and resilient community is the result of cumulative action and intervention over time, involving multiple actors operating across multiple sectors. CBDRR programmes are one component of this process. Greater impact can be achieved if CBDRR programmes are integrated with other community-based and national activities and programmes.

Characteristics of a safe and resilient community

Six *characteristics* of a safe and resilient community emerged from the study. The comprehensive research that led to these findings is unique in that it is grounded in the communities' own identification of characteristics. Great efforts were made to identify a few key characteristics which can help bring better focus to programmes.

The *characteristics* identified can be used by National Societies for a large number of purposes including monitoring and evaluation. They may be used as part of the community selection process (e.g., to identify communities that are particularly vulnerable in certain areas) or to define programme objectives (e. g., to map out what is realistic for the project to achieve).

Figure 2: A conceptual framework for community resilience

A safe and resilient community...

1. ...is **knowledgeable and healthy**. It has the ability to assess, manage, and monitor its risks. It can learn new skills and build on past experiences.
2. ...is **organized**. It has the capacity to identify problems, establish priorities, and act.
3. ...is **connected**. It has relationships with external actors (family friends, faith groups, government) who provide a wider supportive environment, and supply goods and services when needed.
4. ...has **infrastructure and services**. It has strong housing, transport, power, water, and sanitation systems. It has the ability to maintain, repair, and renovate them.
5. ...has **economic opportunities**. It has a diverse range of employment opportunities, income and financial services. It is flexible, resourceful and has the capacity to accept uncertainty and respond (proactively) to change.
6. ...can manage its **natural assets**. It recognizes their value and has the ability to protect, enhance and maintain them.

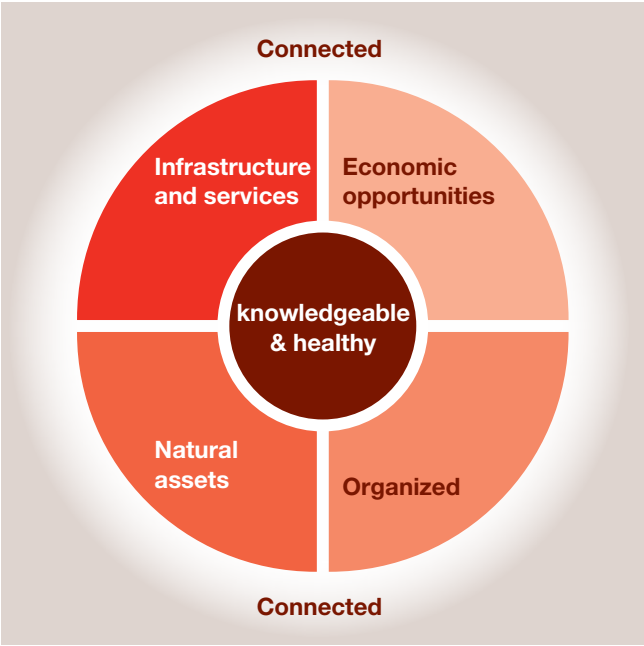

Figure 3: Six characteristics of resilient communities

The diagram shown in figure 3 shows the six characteristics of resilient communities highlighting the fundamental importance of **knowledge and health** as the foundations of resilience at an individual level. Resilient communities are made up of resilient individuals who are well **organized**, have access to **infrastructure and services, economic opportunities**, and can manage their **natural assets**. A resilient community may be self-sufficient, either partially or entirely, but the resilience of a community will be greatly increased by strong **connections with external actors**, who provide a wider, supportive environment, and supply goods and services when needed.

A safe and resilient community... ...is knowledgeable and healthy

Our study strongly supports the idea that human health and knowledge are central to the creation of a safe and resilient community. While our programs value local and traditional knowledge, dissemination of and access to more contemporary knowledge are particularly important. The skills communities developed as a result of Red Cross Red Crescent CBDRR programmes, such as first aid training, learning to undertake damage assessments, or training communities to assess their own community preparedness, were critical elements of resilience strengthening. For example, in Indonesia, Sri Lankan and Thai communities identified that their increased level of awareness about maintaining good hygiene and sanitation practices as well as their ability to administer first aid when needed, were characteristics that made them more resilient to shocks and stresses.

Conducting a disaster simulation with the community of Boyoladi district, Central Java province of Indonesia. In this kind of simulation, CBATs are tested to use their knowledge in disaster preparedness as well as implementing their contingency plan in an emergency situation. They are also in charge of evacuating their respective communities following proper evacuation processes (Indonesian Red Cross).

Villagers in Sri Lanka constructing an evacuation route. Community response teams developed with support from the tsunami operation CBDRR programme identified the need and the land to build the route (Daniel Cima, American Red Cross).

Members of Community disaster response team (CDRT) discuss issues, visit blocked drains and garbage dumps located in the area during a meeting in Maruthamunai, Ampara district. Sri Lanka Red Cross implemented Community based disaster management (CBDM) project supported by the Danish Red Cross forming a community disaster response team (CDRT) to respond in emergency situations, conduct evaluations, or plann and implement disaster risk reduction activities.

Communities also improved local knowledge in assessing their preparedness by observing and understanding warning signals, preparing safety packs that include valuables and documents, and identifying evacuation procedures as being critical to their resilience. Overall, the evidence suggests that a significant proportion of communities have changed their attitudes and behaviours towards risk. Greater awareness and knowledge is witnessed in many instances, resulting in better local ability to manage and respond to the impact of shocks and stresses.

A safe and resilient community... ...is organized

The level of organization within a community, and their ability to identify problems, establish priorities and act, is another critical component of community resilience.

Our CBDRR programmes show a positive impact on a community's ability to self-organize and in mitigating and responsing to shocks. Red Cross Red Crescent programmes included the formation and training of a community-based organization (CBO) or the training of a CBO which had already been established (as was the case in Sri Lanka). These organizations were a key component of CBDRR programmes. They were the main drivers of activities within the community and responsible for the continuation of CBDRR activities after project funding ended.

Nearly 75 per cent of the communities identified a group within their community that had been established or supported by the Red Cross Red Crescent (e.g. volunteer disaster mana-gement committee (VDMC), community disaster response team (CDRT), community-based action team (CBATs)) as part of their CBDRR programme. These groups were seen as important factors in increasing community cohesion and improving internal community capacity to act and recover from shocks. Strengthening of traditional community coordination and self-help mechanisms such as gotong royong in Indonesia or shramadana in Sri Lanka were seen as important mechanisms through which the community can mobilize and work together through recovery and mitigation activities. Examples include community-wide environmental cleaning, replanting damaged crops, as well as mangrove and tree planting to mitigate the impact of rains, winds, floods and tsunamis.

The evidence for a continued focus on communities as the cornerstone for resilience activities is demonstrated by the finding that more than 80 per cent of the factors that contributed to a communities' resilience were undertaken directly by communities (63 per cent of factors were undertaken by communities alone, 18 per cent were undertaken by the community with some collaboration from external actors).

A safe and resilient community… …is connected

Another key characteristic of resilience relates to community capacities to mobilize and/or request technical advice and support from a number of different actors when required. This underpins the importance of external relationships to provide assistance, as well as

In Nias, the PMI with community members and government officials holding a radio talk show of DRR issues reaching wide communities in the island (Vina Agustina, IFRC)

A sign highligths an evacuation route to local residents in a housing reconstruction site in Gugop village, Pulo Aceh, Indonesia. The British Red Cross-supported safe house project was one of the many International Federation initiatives to reduce disaster risks (Vina Augustina, IFRC)

the ability of the community to mobilise themselves to access it. Approximately 90 per cent of communities identified a medium to strong connection to a government official within their community (e.g. head of community, Grama Niladari, Kepala Desa). Nearly 90 per cent of communities identified a medium to strong connection to a government agency outside their community at a sub-district level (e.g. council) and 75 per cent at district level. These links between the community and the government at different levels reinforce the importance of engaging the government in CBDRR programmes and seeking their support and approval.

The link between communities and national government disaster management agencies was typically weak due to lack of resources (people, time and funding) or policy. At the national level, all of the government disaster management agencies were either established after the tsunami or significantly restructured to open more opportunities for engagement with communities.

A safe and resilient community…
...has infrastructure and services

The characteristics identified also acknowledge the importance of assets and access to wider resources beyond the immediate control of the community.

To be resilient, communities identified the need for access to physical assets and services. In our programmes, examples of these including establishing a place or public facility to evacuate to, having permanent shelter and maintaining good footpaths and roads for transport. For example, Cot Langsat, Indonesia, identified that it had a pre-arranged 'agreement in the community to stay in permanent housing during strong wind' and in Jaboi, Indonesia, the CBAT and PMI help evacuate the community to a safe place using the evacuation road.

While only some of the CBDRR programmes undertaken included the construction of specific risk mitigation infrastructure such as retaining walls, embankments or drainage channels, several of the communities visited had benefitted from Red Cross Red Crescent programmes in other sectors such as housing and communities structures reconstruction, and water and sanitation.

Community motivation

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

The heart of community life in Aceh is the meunasah (community centre in Indonesian). It is a communal gathering space that meets a variety of needs, providing a place for meetings and celebrations and serving as a natural meeting point in the event of a disaster. This is one of many built by the Red Cross Red Crescent movement in the tsunami operation (Wilda Aqqraen, American Red Cross)

Mitigation activities that require infrastructure such as retaining walls, artificial reefs, drainage channels or commodities (e.g. mosquito nets) were mentioned often by the communities. This indicated a commitment to reducing risk in the long term. Prevention activities such as addressing drainage were deemed critical. Communities also recognised the importance of proactively and pre-emptively addressing risks like flooding which causes many secondary problems including landslides, vector borne disease, sanitation issues and insufficient drinking water.

Having access to water and sanitation systems and relief items were frequently mentioned by a large number of communities as being critical to addressing a range of shocks and stresses ranging from tsunamis to droughts and cyclones. These focus on the importance of meeting basic needs, as well as the fact that failing to meet these needs can cause additional stress. For example insufficient water which leads to poor hygiene practices that generate health problems.

A safe and resilient community… …has economic opportunities

The study highlighted the importance of economic opportunities to community resilience, the need for a diverse range of employment opportunities and flexible and resourceful individuals who have the capacity to accept uncertainty and respond proactively to change. Of the economic assets that were identified by communities in our programmes, the greatest emphasis was placed on the importance of 'employment and income.' For example, communities indicated that they need to be entrepreneurial, be able to take alternative employment and have the capacity to adapt and especially in uncertainty.

This was illustrated by examples of families who used to only generate income from fishing, but after the tsunami were displaced to non-coastal areas. The tsunami operation assisted these families in diversifying their livelihoods through training and provision of resources for farming, animal husbandry, carpentry, etc. Interestingly, since the programme finished, most of the communities have indicated that their activities in entrepreneurism and alternative employment increased in strength.

Communities were been badly affected by the armed conflict. They lost much of their livelihood in the tsunami. Grants were given to groups of women of all ages who came together to choose collectively how to spend the money. They decided to be trained in the craft of making cane furniture making which the Red Cross facilitated (Amanda George, British Red Cross)

Increased awareness and understanding of hazards

It is not expected that all six characteristics identified will be relevant to all CBDRR programmes.
For example in Badulla North, a semi-urban community in Sri Lanka, the programme focused on characteristics one and six relating to knowledge, health and the ability to self-organize, identify problems and act. This was achieved through training, community workshops and general awareness raising exercises to educate the community about specific shocks and stresses. The community became better prepared for evacuations when there was flooding, and the impact in terms of loss of life and damage to property reduced.

A safe and resilient community… …can manage its natural assets

The final characteristic identified by communities was the strength of their natural assets and their ability to protect, enhance and maintain them. The ownership of environmental assets was implicit in the fieldwork findings and had the smallest number of examples or factors that were provided by the communities. This may reflect a lack of appreciation at a community level of the role ecosystems play in mitigating or causing disasters. Most of the factors for this characteristic concerned planting of trees, the provision of support, such as seeds for planting, and policies to protect existing assets. These factors include some clear examples in which the community has become more aware of the importance of environmental assets in regards to risk reduction. One community in Indonesia stated 'planting trees is more important than evacuation' (Pulot, Indonesia). Another stated that 'the community was affected by and faced the impact of landslides so they reduced illegal logging' (Pedekok, Indonesia).

The impact of Red Cross Red Crescent CBDRR programmes on community safety and resilience

The data gathered suggests that CBDRR programmes have had a positive or neutral impact across all six *characteristics*. The role of RCRC interventions was more obvious for the first four *characteristics* where they were seen to:

- positively influence community **knowledge** and awareness of disasters
- strengthen the systems for **organizing** the community to respond to and prepare for disasters
- assist with the formation of effective **connections** between the community and external agencies that can assist the community.
- provide **infrastructure** to help mitigate against strong winds, floods and earthquakes

Since the completion of the tsunami operation CBDRR programmes, a number of communities noted that the strength of the *characteristics* has remained unchanged, indicating a sustained impact in key areas. However, in some communities a significant decrease was noted suggesting that the sustainability of programme impact is an area where more focus is required.

Overall, the evidence suggests that a significant proportion of communities have changed in their attitudes and behaviours towards risk. Greater awareness and knowledge is witnessed in many instances, resulting in a better ability to manage and respond to the impact of shocks and stresses. It could be argued that the provision of infrastructure and other assets supports the translation of knowledge and awareness into practice.

The question remains as to what extent community knowledge, awareness and practice will be transformed and applied to shocks and stresses other than those identified in CBDRR programmes. In other words, do communities now possess the capacity to assessred their situation, identify shocks and stresses and devise appropriate responses in an ongoing manner? Are they able to leverage the resources they need to implement plans that will reduce their risk?

No one programme can have a sufficiently broad scope, time span and budget to address all of the identified *characteristics*. Based on existing practice and design of CBDRR programmes they are likely to impact most on the *characteristics* relating to knowledge, organization and connections. Ensuring that CBDRR is coordinated and integrated with other programmes or sectors would be a productive strategy for enhancing a wider range of *characteristics*.

Countering a familiar foe: Communites across the tsunami affected region are not just vulnerable to natural disasters. Many of them are threatened by outbreaks of disease that can be just as devastating as floods or earthquakes. Community volunteers conduct community cleaning projects as part of the dengue prevention campaign. (Sri Lanka Red Cross Society)

What is a Community-Based Disaster Risk Reduction Programme?

The CBDRR programme cycle, derived from the various programmes that were reviewed, identifies several key activities common across all programmes (see box 2). Some are sequential. Others iterative and have distinguishing features related to programme stages (design, implementation, and closing).

The formation and training of a community-based organization (e.g. CBAT, CDRT), or the training of a CBO which had already been established are pivotal components of all CBDRR programmes. These community based organizations are the main drivers of activities within the community and are responsible for the continuation and sustainability of CBDRR activities.

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

Diagrammatic representation of a typical CBDRR programme

Programme design

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

Implementation

1 Meet with community leaders (RCRC entry to the community)
2 Baseline survey
3 Meet with whole community
4 Form and train the CBO
5 Assessment, monitoring and evaluation (VCA and community led monitoring and evaluation)
6 Planning (action/risk reduction plan and community updates)
7 Implementation (training and simulations, provision of funds and equipment, mitigation projects, advocacy)
8 Community M&E (repeat 5)
9 Endline survey
10 Handover to the community

Closing

F Evaluation
G Learning
H Dissemination and handover to external partners

«Regular meetings...and inclusion in decision making and monitoring processes are solid prerequisites for the building of ownership, positive rapport and trust between the programme and the wider beneficiaries.»

(Danish Red Cross, Indonesia)

The challenges of scale and success: identifying key determinants of success in CBDRR

The characteristics help us sharpen the focus and objectives that CBDRR programmes aim to achieve. However, we still need to define what makes a CBDRR programme successful so as to maximize impact and achieve scale. This effort was undertaken in the study.

At each stage of the tsunami operation CBDRR programmes, critical factors (determinants) that influence the immediate and long-term impact of our programmes were identified.

At the outset in deciding whether or not to work in a community, the most important factors are the motivation and capacity of communities, particularly their leaders, Red Cross Red Crescent stakeholders (Partner National Societies, host National Societies, branches), and external actors such as governments and NGOs.

There is often a need to build this capacity particularly among National Red Cross and Red Crescent Societies through training and organizational development to help manage issues such as staff and

Enabling environment: National Society capacity

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

Key determinants of a successful CBDRR programme

Enabling environment

1. The motivation and capacity of the community and community leaders.
2. The motivation and capacity of the Red Cross Red Crescent stakeholders and the strength of partnerships between them.
3. The capacity of external actors (government, NGOs, private sector) and the strength of partnerships with them.

Programme design

4. The level of community participation and ownership of the CBDRR programme.
5. The level of integration of CBDRR programmes with other sectors.
6. Having an appropriate balance between standardization and flexibility in programme design.

Programme management

7. Having sufficient time to implement CBDRR programmes.
8. Having sufficient funding to implement CBDRR programmes.
9. Having adequate assessment, monitoring and evaluation procedures.

Improving infrastructure: Housing construction by the IFRC ensuring communities have safe homes reducing their vulnerability to hazards (Daniel Cima, American Red Cross)

volunteer retention. Lack of CBDRR capacity within host National Societies was a key challenge faced in many of the tsunami operation CBDRR programmes, as were relationships between the large numbers of Red Cross Red Crescent stakeholders involved. Capacity had many facets and included a range of issues from a shortage or high turnover of staff and volunteers, to lack of skills and experience, to a need for pre-existing manuals, guidelines or training materials. Many of these could be improved in future CBDRR programmes.

Equally important is the strength of the **partnerships** between communities, National Red Cross Red Crescent Societies and relevant external actors. These partnerships take time to develop, which is not necessarily compatible with programme timescales. The wider enabling environment created by the national government and the capacity of local government to engage in CBDRR, had a critical impact on all programmes and led to significant variation between countries. In the most successful programmes, local government was involved throughout the CBDRR process and provided continuing support to communities after completion of the Red Cross Red Crescent programme, within a supportive national government context.

During programme design the factors that influence success are the:

- Level of community participation and ownership
- Degree of integration with other sectors and programmes
- Balance between standardization versus flexibility

Improving infrastructure: Housing construction by the IFRC ensuring communities have safe homes reducing their vulnerability to hazards (Daniel Cima, American Red Cross)

Improving infrastructure: Housing construction by the IFRC ensuring communities have safe homes reducing their vulnerability to hazards (Daniel Cima, American Red Cross)

Community ownership had a direct impact upon both the success and sustainability of tsunami operation CBDRR programmes. It was recommended that communities be consulted in the earliest stages of programme inception to ensure the programme meets their needs and captures their support.

Community action teams or management committees (e.g. CBATs in Indonesia, CDRTs in Sri Lanka) are consistently described as significant achievements of CBDRR programmes, and valued by communities. They were considered most effective where linkages were made with other community based organizations to allow sharing of information and experiences and encourage coordination of activities.

The tsunami operation CBDRR programmes' intent to create community ownership over the programme was difficult to achieve in practice. A critical activity in building ownership is the VCA process: both the way in which it is conducted and the response of the Red Cross Red Crescent to the priorities and actions identified.

Community selection and ownership

The selection of appropriate members for the committees or action teams was also critical to the success of Red Cross Red Crescent programmes. In the first phase of the American Red Cross's programme in Indonesia, CBATs were selected by the CDMC and 'the process was not transparent'. This lead to a low level of commitment from the CBAT as they were not volunteers. In the second phase, CBAT members were recruited through a transparent process (including an interview). As a result, the selected CBAT members showed a higher level of engagement in integrated community based risk reduction project implementation. (American Red Cross Indonesia, 2010).

Engagement and alignment with national and local governance

In Sri Lanka a strong institutional framework for CBDRR was established in the National Disaster Management Act (2005). This established the Ministry for Disaster Management and the Disaster Management Centre (DMC) at a national level and the DMC prepared a 'road map for disaster risk management'. Subsequently, each district in Sri Lanka established a district disaster management coordination unit (DDMCU) with a mandate to establish and support village disaster management committees (VDMCs) in each community. This strong institutional framework meant that DDMCUs were able to support the CBOs established after completion of the Red Cross Red Crescent programme.

Integration

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

Community monitoring and continuous updating and planning for risks

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

Increased Red Cross Red Crescent capacity in the facilitation of the VCA process and in their ability to respond to the priorities identified in the VCA (in any sector) would significantly improve the impact of CBDRR programmes. This requires consideration of a key lesson from our programmes: the CBDRR needs to balance a **standardized approach** to design and implementation with sufficient **flexibility** to ensure that the programme is **relevant** to the specific risks and hazards the community faces, whilst reflecting their capacity.

Several external evaluations of National Society CBDRR programmes have recommended greater levels of **integration** between programmes in future projects. The VCA was highlighted as a useful tool in the design and implementation of integrated programmes.

Furthermore, mitigation projects can be integrated with other projects to meet multiple objectives, for example livelihood projects, and healthcare. A number of evaluations noted that a **holistic approach to hazards**, where the established community-based

organizations tackle day-to-day development issues, as well as larger-scale disasters, increases the sustainability of these organizations.

The success of CBDRR **implementation** related to typical project management issues include ensuring sufficient **time and funding,** as well as effective and timely **monitoring and evaluation**.

Several evaluations recommended that at least three years should be allowed as a minimum for CBDRR programmes. Short programme durations compromise the ability to build sustainable disaster preparedness capacities and resilient communities, particularly when working with fragmented and traumatized communities in a post-disaster situation. Allocating sufficient time for the completion of CBDRR programmes and improved mechanisms for assessment, monitoring, evaluation and financial management, combined with strong programme managers, would significantly improve the success of future CBDRR initiatives.

The way forward

Our evidenced-based understanding of resilience through the tsunami operation CBDRR programming has been an important impetus for an institutional decision within the IFRC to examine and develop a multidisciplinary approach to strengthening resilience, drawing from existing knowledge and experiences. This examination is expected to integrate the findings of these studies and help to better define our role and contributions to strengthening resilience at various levels.

It has also become clear that the findings of tsunami operation CBDRR synthesized in this report may resonate with regions other than those in Asia. As such, it is important to test and validate the global applicability of these findings in other regions. At this time, the IFRC is planning such a study to be carried out in Central and South America and the Caribbean.
Key areas to call for increased focus are:

- Communities must be at the centre of our DRR efforts. This requires ensuring their engagement and participation at all stages of the DRR programming cycle, and empowering them to be the decision-makers in the design and implementation of their own DRR activities.
- Strengthening advocacy strategies and skills of National Societies with external partners and governments to engage with communities and support the planning, implementation and sustainability of DRR activities.
- Develop a standardised CBDRR methodology including community selection criteria which can be applied at scale, yet allows sufficient flexibility to respond to the needs of specific communities.
- Increase Red Cross Red Crescent capacity in the facilitation of a multi-sector VCA process and the ability to respond to the priorities identified in the VCA (in any sector).
- Involve local government throughout CBDRR programmes and advocate for the incorporation of DRR and CBDRR into local and national government policies and investment programmes.

Full reports of the studies are available are available at www.ifrc.org

Arup International Development (2011) Characteristics of a Safe and Resilient Community: Community Based Disaster Risk Reduction Study

Arup International Development (2011) Key determinants of a successful CBDRR programme: Community Based Disaster Risk Reduction Study

Arup International Development (2012) Lessons Learned from the TRP CBDRR Programmes: Community Based Disaster Risk Reduction Study

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

For further information about these studies please contact:

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