Building safer and more resilient communities

in Southeast Asia

# Process Report on

# Disaster Risk Reduction Field Session

**11- 20 April, 2011**

**Dili, Timor- Leste**

*With special thanks to Timor- Leste Red Cross*

*for hosting and co- organizing the event*

**Day 1: 11 April 2011**

**1. Team building and introduction**:

Ice- breaker for introduction: learn participants' names in a circle and add an action game regarding to DRR where each participant say their name, one hazard and act one action connected to that hazard.

**2. DRR Field Session introduction:**

Four specific objectives proposed:

- to increase participants' skills in conducting the VCA process in vulnerable communities;
- to recognize entry points in the VCA process for gathering information about all aspects of the community including increased climate related risks;
- to analyse and validate community information to understand vulnerabilities and capacities;
- to incorporate gathered information into programming goals and specific action plans.

Participants' expectations were discussed in four groups and summarized below:

- How VCA tools can be linked to climate change and health?
- How do we integrate VCA tools with a simple and practical way in the community?
- How can we help the community analyze data?
- Sharing experiences with other national societies
- Empowering communities by hands- on participation and doing
- How NS can best follow up after the actual VCA assessments?
- Advocacy based on findings and linkage with other organizations, especially health and social aspects, government aspects and the community itself.
- In VCA there are lots of tools, how do we come up with one approach that would be suitable for all?
- What are applicable tools for VCA in the community? Lots of confusion if all tools are used in the community?
- Harmonizing VCA and CBHFA – integrated tool?
- Best practices of each country using different tools, not just VCA and CBHFA.

**3. Safety and Resilience Framework by Bevita:**

The overarching question for discussion is who our target groups are and why we are doing it?

By addressing the above mentioned questions, a case study was introduced and discussed focusing on:

- What is the threat?
- Cause?
- Impact? Who? What?
- Resources
- Actions

From the case study participants could be able to identify various types of information reflecting threats; causes; impacts; resources; and actions. The important points here are they are relating to both health and DM. So, why are we doing these things?

A safer and resilient community framework was presented and debated:

$$\text{Risk} = \frac{\text{Hazard/threats x Vulnerability}}{\text{Capacity}} = \textbf{Safe and resilient communities}$$

Clearly the purpose of both health and DM is to build a safer and resilient community that may be affected by either health or disaster. The framework above is the foundation and guiding principle to meet this purpose.

## 4. VCA step by step process by Hung Ha:

The discussion focused on how do we achieve community safety and resilience; recommended process and key steps?

Participants had an opportunity to review and suggest a workable process and key steps to get there. At the same time, 12 VCA steps were presented as part of the summarization of what participants proposed. The 12 step process below:

***Level 1: National Society support***

1. understanding why VCA is being proposed
2. sensitizing (National Society leadership, branches, and partners)
3. setting up a management structure for conducting VCA
4. setting the VCA objectives (e.g. where)

***Level 2: from assessment to planning***

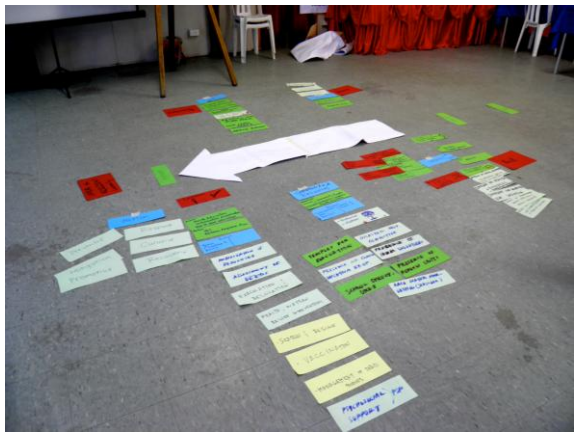
5. planning the VCA (e.g. who will do what, how and when)
6. preparation phase
7. using investigative tools within the community
8. systematizing, analysing and interpreting the data
9. returning information to the community and deciding priorities and actions for transformation

***Level 3: from planning to action***

10. turning vulnerabilities into capacities through practical actions
11. recommendations and report writing for local authorities, donors and partners
12. community intervention/actions for reducing identified risks where applicable

A few important points from the discussion on the process:

- Notion of baseline survey is part of VCA.
- Baseline survey is a quantitative way of setting benchmarks to improve upon in the community.
- There are some arguments that baseline survey is only needed for donors but not for the community. This was argued and it was agreed that it is needed for the community to



be able to do participatory monitoring and evaluation of programs.
- VCA is not necessarily needed if it doesn't add value to the program.

**5. A case study on five VCA components to identify Risks; elements at risk, vulnerabilities and capacities by Bevita:**

Bakum Pa Gau village case study was used under **3.** above again discussed in this part and again participants had a chance to identify the same things in the same case study using the same tones and languages.

**Day 2, 12 April 2011:**

**1. Presentations from groups on the Bakum Pa Gau village case study:**

The group presentations highlighted some potential hazards, risks, elements of risk, vulnerabilities and capacities, followed by a plenary discussion around whether "malnutrition" is an element of risk or vulnerability. It appears that this is just a difference in opinion based on individual backgrounds – some come from health, others from DM.

**2. Linkages between DRR and CCA and why scaling up by Samban:**

A list of activities related to DRR and CCA in the form of metacards was prepared and distributed to two groups to identify and discuss the linkages between the two. The important points and messages from this session were:

- Don't separate CCA activities from on- going DRR programmes
- CCA & DRR have many things in common where RCRC could definitely consider in action plan as it aims at the same thing "safer and resilient communities".
- One comment was that tsunami early warning systems should be both, but then another comment clarified that tsunami is generated by an earthquake and has nothing to do with CC.

| Climate Change Adaptation (CCA) | CCA & DRR | Disaster Risk Reduction (DRR) |
|---|---|---|
| Raising high shelf for food storage in flood season | Conducting health in emergency and sanitation campaign | Promoting EQ resistant schools/buildings |
| Improve rice and seed storage in case of bad agricultural yield | Helping community to diversify their livelihoods as they have a better coping capacity | Developing tsunami early warning system |
| Protection of coral reef from overfishing | Conducting risk mapping to ID most vulnerable area to any kinds of potential hazards | |
| | Developing contingency plan in response to major extreme weather event | |
| | Train more response teams to prepare to respond to more extreme weather | |

| | | |
|---|---|---|
| | Promoting flood and drought resistant crops | |
| | Planting mangroves | |
| | Building flood barriers | |
| | Building capacity to livelihoods microfinance and food security to help people build a better capacity to cope | |

3. **Climate change and health issues by Cecilia:**
   The presentation and discussion focused on some current trends and projections about more health related issues due to the changing climate to be considered in planning and assessments. Few points in brief following:

- More effects on people skin; eyes; immunity & infection; dengue (as a result of heat waves and pro-longed drought)
- Contamination of water supplies; diarrhea; vector borne diseases; rodent borne diseases and metal health (as a result of flooding)

The key message from this session is "Climate change adaptation is not a separate program". Integration of these above issues in our programming is a MUST.

4. **How to consider early warning systems during assessment by Natasha:**

The presentation and discussion focused on addressing three questions below:

- What is an early warning system?
- How do we integrate both health and disaster concerns?
- How do we phrase questions to get better early warning information from communities so as to support a EWS?

The plenary discussion was very useful where some practices were captured:

- Good examples given of health EWS and an integrated system in the Philippines.
- CVTL discussed some examples of initiatives (both integrated and stand-alone EWS) that are in the process of being developed.
- PMI comments seem to be overly focused on national EWS capacity and transmitting that information to communities – not much talk about how community can contribute information back to the top.
- One comment from CVTL was whether there is a guideline on the integration of health and DM. Response was that guidelines alone are not enough if personalities clash.

5. **Lisadila community introduction and field preparation assignment:**
   - A short presentation by Luis emphasing on how the community is like and some facts and figures.
   - A brief secondary information paper was shared with all participants
   - Participants formed into four groups with various skills, background (DM & Health) and experiences in field assessment.

6. **All four groups worked on checklist for the field based on five VCA components.**

**Day 3, 13 April 2011:**

The main focus of day 3 was all four groups worked on the preparation for field assessment, including TOOLs identification; Field Action Plan; Team assignments; and TOOLs orientation.

Each of the groups present their plans of action, tools to be used and areas of concern to the plenary follow by discussion and additional inputs to each group.

Here is the list of tools identified and group of people to work with:

| **Tools** | **Key Informants** |
|---|---|
| Resource Mapping<br>Historical profile<br>Vulnerability mapping<br>Capacity mapping<br>Seasonal calendar<br>FGDs<br>Transect walk<br>Interview<br>Livelihoods analysis<br>Direct observation | Elders<br>Women<br>Youth<br>Community leaders (LGU)<br>Farmers<br>Children<br>Health staff/workers<br>Religious leader<br>Cultural leader |

The rest of the day allocated to compile four actions plan into one (see below) and arrangement for team member roles and assignment.

| **Tools** | **Group** | **Key informants** | **Day 1, 14/4** | **Day 2, 15/5** |
|---|---|---|---|---|
| Community meeting | All & Team leader | All the community | 09- 10 am | |
| Mapping (basic, vulnerability, capacity, resource) | Group reps 1, 2, 3 & 4 | People knowledgeable on geography | 10- 15 | 09- 15 |
| Transect walk | Groups reps 1, 2, 3 & 4 | People knowledgeable on geography | 10-15 | 09- 15 |
| Historical profile | 2 | | | 09- 15 |
| Seasonal Calendar | 1 | | | 09- 15 |
| FGDs | 4 | Women & men | | 09- 15 |
| Livelihoods Analysis | 3 | | | 09- 15 |
| Interview | All | School teacher | 10h- 10h30 | |
| | All | Health Staff/workers | 10h- 10h30 | |
| | All | LGUs | 11- 12h | |
| | All | Religious Leader/cultural leader | 11- 12h | |
| | All | Youth | 13- 13h30 | |
| | All | Farmer | 13- 13h30 | |
| | All | Women | 14- 14h30 | |
| | All | Elder People | 14- 14h30 | |

One hour and half were spent on re-freshing TOOLs based on selected TOOLS from four groups, including: What the tool is; why we need tool; what information can be collected; and how to facilitate the tool.

**Day 4 & 5, 14-15 April 2011- Lisadila community:**

The group was warmly welcomed by the community with very traditional way of receiving guests; it was one of the most impressive receptions we ever had before NS followed by an introduction who we are and what we are here for. Before the group was splited into small groups, the LGUs gave little introduction of the community profile including basic map presentation.

From overall observation, all groups have worked well with community with very active participation and useful contribution. However, some gaps and unclear issues need to be cross- checked when we return to the community next days such as malaria; malnutrition and earthquake related risks and consequences. The group also mentioned that language is a big barrier in communication and also suggested that there is a need to add more Tetum speaking persons in one group to ensure that adequate translation provided and keep the conversation alive.

Detailed actions taken in day 4 & 5 in the field can refer to the combined field action plan under day 3 above.

**Day 6, 16 April 2011- Hotel Venture:**

To start the day, a freshing reminder of the community safety and resilience framework how vulnerability and risk interact and the Hazard x Vulnerability/ capacity equation. By doing so, participants will relate what information collected in the field to reflect them in this equation that what we call systematizing information.

Then all four groups now independently systematizing the information they have collected based on each tool- (morning)

The groups spent whole afternoon on analysis of the data and according to our observation that it was a very participatory, practical and useful session as facilitators asked each group to share particular information regarding: Hazards/threats; Risk; Vulnerability; Capacity; and Recommendations.

At the same time, much debate around whether health issues are a hazard or climatic problems (earthquake, flooding, etc.). It seems participants still see hazard from their different (health vs. DM) perspectives.

By the end of the day, participants were able to come up with a list of what need to be further investigated in the field:

- What are the health needs? Sufficient or not as provided by the government?

- Water source during wet or dry season?
- What are common livelihoods?
- Social protection (theft)?
- What about maternal deaths? What are they caused by?
- What specific data about respiratory and TB is available?
- Malnutrition rate?
- Cause of malnutrition?

**Day 7, 17 April 2011- Hotel Timor:**

The day focused on coaching and working on several tools such as: Problem tree; Ranking method; Objective tree; and Transforming Vulnerabilities into Capacities. All cases based on actual group works and findings from the field, not theory at all.

1. Each group gets a hazard to analyze by using the problem tree. (Flooding; Risk of acquiring diseases from sick/dead animals/pests; Water borne disease; and Loss of Livelihoods.
2. Day 7 Agenda given to the group by Ha for the next couple of field days.

| Activities | Day 8 (18 April) | Day 9 (19 April) |
|---|---|---|
| 1. Problem Tree Analysis | X | |
| 2. Risk/Problem Ranking Method | X | |
| 3. Objective tree analysis | | |
| 4. Possible solutions/interventions & ranking | X | X |
| 5. Plan of Action | X | X |

**Day 8 & 9, 18 and 19 April 2011- Lisadila community:**

These two days where participants spent significant time and efforts to work with community people by seeking consensus on major risks that threaten the community and then identify root causes of these problems and possible solutions through using Problem trees and Objective trees. According to our observation that all groups were able lead the process in a good manner and able to come up with realistic solutions to address these issues. The identification and mobilization of available resources in the community for doing the job were crucial and important where local people voluntarily offer local expertise and efforts.

Before leaving the community, all four groups were able to present the draft Action Plan which was entirely and closely developed over the last few days with active community participation.

Last but not least, the community people expressed sincere thanks and emotional feelings of working with the team where they did learn a lot from the process, even though the process faced some difficulties in the first day but it was on the right track following days. The community leaders and people committed to working with CVTL and other agencies to gradually address these critical problems (if technical and financial support granted).

Based on problems identified and discussed in the community, the plenary discussion brought into several problems & concerns such as:

- **High rates of sickness related to poor hygiene condition** then later on became the biggest problem of the community.

- Poor knowledge and resources in schools to prepare for and respond to rising risks including health related issues later on became the key vulnerability 1
- Poor awareness and resources in the community to prepare for and respond to rising risks including health related issues later on became the key vulnerability 2
- Poor flood barriers later on became the key vulnerability 3

The fact that it is hard to seek the common consensus on a particular issue as different group or even individual view things in different ways & perspectives.

Four groups worked on analyzing the problem tree for the three above vulnerabilities and one main problem. Here is the combined problem tree regarding to the four major above issues:

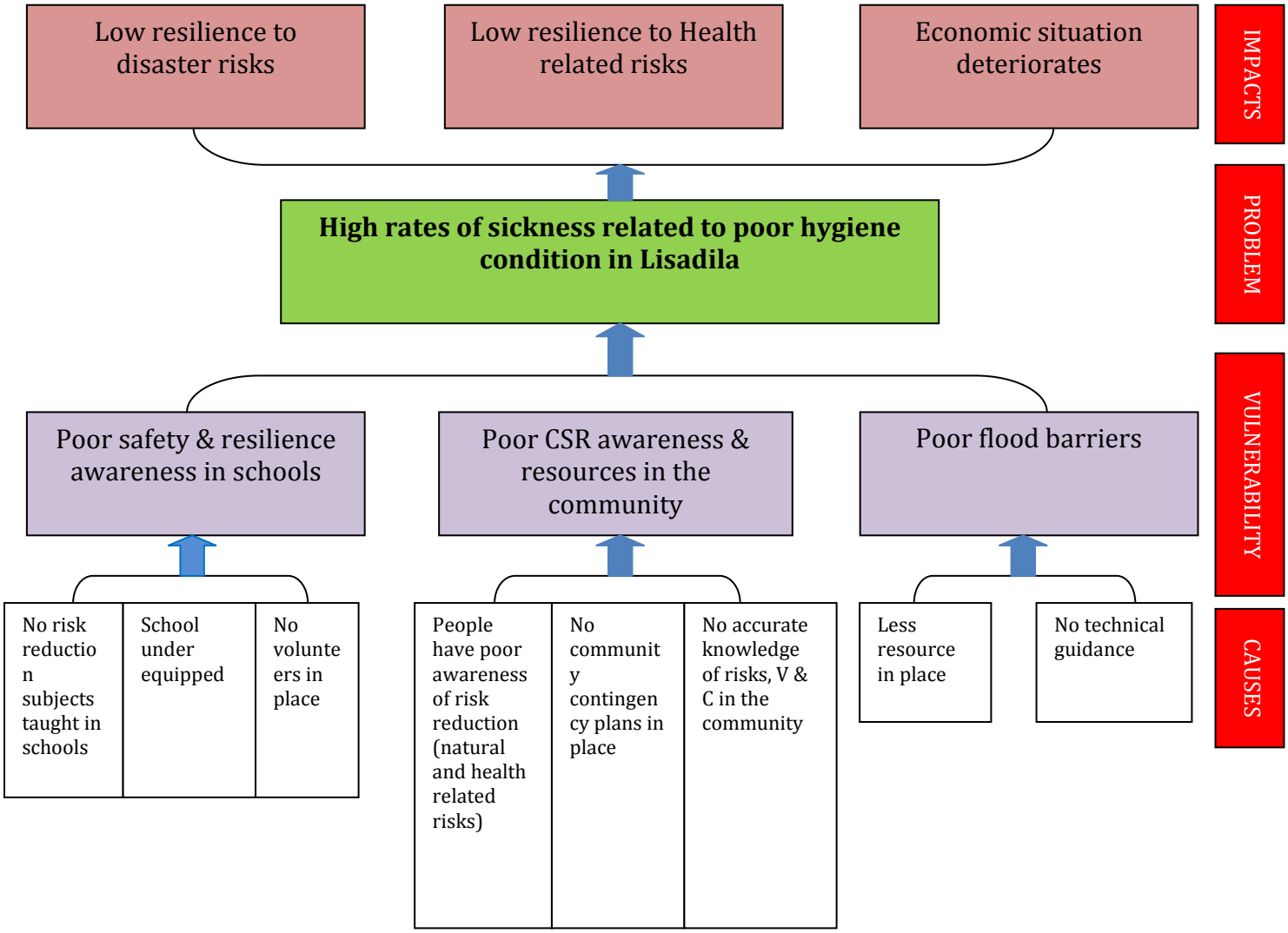



***Figure 1: Problem tree for sickness related to poor hygiene condition in Lisadila***

After problem trees developed, the group discussed among them to come up with HOW to ADDRESS these vulnerabilities, objective tree was then developed, see Figure 2:

There are 3 objectives:

A. School capacity building
B. Community capacity building
C. Local mitigation measures

to be selected to focus on, see the circle and the Red text in Figure 2.

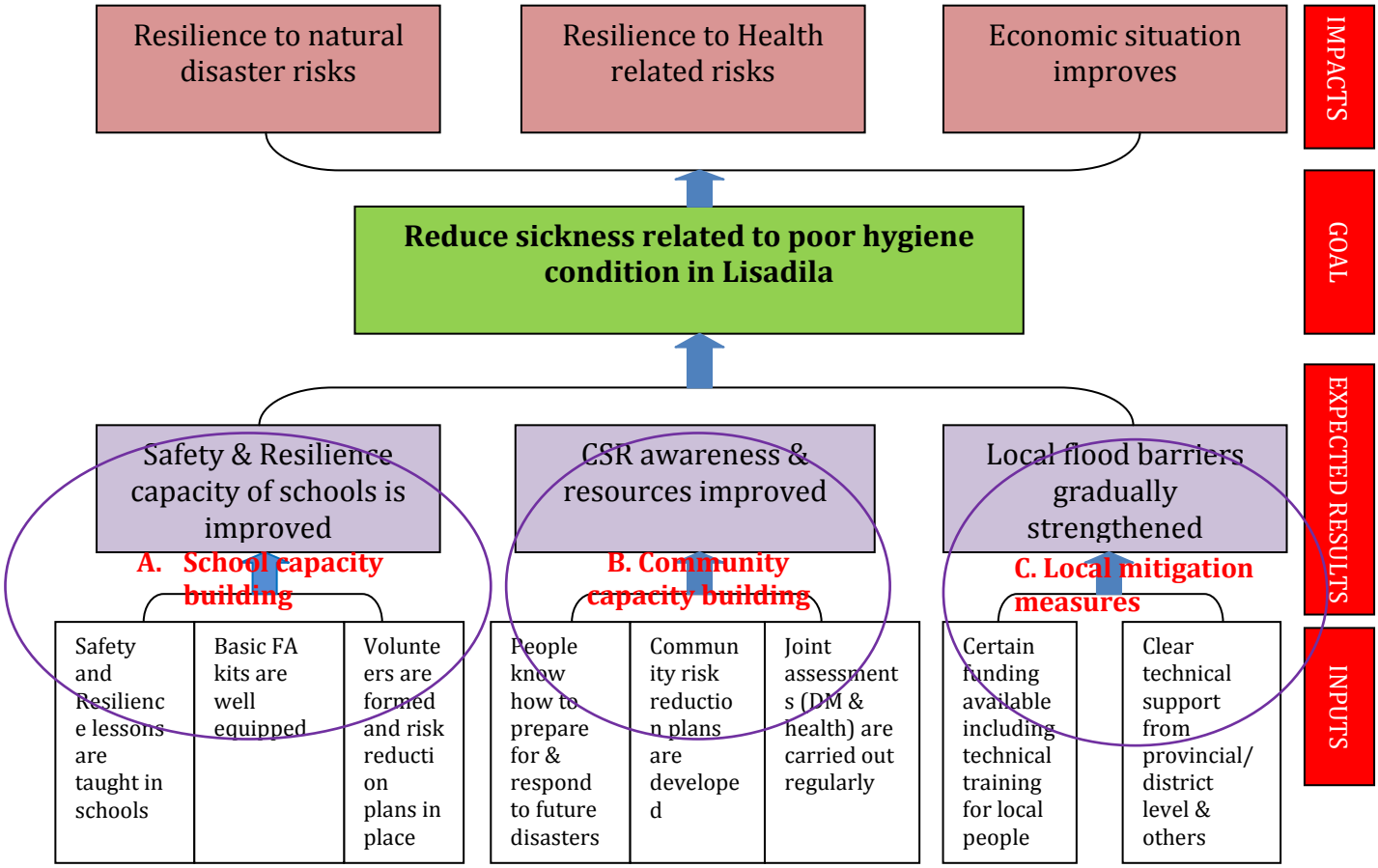



***Figure 2: Objectives tree***

Possible solutions to address those vulnerabilities and its root causes were also taken into account to make sure that we can provide suggestions to community people the next day when come to possible actions. At the same time, the ranking techniques were coached by facilitator with the aim to help participants to be easy in selecting what to plan for.

Four groups continued to work with four community people groups to run though final check on the root causes of three main above vulnerabilities and in-depth discussion on the possible solutions to address those root causes. According to observation, some additional root causes were identified and discussed to further strengthen the problem tree.

By the end of day 9, all groups managed to discuss with community the possible actions to be taken under 3 major vulnerabilities as details:

| Outcomes | Outputs | Actions to be taken | Can be done by community<br>Resources available | Require external support |
|---|---|---|---|---|
| **Outcome 1:** Safety & resilience capacity of schools is improved | **Output 1.1** Safety and Resilience lessons are taught in schools | Meetings with Dept of Education on the risk reduction subjects to be taught.<br>Develop risk reduction lessons & IEC materials<br>Training of | HR including teachers & children | Facilitators<br>Training modules<br>IEC materials from CVTL & district education department |

| | | | | |
|---|---|---|---|---|
| | | trainers & teachers<br>Trainings for school children | | Funding for trainings |
| | **Output 1.2**<br>Basic FA kits are well equipped | Procurement of FA kits<br>Trainings for volunteers on FA skills<br>Simulation exercises | Health staff and village volunteers | Funding to procure FA kits and its trainings for volunteers<br>Facilitators for simulation exercise |
| | **Output 1.3**<br>Volunteers are formed and risk reduction plans in place | Meetings among teachers to decide topics to be taught in school<br>School children should be encouraged to be volunteers<br>Trainings for volunteers to be message carriers<br>Risk reduction plans developed and tested | School teachers, Community leaders, CVTL volunteers, village volunteers | Facilitators<br>Funding for training<br>Risk reduction plan template and facilitation |
| **Outcome 2:**<br>Community Safety & Resilience awareness & resources improved | **Output 2.1**<br>People know how to prepare for & respond to future disasters | Develop/translate community risk reduction awareness materials<br>Trainings for village volunteers & village people on safety & resilience<br>Community based measures (campaigns etc.) implemented<br>Sustainable livelihood trainings<br>Simulation | Community leaders, village volunteers and community people | IEC materials<br>Funding & facilitators |
| | **Output 2.2**<br>Community risk reduction plans are developed | Learning by doing training for community in doing planning as VCA<br>Testing risk reduction plans<br>Updating risk reduction plans | Community leaders, village volunteers and community people | Funding & facilitators |

| | | | | |
|---|---|---|---|---|
| | **Output 2.3**<br>Joint assessments (DM & health) are carried out regularly | CVTL should encourage volunteers and staff to pay regular visits to the community to carry out joint assessments together with villagers to update the situation<br>Revise the action plan according to the situation | Men<br>Management<br>Local materials | Facilitators and CVTL volunteers |
| **Outcome 3:**<br>Local flood barriers gradually strengthened | **Output 3.1**<br>Certain funding is in place | Community committee set up and functional<br>Networking with provincial/district level & other agencies for funding support<br>Tree planting in severe areas | Men<br>Management<br>Local materials | Funding sources<br>Engineers |
| | **Output 3.2**<br>Clear technical guidance from provincial/district or other agencies | Meeting with provincial/district & others to receive adequate technical support<br>Training for local people & community leaders on structural measures such as tree planting and wall construction | Men<br>Management<br>Local materials | Engineers and materials and trainings |

**<u>Day 10, 20 April 2011- Hotel Timor:</u>**

For the first two hours, all groups worked on fine tuning and finalizing the proposed Action Plan, the Action Plan shall be presented below:

To recap what have happened in the last ten days, Bevita did a fishbone analysis of the 10 days with the group. Each country group is asked to come up with issues/recommendations from each day. The fishbone was shaping well with both positive issues and recommendations for doing better. Following by the review of community assessment step by step facilitated by Samban to remind participants of all critical steps gone through over ten days.

Some observation and comments from participants:

- The distance between hotel and community should be nearer so that we do not need to spend hours (6 hours per day minimum) traveling.

- The diversification of participant coming from health & DM, a few managers and mostly practitioners (from chapter level) has made great contribution to the success of the event even though language barrier still is an obstacle. However, the team worked tirelessly to overcome CONCERNS/FEARS and archive HOPES as expected from the beginning.
- Participants' perception and knowledge in VCA are quite different, some are very good practitioners in their NS but some are still new to VCA (for health people). Therefore, more attention should be given to the selection of participants for the next Field Session to ensure that we don't really have to start from the basic concepts.
- Most of participants stated clearly that they did learn a lot from the process and methodology.
- There is a need to clarify some related concepts such as vulnerability, capacity, risk & DRR for participants due to the fact that they are in different levels of perception (health & DM).
- One full day at least to work on plan of action with the community.
- Proposed 10 day event worked well in terms of combination between class-room and field works.

**Annexes to the report:**

Annex 1: Final Agenda

Annex 2: Disaster Risk Reduction Field Session Process

International Federation of Red Cross and Red Crescent Societies

# Disaster Risk Reduction Field Session

*Dili, Timor Leste 11- 20 April 2011*

| | Day 1, Mon 11 Hotel Venture | Day 2, Tue 12 Hotel Timor | Day 3, Wed 13 Hotel Timor | Day 4, Thur 14 Lisadila community | Day 5, Fri 15 Lisadila community | Day 6, Sat 16 Hotel Venture | Day 7, Sun 17 Hotel Timor | Day 8, Mon 18 Lisadila community | Day 9, Tue 19 Lisadila community | Day 10, Wed 20 Hotel Timor |
|---|---|---|---|---|---|---|---|---|---|---|
| 8:30- 10:00 | 8:00 - 8:30 Participants registration<br>8:30 - 09:00 Opening ceremony<br>09:00 - 9:30 Introduction of participants & expectations<br>**09:30 - 10:00 DRR FS introduction** | Recap of day 1<br>Plenary discussion on Hazards; Risk; Elements at risk; Vulnerability & Capacity based on the case study | Recap of day 2<br>TOOLs identification<br>Field plan of action | Leaving hotel 6am<br>Meeting & introduction to community members | Leaving hotel 6am<br>Community investigation and information collection | Finalization of TOOLS | Problem trees | Leaving hotel 6am<br>Returning information to community by presenting major risks identified and seek consensus<br>Problem trees | Leaving hotel 6am<br>Possible actions and resource identification | Documentation and Finalization of community Action Plan |
| 10:00-10:15 | Coffee & tea break | | | | | | | | | |
| 10:15-12:00 | Safety & Resilience Framework | CCA & DRR<br>**CC & health issues** | Field plan of action (cont) | Community investigation and information collection | Community investigation and information collection | Systematizing and initial analysis of information (individual groups) | Ranking method | Problem trees (cont.) | Possible actions and resource identification (cont.) | Final Review, taking away and ways forward<br>Closing |
| 12:00-1:30 | LUNCH | | | | | | | | | |
| 1:30-3:30 | Safety & Resilience Process<br>VCA step by step process | EWS component in community assessment<br>Community introduction & group assignment | Overall plan of action & team assignments | Community investigation and information collection | Community investigation and information collection<br>Children with hygiene promotion campaign | Systematizing and initial analysis of information (plenary) | Objective trees<br>Transformation of vulnerabilities into capacities | Objective trees and possible solutions | Community Action Plan and final inputs<br>Appreciation and leaving community | Free |
| 3:30-3:45 | Coffee & tea break | | | | | | | | | |
| 3:45-5:00 | Five VCA components Case study to identify Risks, elements at risk, vulnerabilities & capacities | Checklist development | TOOLs orientation<br>Last minute team preparation | Return to Dili and review the day | Return to Dili | Systematizing and initial analysis of information (plenary cont.) | Prepare for next day in the field | Return to Dili and review the day | Return to Dili | |
| | Daily evaluation | | | | | | | | | |
| 18:30 | Dinner | | | | | | | | | |

Annex 1: Disaster Risk Reduction Field Session Agenda

**Annex 2: Disaster Risk Reduction Field Session Process**