



Oxford Policy Management

# **Strategic Research into National and Local Capacity Building for DRM**

## Myanmar Fieldwork Report

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## List of Abbreviations

AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ADPC	Asian Disaster Preparedness Center
ASEAN	Association of South-East Asian Nations
BRACED	Building Resilience and Adaptation to Climate Extremes and Disasters
CB	Capacity Building
CBDRM	Community Based Disaster Risk Management
CBDRR	Community Based Disaster Risk Reduction
CPCS	Centre for Peace and Conflict Studies
CSO	Civil Society Organisation
DFID	Department for International Development (UK)
DRM	Disaster Risk Management
DRRWG	Disaster Risk Reduction Working Group
EWS	Early Warning System
GAD	General Administration Department
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
IPRD	Information and Public Relations Department
IRC	International Rescue Committee
M&E	Monitoring and Evaluation
MAPDRR	Myanmar Action Plan on Disaster Risk Reduction
MDRD	Mainstreaming Disaster and Climate Risk Management into Development
MFA	Ministry of Foreign Affairs
MRCS	Myanmar Red Cross Society
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NCBDRM	National Capacity Building for DRM
OPM	Oxford Policy Management
PCM	Policy Coordination Meeting

Q&A	Quality and Accountability
RC/RC	Red Cross/Red Crescent
RCC	Regional Consultative Committee on Disaster Management
RRD	Relief and Resettlement Department
SBDRR	School Based Disaster Risk Reduction
TDMC	Township Disaster Management Committee
UDRR	Urban Disaster Risk Reduction
UNDP	United Nations Development Programme
VDMC	Village Disaster Management Committee
WFP	World Food Programme



# 1 Introduction and methodology

## 1.1 Introduction to the research

In September 2013, the International Federation of Red Cross and Red Crescent Societies (IFRC) contracted Oxford Policy Management and the University of East Anglia to conduct Strategic Research into National and Local Capacity Building for Disaster Risk Management.

To date there has been little formal, empirical research that has been conducted on capacity building for disaster risk management (DRM), and as a result international actors lack robust, evidence-based guidance on how capacity for DRM can be effectively generated at national and local levels. The research project has been designed as an initial step towards filling that knowledge and evidence gap.

Our central aim in the research is therefore to draw lessons and guidance on ‘how to’ build DRM capacity in a range of contexts. We will do this by analysing the characteristics, effectiveness and relative importance of a range of capacity building for DRM interventions across a variety of country contexts.

Our objectives are to research the following overarching issues of concern:

1. How is capacity for DRM generated most effectively at both national and local levels?
2. What factors enable or constrain the building of national and local capacity for DRM?
3. How and why does this vary across different environments?
4. How is the international community currently approaching the task of building national and local capacities for DRM?
5. How can we identify and measure improving capacity for DRM?

The core research is based on a country case study approach. A pilot study was conducted in March / April 2014 in Ethiopia. The second case study was conducted in Pakistan in June 2014 using the refined standardised methodological framework for data collection and analysis. The third case study was conducted in Myanmar in November 2014. This report sets out the approach taken and the findings of the case study. Three further case studies will take place which will enable comparative analysis across countries and interventions. In each case study we look in-depth at 1-3 programmes that involve capacity building for disaster risk management.

The Research Team is led by Dr. Roger Few, Senior Research Fellow at the School of International Development (DEV) in the University of East Anglia. The Project Manager is Zoë Scott who is a full-time staff member at Oxford Policy Management. The Fieldwork Leader is Kelly Wooster and the Research Assistant is Mireille Flores Avila, who both were assisted in Myanmar by national consultants Kyaw Myo Min and Kye Soe.

## 1.2 Methodology

In Myanmar, as in each case study country, we aim to analyse the following themes:

- Context/dynamics
- Specific examples of capacity-building activities for DRM
- Actors/programme characteristics

- Approach to CB process
- Content of CB activities
- Effectiveness
- Capacity development for DRM (in general)

In order to investigate CB activities for DRM we selected three capacity-oriented DRM intervention programmes for in-depth study. In each case study the programmes are selected with consideration for the research as a whole - they are not intended to give a representative picture of the situation in Myanmar but are intended to combine with the selections made in other case study countries to give a broad overview of different types of intervention to feed into the final synthesis report. Overall the selection of case studies will enable us to look at a balance of different scales, contexts, disasters and CB for DRM activities. On occasion we will select programmes that are similar to facilitate comparison, at other times we will select unusual projects which could offer lessons learned to a wider scale audience.

When selecting interventions the following criteria are applied:

- The programme should have both capacity building and disaster risk management as a central focus.
- The programme should aim to enable government, organisations, communities or individuals to make better decisions regarding disaster risk management in a sustainable way.
- The programme should be nearly finished or recently finished (ideally evaluations will have already been done) so there has been adequate time to reflect on lessons learned and observe impact. The project should not have finished many years earlier as it will then be difficult to track down stakeholders and budget information.
- The programme should not be exclusively training, provision of equipment or building of infrastructure (training may be considered if it is followed up with action planning, development of DRM committees and follow-up support).
- The programme should not be exclusively or mainly located in areas in which the research team cannot travel due to security constraints.

In the case of Myanmar the following steps were taken to identify and select appropriate programmes:

1. A web-based search and literature review identified a long-list of possible programmes.
2. This list was supplemented with information from IFRC and from the team members based in Myanmar.

Several programmes were ruled out for the following reasons:

- The research team was not able to travel to some parts of Myanmar for security reasons.
- Some of the DRM programmes in Myanmar did not meet the criteria outlined above and in the research methodology. Most of the capacity building activities focused on training only.

Three programmes emerged as appropriate case studies:

- Asian Disaster Preparedness Center (ADPC): Strengthening DRR through Policy Dialogue, Technical Support and Building Capacity of Government and Civil Society Partners.
- International Organisation for Migration (IOM): Community-based DRR initiatives in South East Myanmar.
- Myanmar Red Cross (MRCS): Community Based DRR and Urban DRR programme (CBDRR and UDRR).

Upon closer investigation the team noted that ADPC were a key player in capacity building for DRM in Myanmar, had a longstanding relationship with the government, and were specifically working on mainstreaming DRM into development planning at the national level. The team was also keen to include a regional organisation in the research. IOM's programme was of interest to investigate how a sectorally focused organisation addresses capacity building for DRM, as this has not been covered in the other case studies. It was also noted that IOM worked in different geographical areas to other organisations, and focused on the community and township level, in contrast to the focus of ADPC's programme. Because of resource constraints the team were only able to conduct a less in-depth study on the MRCS intervention, although these gave a useful focus on urban DRR which has not been a specific focus in other case study countries. The combination of the three initiatives reached from the national to community level and was deemed to be an opportunity for rich findings for the fieldwork report.

## 1.2.1 Data collection tools

During the case study we used the following tools for data collection:

- a) **Desk review of secondary data sources** (documents and databases) such as programme reports, financial data and review articles, which provided key information for several of the research questions.
- b) **Key informant interviews and group interviews** at a range of scales (national / subnational / community). Semi-structured interviews (individual and group) were the primary research tool, and were guided by question schedules (see Annex B). These were flexibly applied according to the interviewee(s).
- c) **Ratings exercise** conducted with interviewees and groups. At the close of each interview a brief exercise component was included that asks interviewees to rate the importance of the six proposed principles of effective capacity building identified in the 'conceptual framework of change'<sup>1</sup> on a scale of 1-4.

## 1.2.2 Case study procedure

During the case study the team undertook the following steps in data collection and analysis:

- a) Preliminary desk-based study. During the month preceding the field visit the team undertook a desk-based search and analysis of secondary sources and a preliminary stakeholder mapping exercise. Documents such as programme reports, evaluation reports, review articles and general contextual and policy documents on disaster risk, DRM and governance were accessed via internet searches and through liaison with in-country

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<sup>1</sup> The six principles were identified from a global literature review conducted during the inception phase of the research. The principles are flexibility and adaptability, comprehensive planning, ownership, attention to functional capacity, integration of actors and scales and contribution to disaster resilience. Please see the Inception Report for detailed explanations of each principle.

partners and wider networks. Relevant text from these sources was coded and collated in relation to the research questions. The mapping of key stakeholders formed an initial list for the key informant interviews which was refined and added to as the fieldwork progressed.

- b) Main data collection in country. The main data collection phase comprised the collection of additional secondary sources (including non-electronic sources not previously accessed) and financial data relating to selected programmes, key informant interviews (semi-structured) at a mix of scales, and group interviews.
- c) Final workshop. At the close of the fieldwork a final workshop was organised with stakeholders at national scale. The workshop's purpose was to provide an update/debrief and feedback/validation of the preliminary findings of the case study, and provide an opportunity to undertake a large-scale M&E framework testing exercise with national experts. The workshop lasted for a half-day and 15 individuals attended.
- d) M&E Framework Testing. The final workshop provided a forum to discuss and reflect on the M&E framework which had been revised and refined based on the experience of the Ethiopia pilot case study. During the workshop a group activity was undertaken whereby participants were introduced to the proposed M&E framework and asked to provide feedback on tools created for one core outcome indicator. Groups reported back on the ease of use, measurability, the guidance tool and were also asked whether they could suggest other core indicators that could measure the outcome area. The national consultants also provided separate feedback.
- e) Initial analysis. Preliminary analysis of primary data sources commenced whilst in the field. For qualitative data sources the initial analysis entailed coding/collation of interview transcripts. The coding scheme has a shared core component to facilitate comparative analysis.
- f) Integrated analysis. Data from across data sources has been compiled for each selected activity and for the Myanmar context as a whole to provide a narrative analysis. Triangulation of data sources has been employed wherever possible to maximise robustness of the analytical points drawn; and where interpretations of evidence are more speculative this is clearly indicated.

### 1.2.3 Coverage

In total 34 key informants ( of whom 17 were women) were interviewed during the fieldwork and four group interviews (all mixed groups that included three Village Disaster Management Committees and a School Based DRR group of teachers and students) were conducted.

Of the key informant interviews, 29 were interviewed as actors in the three selected capacity building programmes and one was interviewed as commentator for the IOM programme. Information on context was gathered during the two workshops representing 19 key informants.

Therefore the vast majority of the individual informants were actors directly engaged in the DRM capacity building activity, including those engaged primarily as programme implementers and those engaged primarily as programme beneficiaries. The remaining key individual informants provided contextual information or commentary on the selected programmes. There were 15 attendees at the final workshop, 2 of whom had previously been interviewed.

The Research Team adhered strictly to the ethical guidelines whilst in country, which included gaining verbal consent from all participants in the research prior to interviews. The research was conducted on the basis of anonymity, and therefore in this report we do not disclose the identity of those making statements that are reported. All verbal sources have been removed from this report, but the information has been retained by the research team so that findings in the synthesis report can be verified. Documentary sources are retained, but not presented in the analysis sections. A bibliography to this report has been provided at the end of the document.

The research team presented the M&E framework and one of the core indicators with guidance notes in the workshop in Myanmar. Details of the subsequent discussion are given in a separate report (supplied to the Advisory Group alongside this report) focusing specifically on M&E findings from the case study.

### 1.3 Challenges and limitations

There were a number of challenges that the team encountered during the fieldwork:

**Security:** OPM's security protocols were followed for travel to high risk countries, and as a result no major security problems were encountered by the team whilst they were in Myanmar.

**Travel authorisations:** In order to travel to different States / Regions to carry out interviews, the team needed to have travel authorisation. MRCS assisted in this process but it was very time consuming and required input from various high level staff within MRCS. A staff member from MRCS had to be sent with the team as an escort for travel outside Yangon.

**Financial analysis:** We were able to collect budget information on all three selected CB programmes however it was a challenge to receive complete information as the requested data was considered to be sensitive information and one programme was part of a larger multi-national programme which made it difficult to separate out single country-level elements. The fact that all three selected programmes were almost exclusively focused on CB for DRM facilitated our ability to analyse the resources required for the various CB activities where this has been more of a challenge in other case study countries. We were able to collect information on staffing numbers for different CB activities which will contribute to cross-analysis with other case study countries where we have been less successful in getting detailed budgets.

## 2 Country context

### 2.1 General background

The Republic of the Union of Myanmar is the largest country in the mainland of South-East Asia with a population of approximately 51 million. It is administratively divided into seven Regions and seven States. The Regions and States are sub-divided into 67 Districts, 330 Townships, Wards and Village Tracts. Since 2011, the country has moved to institutionalise a more democratic system of governance and consolidate peace agreements with armed ethnic insurgencies. There are some positive signs indicating progress in terms of women's empowerment, education, economic growth and poverty reduction, although Myanmar is rated as 149 out of 187 countries on the Human Development Index and the country is trailing behind many of its Asian neighbours (UNDP, 2013). An UNOCHA report identifies Myanmar as the most 'at risk' country in the Asia and Pacific Region (OCHA, 2012) and the country is included in the OECD's list of 51 fragile states (OECD, 2014).

Although Myanmar has made some important initial moves to strengthen its economy, it remains by far the poorest of the ASEAN member states. The country's main national income earner is agriculture, particularly rice production, which contributes more than 40% to GDP and which employs 70% of the population (Chalk, 2013). Myanmar has a GDP of \$52 billion and between 70 and 75% of the population live in rural areas, around a quarter of whom live below the poverty line, working as subsistence farmers and casual labourers. Myanmar has one of the highest infant mortality rates in the ASEAN region: government data states 40 per 1,000 births<sup>2</sup>.

### 2.2 Disaster risk

Myanmar is exposed to multiple natural hazards and has periodically been struck by natural disasters. There are nine frequent hazards affecting different parts of the country: cyclones, storm surges, floods, tsunamis, landslides, earthquakes, drought, fires and forest fires. Several interviewees reported that disasters are increasing in intensity and frequency. The most notable recent disaster was Cyclone Nargis in 2008, which caused unprecedented damage. The cyclone left 140,000 people dead or unaccounted for in the Ayeyarwady Delta and Yangon region and affected the homes and livelihoods of 2.4 million people (RRD, GAD, ADPC, 2013). This was a 'wake up' call for the country in recognising that insufficient preparedness and mitigation measures were in place.

Myanmar has a tropical climate and has been experiencing changes in seasonal weather, which are increasing the frequency and intensity of natural disasters (Lwin, 2014). Food insecurity has emerged as an increasingly serious concern, especially in central areas, which typically have lower rainfall and less arable soil than other parts of the country. The most acutely affected region is Rakhine State, where there are serious social tensions, leading to on-going conflict.

### 2.3 DRM governance structure and policies

The "Standing Order for Natural Disaster Management in Myanmar" was issued after Cyclone Nargis in 2009 with the aim of *'ensuring that once disaster strikes, emergency relief and rehabilitation work is carried out according to the prepared plan and that the people are mobilized at the national level for participation in such efforts'* (RRD, 2009). The Myanmar Action Plan on Disaster Risk Reduction (MAPDRR) 2009-2015 was endorsed in 2012 and aims *'To make*

<sup>2</sup> Information provided by the Health Department.



*Myanmar safer and more resilient against natural hazards thus protecting lives, livelihood and developmental gains*'. The targets are aligned with international obligations, in accordance with Myanmar's commitment to the HFA (MAPDRR, 2012). The "Institutional Arrangement for Disaster Management in Myanmar" was developed in 2009 as part of the development of MAPDRR and the Myanmar Disaster Preparedness Agency (MDPA) was established to conduct and provide overall guidance on preparedness and response activities. The MDPA coordinate Union ministries and departments to facilitate smooth implementation of the MAPDRR as most of the projects involve more than one ministry.

The "Myanmar Disaster Management Law (DM Law)" was developed by the Relief and Resettlement Department (RRD), under the Ministry of Social Welfare, Relief and Resettlement (MSWRR) with the support of a Disaster Risk Reduction Working Group (DRRWG). RRD is the focal department for Disaster Management and works closely with the DRRWG, various Ministries, the UN and DRM INGOs. RRD also carry out DRM capacity building for government counterparts and public awareness activities. RRD seek to align DRR in Myanmar with international standards including the ASEAN Agreement on Disaster Management and Emergency Response (a binding agreement between ASEAN countries) and SASOP – Standard Operating Procedure for Regional Standby Arrangements. Both documents have been signed and ratified by the government. The DM Law has been approved by the Union Government and distributed to all the respective authorities to properly establish frameworks for DRM activities nationwide. The development of the Disaster Management Rules and Regulations to accompany the DM Law is being developed by the RRD with the support of DRRWG.

At the national level, the National Disaster Preparedness Central Committee is the highest body overseeing disaster management and is chaired by the Vice President. The Central Committee has the power to formulate disaster management policies and carries the responsibility for coordinating local authorities and organisations for timely evacuation prior to disasters. The Committee also coordinates and cooperates with other countries, international organisations and regional organisations on DRM. There is a National Disaster Preparedness Management Working Committee under the Central Committee with eleven sub-committees. Likewise, State and Regional level Natural Disaster Management Committees have been formed, along with District, Township and Village Tract Disaster Management Committees, which aim to carry out effective disaster management activities at their respective scales.

## 2.4 Recent history of DRM interventions

Apart from Nargis, 2008 was also a pivotal year in that the constitutional referendum was held which triggered the re-engagement of donors, a lifting of some sanctions and embargoes and an increase in foreign direct investment (ADPC, 2011a). Most DRM related programmes in Myanmar involve the UN or INGOs, and they typically focus on building resilience through capacity building, awareness raising and mainstreaming across multiple sectors. Funding from donor governments is usually for response and recovery. ECHO, Germany, Japan, Norway, and SDC have all recently funded DRM capacity building interventions (ADPC, 2011a). DFID provided funding for the development of MAPDRR and are currently providing funding to Myanmar via the BRACED programme<sup>3</sup>.

A recent mapping of actors actively working on DRM in Myanmar lists the following UN Agencies: UNDP, IOM, UNFPA, UN HABITAT, WFP, UNESCO and UNOCHA. The following INGOS are also active: IFRC, ACTED, ADPC, Oxfam, Marie Stopes, Caritas Switzerland, CWS, Care Myanmar, Help Age International, World Vision, TAG International Development, Save the Children, SEEDS Asia, Social Visions Services, Plan Myanmar, Action Aid Myanmar, Bridge Asia

<sup>3</sup> BRACED is the Building Resilience and Adaptation to Climate Extremes and Disasters programme.

Japan, Danish Refugee Council, French Red Cross, Lutheran World Federation, Mercy Corps and Malteser International. A number of local NGOS also work in the DRM area: Gold Myanmar, Community Development Association, Ashoka Social Development Association, Swee Tha Har Social Services, Swan Yee Development Foundation and MRCS, amongst others (AADMER, n.d). IFRC is also active, along with Myanmar Red Cross, French Red Cross and American Red Cross.

The Government has had a focus on capacity building via the training of Community Volunteers, in particular Youth Volunteers, from across States and Regions and a DM Training School is soon to open in Hinthada Township, Ayerwaddy Region. With the support of DRR WG, RRD has also been conducting disaster management courses in twelve States and Regions to improve local government authorities' capacity to respond to disasters (Myo Min, 2014).

UNOCHA has been organizing Humanitarian Country Team (HCT) Simulation Exercises in Myanmar since 2012 with the main objective of testing the readiness of the HCT for responding effectively to an emergency and coordinating with key actors, including national and regional governments. Different stakeholders actively participated, including members of the Myanmar NGO network, National Disaster Preparedness Central Committee's relevant sub-committees, HCT members and emergency focal points (Myo Min, 2014).

## **2.5 Existing status of DRM capacity in Myanmar**

In this subsection we provide a brief analysis of the state of overall DRM capacity in Myanmar, as expressed by the research participants and the documents accessed. It is important to stress that this is not a comprehensive assessment of capacity, but it serves to provide a context with which to view the lessons drawn from the more detailed studies.

### **Progress towards DRR**

Poverty, deteriorating services and infrastructure, poor development practices, environmental degradation, ethnic conflict and large scale internal displacement all contribute to Myanmar's increasing vulnerability (ADPC, 2011a). In 2008, Nargis was a powerful incentive for a new, nationwide focus on effective disaster response and preparedness and it catalysed the development of a number of documents and disaster management activities which represent significant progress towards institutionalising DRM (ADPC, 2011a). RRD has also grown considerably since Nargis – from 150 people to over 500 across the country. However, there is still a considerable bias towards government spending on response, at over 60% of RRD's budget, in contrast to spending on DRM which is only 1.7% (RRD, 2012).

Post-Nargis many standard DRM interventions were undertaken, including establishing TDMCs and VDMCs, public education, establishment of search and rescue teams and the development of early warning systems (Fan, 2013).

### **Skills and knowledge for DRM**

Technical skills and knowledge around DRM have been improving due to training and awareness raising, for example via training of Youth Volunteers and simulation exercises. However, there is still a strong focus on response, with capacity building activities typically involving awareness raising and training, and far less resources available for mitigation activities.

Civil society is present in Myanmar despite decades of conflict, and some CSOs work effectively in partnership with the government (CPCS, 2008). Local NGOs are typically faith groups and organisations working on livelihoods as this is a well-funded sector. Although the situation is changing, some interviewees felt local organisations are still weak when dealing at the national



level but they play a large, key role at community level. However, interviewees stated that specific DRM knowledge and expertise levels are typically low within local NGOs.

There have been significant developments in improving communications in Myanmar, both telecoms networks and FM radio, and this has been useful for DRM awareness raising.

### **Structures and coordination – general / national**

There is a functioning Disaster Risk Reduction Working Group in Myanmar, whose mandate and work plan has four key areas: strengthening institutions, community-based disaster preparedness and mitigation, building knowledge and awareness, and mainstreaming DRR into development sectors. The working group currently includes 53 agencies such as the UN, international NGOs, local NGOs, Red Cross and professional organizations working for DRM in Myanmar. DRRWG acts as a Disaster Management Platform coordinating the stakeholders and collaborating with MSWRR.

MAPDRR was seen by some as a landmark in DRR for Myanmar, requiring coordination between government, donors and communities (Fan, 2013). Some interviewees stated that the MAPDRR has been a useful, though delayed, document for bringing together different state and non-state actors. However, implementation has been slow because it is very comprehensive and RRD does not have the mandate to influence the other ministries. The Government is planning to revise the MAPDRR and develop a post 2015 framework, to be effected in March 2015. RRD have carried out training at various levels to build DRM capacity, but some interviewees argued that more could be done in terms of providing and coordinating an overarching strategy or plan for DRM capacity building and mainstreaming DRR into other sectors.

### **Structures and coordination – subnational / local**

The DM Law has been a recent and significant step forward, although some interviewees stated that it is very broad, and there is a difference in how well the law is being implemented across different States and Regions. DRM responsibilities are decentralised in the DM Law, although due to limited financial resources and capacity, government at sub-national levels are not able to fully discharge their DRM duties, and cannot currently fully implement the MAPDRR (Myo Min, 2014; RRD, 2012). There has been limited support from government institutions to build capacity at the community level. Because of this, a number of DRRWG members are supporting Township level government in selected areas to develop Township Disaster Management Plans (TDMP) which are intended to include preparedness, prevention and mitigation measures, as well as response and relief. Township Disaster Management Committees exist just on paper in many locations, but need to be activated to become functional. Community Based DRM activities have only been implemented in a limited number of villages in disaster prone areas and further assistance is required to develop local DRM capacities (Myo Min, 2014).

### **Enabling environment**

Some interviewees noted that decentralisation has raised the potential for greater cross-scalar engagement in, and the reach of, DRM. However, as noted in the section above, effective decentralisation rests on the required technical and financial support being devolved to agencies at a lower level. Interviewees also listed a number of contextual factors that impact negatively on DRM capacity, including infrastructure gaps, poverty levels in the country, the presence of open conflict and restrictions on media reporting of disasters. Some interviewees stated that national government focus on economic growth and foreign direct investment, with less attention paid to disaster risk. Conflict in the Kachin area and Rakhine State impedes access for DRM agencies,

although organisations like MRCS are able to work in some of these areas, with frequent interruptions. Non-government controlled areas however are often inaccessible.

### 3 ADPC's Strengthening Disaster Risk Reduction Programme

**Table 1: ADPC's Strengthening DRR at a glance**

Research question	Overview at a glance
Which actors are involved in the CB activity?	Funding for the capacity building programme was from the Norwegian Ministry of Foreign Affairs (MFA) and implemented by the Ministry of Social Welfare, Relief and Resettlement: Relief and Resettlement Department (RRD) with support from ADPC.
What is the funding level and duration?	Total budget: \$450,855 over 33 months Phase 1: 15 months (Feb 2011-Jul 2012) Budget \$294,430 Phase 2: 18 months (Jul 2012-Dec 2014) Budget \$156,425
What is the scope of the activities?	Strengthening DRR through policy dialogue, technical support and building capacity of government and civil society. Capacity building activities included advocacy, technical support, training of individuals, development of civil society forums and DRR mainstreaming.
What is the geographical focus?	National level programme covering all states/regions of Myanmar. Sub-national and district level activities were prioritised to two disaster-prone states/regions (Ayeyarwady and Tanintharyi) and one township (Kungyangone).

The first programme selected as a case study in Myanmar is ADPC's Strengthening DRR through Policy Dialogue, Technical Support and Building Capacity of Government and Civil Society Partners (hereafter referred to as Strengthening DRR).

ADPC, an independent NGO, was established in 1986 with the aim to make countries within the Asia Pacific region more proactively disaster resilient. It provides services & support in areas such as 1) climate change and disaster risk management, 2) public health in emergencies and 3) safer development planning (ADPC, 2011b). ADPC has been engaged in various activities in Myanmar since 1994 but has significantly expanded its activities there since Cyclone Nargis in 2008. ADPC works closely with the government, Association of Southeast Asian Nations (ASEAN), UN agencies and NGOs on DRM programmes across the region (ADPC, 2011b).

The programme was conducted by the RRD with support from ADPC. The overall aim of the Strengthening DRR programme is to strengthen disaster risk reduction systems in Myanmar thus promoting long-term disaster risk reduction and sustainable development.

Programme Objectives:

- Build capacity of national and sub-national concerned agencies on mainstreaming DRR into the development planning process
- Facilitate consultations and provide technical assistance on DRR including climate risk integration for the national planning process
- Support the strengthening of DRR at the township level
- Strengthen civil society mechanisms on DRR for discussion and involvement of wider groups (ADPC, 2012).

The programme's activities were targeted at the institutional, organisational and community levels and included policy dialogue, technical support, support for civil society coordination mechanisms and training of individuals. The activities are described in sections 3.1 to 3.4, followed by an extended analysis in relation to the 6 principles of CB<sup>4</sup> in section 3.5.

### 3.1 Programme actors

The Norwegian MFA and ADPC began to collaborate to promote and implement initiatives for resilience-building towards natural disasters in the Asian Region in six thematic areas<sup>5</sup> in 2009 (ADPC, n.d). During this time ADPC supported the Myanmar government to coordinate and converge approaches to DRR by facilitating the inter-ministerial and inter-departmental dialogues through the MAPDRR Task Force<sup>6</sup> (ADPC, 2011b).

ADPC's salient role in prior substantial DRM-focused programmes with the Myanmar government positioned them well for the undertaking of Strengthening DRR which was added to the Norwegian MFA's funding stream as a seventh theme in 2011 (ADPC, n.d a).

The programme was implemented by the RRD with support from ADPC. Other government partners were the Ministry of National Planning and Economic Development, and line agencies specifically responsible for planning processes such as the Planning Department, the General Administration Department and the City Development Committee (ADPC, 2012a). ADPC also partnered with MRCS and UNDP on strengthening civil society forums. The partner for the Information Resource Centre (IRC) was the Information and Public Relations Department (IPRD), Ministry of Information (Mol).

The programme was targeted to government staff with disaster risk management and planning responsibilities at the national and sub-national levels, civil society, township and community levels (ADPC, 2012a).

### 3.2 Funding and timescales

There were two phases to this programme. The first phase was from February 2011 to July 2012 with a total budget of USD 294,430 (ADPC, 2011b). The second phase took place from July 2012-December 2014 with a total budget of USD 156,425.

<sup>4</sup> The six principles were identified following a global literature review early in the research. A definition for each one is included in the text below.

<sup>5</sup> **Theme 1:** Capacity Building of National Focal Points for Effective Dissemination of Natural Hazard Early Warning (in Bangladesh, China and Vietnam), **Theme 2:** Regional program on capacity building to achieve better preparedness regarding public health issues, including psycho - somatic stress conditions in disastrous situations, **Theme 3:** Regional program on best practices for early warning of landslides in a changing climate, **Theme 4:** Earthquake risk assessment for Myanmar, **Theme 5:** Regional program for pre-disaster natural hazard loss estimation, **Theme 6:** Sub-regional workshops to strengthen the capacity of national disaster management

<sup>6</sup> See Section 2.4 for a description of MAPDRR.

Both phases of the programme received external funding from the Norwegian MFA. The table below describes the breakdown of funding for Phase 1 of the programme. Costs for the capacity building activities as described in the table below included the conducting of training events and forums, consultative meetings, policy dialogue and distribution of DRR-related publications and reports.

**Table 2: Strengthening DRR Phase 1 budget (February 2011-July 2012)**

Description	Total Cost in USD:
Capacity Building Activities	58,000
Personnel	131,664
Operational Costs	45,000
Travel and Transportation	33,000
Other Costs	26,766
<b>Total:</b>	<b>294,430</b>

From ADPC the programme was managed by four staff members: two based in Myanmar and two based in ADPC's headquarters in Bangkok, Thailand. A full-time project coordinator and project associate managed the day-to-day affairs of the programme in Myanmar. A DRR Training Specialist spent the equivalent of 3 person-months making frequent, often monthly, visits to check progress, observe events, training and provide technical advice. Financial coordination required 1 person-month over a period of 15 months (ADPC, 2011b).

### 3.3 Geographical coverage

The geographical coverage of the Strengthening DRR programme was the whole of Myanmar. The Mainstreaming of Disaster and Climate Risk Management into Development (MDRD) programme component was a national level programme, therefore considerable work was undertaken in the capital, Nay Pyi Taw, and then filtered down to the sub-national levels. The first phase was primarily targeted to national level beneficiaries while the second phase targeted both national and the region/state levels.

Two civil society forum workshops were held in Yangon over the lifetime of the programme in partnership with UNDP and Myanmar Red Cross Society. The Information Resource Center Model was established in Kungyangone township of the Yangon Region with the idea that, if successful, it could be implemented in other townships across the country.

### 3.4 CB activities

ADPC worked across different scales in the Strengthening DRR programme. These activities are described below by scale.

#### National / institutional level

The national and institutional level support from Strengthening DRR was focused on policy dialogue, technical support, facilitation and financial support to conduct workshops and trainings. The bulk of national-level support provided by ADPC was to the Mainstreaming of Disaster and Climate Risk Management into Development Planning (MDRD) programme component. MDRD was advocated at senior levels for a range of sectors, including housing, education, roads and infrastructure, land-use and urban planning, as well as agriculture. MDRD is a regional initiative in Asia which has produced a training and implementation package to facilitate officials working in government agencies who are responsible for development planning to develop a common understanding of and identify approaches for the mainstreaming of Disaster and Climate Risk

Management (DRM/CRM) into development planning processes at national and sub-national levels (RCC, 2012).

ADPC held a series of four consultative workshops with relevant stakeholders at Nay Pyi Taw to develop technical guidelines and a national curriculum package to support the mainstreaming of DRM/CRM into planning processes. Simultaneously ADPC held one-to-one consultative meetings with planners so they would fully understand policies and procedures which could then be integrated into the training modules.

Formulated from the above-listed consultations and the global MDRD training package, the national MDRD training curriculum aimed to enhance understanding of concerned government agencies on the relation of DRM/CRM and development planning interventions in the Myanmar context. It emphasised critical development areas that would need DRM/CRM-sensitive planning policy including socio-economic considerations, public investment and land use planning. The curriculum would help participants to identify entry points for DRM/CRM integration into development plans and define concrete steps forward to realise the integration.

Capacity building workshops and training courses were delivered using the curriculum developed. The target audiences were high and mid-level government officials from Planning Department, General Administration Department (GAD), Region/State and City Development Authorities as well as other agencies concerning national and sub-national development planning. A training of trainers' workshop was conducted to include participants from related departments to encourage knowledge transfer to colleagues and sub-national levels.

In addition to MDRD at the national level, two Civil Society Forums were delivered in Yangon for national and local NGOs to discuss DRR issues. For example, one forum, "Emerging Needs in Changing Context of Myanmar," was held in 2012 with approximately 40 DRM agencies (ADPC, 2012b).

## **Regional and district level**

Regional/State level representatives from RRD and Planning Departments who participated in MDRD national workshops in the capital, Nay Pyi Taw, were responsible for leading mainstreaming efforts at the sub-national level. Two MDRD events were held at the regional level in two disaster-prone regions: Ayeyarwady and Tanintharyi. Trained trainers of the MDRD programme who were interviewed reported that they conducted formal and informal trainings at the regional level for colleagues, regional level planners and related sectors on the importance of mainstreaming DRM/CRM into development planning.

At the township level, a model IRC was created in partnership with the IPRD in which thematic materials and location-specific information have been made available for CBDRR/Community risk management activities in the township library. Conversely community risk assessment results from CBDRR/Community risk management have been made available at the township level, to inform township development plans. Following this, a Guidance Note on the development of information resource centers was prepared and shared as a draft with government and development partners at a national workshop. A finalised version was published in 2014 and distributed to IPRD Township offices throughout Myanmar.

The IRC provides a wide-range of disaster risk reduction-related materials - produced by government and non-government agencies. Materials range from guidelines and plans (MAPDRR, the Township Disaster Management Plan, Village Disaster Management Plans) to public awareness materials such as posters, booklets, manuals. Additionally, disaster risk reduction projects and activity plans are available to improve future project planning (ADPC, n.d b).



## Community level

The IRC shares DRM information on monthly visits to village tracts through an existing mobile library system present in various townships in Myanmar. The mobile library workers have created engaging DRM awareness-raising materials and use community mobilisation techniques to attract attention to the subject of DRM and allow community members to access the materials for planning, school projects and essay-writing.

### 3.5 Analysis in relation to the six principles

In this section, the above described programme is analysed in relation to six principles for effective capacity building in disaster risk management.

#### Flexibility/Adaptability

**Definition:** *The need to approach capacity building interventions flexibly, ensuring that the design of the programme can be adapted to the context in which it is applied rather than applied as an externally-imposed 'blueprint'. It includes working with and reinforcing existing skills, strategies, systems and capacities. It also includes understanding and accounting for the political and power dimensions that can contribute to or undermine capacity building.*

**Research question:** *How has the programme approached capacity development in a flexible manner, adapting the approach to context?*

- The Strengthening DRR programme was specifically designed to build on existing DRM capacity of government agencies. ADPC staff underlined the importance of linking with the target groups' policies, strategies and systems, rather than building new systems from scratch. This approach formed the backbone of two of the programme components – MDRD and IRC (See Box 1) – studied by the research team and was seen by interviewees as a solid strategy for improving sustainability of DRM capacity building interventions.
- ADPC and government actors indicated that the need for a Strengthening DRR programme was articulated in the Myanmar Action Plan on Disaster Risk Reduction 2012 (MAPDRR). MAPDRR is aligned with the Hyogo Framework for Action. Strengthening DRR is also aligned to ASEAN Agreement on Disaster Management and Emergency Response (AADMER)<sup>7</sup>.
- ADPC's consultative approach contributed to the flexibility and adaptability of the Strengthening DRR programme. Participants of the programme commented that ADPC's participatory facilitation of meetings engaged stakeholders and they felt the feedback provided was actively used in the design of processes, training curriculum and guidance tools. For example, the national course package for MDRD was developed through a series of consultations and consolidation workshops and was then pilot-tested before being finalised. The DRM/CRM-related training modules remained the same as the global training package, but the module on mainstreaming into planning processes were fully adapted to the Myanmar context making it practical for the participants. The pool of trained trainers was also formed from the target group

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<sup>7</sup> AADMER is comprised of 10 member states in the Asia Pacific region. Its purpose is to fortify ASEAN's regional policy and complement national efforts by enabling proactive regional cooperation, coordination, technical assistance, and resource mobilisation in all aspects of disaster risk reduction, preparedness and response. (AADMER web-site: <http://www.aadmerpartnership.org/who-we-are/aadmer/>)

which enhanced their ability to share experience and provide realistic examples. Interviewees expressed that this level of contextualisation contributed to the effectiveness of the trainings. Interviewees also suggested that the quality of training provision and guidance tools improved over time and now most training materials are available in Myanmar language which enhanced their accessibility and utility.

- The start of Strengthening DRR coincided with a change of the Myanmar government which presented significant changes in political and power dimensions for the capacity building programme. ADPC were able to respond to these changes through their inclusive approach to project design. (See box 2 in the following section). ADPC interviewees appreciated the flexibility of the donor organisation to adapt the programme to the changing context of the country and added that patience, persistence and politeness worked well in establishing new and positive relationships with government counterparts.
- To ensure the ability to progress with MDRD, ADPC and RRD are planning to conduct MDRD studies next year looking at how DRM and planning interact to identify entry points for sectoral planning in Myanmar. These case studies will help to further contextualise approaches and mechanisms so they are specific to the context.

### Box 1: Internal capacity assessment in the IRC model

In the IRC programme component, ADPC facilitated consultation workshops with stakeholders, including TDMC, GAD, IPRD, RRD and others in Kungyangone to present the objectives and agree the way forward. Part of the consultation meeting was to assess which agency was best suited to take on different roles and responsibilities. At first it was envisioned that the GAD would be responsible, but in the end the group collaboratively agreed that it would be handled by IPRD.

Before the Strengthening DRR programme was established, Myanmar had a well-established nation-wide information management system, coordinated by the IPRD. IPRD was already running knowledge hubs and used community outreach approaches such as town libraries and mobile libraries (through which information dissemination is provided to hard-to-reach villages). Strengthening DRR's IRC component was entirely integrated into IPRD's existing system, therefore requiring little material and human resources to become fully functional. The approach used by ADPC meant that relevant stakeholders from Myanmar made the key decisions in institutional hosting of the IRC.

## Comprehensive Planning

**Definition:** *The need to carefully design interventions so that they are appropriate, responsive and sustainable. It includes planning on the basis of existing capacity and capacity gaps, and appropriate scheduling of interventions so that pressure to show visible results does not undermine capacity development. Also critical is planning for the long-term sustainability of capacity gains after the withdrawal of interventions.*

**Research question:** *What has been the approach to full programme planning?*

- Needs assessments and gap analyses were carried out through a series of consultative processes that were integrated into the programme design. Government partners (RRD & Planning Departments) were responsible for identifying relevant stakeholders to participate in



consultations. ADPC assisted with facilitating the meetings. According to interviewees, the outputs of these processes were highly appropriate and practical because they were developed with input from the people who would use them in the future. (For a full explanation of this inclusive approach to project design, see Box 2 below.)

- There was strong evidence that participants of the Strengthening DRR programme appreciated ADPC's interactive facilitation techniques used in consultations and provision of training. The opportunity to learn about new concepts, discuss them in a group setting, and then present ideas back was seen as both useful and unusual (compared with conventional approaches to consultation and training in this context). One interviewee stated "The ToT [Training of Trainer's workshop] was not like a normal workshop or meeting we are used to. It involved lots of active participation and presentation exercises to equip us with the necessary tools, including facilitation skills to be able to train other people. It was a rigorous training and we learned a lot."
- Timetabling for the programme was initially negotiated between the Norwegian MFA and the Myanmar government and then indicated to ADPC. The first phase was primarily targeted at national level beneficiaries while the second phase targeted at national, region/state level and city level. The aforementioned change in government in the early stages of the programme had the following implications: 1) ADPC needed to invest extra time to engage and build trust with new stakeholders; 2) Planning policies and processes continuously evolved over the lifetime of the programme to reflect the priorities of the new government. ADPC's programme design already allocated time for a participatory approach which helped them to meet these challenges.
- Sustainability of the MDRD has been addressed in two critical ways: 1) DRM/CRM considerations are now included in the Myanmar short-term and annual regional planning outlines (ADPC was invited to develop and deliver a module on DRR mainstreaming into development planning in this year's annual plan training); and 2) The MDRD training package will be included in the National Disaster Management Training Centre's core curriculum (the centre is now under construction by RRD and is due to be finished 2015/16).
- However, participants of MDRD expressed that more activities at the regional/state level would improve the sustainability of the programme. Generally training participants reported that there had not been any contact from ADPC after the MDRD trainings to find out if and how they were able to implement what had been learned or to determine impact of the programme. One interviewee from ADPC was not aware of positive impacts conveyed to the research team by participants at regional level.
- The sustainability of the Civil Society Forums was fairly weak. There was no evidence that the two forums led to any sustainable capacity building despite having brought several national and local civil society actors together for short learning and information-sharing events.
- While ADPC remains optimistic about the sustainability of the IRC, there was little evidence that IPRD would take the initiative forward and replicate it in further townships. The pilot activity in Kungyangone demonstrated a low-cost model for DRR awareness generation and circulation of disaster management plans and guidelines. Evidence suggests that the IRC will be sustained in Kungyangone. However according to library records, school children formed the great majority of users and there was no evidence of TDMCs or VDMCs accessing the

materials at the library itself or through the mobile library service. After a national-level IRC workshop to promote the initiative in 2013, still no further IRCs have been established.

- Monitoring was carried out by ADPC project staff using internal monitoring mechanisms, whereby the Myanmar-based project manager reported to the headquarters level in Thailand on a monthly basis. The DRR Training Specialist made frequent, often monthly, visits to the programme to review status and observe meetings and learning events. ADPC also monitors and reports against their 2020 Mainstreaming Strategy and produces Annual Reports to share progress on all programmes. For the Strengthening DRR donor, ADPC provided a semi-annual Progress Report which covered ADPC programmes across the Asian Region. The progress report contents covered programme outputs, efficiency, problems and risks and financial information. No theory of change was developed for the programme because it was not required by the donor. To date, no evaluation has been performed on the programme. Although an evaluation of Phase 1 was planned, it was determined by the donor that the Progress Report was sufficient and an external evaluation would not be required. It is not anticipated that an external evaluation will be conducted at the end of Strengthening DRR.

## Box 2: ADPC's inclusive approach to programme design and implementation

Evidence indicates that ADPC's inclusive approach in all aspects of the Strengthening DRR programme design contributed to the effectiveness of the programme. One interviewee said, "Making sure we engage properly with primary and secondary stakeholders, encouraging them to lead and link to their own institutional mandate, is crucial to the success of an ADPC programme." Below is a description of the inclusive approach to programme design used in the MDRD component of the programme.

In the early stages of planning MDRD, ADPC cultivated a shared vision on the programme objectives with key stakeholders from RRD and the Planning Department and then discussed roles and responsibilities to achieve that vision. It was agreed that RRD would act as the focal department in coordinating and communicating with other government departments. The Planning Department would provide expertise in planning processes. ADPC would provide facilitation, technical and financial support.

The first consultative meeting was conducted with approximately 20 participants who were identified by RRD and the Planning Department to ensure the right mix of stakeholders were present. ADPC facilitated consultative meetings aiming to engage the perspectives of all stakeholders. The wider group agreed roles and responsibilities in further detail and identified appropriate stakeholders to participate in a series of three review workshops for the development of the national training package. The attendees of this meeting identified candidates to participate in the following three workshops which focused on the design and development of a national training package for MDRD.

The three further workshops were facilitated to review the global training package, identify new content to adapt the package to the Myanmar context and review materials at different stages of development. It was important that the same stakeholders attended each meeting. To respect the time constraints and other job duties of the participants the workshops were held every other month. This also gave time for the developers to revise and adjust materials as they progressed.

Simultaneously ADPC conducted individual meetings with planning departments at the national, sub-national and city level to fully understand their processes and procedures. The activities included analysis of planning formulation processes, timelines, project appraisal, project development matrices, criteria and indicators, budgeting, financing, implementation and monitoring and evaluation. It was a challenging time as the planning processes were also evolving with the change in government. In all, there were approximately 10 meetings

over the life-time of the programme to ensure the correct planning procedures were incorporated into the training package.

After the national training package was finalised, it was piloted and revised. Participants from within RRD and the Planning Departments were selected to become trainers. Facilitated evaluation exercises were conducted throughout trainings with trainers and training participants to continuously improve the national package.

At the higher levels of government, ADPC maintained regular contact with stakeholders and continued to advocate for mainstreaming. High level officials were invited to workshops to increase their awareness on MDRD.

The inclusive programme design led to a high level of acceptance amongst the target group, sustained capacity (within the target group) for expanding technical knowledge in mainstreaming and improved disaster resilience in development plans.

## Ownership/Partnership

**Definition:** *The need to ensure that those targeted for capacity development have a clear stake in the initiative and its design and implementation, again to help ensure it is appropriate, effective and sustainable. Ownership is likely to rest on active participation, clear statements of responsibilities, engagement of leaders, and alignment with existing DRM/DRR strategies.*

**Research question:** *How has ownership been fostered?*

- Actors from ADPC and the government stated that ADPC's crucial role in several significant DRM-related programmes in Myanmar after Cyclone Nargis in 2008, such as support for the development of the Myanmar's Action Plan for Disaster Risk Reduction, boded well in gaining acceptance for the Strengthening DRR programme. One interviewee said, "It has taken several years to gain trust and build good relationships with the government. Cyclone Nargis was an entry point for us."
- The Strengthening DRR programme was first conceived through Myanmar's participation in a Regional Consultative Committee (RCC) in Disaster Management Meeting in 2011. At the meeting RCC launched the Training Course on Mainstreaming DRR into National Development Planning Process. ADPC facilitated the meeting and the Norwegian MFA, the programme donor, was also present.
- At the early stages of the design of the Strengthening DRR programme for Myanmar, ADPC approached RRD and the Planning Department to consult them and discuss options for support. Interviewees from ADPC stated that the fact that they could share experiences of implementing MDRD in other countries with practical examples was helpful in terms of opening the discussion on working together on the initiative. The Norwegian MFA, RRD and ADPC then agreed to partner for the implementation of the programme.
- There was a strong indication that ADPC excelled in building effective partnerships and encouraging ownership through their implementation strategies. A government interviewee characterised their relationship with ADPC as "fruitful" and one of "mutual respect and good communication". One interviewee explained ADPC's role as providing technical support and facilitation. The consultation process, whereby the group decides collaboratively how different stakeholders can best be involved, is seen as an essential part of the work. While ADPC can impart knowledge and facilitate, the government remains as the key actor.

- The target audience for MDRD had a clear stake in the process because the government made the decision to alter planning processes in 2014 to include mainstreaming of DRM/CRM. By the time the change was made, there were already dozens of trained senior and middle-level managers from the related departments who were then responsible for implementing the changes.
- However, some interviews suggested that those who attended the MDRD workshops were not able to implement what they had learned. RRD and the Planning Departments asked senior managers to select participants to attend training workshops. Two of those interviewed said that after attending the training they had tried to make suggestions on how to strengthen DRM in planning development, but their superiors did not prioritise DRM mainstreaming and therefore the suggestions were not taken. The level of ownership of the DRM capacity building programme is still dependent on individual senior management prioritisation of DRM/CRM.
- Regional and state level participants attended the training in the capital, but sub-national level interviewees felt less supported in general. They expressed it was a challenge in many cases to forge a sense of ownership below the regional/state level.

## Integration of Actors and Scales

**Definition:** *The need to build capacity to coordinate across scales and to work with other stakeholders. Capacity building can act to bridge capacity and communication gaps that commonly exist between national and local levels. Initiatives can focus on building capacity of coalitions of stakeholders, and on building local people's capacity to interact with other stakeholders.*

**Research question:** *How has the programme built capacity across scales and actors?*

- The Strengthening DRR programme endeavoured to support government actors at the national/institutional, region/state, township and community levels. Efforts were targeted primarily at the national level through the MDRD and Civil Society Building programme components. MDRD also reached (although to a lesser extent) the state/regional levels through inviting them to national workshops and holding two learning events at the state/region levels. One further MDRD workshop is planned for 2015 at the municipal level in Mandalay. The IRC component was primarily aimed at the township level and included community outreach through mobile library services.
- Evidence indicates that ADPC and RRD, through the series of events on Strengthening DRR, have strengthened linkages between actors at different scales to cooperate and communicate on the subject of DRM/CRM. Two interviewees in Ayeyarwady region discussed how the Strengthening DRR programme has enlightened them on roles and responsibilities for DRM. One interviewee said that following the training events people are more likely to coordinate planning not only on DRR issues but also other development issues. Another interviewee explained his improved understanding of civil society, "I also learned about the role of NGOs. The attitude before is that NGOs come for themselves, but they are doing their work for us. We learned that supporting them and cooperating is good for the people and town".
- Several interviewees suggested that expanding the MDRD activities across scales would improve the sustainability and impact of the programme. For example, three interviewees expressed that mainstreaming work should be aimed at the much higher levels to include

advocacy to ministers. ADPC did encourage higher level employees to come to national trainings, but not always with success. The MDRD programme used a Training of Trainers approach which was meant to improve its reach across scales and actors. Some workshop attendees did attempt to share their learnings with superiors and colleagues, but with limited success.

- Contrastingly, three interviewees stressed that the MDRD component should be more focused on the sub-national/district level. They argued that, under the Myanmar planning system, plans should be originated at community level, and then summarised and consolidated at the township, region/state levels and finally fed up to the national level. Therefore MDRD efforts would be improved with expanded focus on states/regions and townships. There was evidence that MDRD trained trainers delivered short (1-day) trainings at state and township levels, though we could not infer that capacity was built aside from technical awareness-raising.
- The IRC programme component began with consultations at the national level. This was seen by interviewees as a successful way to approach the implementation because gaining acceptance at the national level paved the way for acceptance at the sub-national and district levels. The pilot component was implemented at the township level in one township (Kungyangone). ADPC, again, used a consultative approach to identify roles and responsibilities and facilitated the implementation of the programme.
- The IRC programme component was envisioned to link village and community levels to township levels and vice-versa to improve DRM information-sharing, coordination and management. Although the IRC provides a local platform for storing and sharing DRR related plans, there was no evidence found by the research team that would suggest that active linkages have been made. The users of the IRC are mainly school children who use it as a reference for completing school projects<sup>8</sup>.
- Translation and interpretation of learning events helped the programme to extend its reach to actors and scales. Interviewees expressed appreciation that workshops, guides and training materials in the local language have been helpful.

## Attention to Functional Capacity

**Definition:** *The need to focus on functional capacity building - i.e. building the managerial and organizational capabilities needed to ensure effective decisions and actions can flow from technical know-how. It includes aspects such as improving coordination and decision-making processes. It also includes fostering an enabling environment, such as developing incentive structures for good performance and to ensure staff retention, as well as promoting the wider political conditions to support DRR as a priority.*

**Research question:** *How is the mix of potential elements for CB targeted?*

- Strengthening DRR combined technical and functional aspects of capacity building. In terms of technical capacity the MDRD programme component has trained personnel in key government departments, improving their understanding of DRR and CCA, and how to mainstream these fields into development planning processes. Participants articulated a clear understanding that DRM is a shared responsibility, not just the responsibility of RRD. These concerned

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<sup>8</sup> IRC Record of Borrowing was reviewed during the interview.



departments throughout Myanmar now have within them a pool of trained trainers in MDRD who can expand technical capacity at different scales.

- While training in itself is not usually attributed with improving functional capacity, evidence was found that the MDRD training led one interviewee to prioritise DRM/CRM and approve funding for a national Disaster Management Training Centre when he would not have done so otherwise. He said, “Because of the ADPC training, I became more aware of on the importance of having the Disaster Management Training Centre, hence our department approved the budget and the centre is now under construction, almost finished.” The Disaster Management Training Centre is intended to play a key role in strengthening the country’s capacity on DRM for the longer term. It is under RRD management and will be based in Hinthada Township, Ayeyarwady Region.
- In terms of functional capacity, the consultative processes and continual advocacy at high levels supported RRD to forge more active partnerships with other line ministries and stakeholder departments to improve the overall performance in mainstreaming DRR in to development interventions. There is a strong indication that as a result of Strengthening DRR, a range of stakeholders have prioritised DRM/CRM and made sustainable improvements in development planning processes and information management. One government interviewee said that the impact of the Strengthening DRR programme was an increased national budget for DRR in Myanmar. As an example at the regional level, in Ayeyarwady there was formerly a limit on the budget for construction of schools, but now planners can justify using extra resources to ensure a new building is hazard-resistant taking into account the risks of the area.
- However, the ability to improve functional capacity was reliant on the authority level of the programme participants and the management style of the particular ministry and therefore the outcome of participation on the Strengthening DRR programme was mixed. The role of planners is to gather plans from different actors and scales within the ministry, consolidate them and prepare them for the next level up. One interviewee said that while she was unable to add new ideas or concepts to existing plans, her participation in the MDRD programme helped her to improve on and make the DRR elements more comprehensive. Two further interviewees at the national level described a situation where they had no authority to add to, correct or edit development plans in any way after having attended the MDRD training. Any suggestions based on their new knowledge for improving DRM/CRM approaches in the plans to their superiors were rejected or put aside. They were only able to share what they had learnt with younger colleagues in the same departments.
- The enabling environment for MDRD relies on collective awareness of all concerned stakeholders, political will and commitment, institutional capacity, legal instruments and enforcement and multi-departmental coordination. In Myanmar, the enabling environment has improved over the last three years which can partially be attributed to the Strengthening DRR programme. Interviewees have indicated that DRM/CRM elements are now included in the government project appraisal process which contributes to the sustainability of the MDRD. Coordination and communication between departments on DRM/CRM issues has increased through the Strengthening DRR programme.
- The model IRC, as a pilot initiative, demonstrated that DRM information dissemination can be reinforced using existing capacities of RRD, IPRD and GAD. The collaborative approach used to agree and establish the roles and responsibilities was a notable achievement. According to an interviewee, school children at the township and the village level benefit most from the IRC

which will support individual and possibly household level capacity in DRM. Whilst the longer-term impact of the programme component cannot yet be determined, it may be further enhanced through promotion of the centre resources to the intended user groups (TDMCs and VDMCs) and if there is continued support to follow through with replication of the model in other townships.

## Contribution to Disaster Resilience

**Definition:** *The need for a more holistic DRR-influenced approach to DRM capacity. This includes attention to: understanding and planning for long-term changes in risk; moving beyond a focus on short-term emergency management to capacity in disaster prevention, mitigation and long-term recovery; prioritizing the reduction of vulnerability; targeting the needs of vulnerable groups; and addressing gender disparities in both vulnerability and capacity.*

**Research question:** *How has the programme captured wider aspects of the DRR approach?*

- The Myanmar government, during and after the recovery stage for Cyclone Nargis in 2008, has taken significant strides towards implementing a DRR-influenced approach. The increase in capacity and influence of RRD has been realised through a number of strategic DRM activities outlined in the MAPDRR framework, including the Strengthening DRR programme.
- The Strengthening DRR programme promoted support beyond short-term emergency management to preparedness, mitigation and potentially disaster prevention. Disaster policy and practice in the country has taken a significant step forward with the inclusion of DRM/CRM considerations in development planning (see Box 3). DRM/CRM is now established as a component in short-term (5-year) and annual planning outlines across several sectors including health, housing, education, roads and infrastructure, land-use and urban planning and agriculture. It is yet to be seen whether DRR issues will be included in the long-term plan (20 years), but ADPC remains hopeful and will continue to advocate for continued mainstreaming activities.
- However, the content of Strengthening DRR training and guidance was lacking in terms of recognising and targeting the specific needs of vulnerable groups and addressing gender issues through planning. The MDRD and IRC trainings, workshops and tools do not refer to gender issues.

### Box 3: Entry points for mainstreaming DRM/CRM into National Socio-Economic Development Policy and Plans

When promoting MDRD in its member countries, ADPC's strategy for implementation commences with a review of national development plans to identify entry-points. Typically, the review covers:

- previous policies/plans, current context and achievements
- analysis of socio-economic status, poverty analysis, opportunities and challenges
- vision, goals and objectives
- sectoral development in e.g. education, infrastructure, social welfare, industry, tourism, etc.

Taking into account the above review, an examination of options for increasing MDRD capacity are selected. Three common approaches are:

1) DRM/CRM is integrated into an existing section which captures the “Review of the Previous Plan.” Most development plans include a specific chapter/section on the performance of the previous plan defining challenges which may hinder the process of development in the country. In this option, there is an opportunity to identify disasters as a factor which inhibits the achievement of economic and development goals and hence the need to treat risk reduction as the integrated cross sectoral objective. If, for example, the country has been impacted by a large-scale disaster during the implementation period of the previous plan, the impact of disaster on the respective sectors and overall performance of the economy should be captured.

2) DRM/CRM is integrated as a separate chapter/section of the development plan. This chapter lays out clear overarching risk reduction objectives and strategies for enhancing resilience. The objectives are translated into specific sectoral goals, measures and activities and then tied into relevant projects and programmes. Monitoring performance should be included in the plan. Development policies are also reviewed to ensure that risk reduction is taken into account and that they align to DRM/CRM initiatives of the country.

3) DRM/CRM is integrated as a cross-cutting issues in other sections/chapters of the development plan. In this approach DRM/CRM are included as key considerations in sectors that are most likely to suffer from the impact of disasters and climate negative impacts such as urban planning, infrastructure development, agriculture, environment, social welfare, etc. In this option related government departments are sensitised to DRM/CRM and instructed on how to mainstream DRM/CRM into development planning. The outcome therefore relies highly on individual senior management support and available resources.

Through the extensive consultation process (described in Box 2), the MDRD programme component aimed for Option 3: Integration of DRM/CRM into sectoral development plans. However, at the same time, there was advocacy at the policy level for inclusion of DRM/CRM into development plans as a separate chapter as described in Option 2. For 2014/2015 ADPC was asked by the Planning Department to deliver a training module to enable the planners to incorporate a new chapter on DRR. The new chapter on DRR is currently being included in the regional annual plans, but the decision is awaiting endorsement from parliament.



## 4 Community-based Disaster Risk Reduction Initiatives in South-East Myanmar

**Table 3: CBDRR Initiatives in South-East Myanmar at a glance**

Research question	Overview at a glance
Which actors are involved in the CB activity?	Implemented by International Organization for Migration (IOM) with funding from USAID through the OFDA. IOM undertakes CB activities with national, sub-national and local authorities and communities.
What is the funding level and duration?	1,600,000 USD budget for 2 phases. Overall duration 33 months (June 2012-March 2015): phase 1 = 18 months (+ 3 month no-cost extension); phase 2 = 12 months.
What is the scope of the activities?	Main capacity building activities included training of individuals, establishment or reinforcement of organisational infrastructure, and establishment or revision of disaster planning mechanisms.
What is the geographical focus?	Kayin state and Mon state in south-east Myanmar (border area with Thailand). Activities focussed on support to 1 township and 30 villages within each state (2 townships, 60 villages in total).

The second initiative selected as a case study is the project 'Community Based Disaster Risk Reduction Initiatives in South-East Myanmar', led by International Organization for Migration (IOM).

IOM is engaged in DRR at an international and national level. Globally, IOM shares with UNHCR the co-leadership of the Camp Coordination and Camp Management (CCCCM) cluster for disaster response, and the remit of the organisation means it has a leadership role on the links between emergency preparedness and population displacement. Nationally, in Myanmar, IOM's involvement has intensified in the years following the massive population displacements associated with Cyclone Nargis in 2008, which highlighted the difficulties faced both by those displaced and by the host communities (IOM, 2008).

IOM Myanmar's DRR interventions are intended to support the MAPDRR to enhance capacity to manage migration. IOM strategically opted to concentrate their support in the south-east region, which is a hazard-prone area both of internal displacement/migration and cross-border migration between Myanmar and Thailand. It is the principal external organization actively supporting DRM capacity building in the south-east (IOM, 2008).

The project Community Based Disaster Risk Reduction Initiatives in South-East Myanmar (hereafter referred to as 'CBDRR Initiatives') builds upon existing capacity to support preparedness and response measures among local communities and authorities in two states of South-East Myanmar (IOM, n.d a,b). There is also some attention to disaster mitigation, although it should be noted that this has not been the prime focus in the project achievements to date. The project's

activities have been targeted at governmental institutions and communities and include the following:

- Training in Camp Coordination and Camp Management at national and regional level
- Provision of 2-day Disaster Management Courses at township level
- Review and revision of Township Disaster Management Plans
- Participatory hazard, vulnerability and capacity assessments in target villages
- Establishment of Village Disaster Management Committees in target villages
- Development of Village Action Plans for target villages
- Training of village residents in search and rescue and first aid
- Distribution of community DRR toolkits.

(IOM, 2014)

The key CB activities are described further in sections 4.1 to 4.4, followed by an extended analysis in relation to the 6 principles of CB<sup>9</sup> in section 4.5.

## 4.1 Programme actors

The CBDRR Initiatives programme is led by IOM and funded by USAID through its Office of U.S. Foreign Disaster Assistance (OFDA).

IOM liaises at national level with RRD (Relief and Resettlement Department) under the Ministry of Social Welfare, Relief and Resettlement, and with the GAD (General Administration Department) under the Ministry of Home Affairs. This linkage is replicated at subnational level where IOM coordinates its activities with state and township level RRD and GAD: these governmental organizations are intended to be IOM's key counterparts in the project (IOM, n.d a,b).

The project is especially targeted to working with Township Disaster Management Committees (TDMC) and Village Disaster Management Committees (VDMC) in the development of DRM plans. Training works also extends to a wider community membership across the target villages.

## 4.2 Funding and timescales

There are 2 phases to the CBDRR Initiatives program. The first phase was originally conceived to run for 18 months from June 2012 to December 2013. The programme was subsequently granted 3 months extension to March 2014. The second phase started in April 2014 and was progressing at the time of this study to an expected end date of March 2015. Both phases shared the same overall objectives and programmatic foci. The total duration of the programme is expected to be 33 months, just under 3 years (IOM, 2014).

Funding for the project has been provided by USAID. The total approved funding for the project is 1.6 million USD. Though this budget includes operational and staff costs, since the entire project is targeted toward capacity building we can assume that the expenditure on CB is 100% of this total

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<sup>9</sup> The six principles were identified following a global literature review early in the research. A definition for each one is included in the text below.

of 1.6 million USD. One management staff member estimated that around 30% of the budget is spent on staffing and associated overheads (IOM, 2014).

At the time of the second annual report to USAID/OFDA, staffing for the CBDRR Initiatives project comprised: the head of sub-office (Hpa-An, Kayin); 2 x field coordinators; 5 x CBDRR specialists; 3 x field assistants (FTE). These staff were overseen at national level (Yangon) by a programme manager working with a budget assistant. The project also employed two DRR experts on a consultancy (short-term) basis – one international, one national (IOM, 2014).

### **4.3 Geographical coverage**

The geographical coverage of CBDRR Initiatives program was Mon State and Kayin State, South-East Myanmar (with additional training work at the national level in Naypyidaw). This region of mountains and coastal lowlands borders Thailand and the Andaman Sea, and is prone to flooding and occasional cyclones.

For the work on TDMPs, the project worked with authorities in 2 townships – Hlaingbwe in Kayin, and Kyaikmaraw in Mon. For the village level work, the project has targeted 80 villages in Mon and Kayin, based on a risk assessment and ranking process undertaken by IOM as an initial part of the CBDRR Initiatives program (IOM, n.d b; IOM, 2014).

### **4.4 CB activities**

The CBDRR Initiatives project operated at different levels, and the key CB activities within those scales of operation are described below.

#### **National and regional level**

Initial activities at national level during phase 1 included liaison with national government authorities and securing written support for the programme communicated to the state levels. This was followed by liaison and separate consultation meetings with the Mon and Kayin State Disaster Management Committees and State level authorities in 2012 to introduce the project and agree on the target townships for intervention at township and village levels (IOM, 2013).

In phase 2 interaction at national level was augmented by a specialized training event. In late 2013, IOM organized a 2-day CCCM training workshop in Naypyidaw for 31 officials from national and region/state government departments across multiple sectors engaged in emergency response. The training included overview of CCCM roles and responsibilities, findings of post-Nargis research on displacement, legal framework, coordination, standards and design of camps, and camp closure and long-term management. By introducing and reinforcing the concept of effective management of displacement, the trainings also served an advocacy function. A subsequent CCCM training event took place at state level in Rakhine state in south-west Myanmar (IOM, 2014).

#### **Township level**

The CBDRR Initiatives project selected two townships for specific assistance in strengthening the DRM planning functions of the Township Disaster Management Committees (TDMCs) - Hlaingbwe township in Kayin State and Kyaikmaraw township in Mon State. Townships in Myanmar are mandated to produce Township Disaster Management Plans (TDMPs), overseen by the TDMC,

and the role of IOM was to review, revise and reinforce the existing plans in collaboration with the TDMC in each target township. The Township Disaster Management Plan essentially aims to enhance disaster response, ensure fast recovery, and augment disaster preparedness and mitigation and coordination among various stakeholders (RRD and ADPC, n.d). In phase 1 the TDMP for Hlaingbwe was substantially revised, augmented and re-structured through a series of consultation workshops with TDMC members, and finalized in phase 2. In the final stages of the project the intention is to assist the township to identify elements and resources of the TDMP that can be operationalized using the phase 2 budget of the project. During phase 2 a consultant was hired by IOM to progress the same process for revision of the Kyaikmaraw TDMP, which is nearing completion at the time of this study. In the course of working with TDMC members in both townships, IOM conducted informal training for TDMC members on DRM and existing Policy Frameworks for disaster management (IOM, 2013; IOM, 2014).

IOM also worked with the national RRD to organize three Disaster Management Courses (DMCs) at target townships in the region. The DMC is essentially a government initiative, developed by the national government with the supports of DRR Working Group and was taught principally by state and township level government officials. The 2-day courses covered all phases of the disaster cycle and the DRR approach, including identification of vulnerable groups. The trainees included TDMC members, ward and village tract leaders, Myanmar Women's Affairs Federation and local NGOs/CBOs (IOM, 2014).

## Community level

At the village level, the IOM project targeted initially 60 and then subsequently an additional 20 villages in Kayin and Mon states for support in DRM. As well as a series of disaster related trainings, this included support for establishment or strengthening of Village Disaster Management Committees (VDMCs) and development of Village DRR Plans.

Following the selection of target villages (using an assessment and ranking mechanism), the general process followed by IOM has been to work with village members to conduct participatory hazard, vulnerability and capacity assessments (PHVCAs) using a standardized tool, introduce the idea of VDMCs and help establish them (and, within them, specific emergency response teams), and introduce and develop Village Action Plans (VAPs). This process has been progressively rolled out to tranches of villages during the course of the project. A total of 60 Village DRR Plans had been produced by the time of this study, and IOM teams were currently undertaking follow-up work with a number of villages to strengthen the quality of both the plans and the villager's engagement in the process, including organizing mock drill exercises (IOM, 2013; IOM, 2014).

Training and skills development at village level was closely associated with engagement in this process. IOM staff also organized specific training workshops for VDMC members and response teams of 60 villages on first aid and search and rescue, delivered by a combination of IOM, branches of Myanmar Red Cross Society and District Fire Department staff. Prior to the monsoon season in May 2014, IOM also visited its 60 initial target villages to reinforce awareness for preparedness and early warning, as well as to monitor membership and functioning of VDMCs (IOM, 2014).

## 4.5 Analysis in relation to the six principles

In this section, the above described programme is analysed in relation to the six principles for effective capacity building in disaster risk management.

### Flexibility/Adaptability

**Definition:** *The need to approach capacity building interventions flexibly, ensuring that the design of the programme can be adapted to the context in which it is applied rather than applied as an*

*externally-imposed 'blueprint'. It includes working with and reinforcing existing skills, strategies, systems and capacities. It also includes understanding and accounting for the political and power dimensions that can undermine capacity building.*

**Research question:** *How has the programme approached capacity development in a flexible manner, adapting the approach to context?*

- IOM's engagement in capacity development has been strongly shaped by the system for DRM at local level that have been evolving in Myanmar in recent years, especially the establishment of local committee structures and requirement for townships and villages to develop plans for disaster management. *In effect, the key interventions under the project have been shaped by these governance requirements.*
- In tandem with this, IOM's intervention also reflects concerns about the capacity of local agencies to produce effective TDMPs and Village DRR Plans without capacity building support. Two senior staff members within IOM described a pattern of skills shortage in proactive disaster management, especially at village level in their target communities which had not previously experienced DRM interventions. One suggested that, while accustomed to flood risk, the communities had tended to rely on coping mechanisms brought into play at the time of disaster rather than planning ahead of the emergency. In this sense they argued that there was little existing DRM planning skill to work with in the villages.
- As well as investing in what they saw as necessary basic training, IOM staff also invested time in developing tailored templates for TDMPs and Village DRR Plans to apply in Kayin and Mon states. Both appear to be more comprehensive than versions in use previously in Myanmar. In the case of the Village DRR Plan template this process of development resulted in some delays in the implementation schedule for phase 1, though the report on the project described this as a necessary step.
- It should be noted that an additional driver shaping IOM's engagement in the south-eastern states was its concern and institutional remit regarding population displacement and migration. *While the organization showed flexibility in building its intervention around a wider DRM need, the choice of location and elements of the intervention also reflected a focus on migrants and host communities as target vulnerable groups.* For example, the PHVCA process in villages specifically included a mapping of migrant households, and discussion of migrant households' vulnerabilities is included in the Village DRR Plans. *In effect, this represents adaptation of the DRR agenda to reflect a specific contextual issue.* See Box 4 for further discussion of how this sectoral aspect inter-relates with the DRR agenda.
- IOM also needed flexibility to manage the ongoing security situation in parts of Kayin state. Based on initial assessments of hazard exposure and capacity needs some areas such as Kaw Karik and Myawaddy were proposed as project sites, but because of conflict in the areas this was not permitted by government authorities. Alternative sites were chosen instead.

#### **Box 4: The role and importance of migration in the capacity building work of IOM**

According to both IOM interviewees and the organization's written outputs, IOM's involvement in capacity building for DRM in Myanmar stems from a belief that both the needs of displaced people and the needs of migrant communities have been poorly addressed in disaster preparedness. The experience of Cyclone Nargis in 2008 was a key catalyst in this, leading to the displacement of many thousands of people with many issues surrounding the management and closure of the emergency camps they occupied. But the disaster also underlined that



existing migrants in the south of the country also often suffered heightened vulnerability because of poor access to services as well as occupation of hazard-prone locations. Because of IOM's ongoing work in south-east Myanmar and the absence of other external DRR organizations, a case was made for the organization to focus its DRM support in communities in the region.

In both states, much of the migration involves households and household members moving across the border with Thailand. The movement is two-way, and complex patterns of migration include seasonal and short-term movements of economically active adults as well as longer-term migration and return of households. The approach of the organization is first to build the overall capacity for DRM within each community, and then begin to link in the migrants into the process of DRM. This linkage comes both in terms of highlighting their needs through PHVCA assessments (often new households are less aware of disaster risk and may occupy more hazardous zones, and in households with absent adults it may be older people and children that are left behind), and in terms of encouraging the VDMCs to strengthen the inclusion of households that are often disengaged or marginalized from decision-making processes.

In Mon state, as well as patterns of external migration, there is a concentration of internal migrants from different regions of Myanmar, especially the dry zone and the delta regions. Many of them are seasonal casual workers, occupying semi-permanent cluster settlements that are almost entirely populated by migrants working for large employers such as rubber plantations, brick factories, fishing and fish-processing operations. Some clusters are located in low-lying coastal flats at risk from sea floods. Here the approach often has to start with liaison with employers, followed by establishment of community structures that can actively plan and seek DRM support and services from government. Progress in such communities is particularly challenging (it was not feasible for the study team to work on the ground in these areas).

## Comprehensive Planning

**Definition:** *The need to carefully design interventions so that they are appropriate, responsive and sustainable. It includes planning on the basis of existing capacity and capacity gaps, and appropriate scheduling of interventions so that pressure to show visible results does not undermine capacity development. Also critical is planning for the long-term sustainability of capacity gains after the withdrawal of interventions.*

**Research question:** *What has been the approach to full programme planning?*

- Formal capacity needs assessment was not built into all aspects of the project as a prior stage, though it was part of the early activity within each of the village-level interventions through the PHVCA mechanism. For the ongoing work on the Kyaikmaraw TDMP there was also an initial capacity assessment of the TDMC and stakeholder mapping conducted for the township as well as critical review of the pre-existing plan.
- One senior staff member indicated that key to the success of local CB efforts is preliminary work to understand not only the CB needs of the community but also individual's level of interest in skills development. *Presumably this can help identify motivated people to work with – something that might be more feasible in the situation where structures like VDMCs have yet to be established.*
- During the course of the project, IOM made some revisions to its scheduling of intervention steps that were more likely to yield effective CB. One was the need to spend more time on developing planning templates (as noted above under 4.5.1). Another was to minimize the

gap between PHVCA work with villagers (which effectively constituted awareness raising and skills development) and the subsequent action planning to develop VAPs. Initially the PHVCA exercises were conducted in 30 target villages in Mon state before the team returned to the same set of villages to begin drafting VAPs. However, for villagers newly experiencing this type of intervention, the gap between the initial and subsequent phases undermined continuity of engagement and the absorption of new ideas. Following an OFDA field visit in December 2013, it was decided to timetable the initiation of action planning immediately after the PHVCA when the identified risks and responses were fresh in people's minds.

- Sustainability of the capacity gains cannot yet be gauged because of the currency of the interventions – IOM is still active in the villages and townships. However, there are some promising indications but also some fundamental issues already evident.
- Members of three VDMCs stated that they had gained knowledge and skills through the intervention process and developed a motivation to sustain VDMCs and annually update the Village DRR Plans, even after withdrawal of IOM. In Barket village in Kayin members suggested that Cyclone Nargis had made people realize the need to be prepared for disaster, and that this willingness was now backed up with understanding of how the community itself can organize, plan and work with the DRM system. However, there was a concern raised by some VDMC members that IOM's exit would mean less access to technical skills and that repeated training would be required both to plan and to put plans into operation, including simulation exercises.
- Senior staff of IOM and state-level RRD also had some concerns about the long-term sustainability of gains at village level. It was suggested that the capacity building undertaken would be taken forward beyond the project in terms of maintenance of skills and planning activities in perhaps 50-60% of the target villages. One senior staff member indicated that a longer project duration would have enabled them to undertake more reinforcement of skills development through training, drills and simulations, as well as extend the training and material support into mitigation activities. He also underlined a need to keep planning documents simple and easy to understand for the village level, with a focus on practical and achievable actions.
- One of the key impediments to sustainability at village level is the potential for frequent changes in VDMC membership, especially because migration from the villages to Thailand is such a common livelihood strategy. While revisiting IOM's target villages from phase 1 of the project, IOM staff have worked with existing VDMCs to update the membership to replace those who have left and to work with VDPC chairpersons to ensure that updating is a regular activity. One strategy has also been to target ToT training to village leaders, as they tend to be less likely to move away.
- Two TDMC members interviewed for the study similarly described how the IOM intervention has raised both their knowledge level around DRR and their drive to maintain and update the TDMPs. One stated that, because of the support from IOM, work on the TDMP has turned from 'duty' to 'motivation'. They therefore have the skills and responsibility to maintain effective TDMPs. However, the same interviewees also indicated that withdrawal of the material resources provided under the IOM intervention would make operationalization of many aspects of the plan difficult – including lack of finance to purchase equipment such as radios and life-jackets, as well as finding for mitigation works.
- A senior IOM staff member indicated that sustainability must ultimately rest with the government funding support, and that even if the comprehensive TDMP is ambitious in

scope, it is an important analytical and learning exercise to raise the agenda for DRR and a process that can be duplicated elsewhere based on the tested template. However, one former TDMC member questioned the need for a highly detailed plan, arguing that a summary version is simpler to use. He suggested that without IOM support, the TDMC would in any case probably revert to a simpler form of TDMP, produced rapidly and with less staff time because of available resources and poorer access to computers and printing. Box 5 provides further detail on the TDMP strengthening process.

- Monitoring of progress of the IOM project was based on the project log frame and work plan set at the start of the two phases. This provided a structured means of monitoring project activities against pre-set targets, in terms e.g. of village level capacity building, township disaster planning and training activities. The monitoring information is compiled at central level at the national IOM office in consultation with the Hpa-An regional office.
- A mandatory evaluation was conducted by the donor at the end of phase 1 in December 2013. OFDA staff visited the project and undertook a primarily qualitative analysis of progress and made recommendations including revision of the village action plan timetable. A final evaluation is also currently taking place.

### **Box 5: Support to strengthen township disaster management plans**

As one of the changes in DRM triggered by the experience of Cyclone Nargis, townships were directed by government to develop disaster management plans following a national Guideline template. By the time the IOM CBDRR Initiatives project commenced in south-east Myanmar in mid-2012 townships in the region had generally produced first iterations of these plans. However, review of these TDMPs indicated that they generally were not systematically structured, did not match the published guidelines, failed to comprehensively address hazards and risk factors, and failed to provide adequate information on risk management responsibilities and priorities. It was suggested that some townships appeared not to have invested much importance in the process, and some may simply have copied the content of other township plans with only minor adaptation. It was recognized and endorsed by state government that IOM should undertake assistance in selected townships to revise and strengthen the TDMPs. This process has since neared completion in one township, Hlaingbwe in Kayin state.

Revision of Hlaingbwe's initial TDMP (drafted in 2011 and amended in May 2012) was based around a series of 5 consultative workshops with the Hlaingbwe TDMC. Aided by appointment of a consultant, the IOM team first worked with the township to update the membership of the committee and its sub-committees with discussions on which institutions should be present in each body. In each workshop session the TDMC then progressively discussed aspects of DRM in the township including hazards, vulnerability, management arrangements and priority actions. IOM staff recorded and documented the discussions and subsequently drafted sections of the revised plan which were then re-presented to the TDMC for their review, amendment and approval. Hence the capacity building element of this process was geared toward active participation in considering and shaping plan content – but the capacity building impact did not seem to extend to co-writing of the document itself.

The final draft TDMP prepared by IOM is a substantial document, with 90 pages of main text and 60 pages of annexes. The document has sections on general township profile, risk profile, institutional arrangements, priority DRM measures in mitigation, preparedness, response, recovery and rehabilitation, and monitoring and updating. The risk profile alone covers 35 pages.

As noted in the final section, government guidelines indicate that the TDMP is expected to be updated frequently – ideally on an annual basis. TDMC members understood this requirement and indicated to the study team that they would proceed to do so. Given that much of the risk context in the new document is likely to remain current for multiple years, the basis of the plan will not require fundamental revision in the manner that IOM has undertaken. However,



comprehensively checking and updating the detailed demographic, economic, environmental, infrastructural and administrative information in the sections may well present a major challenge for the district GAD and the TDMC members.

*One interviewee's suggestion that the township would likely revert to a simpler summary format raises questions around the sustainability of the 'model' planning process demonstrated by IOM. Nevertheless, the preparation of a model document that has been developed consultatively not only has generated a key information platform for DRR but may well have set in train lasting capacity gains in terms of awareness and understanding, horizontal coordination, action planning for DRM, and conditions for advocacy.*

## Ownership/Partnership

**Definition:** *The need to ensure that those targeted for capacity development have a clear stake in the initiative and its design and implementation, again to help ensure it is appropriate, effective and sustainable. Ownership is likely to rest on active participation, clear statements of responsibilities, engagement of leaders, and alignment with existing DRM/DRR strategies.*

**Research question:** *How has ownership been fostered?*

- The CBDRR Initiatives project was initiated in liaison with key government institutions at national and state levels – particularly RRD, GAD and state government – and overall agreement with the objective and approach proposed by IOM was a necessary condition for the project to commence implementation. State government approval was also required for the selection of project sites within Kayin and Mon. Essentially, this relationship can be seen as one of information-sharing and approval, rather than active collaboration – in that most activities are designed and implemented by IOM alone. In limited parts of the project activity RRD and IOM have worked more closely together, such as in delivery of DMCs.
- According to a senior IOM official, a good working relationship with state government then developed that greatly facilitated the roll-out of the project across its target villages. Building the trust that was the foundation of this relationship required investment of time and personal engagement with key government officials – perhaps more so that might be the norm in other countries given the changing governance context in Myanmar and ongoing conflict in parts of the region. One strategy to build trust was to base activities close to the state capital of Kayin.
- At local level, partnership and ownership were similarly limited, more so during the first phase of the project. The December 2013 evaluation identified that in some villages, the level of community ownership of the Village DRR Plans was low, and that more emphasis needed to be placed on engaging the community members in the process in order to build their capacity more effectively. In part this may have reflected IOM inexperience in undertaking CBDRR projects in the country. In order to respond to this challenge under phase 2 of the project, IOM invested more staff time in community engagement and offered additional training to IOM field staff to develop their capacity to engage people at community level.
- During this study toward the end of phase 2, VDMCs members generally stated that they valued their heightened awareness and knowledge of disaster risk, felt ownership in the creation of the committee because it was the people that selected the members, and had confidence in their ability to use the VAP. *However, it should be noted that production of Village DRR Plans appeared to be based on consultation and feedback from villagers but*

*writing of the plan was undertaken ex-situ by IOM staff.*

- It was not evident from this study that the IOM activities in CB actively targeted highly vulnerable groups and/or ensured inclusion of women. Capacity building was essentially targeted to members of the TDMCs and VDMCs rather than the community at large. IOM tried to encourage female membership of VDMCs and especially encouraged inclusion of in-migrant households on the committees, but there is no indication that they actively intervene to ensure this.

## Integration of Actors and Scales

**Definition:** *The need to build capacity to coordinate across scales and to work with other stakeholders. Capacity building can act to bridge capacity and communication gaps that commonly exist between national and local levels. Initiatives can focus on building capacity of coalitions of stakeholders, and on building local people's capacity to interact with other stakeholders.*

**Research question:** *How has the programme built capacity across scales and actors?*

- Building capacity for integration across actors or scales was not a major feature of this project. One issue that was raised by both state level and village level interviewees, for example, was a need to forge stronger links between village-level Village DRR Plans and the township –level TDMP – which are not presently produced in an integrated manner. This was seen as vital if the DRM governance structures at village level are to be sustained. However, liaison channels naturally exist between township and village government structures and it was suggested that with the creation of Village DRR Plans at least the villages now have their own need assessments that they can communicate if the opportunity arises.
- Coordination between township and higher government levels appears to be stronger and, according to one TDMC member, the linkages have been improved in cases where the TDMPs have been strengthened: the enhanced documents receive more attention and are given more effective feedback. Also key to this change, however, are the post-2012 decentralization changes in Myanmar which have enabled decisions, actions and planning to be undertaken more effectively at lower administrative levels. *Independently from the project, this has created the political conditions in which local capacity building gains such as capacity to generate TDMPs can be put into effect.*
- In recognition of that, part of the capacity building effort of IOM was directed to overcoming political-cultural barriers to interaction with higher-level stakeholders. These barriers may exist at all levels, based on many years in which top-down governance has been the norm, and when there is little expectation of local authorities taking action during disasters without direct intervention from higher levels of government. A senior IOM official described a tendency for township and village level committee members to recommend planning only actions for which they have existing budget or resource, rather than demonstrating need and requesting funding assistance from higher levels. He stated that part of the awareness-raising effort of IOM has been emphasizing that request for resources can be directed upward from the grassroots.

## Attentional to Functional Capacity

**Definition:** *The need to focus on functional capacity building - i.e. building the managerial and organizational capabilities needed to ensure effective decisions and actions can flow from technical know-how. It includes aspects such as improving coordination and decision-making processes. It also includes fostering an enabling environment, such as developing incentive structures for good performance and to ensure staff retention, as well as promoting the wider political conditions to support DRR as a priority.*

**Research question:** *How is the mix of potential elements for CB targeted?*

- The CBDRR Initiatives project combined attention to both technical capacity (through training workshops and short courses and consultation in planning processes) and functional capacity (through strengthening of coordination and decision-making structures and of disaster planning documents, plus some elements of advocacy and empowerment).
- The focus in this section is to understand functional capacity building processes, but it is important to underline some comments received about technical capacity building. When asked about the most important contributions received from IOM it was common for local-level interviewees to refer to the disaster-related training, especially emergency response training, as well as to material resources provided through the emergency toolkits (including lifebuoys, rope, flags, radios, loudspeakers and whistles, and in some cases boats). *In a situation in which DRM capacity starts at a low level, the value of even basic training and equipment in raising capacity remains key.* IOM's contribution to heightened awareness and knowledge about risk and emergency response in townships and villages was also highlighted by a state-level RRD interviewee.
- IOM's work at the township level has focussed on review and revision of 2 TDMPs through a process of consultation workshops with the TDMCs (Hlaingbwe and Kyaikmaraw). In one case this has progressed to a specific plan to financially and technically support the actual implementation of the Hlaingbwe TDMP. As well as establishing a planning document to guide DRM action, the process appears likely to have strengthened the coordination and decision-making capabilities of the TDMCs who suggest they are now better able to judge what they can and should do in advance of and during emergencies.
- IOM's work at village level has centred on establishment of VDMCs and development of Village DRR Plans in 60 villages across the two states. This has been undertaken through a multi-stage process of engagement that from a relatively low base has established a structure for decision-making on disaster preparedness and response at community level that VDMC members perceive has strengthened their capacity to manage risk. Box 6 provides further detail on the village level capacity building process.
- The CBDRR Initiatives project also include some elements associated with creation of enabling environments at different scales. National-level workshops on CCCM, though narrow in DRR scope, served a dual purpose of training and advocacy for improved disaster management. The production of comprehensive plans may act as a platform for which townships and villages can request additional assistance from higher government levels and other agencies beyond their present budget allocations or available resources. There is also the opportunity to use the completed TDMPs as demonstration 'models' for other townships, and IOM may organize a workshop to share the 2 TDMPs with other townships in Kayin and Mon states.

## Box 6: Developing mechanisms for DRM at village level

Under the MAPDRR mechanisms for DRM are expected to be developed at all administrative levels, including villages. However, the challenges for implementation of this mandate at grassroots level in Myanmar have seldom been addressed without external intervention. Interviewees at the state level in Kayin indicated that significant progress at this scale has only taken place to date within the 60 villages that have so far received capacity building assistance from IOM.

As well as provision of awareness-raising and training, three key functional elements of capacity building support have been provided by IOM in their target villages.

First has been establishment of VDMCs, commencing with explanation to villagers of the rationale and rules of the committee, followed by discussion of the roles and responsibilities of specific committee members, and culminating in the community making its selection of suitable people for each position. Second, working with the VDMC and other interested villagers IOM then employs a range of participatory information gathering techniques to undertake a PHVCA, providing a detailed profile of livelihoods, resources, risks and capacities in the village. Third, based on this assessment IOM subsequently works with the villagers to develop a village action plan (VAP) listing priority actions in mitigation, preparedness and emergency response. The results of the assessment and planning exercises are then brought together to form a Village DRR plan. This is eventually produced as a written document following a standardized template developed by IOM that also includes a statement on duties and responsibilities of VDMC officers and sub-committees (and a list of roles, responsibilities and contact details of TDMC members). As an example, a completed Village DRR plan produced for a community in Bilin township in Mon state ran to 28 pages of main text plus 6 pages of annexes.

During this study, we attended a meeting of the VDMC in one village in Kayin state. The group confirmed that they had formed the committee with guidance from IOM, starting in 2012 with village meetings at which local hazards, early warning and emergency response were discussed. IOM had provided examples of other VDMCs they had helped form elsewhere, and outlined the types of people required to perform each committee role. PHVCA and VAP development followed via subsequent meetings. Information raised by villagers tended to be recorded on flipcharts, and later written up into the Village DRR plan format by IOM staff. There are presently 7 copies of the plan, held by the village leader and main committee members. The VDMC is now hoping to organize a simulation exercise to test and validate the plan. As noted in the introduction to the plan, the committee views the document as providing an important information base for the village and a platform for requesting DRR support.

*According to RRD, the existence of DRM mechanisms in the target villages is wholly a consequence of IOM's intervention. It was not considered feasible for the Village DRR plan to be directly co-written by the community, thereby raising questions around how thorough updating of the document will be sustained following the exit of IOM. However, as with IOM support at township level, we can see a balance at play here with the CB activities of IOM perhaps not following a model capacity development approach but nevertheless bringing a small but significant capacity gain under the weak DRM capacity context currently in existence at local level in Myanmar.*

## Contribution to Disaster Resilience

**Definition:** *The need for a more holistic DRR-influenced approach to DRM capacity. This includes attention to: understanding and planning for long-term changes in risk; moving beyond a focus on short-term emergency management to capacity in disaster prevention, mitigation and long-term recovery; prioritizing the reduction of vulnerability; targeting the needs of vulnerable groups; and addressing gender disparities in both vulnerability and capacity.*

**Research question:** *How has the programme captured wider aspects of the DRR approach?*

- The broader tenets of a DRR approach outlined above were not strongly evident in the IOM CB interventions, though the term ‘DRR’ is used in the project title and was frequently expressed in the discussions around the project.
- The practical focus of the project has principally been on preparedness and emergency response – as explained both by IOM and government staff. Other aspects of DRM are secondary and not the major focus of the capacity gains that people described. For example, one village described how its VAP has identified the need for road and drainage improvements to reduce flood risk, and a TDMC member described the inclusion of mitigation needs in the TDMP such as raising roads and houses above flood levels and improving construction techniques. However, the latter stated that he sees the inclusion of these structural measures as awareness-raising only because the township does not have the finance to carry the actions through. At present, therefore they remain low priority.
- The needs of vulnerable groups, particularly migrants, are inherent in the overall project rationale, and all VDMCs we spoke with indicated that the Village DRR Plans acknowledge the heightened vulnerability and emergency priority needs of many elderly people, pregnant women, people with disabilities and young children.



## 5 MRCS UDRR and CBDRR Programme

**Table 4: UDRR and CBDRR at a glance**

Research question	Overview at a glance
Which actors are involved in the CB activity?	The programme was funded by the Norwegian Red Cross and implemented by MRCS for communities and schools.
What is the funding level and duration?	USD 812,474 for 2 years
What is the scope of the activities?	At the ward (district) level: communities and schools were mobilised and trained to improve their disaster resilience through DRR and livelihoods support and water, sanitation and hygiene activities.
What is the geographical focus?	District level support covering 4 states/regions including 26 high risk communities that were affected by Cyclone Giri in 2010 and Cyclone Nargis in 2008.

The third programme selected as a case study is the Myanmar Red Cross Society's Urban Disaster Risk Reduction (UDRR) and Community Based Disaster Risk Reduction (CBDRR) programme. It should be noted that limited time was available for data collection in relation to this project and therefore this section is considerably lighter on analytical commentary than the sections on IOM or ADPC interventions.

The Myanmar Red Cross Society has been operating as the leading and oldest humanitarian organisation in Myanmar, formerly working as a branch of the Indian Red Cross Society from 1920 and then the Burma Red Cross from 1946. Its current name was adopted in 1989 in accordance with legislative changes<sup>10</sup>.

The UDRR and CBDRR programme aims to increase community safety and resilience and reduce vulnerability of 26 high risk, disaster prone communities/wards in five townships of Rakhine, Yangon, Mandalay and Shan-East state/regions at both ward and community level to withstand the debilitating impact of floods, cyclones and fire on life, assets and livelihoods.

The programme's activities were targeted at the ward, school and community levels and included formation of DRM committees, participatory multisectoral assessments, action planning and materials support for small-scale mitigation activities and disaster response kits (MRCS, 2013).

The activities for both the UDRR and CBDRR elements are described in sections 5.1 to 5.4, followed by an extended analysis in relation to the 6 principles of CB<sup>11</sup> in section 5.5. It should be noted that the team were only able to conduct interviews in relation to the UDRR elements of the programme in one ward. The CBDRR components are currently implemented in an insecure area and so a field visit was not possible. The national level interviews covered both the UDRR and the CBDRR components of the programme.

<sup>10</sup> Information taken from [www.myanmarredcrosssociety.org](http://www.myanmarredcrosssociety.org) (website accessed December 2014).

<sup>11</sup> The six principles were identified following a global literature review early in the research. A definition for each one is included in the text below.

## 5.1 Programme actors

The sole funder for the UDRR and CBDRR project was the Norwegian Red Cross (Norcross). Norcross had previous experience in engaging IFRC and MRCS in recovery and disaster risk management interventions after cyclone Giri in 2010.

As the recovery stage from Giri was phasing out, this project aimed to provide integrated community-based approaches and ongoing support to communities and wards that were previously affected by cyclones.

MRCS was well-positioned to continue with UDRR and CBDRR activities since they had already established relationships with the wards and communities in previous work. MRCS's role in the project was to mobilise communities and wards to assess and prioritise DRR and CCA, facilitate them to plan and implement action plans and provide material support.

The programme was targeted to build capacity of ward administrators and previously-formed disaster management committees, schools and community members in the target areas. Ward administrators, school staff and community leaders managed and coordinated DRR and CCA-related activities during the project. Communities contributed their time to attend activities and labour towards community-level projects.

## 5.2 Funding and timescales

The project was originally conceived of as a two-year project. However the project has not been able to achieve all objectives in the originally planned timeframe. Project staff reported that it is hoped that livelihoods activities will be accomplished through a project extension.

Both phases of the project were fully funded by the Norwegian Red Cross.

**Table 5: UDRR and CBDRR Budget breakdown**

Annual Budget for 2014 (January-December)

Description	Total Cost in USD:
Capacity Building Activities	230,550
Personnel	135,238
Operational Costs	5,274
Travel and Transportation	43,508
Other Costs	26,446
<b>Total:</b>	<b>441,016*</b>

\*Figures converted from CHF. Amounts correct as of 05.12.14 Financial Times currency converter.

**Table 6: Breakdown of Human Resources for the CB for DRM Activity**

Phase 2 Proposal

Positions	Nos	Functions	Location	Inputs to the Project
Head of Division	1	Overall co-ordination and management of the project	HQ	Part time (1 month per 12)
Project Coordinator	2	Responsible to manage CBDRR/UDRR project. Provide technical support to the field officers and conduct regular field visit to monitor project progress.	HQ	Full time



<b>M&amp;E Coordinator</b>	1	Design PMER framework and tools. Train project staff/volunteers to plan, monitor, and evaluate project activities.	HQ	Part time (0.5 FTE)
<b>Field Officer</b>	5	Implement project activities with the support of Community Mobilizer. Provide support to Township Branch Committee.	Township	Full time
<b>Livelihood Technician</b>	1	Responsible to implement livelihood activities in 20 communities	Township	Full time
<b>Watsan Technician</b>	1	Responsible to implement watsan activities in 20 communities	Township	Full time
<b>Community Mobilizer</b>	26	Community and school mobilization meetings and work with village/ward committee to implement the project activities	Village Tract	Full time
<b>DM Delegate</b>	1	Provide technical inputs to the projects, conduct monitoring visit and guide staff members as and when required.	HQ	Part time

(MRCS, 2013)

### 5.3 Geographical coverage

The programme is located in 26 communities located in four region/states within Myanmar, all of which have been severely affected by cyclones and other disasters since 2008.

UDRR activities were targeted to six hazard-prone communities in Yangon, Mandalay and Shan-East. These included sites which were devastated by Cyclone Nargis in 2008.

The CBDRR project component reached out to 20 communities in Rakhine state which were severely affected by cyclone Giri in October 2010. Rakhine state's vulnerability, characterised by high population density, malnutrition, low income, poverty and weak infrastructure, was compounded by the impact of storms and floods.

### 5.4 CB activities

The UDRR and CBDRR project operated on two scales: district and community levels. These activities are described below by scale.

#### National / institutional level

The project was not aimed at the national or institutional level.

At the national level MRCS/IFRC participates and coordinates activities through the DRR Working Group (a national level DRR platform), as well as Humanitarian Country Team meetings and the International Non-Governmental Organizations Forum (MRCS, 2014a).

#### Regional and district level

The essence of the project was to work from the community level upwards initially identifying needs at the grassroots level and then looking for ways to support wards, community leadership and schools to organise and manage the risk reduction activities. Before launching the project, MRCS conducted advocacy and awareness meetings with their own township branches to raise awareness and gain support. The branches also underwent capacity assessments and internal capacity building activities in preparation for the intervention.

The project also supported township branches to form, train and equip 30-member emergency response teams. All target township branches have been supported to develop disaster contingency plans.

An important activity of the project was building relationships with local government partners to support the sustainability of DRR-related community structures and interventions including resourcing, mobilizing and managing DRR activities at the community level (MRCS, 2013).

## Community level

The capacity building activities included community awareness and mobilization, conducting multi-sectoral assessments, base line studies, developing and implementing community action plans and linking communities with government to access services/funding for DRR and CCA activities. The projects were initiated with the Red Cross mobilising pre-formed Village Disaster Preparedness Committees (VDPCs) / Ward Disaster Preparedness Committees (WDPCs) made up of 25-30 male and female representatives. The committees received trainings and conducted multi-sectoral assessments to capture major issues and problems relating to disaster risks and health risks as well as to the sustainability of initiatives for building community resilience. Based on the needs assessments MRCS facilitated groups to prepare Community Action Plans (CAPs) and then supported the groups in achieving their goals. Where they did not exist previously the VDPCs/WDPCs also formed an Emergency Response Team who were trained in disaster response. Participants were trained in a variety of issues such as Early Warning Systems, First Aid, Fire Safety, Water, Sanitation and Hygiene. The Red Cross provided finance for small-scale mitigation activities and customised disaster response kits to each ward/community containing essential first aid, safety equipment and communications materials according to the hazards of the location.

A similar approach was taken in schools. One school was selected in each target area and a School Disaster Management Committee (SDMC) was formed comprising of up to 30 participants including teachers, management and parents of students. A safety team was formed and provided with training in Vulnerability and Capacity Assessment techniques so they could perform assessments with schools and develop action plans. The project provided financial assistance for small-scale mitigation works, hygiene and disaster response kits to each school. Evacuation drills and other awareness-raising activities were conducted to support schools.

The project specifically targeted women, children and excluded populations to raise awareness of the actions to take in the event of a warning. These included household preparedness measures, as well as health-related measures as identified during the assessments (MRCS, 2013).

## 5.5 Analysis in relation to the six principles

In this section, the above described programme is analysed in relation to six principles for effective capacity building in disaster risk management.

### Flexibility/Adaptability

**Definition:** *The need to approach capacity building interventions flexibly, ensuring that the design of the programme can be adapted to the context in which it is applied rather than applied as an externally-imposed 'blueprint'. It includes working with and reinforcing existing skills, strategies, systems and capacities. It also includes understanding and accounting for the political and power dimensions that can contribute to or undermine capacity building.*

**Research question:** *How has the programme approached capacity development in a flexible manner, adapting the approach to context?*

- The programme has been shaped by the needs of the target communities and adapted to suit the context in a number of ways. For example, the Red Cross' formal DRR training lasts for three days but it was clear that this would not work as many in the target areas were reliant on casual labour in the day time for their income. Instead, MRCS adapted their schedule so that the training is conducted over six evenings. Red Cross also had to be flexible in this way in schools as the teachers were unable to commit to the full ten day training sessions, and so they were divided into two groups (one for first aid and one for DRR). Emergency kits were distributed as part of the programme and these were specifically adapted for the location. In particular fire extinguishers were added to kits in areas where fire is a specific risk such as urban areas where families live in close proximity to each other.

## Comprehensive Planning

**Definition:** *The need to carefully design interventions so that they are appropriate, responsive and sustainable. It includes planning on the basis of existing capacity and capacity gaps, and appropriate scheduling of interventions so that pressure to show visible results does not undermine capacity development. Also critical is planning for the long-term sustainability of capacity gains after the withdrawal of interventions.*

**Research question:** *What has been the approach to full programme planning?*

- The Red Cross consulted with the government at state and regional level to identify target locations for the programme and they followed the advice they were given. Red Cross personnel, ward administrators and beneficiaries were all clear that locations had been selected due to high levels of poverty and resulting vulnerability. The Red Cross then met with the township administrator to advocate for the importance of DRR and their programme. The township administrator suggested two specific locations in South Dagon on the basis of their vulnerability and high poverty levels. One respondent suggested that areas were also targeted for support because of the weak building materials used in that location.
- At the beginning of the programme MRCS conducted Vulnerability and Capacity Assessments (VCAs) with approximately 30 people. In VCA exercises communities identify their own risks and possible mitigation activities, with facilitation from MRCS. Interviews with beneficiaries confirm that genuine needs have been addressed through the programme.
- The programme has struggled with its two year timeframe and MRCS plans to request an extra year for implementation. MRCS feel this has been a learning point for them and they strongly emphasise that UDRR and CBDRR takes time and that programmes should be planned for a 3-4 year cycle as a minimum. The programme has found that it takes communities considerable time to absorb new DRR concepts.
- No particular formal measures or tailored exit strategies appear to have been put in place to ensure the sustainability of capacity built during the programme, although there was strong awareness across MRCS staff, beneficiaries and volunteers that communities would ultimately be responsible for the upkeep of equipment and that schools had a responsibility to ensure that learning was passed on to new students. A government representative stated that the government understood that it would need to continue with this work, and is committed to ensuring this happens. In the water and sanitation project there is an expectation that the community will be consulted on the future of the water supply, and that the community will own the equipment and infrastructure once MRCS leave. Sustainability therefore seems to have sprung from the programme's strong ownership, rather than from formal mechanisms or

processes. One Red Cross staff member commented “the commitment of our committees makes the programme sustainable”. However, some interviewees did cite various concerns regarding future sustainability, including having the necessary financial resources and people being able to provide their time when they need to work for their survival.

- MRCS staff stated that the programme has not had a fully developed M&E system. No evaluations have taken place although the staff have undertaken lessons learned activities and are keen for evaluations to happen in the future. The project coordinator monitors activities and outputs on a monthly basis, although there is a concern that the indicators that are used could be improved. The project reports semi-annually to the donor on activities and outputs, progress towards outcome and inter-mediary impacts. The reports also review longer-term impacts including gender considerations and lessons learned for the future. Programme staff are hopeful that they will improve their M&E in future - there is now an established M&E group and they intend to revise the indicators next year.

## Ownership/Partnership

**Definition:** *The need to ensure that those targeted for capacity development have a clear stake in the initiative and its design and implementation, again to help ensure it is appropriate, effective and sustainable. Ownership is likely to rest on active participation, clear statements of responsibilities, engagement of leaders, and alignment with existing DRM/DRR strategies.*

**Research question:** *How has ownership been fostered?*

- MRCS consulted the government at state, regional and district level on the design of the programme, particularly on target locations and to advocate for the importance of a DRR programme. At the design stage they held meetings with ward administrators, community leaders and a local NGO. A government representative described this process as “We discussed together with the Red Cross and we came to the decision that yes, we wanted to work together”.
- A strong sense of community ownership appears to have been fostered by the programme. A reported likely cause of this is that communities provide the labour for the programme. For example, in the water and sanitation element of the programme, MRCS have provided the materials but the communities have provided extensive labour services, for example in the installation of a water supply tube 580 feet deep, the creation of a waste disposal system and drain coverage system and building of household pit latrines.
- MRCS place a high priority on fostering ownership amongst the beneficiary communities, having understood its importance from previous programmes. Staff state that from the start of any programme they emphasise to stakeholders that they have primary responsibility for their own DRM. One staff member stated “I have this technique of asking questions to make stakeholders realise that Red Cross can support but communities are also responsible for their own DRM. I ask ‘Who is responsible for taking care of you in a disaster? And ‘who responds first when a disaster comes?’ From the start we explain the length of the RC programme and that they should be thinking about what will happen after we leave.”
- Several interviewees stated that community participation in the project was good. A beneficiary said that previously community members attended workshops because they were told they had to, but with this project they wanted to be actively involved and were likely to raise questions. Another interviewee stated that MRCS invested more time on the ground than other agencies,

who typically just visit for events and meetings. MRCS were more present, and generated greater participation through running trainings.

- One interviewee commented that the joint approach to planning and implementation with the community was key to ensuring ownership and therefore sustainability. See Box 7 for greater detail.

## Integration of Actors and Scales

**Definition:** *The need to build capacity to coordinate across scales and to work with other stakeholders. Capacity building can act to bridge capacity and communication gaps that commonly exist between national and local levels. Initiatives can focus on building capacity of coalitions of stakeholders, and on building local people's capacity to interact with other stakeholders.*

**Research question:** *How has the programme built capacity across scales and actors?*

- The Red Cross established and energised existing committees for communities, wards and schools to enhance disaster resilience. Part of the aim was to help them understand who is responsible for what in government and how to access support. For example, in one school, the School Disaster Management Committee identified that a building within the school grounds was high risk. The school head, after having attended Red Cross training realised the risk and applied for funding from the Ministry of Education. As a result they received funding to demolish the high-risk building and replace it with a new one TDMCs have also been supported with the specific aim of bringing different actors together to coordinate. MRCS also invited fire fighters, the City Development Council and the transportation department to the training and allowed them opportunities to discuss their concerns.

## Attention to Functional Capacity

**Definition:** *The need to focus on functional capacity building – i.e. building the managerial and organizational capabilities needed to ensure effective decisions and actions can flow from technical know-how. It includes aspects such as improving coordination and decision-making processes. It also includes fostering an enabling environment, such as developing incentive structures for good performance and to ensure staff retention, as well as promoting the wider political conditions to support DRR as a priority.*

**Research question:** *How is the mix of potential elements for CB targeted?*

- The programme has incorporated different elements of CB including both technical and functional elements. This has included the provision of equipment (in relation to the water supply and waste management), community and school based training, awareness raising workshops (including for government representatives from various departments) and support to community DRR committees (e.g. with planning procedures). Where VDMCs were in place but were not very active, MRCS worked alongside them and formed DRR sub-committees which, according to interviewees, are now active (see Box 7).

### Box 7: Stimulating functional capacity at a community level

VDMCs had already been created prior to the arrival of MRCS, whose approach has been to strengthen the work of the committees through training and facilitating meetings. Training has been provided to committees on how to do VCAs, preparedness and mitigation measures, first



aid, emergency coordination mechanisms, hygiene promotion, awareness raising and community mobilisation. Action plans are created in the committee meetings and updated on a monthly basis, and these create an impetus for committees to decide on future actions, define their roles and define the role of MRCS. Typically, MRCS provides 'seed support' to stimulate DRR activities. For example, in one ward the community and MRCS identified that 91 drain covers were needed. MRCS provided just two covers. However, this initial activity has encouraged the committees to approach government departments directly with their assessments and action plans to justify their requests for support.

## Contribution to Disaster Resilience

**Definition:** *The need for a more holistic DRR-influenced approach to DRM capacity. This includes attention to: understanding and planning for long-term changes in risk; moving beyond a focus on short-term emergency management to capacity in disaster prevention, mitigation and long-term recovery; prioritizing the reduction of vulnerability; targeting the needs of vulnerable groups; and addressing gender disparities in both vulnerability and capacity.*

**Research question:** *How has the programme captured wider aspects of the DRR approach?*

- The programme focuses on both mitigation and preparedness. Examples of mitigation activities are work on improving the water supply and waste management systems and restoring roads. Examples of emergency preparedness activities are training emergency response teams, evacuation simulations as part of the SBDRR initiatives, community disaster planning and distributing emergency kits.
- In terms of project impacts and achievements, the creation of a functioning water supply was described by several interviewees as a major achievement, along with ensuring the buy-in from the community to maintain the system.
- MRCS has been actively promoting gender balance in DRM community structures, has conducted specific gender training for various government representatives and conducted gender sensitization meetings in all target areas to engage more women. In urban areas they have found that most of the programme participants are women, because the men are often away from the home for work. The women are relatively well informed about disasters, active in decision-making in relation to DRR within the community and are highly organised. However, in rural areas, under the CBDRR component, MRCS has struggled to engage women as committee members and have found that they are less well informed about disasters.

## 6 Towards capacity building – key lessons from the Myanmar case study

This concluding section brings together a series of key lessons on CB for DRM derived from the case study – drawing both from discussion of the specific programmes and from the wider context of DRM intervention in Myanmar. The material here is organized on the basis of the six ‘principles’ of CB for DRM, already introduced in sections 3-5, and is accompanied by a set of summary statements with associated levels of confidence<sup>12</sup>.

These lessons will be cross referenced with findings from other country case studies conducted for this research project and so are presented here as tentative, initial lessons learned that will evolve and be refined using evidence from other countries<sup>13</sup>. They should not be viewed as final conclusions but as stepping stones that will shape the future research and contribute to the conclusions and policy implications that will be set out in the final analytical report that will be published at the end of the research period. With this in mind, after each ‘lesson’, there is a short statement in italics indicating how it relates to other case studies and how the team intends to take the finding forward during the rest of the research.

### 6.1 Flexibility and adaptability

**Programme effectiveness can be improved by ensuring a highly consultative approach to project design, including extensive in-situ dialogue, particularly in a changing governance context. This has implications for the timescales of DRM CB programmes (High).**

Extensive consultations and participatory involvement of stakeholders were key to ensuring the relevance and effectiveness of the ADPC programme. A series of consultations and consolidation workshops were held, each with a strong deliberate emphasis on participation, and a pilot training course package was implemented before the full programme was rolled out. The target group were pulled into the implementation as well as the design (as a pool of trained trainers), meaning that there was a high level of contextualisation. This required longer timescales, with more time to engage and build trust with stakeholders, and donor flexibility, particularly as the change in the Myanmar government meant that there were continuing significant changes in the political context for the programme. The consultative approach was key to ensuring the design and content of the training was able to adapt to policy change in the context of changing governance.

*This is an interesting finding that may have relevance particularly for fragile states, as they are more likely to be experiencing significant changes in governance context.*

**Sectoral expertise, for example in migration, may provide a strong basis for DRM capacity building through improved access to and understanding of particular target groups (Medium).**

It is highly likely that IOM's sectoral expertise in working with migrant communities improved its access to and understanding of the migrant settlements in its capacity building DRM work in Mon state (though we were unable to test this directly through discussions on the ground). In situations where the context of DRM is heavily influenced by a specific sector we can expect to find a similar

<sup>12</sup> High confidence = conclusion drawn from multiple inputs (3 or more independent sources) with no prominent contradictory views expressed;

Medium confidence = conclusion drawn from more limited inputs (1-2 independent but authoritative sources) with no prominent contradictory views expressed;

(Low confidence (seldom used) = statement drawn from 1 source for which there is doubt over authoritativeness of the source, OR from 1 authoritative source that is countered by contradictory views.)

<sup>13</sup> Please note that the detail of data sources for these statements are not included within this text (this also applies to the analytical points made in sections 2.5, 3.5, 4.5 and 5.5) but we have retained this information as an evidence trail for use when generating the final research outputs from the cross-country study.



pattern in which the expertise and contacts of the specialist organization provide a strong basis for capacity building.

*The team will re-examine whether the sectoral remit and focus of an organisation brings a comparative advantage in engaging people in capacity building in later case studies, if the opportunity arises to study another sectorally-oriented organisation that is engaging in DRM.*

### **Programmes in fragile states have to flex around security concerns (Medium).**

IOM also needed flexibility to manage the ongoing security situation in parts of Kayin state. Based on initial assessments of hazard exposure and capacity needs some areas such as Kaw Karik and Myawaddy were proposed as project sites, but because of conflict in the areas this was not permitted by government authorities. Alternative sites were chosen instead.

*This is similar to findings from Pakistan where programmes were simply unable to operate in conflict zones. This requires skills in security assessments prior to intervention and ongoing flexibility during implementation.*

### **Use of existing structures for capacity development initiatives can bring clear advantages but is not sufficient alone to promote effective uptake (Medium).**

ADPC's approach to developing Information Resource Centres followed the principle of utilizing existing structures – in this case the existing library outreach system coordinated by the IPRD. In doing so, the programme was able to develop and run an accessible resource at low cost. However, the model that was developed did not result in significant take-up among its key target stakeholder groups (members of TDMC and VDMCs) and the model has not yet been replicated.

*This example reinforces the idea that decisions on whether and how to work within existing structures need to be made critically. It may be that an information/awareness initiative such as the IRC may have low 'visibility' to the public if added as a specialist section on DRR within an existing (multi-subject) facility. In future case studies the team will seek to look further at lessons that can be drawn on building CB initiatives around existing structures.*

## **Attention to Planning**

### **Capacity needs assessments, whilst not always conducted prior to an intervention, can play a variety of roles in enhancing programme effectiveness (High).**

Capacity needs assessments of varying types were carried out by each of the programmes studied in Myanmar, although not always prior to the intervention. The CB agenda and the need for and rationale of the interventions were taken as a 'given'. Instead, the assessments were used at an early stage for a variety of purposes including enhancing programme design, identifying the level of interest in skills development, and identifying motivated individuals to work with for the long-term (in a context of high population mobility). Interviewees in relation to the ADPC programme stated that the consultative needs assessments and gap analyses that were integrated into the design helped to ensure the appropriateness and practicality of the programme.

*In order to build further on this theme we hope to identify projects in which a full capacity assessment was undertaken prior to the design stage.*

**An ability to alter timescales and scheduling during an intervention is key to ensuring effective participation and engagement (High).**

Both IOM and MRCS were able to make changes to their timetabling as the programme unfolded to improve effectiveness. For example, MRCS had to adapt their three day training programme to run it over six evenings to account for people's working patterns and change their ten day teacher training to account for the teachers' availability. IOM had to increase the time spent on developing planning templates and alter the timescales for their work with villagers to enhance engagement.

*Findings from other countries suggest that programmes benefit when donor systems allow flexibility around scheduling, and when implementing organisations are willing to be flexible with their timetabling.*

**Building community capacity in a situation of little pre-existing active DRM needs long timescales (High).**

In situations of low starting capacity for DRM at grassroots level, inputs are likely to be required over a longer period. It takes communities considerable time to absorb new DRR concepts, and longer timeframes allow for the reinforcement rather than just the creation of new capacities. Both IOM and ADPC stated that their project timescales were too short. MRCS in particular emphasised that a minimum 3-4 year cycle would be more appropriate for UDRR.

*Criticism of short timescales has been common across the case study countries.*

**Generating technically advanced tools and processes can raise awareness of good standards but may undermine sustainability and ownership (Medium).**

IOM have been supporting TDMCs to produce better quality TDMPs. Whilst the TDMCs have been closely involved in discussions around the content of the plans, IOM staff subsequently drafted the documents – and the detailed documents that were produced were effectively 'models' of good practice. Although the consultative process has likely generated capacity gains in terms of awareness raising, action planning and improving conditions for advocacy, regularly updating the report is likely to present a major challenge for the local TDMC. One interviewee suggested that the township would likely revert to a simpler summary format following IOM's exit, questioning the sustainability of the approach. This situation has been replicated at a village level where village DRR plans were based on consultation and feedback from villagers but writing of the plan was undertaken ex-situ by IOM staff.

*This is an issue that goes beyond technical ability to update and thereby sustain plans. In situations where the final production of plans – ie the process of turning consultation notes into documentation that fits a standardized structured template – is conducted ex-situ there may always be a risk that it undermines ownership because that process surely also shapes, confines and leads the agenda of what is included in the plan. Ideally, for effective CB, active participation would extend through all stages of planning, although this would likely require extra commitment of field time and/or resources. Achieving a balance between the CB virtues of demonstrating 'model' practice and maximizing ownership is a theme we will continue to investigate.*

**Donor pressure can act as a key incentive for conducting M&E (High).**

Approaches to M&E in the case study programmes strongly followed the requirements of the donor. For the ADPC project, for example, regular monitoring of outputs, efficiency, problems, risks and finance was done and was reported to the donor in six-monthly progress reports, as required, but additional M&E activities (for example developing a Theory of Change or conducting independent evaluations) were not undertaken as they were not a specific requirement of the donor.

*M&E practices have been weak in all the case study countries to date, with typical practice not moving beyond monitoring of outputs to consider outcomes or impact. This finding suggests that donors can play a key role in encouraging (and mandating) more rigorous M&E systems and approaches, but would need to provide significant resources to support staff training / guidelines etc in this area.*

## 6.2 Ownership/Partnership

**Effective partnerships with government are built over the long-term, typically on trust earned from a track record of post-disaster interventions. ‘Soft skills’ and a respectful attitude are key ingredients (High).**

Interviewees from both ADPC and MRCS argued that their programmes were more effective because of the relationships they had built up with government over many years, and particularly because of the critical roles that the two organisations had played after Cyclone Nargis in 2008. Key ingredients for effective partnership with government were cited as patience, persistence, politeness, good communication and ‘mutual respect’. IOM equally stated that trust was of critical importance when working with state government, and that it required an investment of time and personal engagement with key government officials – especially so given the changing governance context in Myanmar. One strategy to build trust was to base activities close to the provincial capital so that the intervention had a ‘high visibility’ to government.

*In previous case studies the team has noticed that a recent high-impact disaster in a country typically creates a ‘window of opportunity’ in the enabling environment where DRM is high on the national agenda and DRM finance is more readily available. This example suggests that it is also a key period for establishing good relationships and trust with government, which can pay dividends for years to come. In terms of the importance of mutual respect in partnerships, this dovetails well with the findings from ALNAP’s recent work on partnerships in a humanitarian context.*

**Strong ownership at the community level, fostered through continuous engagement and reinforcement, improves programme sustainability. (High)**

Interviewees expressed some concerns about the sustainability of both the MRCS and the IOM programmes, mainly around future financial resources. Although neither programmes had formal exit strategies, interviewees from the MRCS programme (including staff, volunteers and beneficiaries) demonstrated a strong collective understanding that once MRCS depart responsibility shifts to the community for upkeep of equipment and the passing on of knowledge. Sustainability therefore seems to have sprung from the programme’s strong ownership, rather than formal mechanisms or processes. The programme appeared to have a very high level of community ownership that is likely to have been caused by the design - where communities provide the significant levels of labour required - and through continual emphasis from MRCS staff that the community has primary responsibility for their DRM.

## 6.3 Role of functional capacity building

**Training of junior government staff alone is unlikely to have maximum sustainable impact in translating enhanced skills into improved functional capacity for DRM (High).**

The evidence suggests that if senior staff are not involved in CB initiatives, more junior staff reporting to them may find it difficult to overcome obstacles in the internal enabling environment of the organisation and capitalise on their recent training. Some interviewees stated that following their ADPC training they were limited in their ability to operationalise their new knowledge and expertise, due to non-prioritization of DRR mainstreaming by their superiors. They suggested that

mainstreaming DRM training should be aimed at higher authority levels, right up to Minister level, to ensure that capacity gains lower down the hierarchy can actually be realised and functional capacity improved. However, it should be fully acknowledged that it can be difficult to get higher level staff to attend DRM training.

*Given the prevalence of training as a CB activity this is a significant finding that the research team will continue to investigate in future country case studies.*

**A sustained process of consultation and training can ultimately change ideas around DRM and improve DRM mainstreaming across development sectors (High).**

There is strong evidence that ADPC's consultative processes, continual advocacy and training across a range of stakeholders has resulted in a greater prioritisation of DRM and sustainable improvements in development planning processes and information management. Government interviewees said that the programme had led to an increased national budget for DRR in Myanmar, and more flexible budget allocations at a regional level. DRM / CRM elements are now included in the government project appraisal process and regional planning processes. This represents a significant achievement as DRM is now embedded in short-term and annual planning across several sectors, including health, housing, education, roads and infrastructure, land use and urban planning and agriculture.

*The relative success reported here in mainstreaming DRR into national and regional planning processes mirrors similar success reported in the Pakistan case study. In both cases the process involved sustained advocacy activities.*

**Small and partial gains in capacity derived from interventions remain important in situations in which underlying capacity is weak (High).**

In the situations of low starting capacity for DRM at local level observed in Myanmar, even simple gains in technical capacity are likely to be significant for improved DRM. DRM training and equipment provision remains key. Multiple interviewees emphasised this point particularly in relation to the IOM programme. Gains in capacity recently made within higher level agencies have not necessarily been matched by gains in skills and resources at local level. One state level interviewee argued that if a likely 50-60% of IOM target villages can sustain project activities then that would be a significant success. Again, with CB activities that contribute more directly to functional capacity, such as the development of disaster plans, there is an argument that small or partial gains are still highly valuable in context, even if the process has not fostered ownership as effectively as might be achieved through an ideal CB approach.

*This underlines the point that analysis of capacity building in relation to ideal principles has to be sensitive to context. It has to assess how technical and functional capacity building continue to go hand in hand, and build from one another, and it has to recognize that in some circumstances small and/or partial gains may be realistic both in terms of content and sustainability.*

**Capacity building support can implicitly contribute to building an enabling environment (High).**

Though not necessarily promoted or described as such, several elements of the CBDRR initiatives also included steps toward creation of enabling environments at different scales, including aspects of advocacy, empowerment, and demonstration. National-level workshops on CCCM, for example, were said to have acted in part as an advocacy tool for improved disaster management. The production of comprehensive plans may constitute a form of empowerment in providing townships

and villages with leverage in their interactions with other agencies and funders. The completed TDMPs can and will provide demonstration 'models' to inform other townships.

*As the team undertakes future case studies, it is important to generate other insights into how interventions can implicitly (as well as explicitly) contribute to the creation of enabling environments.*

## 6.4 Scales/interactions

### **Interventions can play a key role in generating upward demand for DRM resources (High).**

In Myanmar top-down governance has been the norm and there are strong political-cultural barriers to interaction with higher-level stakeholders. Part of IOM's programme was deliberately directed at encouraging communities to direct requests for resources upwards. The production of comprehensive plans may act as a tool with which townships and villages can request additional assistance from higher government levels and other agencies beyond their present budget allocations or available resources. MRCS have also undertaken similar awareness raising and equipping for advocacy work through their intervention. Typically MRCS provides 'seed support' to stimulate DRR activities and they have found that this initial activity and their support to VDMCs has encouraged the committees to approach government departments directly with their assessments and action plans to justify their requests for support. One School Disaster Management Committee, following MRCS training, identified a high risk building and was able to successfully apply to the Ministry of Education for funds to demolish and replace it. Committees have therefore been better equipped to interact with, and make demands of, higher level stakeholders in relation to DRM.

*This may be an effective strategy in countries where democratic governance is weak or emerging.*

### **Decentralisation can function as an enabling mechanism for capacity building, but responsibilities ultimately have to be matched with resources (High).**

According to several interviewees, the post-2012 decentralization changes in Myanmar have created a situation whereby decisions, actions and planning on DRR can be undertaken more readily at lower administrative levels, which has itself increased the potential for CB gains to be achieved. Independently from the project, this has arguably created the political (if not necessarily the financial) conditions in which local capacity building gains such as capacity to generate TDMPs can be put into effect.

*The effects of decentralisation in terms of capacity development require careful analysis. Wider development experience suggests that transfer of administrative responsibilities alone is problematic. If these are devolved without the requisite finances and technical support at the local level then decentralisation can act as a barrier to progress, rather than an enabler. The effects of decentralisation should be a key part of the capacity building context investigated through this study.*

### **Scale integration is important if the development of new structures for DRM is to be sustained (High).**

Structures such as DRR committees and plans introduced at one scale should logically dovetail with those at other scales if they are to function effectively together. In the IOM project, for example, both state level and village level interviewees expressed the need to forge stronger links between Village DRR Plans and the TDMPs – which are not presently produced in an integrated manner. Priority actions at township level do not necessarily support those at village level.

*We will continue to look for examples in which CB interventions have taken serious steps to bring about such integration.*



**Training events can strengthen the basis for cooperation and communication between actors and across scales (High)**

Evidence indicates that ADPC's training has strengthened linkages between actors at different scales and increased the likelihood of cooperation and communication on the subject of DRM/CRM. Interviewees discussed how the programme enlightened them on roles and responsibilities for DRM, and the perspectives of different actors. This enhanced understanding and opportunity for personal contact has itself strengthened interaction.

## **6.5 Linkage to Disaster Resilience**

**Different potential entry points for mainstreaming DRR into National Development Policy and plans are available and should be investigated (High).**

The ADPC project fostered what were argued to be significant gains in terms of orienting national development planning across several sectors toward the goal of DRR.

Box 3 outlines the different approaches considered by the ADPC programme to improve DRM mainstreaming in Myanmar. These were:

1. Integrating DRM into an existing section in the national development plan, for example into the 'review of the previous plan' section.
2. Include a separate chapter on DRM
3. Integrate DRM as a cross-cutting issue across multiple chapters in the development plan, for example, urban planning, infrastructure development, agriculture, environment, social welfare etc.

Following extensive consultation it was decided to pursue 2 and 3 in Myanmar.

**Gender considerations are often overlooked in the design of DRM CB programmes. Equal gender representation in DRM activities and committees may be easier to achieve in urban settings than rural contexts (Medium).**

Some interviewees argued that in Myanmar it is easier to get strong participation from women, particularly at a decision making level, in urban areas rather than rural areas. It was suggested that this was because women in urban areas have greater access to disaster information. In one of the programmes gender issues were entirely absent from planning processes and training approaches, and tools were devoid of any reference to gender. In another, the lead organisation tried to encourage female participation but there was no indication that they actively intervened to ensure this.

*The team will continue to look for conditions and mechanisms through which gender plays a stronger role both in the targeting of CB beneficiaries and in the content of capacity development.*

**There was inconsistent focus in local plans on disaster mitigation, and mixed messages about the value of its inclusion (High).**

The MRCS capacity building work at local scale included some activities relating to mitigation such as drainage improvement. In the planning interventions of IOM, there was much greater detail around preparedness and emergency response than on more preventive and mitigative aspects of DRM (this is despite the fact that the term 'DRR' is used in the project title and was frequently expressed in the discussions around the project.) In some cases reference was made to needed structural mitigation measures, such as road, house construction and drainage improvements to reduce flood risk, but, without effective finance for mitigation, interviewees suggested that these generally remained aspirational rather than actionable measures under such resource-poor



conditions. However, it is clear from the text introducing village plans that the provision of detail on mitigation needs is seen by communities as a basis for advocacy and requests for external support.

*In the studies to date preparedness remains a major focus for many interventions, particularly at local level. It is a common thread seen in the case studies that many local-scale projects focussing primarily on disaster preparedness become badged as DRR. In the ongoing case studies we will continue to review the conditions under which capacity building engages with all aspects of the disaster cycle at local scales.*

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## Annex A Perspectives of Interviewees on Key Factors in CB

As part of the research, some interviewees were asked to discuss the factors they felt were most important for the success of CB for DRM. The following table lists the responses given, organised in relation to the 6 principles identified in the inception phase of this research project as key for effective Capacity Building.

**Table 7: Interviewee perspectives on DRM CB success factors**

Principle	Key factors as expressed by interviewees
Flexibility and adaptability	<ul style="list-style-type: none"> <li>• Be flexible and consult with stakeholders, taking their specific needs into account.</li> <li>• More practical, less theoretical activities are required, particularly for the community and village level.</li> <li>• Avoid generic capacity building activities. The project needs to be in line with the context and situation of the country.</li> </ul>
Attention to planning	<ul style="list-style-type: none"> <li>• Carry out needs assessment at the local level.</li> <li>• Draw from the existing knowledge and existing capacity in the community.</li> <li>• It is necessary to have a knowledgeable, resourceful and skilful team delivering the CB activity.</li> <li>• It is essential to have a big enough and realistic budget.</li> <li>• Comprehensive needs assessments are required; programmes should take account of the views and specific needs of stakeholders.</li> </ul>
Ownership/ partnership	<ul style="list-style-type: none"> <li>• Engage communities with your project; make the communities responsible for the CB activities.</li> </ul>



	<ul style="list-style-type: none"> <li>• Involve and specifically target the government departments most relevant to your project.</li> <li>• Ensure the beneficiaries you choose seem to have interest in the programme.</li> </ul>
Role of functional CB	<ul style="list-style-type: none"> <li>• Ensure your programme has a realistic exit strategy and that you plan sustainability and monitoring accordingly.</li> </ul>
Scales/interactions	<ul style="list-style-type: none"> <li>• Make sure you have functioning communication and coordination mechanisms, especially when working across government departments.</li> <li>• CB activities are more effective when all levels of government, national, regional and township level are involved.</li> <li>• Ensure that knowledge and experience is shared across the different government departments.</li> <li>• CB activities should be done at community level, school and university level.</li> <li>• Engage the higher levels of government like Members of Parliament and have ministry level talks.</li> <li>• Advocacy needs to be done at the very top level, for example with Ministers.</li> </ul>
Linkage to disaster resilience	

After this open discussion, key informants were then asked to undertake a scoring exercise for the 6 principles. They were asked to give each of the principles a score of 1-4 according to their importance, with 1 as the highest rating. A total of 42 interviewees produced complete versions of the exercise. The results are summarized in the following table which shows how many people scored 1, 2, 3 or 4 for each principle, and the average score for each principle.

**Flexibility & adaptability** emerges as the principle most vital for success of a cb for drm programme (with 27 out of 42 participants giving it the top rating). **Contribution to Disaster Resilience and Ownership/partnership** are also seen as important factors with 27 and 24 people giving it the top rating respectively. On average, **Integration of Actors and Scales** was seen as the least important factor contributing to the success of cb for drm.

**Table 8: Results of participants rating exercise**

	score 1	score 2	score 3	score 4	average
<b>Flexibility &amp; adaptability</b>	27	14	1	0	1.33
<b>Comprehensive planning</b>	17	23	2	0	1.62
<b>Ownership &amp; Partnership</b>	24	15	3	0	1.45
<b>Attention to functional capacity</b>	18	21	2	1	1.62
<b>Integration of actors &amp; scales</b>	14	23	4	1	1.76
<b>Contribution to disaster resilience</b>	27	10	4	1	1.48

## Annex B Interview Questionnaire Schedules

### B.1 Initial Workshop/Key Stakeholders' Meeting (and/or contextual interviews as required)

*Introduce the project*

*Ask questions based on the list below*

*Request any further secondary sources (documents, data)*

*Request ideas for additional key contacts/interviewees*

Module	Questions	Links to RQ
CONTEXT	What are the main types of hazard affecting the country (frequency and magnitude over last 30 years)?	1
	What have been the main recent changes in disaster risk (re hazard, vulnerability)?	1
	What are the anticipated changes in disaster risk?	1
	What other social, economic or political changes are important for understanding current DRM?	2
	Where does DRM fit within the structure of governance?	3
	How does the quality of overall governance in the country affect the work of DRM organizations?	3

	What is the extent of civil society and citizen engagement in DRM?	3
	How do wider social and political issues impinge on DRM?	3
	What recent DRM/DRR programmes have been implemented in the last 15 years (external and internal)?	4
	What other major external assistance programmes relating to disaster risk have been implemented in the country in the last 15 years?	4
PROGRAMME CHARACTERISTICS	<i>Refer to the CB activities that are being studied.</i> What role have different actors played in shaping/designing and managing each of these initiatives? Who have been the main actors in this process?	5
CAPACITY	What level of DRM capacity exists generally in the country and what are the main shortfalls?	20
	Has this capacity changed recently?	20

## B.2 Interview Question Schedule: CB Actors

*Introduce the project & consent procedure*

*Ask questions based on the list below*

*Undertake 'principles' exercise*

*(where appropriate...)*

*Ask for financial on the project (budget & breakdowns for CB, plus staffing and staff roles – see note \*)*

*Ask for information on M&E procedures (see note \*\*)*

*Request any further secondary sources (documents, data)*

*Request ideas for additional key contacts/interviewees*

\* We need to compile as detailed **financial**/staffing information as possible for each project. It is likely that a specific data collection activity on this may need to be undertaken with an administrative officer of the project (see Additional note).

\*\* We require detailed information on **M&E** and it is likely that that a specific data collection activity on this may need to be undertaken with an administrative officer of the project (see Additional note)

Module	Question guide	Links to RQ
Programme characteristics	<p>What aspect of DRM is the main focus of the programme - preparedness/relief, prevention/mitigation, recovery, or a combination of those?</p> <p>What is the intended operational objective of the capacity (to educate, train, plan, decide or overall action)?</p> <p>What is/was the level of funding for the CB activity, and what was the allocation of funds between different aspects? <i>(see also Additional note)</i></p>	7, 7, 6

Approach to CB process	How was the time-frame for the activity decided, and is this adequate?	9, 8, 10, 10,
	How were capacity needs assessed before the start of the programme?	
	At what stage were key national/local stakeholders identified and engaged in the programme development?	
	What roles have national/local partners played in design, implementation and management of the programme?	
	Are there existing skills and resources that were strengthened through the programme?	
	Has the programme been able to work with existing DRM institutions - formal and informal?	
	Has the CB activity been aligned with national DRM/DRR strategy?	
	Did any political/power constraints exist, and how were they managed?	
	What mechanisms are there to ensure sustainability of capacity gains after the programme ends? Is staff turnover likely to be a problem?	
	How has the activity ensured participation/inclusion of women in the CB activity?	
Content of CB activities	Was a theory of change developed for the programme?	9, 10, 9, 9
	Please describe the M&E procedures and the ideas behind their design? (see also <i>Additional note</i> )	
Content of CB activities	On what elements of CB does the programme place most emphasis (focus on training/individuals, organizational change/institutions, coordination and on power	11, 11, 11,



	<p>structures, enabling environment)?</p> <p>Has the activity sought to develop incentives for good performance or staff retention?</p> <p>Has the activity involved any kind of political advocacy to reinforce DRR as a public priority?</p> <p>Has the programme sought to build capacity at more than one scale?</p> <p>How has the programme sought to build capacity for coordination and interaction between different groups of stakeholders?</p> <p>How has the issue of capacity to manage long-term change in risk been addressed?</p> <p>Has the CB programme paid attention to reduction of underlying vulnerability of people?</p>	<p>12, 12,</p> <p>13, 13</p>
Effectiveness	<p>What worked well, and why in the programme?</p> <p>What did not work well, and why?</p> <p>What were the enabling factors?</p> <p>What were the barriers/limitations?</p>	<p>19,19,19,19</p>

Capacity (general)	<p>What factors would you say are key in ensuring the success of capacity building for DRM?</p> <p><i>Provide matrix of principles for rating exercise with explanation of what each means and the rating categories</i></p> <p>How would you rate the importance of the following 'principles' in enabling effective CB?</p>	21, 21
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## B.3 Interview Question Schedule: Commentators

*Introduce the project & consent procedure*

*Ask questions based on the list below*

*Undertake 'principles' exercise*

*Request any further secondary sources (documents, data)*

*Request ideas for additional key contacts/interviewees*

Module	Question guide	Links to RQ
<b>Programme characteristics</b>	<p>Describe the relationship between the actors funding the CB activity and the actors they are working with</p> <p>What role have different actors played in shaping/designing and managing each of these initiatives? Who have been the main actors in this process?</p>	5, 5
<b>Approach to CB process</b>	<p>What roles have national/local partners played in design, implementation and management of the programme?</p> <p>How has the programme engaged political commitment and local leadership to build ownership?</p> <p>Are there existing skills and resources that were strengthened through the programme?</p> <p>Has the programme been able to work with existing DRM institutions - formal and informal?</p>	10,10, 8, 8, 8,

	<p>Has the CB activity been aligned with national DRM/DRR strategy?</p> <p>Did any political/power constraints exist, and how were they managed?</p> <p>Are the M&amp;E procedures oriented to activities/outputs or to outcomes/impact?</p>	8, 9
Content of CB activities	Has the activity involved any kind of political advocacy to reinforce DRR as a public priority?	11
Effectiveness	<p>Has the CB activity been considered effective in addressing its capacity building objectives?</p> <p>Has this been sufficient to raise functional capacity, and what lessons can be learned in this respect?</p> <p>What lessons can be learned about how effectively the activity integrated CD across scales of DRM?</p> <p>What lessons can be learned about how effectively the activity fostered interaction and coordination between actors?</p> <p>What lessons can be learned about how effectively capacity has been raised to address long-term changes in risk?</p> <p>What lessons can be learned about how effectively capacity to reduce vulnerability has been raised?</p> <p>Whose capacity has been raised?</p>	<p>14, 14,</p> <p>15, 15,</p> <p>16, 16, 16,</p>

	<p>Is the capacity gain sustained/likely to be sustained?</p> <p>How closely has the activity addressed pre-existing capacity needs?</p> <p>What worked well, and why in the programme?</p> <p>What did not work well, and why?</p> <p>What were the enabling factors?</p> <p>What were the barriers/limitations?</p>	<p>17, 18, 19, 19, 19, 19</p>
Capacity (general)	<p>What factors would you say are key in ensuring the success of capacity building for DRM?</p> <p><i>Provide matrix of principles for rating exercise with explanation of what each means and the rating categories</i></p> <p>How would you rate the importance of the following 'principles' in enabling effective CB?</p>	<p>21, 21</p>

## B.4 Interview Question Schedule: Group interviews

*Introduce the project & consent procedure*

*Ask questions based on the list below*

*Undertake 'principles' exercise*

*(Undertake M&E exercise - if appropriate)*

Module	Question guide	Links to RQ
Approach to CB process	<p>How has the programme engaged political commitment and local leadership to build ownership?</p> <p>How has the activity fostered a culture of reflection and flexible learning among DRM actors in how they plan and undertake their work?</p> <p>Did any political/power constraints exist, and how were they managed?</p> <p>What mechanisms are there to ensure sustainability of capacity gains after the programme ends?</p>	10,10, 8, 9
Content of CB activities	<p>How has the programme addressed coordination and communication between scales?</p> <p>Has the activity addressed the capacity needs of highly vulnerable groups?</p> <p>How has the programme addressed the gendered dimensions of vulnerability and capacity?</p>	12, 13, 13



Effectiveness	Has the CB activity been considered effective in addressing its capacity building objectives?	
	Has this been sufficient to raise functional capacity, and what lessons can be learned in this respect?	14, 14,
	What lessons can be learned about how effectively the activity integrated CD across scales of DRM?	
	What lessons can be learned about how effectively the activity fostered interaction and coordination between actors?	15, 15,
	What lessons can be learned about how effectively capacity to address long-term changes in risk has been raised?	
	What lessons can be learned about how effectively capacity to reduce vulnerability has been raised?	
	Whose capacity has been raised?	16, 16, 16,
	Is the capacity gain sustained/likely to be sustained?	
	How closely has the activity addressed pre-existing capacity needs?	
	What worked well, and why in the programme?	
	What did not work well, and why?	17, 18, 19, 19,
	What were the enabling factors?	19, 19
	What were the barriers/limitations?	

Capacity (general)	<p>How has existing capacity in DRM been achieved? How important has the activity been in this?</p> <p>What factors would you say are key in ensuring the success of capacity building for DRM?</p> <p><i>Provide each participant with the matrix of principles for rating exercise with explanation of what each means and the rating categories</i></p> <p>How would you rate the importance of the following 'principles' in enabling effective CB?</p>	20, 21, 21
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## B.5 Final Workshop

*Introduce the project & consent procedure*

*Present and discuss initial findings*

*Ask questions based on the list below (possibly in breakout groups)*

*Undertake M&E exercise*

Module	Question guide	Links to RQ
Context	<p>What other social, economic or political changes are important for understanding current DRM?</p> <p>How does the quality of overall governance in the country affect the work of DRM organizations?</p> <p>What is the extent of civil society and citizen engagement in DRM?</p> <p>How do wider social and political issues impinge on DRM?</p>	2, 3, 3, 3
Capacity (general)	<p>What level of capacity in DRM exists and what are the main shortfalls?</p> <p>Has capacity changed recently?</p> <p>How has existing capacity been achieved? How important has the activity been in this?</p> <p>What factors would you say are key in ensuring the success of capacity building for DRM?</p> <p><u>Which of the following 'principles' do you think is most important and why?</u>  <u>(provide list of principles with explanation of what each means)</u></p>	20, 20, 20, 21, 21