Strategic Research into National and Local Capacity Building for DRM
Philippines Fieldwork Report

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<td>AADMER</td>
<td>ASEAN Agreement on Disaster Management and Emergency Response</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>ADPC</td>
<td>Asian Disaster Preparedness Centre</td>
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<td>ASEAN</td>
<td>Association of South-East Asian Nations</td>
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<td>BDRC</td>
<td>Building Disaster Resilient Communities</td>
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<td>BDRRMC</td>
<td>Barangay Disaster Risk Reduction Management Committee</td>
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<td>BRACHED</td>
<td>Building Resilience and Adaptation to Climate Extremes and Disasters</td>
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<td>CA</td>
<td>Christian Aid</td>
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<td>CB</td>
<td>Capacity Building</td>
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<td>CBDRM</td>
<td>Community Based Disaster Risk Management</td>
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<td>CBDRR</td>
<td>Community Based Disaster Risk Reduction</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DFID</td>
<td>Department for International Development (UK)</td>
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<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>DRRNET</td>
<td>Disaster Risk Reduction Network</td>
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<td>EWS</td>
<td>Early Warning System</td>
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<td>IFRC</td>
<td>International Federation of the Red Cross and Red Crescent Societies</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>LDRRMO</td>
<td>Local Disaster Risk Reduction Management Office</td>
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<td>LGU</td>
<td>Local Government Unit</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>NCBDRM</td>
<td>National Capacity Building for Disaster Risk Management</td>
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<td>NCSB</td>
<td>National Statistical Coordination Board</td>
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<td>NDCC</td>
<td>National Disaster Coordinating Council</td>
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<tr>
<td>NDRRMC</td>
<td>National Disaster Risk Reduction Management Council</td>
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<tr>
<td>NSO</td>
<td>National Statistic Office</td>
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<tr>
<td>OCD</td>
<td>Office of the Civil Defense</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>OPM</td>
<td>Oxford Policy Management</td>
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<tr>
<td>PAGASA</td>
<td>Philippine Atmospheric, Geophysical and Astronomical Service Admin</td>
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<tr>
<td>PDRRMO</td>
<td>Provincial Disaster Risk Reduction Management Office</td>
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<td>PINGON</td>
<td>Philippines International NGO Network</td>
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<td>PRCS</td>
<td>Philippines Red Cross Society</td>
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<td>PRPs</td>
<td>Philippines Resilience Programmes</td>
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<td>Q&amp;A</td>
<td>Quality and Accountability</td>
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<td>RA 10121</td>
<td>Republic Act. Philippine Disaster Risk Reduction and Management Act</td>
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<td>RC/RC</td>
<td>Red Cross/Red Crescent</td>
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<td>SBDRR</td>
<td>School Based Disaster Risk Reduction</td>
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<td>SNAP</td>
<td>Strategic National Action Plan</td>
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<td>UDRR</td>
<td>Urban Disaster Risk Reduction</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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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. The Philippines is the fourth case study, conducted in January / February 2015. This report sets out the approach taken and the findings of the Philippines case study. Two 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 the Philippines by national consultants Dr. Emmanuel Luna and Dr. Jake Rom Cadag, both from the University of the Philippines.

1.2 Methodology

In the Philippines, 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 the team selected two 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 the Philippines 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 the team to look at a balance of different scales, contexts, disasters and CB for DRM activities. On occasion the team will select programmes that are similar to facilitate comparison, at other times unusual projects will be selected, that could offer lessons learned to a wider 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 the Philippines, 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 and suggestions from the national consultants in the Philippines.

Several programmes were ruled out for the following reason:

- Some of the DRM programmes in the Philippines did not meet the criteria outlined above and in the research methodology. Most of the capacity building activities focused on training only or provision of materials only.
Two programmes emerged as appropriate case studies:

- OCD-JICA: DRRM Capacity Enhancement Programme.
- Christian Aid: Philippines Resilience Programmes.

The Office of Civil Defense (OCD) and the Japanessee International Cooperation Agency’s (JICA) programme was included in this study because, upon closer investigation, it was noted that this was the leading government programme related to capacity building for DRM. The project was aligned with recent DRR policies and laws in the Philippines and it included different actors and scales across national, regional, provincial, and community levels. The programme specifically worked on capacity building for DRM at all levels. Christian Aid’s (CA) programme provided an opportunity to investigate how an international organisation assists in the capacity building process of smaller non-government organisations (NGO’s). Documentation suggested that CA had played a key role in supporting the creation of effective DRR networks in the Philippines and the team decided to investigate that process more closely. The organisation specifically funded, targeted and assisted NGOs to integrate DRR into development programmes.

Both initiatives fit in with the selection criteria and reached from the national to the community level. The combination of the initiatives was believed 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’ 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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1 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 14 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 Philippines 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 30 key informant interviews were conducted during the fieldwork with a total of 85 participants, 56% of whom were women. Five group interviews at subnational and community level were conducted; this included four mixed groups and one female-only group. Of the key informant interviews, 29 were interviewed as actors in the two selected capacity building programmes and one was interviewed as commentator for the Christian Aid programme. Information on context was gathered during the two workshops representing 20 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 donors, implementers, and those engaged primarily as programme beneficiaries. The remaining key individual informants provided contextual information or commentary on the selected programmes. There were 14 attendees at the final workshop.

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 the Philippines. 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:** Overall the Philippines did not represent a high security risk; nonetheless OPM’s security protocols were followed for travelling to high-risk areas within the country. As a result the team did not encounter major security problems.

**Timings:** The Papal Visit to the Philippines impacted the research team's ability to plan as many offices were closed or busy with activities related to the visit. The research team delayed the visit by a week to account for this. Additionally the research team normally gathers project documents from the selected initiatives a few weeks before arrival in country to identify research focus areas and a preliminary list of stakeholders to interview. Because of the selected initiatives' protocols for sharing documents externally and the extended holiday period related to the Papal visit, most documents were not accessed until arrival in the Philippines. The result was fewer informant interviews than in other case study countries.

**Financial analysis:** The team was able to collect substantial budget information for the Christian Aid programme, but only selected information for the JICA-OCD programme as it is not JICA policy to share financial data externally. It was particularly challenging to get breakdowns of financial data related just to capacity building. Nevertheless, the fact that both selected programmes were almost exclusively focused on CB for DRM facilitated our ability to analyse the resources required for the various CB activities and we were able to collect information on staffing numbers for different CB activities.

**Commentators:** As in most countries, in the Philippines it was a struggle to find interviewees that could serve as commentators for the selected initiatives. The trend has been that only those who have a stake in the initiative are familiar enough to comment. Hence only one commentator interview was done.
2 Country context

General Background

The Philippines comprises over 7,000 islands in south-east Asia and was colonised by Spain (for 300 years) and later by the US (for 48 years), before emerging as a democratic state after World War II. The country adopted the American system of government where the President is elected directly by the people and there are three branches of government (the executive, legislative with the Senate and the Lower House, and the judicial branch).

There has been progressive economic growth and an improvement in the Human Development Index (HDI) ranking of the Philippines between 1980 and 2010, although the rate of improvement is slow compared to East Asian neighbours. The country ranks 117th out of 187 countries in the HDI (UNDP, 2014). Between 1985 and 2000 poverty fell by 0.7% per year which suggests a steady but slow improvement in poverty levels. In 2000 33.7% of Filipinos were considered to be below the poverty line (ADB, 2009). The country is experiencing rapid population growth, which has contributed to the slow improvement in poverty despite numerous poverty reduction efforts. In 2010 the population was 92 million, having increased from 76 million in 2000 (NSO, 2010), and it is estimated that the country’s population passed 100 million in 2014. Corruption is a continuing problem in the country, with government scandals frequently covered in the press.

Disaster Risks

The Philippines, due to its geographic location, is exposed to several natural hazards and ranks in the top five most disaster affected countries (Guja-Sapir et al, 2014a). The 2014 World Risk Report ranked the Philippines as the country with the second highest risk of disasters globally due to increased vulnerability and exposure to hazards both in the urban and rural areas (Alliance Development Work, 2014). From 1900 to 2014, approximately 68,000 people were killed and at least 186 million people were affected by disasters associated with natural hazards in the Philippines. The economic losses have reached 23 billion USD (Guja-Sapir et al, 2014b). Typhoons occur year round, but particularly June to December (Unisys, 2012). In November 2013 the Philippines was devastated by Typhoon Yolanda (Haiyan), which was considered one of the strongest typhoons of the century, killing at least 6,000 people and affecting 16 million. The total economic damage was approximately 90 million USD (NDRRMC, 2014).

There are concerns that entrenched social and wealth inequalities in the Philippines contribute to increasing vulnerability of the poor to natural disasters as they are marginalised and increasingly disadvantaged. Disaster victims are not well distributed across socio-economic classes, but are typically poor and marginalised politically, geographically (as they live in hazardous places) and socially (as members of minority groups) (Gaillard and Cadag, 2009). Interviewees stated that losses from disasters were increasing, not just because of increases in the number and scale of hazards, but because of population growth (through increased birth rate and internal migration) and urbanisation.

2.3 DRM governance structure and policies

From the 1940s, the focus in the Philippines was disaster response, with a top-down approach, driven by external agencies. There was a significant change towards DRM in 1978 when President Marcos issued a Presidential Decree aimed at ‘Strengthening the Philippine Disaster

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2 Using data from CRED’s Emergency Database (EM-DAT) based on the number of reported events between 2008 and 2013.
Control, Capability and Establishing the National Program on Community Disaster Preparedness’. The NGO community were pivotal in lobbying for this broader approach to disaster management and a focus on community based DRM in particular (Luna, 2001, 2006, 2009, 2010). The Philippines adopted the Hyogo Framework for Action (HFA) 2005-15 which provided a high level emphasis on DRM. In 2006-7 the government, with inputs from the NGO community, drafted the Strategic National Action Plan (SNAP) which included support for the passage of a DRM law. In 2008 the NGOs established the DRRNet, a network of NGOs in the Philippines, which advocated strongly for the DRM law. In 2010 the Republic Act 10121 on Disaster Risk Reduction and Management was passed, institutionalising a focus on DRR and DRM for government policies and structures.

The National Disaster Risk Reduction Management Council (NDRRMC) serves as the highest government body when it comes to DRR policy making body, coordination, integration, supervision, monitoring and evaluation. It is headed by the Secretary of the National Defense. There are four Vice-Chairpersons each focusing on a different aspect of DRM: the Department of the Interior and Local Governments for disaster preparedness, Department of Social Welfare and Development for disaster response, Department of Science and Technology for disaster prevention and mitigation, and National Economic Development Authority for disaster rehabilitation and recovery. The NDRRMC is composed of the Secretary (cabinet level) of 14 Departments; 14 heads of other government agencies, including the Philippine Red Cross; five leagues of Local Government Units; four CSO representatives, one private sector representative and the Administrator of the Office of the Civil Defense (RA 10121, 2010).

The Office of the Civil Defense is an agency of the Department of the National Defense, and serves as the administrator of the national civil defense and disaster risk reduction and management programmes. The Administrator of the OCD serves as the Executive Director of the NDRRMC. There are also Regional DRRM Councils and Regional Offices of the OCD.

Local Government Units (LGUs) are composed of different levels: provinces, cities, municipalities and barangays (communities). At each level of the LGU except in the barangay, there is a Disaster Risk Reduction and Management Council, whose structure and function are similar to the national level, but with the local counterparts as the members. In each LGU, there is a Local Disaster Risk Reduction Management Office (LDRRMO) which was established by the RA 10121. At the community level, there is a Barangay Disaster Risk Reduction Management Committee (BDRRMC). The LDRRMO and the BDRRMC are “responsible for setting the direction, development, implementation and coordination of disaster risk management programs within their territorial jurisdiction” (RA 10121, 2010).

The country’s National Disaster Risk Reduction and Management Plan 2012-2028 (NDRRMP) outlines the activities aimed at strengthening the capacities of the national government and the LGUs together with partner stakeholders, in building disaster resilient communities and in institutionalizing mechanisms for disaster risk reduction.

**Recent history of DRM interventions**

Many external actors are supporting the government in DRM, including bilateral donors JICA, CIDA and AUSAID and INGOs such as Christian Aid. A number of large multilaterals such as the World Bank are also engaged, (developing risk assessment tools), UNICEF (working on child-friendly DRR) and UNHCR who have been developing contingency planning guidelines. The government has also supported a number of DRM related initiatives including Project NOAH, a hazard mapping NGO operating in the Philippines.
The Philippines has a number of insecure areas and this has impacted on donor programming for DRM capacity building, although in different ways. Some donors reported deliberately targeting insecure environments and working through local counterparts to make this possible, accepting that progress may be slowed by insecurity. In contrast, others said they had to stay away from fragile zones due to their headquarter’s aversion to risk and regulations on the travel of internationals.

Interviewees stated that civil society has played a pivotal role in improving DRM capacity in the Philippines. This role is institutionalised in that there have to be four representatives from the NGO community on the NDRRMC and on LDRRMCs (one from a community level organisation, one from a humanitarian organisation, one from a faith-based organisation and one from an academic organisation). In particular, the NGO network was instrumental in lobbying for the DRM law and still plays a strong role in policy-making and advocacy work, CBDRM, M&E and awareness raising.

**Status of DRM capacity in the Philippines**

A 2008 assessment of the Philippines rated DRM capacity as 2.27 (out of a possible 5) meaning “low to very low in the ladder of accomplishments and progress in implementing DRM” (NDCC, DND, ADB, UNDP, 2008). However, there has been significant institutional development for DRM since then and a more recent assessment in the World Risk Report 2014 stated that the country has made considerable improvement in terms of coping strategies and adaptation to disasters. Interviewees argued that there has been progress in relation to institutionalising DRM over the last decade, particularly due to the DRM law which has been critical in creating an enabling environment for policy development and the creation of DRM structures. There have also been efforts to follow international guidelines in relation to DRM, for example AADMER³ and Sphere Standards in Humanitarian Response⁴.

The Philippines has a decentralised disaster management system but this is hampered by inadequate awareness and training of local government officials as well as low education levels, shortage of financial resources allocated for DRM at the local level, lack of personnel and a persistent tendency to focus on emergency response rather than mitigation and preparedness (Luna, 2003). However, interviewees noted that the law provides a focus and a framework to guide LGU activity, and that it allows LGUs to access funds specifically earmarked for DRR.⁵ Some sources referred to corruption in times of disasters and relating to DRM funds, which generally undermines the enabling environment for effective DRM programmes.

The frequency of disasters in the Philippines has impacted on DRM capacity building both positively and negatively. Interviewees argued that the regularity of disasters has placed a strain on government capacity and distracts attention from DRM. On a practical level, DRM programmes are frequently delayed as personnel are drawn into response operations. However, it has also had a positive impact in raising public awareness of the need for DRM and improved funding levels for DRM activities. Also, particular disasters have given opportunities to evaluate the impact of DRM initiatives, learn from this and assess gaps in capacity.

³ AADMER is comprised of 10 member states in the Asia Pacific region. Its purpose is to fortify ASEAN’s regional policy and compliment 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/)

⁴ The Sphere Project is a voluntary initiative that establishes a Humanitarian Charter and Minimum Standards in Humanitarian Response to promote and improve accountability of humanitarian actors to their constituents, donors and affected populations.

⁵ 5% of the LGU budget is earmarked for DRM activities, with 70% allocated to disaster preparedness and mitigation and 30% to response. However, review of one barangay budget showed that much of the 70% had been spent on infrastructure which was related to mitigation but could also have been funded by other sources.
3 OCD-JICA DRRM Capacity Enhancement Programme

Table 1: The DRRM Capacity Enhancement Programme at a glance

<table>
<thead>
<tr>
<th>Research question</th>
<th>Overview at a glance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which actors are involved in the CB activity?</td>
<td>The programme is funded by JICA, with some additional funding from the implementing agency, the Office of Civil Defense (OCD). Actors benefitting from the programme include national and regional level OCD staff, local government units (LGUs) and selected barangays (local communities).</td>
</tr>
<tr>
<td>What is the funding level and duration?</td>
<td>US$3.12 million⁶ was provided by JICA over the 3 year period (March 2012 – March 2015).</td>
</tr>
<tr>
<td>What is the scope of the activities?</td>
<td>The programme has 4 components: planning, support to disaster response operations through ICT development, education and training, and CBDRM.</td>
</tr>
<tr>
<td>What is the geographical focus?</td>
<td>The programme targets national, regional, provincial, municipal and community levels. The planning component was pilot tested in Region 2, Province of Cagayan and Isabela. The CBDRM component was pilot tested in the city of Balanga and Morong municipality, Province of Bataan.</td>
</tr>
</tbody>
</table>

The Disaster Risk Reduction and Management Capacity Enhancement Programme (CEP) aimed to build upon existing capacities to strengthen the planning and implementing capacity of OCD, to standardize DRRM activities and training, and to improve information management (JICA, 2014a). The programme was divided into four distinct components, each targeted at different levels and comprising different activities:

**Component 1: Planning** – A National Guideline has been produced which should be followed in the production of DRRM Plans. Under this component, a 5-day workshop was held at the regional level and 3-day workshops held at Provincial, Municipal/City and Barangay levels to develop a DRRM Plan. OCD coordinated the workshops with JICA providing the technical inputs.

**Component 2: Operations.** This component aimed to improve DRM information management systems. JICA has supported the implementation of three databases (one containing data on respondents existing capacities, the second providing an historical record of disaster information, and a third for monitoring on-going incidents). JICA has provided mapping equipment, for example a server and a printer, and has provided technical support and training on maintaining the databases.

**Component 3: Training and Education.** The new DRRM law stipulates that there should be a National Training Institute for DRR to train all government personnel and other sectors including the private sector. Under component 3 a series of training modules on DRM have been developed

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⁶ The amount provided was 370 million Japanese Yen. This has been converted using xe.com currency converter on 9th February 2015.
which will form the basis of three different levels of courses rolled out to OCD staff (basic level, advanced and executive level). This will become the curriculum of the training institute.

**Component 4: CBDRM.** Under this component a training programme was developed using a participatory approach. As a pilot, a ‘training of trainers’ course was conducted at national and regional level (region 3), which was then rolled out to municipal / city level and down to barangay level. The component has resulted in a standardised module for CBDRM which will be adopted by all government agencies and many non-governmental training institutes and organisations.

Due to time constraints, the research team prioritised investigating components 1 and 4, although a small number of interviews were held with individuals involved in components 2 and 3.

The activities are described in sections 3.1 to 3.4, followed by an extended analysis in relation to the 6 principles of CB7 in section 3.5.

**Programme actors**

The Japanese International Cooperating Agency (JICA) is an international development agency that has been assisting the Philippines for the past 40 years. Initially focusing on infrastructural development, the agency is now engaged in governance projects and in recent years has developed an interest in funding disaster risk reduction and management.

The Office of the Civil Defense (OCD) is the implementer of the programme. The OCD is the Secretariat of the National Disaster Risk Reduction and Management Council. It is the central coordinating and implementing body for DRRM activities in the country (RA10121, 2010). OCD is also a main beneficiary for the programme, along with the Local Government Units (LGUs) and the barangays selected as pilots.

The Center for Disaster Preparedness is a non-governmental organization based in Manila. CDP was contracted by JICA to assist in component 4 on CBDRM. This has involved compiling and refining the training manual and conducting participatory ‘training of trainers’ workshops.

The programme has an oversight committee called the Joint Coordinating Committee (JCC) which is composed of about 30 agency-members of the NDRRMC. However, only the agencies that are concerned with the implementation of the CEP are called to attend the quarterly meetings.

**Funding and timescales**

The programme has a three year timetable running from March 2012 to March 2015 (JICA, 2014b). No extensions are anticipated and JICA is preparing for the end of the programme, having completed the terminal evaluation 6 months prior to the end of the programme.

JICA provided 370 million yen for the programme, which converts in today’s prices to over US$3 million. All the funding relates to capacity building as it is the focus on the entire programme. The money was spent on short term Japanese consultants providing technical assistance, study tours, capacity building activities such as training and workshops, equipment and other related costs. The budget is not transferred to the OCD. Unfortunately, JICA were unable to share a budget breakdown with the team due to internal regulations. Such information is considered confidential by JICA in order to secure the competitiveness of future contracts. The table below presents the costs related to the pilots, although this only concerns approximately 70 million of the 370 million yen budget.

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7 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.
In turn, the OCD provides funding in-kind through the provision of counterpart personnel, provision of office space and associate utilities for the JICA team in the OCD office. OCD and the LGUs also contribute to the cost of workshops and travel. OCD was not able to provide budget information specifically for their contribution to the CEP as their budgets do not disaggregate spending in this way. However, one interviewee estimated that approximately 50 OCD staff were involved in the programme for 5-10% of their time (equates to up to 5 FTE staff members over the duration of the programme).

### Table 2: Breakdown of JICA Costs For Pilots

<table>
<thead>
<tr>
<th>Item</th>
<th>FY 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>Total Yen</th>
<th>Approx. % of spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>JICA staff salary</td>
<td>7,426,610</td>
<td>18,159,179</td>
<td>4,826,205</td>
<td>30,411,994</td>
<td>44</td>
</tr>
<tr>
<td>Communication and excess fees</td>
<td>80,174</td>
<td>139,345</td>
<td>38,632</td>
<td>258,151</td>
<td>1</td>
</tr>
<tr>
<td>Local travel</td>
<td>3,359,152</td>
<td>9,850,386</td>
<td>1,127,803</td>
<td>14,337,341</td>
<td>21</td>
</tr>
<tr>
<td>Documentation</td>
<td>146,000</td>
<td>200,000</td>
<td>0</td>
<td>346,000</td>
<td>1</td>
</tr>
<tr>
<td>Consumables</td>
<td>671,895</td>
<td>1,575,038</td>
<td>775,963</td>
<td>3,022,896</td>
<td>4</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,613,000</td>
<td>1,897,000</td>
<td>0</td>
<td>3,510,000</td>
<td>5</td>
</tr>
<tr>
<td>Local consultant fees</td>
<td>3,066,000</td>
<td>0</td>
<td>6,000,000</td>
<td>9,066,000</td>
<td>13</td>
</tr>
<tr>
<td>Training related expense</td>
<td>1,679,586</td>
<td>4,501,734</td>
<td>1,290,327</td>
<td>7,471,647</td>
<td>11</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18,042,417</td>
<td>36,322,682</td>
<td>14,058,930</td>
<td>68,424,029</td>
<td></td>
</tr>
</tbody>
</table>


#### Geographical coverage

With the exception of the pilot testing for component 1 on planning and component 4 on CBDRM, the programme has not yet been rolled out across the Philippines. The planning component was pilot tested in Region 2, in two provinces: Cagayan and Isabela. In Cagayan, it was also pilot tested in the municipality of Alcala and in Isabela in the City of Iligan. The CBDRM component was pilot tested in Region 3, in the province of Bataan, and with Balanga City and in the municipality of Morong. One barangay in each of Balanga City and Morong were selected for community level testing.

Component 2 on operations was focused at the national OCD level, and provided some direct support to LGUs. The training and education component (component 3) was also targeted at national level staff in OCD and national agencies. The intention is that those involved in the ToT will cascade their learning to lower administrative levels.

#### CB activities

CEP operated at several different levels. These are described below by scale.

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8 All entries in this section were based on interviews with the OCD National and Region 2 and 3 staff, CDP, PDRRMO of Bataan and Cagayan: CDRRMO of Balanga; MDRRMO of Alacala.
National level

Most of the activities under CEP have been focused on the national level, as the programme has primarily been about building institutional and organisational capacity by developing manuals, training courses and standardising DRM procedures. The intention is for these courses, templates and manuals to be rolled out at subnational levels, but this will mainly happen after the departure of JICA and the official end of the CEP programme, under OCD’s guidance. Pilots have been conducted at subnational levels (see sections below).

The focus and activities of CEP at national level have varied under each component:

**Component 1** (Planning) At the national level, the CEP produced modules and planning manuals / templates which OCD used in assisting regions and provinces to develop their local DRRM Plans.

**Component 2** (Operations) was focused on the national level and aimed to establish three DRM related databases to improve the communications capabilities of OCD, particularly in times of disaster. This required technical assistance from short-term JICA consultants, the provision of equipment and training of OCD counterparts at national level.

**Component 3** (Education and Training) aimed to develop modules to constitute six training courses for different levels of OCD staff. Materials have been collated from various earlier courses on DRM and modules were pilot tested in 2014. The courses have now been allocated budget for 2015 and are included in the HR Plan for 2015. Study tours to Japan were also undertaken. National level staff from OCD, other national agencies and LGUs are the intended beneficiaries.

**Component 4** (CBDRM) involved CDP as a local partner organisation contracted by JICA directly pulling together a comprehensive training manual which was presented and refined at a national workshop hosted by OCD, JICA and CDP together. Participants were able to critique the training material and provide written feedback which was incorporated into the manual. A Technical Working Group consisting of representatives from several different agencies was convened to collaboratively produce the manual over a two year period. At the time of writing the manual is still in draft form but is expected to be finalised by the end of the programme.

Regional and district level

Actual activity at the subnational level was limited to the pilot testing that was undertaken for components 1 and 4.

Under the planning component pilot testing was conducted in Region 2, which involved JICA experts and OCD staff members conducting assessments and holding a planning workshop. The output of the process was the development of a Regional DRRM Plan. The regional OCD staff then replicated this process at the provincial level in two locations and developed Provincial DRRM Plans. In turn, the Provincial DRRM Office (PDRRMO) in each of the provinces replicated what was done at the city / municipality level and produced a City / Municipality DRRM Plan.

As part of the component on CBDRM (4), a 'Training of Trainers' workshop was held in Region 3 as a pilot. This was attended by provincial staff and agencies as well as representatives from CDP, who designed the materials and ran the workshop. Participants had to have prior experience of training / teaching and of DRM. Participants were assessed and certain individuals were selected to conduct ToT for city and municipal LGU staff in similar interactive workshops covering the same CBDRM material. Again, selected participants went on to deliver CBDRM training for community leaders at the barangay level.
Community level

CEP activity at the community level was limited to the pilot testing for components 1 and 4. Under the planning component (1), in the Municipality of Alcala, Cagayan Province, Region 2, the MDRRMO conducted a planning workshop for the municipality with the participation of all the barangay chairs from all the communities.

Under component 4, as mentioned above, in the City of Balanga and Municipality of Morong, the CDRRMO/MDRRMO conducted CBDRM workshops involving the community residents. The trainers were individuals who had received training and mentoring support from the Regional level ToT CBDRM workshop. Simulation exercises were also conducted in the communities, facilitated by the leaders.

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.

3.1.1 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 implementers are the Office of Civil Defense, who take a strong lead in all activities (see ownership section for more detail). As a result the programme is aligned with government priorities and policies.

• The passing of the RA 10121 DRM law created political will for DRM capacity building and an enabling environment for the CEP. JICA, CDP and OCD staff of different levels noted that the law had provided the impetus for the development of the programme and all CEP activities were designed around the specifications included in the law. For example, the law states that a Training Institute should be established and component 3 of the CEP was designed specifically to develop the curriculum and modules that will be used in that institute. One OCD staff member stated “after the law we realised there was a capacity gap, so we went to speak to JICA”.

• Care was taken throughout the programme to ensure that the overall design and component activities were based on an understanding of capacity needs on the ground. A number of different capacity assessments were undertaken as part of the CEP. The overall programme was developed following an extensive ‘Preparatory Study’, which identified four areas of particularly evident capacity needs. These four areas went on to become the four components of the CEP. An additional capacity assessment was undertaken under the training and education component (3). The Center for Disaster Preparedness (CDP) was contracted to assess the capacity of LGU officials in four provinces, cities and municipalities. The DRRM system, structures, roles and strengths of the OCD and LGU personnel were assessed by written examination and this information became the basis for developing the training modules.
under component 3 of the CEP. Capacity assessments were also undertaken as part of the Planning component. At the regional level hazard and vulnerability assessments and capacity assessments were conducted and at the provincial level JICA and Filipino consultants gathered data on community hazards and needs, including carrying out on-site inspections and interviewing at the Barangay level.

- The interactive style of the training workshops enabled the programme to be relevant to the context. Both the Planning and the CBDRM components involved ToT workshops held at national, regional, provincial, municipal and community level. Interviewees were highly complementary about the workshops, in particular praising the interactive style of the events, which included knowledge sharing, simulations, planning and VHA exercises and games, with an emphasis on how to pass the information on effectively as trainers. This was appreciated particularly because it gave opportunity for participants at all levels to discuss and build on their own experiences and identify their own local capacity needs. One participant said ‘it was not a student-trainer training’. Local languages were used and the content of the sessions was tailored to the level of the target audience, with some of the higher level information (e.g. on DRM law) excluded. Workshop participants were also given the opportunity to feedback on the quality and content of the training materials and their comments were incorporated into revised versions.

- Poverty acts as a barrier to participation in CBDRM and the CEP used various methods to improve participation of poorer individuals and families. Interviewees noted that it is difficult for subsistence fishermen (a target audience) to attend training as their absence from work would mean they would have no food for their families. When providing CBDRM workshops at the barangay level one Provincial DRM Office tried to overcome this barrier by providing rice as an in-kind payment to participants in return for attendance which they felt was critical to ensure attendance. However, in a different barangay no additional food was given to participants apart from snacks during the workshop. One interviewee felt that the lack of provision of food had reduced participation as some people had to continue working. Workshops at the community level were condensed into 3 days rather than the 5 days taken at Regional and Provincial level, in an attempt to improve attendance.

**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 section below on ownership outlines how the project was first conceived. As mentioned above, two major capacity assessments were completed – one prior to the start of the programme, the Preparatory Study, and another as part of the design stage for component 3 on Training and Education. The Preparatory Study was done collaboratively between OCD and JICA. (See section on ownership for more detail). The Component 3 assessment was conducted by the Center for Disaster Preparedness, a Filipino NGO with specialism in DRM. (See section above on flexibility for more detail).
For several components of the CEP (Planning, Education and Training, and CBDRM) training was rolled out from the national level down to municipal and barangay level using a Training of Trainers approach. The ToT approach was carefully designed to ensure that there was not a ‘watering down’ of quality at lower levels. This was done through the careful selection of participants and, subsequently, trainers, and personal mentoring with formal performance feedback. Participants were selected against certain criteria: they had to have DRM knowledge or experience and have the potential to train others. For the CBDRM training at barangay level that meant that people like teachers and community leaders were selected. For Component 3 (Education and Training) it meant that people from the training team in the OCD office were chosen. The model followed across the CEP was that participants in the national ToT workshops were observed by JICA, CDP and OCD and a small number were selected and mentored to become trainers at regional level. At regional workshops a small number of participants were selected and mentored to become trainers at provincial level, and so on down to barangay level. In each of the workshops the trainers were observed and given detailed feedback on how they could improve. The trainers and participants at each level were also given the opportunity to make suggestions of how to improve the training materials. There was therefore a high degree of attention paid to ensure appropriate trainers were used at every level, and that there was personal development for those taking part. “I learnt how to improve myself” as one trainer remarked.

The original proposal was for a three year programme and this schedule has been stuck to, with no plans for an extension. OCD were keen for a longer timeframe, but agreed to three years with JICA. Because the programme is embedded within OCD there are a number of follow-on activities planned. Despite delays due to hazards and staff turnover in OCD, the original plan was largely implemented, with only minor scheduling and personnel changes.

There was mixed evidence across the programme components and types of interviewees in relation to the future sustainability of the programme. Formal sustainability planning did not appear to have been a key consideration throughout the programme cycle, however, the programme is clearly strongly owned by government (see section on ownership) and so there is an implicit assumption that work will be continued. Major concerns arose from several interviewees, particularly operational staff, who expressed concern that both turnover (see bullet below) and lack of finance would prevent the Component 1 and 4 pilots ever being scaled up and rolled out nationally for planning and CBDRM. Despite this, a senior government official stated that sustainability planning for the whole of the CEP had taken place at a strategy level and budget would be made available for 2015 and beyond, stating that “there is a strong desire to continue with the programme and fully implement what has been started”. In relation to Component 3 (Education and Training), the plans and budget are in place for the modules developed under the CEP to be rolled out to OCD staff indicating a high level of sustainability for that element of the programme. In relation to CBDRM (component 4), at sub-national level a mixed picture emerged in the pilot areas as provincial staff confirmed that budget was not available for rolling out the training, however, at municipal level interviewees stated that the CBDRM training would be rolled out to all 24 barangays, using city funds if the barangays were unable to finance the activities themselves. Clearly then, the end of the formal JICA programme does not mean that all CEP related activities will stop, primarily because the programme has been so integrated into government priorities and activities in the country. Although maximising sustainability does not appear to have been a key concern, and significant barriers in terms of finance and turnover exist, there is good reason to expect that the CEP outputs will continue to be used for several years.
Multiple interviewees mentioned that turnover was a major problem and hindrance to capacity building. This has been a particular problem at the leadership level as there have been four different administrators in OCD during the three years of the programme, as this is a political appointment. Turnover has also been a problem on the JICA side, both amongst core staff and consultants, who are all on short-term contracts. The impact on the programme has been delays as activities have to be paused to reorient the new staff. Turnover is particularly high at a regional level which threatens the sustainability of capacities that are developed – at a provincial and municipal level staff are often on temporary contracts or fulfil multiple roles. Apart from running additional training for new staff interviewees did not mention measures that had been put in place to mitigate the effects of turnover.

The M&E framework for the programme is largely donor-driven to meet JICA standards, rather than being driven by OCD’s M&E processes. There is a project logframe with output indicators that are monitored although not all staff were aware of its existence. There are also outcome and impact indicators but information has not yet been collected in relation to these. JICA produce monthly reports, a mid-term evaluation and a final report which are all sent directly to Japan. The reports are shared with OCD counterparts but are written by the JICA team only. No independent evaluation has been undertaken or is planned. The project does not appear to have had a strong impact on OCD’s M&E capacities.

Despite the lack of M&E at the programme level, there are various mechanisms for collecting beneficiary feedback and monitoring implementation under the different components of CEP. Training participants can comment on the format and content of the workshops they attend under components 3 and 4 and the DRM plans developed under component 1 have to include M&E.

Although JICA and OCD worked together from the pre-design stage, there was not always consensus. An example of this was the selection of sites for the pilots under components 1 and 4, which caused some disagreement between JICA and OCD. OCD were keen to select the areas with the lowest capacity and the highest vulnerability to hazards. JICA had similar criteria, but were concerned that those LGUs with the lowest capacity might not be able to achieve programme objectives, that some areas might be inaccessible for their own staff for security reasons, and they were also keen to work in locations where they had existing programmes. The final decision was made by JICA. It is not possible to say which selection would have been most appropriate, but the example demonstrates that where an external donor is involved, multiple factors contribute to project design, and vulnerability is not the only concern when selecting beneficiary areas.

**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?

OCD are the implementers of the CEP and feel a strong degree of ownership for the programme. Interviewees on both the JICA and the OCD sides were keenly aware that OCD view themselves as leading the programme, with support from JICA. For example, an OCD staff member commented “we know this is an OCD project and we very much feel like it is our
initiative… Before, OCD used to be very donor driven and just follow what the donor said. Now we are not like that anymore and we have more of a ‘this is what we would like, take it or leave it’ approach.”

- Although this was the first time that OCD had received technical assistance from JICA, OCD were familiar with JICA’s approaches as they had provided short-term courses to other government agencies. This organisational familiarity was also boosted by “rapport, trust and confidence” between the JICA Regional Representative and high-level OCD staff.

- The idea for the programme was originally conceived by OCD, who then presented the idea to JICA. This is clearly a significant reason underlying the strong ownership of the programme – it is essentially a demand-driven intervention. There was a strong alignment between the desires of OCD in terms of focusing on CBDRM training and beginning to implement the new DRM law, and JICA’s interest in moving from infrastructure projects to fund more governance and DRM policy work in the Philippines. In the words of one interviewee “there was a need and desire from both parts to cooperate and this is important”.

- Ownership has been fostered by focusing on collaborative working from the beginning, before the programme had even been designed. Discussions were held between OCD and the JICA TWG and a subsequent ‘preparatory study’ was conducted by a joint JICA/OCD team over approximately one year between 2011 and 2012. Information was gathered from different government agencies and OCD at regional levels, and then analysed to identify the capacity gaps. It was from this study that the four components of the CEP were identified and a project design matrix was developed and submitted to JICA for approval and subsequently the Philippines government. This kind of collaborative design work was identified as a key ‘lesson learnt’ from the programme.

- The evidence suggests that the two organisations have a robust relationship, with neither party taking a lesser role. Two examples were mentioned of JICA making a decision that was not shared by OCD – the selection of the pilot sites (see section on flexibility) and when JICA declined to pay for the building of a training institute, preferring to fund the development of a curriculum and training modules instead.

- Although the Preparatory Study was a joint venture, not everything has been done in collaboration. JICA appear to handle some elements on their own, including M&E, selection, prioritisation and scheduling of consultants. At other times they have worked together, for example in the Planning component, then OCD started the process and the Japanese team arrived later and worked to enhance the process and implement the pilot testing. In one region the plan was drafted by JICA but finalised by the regional OCD office, who then published it at their own expense.

- This is also reflected in the funding arrangements for the programme where JICA fund some elements (workshops, consultants), and OCD fund others (domestic travel, staff salaries, office space). This co-funding arrangement appears to have strengthened ownership as both sides know that they are contributing to activities.

- Even the language used by JICA and OCD staff conveys the sentiment of collaboration – JICA deliberately refer to themselves not as a ‘donor’ but as a ‘development partner’, the CEP not as a programme but a ‘collaboration’ and the JICA/OCD relationship is termed not as mentorship
but as working with ‘counterparts’. JICA have a 40 year history of working in the Philippines and care is taken on both sides to ensure that the good relationship is preserved and the partners operate with mutual respect.

- That said, there is a clear acknowledgement that JICA has superior technical knowledge, expertise and capacity, and this awareness contributes to OCD’s keenness to be involved in the CEP. One OCD staff member commented “the Japanese are good in DRR and they are good in technology, so it’s a good opportunity for us to learn”.

- Interviewees stated that the ‘counterpart’ approach to capacity building worked well. JICA consultants are placed in OCD for short-term periods and are assigned one OCD staff member to work with as a ‘counterpart’ in a peer mentoring relationship. The JICA office is within the OCD building. The JICA consultant is expected to provide technical assistance, but also help with more managerial capacity building, e.g. project management, improving administrative procedures, standardising documentation. One OCD counterpart commented “at first I was irritated because they were very demanding and we were asked for a lot of deliverables on top of our regular job load, but I have realised that actually having them seated in here is a good opportunity for my staff to learn from the Japanese and to be exposed to their work ethic and their knowledge…. We appreciate their support because we are understaffed and couldn’t do all the work they do plus our normal workload”. A JICA interviewee stated the reason for the success was that communication was two-way – “our approach is not only to teach, but to discuss and take into consideration what OCD have to say”.

- On a programme level, study tours to Japan were used to incentivise commitment to the programme. At a component level, participation in training events was encouraged by the use of high quality venues enabling people to stay away from home, and giving out free emergency response equipment.

- The programme is overseen by a Joint Coordination Committee (JCC) that acts as a mechanism to keep the project on track, to monitor activities and to function as a final decision making body. It comprises senior officials – typically heads of agencies - from OCD, other selected government agencies and JICA, and is chaired by the OCD Under-Secretary. It effectively operates like a Board, providing policy direction and guidance and dispute resolution. Any disagreements between JICA and OCD can be raised in this forum for discussion and final decision. It has been negatively impacted by high turnover, but has been effective at ensuring involvement of senior management across different government agencies, as they have to be engaged to be able to follow discussions and contribute an opinion.

Box 1 Frequent disasters can act as both a driver and an obstacle for effective DRM CB

The Philippines experiences a high frequency of disasters and interviewees noted that this impacts on DRM capacity building in both positive and negative ways. In relation to CEP, interviewees stated that the regularity of disasters had a positive impact in that it raises popular awareness of the need for DRM and it increases participation at community level. One individual stated “when people experience actual disaster then they become more active” (Karieem). Frequent disasters also provided an opportunity to evaluate progress in CEP and to identify continuing capacity gaps. (Takaaki). For the planning component for example, a stakeholder stated that “we had the opportunity to try the plan in an actual disaster and to evaluate how it worked. We realised that there were challenges but overall it did work. The plan wasn’t perfect and it was OCD themselves who realised that some
things had to be reviewed and changed”. However, the high frequency of disasters has also negatively impacted the CEP as OCD staff are responsible for disaster response. When a disaster strikes OCD staff have to prioritise response activities over CEP work. Sometimes the postponement creates extra work – for example delays due to Typhoon Vinta meant that refresher workshops had to be held once CEP work resumed.

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 project aims to build support at multiple levels across the different components, from the national level right down to the barangay. Under components 1 and 4 pilot training and workshops were held at national, regional, provincial, municipal and barangay levels.

- Several interviewees noted that manpower was constrained at the national level, with OCD trying to fulfil multiple functions alongside their DRM responsibilities. OCD was typically described as ‘understaffed’ and ‘overstretched’. This has negatively impacted the CEP as OCD staff often do not have enough time to dedicate to the programme, for example OCD had to stop CEP work to focus on security planning for the Pope’s visit in January. Plans are afoot to hire 1500 new members of staff across levels to complement the existing 400.

- Several interviewees noted that capacity in terms of human resources and finances were particularly constrained at the local level, with the PDRRMOs and MDRRMOs often operating without permanent, dedicated DRM staff. LGUs are autonomous, but still have to comply with the 17 new functions mandated in the RA 10121. DRM plans are often missing at provincial and Barangay level. Many LGUs request DRM training but do not have the funding to pay for it.

- Several interviewees stated that the CEP had improved OCD’s capacity to coordinate both vertically and horizontally. Examples given included OCD at a regional level being able to help the Aparri municipality (based in a different region not covered by the pilot) to develop a DRM plan, using the skills they had developed through the CEP, and OCD being able to answer requests for DRM support from other government agencies. Training participants at sub-national levels claimed that their awareness of other agencies involved in DRM had improved, and they were able to expand their networks, creating stronger partnerships with other agencies. In self-assessments OCD staff had stated that their ability to coordinate had been improved by the programme, although some JICA staff argued that OCD’s lack of technical capacity was a real barrier to effective coordination capacity. (Nakamura, Takaaki, Katherine). One interviewee stated “They have started meeting more with other agencies and communicating more, but because they aren’t specialists the meetings and conversations don’t go deeper and do not end up in real actions.”

- At a national / programme level the Joint Coordination Committee was a successful forum for raising awareness of OCD’s DRM mandate, resolving disputes and ensuring the engagement of multiple senior level officials (heads of agency level) in DRM discussions. See ownership section for more details.
Different activities were undertaken as part of the CEP components which required multi-agency coordination. For example, for the development of the ‘BIG’ CBDRM training module under component 4, a Technical Working Group was established, comprising representatives of PRC, DILG, Commission of Higher Education, Department of Education, Department of Health, CDP and the Local Government Academy. This group met, reviewed and revised the BIG module over a period of 2 years. The workshops under the Planning component provided a positive opportunity for OCD to include personnel from different government agencies and to draw in new members from LGUs who were not from the pilot area.

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 CEP has four different components and involves activities aimed at improving technical understanding of DRM, but also some aimed at improving functional capacity. The focus of the CEP has been technical training and the outputs largely are manuals, workshops and templates. However, the programme has resulted in some concrete outputs that relate more to functional capacity, including DRM plans at different levels, standardised manuals and HR plans. Interviewees argued that functional capacity had also been built through the process of developing and rolling out technical materials – “it’s the process that matters, the learning, the experience of working with the JICA team” and “We didn’t get just knowledge, we learned a lot. The staff became more effective resource persons in DRR”.

- Evidence collected during the fieldwork suggests that the programme has had considerable impact both on raising the technical skills of OCD staff, government agencies and barangay level individuals but also on producing sustainable functional capacity. How this has been done differs across the programme components:

  - **Component 1: Planning.** Outputs of this component include a simplified and finalised planning template and an M&E tool which has been developed to ensure that monitoring is built into all DRM plans. This was implemented in one region as a pilot and resulted in a final approved regional plan in 2013. Prior to the project the region had a plan but it was response focused and had not been adapted to the new law. One participant stated “now our plan is more pro-active. There was a paradigm shift from response to DRR”.

  - As part of the pilot this process was then replicated at provincial level and municipal level. In the pilot province, a plan was also developed with support from JICA as a direct result of the CEP. Again, the province had previously had a plan but this was purely response focused. Activities included in the new plan are training and capacity building, and the construction of evacuation centres (four are now currently underway, each with capacity to hold approximately 500 families). In the pilot municipality a first draft of the municipal DRM plan was developed in
the CEP workshops and consultations. The plan is still in draft form requiring annexes and final editing but it has already been approved by the Sanggunian Bayan (the Legislative Council) and budget has been allocated.

- One municipality, Appari, which was not involved in the CEP pilot, requested the workshop and training for themselves in order to develop their own plan, and the Regional DRRM Office was able to replicate the workshop and training, without assistance from JICA. The LGU paid for the food and accommodation and the RDRRMO provided the materials. This is an example of planning capacity being developed at a regional level and enabling the RDRRMO to support lower levels of government in developing their own DRM plans.

- **Component 2: IT / Operations.** The team did not investigate this component in depth due to time constraints, but a senior government official confirmed that the database has now been established and staff trained in how to maintain it.

- **Component 3: Training and Education.** Prior to the project, DRM training modules existed but these were not standardised and training was delivered on an ad hoc ‘by request’ basis. As a result of the project trainings have been compiled into three modules (basic, advanced and executive) to provide structured training courses to be delivered to all OCD staff and other government agencies. It is the intention that these courses will form the curriculum of the DRM Institute that is mandated, but not yet established, in the DRM law.

- An HR training plan for rolling out the modules for 2015 is now in place, with associated allocated budget. One interviewee emphasised that the production of technical materials has contributed to increased functional capacity: “They [JICA] have given us the ability to mainstream DRR in OCD and across agencies… Before, OCD had no career plan for its personnel. Now, with the JICA-OCD project OCD has a human resource development programme. We used to do office work but we did not have knowledge about DRRM.”

- **Component 4: CBDRM.** The main output of component 4 is what stakeholders refer to as the ‘BIG’, ie. the comprehensive CBDRM training manual which has been developed and piloted (it is currently in final draft form). The BIG is intended to be the standard guidance document for all CBDRM conducted nationwide not just by OCD but by other agencies and organisations. Two other organisations have already adopted it (with permission from JICA / OCD) as the basis of their CBDRM and the DILG and several other CSOs are requesting permission to use it. This is an example of the CEP having a wider positive impact on DRM institutions in the country than was originally intended. Evidence was also collected from one MDRMMO that they were planning on rolling out the CBDRM training to all 24 barangays in their municipality, and had plans and budget in place to do so. Like under component 1, this is an example of local officials being able to take the training they have received and support lower administrative levels, without direct support from JICA.

- It is also important to note that the training course itself is not a passive learning exercise – it is structured in such a way that the workshop produces a Barangay Disaster Risk Reduction Plan. During the training maps are drawn, hazards identified and a ‘write-shop’ is incorporated where the plan is written collaboratively. After the plan is developed then a drill is held. If a Barangay DRM committee is not already in place then it is formed during the training and roles and responsibilities are assigned.
Participants in one of the barangay CBDRM pilot areas emphasised the impact that the training had produced in their community. They stated that before the training it was extremely difficult to evacuate people because of reluctance to leave their possessions, but following the CBDRM training Typhoon Glenda struck and all families were easily evacuated with no casualties. One interviewee commented that the community was asking if they should evacuate following announcements from PAGASA— they “proactively responded to the typhoon… [they] became more active… they wanted to volunteer…”

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?

- On a programme level, CEP activities are focused on preparedness, rather than mitigation or recovery. There is no focus on long term changes in risk. However, several interviewees noted that the programme had been effective in shifting the focus of OCD and other agency staff from just response to preparedness.

- Following the new DRM law, 17 new functions were assigned to OCD, including mainstreaming DRM into development planning, and establishing local DRRMOs. Although the law embeds the four thematic areas (Disaster Prevention and Mitigation, Preparedness, Response and Recovery) this is still relatively new and the previous response focus is often in evidence – “the idea changed but the reality stays the same”.

- Several training participants stated that the training modules used under component 3 and the CBDRM training module covered all four thematic areas of DRM. On inspection of the training materials for both the OCD trainings and the CBDRM it was noted that the recovery section focused solely on conducting Damage and Needs Assessments. However, this does not negate the fact that training participants were able to recall that they were taught about a DRM cycle with four thematic areas, including recovery as a key element. Material on CCA and global warming was also included.

- Gender is a well-known concept in the Philippines and several interviewees stated that the programme was ‘gender-sensitive’ or ‘mainstreamed gender’. However, they were unable to cite specific ways in which gender had been addressed, typically saying that both men and women had been involved in activities, but not necessarily mentioning ways that women had been targeted or gender differences in relation to vulnerabilities had been addressed. Some light targeting took place in some parts of the CEP, for example for component 3 the invitations sent to agencies requested gender balance and trainers reported various numbers of women present in trainings.

- The CBDRM training materials themselves were not developed in consultation with a gender expert and there are no specific sections related to gender. One interviewee laughed “we are saying it is gender sensitive but we are not so sure”. Another stated that the module was
‘inclusive in that it makes sure that the needs of all vulnerable groups such as elderly, children, people with disability and women are considered. However, this is in a very general sense’.
## 4 Christian Aid’s Philippines Resilience Programmes

### Table 3: Philippines Resilience Programmes at a glance

<table>
<thead>
<tr>
<th>Research question</th>
<th>Overview at a glance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which actors are involved in the CB activity?</strong></td>
<td>The programme was funded by the Department for International Development (DFID) and Christian Aid (CA). CA was the implementer. The programme activities were targeted to the CA team, CA implementing partners, national and local government, academia and communities.</td>
</tr>
<tr>
<td><strong>What is the funding level and duration?</strong></td>
<td>Total budget for Philippines Resilience Programmes over 8 years ($2,981,271) Building Disaster Resilient Communities programme (2007-2010) 4 years BDRC Budget Total: $497,529* DFID: $445,892 CA: $51,637 (does not include research and publications or travel costs) Conflict, Security, Humanitarian and Justice Programme (2011-2015) 4 years PPA Budget Total: $2,483,742 DFID: $1,804,696 CA: $679,046</td>
</tr>
<tr>
<td><strong>What is the scope of the activities?</strong></td>
<td>The CB activities included training and learning events, advocacy, support for the establishment of a DRR network and a learning forum. Implementing partners conducted a range of DRM/CCA-related CB activities targeted to communities and LGU’s including disaster preparedness, response, recovery, mitigation, prevention and advocacy activities.</td>
</tr>
<tr>
<td><strong>What is the geographical focus?</strong></td>
<td>CA’s CB for DRM activities reached all regions of the Philippines and focused on areas of high risk.</td>
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OPM selected Christian Aid’s Philippines Resilience Programmes (PRPs) as the second case study for the research. The research team studied two related programmes within CA’s portfolio, both of which had rich experience in CB for DRM.

The first programme, Building Disaster Resilient Communities (BDRC), was a global CB and learning initiative that supported local partner organisations in southern Africa, South and East Asia and Central America in their effort to strengthen community resilience. The BDRC programme addressed early warning systems, vulnerability reduction, social protection and participatory disaster-responsive governance.
BDRC’s programme objectives were:

- To incorporate disaster risk reduction (DRR) into community development work, carried out by CA’s partners and ecumenical networks, using the sustainable livelihoods approach;

- To elevate DRR as a policy priority by promoting the active involvement of civil society in the preparation of local and national development plans (Neame et al, 2009).

The next programme, following in relation to BDRC, was the Conflict, Security, Humanitarian and Justice Programme funded by the DFID Programme Partnership Agreement (PPA). (The programme will be referred to hereafter as PPA.) The main goal of PPA programme is to facilitate multi-stakeholder partnerships to address risk, through integration of development and DRR goals and disaster planning activities. CA provided national CB for DRM activities for partners and extended grants to 13 implementing partners to implement DRR/CCA-related projects (Christian Aid, 2013).

The programmes’ activities were targeted at the organisational, community and individual levels. Collectively, these two programmes will be referred to as the Philippines Resilience Programmes (PRPs).

The activities of the programmes are described in sections 4.1 to 4.4, followed by an extended analysis in relation to the six principles of CB in section 4.5.

### 4.1 Programme actors

The PRPs were primarily funded by DFID. DFID does not have a dedicated presence in the Philippines; however the BDRC was funded as a global programme to address DRR and CCA in high-risk countries (ICAI, 2014).

CA also acted as a funder for the PRPs. CA is a faith-based international non-government organisation which funds implementing partners to conduct development activities in 37 countries. (Christian Aid web-site) CA’s work in the Philippines began in the 1970s and has included promotion of social justice through programmes that address poverty reduction, environmental protection, protection of indigenous people, sustainable livelihoods and disaster risk reduction. (Christian Aid, 2012).

The implementer of the Philippines Resilience Programmes was CA. CA worked with a number of partners to promote CB in DRM. Some of the notable working partners were the Philippines International NGO Network (PINGON), National Institute for Geological Sciences (NIGS) and the Center for Disaster Preparedness (CDP).

CA provided grants to 21 implementing partners over the course of the PRPs to implement DRR and CCA-related projects. CA had existing relationships with most of these agencies prior to the implementation of the PRP’s (Polotan de la Cruz et al, 2011).

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9 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.

The PRPs, at the national level targeted CA staff and implementing partners, CSOs, academia and government\textsuperscript{11} including policy makers. At local levels, programmes were targeted to at-risk communities and local government including the city, municipal, barangay, sitio or purok (hamlet) levels.

**4.2 Funding and timescales**

The PRPs were implemented with funding support from CA and DFID with a total budget of $2,981,271 over the span of eight years.

The first programme, BDRC, spanned four years from 2007-2010 with a budget of $497,529 excluding research, publication and travel costs\textsuperscript{12} for the Philippines. DFID provided $445,892 and CA provided match funding of $51,637. The programme budget was entirely for CB for DRM. The programme supported one CA staff member in Manila, national level CB for DRM learning activities conducted by CA and grants to 11 implementing partners to implement nine DRR/CCA-related pilot projects. Administrative and monitoring and evaluation costs were also covered under this budget.

The PPA programme spanned four years from 2011-2015 and had a total budget of $2,483,742 of which DFID provided $1,804,696 and CA provided $679,046. Grants were shared amongst 13 implementing partners for DRR and CCA-related activities. Staffing costs are related to one staff member at CA headquarters in Manila plus staffing for the implementation of grants. The “Other CA team and Learning Events” budget line included costs of national-level CB of partners.

**Table 4: Breakdown of Costs of CB for DRM Activity**

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<tbody>
<tr>
<td>Total:</td>
<td>$617,902</td>
<td>$670,160</td>
<td>$713,760</td>
<td>$481,920</td>
</tr>
<tr>
<td></td>
<td>DFID PPA</td>
<td>CA</td>
<td>DFID PPA</td>
<td>CA</td>
</tr>
<tr>
<td>Grants to partners</td>
<td>350,897</td>
<td>188,726</td>
<td>320,000</td>
<td>196,400</td>
</tr>
<tr>
<td>Staffing</td>
<td>58,386</td>
<td>0</td>
<td>79,680</td>
<td>0</td>
</tr>
<tr>
<td>Other CA team and Learning Events</td>
<td>19,892</td>
<td>0</td>
<td>74,080</td>
<td>0</td>
</tr>
<tr>
<td>Sub-Totals:</td>
<td>429,176</td>
<td>188,726</td>
<td>473,760</td>
<td>196,400</td>
</tr>
</tbody>
</table>

Data taken from BDRC and PPA budgets.

*Historical exchange rate average from 2011-2014 on OANDA.com (1GBP = 1.60USD)

**4.3 Geographical coverage**

The geographical coverage of the PRPs was the whole of the Philippines. Over the course of the PRPs, efforts were focused in areas deemed to be at high risk of natural disasters. The Visayas

\textsuperscript{11} National level government targets: National Disaster Risk Reduction and Management Council including the Department for Interior and Local Government, Department of Social Welfare, Department of Science and Technology and the National Economic Development Authority

\textsuperscript{12} Because CA changed their grants management financial tracking system in 2012 and costs were shared between several countries, they were unable to provide the full breakdown of costs for BDRC Philippines at this time.
region, in particular, suffered from several disasters over the timeframe of these programmes and therefore programme activities were stepped-up to address DRM issues in this region.

CA targeted their efforts to reach a selection of urban, rural and national levels through their implementing partners.

4.4 **CB activities**

CA operated at national, district and community scales in the implementation of the PRPs. These activities are described below by scale.

4.4.1 **National level**

Following a DRR Capacity Assessment of Partners, in 2007 CA established and hosted the Learning Initiatives Forum (later called the BDRC Learning Circle) made up of stakeholders including implementing partners, community practitioners, academia and scientists. Using input from these groups, CA created a 10-day Comprehensive DRR training course. The course was designed to capture key action points and thematic areas of the Hyogo Framework, namely governance, risk assessment, knowledge management, risk management, vulnerability reduction and disaster preparedness and response. Participants of the training went on to analyse specific hazards faced in the Philippines and developed case studies of disaster preparedness, mitigation and rehabilitation (Neame et al, 2009).

While advocacy for integrating Disaster Risk Reduction and Management (DRRM) into national law and policies remained an objective, the BDRC Learning Circle needed a platform to raise its voice to influence national levels. For this reason, CA contributed to the establishment of DRRNet in 2008 which took a lead role in advocacy activities for its members. DRRNet’s role in legislative advocacy ranged from direct involvement in crafting of a DRRM bill and its implementing rules and regulations, participating in committee and public hearings to conducting research and evidence-based presentations, carrying out awareness-raising activities and networking. DRRNet also participated in the formulation of the Strategic National Action Plan for Disaster Risk Reduction (SNAP) which contains 18 priority programmes for the Philippines from 2009-2019 (Polotan de la Cruz et al, 2011). DRRNet continues to operate today and has transformed its objective from supporting the development of DRRM law to monitoring the implementation of the DRRM Act of 2010 and reinforcing it at local levels. During the PRP’s CA provided grants to a total of six national level implementing partners to advocate for DRR and CCA issues.

Throughout the PRPs, the Learning Circle has conducted a series of CB activities such as reflection workshops, customised training sessions and exposure visits to existing DRM projects, mentoring and coaching. Another CB activity of CA amongst implementing partners was peer-to-peer learning, termed by CA as “accompaniments.” Depending on specific needs, accompaniments were implemented once or twice a year to support implementing partners. If one partner was struggling to implement a new type of programme or activity, an individual from an agency with more experience was seconded to work with them for up to a month to provide coaching and mentoring support. If the required support was not within the partners, CA staff or a consultant was sometimes used.

4.4.2 **District / Community level**

During the PRPs CA provided grants to 15 implementing partners to conduct DRM/CCA activities at district and community levels. Some partners deliberately focused on rural issues and others on urban issues to apply the DRR models in different contexts.
At the district/community level, The OPM team studied the programme of one CA implementing partner Mindanao Land Acquisition, Housing and Development Foundation (Minland Foundation) entitled “Building Pilot Disaster Resilient Communities in Two Urban Barangays along the Davao River,” which was funded under the PPA Programme from 2011-2014.

The project aimed to increase the capacities of local people in selected poor communities to resist, reduce, and respond to the possible disasters and hazards. Key aspects of the program were:

- Community-based Response Teams: Participatory Vulnerability and Capacity Assessments (PVCA) and Thematic Mapping (TM) exercises which, amongst other outcomes, led to the formation of 30-person Purok Disaster Action Teams (PDATs). The teams created Action Plans to improve resilience and strengthen links with the barangay council. A livelihoods component helped community members to increase income to reduce their vulnerabilities.
- Local DRR Advocacy: Representation of PDAT in Barangay DRRM Council and activities. PDAT was linked with the Barangay Quick Response Teams.
- Hazard Mapping: Establishment of hazard maps in coordination with city and barangay-level government to improve DRRM recognition in city land-use planning and participation in resettlement action plans for people living in high-risk zones.
- Knowledge Management: Documentation of outputs and learning from participatory monitoring and evaluation processes. Documents are used internally and by the barangay and city level government to inform DRRM planning (MinLand, 2011).

4.5 Analysis in relation to the six principles

In this section, the above described programme is analysed in relation to six principles for effective CB in DRM.

4.5.1 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?

- Prior to BDRC CA partners saw DRM as out of their remit. However because all of the implementing partners’ development programmes had been affected by frequent disasters, an emerging consensus developed that disaster risk reduction must be faced by both NGOs and communities alike and that the creation of creative community-based responses would ensure greater resilience amongst communities (Neame et al, 2009). Mainstreaming DRR in the development goals was then a common goal for the CA and its partner NGOs. Interviewees stated that this shift in perspective was essential for the success of the PRPs.

- The PRPs were designed entirely to support and broaden resilience capacity and to respond to the changing context of the Philippines. While the PRPs had a global framework from which to operate, programmes were heavily shaped by the context and priorities of the individual countries and communities. The PRP programme designs are directly linked to the Hyogo Framework for Action (of which Philippines is a signatory). Extensive assessments were made at all levels to identify the context and DRM CB needs through a DRR Capacity Assessment,
Programme Needs Assessments and PVCAs at the local level. The assessments are described in more detail in the next section.

- Throughout the PRPs CA project areas continued to be affected by several disasters associated with natural hazards, including Typhoons Bopha, Durian, Haiyan and Ketsana. CA adapted their strategies, used the opportunity to step up operations in these areas and documented learnings in addressing DRM. An example of one output of this was “Resilient Urban Communities: Stories from the Ketsana Rehabilitation Programme.” Two interviewees said the aforementioned document has helped them to build their capacity in urban DRM programme development and has assisted implementing partners in developing project proposals.

- Evidence suggested that CA and implementing partners worked fully within the existing government systems and aimed to support government at all levels. For advocacy work, CA and its implementing partners analysed existing DRRM Bills and policies to determine strategies for improvement. Members of DRRNet described their role as “deepening and broadening” the existing DRRM Bill by incorporating policies that were priorities for their members such as environmental protection, sustainable livelihoods and health of communities (BDRC, 2008). In addition, CA and its implementing partners identified “DRM champions” within the government to discuss issues and represent their causes (Polotan de la Cruz et al, 2011). Interviewees at the local level described Minland Foundation’s role with government as “complimenting” and “enhancing” the existing plans and policies at the municipal and barangay levels. Community members from the PDAT team are represented in regular Barangay Council meetings which helps them to identify and work towards common goals.

- The BDRC Learning Circle was CA’s approach to reinforce existing strategies, skills and systems amongst partner agencies. All of the BDRC projects in the Philippines were called “pilot” projects and in this sense, they were looked at as needing to be applied flexibly and as having opportunities for learning in CB for DRM. The learnings were shared through a number of events including field visits, reflection workshops and the publication of case studies including “BDRC: Stories and Lessons from the Philippines.” The learnings were then used by implementing partners to adapt and improve their own programmes (Polotan de la Cruz et al, 2011). Three interviewees described how the BDRC Learning Circle experience was useful and helped them to adapt and improve existing programmes. As one example, an interviewee described how he learned about a low-cost lighting system used for livelihoods programming in the BDRC Learning Circle which he then successfully replicated it in his own community.

- Training courses were adapted to meet the needs of particular groups at particular times which improved their relevance according to interviewees. The development of the 10-day Comprehensive DRR training course was seen as a foundation course that could be used and adapted over the lifetime of the PRPs. The course was modularised so sessions could be selected, modified and added to for specific learning needs. The 10-day course was conducted one time and future shorter versions were delivered by trained trainers across the country to fit the needs of internal and external CB for DRM.

- One of CA’s established modes of operation was to be flexible in the use of DRM-related tools and reinforce their partners’ ideas for improving them. All implementing partners were trained to use a PVCA as an essential exercise for DRM/CCA activities. For example, Minland had already been using another similar approach to PVCA called Thematic Mapping (TM). Interviewees stated that TMs show not only DRR information, but other information that is...
important to the people such as landlessness. Therefore Minland created a revised tool that used elements of both the PVCA and TM. CA recognised the value of this approach and invited Minland to present the fused tool in a Learning Circle event.

- However, one interviewee pointed out that using the PVCA/TM tool was more resource intensive. If partners who learned about the tool in the Learning Circle wanted to replicate it in 20 communities in their location as an example, it would require significantly more resources. The funding was not always there to support the implementation of newly learned techniques and approaches from the Learning Circle. The interviewee explained, “there are a lot of limitations which hamper collaboration among partners. Funds are one of them.”

4.5.2 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 PRPs were a CA global initiative bourne out of increased awareness of disaster risks in a changing global context. Pilot countries to participate in BDRC were selected based on their vulnerability to natural disasters, and the presence of existing local partner organisations with whom CA had longstanding relations. CA Philippines therefore, designed their programme around their existing network of development partners. During the PRPs CA helped to develop and adopted the Resilient Livelihoods Framework which was designed to help vulnerable communities, and the organisations working with them, to understand and manage risks-from immediate shocks to long-term trends such as climate change. The PRPs both used a set of global indicators for programme design, implementation, monitoring and evaluation. Interviewees stated that the use of global frameworks provided useful overarching goals, but also presented some challenges in monitoring and evaluation which are described below.

- As a first step in the PRPs CA, influenced by the establishment of the Hyogo Framework for Action in 2005, undertook a structured DRR Capacity Assessment of its implementing partners. The goal of the assessment was to understand extant DRM-related capacity and activities of partners, identify other DRM activities taking place in the project areas and document good practices from these. This fundamental step helped CA and partners realise that many of the existing development activities in their programmes intersected with DRR. Examining the existing skills, capacities and programme activities of partners through a DRR lens helped to highlight gaps and potential new projects for building resilience. This process led CA to instigate CB for DRM of partners and led partners to implement appropriate and relevant DRR/CCA projects and to mainstreaming of DRR into development (BDRC, 2006).

- CA effectively identified their own lack of capacity for DRM in the early stages of the programmes which was the catalyst for engaging with the academic community and scientists. This engagement, described in more detail under Actors and Scales, was essential to the designing of an appropriate CB for DRM response. Interviewees stated that CA’s role as a non-implementing agency also put them in a good position to establish networks and oversee CB for DRM activities.
CA’s ultimate achievement in terms of sustainability was their contribution to national DRRM law in 2010. DRRNet’s sustained critical engagement at the legislative and executive branches of government strengthened the network’s credibility and influence among DRM stakeholders during the PRPs (Christian Aid, 2013). One interviewee explained, “We are still here because we believe in the commitment of the people to the organisation. The passion for the work is what makes us sustainable.” DRRNet has now been engaged to conduct the “Sunset Review” which evaluates the implementation of the DRRM Act of 2010 and its Implementing Rules and Regulations. It is also playing a role in the drafting of the National Disaster Response Plan and participating in efforts to localise DRRM Law at sub-national levels (Christian Aid, 2014).

Capacity of CA implementing partners has been sustained through a combination of mechanisms described in the box below. Interviewees did not entirely feel that DRM capacity was lost, if it was lost through turnover. If the individual went to work for another organisation and use DRM capacity, it was still benefitting the community or the country. It was seen as a natural progression in an individual’s career that needs to be planned for rather than avoided altogether.

**Box 2 Lessons learned in capacity retention**

As with all CB for DRM programmes, turnover of stakeholders is an ongoing challenge. Internally, the loss of trained staff can be devastating to the progress of CB for DRM projects. The Learning Circle was seen as a way for creating and retaining DRM capacity for DRM stakeholders.

Capacity retention mechanisms were:

- Learning events were attended by two representatives from each implementing agency mitigating the impact of turnover;
- Implementing partners with similar interests were grouped together in clusters (ex: those working in coastal areas, urban areas, rural areas etc.) for learning activities which made the learning more relevant and sustainable;
- Learning event participants had the responsibility to share what they had learned with other staff members from their organisation upon returning to the office;
- Action planning of learning event participants, termed as “exit plans” were used to detail exactly how and when the sharing of learning would take place when they returned to their offices;
- Documented case studies of lessons learned through the implementation of DRM activities were published and would therefore be retained despite turnover;
- Selected participants of the BDRC Learning Circle and the 10-day Comprehensive DRR training, became part of a national pool of DRR specialists/trainers who were called on to provide CB for DRM support nationally. The specialists were paid a fee for delivering training outside of their own organisation and could continue being used as consultants/trainers whether they stayed with the CA implementing agency or not.
- Interviewees from CA have found these mechanisms to be an effective way to retain capacity. In particular, CA and its implementing partners still actively benefit from the pool of DRR specialists and trainers they formed over five years ago. While many members of the pool have moved to new roles and organisations throughout the country, they remain a tangible resource to inform current DRM work.
While sustainability mechanisms have also been addressed at district and local levels, the level of achievement has varied although efforts related to advocacy for recognition of DRRM in government appear to have left the most significant and sustainable footprint (Christian Aid, 2013) For example, in Davao City, Minland shared risk assessments which led the City DRRM Council to alter land-use zones and categorize high-risk zones in two barangays.

According to interviewees, timetabling of the CB for DRM programmes were directly related to funding cycles and programmes were designed to fit within allotted timeframes. Interviewees at all levels emphasised that CB for DRM is needed for the long-term even though a certain level of capacity enhancement is achieved within project timeframes. From the Minland programme two interviewees suggested that a 3-year timeframe for a CB for DRM project which involves advocacy is not enough. The PVCA element which was scheduled for 3-4 months, took a year in reality. While positive relationships were established with governments, no formal agreements or funding mechanisms for future DRM-related activities were established. It was felt that more time was needed to reach this level of sustainability. CA is now implementing a follow-up project entitled Scale-Up Governance and Resilience to improve long-term sustainability of DRM/CCA efforts.

Monitoring and evaluation was well addressed in the PRP's as compared to other participants of the study. M&E was the responsibility of the CA programme manager at the national level. The PRPs had defined global indicators for monitoring progress, but they were found to be too complex and difficult for partners to use successfully. After a series of consultations with implementing partners, CA established a set of simplified indicators for use at local levels. The number of site visits to monitor partner programmes was determined based on the nature of the activities, but generally programmes were visited once or twice in a year. Monitoring was focused on outcomes and outputs at the national level. Interviewees pointed out that it was important to schedule monitoring visits in a sensitive way and use participation as much as possible. For the PRPs, a mid-term and terminal report was required.

Each implementing partner of CA had a formal agreement which defined M&E reporting requirements, but generally monitoring reports were done quarterly, biannually and annually. The programme officer and the learning and documentation officer were responsible for monitoring and evaluation. One implementing partner reported that the adapted indicators from CA Manila became an issue when DFID reports were due. The adapted indicators made it challenging to assimilate data and report effectively. Additionally when an evaluation was conducted on the programme the original global indicators were used rather than the adapted ones which was challenging. Another interviewee of a national level implementing partner expressed appreciation of CA’s M&E approach stating that they did not feel that they came to find negative points, but to identify ways to better support partners.

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?

CA, through its programmes, created a culture of self-learning and mutual support using its own members which fostered ownership for CB for DRM. These included: The BDRC Learning Circle, DRRNet and peer-to-peer learning for specific learning needs.
• Delivery of training for the Learning Circle was a shared responsibility amongst stakeholders from academia, CA staff, CA implementing partners and community members. Each member signed a Memorandum of Understanding defining roles and responsibilities to the BDRC Learning Circle. CA funded the travel and organisation of the events. This was seen by CA management as an efficient and effective way to improve partner performance. As an example, an individual from an implementing partner agency learned about urban container gardening at a Learning Circle event and went on to develop the idea further and implement it in his own agency. After Typhoon Ketsana in 2009, he was deployed to the disaster location and taught other partners and affected communities how to implement it.

• CA’s approach was heavily centered on experiential learning which, according to evaluations and interviewees, has enhanced the impact of learning events. Best practices in CB for DRM were shared through learning sessions as well as exposure visits to existing project sites in different parts of the country. One interviewee explained, “To see is to believe. Only when you see something do you appreciate the best practices. It is better to interact and experience with other partners and communities and look at the evidence of their success so you can make your own decisions.”

• However, a programme evaluator also expressed concern that Learning Circle sharing sessions could lead to the “watering down” and inappropriate use of techniques and approaches if they are implemented by learners after short presentations (Neame et al, 2009). CA staff noted that partners are therefore encouraged to interact with each other and not just rely on one-off training or demonstrations.

• DRRNet used a number of mechanisms for fostering ownership and partnership in its work: 1) All convenor agencies signed a memorandum of understanding which defined roles and responsibilities of membership; 2) Annual membership fees were paid by all participating agencies; 3) Rotating role of lead convenor agency (every 2-years) with responsibilities for coordinating activities, monitoring against the strategic plan, attending meetings with government bodies such as NDRRMC and representing the network at events. According to two DRRNet members, these systems have spread the responsibility in a way that, while still challenging, is manageable to stakeholders. DRRNet’s continued significant role as a DRM stakeholder in Philippines is a testament to the effectiveness of these mechanisms. Below is a list of lessons learned as described by DRRNet interviewees:

**Box 3 Lessons learned in the implementation of a DRR network**

- Gaining consensus on issues in any network will be a challenge. All stakeholders come with different priorities, objectives and plans. DRRNet used a system of voting that required 50% vote + one to decide on issues;
- Inevitably some member agencies will be more active than others. It is important to periodically review membership and encourage equal participation and accountability of members;
- Creating healthy relationships with government and remaining politically neutral ensure long-term partnerships. Whereas CSOs used to only criticise government without offering solutions, DRRNet provided the impetus to be more informed of the political economy and the organisational culture of government for effective communication and relationship building;
- Memorandums of Understanding helped to transparently establish roles and responsibilities of lead convenors and member agencies;
• Lead Convenor Agencies should be prepared for the reality that the lead convenor role may have a short-term negative impact on the agency’s programmes. One coordinator from the lead convenor agency is funded through DRRNet, but the role often took more resources which meant that the lead convenor agency’s’ programmes were negatively impacted. Meetings called at the last minute, lack of equal support from member agencies and time required to gain consensus are challenges that lead convenor agencies face;

• Strong leadership is required to establish a flourishing network. Commitment to the strategic plan and equal commitment to all members of the network are important;

• Shared responsibilities for project implementation foster partnership. DRRNet is not a legal entity and therefore cannot accept funds in itself. Whichever organisation is in the lead convenor position hosts and manages the donor funds. The management of the project and tasks are divided between the different members that wish to take part.

• Member Fees were an important mechanism for sustainability. It has enabled the network to continue operating when donor funding is not fully available. Robust monitoring and evaluation are essential to attract donor funding, but impacts of a DRR network are challenging to document.

• At the local levels, CA partners widely used LGUs to help identify project target areas. For example, Minland chose beneficiary communities based on information on exposure to hazards provided by the City DRRM Council. The barangay captain was then introduced and consulted about the programme, followed by the purok (community) leader. Once communities agreed to participate in the programme, a PVCA was conducted to shape DRM CB activities. Interviewees stated that using this approach helped to gain acceptance of the programmes at multiple levels and created an enabling environment for CB for DRM. Another interviewee said, “PVCA became the root of all decision-making.” Each PVCA was followed by action planning to improve resilience of the community. The Action Plan assigned roles and responsibilities amongst implementers, beneficiaries and government with timeframes for carrying out actions.

• One interviewee suggested that financial incentives to attend DRM/CCA activities would undermine the effectiveness of programmes and create false expectations. Minland programme planners consciously avoided the idea of giving incentives to beneficiaries to create ownership. Participants and beneficiaries of the programme were asked to sign a waiver saying they would be willing to participate in activities (such as the PDAT or trainings) without honorarium or compensation.

• According to our group interview, personal experience of disasters was the key motivator for communities to participate in DRM/CCA-related activities. Minland effectively created a self-motivated team of disaster assessors and responders in the PDATs. However the performance and outcome from one of the barangays was more substantial than the other although both had experienced the same disasters. In the more successful barangay, the leadership and community mobilisation skills of the purok leader was seen as the defining factor for the improved outcome from interviewees. Challenges in the other barangay were reported to be associated with the fact the purok leader passed down the programme responsibility and management to less motivated team leaders. Additionally, the purok leader was of a different political party to the Barangay Captain which had a negative impact.

• With the wider community (non-PDAT members), it was a challenge in many cases to forge a sense of ownership in DRM-related activities. Only after certain disaster responses did
ownership and participation in DRM activities ameliorate slightly. Some mechanisms to improve ownership at the community level have been: engaging youth groups previously trained in DRR to recruit people for trainings, door-to-door visits and dissemination of flyers by the purok leader and PDAT members but those strategies had limited success. Women PDAT members explained that the livelihoods component of the PPA programme helps them to keep their motivation for the project and to build resilience in times of no disaster.

- According to some interviewees very little value is placed on indigenous knowledge for DRM. One interviewee commented that communities have a superstition that floods happen every 10 years and there is nothing that can be done about it. Another interviewee noted that the DRR training tries to build on and sharpen indigenous knowledge identified in the PVCA. The government and scientific communities are seen to hold the capacity for DRM which then has to be accessed by the community through CSOs and LGUs. Scientific knowledge and technical capacity have therefore been emphasised in the PRPs.

4.5.3 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 PRPs were designed to improve DRM at all scales with several specifically designed activities to promote inter-scalar approaches to DRM. CA appears to have excelled in building the capacity of coalitions of stakeholders and improving local people’s ability to be heard at national levels. CA actively participated in coordination and collaboration between a diverse set of partners described below.

- Evidence suggested that some DRM knowledge can be found across all scales. Lack of technical capacity for DRM-related work was the impetus for CA to broaden its circle of stakeholders. CA staff reached out to the Manila Observatory and National Institute for Geological Sciences as suitable partners to support CB for DRM. Interviewees stated that CSOs were initially aloof to working with scientists. They felt that scientists and academics could never understand the impact of disasters on communities’ lives. Academics also entered into the partnership more focused on “teaching” the community levels however, eventually they realised they could learn from CSOs how social and economic aspects impact on DRM. Interviewees expressed that eventually, through working together towards the same goal of improving resilience, the Learning Circle participants gained mutual appreciation for their contribution to DRM knowledge. The Learning Circle provided a forum for exchange of ideas and increased capacity of communities to discuss issues and learn from stakeholders they would not otherwise have had access to.

- DRRNet brought together the BDRC Learning Circle members with national level players such as PINGON, The Ateneo School of Government and Aksyon Klima which enabled effective cross-scalar DRM advocacy from the community to the national levels. Within DRRNet, different committees were formed in which CSOs that specialised on particular issues could have a voice. The scientists and academics performed DRM and climate change assessments which built the evidence base for policy papers. The scientists and CSOs, together, presented their points at the House of Representatives. Leading up to national elections in 2010, CA
played a salient role in gaining consensus amongst of a diverse set of actors to advocate for DRRM laws and mainstreaming through DRRNet. Partners played an important role in translating the messages from the community level into tangible language for policy levels (Polotan de la Cruz et al, 2011)

**Box 4 Community voices heard at the policy level – facilitating inter-scalar communication**

Many of CA’s CB for DRM activities centered on improving inter-scalar communication for collaborative actions. Information-sharing, education and communication techniques were employed for an improved outcome. Specifically, CCA/DRM messages were adapted and packaged in a way that was conducive to the receiver. Some of the more notable techniques that were used are listed below:

- At Minland, an officer was responsible for documentation of the communities’ outputs from PVCA/TM and other planning activities. These maps and reports were designed for easy use by LGUs and could therefore be adapted into existing government mechanisms;
- Reflection workshops with shared responsibility in sharing knowledge established trust and appreciation of different perspectives of stakeholders in the BDRC Learning Circle. Interaction between the diverse set of stakeholders became “normalised”;
- Academics and scientists who contributed to development of learning materials adapted learning delivery methods to short modularised sessions which were digestible for CSO’s;
- Conversely CSO’s also adapted a more documented approach to sharing their knowledge. Whereas traditionally learning was more verbal and on-the-job, CSOs built their capacity to develop written training materials and case studies which were then useable by a wider national-level audience;
- Ateneo School of Government’s role in translating community messages into national policy level language was crucial to the success of advocacy according to interviewees. Legislator kits were developed which provided promotional information about DRRM and the position of DRRNet on policy formation;
- CSO’s created a video to share their experience of disasters with national level policy-makers. This was seen as an effective way to share issues of concern across scales;
- The involvement of senior government officials and senior legislators acting as champions for DRRM advocacy improved the influence of CSOs at both the local and national levels (Polotan de la Cruz et al, 2011).

- Several interviewees attributed improved linkages between the community and the barangay to the Minland programme. Interviewees from the LGU appreciated the inclusive approach of Minland activities and receiving monthly progress reports to coordinate activities. The participation of a community representative at Barangay DRRM Council meetings was attributed specifically to Minland’s programme. Interviewees characterised relationships with Minland as “consistent” and “strong.” PDAT and the Barangay response team have assigned roles and responsibilities for mobilising during emergencies.

- Minland also used data from the PVCAs created by the community to conduct advocacy at the city level. The BDRC programme played a role in the development of the city level Comprehensive Land Use plans in collaboration with other DRR coalitions and networks in Davao. Similar to the experience at the national level, community members actively participated in the advocacy by participating in meetings with city level government official and being represented in Assembly Meetings.
4.5.4 Attention to Functional Capacity

**Definition:** The need to focus on functional capacity building – i.e. building the managerial and organisational 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 PRPs aimed to contribute to CB at three levels: organisational, community and individual. CA’s extensive learning opportunities provided to implementing partners and external partners built capacity of organisations to conduct DRM activities more effectively. Advocacy and network building was evident in both programmes at national and community levels. At the community level, DRM capacity was improved through the establishment of PDAT teams and livelihoods support. On an individual level, training participants increased their own capacity for DRM work. Now there is a pool of DRM specialists/trainers who have increased opportunities to share their learning across the DRM community.

- The programmes combined technical and functional aspects of CB. The programme invested in technical capacity in terms of knowledge and skills building in trainings and some material support in the form of basic equipment. The Learning Circle and DRRNet can both be credited with building functional capacity across scales by providing opportunities for collaborative working for improved DRRM actions.

- The passing of the DRRM Act of 2010 with salient input from DRRNet and other partners was the ultimate achievement of the PRP’s. DRRNet and other partners effectively promoted DRR as a national and local priority. While its success has been felt more strongly at the national level, efforts to improve localisation of the law are currently underway. DRRNet’s recognition as a Professional Organisation by NDRRMC and its role in monitoring of DRRM law underlines the achievement of sustained functional capacity.

- CAs implementing partners are now mainstreaming DRR in their work using a Livelihoods Resilience Framework. Initially implementing partners saw DRR as a threat to the status quo, but they now actively engage with it. CA created an enabling environment for CB for DRM through cultivating partnerships with DRM stakeholders at all levels and providing the space and resources necessary for DRM learning and implementation (Christian Aid, 2013).

- At local levels in Barangay Maa, communities reported that before Minland arrived, they did not have capacity to prepare for or respond to disasters. The community members are now confident in their ability to manage disaster risks through the PDAT teams in coordination with the Barangay Council. Experience of disaster response during Typhoon Bopha in 2012 and heavy rainfall in January 2013 demonstrated that the teams are effective at making appropriate and coordinated responses in partnership with the barangay council. The PDAT team was also recognised for good performance in a City-level disaster drill exercise. Minland Foundation achieved influence over the Comprehensive Land Use Plans through DRRM advocacy at the city and barangay levels (Christian Aid, 2013).
• Sustainability of the capacity gained in the PDATs is still reliant on external funding. Interviewees in Barangay Maa expressed interest in conducting further activities since the end of the project, but lack of funding has prohibited them. As people move on and equipment deteriorates, with no further support it is likely that capacity would erode. For example, interviewees from the PDAT could not remember the results of the PVCA and they were also unable to identify a solution for the lack of funding. The livelihoods programme component was seen as more sustainable since beneficiaries continued to actively use skills and pursue their income generating activities since the end of the project in 2014.

• There was evidence of individuals making better DRM-informed decisions as a result of participating in the Minland programme. Four interviewees in Maa barangay described changes they had made in their own homes to protect assets and prepare for potential floods. The preparedness measures included installing a partial ceiling inside the house which provided a shelf to store personal items in a high location in case of floods, building of improvised flotation devices from household materials, placement of ropes and safety equipment in high places within the home so they could be accessed in floods.

• CA and implementing partners supported internal and external functional capacity through their approaches. The accompaniments helped implementing partners who struggled with financial management or implementing new types of programmes. Evidence also suggested that stakeholders from the government and communities learned organisational and financial management skills from Minland for planning and implementing DRM-related activities.

4.5.5 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 initial DRR Capacity Assessment was influenced directly by the Hyogo Framework for Action (2005-2015) which helped to ensure the programme design to follow addressed a more holistic DRR approach (BDRC, 2006).

• The PRPs addressed all stages of the disaster management cycle. BDRC and PPA built on CA’s past experience in development to broaden activities and aim for a more comprehensive approach. As examples, mitigation works have been achieved through livelihoods support and early warning systems implementation. Disaster prevention has occurred where CA implementing partners have worked with LGUs to identify high-risk zones and resettle communities to safer grounds. Preparedness and response are addressed through the development of community level response teams working in coordination with barangay council such as the PDAT teams.

• The approach of DRR and CCA mainstreaming for CA development activities was a central focus of the PRPs. Advocacy from CA and other partners has contributed to a national paradigm shift from thinking of DRM as only related to response. For example, CA advocacy
contributed to improved use of the National Calamity Fund for DRM. In the past this fund could only be accessed for response, but the funds are now available for use in preparedness, mitigation and prevention. This being said, there is still some progress to be made in terms of raising awareness of how these funds are accessed as seen in the Minland Foundation experience with PDAT teams (Polotan de la Cruz et al, 2011).

- The needs of vulnerable groups are inherent in the programmes. Progress was made towards disaster resilience as a result of the wide use of PVCA/TM by CA implementing partners, communities and LGUs according to an external evaluation and interviewees from the Minland programme. Evidence from the Minland stakeholders demonstrated increased capacity of LGUs to effectively target vulnerable groups and facilitate their participation in the community-based DRM action. The PVCA structure supported communities to think through and include long-term risks in DRM planning (Christian Aid, 2013).

- Evaluations from the PRPs showed increased gender awareness over the timeframe of the PRPs. However, local level interviewees from the research had limited knowledge of gender approaches often pointing to equal or higher levels of participation of women in project activities as satisfactorily addressing the issue. Females are recognised as holding the main responsibility for DRM within the household. However, they were not seen as needing extra or different support to men according to our interviewees (Neame et al, 2009; Christian Aid, 2013).
5 Towards capacity building – key lessons from the Philippines 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 the Philippines. The material here is organized on the basis of the six ‘principles’ of CB for DRM, already introduced in sections 3-4, and is accompanied by a set of summary statements with associated levels of confidence.$^{13}$

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. They should not be viewed as final conclusions but as stepping stones that will shape our 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. With this in mind, after each ‘lesson’, there is a short statement in italics indicating how it relates to other case studies and how we intend to take the finding forward during the rest of the research.

5.1 Flexibility and adaptability

Ensuring programmes are demand-led contributes to ownership and government engagement at senior levels but requires donor flexibility (High).

OCD came up with the original idea for a DRM capacity enhancement programme and approached JICA for support with financing. In this way the programme was genuinely demand-led, which appears to have had a strong impact on ownership and government engagement at senior levels. JICA were then able to show flexibility in responding to the initial request, and worked with OCD to further develop their initial idea.

Ensuring a partnership approach is adopted from the pre-design stage can be key to both building ownership and ensuring programmes are relevant to needs (Medium).

In the JICA OCD programme, a partnership approach was followed from the earliest, pre-design stage of the intervention, in terms of identifying capacity gaps and setting priorities. An extensive preparatory study was undertaken jointly by JICA and OCD over a period of one year, which identified four areas of capacity needs that later formed the components of the CEP. This process was enabled by the relationship between the two agencies and laid a strong foundation for their future partnership.

In other projects we have seen the value of a highly consultative approach to CB for DRM programme design, and this example underlines that such a process can be instigated at the pre-inception stage when the broad parameters of the intervention are being defined. As in other countries, taking such a consultative approach inevitably increases the timescales required to implement a programme.

An interactive mutual learning approach to CB during its delivery enables flexibility in tailoring capacity development to context and ensuring the programme is relevant to different actors and scales (High).

$^{13}$ 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.)
Knowledge sharing, especially in training forums, was evident in both the OCD-JICA and CA programmes, and helped shape how they were delivered. In the CEP training workshops at different scales participants had the opportunity to discuss and build on their own experiences and identify their own capacity needs. Feedback from them was also incorporated in later revised versions of training materials. CA’s BDRC projects were run as flexible pilots, with opportunities for partners’ experience and ideas to reshape content of trainings.

This reinforces points made in previous cases that we have studied, which underline the importance of flexibility and adaptability of approach in order to increase the chances of achieving relevant, effective and sustainable CB outcomes. Interactive approaches where CB participants are not passive recipients but contribute to the learning environment seem to have worked well in several countries.

During a CB programme at community level, it may be necessary to actively develop incentive mechanisms to encourage participation of poor and hard to reach community members (High).

The CEP strived to reduce barriers to participation of subsistence fishermen in community-based DRM workshops. This included reducing the length of the workshops so as not to place too high demands on people’s time, and providing contributions of rice as an in-kind payment to offset loss of working time in order to incentivise attendance. Some interviewees felt that participation was reduced where food contribution was not provided. However, the CA programme deliberately chose not to give honorariums or compensation, in the belief that this would undermine programme effectiveness and ownership (participants would only attend to get the money) and create false expectations for future interventions. Workshop attendees also reacted negatively to the idea of giving financial / in-kind incentives to participants.

The challenges of engaging poorer social groups is a common theme in CB for DRM at grassroots scale, and generally requires special effort to reach out to those community members. This is an issue for all forms of CB, but may be especially the case for DRM if the importance of disaster risk and the potential for DRR is not perceived strongly by community members. It may relate in part to the time demands of securing income and subsistence, but also in part to perceptions of self-efficacy in the face of hazard events and levels of programme ownership. We will continue to investigate the impact of different types of incentive mechanisms in future case studies.

5.2 Attention to Planning

In order to achieve lasting gains in capacity development, more time is usually needed than is typically provided in donor programme funding cycles (High).

Interviewees for the PRPs underlined the constraints that emerge because the CB for DRM programmes had to be designed to fit within funding cycle timeframes (3-4 years). Tangible gains were achieved in capacity enhancement, but there was necessarily not sufficient time to ensure that these were sustainable.

The constraints of short-term funding cycles has been raised in previous programmes that we have studied. In part this can be ameliorated through follow-up programmes, but the issue remains that building lasting capacity for DRM tends to require long time frames, particularly when this requires a shift toward wider DRR (and consideration of climate change) from narrow emergency response modes of operation.

Sustainability of training gains can be enhanced by specific measures put in place to stimulate continuing learning within organisations and effective transfer of knowledge and skills (Medium).
CA’s Learning Circle approach included mechanisms to try to ensure capacity retention with organisations receiving CB assistance. A minimum of two representatives from each implementing agency were expected to attend learning events. Learning event participants also agreed to share what they had learned with other staff members from their organisation upon returning to the office: ‘exit plans’ were developed as part of the events for participants to set out how and when they would exercise this responsibility.

From this and other case studies, it is evident that delivery of CB to specific participants is unlikely to bring about lasting change in organisational capacity unless mechanisms are pro-actively designed to stimulate reproduction of that capacity development to other individuals and/or successors within the organisation.

A ‘training of trainers’ (ToT) approach needs to be carefully planned to ensure effective transfer of knowledge between levels (High).

Concerns were raised in relation to CA’s learning circles that a ToT approach can lead to a ‘watering down’ of knowledge and skills. In the CEP, a high priority was placed on ensuring effectiveness and sustainability of the ToT process through a tight selection mechanism for those receiving ToT; participants were expected to have a clear potential and commitment to train others as well as existing knowledge and experience of DRM. Participants in the ToT workshops were observed and only a small number were selected to become trainers themselves on the basis of their interactions, responses and behaviour during the workshops. Finally, observation continued over the 5 or 3 day workshops where they served as trainers, and they were give regular group and one-to-one feedback on how to improve their training style.

In other case studies we have seen concerns that ToT, a very popular CB approach, can lead to a ‘watering down’ of knowledge. The Philippines example demonstrates that rigorous measures can be effecting in ensuring rapid accurate transfer of knowledge.

Problems of staff turnover remain a challenge to capacity building within organisations, but there is value inherent in establishing an in-country cadre of trained DRM specialists regardless of which organization employs them (Medium).

In the CA programme, participants of the BDRC Learning Circle and DRR training became part of a national pool of specialists who could be called on to provide CB for DRM support nationally. Indeed, following training, the specialists were subsequently paid a fee for delivering training outside their own organisation and could continue being used as consultants/trainers whether or not they stayed with the CA implementing agency. Interviewees from CA have found these mechanisms to be an effective way to retain capacity. In particular, CA and its implementing partners still actively benefit from the pool of DRR specialists and trainers they formed over five years ago. While many members of the pool have moved to new roles and organisations throughout the country, they remain a tangible resource to inform current DRM work.

This point that skills development in DRM is not necessarily ‘lost’ through staff turnover, if one takes a national rather than organizational perspective, has been raised several times during the case studies to date. It holds if the person whose capacity has been enhanced remains in the DRM field and continues to interact with a wide group of stakeholders.

M&E systems are typically driven by the expectations of donors. To maximise opportunities for sustainable skills transfer, the implementing agency / beneficiary organisation should be included in the process of generating M&E information (Medium).

The CA programme used a global M&E framework which was too complex for use on the ground and so needed to be tailored, which in turn created problems when reporting back to donors. For the CEP, the M&E framework was oriented to the requirements of JICA, and not strongly related to building M&E processes within OCD itself. The programme appears not to have had significant
impact on M&E capacity within OCD overall predominantly because all the M&E information
gathering and report writing was done by JICA consultants without input from OCD.

This underlines previous findings that CB interventions should seek to strengthen capacity and
commitment in DRM organizations to undertake M&E in order to strengthen their impact, not just to
facilitate reporting to donors.

Transparent and participatory approaches to monitoring can engender a positive
recognition among organizations that M&E is less about policing and more about improving
effectiveness and support (Medium).

Experience from the PRPs suggests that an approach to programme M&E that is flexible and open
to input from both implementing partners and beneficiary communities could help develop an
understanding among stakeholders that M&E is a positive, progressive activity. Monitoring
activities organized by Minland included a joint process of assessing project progress between
project staff and the community leaders, which helped the team identify and address emerging
issues and improved accountability.

5.3 Ownership/Partnership

Strong ownership is fostered at national level by a clear joint leadership role of the
‘beneficiary’ organization in management of the programme, which is fully recognised by
the donor. trusted relations between high-level representatives in both the donor and the
implementing agency are important (High).

For OCD, their strong role in decision-making on the CEP programme was fundamentally
important and represented some departure from previous modes of relationship with donors. OCD
had a deep sense of ownership of the programme having been the original proponents of the
programme, which JICA supported, and sought to encourage. JICA were keen to be regarded as
providing crucial support for an OCD-owned initiative. This arrangement was institutionalised in the
Joint Coordinating Committee which was led by OCD with JICA as a participating partner. The
programme started with good relations between the JICA Regional Representative and high-level
OCD staff, and both sides have sought to maintain mutual respect throughout
the programme.

We have seen the importance of mutual respect in other case studies and have also recorded the
importance of governance steering committees as formal mechanisms for ensuring stakeholder
engagement and ownership.

Capacity building successes rely on a joint motivation existing or arising between key
stakeholders to develop CB for DRM. (High)

The CEP appears to have been developed at a key turning moment for both JICA and OCD. JICA
were keen to move their DRM assistance in the Philippines more from infrastructure development
toward governance and policy (ie toward functional CB), while at the same time OCD were looking
to build a systematic approach to DRR to implement the DRM Law. This joint motivation between
partners created a strong enabling environment for CB.

We have seen from previous cases that the effectiveness of CB interventions is often strongly
related to points of dynamism within disaster awareness, approaches to DRR and governance
changes in general. For CB for DRM, especially if seeking to change orientation toward a more
holistic DRR approach, it may be that the time has to be ‘right’ – a window of opportunity.

Undertaking joint assessment activities at local level can provide a platform for engagement
and ownership (High).
Interviewees for the PRPs indicated that engagement of local government and communities in identifying priority sites for intervention or assessing risk and capacity needs helped to create acceptance of the programme and thereby also created an enabling environment for CB to be effective. In communities use of participatory vulnerability and capacity assessments (PVCAs) was seen as a positive, inclusive step, which then was used to shape subsequent CB activities.

*This links with the point made above that interactive CB appears to be most effective. DRM as a sector lends itself to participatory approaches to CB as beneficiaries from vulnerable areas are always able to contribute their experience with disasters, knowledge of hazards, mitigation activities etc.*

**Short-term secondments can be effective, especially if there are shared offices, tasks and committed communication between consultant and counterpart (Medium).**

JICA consultants undertake placements in OCD for short-term periods and are assigned one OCD staff member to work with as a ‘counterpart’ in a peer mentoring relationship. During this time they are based in the JICA office within the OCD building, and are mandated to provide managerial capacity building, as well as technical assistance. It was reported that this approach to CB worked quite effectively. In the PRPS a similar approach of peer-to-peer learning was used with ‘accompaniments’. Depending on specific needs, accompaniments were implemented once or twice a year to support implementing partners. If one partner was struggling to implement a new type of programme or activity, an individual from an agency with more experience was seconded to work with them for up to a month to provide coaching and mentoring support. If the required support was not within the partners, CA staff or a consultant was sometimes used.

*We have seen the value of this approach elsewhere, in which consultants are seconded or placed to work alongside staff in DRM organizations. It is a method that seems to work effectively, though only if the interaction between consultant and staff is a strong, committed feature of the arrangement.*

**Frequent disasters can impede CB programmes, but also present key opportunities to build awareness and support for DRM and an opportunity to assess progress and shortfalls in CB achievements (High).**

The Philippines faces recurrent disaster events and each time a major event occurs it naturally impedes CB activities if staff have to concentrate on disaster response at that time. However, interviewees for the CEP reflected on the issue and noted that disasters also present a window of opportunity in raising awareness and political prioritization of DRM, as well as a chance to test the progress of capacity development and the persistence of capacity gaps.

*Other case studies have raised the point that disaster events are moments of heightened receptivity to DRM capacity development, but this idea that they also represent an opportunity to evaluate progress in CB and re-assess needs is an interesting one, especially relevant for longer-term CB programmes.*

**5.4 Role of functional capacity building**

**CB for one group of beneficiaries can independently generate capacity development of others (High).**

In the CEP, cases were described in which CB support for one group of stakeholders generated their independent ability to respond to the capacity development needs and demands of others, in a way that was not explicitly designed in the intervention itself. It was particularly noted as a product of DRM planning capacity being developed at one scale and then transferred on to lower...
scales, such as one Regional DRRM Office responding to a request from a municipality by providing an equivalent workshop and training for planning.

*This is of course the fundamental objective of sustained CB, but it is not necessarily often seen in practice.*

**Training activities can actively generate functional capacity, not just technical capacity, especially if they are integrated with production of plans and creation of decision-making structures (High).**

In the CEP, training was not limited to raising technical knowledge of participants, but was rooted in development of functional elements of DRM capacity. Workshops at multiple levels incorporated collaborative development of DRR plans during the actual training period and, if necessary at barangay level, establishment of functioning DRM committees.

*This underlines that it is not necessarily useful analytically to separate technical from functional capacity building – the two are fundamentally related and reinforcing, and elements of them both may be present in the same activity. While it is key to emphasize the need to build functional CB as well as technical capacity, the importance of training has been repeatedly underlined in situations where the institutional basis for DRM/DRR remains weak because of the persistence of emergency response as the cultural modus operandum in some DRM organizations.*

**An enabling environment for DRM can be generated through cultivating partnerships and coalitions backed by learning mechanisms (High).**

CA’s implementing partners are reported now to be actively engaging with the DRR agenda through mainstreaming using a Livelihoods Resilience Framework, although they initially were wary of what it might entail. CA helped to reduce the barriers to acceptance by spending effort on cultivating partnerships with DRM stakeholders at all levels and providing strong support for DRM learning. DRRNet was key in this process.

### 5.5 Scales/interactions

The capacity to interact effectively on DRM with other actors can be a central feature of CB. But even if it is not an explicit objective, interventions can be designed so that coordination capacity is an implicit effect (High).

The Learning Circle approach of CA was deliberately organized as a forum for capacity development in terms of stakeholder interaction. It brought together actors who would not normally interact, such as community leaders and scientists, in a process of dialogue and led to successful joint advocacy (see below). Stakeholder interaction was perhaps a more ‘implicit effect’ of CB intervention in the CEP programme. Training events at sub-national level, for example, in bringing participants from different organisations together, strengthened the basis for cooperation and communication between actors. National coordination structures designed to oversee the CB programme inherently entailed horizontal engagement between organizations.

*We have seen elsewhere how aspects of capacity development may be implicitly embedded in the way that CB interventions are structured and managed. It will be useful, from information across the case studies, to identify precise ways in which CB interventions can be designed so that they implicitly build coordination capacity e.g. inviting participants from a range of government*
departments to events, creating joint steering committees involving a wide range of stakeholders etc.

**A focus on building coordination capacity is only effective if there are also underlying technical skills and knowledge (Medium).**

Several interviewees noted that the CEP had developed OCD’s ability to coordinate with other partners and that they were now initiating more joint activities with other agencies and being approached by other agencies and organisations for DRM inputs. However, some interviewees noted that this increased ability to coordinate was of limited use as technical capacities were still weak and a response mindset predominant.

*This finding ties in with the point above about the interlinking of functional and technical capacity building. In several case study countries we have found that what is really required and requested by interviewees, is technical capacity building either before or alongside functional capacity building.*

**Coalitions of diverse stakeholders, if they develop mutual respect for one another’s motivations and skills, can become powerful DRM advocates at national and subnational levels (High).**

A key outcome of CA’s work in the Philippines has been the establishment of DRRNet – a network of NGOs that has acted as an important advocate for DRM. DRRNet was viewed by several interviewees as playing a pivotal role in the passing of the DRRM law, and ongoingly in the monitoring of the law at different levels. CA’s interventions were also oriented toward building capacity for cross-scalar communication, especially for communities to voice their concerns upward to levels of government. One key mechanism for this was facilitating the development of coalitions of stakeholders, including academics and scientists working with CSOs and communities. For example, Ateneo School of Governance worked with communities to convey their messages effectively at national policy level. In order to get to this stage direct dialogue needed to take place between academics and the community to develop trust and mutual learning.

## 5.6 Linkage to Disaster Resilience

**Advocacy through CB mechanisms that link with higher levels of government can play a major role in shifting paradigms of disaster management toward DRR (High).**

In the CA programme, DRRNet had a strong level of engagement with legislative and executive branches of government and were able to strengthen the implementation system for the national DRM Law and its operationalization at sub-national level. Reportedly, the PRPs together have contributed to a national paradigm shift toward mainstreaming of DRR and climate change adaptation.

*In other case studies we have seen examples of CB interventions that either implicitly or explicitly have an advocacy impact. DRRNet in the Philippines is a good example of a CB intervention having a sustainable impact on the enabling environment for DRM in tangible ways.*

**CB for managing post-disaster recovery and rehabilitation remains a poorly addressed area in interventions (High).**

CB for disaster recovery receives only minor attention in the programmes we studied, limited in the CEP mainly to training on conducting post-disaster damage and needs assessment. This is perhaps surprising given the frequent and multiple hazards facing many parts of the Philippines.

*This matches a point found generally across the case studies that CB often remains oriented to preparedness and emergency response rather than other aspects of the disaster cycle.*
There is a limited gender dimension within CB interventions (High).

In both projects, there were attempts to secure a balance of participation in CB activities between men and women, but there was no clear evidence of successful targeting of women in terms of capacity needs and/or roles, nor design of CB support that takes into account working with differential vulnerabilities.

We have generally found that gender considerations are often overlooked in the design of DRM CB programmes. Where gender is ‘addressed’ it is often limited to ensuring equal representation of men and women in CB activities.
References


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 in general. 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 5: Interviewee perspectives on DRM CB success factors

<table>
<thead>
<tr>
<th>Principle</th>
<th>Key factors as expressed by interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility and adaptability</td>
<td>• Avoid generic capacity building activities. The project needs to be in line with the context, situation and social reality of the country or community you are working in.</td>
</tr>
<tr>
<td></td>
<td>• At the community level it is important to adapt the technical language and DRM terminologies to everyday examples and common language beneficiaries can relate to.</td>
</tr>
<tr>
<td>Attention to planning</td>
<td>• Carry out needs assessments - it is important to know what your project can count on and draw from the existing knowledge and existing capacities in the community.</td>
</tr>
<tr>
<td></td>
<td>• It is necessary to have a knowledgeable, resourceful and skilful team delivering the CB activity.</td>
</tr>
<tr>
<td></td>
<td>• Allow sufficient time in your programme to explain to communities the importance and meaning of DRR.</td>
</tr>
<tr>
<td></td>
<td>• Create mechanisms to minimise staff turnovers. Put in place comprehensive handovers to avoid affecting the programme due to staff turnovers.</td>
</tr>
<tr>
<td></td>
<td>• It is essential to have a big enough and realistic budget.</td>
</tr>
<tr>
<td></td>
<td>• It is necessary to have a department in charge of M&amp;E only.</td>
</tr>
<tr>
<td></td>
<td>• Monitor, evaluate and update your approach.</td>
</tr>
<tr>
<td></td>
<td>• Draw from your experience on disaster response to create a more effective capacity building for DRM intervention.</td>
</tr>
</tbody>
</table>
| Ownership/partnership | • Comprehensive needs assessments are required; programmes should take account of the views and specific needs of communities in order to link the programme to the community needs.  
• Ensure that knowledge and experience is shared. |
|----------------------|-------------------------------------------------------------------------------------------------|
| Ownership/partnership | • Engage communities with your project; make the communities responsible for the CB activities and let them contribute their ideas to the project.  
• Assign a Champion with strong political will to the capacity building project.  
• Create partnerships and gain access and exposure to the international community.  
• Engage high-level political leaders in the process of capacity building.  
• Create technical working groups and ensure representation and support from different governmental levels and actors.  
• Ensure the beneficiaries you choose seem to have interest, willingness and commitment to the programme. |
| Role of functional CB | • Ensure your programme has a realistic exit strategy and that you plan continuity, sustainability and monitoring of the CB project accordingly.  
• Continuous training is needed to enhance internal staff capacity.  
• Provision of equipment is key; besides training beneficiaries need adequate equipment.  
• The CSOs can play a key role in the capacity building processes; partnerships with CSOs can be used as an enabling mechanism to capacity building.  
• Competitions and awards can enable engagement and ownership of communities.  
• Ensure that the capacity building programme encourages and guides the community to access government funds for DRR. |
| Scales/interactions | • Make sure you have functioning communication and coordination mechanisms across the different levels of governments.  
• Ensure that the capacity-building activities reach all levels within a community, not only the highest. |
• Engage the higher levels of government like Members of Parliament and have ministry level talks.

• One organisation or agency alone is not enough to be in charge of all the DRR knowledge and experience that is needed; collaboration with different DRR stakeholders is necessary.

• Engage the scientific community in your DRR programme.

• The advocacy for DRR needs to target and involve all government agencies, not only the agency assigned to deal with DRR. Planning, infrastructure, agriculture, environment and health agencies should also be stakeholders in DRR.

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 41 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.

**Comprehensive Planning and Ownership & Partnership** emerged as the principles most vital for success of a CB for DRM programme (with 28 out of 41 participants giving them the top rating). **Contribution to Disaster Resilience and Flexibility & Adaptability** were also seen as important factors with 25 and 24 people giving it the top rating respectively. **Integration of Actors and Scales** and **Attention to Functional Capacity** were seen as the least important factor contributing to the success of CB for DRM with 21 and 17 participants, respectively, scoring 1 for these principles.

**Table 6: Results of participants rating exercise**

<table>
<thead>
<tr>
<th></th>
<th>score 1</th>
<th>score 2</th>
<th>score 3</th>
<th>score 4</th>
<th>average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility &amp; Adaptability</td>
<td>24</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>1.46</td>
</tr>
<tr>
<td>Comprehensive Planning</td>
<td>28</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>1.39</td>
</tr>
<tr>
<td>Ownership &amp; Partnership</td>
<td>28</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>1.32</td>
</tr>
<tr>
<td>Attention to Functional Capacity</td>
<td>17</td>
<td>21</td>
<td>3</td>
<td>0</td>
<td>1.66</td>
</tr>
<tr>
<td>Integration of Actors &amp; Scales</td>
<td>21</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>1.54</td>
</tr>
<tr>
<td>Contribution to Disaster Resilience</td>
<td>25</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>1.46</td>
</tr>
</tbody>
</table>
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*

<table>
<thead>
<tr>
<th>Module</th>
<th>Questions</th>
<th>Links to RQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTEXT</td>
<td>What are the main types of hazard affecting the country (frequency and magnitude over last 30 years)?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>What have been the main recent changes in disaster risk (re hazard, vulnerability)?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>What are the anticipated changes in disaster risk?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>What other social, economic or political changes are important for understanding current DRM?</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Where does DRM fit within the structure of governance?</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>How does the quality of overall governance in the country affect the work of DRM organizations?</td>
<td>3</td>
</tr>
<tr>
<td>PROGRAMME CHARACTERISTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td><strong>What is the extent of civil society and citizen engagement in DRM?</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>How do wider social and political issues impinge on DRM?</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>What recent DRM/DRR programmes have been implemented in the last 15 years (external and internal)?</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>What other major external assistance programmes relating to disaster risk have been implemented in the country in the last 15 years?</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Refer to the CB activities that are being studied.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What role have different actors played in shaping/designing and managing each of these initiatives? Who have been the main actors in this process?</strong></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>What level of DRM capacity exists generally in the country and what are the main shortfalls?</strong></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Has this capacity changed recently?</strong></td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Module</th>
<th>Question guide</th>
<th>Links to RQ</th>
</tr>
</thead>
</table>
| Programme characteristics | What aspect of DRM is the main focus of the programme - preparedness/relief, prevention/mitigation, recovery, or a combination of those?  
What is the intended operational objective of the capacity (to educate, train, plan, decide or overall action)?  
What is/was the level of funding for the CB activity, and what was the allocation of funds between different aspects? *(see also Additional note)* | 7, 7, 6      |
<table>
<thead>
<tr>
<th>Approach to CB process</th>
<th>How was the time-frame for the activity decided, and is this adequate?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How were capacity needs assessed before the start of the programme?</td>
</tr>
<tr>
<td></td>
<td>At what stage were key national/local stakeholders identified and engaged in the programme development?</td>
</tr>
<tr>
<td></td>
<td>What roles have national/local partners played in design, implementation and management of the programme?</td>
</tr>
<tr>
<td></td>
<td>Are there existing skills and resources that were strengthened through the programme?</td>
</tr>
<tr>
<td></td>
<td>Has the programme been able to work with existing DRM institutions - formal and informal?</td>
</tr>
<tr>
<td></td>
<td>Has the CB activity been aligned with national DRM/DRR strategy?</td>
</tr>
<tr>
<td></td>
<td>Did any political/power constraints exist, and how were they managed?</td>
</tr>
<tr>
<td></td>
<td>What mechanisms are there to ensure sustainability of capacity gains after the programme ends? Is staff turnover likely to be a problem?</td>
</tr>
<tr>
<td></td>
<td>How has the activity ensured participation/inclusion of women in the CB activity?</td>
</tr>
<tr>
<td></td>
<td>Was a theory of change developed for the programme?</td>
</tr>
<tr>
<td></td>
<td>Please describe the M&amp;E procedures and the ideas behind their design? <em>(see also Additional note)</em></td>
</tr>
</tbody>
</table>
### Content of CB activities

<table>
<thead>
<tr>
<th>Question</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>On what elements of CB does the programme place most emphasis (focus on training/individuals, organizational change/institutions, coordination and on power structures, enabling environment)?</td>
<td>11, 11, 11,</td>
</tr>
<tr>
<td>Has the activity sought to develop incentives for good performance or staff retention?</td>
<td>11, 11, 11,</td>
</tr>
<tr>
<td>Has the activity involved any kind of political advocacy to reinforce DRR as a public priority?</td>
<td>11, 11, 11,</td>
</tr>
<tr>
<td>Has the programme sought to build capacity at more than one scale?</td>
<td>12, 12,</td>
</tr>
<tr>
<td>How has the programme sought to build capacity for coordination and interaction between different groups of stakeholders?</td>
<td>12, 12,</td>
</tr>
<tr>
<td>How has the issue of capacity to manage long-term change in risk been addressed?</td>
<td>12, 12,</td>
</tr>
<tr>
<td>Has the CB programme paid attention to reduction of underlying vulnerability of people?</td>
<td>13, 13</td>
</tr>
</tbody>
</table>

### Effectiveness

<table>
<thead>
<tr>
<th>Question</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What worked well, and why in the programme?</td>
<td>19, 19, 19, 19</td>
</tr>
<tr>
<td>What did not work well, and why?</td>
<td>19, 19, 19, 19</td>
</tr>
<tr>
<td>What were the enabling factors?</td>
<td>19, 19, 19, 19</td>
</tr>
<tr>
<td>What were the barriers/limitations?</td>
<td>19, 19, 19, 19</td>
</tr>
</tbody>
</table>
| Capacity (general) | What factors would you say are key in ensuring the success of capacity building for DRM?  

*Provide matrix of principles for rating exercise with explanation of what each means and the rating categories*

How would you rate the importance of the following ‘principles’ in enabling effective CB? |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>21, 21</td>
</tr>
</tbody>
</table>
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*

<table>
<thead>
<tr>
<th>Module</th>
<th>Question guide</th>
<th>Links to RQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme characteristics</td>
<td>Describe the relationship between the actors funding the CB activity and the actors they are working with</td>
<td>5, 5</td>
</tr>
<tr>
<td></td>
<td>What role have different actors played in shaping/designing and managing each of these initiatives? Who have been the main actors in this process?</td>
<td></td>
</tr>
<tr>
<td>Approach to CB process</td>
<td>What roles have national/local partners played in design, implementation and management of the programme?</td>
<td>10, 10, 8, 8, 8, 8</td>
</tr>
<tr>
<td>Content of CB activities</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------</td>
<td></td>
</tr>
</tbody>
</table>
| Has the CB activity been aligned with national DRM/DRR strategy?  
Did any political/power constraints exist, and how were they managed?  
Are the M&E procedures oriented to activities/outputs or to outcomes/impact? | 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?  
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?  
What lessons can be learned about how effectively capacity has been raised to address long-term changes in risk?  
What lessons can be learned about how effectively capacity to reduce vulnerability has been raised?  
Whose capacity has been raised? |
| Capacity (general) | 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?  
| | What were the enabling factors?  
| | What were the barriers/limitations?  
| | What factors would you say are key in ensuring the success of capacity building for DRM?  
| | Provide matrix of principles for rating exercise with explanation of what each means and the rating categories  
| | How would you rate the importance of the following ‘principles’ in enabling effective CB?  
| | | 17, 18, 19, 19, 19, 19  
| | | 21, 21
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)*

<table>
<thead>
<tr>
<th>Module</th>
<th>Question guide</th>
<th>Links to RQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Approach to CB process</strong></td>
<td></td>
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<tr>
<td></td>
<td>How has the programme engaged political commitment and local leadership to build ownership?</td>
<td>10, 10, 8, 9</td>
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<tr>
<td></td>
<td>How has the activity fostered a culture of reflection and flexible learning among DRM actors in how they plan and undertake their work?</td>
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<td></td>
<td>Did any political/power constraints exist, and how were they managed?</td>
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<td></td>
<td>What mechanisms are there to ensure sustainability of capacity gains after the programme ends?</td>
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<tr>
<td></td>
<td><strong>Content of CB activities</strong></td>
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<tr>
<td></td>
<td>How has the programme addressed coordination and communication between scales?</td>
<td>12, 13, 13</td>
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<tr>
<td></td>
<td>Has the activity addressed the capacity needs of highly vulnerable groups?</td>
<td></td>
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<td></td>
<td>How has the programme addressed the gendered dimensions of vulnerability and capacity?</td>
<td></td>
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<tr>
<td>Effectiveness</td>
<td></td>
<td>14, 14, 15, 15, 16, 16, 17, 18, 19, 19, 19, 19</td>
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<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
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<tr>
<td>Has the CB activity been considered effective in addressing its capacity building objectives?</td>
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<tr>
<td>Has this been sufficient to raise functional capacity, and what lessons can be learned in this respect?</td>
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<tr>
<td>What lessons can be learned about how effectively the activity integrated CD across scales of DRM?</td>
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<td></td>
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<tr>
<td>What lessons can be learned about how effectively the activity fostered interaction and coordination between actors?</td>
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<tr>
<td>What lessons can be learned about how effectively capacity to address long-term changes in risk has been raised?</td>
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<tr>
<td>What lessons can be learned about how effectively capacity to reduce vulnerability has been raised?</td>
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<tr>
<td>Whose capacity has been raised?</td>
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<tr>
<td>Is the capacity gain sustained/likely to be sustained?</td>
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<tr>
<td>How closely has the activity addressed pre-existing capacity needs?</td>
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<tr>
<td>What worked well, and why in the programme?</td>
<td></td>
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<tr>
<td>What did not work well, and why?</td>
<td></td>
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<tr>
<td>What were the enabling factors?</td>
<td></td>
<td></td>
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<tr>
<td>What were the barriers/limitations?</td>
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</tbody>
</table>
| Capacity (general) | How has existing capacity in DRM been achieved? How important has the activity been in this?

What factors would you say are key in ensuring the success of capacity building for DRM?

*Provide each participant with the matrix of principles for rating exercise with explanation of what each means and the rating categories*

How would you rate the importance of the following ‘principles’ in enabling effective CB? |
|---|---|---|---|
## 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*

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