How to do a VCA
A practical step-by-step guide for Red Cross
Red Crescent staff and volunteers

Over the next five years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

**Goal 1:** Reduce the number of deaths, injuries and impact from disasters.

**Goal 2:** Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

**Goal 3:** Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

**Goal 4:** Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.
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Abbreviations and acronyms

AIDS Acquired Immunodeficiency Syndrome
BPI better programming initiative
CBDP community-based disaster preparedness
CBFA community-based first aid
CIT change, influence, transformation
DM disaster management
DP disaster preparedness
HIV human immunodeficiency virus
NDP national development plan
NGO non-governmental organization
NSP national strategic plan
PPP project planning process
PRA participatory rapid appraisal
SMART specific, measurable, attainable, realistic and timely
TRS tool reference sheet
VCA vulnerability and capacity assessment
WPNS well-prepared National Society

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Red Cross Red Crescent National Societies are increasingly working alongside vulnerable communities, seeking to address the underlying causes of their problems.

This shift from our more ‘traditional role’ as service providers has required a new set of ideas, attitudes, methods and tools in order to meet our objectives in working together with people in need.

Vulnerability and capacity assessment (VCA) was developed to enable National Societies to help communities understand the hazards that affect them and take appropriate measures to minimize their potential impact. These measures are based on communities own skills, knowledge and initiatives – thereby preventing these hazards turning into disasters.

**Key message**

VCA is a method of investigation into the risks that people face in their locality, their vulnerability to those risks and their capacity to cope with and recover from disasters.

This document is intended as a simple and practical guide for National Society staff and volunteers who wish to undertake a local-level VCA, as part of their community programming strategy.

Since the VCA was introduced ten years ago, National Societies have gained a great deal of experience and expertise in its implementation, in both urban and rural communities throughout the world. In 2003, the International Federation of Red Cross and Red Crescent Societies (International Federation) began an extensive review of VCA, in order to capture important lessons learned, with a view to updating the process.
The review identified a number of important issues which have been addressed in the first publication of this series ‘What is VCA?– an introduction to vulnerability and capacity assessment’. A key concern was that the VCA guide in its original format was too complex and hard to follow – resulting in difficulties in implementation, even after the ‘training of trainers’ had been undertaken by National Society staff and volunteers.

This revised guide and related publications seek to address the issues and questions highlighted by the evaluation and make the VCA process more ‘user-friendly’. National Societies are therefore encouraged to seek support from those who already have experience of and training in VCA.

Such VCA ‘resource persons’ can help guide the process, so as to avoid potential problems and provide insight into lessons learned by others. They can provide on-site support at key times and also remain in contact through telephone, as needed. Resource persons do not need to be present during the entire process; their main contribution is in giving guidance and assistance at critical times (e.g. during data analysis).

**How to use this guide**

This ‘*How to do a VCA*’ second publication is intended as a practical, how to guide the National Society staff and volunteers to undertake VCA. This is a part of a series of publications on VCA: *What is VCA?*, *VCA toolbox the third publication* and *VCA training guide the fourth publication* (see Figure 1, p. 8). Together, these documents explain what is VCA, how to undertake a VCA, how to apply a variety of information-gathering techniques and how to train Red Cross Red Crescent volunteers to use these VCA tools.
Figure 1  The relationship of the four VCA publications

Following the first publication in this series, *What is VCA?*, this guide examines the practical issues associated with undertaking a VCA. The aim is to make it an interesting and challenging community participation process.

Other International Federation and National Society documents (such as *Make that change*) originally produced for a regional audience also contain useful information. Furthermore, the VCA toolbox and the updated community-based first aid (CBFA) framework provide a range of effective tools for any given VCA, linked to a National Society’s existing programmes.

This guide aims to answer the following basic questions:

- **Why** Why is a VCA being proposed? Is it going to help the National Society to reduce vulnerability in communities?
- **What** What does it involve? What will it be used for?
- **Who** Who will be involved in undertaking the VCA? Who will benefit?
- **How** How will it be carried out? What tools and methods are involved? Do you have the necessary capacity and resources? How do you select the communities most at risk?
- **When** When should you start the VCA? When you should not? How long will it take?
- **Where** In which communities will you carry out the VCA? Is the branch willing to support and able to undertake the work?

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2. Available from the International Federation’s Health and Care Department.
Box 1 **Terminology**

A number of terms are repeated throughout this document, which can either help to make things clearer or complicate matters. To ensure that there is no confusion, basic terminology related to VCA is defined below:

- **Methodology**: An entire process or approach (e.g. assessment of vulnerability and capacity) which brings together specific methods and tools to support the overall process. Examples of methodologies are VCA and community-based first aid (CBFA).

- **Method**: A set and sequence of steps or tasks to be followed as part of a larger framework (methodology) and is implemented by using a number of analytical tools. Examples include: emergency needs analysis, hazard analysis, livelihood analysis, gender analysis, stakeholder analysis.

- **Tools**: A means or instrument to accomplish a specific task. Examples include: transect walk, timeline, semi-structured interviews, role play, etc.

Selecting the best tools
This guide has been organized chronologically. Activities are presented in the order in which one would undertake them while implementing an actual VCA (see Box 4, p. 21). Throughout the guide, a number of questions are posed for your consideration which will help you to plan and prepare. There are also checklists to ensure that you have not forgotten anything. Finally, ‘tool reference sheets’ (TRS) can be found in the ‘VCA toolbox’ to help you complete the tasks.

While the information provided in this guideline is comprehensive, it is clear that it cannot answer every question. Each VCA is unique and depends on a wide variety of factors, ranging from branch capacity to broader issues linked to culture and the environment.

**The principles that guide the Red Cross Red Crescent VCA**

Upon reviewing VCA over the past three years, the International Federation has noticed a major transformation within the VCA methodology. Participants often refer to a changed perspective, not visible to them prior, enabling them to see and do things differently.

The model in Figure 2, p. 12 (Living through time: a sensitive model for change in VCA) is a metaphorical representation of this powerful transformational property, used to facilitate the process of VCA.

**The model parts are defined as follows:**
The position of environment refers to the places where VCA is conducted (i.e. village, town, apartment blocks, etc.). Behaviours represent the actions taken by people operating within the environment. These actions to some extent will be controlled by the capacities or capabilities that people perceive to have.
Beliefs and values are extremely powerful. They are deeply embedded in our being and are reflected in our behaviours and the capabilities that we think to have. Also, what is important to us – in other words, what we want and we do not.

Identity is even more profoundly placed: it speaks to our very being and who we are. Identity influences how we think in each of the other positions. For example, some people who have been through a disaster may think of themselves as ‘victims’. As a result of this belief, people may remain passive, awaiting assistance rather than taking responsibility for their own actions. However, if people perceive themselves ‘affected by disaster’ rather than as ‘victims’, their identity and attitudes in relation to this situation will be different: they may behave differently (behaviours) and their capabilities will reflect more choices in helping themselves.

The model is a powerful one. It encourages participants to reflect from the six different positions, as the VCA training or actions progress over time.

Evidence from evaluation of the methodology indicates that as new understanding is gained, participants are able to examine how changes at one level provoke changes at others. These transformed perspectives improve possibilities for change, resulting in better preparedness for response as well as reducing risks in the community.
Figure 2  **Living through time: a model for sensitive change in VCA**

The metaphor is used as a central focal point arranged on the floor, around which participants sit in a circle. The arrow represents the metaphor of time which is used to guide participants in the context of past, present and future towards a common goal. The six points arranged around the arrow in a shape represent different perceptual positions from which we can view events. It is used during VCA to assist participants to reflect through returning to their actions, thus allowing them to view change from different perspectives.

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How to do a VCA

Beliefs and values

Identity

Goals
What is VCA?

VCA is a methodology for investigation. It is a means of gathering information through a participatory way. Its purpose is to increase community members’ awareness of risks and help them to plan activities for reducing vulnerability and increasing capacity before a disaster happens.

The first publication in this series, What is VCA?, describes VCA as:

“…an integral part (but not the only part) of disaster preparedness that can contribute to the creation of community-based disaster preparedness programmes at the rural and urban grass-roots level. It is a tool which enables local priorities to be identified and leads to the design of actions that contribute to disaster reduction.

(...) With VCA, local people and communities become the focus – not only as recipients of funding, but ideally as active participants in the development initiative. When applied to disaster preparedness, such methods can encourage participation, so that the people become more completely involved in the identification of risks and in the design of programmes and actions to prepare for disasters.”

Given National Societies’ broader responsibilities in disaster management, it is clear that risk reduction and capacity building at the national level remain key priorities. Within this context, risk analysis and hazard mapping can help identify those high-risk communities which would benefit from more detailed investigations, through community VCAs.

Key message

VCA itself is best geared to addressing issues at the local level.
Our experience of VCA all over the world has shown us that VCA often ends up leading to projects that are not necessarily hazard-related – despite our own focus on disaster preparedness, both at the International Federation and within National Societies.

With time and experience, we have come to recognize that the types of risk uncovered by VCA represent the real concerns of the people – even if these do not include natural hazards. It has become clear that people are normally more concerned by their daily survival problems (e.g. health concerns, lack of income or, issues like traffic accidents etc.), often making no mention of earthquakes or floods.

Vulnerability has been defined in relation to five components that embody most aspects of people’s exposure to a given natural hazard:
- Livelihoods
- Well-being
- Self-protection
- Social protection
- Governance

Once VCA has been linked to the different components of vulnerability and the relationships between them are understood, it becomes much easier to identify the related capacities that need to be strengthened.

It then becomes possible to see how existing Red Cross Red Crescent programmes, even when not specifically related to disaster preparedness, can contribute to vulnerability reduction and capacity building at the grass-root level. This results in a better integration of programmes and provides us with new ways of working hand-in-hand with communities, to make our Red Cross Red Crescent activities more effective.

This is all fine in theory. But how exactly do we deal with the expectations that we are raising in working with the communities by undertaking a VCA and how do we incorporate these into a National Society’s planning process?
What happens when issues that do not pertain to disaster preparedness are identified and prioritized for action by communities in the planning process?

First and foremost, we must always remember that for communities, this is a real life and not just an exercise. We would not get involved in working with communities unless we were committed to helping them find solutions to the issues raised. Therefore, it is crucial for National Societies to manage the expectations being raised and to communicate where they can or cannot intervene.
In 2000, the Syrian Arab Red Crescent was involved in a VCA-like assessment that used participatory rapid appraisal (PRA) tools in 13 of its branches nationwide. In the aftermath of the 1999 earthquakes, the National Society was worried about the possible effects of a disaster in north-western Syria – an area which shares the same fault line.

Focus groups and interviews conducted with management, staff and volunteers around the country identified hazards and risks other than an earthquake, which were of a greater priority to local people. These included lack of water, pollution and various health issues.

The National Society came to the conclusion that its volunteers could help in mitigating both everyday problems, as well as those associated with sudden-onset disasters. In partnership with the Ministry of Health and Civil Defence, they began training volunteers in integrated health and disaster preparedness activities.

As a result, Syrian Arab Red Crescent volunteers became involved in a number of health and disaster preparedness projects, such as cleaning-up the river in Damascus and organizing local awareness campaigns to encourage people to use garbage collection points (as a way of dealing with pollution).

Furthermore, the trained volunteers from Syrian Arab Red Crescent branches in Hama and Idlib were put to the test in 2001, when the Zaizon dam collapsed. They were able to respond promptly, providing affected people with first aid, health care, relief and food aid, as well as carrying out a rapid assessment and managing a temporary camp. Local government agencies praised their role and a post-disaster review lead to changes in Syrian Arab Red Crescent’s disaster management.

These activities provide a good example of how community assessment can lead to actions that address not only people’s day-to-day priorities, but also lead to preparedness in responding to natural disasters.

(See the International Federation’s case study: Preparedness for response to future disaster risk reduction).
**Box 3 Participation: the key ingredient**

Participation can mean a great many things – from people simply ‘attending’ an activity, to being the principal actors and decision-makers in a complex process.

In order to better understand what we mean by participation and how participation can be used to strengthen or weaken the VCA process, let us look at one simple way of defining it\(^4\), using a ‘ladder’ of participation, where each rung represents different levels of community involvement.

<table>
<thead>
<tr>
<th>Degree of citizen power</th>
<th>Degree of Tokenism</th>
<th>Non participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen control</td>
<td>Delegated power</td>
<td>Placation</td>
</tr>
<tr>
<td>Partnership</td>
<td>Consultation</td>
<td>Therapy</td>
</tr>
<tr>
<td>Placation</td>
<td>Informing</td>
<td>Manipulation</td>
</tr>
</tbody>
</table>

The top three rungs (partnership, delegated power and citizen control) are where real and meaningful participation begin. Power is redistributed through negotiation between citizens and ‘power-holders’. Planning and decision-making responsibilities are shared, for example through joint committees. Communities have the power to ensure that the programme is accountable to them. In citizen control, those who are the object of programmes have control over the programme and its activities, while members of outside organizations act in as an advisory capacity.

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As a result, those leading the VCA exercise must be prepared for any eventual outcome that the community highlights as a priority – whether it is disaster risk reduction, health or income generation – many of which cannot be foreseen or controlled. This is key and will be stressed over and over in all the VCA publications.

It is natural – and should not be perceived as negative – that communities will identify priority issues that fall outside the Red Cross Red Crescent’s mandate or capacity. This can be a source of difficulty for branches if they are not properly prepared. At the very least, different branch departments must agree to work together before a VCA can be undertaken effectively (e.g. health, youth, disaster management).

The bottom three rungs – manipulation, therapy (making people feel good) and informing – contain no participation at all. This is simply one-way communication: proposed plans have already been decided upon and the job of the facilitator is to achieve public support through an exercise in public relations.

Rungs four and five – consultation and placation (to appease) – also focus on a one-way flow of information. Those running the process use attitude surveys, neighborhood meetings and public enquiries to collect information.

Working with volunteers and communities does not necessarily mean that you are working in a participatory way. The actual role of these groups in a VCA will determine the degree to which they feel as if they ‘own’ the process, or whether they are simply being asked to provide information and implement activities. If the volunteers and community members are active participants in implementing a VCA, their commitment to the process could transform the way branches and communities work – as people themselves become the principal authors in projects that reduce local vulnerabilities.

Those guiding the VCA must therefore be clear on what type of participation they want and what the implications are for the overall process.
VCA’s potential as well as its limitations must be communicated to the communities: transparency is vital and one of the most important things to keep in mind throughout the process.

Red Cross or Red Crescent branches must also be clear about what they can offer and what is beyond their capacity (and may require intervention from others). For this reason, strategic partnerships with other organizations should be developed before the assessment begins, in order to address outstanding issues identified by communities or to advocate with government for changes.

The role that VCA plays in programme planning must also be clear from the beginning. Gathering information and then not doing anything with it serves no purpose. It is crucial to understand that VCA is a methodology and not a programme or isolated activity.

Once information from the VCA is systematized and analysed, its relevance to the planning process will become clear. National Societies will be able to see how VCA fits into the assessment process and how assessment in turn forms part of the project cycle, as shown in Figure 3.

**Figure 3**  The planning cycle: assessment
Getting started

A Process for VCA

This diagram outlines the steps of the VCA Process.

Box 4  A process for VCA: Moving from investigation to action in 12 steps

**Level one  National Society support**
1. Understanding why VCA is being proposed.
2. Sensitizing (of National Society leadership, branches, partners).
3. Setting up a management structure for the VCA.
4. Setting the VCA objectives.

**Level two  From assessment to planning**
5. Planning the VCA.
6. Preparation phase.
7. Using the investigation tools with the community.
8. Systematizing, analysing and interpreting the data.
9. Returning information to the community and deciding priorities and actions for transformation.

**Level three  From planning to action**
10. Turn vulnerabilities into capacities through practical actions.
11. Recommendations and report writing for local authorities, donors and partners.
12. Programme implementation: risk reduction projects with the community.
Level 1 National Society support

Understanding why VCA is being proposed

In getting started, the first and most critical question is: Why is a VCA being proposed and will it help the National Society to reduce vulnerability in communities?

Remember, the decision to undertake a VCA cannot be taken lightly. It requires time, effort and serious responsibility involving the National Society’s headquarters and its branches, as well as the communities.

Useful Tips Taking the decision to undertake a VCA

Below are a series of questions that will help tackle this fundamental question and clarify a number of other issues:

■ Is community work reflected in your national development plans, policies and structure? If not, is your National Society prepared to make the necessary changes so that this becomes part of what you do?
■ Is the proposed VCA linked with national programmes?
■ Is your National Society willing to get involved in working in a participatory manner with communities over the medium to long term?
■ Is VCA the most appropriate process for what you are trying to achieve or are there other methods you should be using?
■ Do you have the resources and skills to undertake a VCA and to do the required follow-up?
■ Are the national headquarters and the participating branches willing to make the necessary investments in training staff and volunteers in community work?
■ Are the other technical and programme departments prepared to respond to community needs that arise (e.g. health), which are not part of disaster management?
■ Are there other organizations that you can call upon for help should the needs of the community be beyond your mandate or capacity?
As you can tell from these questions, there is much to be done before any branch decides to undertake a VCA. Political will on the part of the board and management, commitment from branches and technical departments, and availability of financial and human resources must all be in place prior to embarking on such a complex and rewarding exercise.

**Key Message**

Do not start implementing the VCA before you have fully analysed all of the issues raised and everybody is satisfied with the answers.

**Sensitizing**

Over the last few years, VCA has become quite well known in many National Societies. This does not necessarily mean that everyone fully understands what is involved in carrying out a VCA, nor the extent of the obligations and responsibilities which will fall to branches and communities. It is up to those who are proposing the exercise to fully explain the VCA process to all involved – including board members, management, technical staff, volunteers and implementing partners.

Obtaining political support within the National Society is crucial prior to undertaking a VCA. This will entail preparing and developing a strategy to sensitize management, staff and volunteers.
For a successful sensitization, person who is coordinating the process must fully understand VCA, be able to present it to others and answer detailed questions. This means that you will have to read about VCA, develop a concise presentation and be clear on why VCA is the best course of action, given the objectives of your project.

**Useful Tips**  
**Sensitizing others to VCA**

Here are some questions and tips to keep in mind:
- Who should be sensitized?
- What do you want them to know?
- Who can help to sensitize the different groups?
- When is the best time to talk with people and/or make presentations? You may want to organize a presentation during regular activities/meetings of the board.
- Let the VCA sell itself. Remember that VCA is a powerful process if it is appropriate for what you want to do. But do not forget it might not be the right process for your project.
- Practise giving the presentation. Think about the questions that people might ask you and make sure you can answer them.
- Disseminate information about VCA directly to the branch volunteers.

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**Box 5  Mongolia: A successful VCA sensitization workshop**

In 2002, members of the Mongolian Red Cross Society took part in a VCA sensitization workshop. A VCA trainer/facilitator from the Middle East ran the session, using flip charts, pens and his own style of encouraging communication.

A key to success was that the workshop was held in Mongolian language, with translation into English. This meant that the onus was on the facilitator to understand the Mongolians and not the other way round. Groups worked and reported back in their own Mongolian language, while the interpreter translated and made notes in English on the flip charts, so that the facilitator could understand.

For a successful sensitization, person who is coordinating the process must fully understand VCA, be able to present it to others and answer detailed questions. This means that you will have to read about VCA, develop a concise presentation and be clear on why VCA is the best course of action, given the objectives of your project.
You may wish to identify people in your National Society who would be interested in VCA and ask them to help spread the word about the utility of the process.

Do not forget to sensitize relevant representatives from government and other organizations working in the region or people carrying out similar work.

If implementing direct community work is new to your National Society, you will want to give particular consideration to the implications of undertaking a VCA. Remember VCA is not an end, but rather a means of gathering information for planning projects. It may lead to long-term relations with communities: demand on branches to work with the community may also increase and you will need to assess your ability to meet those demands before you begin.

There are no half measures once you start. The actual decision on whether or not to undertake VCA is a crucial one – and something that all National Societies must carefully consider before beginning the process.

Data collected is reviewed and validated.
Box 6  Realizing that VCA is not always the best way forward

In 2002, a health delegate working with the Belarusian Red Cross wanted to help the National Society to learn about VCA, so that they could decide whether or not to carry out an assessment. A VCA trainer organized a workshop, which was attended by senior National Society management, staff and volunteers, to illustrate how the VCA process could help National Societies identify key hazards, risks and capacities. In this case, the process showed that most of the problems facing Belarus were health-related and many stemmed from the 1986 Chernobyl disaster.

But the most important thing that the Belarusian Red Cross participants learned was that their National Society was not yet ready to undertake a VCA, and that other tools were more appropriate for the activities they wanted to carry out at that time.

The sensitization workshop was successful in that it prevented a National Society from carrying out an assessment which, based on its key programme priorities, was inappropriate. It also showed participants that the National Society did not yet have the capacity to carry out a VCA effectively.

In 2005, the Belarusian Red Cross was able to carry out VCA and demonstrate how local community assessment could be connected to national-level risk, hazard and capacities mapping.
Managing the VCA

Once the decision has been made to go ahead, you need to look at how the VCA will be managed. A management structure on several levels must be created to ensure that the VCA functions effectively (see Figure 4).

Figure 4  VCA management structure

Each level of the management structure has different roles and responsibilities, as do the relationships between each level.
The “political” level consists of the National Society’s board, which must approve the VCA. This ensures political support, as well as an understanding of what is required to undertake a VCA and what are its implications. The board must be kept informed throughout the process.

The “driving force” refers to the leader(s) in charge, key in ensuring that the process advances. The leader (or at least one of the leaders) should have received formal training in VCA. They may form part of the managing committee or task force (see below).

The “implementing body” consists of the people at the National Society’s headquarters and branches who will actually implement the VCA.

A managing committee or task group, in charge of day-to-day VCA implementation decisions, will help ensure that the process runs as smoothly as possible. Where possible, this should include participants from all levels (i.e. political, driving force and implementation body), so that all parts of the National Society remain informed with the VCA progress. The exact form of this operational structure depends on how your own National Society functions and what is needed. Some VCAs may not require such an elaborate structure.

The more people within a National Society are involved with the VCA process, the less chance of surprises and the better chance of success.

As we have already mentioned, the VCA process may result in communities prioritizing a wide range of issues that may or may not have anything to do with natural disasters. Though this does happen quite often, it is helpful to have representative from other departments such as health in the VCA structure. It is easier to obtain the institution-wide support for the proposed projects.
Your National Society may also decide to invite external partners and/or government to take part in the committees. This will ensure better dissemination of the results, increase the chances of obtaining funding for projects and secure multi-sectoral and multi-institutional acceptance and replication of the VCA process.

**Box 7  Stimulating VCA knowledge in National Societies**

Some National Societies would like to promote the use of VCA and spread information and learnings about the process throughout their Society. A simple and effective way of doing this is to invite a member from a branch that is considering carrying out a VCA to participate in either the managing committee/task force and/or the implementing team. The experience gained will be useful if the branch decides to undertake their own VCA.

**Box 8  Best practice: Inter-regional support of VCA**

National Societies often call upon trainers from other regions – or even other continents – to support their training, sensitization and implementation activities. Examples include:

- The Dominican Red Cross decided to carry out a VCA as part of their community-based disaster preparedness (CBDP) programme. Four recently trained VCA practitioners – from Argentina, Venezuela, Guatemala and Costa Rica – provided training support and conducted ten VCAs with the National Society.
- A Somali VCA trainer helped carry out an assessment in Africa’s Great Lakes region.
- In southern Africa, VCA trainers from Pakistan facilitated the process.
- A facilitator from the Middle East helped VCA sensitization in Mongolia (see Box 5, p. 24).
Useful Tips  **Forming a management structure**
When forming the management structure, make sure the following tasks are completed:

- Draw up terms of reference, to include the roles and responsibilities (division of tasks) of all those involved, whether they are part of the management committee or not (e.g., the board, the Secretary General, etc.).
- Obtain a clear commitment from those involved; this could be done in writing if everyone agrees.
- Outline what is needed for the structure to function (time, resources, communication channels, etc.).
- Identify potential problems that could occur and possible solutions to them (e.g., relations between different levels).
- Prepare a timeline and a budget.
- Decide when to dissolve the structure.

**Setting VCA objectives**

A major goal of this VCA guide revision is to clarify the purpose of VCA and confine its usage best suited according to the places and types of risk. This requires a careful definition of its role, and where it fits within a National Society’s development plans and policies, as well as other areas of Red Cross Red Crescent work and priorities.

**Key message**

The objectives of your VCA are critically important.

As part of this process, the management committee has to establish clear and precise objectives for the VCA.
Useful Tips  Defining objectives
The following should be kept in mind as the objectives are developed:

- The overall objective should answer the question: Why do you want to undertake a VCA?
- Particular objectives should be specific, measurable, attainable, realistic and timely (SMART), as well as clear and understood by all.
- Use a participatory process to develop your objectives.
- Everyone involved in the process should approve the objectives in order to avoid future problems.
- Determine the size and parameters of the VCA, by answering questions such as: Where will the VCA be implemented? How many communities and which branches will be involved? What human and financial resources are available?
- Bear in mind the cultural attitudes and practices of the communities where the VCA will be carried out.

Key message  VCA requires commitment and should not be carried out without the agreement of the people who will be most involved – branch volunteers and communities.
Box 9  The Red Crescent Society of Azerbaijan’s VCA objectives in 2003

- Promote greater community awareness of hazards and vulnerabilities, and knowledge of basic coping strategies.
- Encourage the Red Crescent to develop greater regional responsibility for programmes, through involvement in planning and assessment processes.
- Support the Red Crescent Society of Azerbaijan in becoming a greater advocate for vulnerable groups in the disaster preparedness and response process.
- Promote better cooperation between the National Society, local authorities and other organizations.
From assessment to planning

Now that your National Society has decided to carry out a VCA, you have a management structure in place, objectives have been developed and everybody is enthusiastic about starting the VCA, what is the next step?

Assessment planning

VCA can take on a number of different forms, from a quick information gathering process to a more complicated and detailed participatory course of action. A short process will provide information, but may lack meaningful community participation and commitment, which in turn can reduce the chance of developing relevant project proposals. Detailed, more profound processes require additional time and resources, but allow the branch and the community to develop relationships which may lead to longer-term quality impact.

Planning is crucial whatever the form of the VCA. It serves to clarify what is to be done during the course of the VCA, from its inception to completion. This will help ensure that everything is organized according to a schedule and that no details are left out. A proper plan will identify who does what, when things need to be done and what resources are required. This enables you to monitor progress and evaluate the quality of activities and their impact.

Remember that the VCA timeline is a ‘roadmap’, which may need on-going adjustment.
Below is an example of a planning matrix, including a timetable:

**Table 1**  **A sample matrix for VCA**

<table>
<thead>
<tr>
<th>Phases</th>
<th>Activity</th>
<th>Who will ensure it is done?</th>
<th>Resources needed</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Implementation phase</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Analysis phase</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning and action phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The planning process should involve as many people as possible who will participate in the process. In some cases this may be difficult, especially during the preparation phase when the VCA coordinator and the management committee are primarily responsible for organizing the VCA process. However, once the implementing team’s members have been trained in VCA, they should be encouraged to take an active role in planning.

Let us take a look, in detail, at some of the issues to consider and the tasks to be completed in each of the different phases:

1. Preparation phase;
2. Implementation phase;
3. Analysis phase;
4. Project planning and action phase.
Preparation phase

The activities to be carried out during this preparation phase are mainly the responsibility of the staff and management committee.

This includes making all necessary decisions and completing activities that need to be done before the actual VCA process begins. Having everything in place will help minimize potential problems.

Preparation takes time and requires considerable energy on the part of the VCA coordinators and staff, all of whom should already be trained and ready to carry out the assessment.

This initial phase includes:

A Identification of, and communication with, participating branches and communities.

B Selection and training of staff and volunteers (the implementing team). Learning-by-doing could be an option in training (see Box 13, p. 42).

C Identification and acquisition of necessary resources.

D Identification of investigation tools to use in the VCA.

A Identification of / communication with branches and communities

The identification of branches and communities taking part in the VCA must be based on clearly defined criteria. These criteria will depend on the VCA’s objectives and will differ for each situation.

Useful Tips Community identification
Identification criteria may include:

- Which communities are particularly vulnerable? (This should be partly based on national risk analysis and maps.)
How accessible are the communities?
How many communities? What size should the VCA be?
Is the branch experienced in working with communities? Can the VCA be linked to other Red Cross Red Crescent activities?
Does the branch have other “entry points” into communities through other programmes?
Is the community interested? Is it sufficiently organized?
Does the branch have the political will to carry out the VCA?
What is the branch’s capacity? Does it have a sufficient number of volunteers?
Are other NGOs working in nearby communities? Could you work in partnership with them?
How secure will the working environment be for staff and volunteers?
If the number of communities with whom you can work is limited, could you pick a community that can represent the issues of other communities. Will this “sample” help you to extend programmes over a wider geographical area?
Given the above criteria, can the selected branch and community ensure a reasonable chance of success for the project?

By design, VCA is participatory. Branches will generally know whether or not they have the capacity to undertake a VCA. It is therefore more effective for headquarters to consult branches prior to undertaking a VCA, rather than taking a unilateral decision.

For this same reason, branches should also be involved in the selection of the communities where VCA will take place. They know their region and are aware of local risks and vulnerabilities.

Finally, the communities themselves will need to be consulted and the VCA process explained to them. They can then decide if they wish to participate.
It is vital that time be taken to explain to communities, in a way that they understand, what is involved, why the VCA is being proposed, what is the purpose and what are the expected results. Branches and communities should feel that they own the process. After all, branch members will carry out most of the work and communities will be most affected by the process.

Once a potential community (or communities) has been chosen, representatives of the VCA team will wish to visit the area and interact with the people, as part of the “official” VCA process. The team will provide an initial explanation to the community leaders, as well as organize a broader meeting during which VCA can be explained in detail. They can also use this opportunity to gather basic information about the community.

As we know, communities are often sceptical about outsiders coming in and asking a lot of questions. Even where the branch already has a good relationship with target communities, it remains important to thoroughly explain the VCA process to villagers (not just community leaders), so that everyone feels comfortable with what will happen.

**Useful Tips**  **Gathering information**

During the first visit to potential communities, you will wish to gather the following information and/or complete these tasks:

- Meet key leaders.
- Make a list of other leaders (including contact information).
- Identify:
  - other humanitarian actors working in the community;
  - level of organization in the community;
- local government structure;
- major problems.
- Familiarize yourself with the layout of the community.
- Understand the rhythm of the community: When do people work? What time are they at home? When is the best time to carry out activities?
- Ensure that Red Cross Red Crescent representatives maintain a friendly, dynamic and motivational attitude, whilst at the same time clarifying the process and raising realistic expectations.

**Box 10  The problem with ‘community’....**

It is important not to idealise the notion of ‘community’. The people in any locality that outsiders think of as being a ‘community’ may not always be co-operative on all issues. They can also be in conflict, involving exploitative and repressive relations, especially in relation to their livelihoods (e.g. different access to land and water) and social existence (e.g. caste, ethnic differences, religious intolerances). Another factor is gender: we cannot on the one hand advocate for gender equality and women’s rights and ignore the fact that in any ‘community’, divisions between males and females are of crucial importance. Do we work on gender issues, or with the ‘community’ that exists on the basis of gender inequality?

Programmes that fail to acknowledge the internal divisions and differences within a ‘community’ may be liable to fail. These issues are well-known in NGO development work, and are recognised in the Federation’s programmes through the Better Programming Initiative (e.g. through the concept of dividers and connectors in BPI). Many donors do not take these issues into account enough, and tend to idealise the idea of ‘community’. As a result of some VCAs, the resulting interventions can be very useful in reducing conflicts between different groups in a locality, since outsiders can act as catalysts for change.

You are now in a position to select and invite different community leaders to attend a sensitization meeting.
**Useful Tips**  
**Sensitization meeting**

Some key points to remember are:

- Issue the invitation in writing, where appropriate;
- Ensure participation and involvement of as many community leaders as possible, and gaining their approval and commitment for the process.
- Make sure that all participants are aware of who else will attend the meeting.
- Prepare an agenda and a presentation with key messages that you wish to communicate to community leaders.
- Avoid creating unrealistic expectations of the Red Cross Red Crescent in the community. This meeting is the first opportunity where these may arise. If you are not clear from the beginning, you will have problems in maintaining the focus of the community for the remainder of the VCA.

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**Box 11  What should come out of a meeting with community leaders**

By the end of the meeting you should have:

- clear points of reference within the community with whom you will work;
- a better idea of community interests and needs;
- community ownership and commitment of the VCA process, focusing on vulnerabilities and capacities (rather than on all the issues faced by the community); and
- a tentative, simple VCA action plan with a proposed timeline – developed with and agreed upon by the community leaders by the end of the meeting.

Remember that it is up to community members to decide whether or not to become involved. If they decide to participate, they will be able to help the team with information-gathering. They know best with whom the team should talk, when is the best time to find people and where they can be found.
B Selection and training of staff and volunteers

Although VCA is time-consuming and demanding, it also offers staff and volunteers the chance to gain valuable community working skills and to participate in a process that is not only enjoyable, but will have a meaningful impact in reducing vulnerability.

The selection and training of the “VCA team”, especially at the branch level, will determine the degree of success of the VCA.

Useful Tips   Selection of team members

You will need to decide on the team’s size and composition, based on your selection criteria including:

- **Mix**: include a mix of board members and volunteers.
- **Skills**: have a multidisciplinary team, with skilled people from all areas.
- **Gender**: ensure as much as possible gender balance, it is of great importance to increase the quality of the assessments.
- **Links**: a cross-section of volunteers who can connect with different community sectors, such as youth and women.
- **Level of education**: decide on what level of education is most appropriate – but, be careful not to exclude people who could help in the process, even if they do not have the required level of education.
- **Other considerations**:
  - knowledge of the Red Cross Red Crescent;
  - good communication skills and is comfortable in working with all sectors of the community;
  - a knowledge of necessary languages;
  - group dynamics skills;
  - well-organized;
  - facilitation skills;
  - patience and integrity.
- **Commitment**: members must be available and committed for the whole process, which includes training, practice sessions, actual VCA, data analysis and project planning. They need to show that they are dynamic and enthusiastic.
You should seriously consider inviting people from outside the Red Cross Red Crescent to participate – including representatives from target communities, partner organizations and local government.

For example, National Societies in the Caribbean carried out a regional VCA training session in 2004. Participants included representatives from the countries’ national disaster management offices. This led to a more effective VCA, with real cooperation and understanding.

Once the team members have been selected, sufficient time must be allocated to training them in all aspects of VCA. It is vital that the team members understand what is VCA and are familiar with the various community and investigative methods. Experience has shown that at least three full consecutive days are needed to train the team. You should also devote adequate time to the ongoing training.

Community work is very specialized and that the staff and volunteers must be properly prepared, if they are to make full use of the models, methods, tools and materials at their disposal. Your resource person can help design and implement a systematized training programme that will ensure that the trained staff and volunteers have the necessary knowledge and skills.
Box 12  **Key skills and learning needed by the VCA team**

Team members should receive training in the following themes:
- Understanding VCA, including relevant terminology and concepts.
- Participatory methods of investigation.
- How communities function.
- Culture and cultural sensitivity.
- Team-building, decision-making, group dynamics.
- Facilitation techniques.
- Recording and interpretation of data.

Box 13  **Learning-by-doing**

‘Learning by doing’ was developed with the aim of supporting VCA practitioners in developing their skills in the field, whilst maintaining the standards of the VCA process. It takes into consideration real time constraints which may exist when working with people, on a day to day basis. In this way, a community VCA can be undertaken over a period of five days, whilst building in a degree of flexibility (i.e. over a week or at intervals suited to individual community needs and capacities).

Such a flexible model of VCA implementation recognizes that communities may have limited periods of time to offer, or that they are not necessarily fully engaged from the beginning. In addition, ‘learning-by-doing’ enables the VCA practitioner to be mindful of the dynamic and ever-changing environment of community living.

As with similar processes, the challenges of VCA can only be met when well-trained VCA practitioners fully understand the methodology and the use of tools as identified in the VCA toolbox, in a dynamic and creative way.
C Identification and acquisition of necessary resources

Proper administrative systems and financial resources need to be put into place from the beginning. For VCA to succeed, staff and volunteers must also be trained in their usage.

Just as team members have specific roles in managing the VCA, they also need to assume responsibility for administration and financial control. A budget must be prepared, letters must be sent and reports need to be written. Remember that reports are often the only means by which you can communicate the successes to donors and other organizations. Good reports may encourage donors and other stakeholders to participate and also to contribute.

In all cases, you should put together a sensible budget, which reflects the costs associated with undertaking a VCA. A VCA does not need to be expensive.

Key message

The resources most needed are the time, energy and commitment of staff and volunteers.

If your National Society does not have the necessary funding, you will need to produce a proposal that can be sent to the potential donors. Donors will also want to know how the VCA is linked to other programming. And, given that VCA is a research process and not a project in itself, how it will lead to projects that will reduce vulnerability and strengthen capacity.

Key message

It is important to recognize from the beginning that VCA leads to a planning process, resulting in specific projects which will eventually help reduce vulnerability.
You might, of course, have to modify your plans slightly once the VCA team is in place and more people are involved in planning and decision-making (for example, your National Society may decide to focus on other communities or branches). Make sure your proposal to donors reflects these modifications.

As mentioned, the VCA should lead to one or more risk reduction interventions. Recognizing that many specific activities, such as mitigation micro-projects, will only be identified once a community participatory planning and project development process has been undertaken. Since these activities will also require funding, they should be considered from the beginning and be included in the VCA funding proposal wherever possible.

**D Identification of investigation tools to use in the VCA**

The bulk of the implementation team’s training will focus on how to use the various VCA research tools. All of the tools are designed to identify and understand the different types of vulnerabilities and capacities in a given community in line with VCA objectives – in other words, creating a baseline of information.

*A community spatial map carefully drawn from direct observation in the community*
Box 14 Some of the methods for gathering information in VCA

Some of the principal methods include:

- Analysis of secondary/external sources (usually done prior to the actual VCA and with a skilled group of volunteers).
- Sampling.
- Questionnaires.
- Interviews.
- Focus groups.
- Historical timeline.
- Mapping – risk, community, spatial, capacity, etc.
- Seasonal calendar or chart.
- Institutional social network analysis.
- Direct observation.
- Transect walk.
- Problem tree.

Two VCA investigatory methods: Focus group (left) and mapping.
Individual descriptions and explanations of how to use each of these tools can be found in the VCA toolbox and the VCA training guide. The toolbox focuses on what each tool is to be used for and how to apply each method, while the training guide explains how to train people in their use. The VCA training guide will help you to organize and implement a comprehensive training programme. If your National Society does not have skilled people in these areas, you could ask for support from a resource person.

As part of the planning process, all members of the team should participate in deciding exactly which methods to employ. The final list will depend on factors such as:

- what information is available from secondary sources of information;
- what information you wish to collect;
- number of available volunteers;
- available timeframe;
- the community’s culture (some methods may not be appropriate in certain cultures);
- who will facilitate (e.g. gender may play a significant role).

Once people have received basic training, the planning process can move ahead more rapidly. Decisions can be made on logistics and the division of work – i.e. who will do what and when.

**Useful Tips**  
**External research**

Some team members and trained volunteers can begin research into secondary or external sources of information from the beginning (i.e. information that does not stem from the community VCA process itself).

- This will encourage the VCA team to liaise with potential partners, such as national disaster coordinating committees, meteorological offices, and national/local governments.
- Reviewing this type of information helps produce baseline data and makes team members more aware of risks – including emerging risks such as global climate change – in both, the communities where the VCA will be carried out and in the wider regional context.
Team members can also start to think about how some of these information might be relevant in conducting the VCA and how it might be presented to the community.

In undertaking actual research, the team will have started the process – a key ingredient in fostering motivation and a sense of ownership.

Gathering information through participatory group meetings.
Field testing: Putting into practice what you have learned

The preparation phase takes time. It is like painting a house: seventy-five per cent of the time is devoted to cleaning walls, covering furniture, buying and preparing materials. Only 25 per cent of the time is actually taken up with painting.

Before going into a chosen community to start the actual process, you will need a bridge between the preparation phase and the implementation phase – to practise what has been learned. This is called ‘field testing’.

Field testing consists in undertaking a practice run. You can test out new skills and knowledge and then analyse what worked best, what did not and how to improve things. Field testing is not usually carried out in the community where the actual VCA will take place, but in a community with which the branch is familiar and is willing to help. It is important not to raise expectations in the practice community. Everyone must understand what you are doing and how it will help the Red Cross Red Crescent work better in reducing vulnerability.
In some cases you may not be able to field test the VCA within a community. This does not mean that you should not test at all. Alternatives include practising on family members or with other Red Cross Red Crescent volunteers and/or setting up a simulation exercise.

**Useful Tips  Organizing a field test**

Organizing a field test will mirror what you will need to do for the “real” VCA, including the distribution of tasks. All members should attend a planning meeting to address the following:

- Who will act as the overall leader/spokesperson for the day?
- Who will contact the ‘practice’ community and explain the purpose of the field test?
- Who will organize an orientation session about the community for VCA members?
- When is the best time to meet with the community (daytime, evening, weekend)?
- What will be the agenda or order of the day?
- What methods will be used and who will undertake each one (formation of teams)?
  - What materials will be needed (tape, flipchart paper, etc.)?
- What questions will be asked and to whom (interviews, focus groups, etc.)?
- How long will the exercise last (timelines)?
- Who will oversee logistics (make a check list)?
  - transportation;
  - buying materials;
  - communications;
  - first-aid kit;
  - map of the community (does one exist?);
  - lunch/snacks or refreshments for community members (if you decide to provide them);
  - identification (to identify yourselves as Red Cross Red Crescent volunteers – bibs, hats, Red Cross Red Crescent identity card, etc.).
- What is the emergency plan?
- How will you thank the community? A return visit? A letter?
Figure 5 provides a sample of a VCA schedule. Remember that some interviews and other activities can be done on different days if necessary.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00</td>
<td>Pick up team members</td>
</tr>
<tr>
<td>09:00</td>
<td>Arrival in the community</td>
</tr>
<tr>
<td>09:15</td>
<td>Introduction to community</td>
</tr>
<tr>
<td></td>
<td>■ Explain purpose of the day</td>
</tr>
<tr>
<td></td>
<td>■ Who is present?</td>
</tr>
<tr>
<td></td>
<td>■ What is going to happen?</td>
</tr>
<tr>
<td></td>
<td>Schedule</td>
</tr>
<tr>
<td></td>
<td>■ Division of group according to arrangements made by the community</td>
</tr>
<tr>
<td>09:45–10:45</td>
<td>Visit two focus groups (women, factory workers, etc.)</td>
</tr>
<tr>
<td></td>
<td>Interview key informant (doctor, teacher, village elder, etc.)</td>
</tr>
<tr>
<td></td>
<td>Transect walk and focused direct observation</td>
</tr>
<tr>
<td></td>
<td>Problem tree</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Mapping exercise with group of ten people</td>
</tr>
<tr>
<td></td>
<td>■ Historical profile/visualization with group of youth and seniors</td>
</tr>
<tr>
<td></td>
<td>■ Seasonal chart</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch. Discussion on progress, direct observation. (Remember you may have to provide lunch and/or refreshments for some participants and certainly for the volunteers)</td>
</tr>
<tr>
<td>13:00–14:00</td>
<td>Household assessment/neighborhood vulnerability</td>
</tr>
<tr>
<td></td>
<td>Assessing the capacity of people’s organizations</td>
</tr>
<tr>
<td>15:00</td>
<td>Thank community</td>
</tr>
<tr>
<td>15:30</td>
<td>Leave community</td>
</tr>
</tbody>
</table>

Note: further key informant interviews will take place during the week following the VCA day.
Once you have completed the field test, hold a debriefing session to think about the field test.

**Useful Tips  Reflecting on the experience of a field test**

The organizers/trainers should address the following issues with the group:

- How did people feel? Were they nervous? Was it hard to talk with the community members? Did they understand what you were doing? Were they approachable? What can be done better to make yourselves and the community more comfortable?
- What worked? Why?
- What didn’t work? Why?
- Were the tools appropriate given the target population?
- Did the tools provide the information you wanted? If not, what changes do you need to make?
- How did the organization of the day go?
- Were the logistics adequate?

The overall plan can then be modified, based on the information gathered during debriefing. Logistics should be sorted out and the choice of research tools must be finalised, as team members will have a better idea on methods which they feel most comfortable in using. At this point, the team should systematize, analyse and interpret the data (see p. 54).

The team is now ready to undertake the VCA.
Implementation phase

VCA day

After all the planning, training, practice and preparation, you are finally ready to implement the VCA in the community. This should be an exciting day – a day that will have implications on the way in which the National Society and specific branches work with communities to reduce vulnerabilities in a direct manner. It is the beginning of real community work.

In fact, you have already undertaken a VCA. You can use the same checklist prepared for the field test – although you may have modified it according to suggestions made at the debriefing exercise.

Useful Tips  Last minute suggestions

Just in case you think you may need it, here is an additional checklist to make sure everything is ready and everybody is prepared:

- Good preparation is a “must”.
- Make sure everybody knows how the day will unfold and what will happen.
- Be flexible – expect the unexpected and be ready to deal with it creatively.
- Make sure you have a complete list of required resources and sufficient funds to get everything ready on time.
- VCA team members need to be prepared for every activity and familiar with every tool.
- Ensure appropriate timing for activities (not too intense) with scheduled breaks in between the activities.
- Be familiar with the composition of the communities before implementing the VCA.
- Have all background data ready (assessment tools, secondary data, etc.).
Ask for help well in advance if you need it. Support is always available from the International Federation’s delegations and from sister National Societies.

Ensure that all the relevant information is shared and explained to community leaders, who should represent as many groups in the community as possible.

Ensure that facilitators and team members remain humble and treat people with respect and information is conveyed in a manner that everybody understands. Use visual techniques for people who cannot read or write.

Ensure adequate facilities for carrying out the VCA.

Plan for follow-up, monitoring and evaluation in order to ensure permanent commitment from and to the community. Use community members to help with this task.

Understand and respect the culture and customs of the communities.

Think about working with children in the community. But do not forget that you must get prior consent from their families and follow the protocol identified in the VCA toolbox.

What you are going to do now is simply putting all the learnings into practice. Make sure all team members have rested well and remember to have fun!
After having gathered information during the course of the VCA or field-test day, what should you do with it? In many ways, this is when the real work begins.

The objective of the VCA is to collect information so that it can be used by branches, communities and other partners to develop programmes and projects which will reduce vulnerability.

The tasks described below should be practised as part of the field-testing exercise. Team members should be adequately trained in:
- systematizing data;
- interpreting and drawing conclusions from the data; and
- developing recommendations for the future.

**Systematizing, analysing and interpreting the data**

Once you have collected the data, you need to put it into a format that will allow you to better analyse and interpret it. This is called systematizing the data. This involves entering the large quantity of raw data into charts and cleaning up diagrams and drawings, so that they are easily understood.

Once the data has been systematized, it can then be shown to all team members so that they can see what it says about the community’s vulnerabilities, capacity, etc. This is called “**talking to the data**” – in other words, analysing and interpreting what the data is telling you.
This process takes time and team members’ skills will improve with practice. It is essential that the team include one or two members from the community. They know their own reality and are best able to clarify issues and put them into context – something outsiders are not always able to do. They have the right to be involved because any resulting interventions will have a direct impact on their lives. However, do encourage the community to select people with the necessary skills and sufficient time to participate in what can be quite a difficult process.

Putting systemized VCA data on walls for analysis.
The visual approach to understanding data facilitates group thinking and ownership.

If team members’ experience of analysing raw data is limited, it may be useful to ask for support from VCA resource person, other people in your National Society or from the International Federation delegation. People with formal VCA training will know how to make sense of the information. For example, if you used questionnaires, it is essential that somebody skilled in quantitative data analysis help with both the design of the questionnaire and the interpretation of results.
When interpreting the data, try to ensure that your analysis reflects what is really happening in the community and is consistent with your objectives. If the focus is on disaster preparedness, you will be seeking to better understand vulnerability and capacities related to natural disasters within the community and how they have been changing over time.

You should generally look for at least three sources to support your interpretation. This is called triangulation and gives your observations and conclusions credibility.

**Figure 6**  
**Bringing different sources of data together**  
Triangulating different data sources results in more valid information.
Triangulation: Different sources of information about community risks and hazards, local capacities and recommendations for action.
The data also allows you to draw conclusions about why a certain situation exists:

- For example, you may see from various sources that villagers living below a steep cliff made of loose rock are in a high-risk area. While they understand this, they continue to live there.
- Other information gathered may indicate that all other land has been bought up and the villagers have nowhere else to live that is sufficiently close to potential employment.
- You may also conclude that the situation deteriorated after a railway was built on top of the cliff, which affected its stability.
- The risk was further increased by erosion, caused by people cutting down trees in order to use the wood for cooking or due to more frequent heavy rainfall, possibly linked to global climate change.

You will end up with a large amount of information that you need to organize. With the other team members, take the time to look at, think about and come up with reasons as to why situations exist. You can compare this with observations derived from other methods used during the VCA, to support or reject your conclusions.

Once you have analysed and interpreted the data, your understanding of the community’s situation will be based on coherent evidence. You can then use the information to plan risk-reduction programmes and activities: this will be done together with community members during the planning phase.

Working together with Caribbean National Societies in 2004 to turn data into findings and recommendations.

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See the VCA toolbox publication for detailed information and instruction on systematizing and validating information.
Returning information to the community

Data analysis and interpretation are not complete until they are validated by the community. The VCA team is responsible for going back to the community with the information – for validation, as well as to share findings with them.

Community members are in the best position to confirm your conclusions or to point out mistakes you may have made.

Nevertheless, there has to be a balance between community perceptions of risk (which may give priority to hazards such as road accidents, disease and water supply, but not to major natural hazards) and the National Society’s understanding of situations based on larger-scale risk assessment and mapping (including broader trends such as large-scale deforestation, changes in river runoff due to increasing irrigation or climate change). Using secondary information sources is therefore important when interpreting primary data.

Useful Tips

Presenting the data to the community

- Present the findings in a format that is accessible to everybody.
- Use visual aids and appropriate language.
- Your presentation should be dynamic, but should also give community members the opportunity to voice their opinions and questions.
- Take accurate notes so that the conclusions can be modified.
- Remember that community members were part of the analysis and interpretation team so it may be appropriate for them to present some of the information.
In any event, all VCA team members should participate. For example, it may be worthwhile to return the information to the specific groups they worked with during the VCA. This will also help to build on-going relations between the branch and the community, and will facilitate the planning and implementation of resulting projects.

You now have baseline data that has been approved by all those involved in the VCA. Baseline data is necessary to measure the impact of any projects to be implemented. By comparing this data with information collected once the project has been completed, you should be able to demonstrate that the activities to reduce vulnerability and build capacity have had a positive impact on the lives of community members.

One other point to keep in mind is that community members may now ask you – once again – what is going to happen next? You may have already explained several times that the next step is to introduce and organize the planning process. But, talk it over with the community as many times as necessary, so that everything is clear.

Remember that VCA requires continuous analysis. As more information becomes available, volunteers and community members need to ensure that the conclusions and the recommendations are constantly reviewed, updated and disseminated.

Once the data collection and analysis has been completed, the real work with the community begins – i.e. the actual planning of actions with the community to reduce risk and increase capacity.
Box 4 (p. 21) outlined the first stage in the VCA process – that of assessment. In Figure 7 (p. 63), we come to the next step of the cycle – programming.

**Monitoring and evaluation**

Monitoring and evaluation must be part of the process from the beginning. It is the only way to determine whether VCA has had an impact – on both the National Society and the communities. Monitoring and evaluation will demonstrate the extent to which people are pleased with the process and see value in it; it will also enable you to document lessons learned, so that you can continue to improve capacity.

Monitoring and evaluation will also help determine the following:

- Skills gained by the National Society, especially at the branch level, that can be transferred to other projects;
- Level of interest within the National Society in continuing to work with communities; and how these changes in attitudes are reflected in policies and in programme innovation;
- Impact of the process – demonstrating to donors the results of their funding.

Assessing how well you have succeeded shows communities that you know what you are doing and are serious about risk reduction. This will reinforce the feeling that working with the Red Cross Red Crescent will help make positive changes in their communities.

A wide range of tools exist to measure the impact. Your starting points are the VCA objectives which, if you remember, must follow the SMART rule – specific, measurable, attainable, realistic.

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*See reference sheet in the VCA toolbox.*
and timely. You will wish to refer to these objectives throughout the VCA, to check that they are being met. If not, you will need to ascertain how activities can be adjusted to streamline the objectives and the impact.

**Box 15  Tools to measure the impact of a VCA**

- Questionnaires submitted at the beginning and at the end of the VCA, to measure changes in attitude towards VCA, the Red Cross Red Crescent, community work or other topics that your National Society thinks are important.
- Interviews with representatives from different groups such as the board, technical staff, management and volunteers.
- Interviews with focus groups.
- Analysis of quantitative information, such as the number of volunteers over the course of the VCA, number of training sessions, etc. Note that this type of quantitative data may not tell you what is happening differently (i.e. as a result of the number of people trained).

The point is to have specific means of measuring the changes that VCA has brought about and to ensure that these are well-documented. Such solid evidence will form the basis for implementing change – and will certainly help in obtaining funds to support the programmes and projects resulting from information gathered during the VCA.
Although this guide introduces the main elements of project planning and development, it does not go into the details of facilitating a comprehensive community planning exercise. Several other documents exist for this purpose. They include:

- *Make the change – Community-based disaster management.*
- *Project planning process.*
- *Toolkit for Community Risk Assessment and Action Planning.*

Community members should always participate actively in translating data into recommendations and then in planning potential projects.
VCA experience worldwide has shown that planning actions is a strong motivating factor for community members. After all, most people want to create better lives for themselves and their neighbours, given the opportunity and support to do so.

Since the communities themselves will be primarily responsible for any actions undertaken as a result of the VCA, it is important that they be involved in making the decisions – especially as, depending on the outcome, the Red Cross Red Crescent branch may or may not be a partner in resulting projects.

One note of caution: when a community actively participates in the process of analysing and transforming their vulnerabilities into capacities, their perceptions of the risks they face can also increase. To assist in alleviating these, National Societies can offer tangible support to the communities: first aid training, early warning micro-projects, development of community disaster plans, including preparedness and response. These are examples of concrete results from the VCA and community planning process.

**Box 16 Key challenge**

During the analysis and planning process, the facilitators (volunteers and staff) need to be as open as possible to what the community has to say. They should try to avoid “leading” the community to adopt results and actions based on Red Cross Red Crescent needs or capacity. This is especially important, because, as has been repeated in this series of publications, the priority of the communities may not be related to disaster management and could, therefore, be beyond the scope or capacity of the Red Cross Red Crescent.
Level 3
From planning to action

Deciding on the best course of action

Once the data has been analysed and interpreted, the community and the Red Cross Red Crescent branch are ready to determine the best course of action.

Several things are critical if this process is to work properly, including:

- Facilitators must fully understand the tools.
- Community members must understand and agree on the definitions of the various terms used.
- Most importantly, facilitators must recognize that not everybody in a community will agree on what the priorities are and how things should be done. What you are trying to do is connect sectors of communities, not divide them.10

Key message

It is essential that facilitators are skilled in addressing potential conflicts that may surface during the planning process.

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10 You should refer to the better programming initiative (BPI) in order to become familiar with how to bring communities together and find solutions, rather than cause problems and do more harm than good. The VCA training guide publication in this series gives more information about BPI.
The procedure in planning a course of action is set out below:

**Step 1**  
**Consensus**

The community needs to reach a consensus on the priority problems/issues/hazards from all those identified through the VCA process. This can be done by a ranking process\(^{11}\) - based on the most urgent, critical or immediate problems, and on the issues most often voiced by community members.

**Step 2**  
**Identifying vulnerabilities**

Once the priority problems/issues/hazards have been established, the community needs to look at:
- How each of the problems/issues/hazards affects the community;
- Why they do so;
- What types of vulnerabilities exist in relation to each of the problems/issues/hazards.

**Useful Tips  Towards mitigation**

This can be done through the following exercise:
- Divide into groups according to the problems/issues/hazards identified. Each group will undertake the same tasks, but in relation to a specific problem/issue/hazard:
  - list all potential risks and impact in relation to the problem/issue/hazard (i.e. structural, non-structural, social, economic, etc.);
  - identify vulnerabilities within the community with relation to the problem/issue/hazard;
  - reflect on both existing and desired capacities needed to face or minimize the identified problem/issue/hazard;
  - list immediate needs for addressing the problem/issue/hazard;
  - list all mitigation actions that could be undertaken.

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\(^{11}\) See reference sheet in the *VCA toolbox*. 
All responses should be placed in table such as Table 2 below.

**Table 2** Template for recording information about problems, risks, capacities, needs and possible mitigating actions

<table>
<thead>
<tr>
<th>Problem/issue/hazard</th>
<th>Potential risk</th>
<th>Vulnerabilities</th>
<th>Capacities</th>
<th>Immediate needs</th>
<th>Mitigation actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1.2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2.1</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3.1</td>
<td></td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>3.2</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

This exercise helps the community to identify all of the factors associated with each specific problem/issue/hazard and consider what could be done to mitigate its effects. In order to ensure the exercise is successful, the facilitators should make sure that everybody understands what the different terms mean.\(^{12}\)

**Step 3** Defining actions: Capacities

Based on the information generated through the above exercise, participants can begin to refine their analysis and define concrete actions aimed at transforming vulnerabilities into capacities. In this way, communities increase their level of ownership and begin to understand how they themselves can undertake transformative actions based on the capacities that they already have.

\(^{12}\) See VCA training guide.
Still working in groups, invite the participant to list the vulnerabilities associated with each of the problems/issues/hazards and then to identify a minimum of three concrete actions that would transform these vulnerabilities into capacities.

The following example of a chart can be used to complete the task.

**Table 3** Template: Transforming vulnerabilities identified by participants into capacities

<table>
<thead>
<tr>
<th>Problem/issue/hazard</th>
<th>Vulnerabilities</th>
<th>Actions to transform vulnerabilities into capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood</td>
<td>Vulnerability 1</td>
<td>a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c)</td>
</tr>
<tr>
<td>Vulnerability 2</td>
<td></td>
<td>a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c)</td>
</tr>
</tbody>
</table>

**Step 4** Reality check: Towards implementation

The next stage of the process is to refine these actions further and to assess, in detail, how realistic each action is and what is needed to implement each one of them.

Explain to the participants that they are going to analyse their capacity to undertake the suggested actions. Ask them to assess each action identified in the previous exercise, according to the following CIT (change, influence, transformation) criteria:

- Can the action be implemented by those at risk for immediate change?
- If the action is beyond the capacity of those at risk, could they influence change with the support of others over the medium term?
Is the action linked to more fundamental social and/or structural transformation requiring a long-term strategy to be looked at in the future?

As they work through the exercise, participants may also wish to consider other criteria, bearing in mind that not all solutions are equally beneficial and that some are more difficult to achieve than others. These “supplementary” criteria could include, for example: power relations, gender concerns, culture, increased income, reduced risk, skills available, environmental themes, etc.

The proposed solutions should then be recorded in a chart such as that shown in Table 4, below. Participants will also need to decide whether the actions they have identified contribute to prevention, preparedness or mitigation\(^1\), and record them appropriately in the chart.

The specific type of problem/issue/hazard is irrelevant – the process is more important at this stage whether the issue is flooding or health problems, such as HIV (see Annex 1, p. 85).

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Do actions contribute to prevention, preparedness or mitigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions</td>
<td>Prevention</td>
</tr>
<tr>
<td>Problem/issue/hazard 1:</td>
<td></td>
</tr>
<tr>
<td>Vulnerability 1:</td>
<td></td>
</tr>
<tr>
<td>Problem/issue/hazard 1:</td>
<td></td>
</tr>
<tr>
<td>Vulnerability 2:</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Note that it may be necessary to undertake additional exercises to help the community understand the difference between these three terms. See VCA training guide.
Step 5  Plan of action: implementation

Participants are now ready to define realistic solutions and develop implementation plans. They should focus on those actions that have been identified with either a “C” or an “I”. These are the actions that the community can address with limited outside support and which can be accomplished in the short to medium term.

For each action, the participants need to ask the following questions:

- Can this be undertaken immediately?
- Does it require resources?
- Can we find the necessary resources ourselves? If yes, how?
- Does it require technical support? If so, from where?

When explaining the task, it is important to place special emphasis on whether:

- these actions could be initiated with resources already available;
- initiating these actions can help mobilize other resources; or
- external resources are needed.

Depending on the answers, the participants must determine how – if the solutions they propose require external finances – they will acquire what they need (for example, using creative ideas such as raffles, parties, collections, etc.). Also, if the action requires specific skills, are these available within the community and if not, where they will find them? This will help community members focus on the things they can do immediately to help mitigate risks.
Table 5 below is an example of the chart you should use to complete this final phase of the planning process.

**Table 5  ** Template for “do-able” actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Can be solved immediately</th>
<th>Requires financing</th>
<th>Can we find the resources ourselves? How?</th>
<th>Technical support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In annexes 1 and 2, (see p. 85 and p. 88) we show two examples of charts actually completed by a community in the Caribbean: the first relates to natural disasters and the second to HIV. They show that the process is adaptable and appropriate for all problems/issues/hazards identified by community members.

The actions identified in these examples are in fact recommendations that can be turned into projects. For example, the community and the National Society may come up with the following specific projects based on the actions identified in the flood and HIV examples presented in Annexes 1 and 2:

- **Flood**
  - *Project 1*: Flood awareness programme for communities and schools.
  - *Project 2*: Advocacy campaign for changing building codes.
  - *Project 3*: Community cleaning of all drains.

- **HIV**
  - *Project 1*: HIV peer support programme.
  - *Project 2*: Advocacy campaign aimed at government to ensure universal access to testing facilities and affordable treatment programmes.
Step 6  Project plan of action

Whatever the project, a clear and precise plan of action then needs to be developed and agreed upon. This should include all steps to be carried out, the resources needed and who is responsible for ensuring that the tasks are completed (see Table 6 below). Much of this information exists already. The task is to systematize the information into a format that is clear and easy to understand.

Table 6  Information needed for the planning matrix

<table>
<thead>
<tr>
<th>Specific activity</th>
<th>Who will ensure it is done?</th>
<th>Resources needed</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Creating a management timeline (see Table 7, p. 73) is both helpful and efficient. It will serve to phase-in roles and activities in a way that saves time and ensures that a sequential timeline is followed towards achieving the goal.

In the example on page 73, four groups of individuals are involved in ensuring that sensitization is achieved.

Field data are gathered in the community.
Table 7  Management timeline

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Society</td>
<td>Write to Ministry of Health, Civil Defence and local authorities.</td>
<td>Contact Ministry of Health, Civil Defence and local authorities to make appointments.</td>
<td>Courtesy meeting with counterparts from Civil Defence, Ministry of Health and local authorities.</td>
<td>Set up sensitization sessions for following week.</td>
</tr>
<tr>
<td>Secretary General.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VCA coordinator.</td>
<td>Sensitize National Society management and branch officials.</td>
<td>Contact Ministry of Health, Civil Defence and local authorities to make appointments.</td>
<td>Set up sensitization sessions for following week.</td>
<td>Sensitize representatives from Ministry of Health, Civil Defence and local authorities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branch leaders.</td>
<td>Participate in sensitization.</td>
<td>Sensitize local staff and volunteers.</td>
<td>Sensitize local community groups.</td>
<td></td>
</tr>
<tr>
<td>Local staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and volunteers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Networking**

The VCA process can help connect wider issues, and acts as a tool for an integrated approach to community work.

Of course, National Societies cannot do everything, nor is everything their responsibility. While the technical departments of your National Society should be mobilized to help meet the objectives of proposed projects, there will be instances where they do not have the capacity to help.

Indeed, certain projects may require support from outside the Red Cross Red Crescent and the community. In that case, you must ask yourself two questions:

- Who can help achieve the objectives?
- Who should be responsible for issues that fall outside of the Red Cross Red Crescent’s mandate or capacity?
This is where the **building of strategic partnerships** comes into play, i.e. working with other institutions and partners.

**Key message**

VCA helps to identify the gaps and limitations in Red Cross Red Crescent work and demonstrates the need to form partnerships with other organizations\(^{14}\).

From the very beginning of the VCA process, it is crucial for your National Society to enter into a dialogue with other organizations whose mandate, knowledge and skills complement the activities of the Red Cross Red Crescent. You can then call upon these groups when communities prioritize issues that fall outside your own areas of expertise.

The community and the National Society will therefore need to share the VCA results with government and other relevant organizations. To do this, it is essential to involve other partners as early as possible – such as during the planning stages (see Table 6 p. 72). As the examples in Annexes 1 and 2 demonstrate, the community may not have sufficient resources to build structures, such as retention walls. Outside support will be required – in this case, taking the form of advocacy, so that government authorities respond to the need.

This is not only good planning practice, but it provides an important service to communities with whom the National Society works and is a way for the Red Cross Red Crescent to advocate for change.

\(^{14}\) See reference sheet in the VCA toolbox.
Indicators

All risk-reduction projects need indicators to help evaluate the impact of interventions. For the indicators to be of use, it is essential to have baseline data, as discussed earlier. We have already seen that baseline data is obtained through the various VCA data collection activities – in other words the systematized information coming from all of the tools you have used. Baseline data will include different types of information depending on its intended purpose – i.e. the process of creating baseline data for disaster management may be different from that required if health promotion is the objective 15.

Baseline data provides an overall picture of the situation in a community, which can be compared with data collected after risk-reduction projects have been implemented. This is very useful in demonstrating the impact and value of the risk-reduction interventions that the National Society has undertaken in a participatory manner, to both the communities themselves and to donors.

Useful Tips  Determining indicators

■ Specific indicators need to be developed for each intervention.
■ In some instances (e.g. awareness programmes about school safety/basic first aid in an earthquake-prone community), it will be difficult to measure impact because the nature of the hazard is unpredictable. This can still be done by undertaking simulation exercises for an example, in which communities test their newly acquired knowledge.
■ If the community experiences annual events such as flooding, it is much easier to define indicators and measure impact: it is known that the event will occur.

Taking the VCA planning exercise for flood risk as an example (see Annex 1, p. 85), you can see that, as a result of the various VCA tasks, the community has identified the following as effects of the hazard:
■ The river overflows its banks at the point where it is blocked, affecting homes in the vicinity.

15 See reference sheet in the VCA toolbox.
Homes are flooded at ground level.
Household equipment is damaged.
Some of the most vulnerable people (the elderly and the very young) lost their lives.
More mosquitoes can breed in the area where the river is blocked, increasing risk of malaria.
Flooding in houses results in drinking-water sources becoming contaminated.
Drinking contaminated water results in diarrhoea in young children and some of them die.

Several actions were identified to address these issues. See Table 8, p. 77 are some of the activities (plus a few new ones) along with related indicators that can be used to measure impact.

VCA information about mapping and direct observation is shared with a gender-balanced community group.
Table 8  **Credibility: Activities, indicators and evidence**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indicator</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creation of an evacuation plan.</td>
<td>The village’s evacuation plan results in a reduction of mortality.</td>
<td>Impact after disaster can be measured by identifying how many people were killed in the previous year before the evacuation plan was implemented.</td>
</tr>
<tr>
<td>Clearing blocked drains.</td>
<td>The clearing and cleaning of blocked drains results in less flooding in homes.</td>
<td>The number of homes flooded in the flood season after the drains have been cleaned and cleared can be compared with the number of households affected the year before.</td>
</tr>
<tr>
<td>Health awareness campaign.</td>
<td>There is a reduction in the number of cases of diarrhoea in children.</td>
<td>The local clinic can compare the number of cases of diarrhoea who have attended the clinic.</td>
</tr>
<tr>
<td>Mosquito spraying programme initiated with municipality.</td>
<td>The reduction in mosquito breeding grounds results in a reduction of malaria cases.</td>
<td>The local clinic can compare the number of cases of malaria seen in the clinic.</td>
</tr>
</tbody>
</table>

Remember that by identifying and measuring indicators, you will be able to demonstrate the impact of the interventions – to donors and government. This also puts pressure on authorities to take action and provides opportunities to implement more projects.
Recommendations and report writing

The final task of a VCA is for the team to sit down, assemble all activity reports, conclusions and plans (including project recommendations) developed with the community. Together, these will form the final VCA report.

The VCA report should document the entire process, whilst remaining concise and clear – so that it will be accessible and easy to read (rather than sit on a shelf!). The report should be submitted to National Society management and the board for approval, thereby raising their awareness of what has been achieved.

Once approved, you will also be able to share the report with relevant stakeholders. This will go a long way towards ensuring that VCA and community work become integrated into and part of a standard process within the National Society. This will make it much easier to organize VCAs in other branches, with the support of all technical departments.

Box 17 Learning from experience: VCA in the Solomon Islands

Planning for monitoring and evaluation is vital. A case study of a VCA carried out by the Solomon Islands Red Cross in 2004 noted: “The Solomon Islands Red Cross community projects have attracted high praise, and in demonstrating the feasibility of community-based work, there is no doubt that very real gains were made as a result of the pilot projects.

However, no matter how convincing the projects’ worth, it is difficult to demonstrate their effectiveness in reducing vulnerability because activities to monitor and evaluate them were not clearly defined at the beginning”.

You should then present the findings of the report, in an appropriate format, to as many interested groups as possible – the most important of these being, of course, the community itself.

Remember also to disseminate the findings to the International Federation’s regional or country delegations and to potential partners, government and other relevant stakeholders. The more people and organizations know about VCA, the more it will be used, leading ultimately, to reduce vulnerabilities.

Proper exchange of information can contribute to:

- developing strategic alliances;
- integrating initiatives and resources; and
- a better understanding of dividers and connectors.

Communities will benefit from the increased coordination, cooperation and participation among all actors.

**Key message**

Be proud of the work that has been done.

**Annex 3** (p. 91), presents an example of a completed VCA plan. There is no need to create anything complex. The point is to make the plan simple and clear as possible that will help the VCA team remain organized and enable them to monitor progress.

**What next?**

With the VCA process formally completed, your National Society is in a position to dissolve the VCA structure and management committee. New management committees can always be formed when VCAs are carried out in other branches. Each
VCA will involve setting up a local structure to make sure that everything functions according to plan; a formal society-wide structure will not necessarily be required once VCA has been accepted and integrated into National Society programming.

The hope is that your National Society – and indeed other organisations – will view VCA as an important process which links local projects to global programmes, whilst providing a practical means of reducing risk in the most vulnerable communities.

In most countries, government has the overall responsibility for disaster management, in which the Red Cross Red Crescent is one of the player, though an important one. Having government support will strengthen the credibility of the VCA.

Advocacy for risk reduction on the basis of a convincing VCA is an important follow-up responsibility of the National Society – with support from the International Federation at regional and international levels.

Sharing the outcome of VCA with the International Federation through its regional delegations, as well as with various organizations and government authorities, will enable others to learn from your experiences and serve to systematize best practices.

In turn, organizations working in community-based disaster management may not only be interested in results, but also with your knowledge and skills in VCA – for example, to provide training for their own staff and volunteers.

This will indeed be a true measure of your success and the leadership that you would have acquired in working effectively to enhance local capacities in risk reduction.
In summary, the information you collect, analyse and interpret through the VCA process will enable you to determine what actions can be undertaken to reduce risk – be they of prevention, preparedness or mitigation. You will decide whether you, along with the community, can reduce the risk or whether you need to influence others, such as government, to take corrective steps. Resources – and how the community, with Red Cross Red Crescent help, can acquire what is needed – will be identified.

This, in a nutshell, is what makes up the community participatory planning process, itself based on the information gathered during the VCA.

The better prepared you are to undertake community work based on quality research, the more credibility you will have with authorities and, more significantly, with the community. Implementing VCA is the first and one of the most important steps.

However, you must always be prepared for the unexpected. Community work is complex and always brings surprises – which is normal given that you are trying to improve community life.

For the communities involved, this is real life, not simply an exercise or a project.

All of the work you carry out with these communities will be linked to the task of reducing vulnerability and building capacity. The result activities – whether in first aid, food security, community health or disaster preparedness – can be mutually
reinforced. When carried out with the involvement of people at the grass-roots level through the use of community-based investigations, it is a very powerful basis for change.

You can now move on to the VCA toolbox publication, where you will learn about undertaking research and test the actual information-gathering tools.

Good luck and enjoy your community work.
## List of useful web sites

<table>
<thead>
<tr>
<th>Organization</th>
<th>Web site address</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADPC</td>
<td><a href="http://www.adpc.ait.ac.th">http://www.adpc.ait.ac.th</a></td>
<td>Asian Disaster Preparedness Center</td>
</tr>
<tr>
<td>ADPC - ECE</td>
<td><a href="http://www.adpc.ait.ac.th/ece/info.html">http://www.adpc.ait.ac.th/ece/info.html</a></td>
<td>Extreme Climate Events Resources for Asia/Pacific</td>
</tr>
<tr>
<td>ADRC (Japan)</td>
<td><a href="http://www.adrc.or.jp/top.asp">http://www.adrc.or.jp/top.asp</a></td>
<td>Asian Disaster Reduction Center, Japan</td>
</tr>
<tr>
<td>American Red Cross</td>
<td><a href="http://www.preparenow.org/">http://www.preparenow.org/</a></td>
<td></td>
</tr>
<tr>
<td>American Red Cross: Prepare.org</td>
<td><a href="http://www.prepare.org/">http://www.prepare.org/</a></td>
<td>Disaster preparedness information</td>
</tr>
<tr>
<td>CIMH</td>
<td><a href="http://www.cimh.edu.bb/">http://www.cimh.edu.bb/</a></td>
<td>Caribbean Institute for Meteorology and Hydrology</td>
</tr>
<tr>
<td>CDB</td>
<td><a href="http://www.caribank.org/">http://www.caribank.org/</a></td>
<td>Caribbean Development Bank</td>
</tr>
<tr>
<td>CDERA</td>
<td><a href="http://www.cdera.org/">http://www.cdera.org/</a></td>
<td>Caribbean Disaster Emergency Response Agency</td>
</tr>
<tr>
<td>CDMHA</td>
<td><a href="http://coe-dmha.org/">http://coe-dmha.org/</a></td>
<td>Center for Disaster Management and Humanitarian Assistance</td>
</tr>
<tr>
<td>CEPREDENAC (Central America)</td>
<td><a href="http://www.cepredenac.org/">http://www.cepredenac.org/</a></td>
<td>Coordinating Center for Natural Disaster Preparedness</td>
</tr>
<tr>
<td>CRID (Latin America)</td>
<td><a href="http://www.crid.or.cr/crid/Indexen.htm">http://www.crid.or.cr/crid/Indexen.htm</a></td>
<td>Regional Disaster Information Center (Latin America)</td>
</tr>
<tr>
<td>DMI (India)</td>
<td><a href="http://www.southasiadisasters.net/">http://www.southasiadisasters.net/</a></td>
<td>Disaster Mitigation Institute, Gujarat, India</td>
</tr>
<tr>
<td>Organization</td>
<td>Web site address</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>EERI (California, USA)</td>
<td><a href="http://www.eeri.org">http://www.eeri.org</a></td>
<td>Earthquake Engineering Research Institute</td>
</tr>
<tr>
<td>FEWS</td>
<td><a href="http://www.fews.net/">http://www.fews.net/</a></td>
<td>Famine Early Warning System Network</td>
</tr>
<tr>
<td>GDIN</td>
<td><a href="http://www.gdin-international.org/links.html">http://www.gdin-international.org/links.html</a></td>
<td>Global Disaster Information Network</td>
</tr>
<tr>
<td>Interaction</td>
<td><a href="http://www.interaction.org/">http://www.interaction.org/</a></td>
<td>American Council for Voluntary International Action</td>
</tr>
<tr>
<td>Learning Resource Center</td>
<td><a href="http://www.lrc.fema.gov">http://www.lrc.fema.gov</a></td>
<td>Online card catalogue (sponsored by FEMA, USA)</td>
</tr>
<tr>
<td>Natural Hazards Center</td>
<td><a href="http://www.colorado.edu/hazards/">http://www.colorado.edu/hazards/</a></td>
<td>University of Colorado, USA</td>
</tr>
<tr>
<td>NDMC</td>
<td><a href="http://www.drought.unl.edu/index.htm">http://www.drought.unl.edu/index.htm</a></td>
<td>National Drought Mitigation Center, University of Nebraska, USA</td>
</tr>
<tr>
<td>OAS - NHP</td>
<td><a href="http://www.oas.org/nhp/">http://www.oas.org/nhp/</a></td>
<td>Organization of American States’ Natural Hazards Project</td>
</tr>
<tr>
<td>PAHO - PED</td>
<td><a href="http://www.paho.org/disasters/">http://www.paho.org/disasters/</a></td>
<td>Pan American Health Organization’s Preparedness Programme</td>
</tr>
<tr>
<td>ProVention Consortium</td>
<td><a href="http://www.proventionconsortium.org">http://www.proventionconsortium.org</a></td>
<td>Global coalition to reduce disaster impacts</td>
</tr>
</tbody>
</table>
## Annex 1 The Caribbean: Flood

### Table 1.1 Flood: Example chart

<table>
<thead>
<tr>
<th>Problem/issue/hazard</th>
<th>Potential risk</th>
<th>Vulnerabilities</th>
<th>Capacities</th>
<th>Immediate needs</th>
<th>Mitigation actions</th>
</tr>
</thead>
</table>
| **Flood**            | ■ The river floods over the banks affecting homes in the vicinity.  
 ■ Homes become water-logged at ground level.  
 ■ Household equipment is damaged.  
 ■ Most vulnerable people (elderly and very young) lost their lives.  
 ■ More mosquitoes can breed in the area where river is blocked, increasing risk of malaria.  
 ■ Flooding in homes results in drinking-water sources becoming contaminated.  
 ■ Drinking contaminated water results in diarrhoea in young children. | ■ Poor infrastructure  
 ■ Poor agricultural practices  
 ■ Poor drainage  
 ■ Poor sanitation  
 ■ Lack of agricultural supplies | ■ Training  
 ■ Skilled personnel  
 ■ Storage facilities  
 ■ Evacuation plan | ■ Food  
 ■ Housing  
 ■ Sanitation facilities | ■ Retention walls  
 ■ Cleaning up rubbish |
Table 1.2 Flood: Vulnerabilities and capacities

<table>
<thead>
<tr>
<th>Problem/issue/hazard</th>
<th>Vulnerabilities</th>
<th>Actions to transform vulnerabilities into capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood</td>
<td>Poor infrastructure</td>
<td>1. Advocate for enforcement of building codes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Clean and maintain drains.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Request funds for proper and improved infrastructure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Request proper zoning and allocation of farm land.</td>
</tr>
<tr>
<td></td>
<td>Poor agricultural practices</td>
<td>1. Construct sealed storage for seeds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Pre-arrange for supplies, so they are accessible immediately.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Plant crops with high water tolerance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Construct beds/drains to manage flow.</td>
</tr>
</tbody>
</table>

Table 1.3 Flood: Classing actions as prevention, preparation or mitigation

<table>
<thead>
<tr>
<th>Actions</th>
<th>Prevention</th>
<th>CIT</th>
<th>Preparation</th>
<th>CIT</th>
<th>Mitigation</th>
<th>CIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocate for enforcement of building codes.</td>
<td>X</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Clean and maintain drains.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Request funds for proper and improved infrastructure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Request proper zoning and allocation of farm land.</td>
<td>X</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Construct sealed storage for seeds.</td>
<td>X</td>
<td>C</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pre-arrange for supplies, so they are accessible immediately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>I</td>
</tr>
<tr>
<td>3. Plant crops with high water tolerance.</td>
<td>X</td>
<td>C</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Construct beds/drains to manage flow.</td>
<td>X</td>
<td>C</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Can the action be implemented immediately (short-term) or are they more medium or long term?</td>
<td>Does the action require financing?</td>
<td>Can the community find the resources themselves? How? What is needed?</td>
<td>Does the action require technical support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and maintain drains</td>
<td>Yes. Short to medium term</td>
<td>Yes</td>
<td>Yes. ■ Volunteers. ■ Own tools. ■ Training people to clean drains. ■ Seek donations from stores.</td>
<td>Yes Municipality, NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construct sealed storage for seeds</td>
<td>Yes. Longer term</td>
<td>Yes</td>
<td>Yes ■ Use local skills (design estimate) ■ Land donation for site. ■ Seek donations for material ■ Volunteer labour</td>
<td>Yes Municipality, NGOs, private construction firms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Annex 2 The Caribbean: HIV

#### Table 2.1 HIV: Example chart

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Potential risk</th>
<th>Vulnerabilities</th>
<th>Capacities</th>
<th>Immediate needs</th>
<th>Mitigation actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>■ Poverty</td>
<td>■ Ignorance</td>
<td>■ Peer educators</td>
<td>■ Affordable treatments</td>
<td>■ Education</td>
</tr>
<tr>
<td></td>
<td>■ Reduction in the workforce</td>
<td>■ Discrimination and stigma</td>
<td>■ Ability to change</td>
<td>■ Support to families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Increase in health-care costs</td>
<td>■ Economics</td>
<td>■ Awareness programmes</td>
<td>■ Anti-stigma education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Poor access to health care</td>
<td>■ Open media</td>
<td>■</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Table 2.2 HIV: Vulnerabilities and capacities

<table>
<thead>
<tr>
<th>Problem/ issues/ hazard</th>
<th>Vulnerabilities</th>
<th>Actions to transform vulnerabilities into capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>■ Ignorance</td>
<td>■ Education and awareness campaigns with teenagers, parents, village councils, religious leaders, teachers, etc.</td>
</tr>
<tr>
<td></td>
<td>■ Discrimination/ stigma</td>
<td>■ Train people to provide counselling services.</td>
</tr>
<tr>
<td></td>
<td>■ Poor access to health care and counselling services</td>
<td>■ Approach government for additional health-care funds.</td>
</tr>
<tr>
<td></td>
<td>■</td>
<td>■ Approach regional and international agencies that fund health projects.</td>
</tr>
<tr>
<td></td>
<td>■</td>
<td>■ Ensure better access to testing facilities.</td>
</tr>
<tr>
<td></td>
<td>■</td>
<td>■ Seek human and social service support for families with HIV/AIDS members.</td>
</tr>
</tbody>
</table>
### Table 2.3  HIV: Classing actions as prevention, preparation or mitigation

<table>
<thead>
<tr>
<th>Actions to transform vulnerabilities into capacities</th>
<th>Prevention</th>
<th>CIT</th>
<th>Preparation</th>
<th>CIT</th>
<th>Mitigation</th>
<th>CIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Education and awareness campaigns with teens, parents, village councils, religious leaders, teachers, etc.; train people to provide counselling services.</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Approach government for additional health-care funds.</td>
<td>X</td>
<td>C</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Approach regional and international agencies that fund health projects.</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Ensure better access to testing facilities.</td>
<td>X</td>
<td>C</td>
<td>X</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Seek out human and social service support for families with HIV/AIDS members.</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td>I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 2.4  HIV: What resources are required?

<table>
<thead>
<tr>
<th>Actions</th>
<th>Can the action be implemented immediately (short-term) or are they more medium or long term?</th>
<th>Does the action require financing?</th>
<th>Can the community find the resources themselves? How? What is needed?</th>
<th>Does the action require technical support?</th>
</tr>
</thead>
</table>
| Awareness campaign    | Yes  
Short to medium term                                                                           | Yes                               | Yes  
- People  
- Handouts and posters                                              | No  
- There are already trained people  
- There are pre-prepared handouts                                   |
| Access to testing facilities | No  
Medium to long term                                                                               | Yes                               | Not all  
- Government must provide facilities, equipment and staff          | Yes  
- Medical staff  
- Laboratory staff  
- Administrative staff                                                |
| Counselling           | No  
Medium term                                                                                     | Yes                               | Not all  
- Counsellors  
- Location  
- Administrative support                                              | Yes  
- Counsellors                                                      |
Annex 3  A sample “critical pathway” for implementing your VCA

<table>
<thead>
<tr>
<th>Phases</th>
<th>Activity</th>
<th>Who will ensure it is done?</th>
<th>Resources needed</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation phase</strong></td>
<td>■ Sensitization of headquarters and branches/creation of management committee/terms of reference</td>
<td>■ Driving force</td>
<td>■ Office material, presentation</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>■ Letter to regions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Develop budget</td>
<td>■ Secretary General</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Procurement of supplies for VCA</td>
<td>■ VCA coordinator</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>■ Selection and training of VCA facilitators/selection of communities</td>
<td>■ VCA staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Collection and analysis of external/secondary data</td>
<td>■ Management committee and coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Preparation of tools (translated and made community appropriate)</td>
<td>■ Skilled members of VCA team</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Initial community visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Field testing day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ VCA planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Collection and analysis of external/secondary data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Preparation of tools (translated and made community appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Initial community visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Field testing day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ VCA planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implementation phase</strong></td>
<td>■ Mobilization of community</td>
<td>■ VCA team</td>
<td>■ Bibs/caps, markers, pens, paper, transport</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Data collection</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week</th>
<th>1-2</th>
<th>3-4</th>
<th>5-6</th>
<th>7-8</th>
<th>8+12</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>X</td>
<td>X</td>
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<tr>
<td>X</td>
<td>X</td>
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<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phases</td>
<td>Activity</td>
<td>Who will ensure it is done?</td>
<td>Resources needed</td>
<td>Week</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td><strong>Analysis phase</strong></td>
<td>- Data entry, analysis and interpretation of data</td>
<td>VCA team, statistics consultant</td>
<td>Access to computer, prepare info for community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Data report, recommendations</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Validation of results with community members</td>
<td>VCA coordinator, VCA team</td>
<td>Markers, pens, paper, transport</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Action planning phase</strong></td>
<td>- Planning process with the community</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Preparation of final report to management committee and board for approval</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
The Fundamental Principles of the International Red Cross and Red Crescent Movement

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

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

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

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

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

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

**Universality**
The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.