

case  
study



## India

# Community-based disaster risk reduction programme



Information on disaster risk reduction and other development-related issues was spread among the community by this programme through wall murals such as this one.

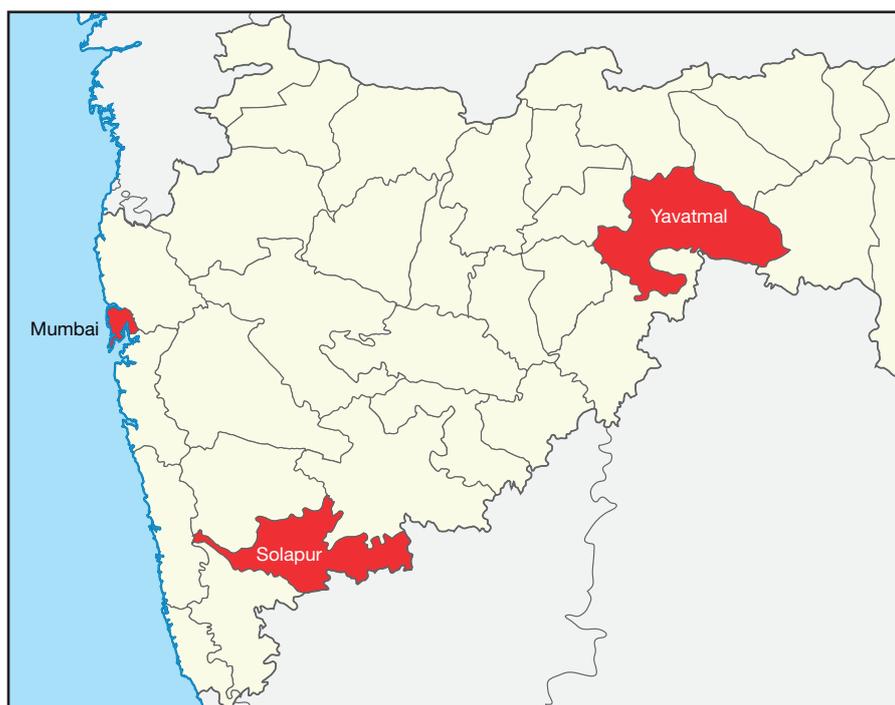
Photo: Indian Red Cross Society

### Introduction

India is the largest country in South Asia, and the seventh largest in the world. In addition to its geographic scale, India is home to a population of over 1.2 billion people. Each year, millions are affected by natural disasters and tens of thousands of lives are lost. The country is extremely vulnerable to both seismic and hydro-meteorological hazards including floods, cyclones, droughts and landslides.

As one of the key actors in disaster management, Indian Red Cross Society (IRCS) has, in recent years, strengthened its response capacity to large-scale emergencies. Investment has been made in both physical and human resources following a number of mega-disasters in recent years, including the Odisha super-cyclone in 1999, the Gujarat earthquake in 2001, Indian Ocean tsunami in 2004, and flooding in Maharashtra in 2005, north India (Assam, Bihar and Uttar Pradesh) in 2011, Sikkim earthquake in 2011.

The needs of communities during and following these disasters underlined the importance of community level preparedness and mitigation interventions. To respond to this challenge, IRCS initi-



This DRR project was piloted by Indian Red Cross Society across three districts of Maharashtra during 2009, becoming a mainstream programme from 2011 onward.

ated a number of community-based programmes, such as the Odisha disaster mitigation programme (ODMP) and Assam flood mitigation programme. Building from the lessons learnt through these initiatives, IRCS took the further step of piloting a programme in Maharashtra which focused particularly on building community resilience to reduce and mitigate risks from disasters and other challenges faced in the respective localities.

In September 2009, thanks to the support of the Hong Kong branch of the Red Cross Society of China (HKRC), a pilot project developed and initiated in six communities Maharashtra. Two communities in each of the three districts of Mumbai, Solapur and Yavatmal were selected for this pilot project.

Communities were selected based on identified vulnerabilities and proximity to hazards, highlighted through secondary information sources. Information sources included review of population data as per the census of India, and the hazard profile of state (which highlighted vulnerability) obtained from the government of India's National Informatics Centre (NIC).

The capacity of respective district branches to support project communities was also a significant factor in selecting the communities.

## Goal and objectives

The overall aim of this programme is to improve community resilience. The goal and objectives were set putting the community at the centre, and with eye to sustainability of the initiative.

**Goal:** The resilience and capacities of people at risk of disasters are increased and their vulnerability is reduced in the targeted geographic areas.

**Objectives:** Disaster prone and most vulnerable communities from both urban and rural areas are safer and resilient through community preparedness/response activities including small-scale mitigation and livelihood/income generation including mainstreaming climate change adaptation measures.

## Expected results:

1. Increased community awareness on disaster risk reduction as per the local hazard context on the basis of vulnerability capacity assessment (VCA) findings in target communities.
2. Reduced impact of local hazards and risk factors as per the VCA findings in the target communities.
3. Preparedness and response capacity of local communities and community disaster management centres are strengthened for effective response.
4. Knowledge and experience on DRR issues are effectively shared and good practices replicated through increased coordination among stakeholders.

## Resources and systems

This project was designed to achieve results primarily through volunteer action, supported by a small number of staff dedicated to the programme at national, state and district level. At national headquarters, a disaster preparedness officer was recruited, who coordinated the overall project and provided feedback to the donor, HKRC, through the IFRC India office. At state level, a disaster management coordinator was recruited who supported a disaster preparedness supervisor in each of the three project districts.

The district level disaster preparedness supervisors primary role included the support of the community disaster management committees in their district, and the coordination and delivery of training events and mock drills and other risk reduction related activities including awareness campaigns, mitigation efforts, and the development of plans and protocols including contingency planning, communication protocols and standard operating procedures.

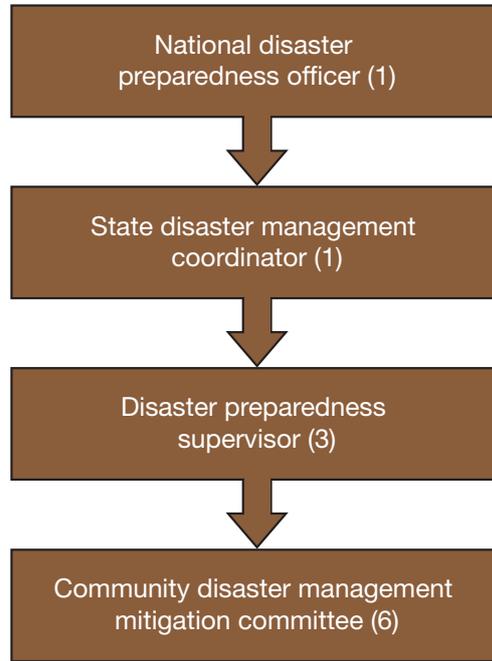
The skills and enthusiasm of volunteers was a key factor in ensuring the delivery and success of the project related activities.

### Community level

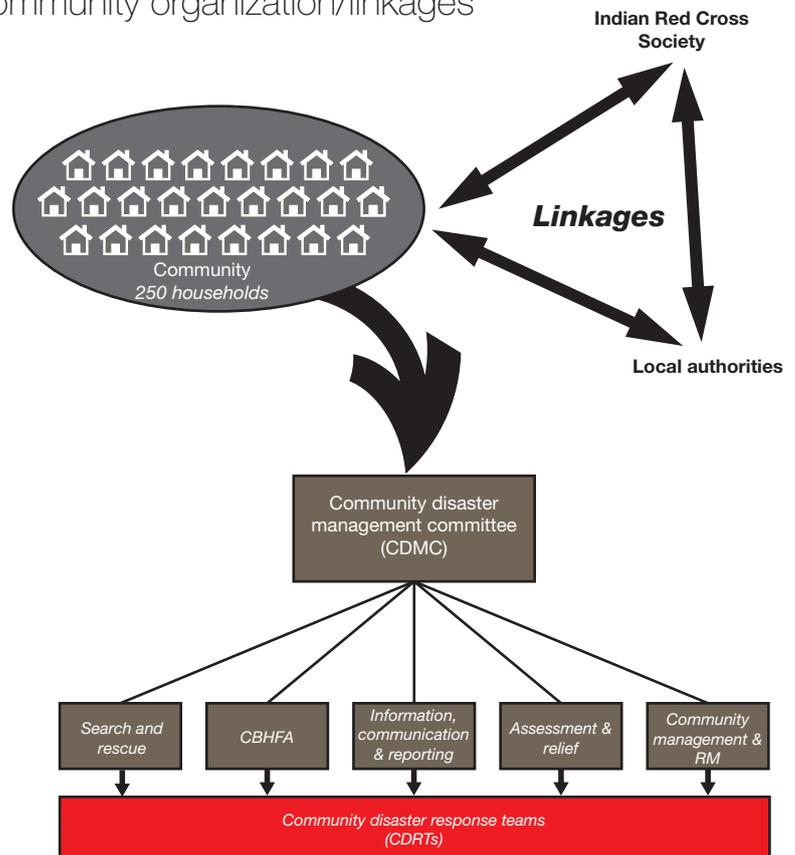
Each community followed a similar pattern of organization in their approach to this programme:

- Community disaster management committee
- Taskforce groups
  - Search and rescue
  - Community-based health and first aid
  - Information, communication and reporting
  - Assessment and relief
  - Community management and resource mobilization
  - Early warning (as of 2011)
- Community disaster response team
- Self help groups

### National support structure



### Community organization/linkages



## Programme implementation

### Phase I

In September 2009, two communities were selected in each of the three districts of the pilot programme. The community selected included:

- ❑ Aheri, Yavatmal
- ❑ Dhanora, Yavatmal
- ❑ Kasarwadi, Solapur
- ❑ Kandalgaon, Solapur
- ❑ Mahatmafule Nagar, Mumbai
- ❑ Kurla, Mumbai  
(replaced by Bharat Nagar in 2010)

The first step carried out was to hold a stakeholder orientation meeting for key leaders who would be involved in the delivery of the programme at local level. This workshop was held in November 2009, and participants included government officials, block development officers and other key representatives. They were joined by the Maharashtra state branch secretary, district branch secretaries and staff that had been hired to support the pilot project at both state and district level as well as representatives of IRCS national headquarters and the IFRC.

A number of community members from

project districts, including some CDMC members also joined the meeting, which ensured that all stakeholders had the opportunity to understand the perspective of community members directly.

The orientation workshop offered the opportunity to ensure that key decision makers in each of the districts understood the objectives of the programme and could facilitate its success. A plan of action was developed for each district on how to achieve the expected results in a practical way.

Once key stakeholders had been introduced to the concept of the project, the next step was to carry out vulnerability and capacity assessments in the communities. Beginning in one of the urban communities, Mahatma Phule Nagar, experts from IRCS national headquarters and the IFRC made a week-long visit to carry out this assessment together with staff of the respective local branch.

As the pilot programme began to gain traction in five of the six identified districts, VCAs were carried out in each of the rural communities during 2010 using a learning-by-doing approach. Communities carried out VCAs in their localities under the guidance of trained volunteers and staff.

In one urban community however, the project was not able to move forward towards achieving results, due to a number of factors including reduced engagement with key community leaders. Despite the well established need which led to the community being selected for the pilot project, activities were constrained due to external factors including competing interests from already well established political and social groups. As the project could not proceed in this community, it was decided that efforts should be focused elsewhere, and selection of a replacement community begun.

It took at least six months to select another community to be involved in the pilot

*One of the key targets for intervention of Indian Red Cross Society in both urban and rural resilience building has been women's groups.*

*Photo: Indian Red Cross Society.*



project, as extra care was taken to ensure that it would be one which is willing and even eager to take on the challenge of the project. Furthermore, ensuring that there would be support and engagement by relevant local authorities, particularly the municipal corporation was a significant factor in selecting which vulnerable community should be supported. By July 2010, Bharat Nagar was selected as the new second urban community for this project.

Once Bharat Nagar was selected, the first step to take was to ensure that the community carry out a VCA of their locality. CDMC members from the other communities involved in the project came to Bharat Nagar to guide their peers through the process. This peer approach offered a mechanism to further evaluate the depth of understanding of those already trained in VCA through the initiative, however the process was lengthy, taking almost a month to complete.

Also in early 2010, further VCAs were carried out in rural communities of the programme districts. In particular, DM coordinators from DM programme states carried out VCAs at communities as part of an inter-regional workshop held in Barshi in January 2010, utilizing the DRR project to build knowledge and understanding in other states.

In many of the project locations, community members themselves carried out VCA exercises, with close support and guidance by DM coordinator and disaster preparedness supervisor of the state branch

Training carried out during phase I at community level

- Search and rescue
- CBHFA (and training of trainers)
- Assessment and relief
- Community management and resource mobilization
- Information and reporting
- Community disaster response (team)

These training sessions had 20 participants in each.

## Phase II

Thanks to the overall success of the pilot phase during 2009–2010, funding was secured to establish a full programme for these activities, resulting in further training at community level (as detailed below) and increasing understanding of the principles of disaster risk reduction and mitigation at all levels of the programme. In addition, activities to support livelihood development were supported and immediately began to show significant results.

Additional training carried out during phase II at community level included:

- Early warning
- Self help group induction

As the key stakeholders (in government/community-based organizations) in each district had changed, a further orientation workshop was held in Mumbai in May 2011. This workshop went beyond orientation, and gave those taking part an opportunity to evaluate their progress to date, look at the lesson of the past 15 months, and discuss how their interventions could be more effective.

During the three-day lesson learned workshop as well as the stakeholder orientation meetings held in March 2011, opportunities were given to the communities and local authorities from the six targeted communities to interact and share their experiences. Also, the DRR staff and volunteers from IRCS and IFRC could directly interact with the stakeholders and share their learnings from the first phase.

At this stakeholder workshop, 75 per cent of the participants from communities showed their interest to work as Red Cross volunteers.



Through outreach activities, this programme reached a large number of community members with messages on risk reduction, both in disasters and other community related issues.

Photo: Indian Red Cross Society

## Achievements and outcomes

### Vulnerability and capacity assessment (VCA)

VCA exercises have been conducted in the six targeted communities and reports have been prepared. Based on their findings, small scale mitigation works have been carried out by the respective communities. This process has enabled communities to identify risks and set priorities to address these risks. The VCA exercises have also helped in raising awareness about the hazards that community must manage.

### Community awareness

Community participation is an integral component of DDR programming. During this reporting period, community awareness meetings, slogan competitions, rallies and street plays on DRR and sanitation related topics, were conducted in Wani and Barishi districts of Maharashtra. Also noteworthy is the fogging for the control of mosquitoes initiative and well cleaning in Mahatmafulle Nagar, undertaken by the CDMC and Red Cross volunteers with the support of Brihan Mumbai Municipal Cor-

poration.

Awareness has been raised among all segments of society within the community through active participation in the development of a community contingency plan, which outlines current hazards and risks to the community. This raised awareness and offered the scope to prepare a plan for response to potential emergency situations. The formation of micro-groups further built awareness on DRR in the context of local hazard mapping and of alternative livelihood options that could be initiated. Communication protocols for emergency response were developed by targeted communities and were painted in a public place to ensure that the entire community know what to do and what not to do in an emergency situation. Additional activities were carried out by the branches to ensure social mobilization at community level.

### Mitigation measures

Based on the findings of the VCA, mitigation activities have been undertaken by the five communities:

#### ❑ Kasarwadi:

Construction of underground drainage system (prevention of water logging and reduce mosquito breeding sites)

#### ❑ Kandalgaon:

Repair and restoration of existing toilet block, construction of a further toilet block and development of the access and water facilities (reducing health risks)

#### ❑ Aheri:

Plantation of trees and garbage disposal (to minimizing impact of pollution)

#### ❑ Dhanora:

Construction of toilet (reducing health risks due to open defecation)

#### ❑ Mahatmafulle Nagar:

Cleaning of well and drainage system (reducing health risks and improve hygiene), shade for women near the well

## Self help and micro groups

Community	Total groups	Total members	Induction trainings held	Business proposals developed	Activities initiated
Aheri	20*	200	5	7	7
Dhanora	20	200	5	20	20
Kasarwadi	21	200	5	21	21
Kandalgaon	20	200	5	12	12
Bharat Nagar	20	300	5	20	19
Mahatmafulle Nagar	20	300	5	20	20

*The value of investments made today in risk reduction cannot be measured in simple monetary terms - lives will be saved.*

*John Roche  
 Head, IFRC India*

## Livelihoods

Six communities have actively participated in livelihood activities focusing on risk reduction and building community resilience. The CDMCs have played a key role to ensure community participation to include all social segments of society within the community as well as local government. They have been successful in mobilizing and scaling up community contribution towards DRR activities. Also, with the support of the disaster preparedness supervisor, CDMCs have initiated the process of building linkages between all the existing self help and micro groups with local governance, local banks for accessing the subsidies and available schemes for their communities.

In order to ensure sustainability of development initiatives, 121 self-help groups have been formed in six communities of Maharashtra (In Aheri, the number of self-help groups was reduced from 20 to 12, as a large number of community members were rehabilitated by the authorities due to pollution from a nearby coal mine, resulting in 109 active groups). All group members received induction training from expert resource people, enhancing their

knowledge and sharpen their skill to initiate new livelihood activities. One hundred and nine community level business initiatives have been started by these self help groups with the help of CDMC and Red Cross volunteers.

These livelihood activities have resulted in increased household income, which has raised the confidence level of those involved to further enhance their businesses and lifestyle. Women are now empowered through these activities resulting in them coming out of their homes to discuss about improvement of livelihoods and also kick off new steps towards alternative livelihood options.

## DRR consortium

IRCS has constituted a DRR consortium to ensure necessary technical support for all the projects across India, and to promote knowledge sharing across the projects. Partner National Societies, ICRC, IFRC and IRCS are part of this consortium.

## Monitoring mechanisms

IRCS has developed standardized monitoring and evaluation tools (M&E binder). Any gaps or challenges in programme delivery



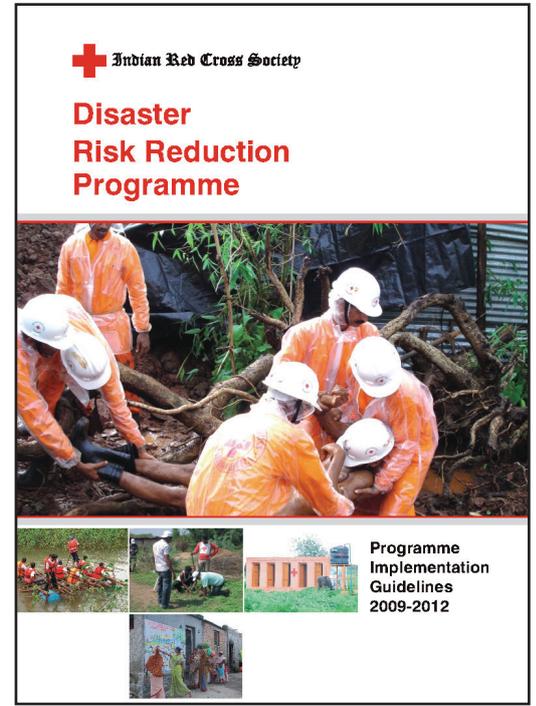
A training session on search and rescue held in Kandalgaon

Photo: Indian Red Cross Society

that previously may have been missed until final evaluation can now be identified and addressed on an ongoing basis. The result of this collection of tools is more effective and efficient programming, based on community-directed needs. In-country partner National Societies of Indian Red Cross Society are also now using these tools to ensure that the programmes they support are effective. This monitoring mechanism has been incorporated in each level starting from grass root level i.e CDMC to IRCS national headquarters and IFRC India office.

The sharing of experiences is now an integrated practice and even the members of different CDMCs are in touch with each other on regular basis. Four exchange visits gave CDMC members opportunity to learn learning from actions taken in other communities through this programme, going beyond DRR, with an eye to community development.

In addition, the programme incorporated three joint visits by representatives of na-



tional headquarters, the supporting partner, Hong Kong Red Cross, and the IFRC in order to monitor, evaluate and review progress in the programme.

## Future opportunities

The DRR pilot project implemented in Maharashtra has given staff and volunteers an of Indian Red Cross Society the opportunity to gain increasing understanding of how to design and deliver programmes that go beyond mitigating risks, and contribute towards the overall development of communities.

Following the success of this initiative which fully engaged communities, IRCS is looking forward to expand this programme and roll out similar initiatives in other parts of the county.

In order continue building safer and more resilient communities through engagement, resources will be needed. Capacity of branches and staff will also be increased through such investment.

### Supported by



In addition, the programme incorporated three joint visits by representatives of na-



### Contact information

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