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Strategic Research into National and Local Capacity Building for Disaster Risk Management

Inception Report

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List of Abbreviations

CB	Capacity Building
CD	Capacity Development
CIDA	Canadian International Development Agency
DEV	School of International Development
DFID	Department for International Development, UK
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ERC	Ethical Review Committee
FCAS	Fragile and Conflict Affected States
GFDRR	Global Facility for Disaster Reduction and Recovery
HIEP	Humanitarian Innovation and Evidence Programme
IFRC	International Federation of the Red Cross
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
OPM	Oxford Policy Management
RQ	Research Question
SIDA	Swedish International Development Cooperation Agency
ToC	Theory of Change
UEA	University of East Anglia
UNISDR	United Nations International Strategy for Disaster Reduction
QA	Quality Assurance

1 Introduction

This section of the report provides an overview of the research, introduces the research team and summarises the activities and deliverables completed during the Inception Phase.

1.1 Background to the research

In September 2013, IFRC contracted Oxford Policy Management and the University of East Anglia to conduct Strategic Research into National and Local Capacity Building for Disaster Risk Management. This report details progress made during the four month inception period and outlines the project team's work on designing the implementation phase which will run from February 1st 2014 to October 1st 2015.

This Inception Report is structured as follows:

1. **Introduction** – this section sets out the background to the research, the overarching research objectives and key research questions, an overview of the research team and a summary of the activities and deliverables completed during the Inception Phase.

2. **Delivering the Research Objectives** – this section provides narrative and explanation of the underlying Theory of Change and the revised logframe.

3. **Theoretical Background** – this section outlines the conceptual background to the research. It gives an overview of the scope of the research, the process for conducting the literature review and outlines the analytical framework, including a discussion of typologies and the development of a preliminary conceptual framework of change for CB in DRM.

4. **Research Design** – this section describes the research design and data collection plans, covering the overall approach, the research framework, methods and procedures of data collection, both within the main case study research and in the complementary international-level analysis.

5. **Monitoring and Evaluation Draft Framework** – this section provides contextual background to M&E for DRM and presents the draft framework with illustrative indicators.

6. **Implementing the Research** – this section provides the detailed workplan and budget for the Implementation Phase, along with information on the proposed case study countries and our approach to security.

7. **Research Uptake Strategy** – this section focuses on how we will communicate our research and presents a coherent strategy for ensuring research uptake.

8. **Project Management and Governance** – this section outlines the governance arrangements and reporting protocols for the project, sets out our ethics strategy, updates on team changes and presents a revised risk matrix for the project.

In addition to this report, we are also submitting to IFRC the **first of our Quarterly Reports**, which outlines spend against budget with a narrative explanation of variances, and presents the budget for the next reporting period.

1.2 Research objectives

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

Our central aim in the research is therefore to draw lessons and guidance on 'how to' build DRM capacity in a range of contexts. We will do this by analysing the characteristics, effectiveness and relative importance of a range of CB for DRM interventions across a variety of country contexts. The findings of the research are intended to be relevant across all types of developing countries, including fragile and conflict affected states.

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

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

1.3 Definitions

For the purposes of the research we have selected the following definitions. These selections were made following a thorough review of different definitions used across a number of organisations. Please see the literature review for a detailed discussion of these definitions and the nuanced differences between them.

We have adopted the UNISDR **definition for DRM**: 'Disaster risk management is the 'systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster.'

We are **defining DRM capacity building** as as 'efforts to strengthen the competencies and skills of a target organisation, group or community so that the target could drive DRR efforts, or in a broader sense development, in a sustainable way in the future' (Walker et al 2011). We define **DRM capacity** as the ability to reduce disaster risk and manage the impacts.

1.4 Overview of the research team

The Research Team is led by Dr. Roger Few, Senior Research Fellow at the School of International Development (DEV) in the University of East Anglia. The Project Manager is Zoë Scott who is a full-time staff member at Oxford Policy Management. The team also contains technical specialists on DRM, M&E and Local Governance as well as a Fieldwork Leader and Research Assistants. There were some minor changes to the research team during the Inception Phase – please see section 8.4 for details.

1.5 Inception activities and deliverables

During the four month inception phase the research team has made excellent progress. Overall we have completed the following activities and deliverables:

Kick-off meeting – Roger Few, Zoë Scott and Marcela Tarazona represented the Research Team at a kick-off meeting at DFID's offices in London. Also in attendence were:

- IFRC – Marta Feletto (Senior Research Officer), Ariel Kestens (Head of Learning and Research) and Josephine Shields (Senior Officer, by telecom)
- DFID – Joanna Macrae (Head of Profession, Senior Research Advisor), Mark Miller (Research and Evidence Division)
- British Red Cross – Samuel Carpenter (Humanitarian Policy Adviser – International Division)

Draft literature review – we have undertaken a thorough literature review to assess the quality and strength of the literature in relation to capacity building and DRM. The process is articulated fully in 3.1. The literature review will continue to be updated throughout the lifetime of the project as additional materials are published or identified by the research team. However, a draft of the review has been sent separately to the Advisory Group.

Research design – much of the Research Team's time has been spent developing a detailed design for conducting the research during the Implementation Phase. This includes the approach to be taken, the analytical framework, M&E framework and some draft research tools. Further details can be found in sections 3 and 4.

Logframe and Theory of Change– we have revised and expanded the logframe presented in our research proposal and have developed a comprehensive theory of change to underpin our activities and research. These can be found in section 2.1 and 2.2.

Implementation budget – we have revised the implementation budget to reflect some changes to the research design following conversations with IFRC and members of the Advisory Group. The budget is presented in this report, along with a workplan which links costs with outputs (section 6 and annex G).

Research uptake – we have developed a full research uptake strategy which links with our revised logframe to ensure that the findings of the research are packaged and disseminated to relevant audiences and policy-makers.

Webinar – the ToRs required a workshop to be held during the Inception Phase. Given the very tight schedule we opted to conduct a webinar to present our progress on the research design to a select group of individuals from different DRM and donor agencies. The webinar

took place on December 16th 2013 with attendees from IFRC, DFID, various Red Cross National Societies, the QA panel and the Advisory Group.

We have therefore completed the tasks set out in the ToRs for the Inception Phase and created a solid foundation for the Implementation Phase.

2 Delivering the Research Objectives

The ToRs require that a robust theory of change and logframe are developed and revised during the Inception Phase. This section presents the process that we have followed in each task and provides narrative explanation with the finalised flow chart diagram (theory of change) and the spreadsheet table (logframe).

2.1 Theory of Change

One of the requirements for the Inception Period per the ToRs is the production of a detailed Theory of Change (ToC) for the research project. To assist in this task, DFID shared the ToC diagram from the Humanitarian Innovation and Evidence Programme, which is a source of funding for this research project. The HIEP diagram had been adapted with permission from the ESID ToC (www.effective-states.org) and focused particularly on behavioural change to support research uptake.

In developing our ToC, we used the HIEP diagram as a starting point, but needed to adapt it to make it more relevant to a research project. For this reason we incorporated guidance on how to develop an effective ToC from Vogel, I., n.d., 'ESPA Guide to Working with Theories of Change for Research Projects': http://www.espa.ac.uk/files/espa/ESPA-Theory-of-Change-Manual-FINAL.pdf (funded by UKAID).

Our ToC is based on the identification of three problems, which are adapted from the HIEP ToC:

1. There is insufficient capture and systematic analysis about how to work with national and local institutions to build up capacity for DRM, especially in insecure settings.

2. DRM actors have inadequate systems for monitoring and evaluating DRM capacity building activities and approaches.

3. Decision-makers have inadequate access to reliable and tailored information on capacity building for DRM capture and systematic analysis about how to work with national and local institutions to build up capacity for DRM, especially in insecure settings.

Our research activities will directly address these identified problems via a literature review, case studies and the development of an M&E framework. An important additional activity is the ongoing implementation of the research uptake strategy.

The research outputs match the outputs detailed in the logframe (see Annex B):

1. Research and evidence products are generated that are high quality and relevant to policy makers and practitioners.

2. Cross-institutional relationships and partnerships formed so that there is an active network of practitioners and policy-makers using the research.

3. The research is robustly designed, incorporates best practice and is managed effectively.

A section of the ToC is specifically focused on 'influencing behaviour changes for research uptake' and sets out the short-term, medium-term and long-term changes and processes that we expect the research to catalyse. This aspect goes outside the direct sphere of influence of the research team, and requires support from key actors such as IFRC, DFID and Red Cross National Societies.

In the **short term** we anticipate the establishment of a community of practice around CB for DRM, with key individuals becoming familiar with the research findings and circulating outputs around their organisations. In the **medium term** we expect key NGOs, academics and donor agencies to become both familiar with and confident in the research findings. Indicators of this will be academic citations, requests for briefings and trainings from donors and NGOs, changes to policy budget allocations and the initiation of pilot projects, for example. These changes will gather pace and in the **long term** lead to the research being quoted in an international strategy declaration signalling a change in policy. We also expect that key donors and NGOs will also integrate the research findings into their internal policy documents on CB for DRM and will start to design programmes that reflect the research findings.

The ultimate **outcome** of the research and associated behaviour change will be that:

> ***DRM actors working in developing countries will design and implement more effective capacity building projects for DRM at the national and local level.***

In turn this will lead to the research project's overall expected **impact**:

> ***Improved capacity for disaster risk management in developing countries resulting in reduced casualties and other losses as a result of natural disasters.***

Please see the diagrammatic representation of our ToC below, which also details the assumptions underpinning the research, the links between each stage and the actors involved.

2.2 Logframe

The Logframe for the research has been developed in conjunction with the Theory of Change. The outputs, outcome and impact are the same as those included in the ToC. Each one links to a number of quantitative indicators which demonstrate how we will measure our results, progress and performance. Each output has between three and five specific indicators and the logframe gives details for each indicator in terms of means of verification, assumptions, baseline data and targets for each year of the research project. The values are cumulative.

The comprehensive logframe is available in Annex B with all of the indicators, planned quantitative targets and assumptions. The table below shows the research outputs with their corresponding indicators:

Table 1 Output Indicators

Output	Indicator
1: Research and evidence products are generated that are high quality and relevant to policy makers and practitioners	1. No. of primary research papers (case studies and literature review) available on key open access websites 2. No. of externally peer reviewed publications including articles submitted to journals 3. No. of policy briefs produced
2: Cross institutional relationships and partnerships formed so that there is an active network of practitioners and policy-makers using the research	1. No. of DRM related websites hosting outputs from the research 2. No. of organisations and country governments represented at the final workshop 3. No. of Southern organisations involved in the dissemination activities 4. No. of conference presentations / panels made by research team members
3: The research is robustly designed, incorporates best practice and is managed effectively	1. A credible Research Uptake strategy is developed in line with DFID's guide on Research Uptake for Research Programmes 2. Gender analysis is incorporated into the research design and tools 3. Robust ethics strategy and procedure is followed. 4. No. of case study reports co-authored by Southern researchers. 5. No. of quarterly reports submitted on time.

The Logframe was developed using an example provided by DFID for the Humanitarian Innovation and Evidence Programme as a starting point. Many of the indicators map onto the DFID Logframe, for example the development of a research uptake strategy, the use of robust ethics mechanisms, the incorporation of gender analysis and the inclusion of Southern researchers where possible.

Many of the logframe indicators relate to communication or dissemination of research findings. Further details on these activities can be found in section 7 on Research Uptake.

Please see Annex B for the full logframe.

3 Theoretical Background

This section outlines the conceptual background work that has taken place during the Inception Phase. It provides a brief overview of the thematic scope of the project, the process for conducting the literature review and outlines the analytical framework for the research, including a discussion of typologies, and the development of a preliminary conceptual framework of change for capacity building (CB) in disaster risk management (DRM). For a consideration of the practical implementation of the research and research design, please see section 4.

3.1 Aim and scope of the project

The overall aim of the project is to draw lessons and guidance on 'how to'[1] build DRM capacity in a range of contexts. This reflects a need for capacity development identified within the priority areas of the Hyogo Framework for Action. According to one of the most relevant papers in the existing literature, capacity development tools and methodologies for capacity development remain underdeveloped within disaster risk reduction (Hagelsteen and Becker, 2013). As the Chair's Summary of the 2013 Global Platform notes: 'There is an unmet demand for data, tools, methods and guidance on implementing risk reduction, and a shortage of specialists educated and trained for the task. As a relatively new field, there are large capacity gaps, and these must be addressed quickly in order not to impede progress' (UNISDR 2013)[2]. Initiatives are under way to addess these gaps, notable among them the inter-agency Capacity for Disaster Reduction Initiative (CADRI), and the research proposed in this report will play a key role in supporting and building on those programmes.

Following the terms of reference for the project and subsequent discussions with the commissioning organizations, we define the scope as follows:

We are interested principally in capacity in relation to DRM – ie the capacity to reduce disaster risk and manage the impacts.

- We recognize that DRM capacity is influenced by the wider political, administrative and social environment in which disaster related actors are embedded. Our analysis is therefore set within a wider 'capacity' context. However, our aim is to analyse common core components of capacity across contexts in order to generate generalizable findings.

Within this our focus is primarily on capacity building – ie strengthening the competencies and skills of a target organization, group or community so that the target could drive DRR efforts[3] .

- We follow the perspective that 'capacity-building' should refer to the attempt to build or develop[4] a sustainable capacity - that empowers people to take decisions and actions on DRM.

[1] Though, in this sense, the focus is 'technical', this understanding can only flow from consideration of how complexities of political economy enable and constrain the process, and how to work within them (and/or work to change them where feasible)
[2] UNISDR (2013) Chair's Summary. Fourth Session of the Global Platform for Disaster Risk Reduction. Geneva, 21-23 May 2013
[3] Walker P (2013), Annotated bibliography: Local Capacity building for Disaster Risk Reduction. Feinstein International Center, Tufts University, March 2013.

- In order to distinguish 'capacity building' from general efforts to strengthen DRM we define it as activities that are strategically oriented[5] to building sustainable capability in government, organizations, communities and individuals to take effective decisions and actions.

The work covers all aspects of DRR as defined in the Hyogo Framework for Action and/or all aspects of the DRM 'cycle'.

- Hence the work will not be limited solely to preparedness and emergency response, but will also seek to incorporate disaster prevention, mitigation and recovery.

The work is relevant to disasters associated with natural, technological, biological hazards and complex emergencies.

- However, the research undertaken will not be oriented to epidemiological hazards or to risk from conflict/internal security.

CB initiatives of interest to the research may operate at different scales, may involve governmental or non-governmental actors, and may be domestically-generated or associated with international/regional initiatives (see section 3.3).

- In our case studies we will combine attention to a range of forms and scales of interventions.

- However, we will seek to focus our understanding especially on how this translates into capacity on the ground to reduce risk for the most vulnerable population groups.

3.2 Literature review

The initial phase of our work was to conduct a thorough literature review. An annotated bibliography 'Local Capacity building for Disaster Risk Reduction' had been produced for IFRC in preparation for this research, representing an initial attempt to synthesise relevant information on capacity-building (Walker et al 2013). We took this as a starting point, supplementing it with field specific reviews undertaken by a team of researchers, each identifying and reporting from the following fields of literature/ documentation:

- Public administration/governance
- Fragile states
- Disaster risk (DRM, DRR)
- Climate change adaptation

[4] We have not formally distinguished capacity 'building' from capacity 'development' within this report, though it is understood that these terms are sometimes defined differently. Hagelsteen and Becker (2013) note that: "The two terms capacity development and capacity building are sometimes used interchangeably, while others describe them as different. ….capacity building implies something that is built by outsiders from a clean slate, and do not consider existing structures and plans, while capacity development is something that must grow from inside and be based on existing capacities".

[5] As opposed to activities that relate to more routine technical support and training but which are not coherently organized with the purpose of building sustained capacity to take effective decisions and actions (to 'conceive, design, formulate, implement, monitor and evaluate' policies, programmes and projects - *UN 2002*). This could include activities to make sure training/skills development can be passed on (not a one-off), foster a culture of and structure for organizational learning, develop a critical mass of internal knowledge, experience and motivation, create incentives for positive action and remove institutional barriers to effective DRR.

- Monitoring and Evaluation (M&E) for capacity building

We focused first on identifying and analysing evidence of capacity development and capacity-building action in Disaster Risk Management (DRM) and Disaster Risk Reduction (DRR). Additionally, we expanded the parameters to include key documents on more generic aspects of capacity-building within each of the identified literature fields. Insights from this wider body of sources are important because the challenge of building sustainable capacity, especially in more fragile states, has some fundamental commonalities across development sectors.

Overall, the team used 5 different search engines and conducted specific searches on the websites of 33 different organisations and resource centres. 29 different academic journals were specifically searched alongside meta-searches using academic databases including Scirus and Web of Knowledge, which together cover many thousands of journals. These searches identified over 100 resources that met the inclusion criteria.

Each of these five literature searches produced a separate review document which was then synthesised into an overview of the literature. This represents the Draft Literature Review which has been submitted separately to IFRC . This draft review is a live document that will be developed and refined further during the course of the project as other relevant sources are published or come to our attention.

3.3 Typology of capacity building in DRM

We present here a brief analysis of different types of approaches to capacity-building in DRM. This draws on the literature review. The purpose is to: a) help us identify and target a range of contrasting approaches to capacity building/capacity development for case study; and b) together with insights from the wider literature review, provide the platform for development of the research design (section 4). Below we set out some of the dimensions of difference and then focus on two key dimensions we suggest can structure the empirical research task.

Table 2: Potential dimensions of a typology

No.	Dimension	Explanation
1	Actors / Scales	Who is involved / at what scale(s)? Who is driving the CB activity? Who are they working with and at what scale?
2	Centrality	Centrality of CD (as an objective). CB can be: • An explicit aim of a DRM programme • A component of a DRM support programme • Implicit within a DRM programme
3	Capacity	Is the focus on:

	objective	• Capacity to act / respond • Capacity to plan • Capacity to take decisions • Capacity to train • Capacity to educate / inform the public
4	Target elements	What 'element' of capacity is targeted? Does the CB activitiy focus on resources, skills, institutions, organisations, policies, coordination, political mechanisms etc?
5	DRM aspect	What aspect of DRM is the focus? Does CB in this field relate to: • Emergency phase (preparedness and relief) – narrow • Full DRR (prevention, mitigation, prep, relief and recovery) - wider
6	Approach to change	Temporal aspects of achieving change in capacity: Short-term programmes or long- term programmes (and their associated deliverables, M&E timetables) Incremental approaches to building capacity or attempts to bring about radical transformations

In addition all 'types' can be applied in different governance contexts.

All dimensions will help structure the analytical framework and its component themes/questions. To ensure sufficient range in the empirical work , two of the dimensions will also be used to help select the portfolio of CB programmes to be analysed in the case studies: 1) Actors/scales and 4) Target elements. (See sections 4.1 and 4.2 of the literature review).

Actors/ Scales

Many different types of organization engage in capacity building interventions, and these interventions are intended to operate at a range of scales. Those driving the interventions may be international donors, international and regional agencies, national governments, sub-national/local governments, INGOs, NGOs and community-based organizations. Those targeted for capacity development may be national governments, sub-national/local governments, national NGOs, communities or individual households. Commonly, both sets of actors in the relationship can be multiple (e.g. groupings of international donors and agencies working with national-level governmental and non-governmental organizations).

We can therefore envisage the range of actor/scale intervention 'types' as:

- international targeted to national organizations;
- international targeted to sub-national/local organizations;
- international targeted to communities/households;
- regional targeted to national organizations;
- national targeted to national organizations;
- national targeted to sub-national/local organizations;
- national targeted to communities/households;
- sub-national/local targeted to sub-national/local organizations;
- sub-national/local targeted to communities/households;
- community level targeted to households.

The intention in the case study research is to try to capture experience from a range of these broad actor/scale types. However, it is also important to note that capacity building activities may often work across scales, and we will seek to capture this vertical integration dimension in our work too.

In terms of international involvement, it would also be ideal to examine cases of south-south type partnerships and 'triangular cooperation', as distinguished from north-south patterns of engagement.

Target elements

Capacity-building interventions can relate (at all scales) to different 'elements' of capacity:

a) material resources – access to equipment, technology etc;
b) human resources - skills, knowedge, awareness;
c) structures - organizations and policies;
d) processes - decision-making, coordination, delivery;
e) enabling mechanisms – political support, advocacy, staff incentives;
and to combinations of these 'elements'.

In practice, provision of equipment and training often dominates 'capacity-building' and training is often short-term in approach, and not sustained beyond the immediate trainees. However, the literature review underlines the importance of including other elements of capacity building, and working across the elements to ensure changes can be integrated and sustained.

This identification of capacity elements is closely linked with work of UNDP and CADRI that distinguishes 3 levels at which capacity resides (individual, organizational and enabling environment) and distinguishes technical and functional as 2 types of capacity (CADRI, n.d). There has been increasing recognition that attention to the functional aspects of capacity

should go hand in hand with CB that is more technical in focus if CB gains are to be deep-rooted and sustainable. This need for a technical/functional mix applies across all five elements above and is directly reflected in the overall structure for the project.

3.4 Towards a theory of change for CB for DRM

One of the intended results of this research project is a generic-level theory of change (ToC) for CB in DRM that can be applied across different contexts[6]. Drawing on the inception phase activities, as an initial step towards a ToC, we present here a **conceptual framework of change**, which will be revised, elaborated and refined based on the detailed research yet to be undertaken. The utility of providing the conceptual framework at this point is twofold: it provides us with a basis for developing a ToC that we can critically re-examine during the course of the project; and, of key importance in relation this report, it represents the team's initial theorization of the critical pathways to capacity development and thereby sets the basis for both the Research Framework and the draft M&E Framework.

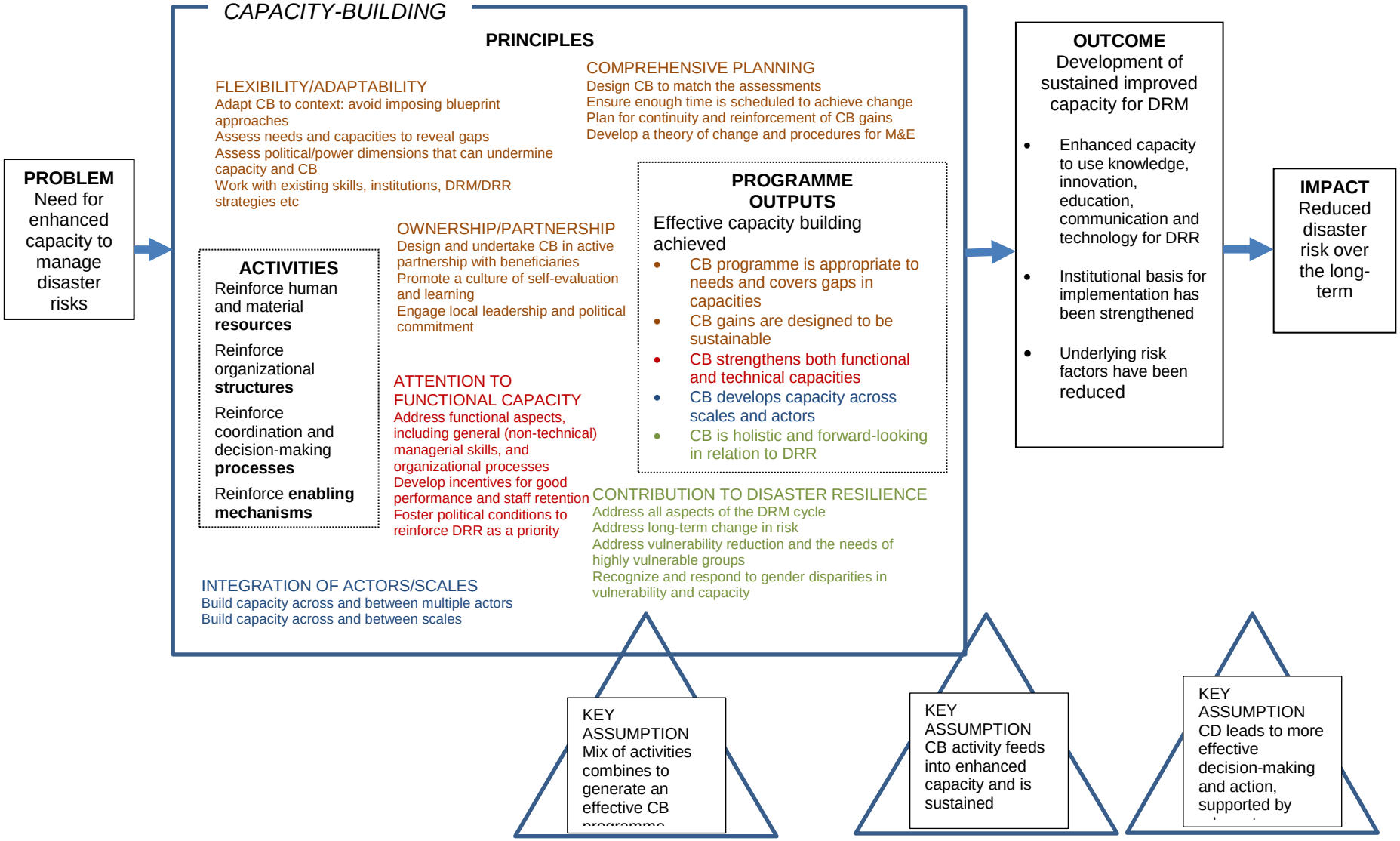
The conceptual framework of change is presented in Figure XX, and brings together key insights from the literature review and the work on typologies, in a model shaped by both the wider remit of DRR (e.g. as articulated in the HFA) and the overall objectives of this project (see 1.2). The model has been developed particularly to be applicable to organizations, as it is capacity building of organizations, operating at scales ranging from national to community level, which will be most prominent in our investigation. However, during the project we will also review the applicability of the framework in terms of capacity building of the public to manage disaster risk.

The model connects the problem statement (a presumed need for enhanced capacity to address disaster risk) with the desired outcome of CB (development of sustained improved capacity for DRM, expressed in terms of 3 interlinked components drawn from the HFA priorities) and the resultant impact (reduced disaster risk over the long-term). Particularly key in the previous sentence are the words 'sustained' and 'long-term', reflecting the fundamental concern that meaningful capacity gains should be built in such a way that they can be maintained over time in the face of both internal change (in e.g. staffing) and external change (in disaster risk factors and wider societal context).

The core part of the conceptual framework is the box that connects problem to outcome – the capacity building itself. As reviewed in Vogel (2012)[7] and Bours et al (2014)[8], there are many different ways to depict the pathway connection. Depending on the objectives and focus of a ToC this can be articulated in terms of technical input activities, functional processes, principles of approach and/or different forms of output. Here, because we are interested in understanding and evaluating what may be the generic building blocks of effective CB, we focus especially on an overarching set of principles relating to how CB is approached, designed and implemented. These cross-cutting principles apply to a range of specific activities that might be included in CB (addressing combinations of 'elements' of capacity – see 3.3) and feed through into a set of programme outputs that together represent an effective capacity building programme.

[6] NB Not to confused with the theory of change for the project itself (presented in 2.1)
[7] Vogel, I. (2012) Review of the use of 'theory of change' in international development. Review report for DFID.
[8] Bours, D., McGinn, C., and Pringle, P. (2014). The Theory of Change approach to climate change adaptation programming. SEA Change CoP, Phnom Penh and UKCIP, Oxford.

Figure 1: A Conceptual Framework of Change for CB in DRM



The conceptual framework departs from the ToC format used for the project itself (2.1) and the wider HIEP, in that it does not follow the 'activities to outputs to outcomes' structure, and it does not separate out separate pathway streams between these components. This is for a number of reasons:

a) Placing a more detailed set of idealized 'activities' as conventionally expressed as the focus of the model would be overly prescriptive for a generic framework at this stage and would tend to prejudge what we are setting out to investigate (ie what works and what does not work).

b) Activities are not readily translatable into principles, but it is the principles of CB, and how these are articulated in practice that are at the heart of what we are intending to investigate; on the basis of the inception work we do strongly suspect that these principles are important (though that is also to be investigated)

c) A ToC can be based around modes of action and their joint contribution to outputs, rather than specific actions and their specific outputs

d) The interlinkages between principles, activities and programme outputs in this case are complex and to large extent cross-cutting, and we suggest that it is the combined totality of these capacity-building components that will shape outcomes.

e) A multiplicity of arrowed connections we contend would make the diagram difficult to understand (and at this stage the relative significance of connections is yet to be analyzed)[9]. Note, however, that colour-coding is used in the diagram to link principles with those programme outputs that are most closely associated with them.

3.4.1 Explanation of the 6 'Principles' within the conceptual framework

At the heart of the conceptual framework are a set of 6 core principles of effective CB for DRM[10]. It is these principles that predominantly structure both the Research Framework (that is to be tested in the pilot and then finalized) and the draft M&E Framework (that will be discussed with stakeholders and progressively revised during the course of the research).

Each principle brings together related issues and insights drawn from the inception work and the foundational ideas of DRR. In the diagram colour-coding is used to link principles with closely associated programme outputs. The first three principles are drawn in the same colours as, though conceptually distinct, they work together to generate the first 3 programme outputs.

Flexibility/adaptability: This refers to the need to approach capacity building interventions flexibly, ensuring that the design of the programme can be adapted to the context in which it is applied rather than applied as an externally-imposed 'blueprint'. Where they exist this includes working with and reinforcing existing skills, strategies, systems and capacities (e.g. Brinkerhoff 2007[11], Hagelsteen and Becker 2013[12]). It rests on preliminary steps including

[9] Not all ToCs have clearly delineated and separated pathways between inputs and outputs. See for example some of http://r4d.dfid.gov.uk/pdf/outputs/mis_spc/Appendix_3_ToC_Examples.pdf
[10] NB these were previously referred to as 'components' in the previous version of the inception report.
[11] Brinkerhoff, D.W. (2007). *Capacity Development in Fragile States.* Maastricht: ECDPM (Discussion Paper 58D)
[12] Hagelsteen, M. and Becker, P. (2013) Challenging disparities in capacity development for disaster risk reduction, *International Journal of Disaster Risk Reduction*. 3 (2013) 4-13.

stakeholder mapping and capacity assessment (preliminary assessment of existing capacity and capacity gaps) (Teskey 2005[13], CADRI n.d.[14]). It also includes understanding and accounting for the political and power dimensions that can undermine CB, especially in the context of fragile states (Evans et al 2009[15]).

Comprehensive planning: Closely linked with the above, this refers to the need to carefully design interventions so that they are appropriate, responsive and sustainable. It includes planning on the basis of existing capacity and capacity gaps, and appropriate scheduling of interventions so that pressure to show visible results does not undermine capacity development (Pritchett et al 2010[16], Keijzer 2013[17]). Also critical is planning for the long-term sustainability of capacity gains (CADRI, n.d.), including exit strategies to ensure gains are sustained after the withdrawal of interventions, mechanisms to avoid loss of capacity because of staff turnover, and reinforcement of community-based initiatives. Programmes should be guided by a clearly articulated theory of change or its equivalent, accompanied by effective and appropriate monitoring and evaluation procedures, including indicators that link outputs to capacity needs (Teskey 2005, Lucas 2013[18]).

Ownership/partnership: This refers to the need to ensure that those targeted for capacity development have a clear stake in the initiative and its design and implementation, again to help ensure it is appropriate, effective and sustainable. Eade (2007)[19] emphasizes the need for capacity building via genuine partnerships between external NGOs and organizations they work with – sharing ideas, responsibilities and risks. Ownership is not always a clearly definable quality, but it is likely to rest on active participation, clear statements of responsibilities, engagement of leaders, and alignment with existing DRM/DRR strategies (Hagelsteen and Becker, 2013). At the same time it is important to foster a culture of self-evaluation and learning, in part at least to counter assumptions that CB is not needed (Allen 2006[20]).

Attention to functional capacity: The findings of the review strongly suggest that capacity building that is confined to technical aspects of provision of resources (equipment and training) and that does not attempt to work at a more functional level (in terms of, for example, improving coordination, decision-making processes and fostering an enabling environment) tends to be less successful in the long run (Lucas 2013, Matheson 2011[21]). Guidance from multilateral agencies emphasizes the importance of building the managerial and organizational capabilities needed to ensure effective decisions and actions can flow from technical know-how (UNDP 2008[22], CADRI n.d.). This can include attention to developing incentive structures for good performance and to ensure staff retention, as well

[13] Teskey, G. (2005) C*apacity Development and Statebuilding: Issues, Evidence and Implications for DFID.* London: DFID
[14] CADRI (no date available) *Basics of Capacity Development for Disaster Risk Reduction*. UNISDR.
[15] Evans, A. et al (2009) *An Approach Paper on WBI's Capacity Development Activities in Fragile States*, London: Overseas Development Institute
[16] Pritchett, L., Woolcock, M., and Andrews, M. (2010) *Capability Traps? The Mechanisms of Persistent Implementation Failure*. Center for Global Development, Working paper no. 234
[17] Keijzer, N. (2013a) *Unfinished agenda or overtaken by events? Applying aid- and development –effectiveness principles to capacity development support.* Germany: German Development Institute (Discussion paper 17)
[18] Lucas, B. (2013) *Current Thinking on Capacity Development.* Birmingham, UK: GSDRC, University of Birmingham (Helpdesk Research Report no. 960)
[19] Eade, D. (2007) 'Capacity building: who builds whose capacity?' *Development in Practice* 17, 4-5, 630-639
[20] Allen K M (2006) "Community-based disaster preparedness and climate adaptation: local capacity-building in the Philippines." *Disasters* 30.1 (2006): 81–101. Online. Internet. 16 Dec. 2012
[21] Matheson, A. (2011) *Escaping the Capacity Treadmill: Time for a more Sustainable Approach to Capacity Development*. Oxford: Oxford Policy Management (Development Futures Paper)
[22] UNDP, Capacity Development Practice Note, 2008,

as fostering the wider political conditions that may be required to mainstream DRR as a priority. Even if the focus is primarily on skills, awareness and information, CB may need to work across a range of elements, with a mix of activities addressing technical and functional capacities, to ensure that it achieves a lasting change in practices that is supported and sustained.

> *"To oversimplify, early efforts consisted of projectised resource transfers, skill-building and organisational strengthening that ignored the environment within which CD took place. When it became apparent that these investments failed to yield the anticipated results, attention shifted to the enabling environment, and CD targets moved beyond resources, skills and knowledge, and organisation to focus on politics, power and incentives." (Brinkerhoff, 2010)*[23].

Integration across scales and actors: Capacity building appears to generate successes more readily if attention is paid to the need for DRM actors to coordinate across scales and to work with other actors (Collymore 2011[24], Tadele & Manyena 2009[25]). This may be especially important within DRM because of the multiplicity of sectoral institutions at different scales that typically engage in the process. CB can operate at multiple levels and act to bridge capacity and communication gaps that commonly exist between national and local levels. Initiatives can focus on building capacity of multiple actors – coalitions and on building local social capital for interaction with other actors (Evans et al 2009, UNDP 2011[26]). The challenges of integration are likely to be accentuated in fragile states.

Contribution to disaster resilience: The grounds for a more holistic approach to disaster risk, and thereby to DRM capacity, have long been expressed within the critical literature in this field (Bankoff et al 2004[27], Wisner et al 2004[28]). As the HFA and the work of the UN-ISDR underlines, capacity building for DRM should therefore be articulated within the wider framework of DRR (CADRI n.d., Few and Anagnosti 2010[29], Daniel et al 2013[30]).This includes attention to: understanding and planning for long-term changes in risk; moving beyond a focus on short-term emergency management to capacity in disaster prevention, mitigation and long-term recovery; prioritizing the reduction of vulnerability; targeting the needs of vulnerable groups (e.g. attention to capacity needs of highly vulnerable or marginalized groups); and addressing gender disparities in both vulnerability and capacity.

[23] Brinkerhoff, D., 2010, Developing Capacity in Fragile States, *Public Administration and Development*, 30 (1) pp66-78

[24] Collymore, J. (2011) Disaster management in the Caribbean: Perspectives on institutional capacity reform and development. *Environmental Hazards-Human and Policy Dimensions*. 10 (1). p. 6-22

[25] Tadele, F., Manyena, S. B. (2009). Building disaster resilience through capacity building in Ethiopia. *Disaster Prevention and Management*. 18(3). P.317-326

[26] UNDP (2011) *Supporting Capacity Development in Conflict and Fragile Contexts*. New York: UNDP (Report from the UNDP Workshop on Capacity Development in Conflict and Fragile Contexts)

[27] Bankoff, G., Frerks, G., Hilhorst, D. (Eds.), 2004. Mapping Vulnerability: Disasters, Development and People. Earthscan, London.

[28] Wisner, B., Blaikie, P., Cannon, T., Davis, I., 2004. At Risk: Natural Hazards, People's Vulnerability and Disasters. Routledge, London.

[29] Few, R., Anagnosti, S., (2010), 'Supporting disaster risk reduction in developing countries - a study for the European Union', DEV Reports and Policy Paper Series, The School of International Development, University of East Anglia, UK.

[30] Daniel, H. Schrass, K., Warner, K. (Eds) (2013) *CATALYST Synthesis Report of Best Practices, Networks, Research Gaps, and Recommendations for Fostering Capacity Development for Disaster Risk Reduction and Climate Change Adaptation*. A combined deliverable incorporating D5.1, D5.2, and D5.3. Version 1.0, September 2013, Bonn. Downloadable at http://www.catalyst-project.eu.

4 Research design

This section describes the research design and data collection plans, covering the overall approach, the research framework, methods and procedures of data collection, both within the main case study research and in the complementary international-level analysis.

4.1 Research aims and epistemology

The central aim of the research is to analyse the characteristics, effectiveness and relative importance of a range of 'on-the-ground' capacity building activities in order to draw lessons for how to help build capacity for DRM across different contexts. The research will therefore centre on a comparative case study analysis across countries and interventions. In addition we will undertake a module of 'international-level analysis' to examine the trends and perspectives of major agencies engaged in DRM capacity-building.

Essentially we are proposing a mixed-method inductive approach, building its generalizable contributions through insights from the empirical findings. The research will be conducted using a combination of data collection sources and analytical methods. Insights from qualitative methods will be complemented with more quantified approaches that incorporate descriptive statistics.

A preliminary conceptual framework of change for CB in DRM has been presented in the previous section, which we will revisit and revise as the findings of the research emerge (see 3.4). The conceptual framework provides us with a structure around which to build a research framework of analytical themes and research questions (see 4.2). Central to this are 6 core principles or building blocks of effective capacity building for DRM/DRR - ie the key components of capacity building that we hypothesize *a priori* to be most relevant to good (and bad) practice. To re-cap, these closely inter-linked principles are listed as:

- Flexibility/adaptability
- Comprehensive planning
- Ownership/partnership
- Attention to functional capacity
- Integration across scales and actors
- Contribution to disaster resilience

4.2 Research framework

4.2.1 Case study approach

The core research is based on a country case study approach. We will work in 1 pilot and 6 full case study countries, using a standardized methodological framework for data collection and analysis. This will enable comparative analysis across countries and interventions. Because of the focus on analysing common principles of CB, we will derive core findings that are generalizable across contexts. However, the design of the study allows us to derive both

generic lessons applying to all contexts and lessons that will be more specific to the type of intervention and context (e.g. governance context[31]).

In each case study we will look in depth at 1-3 capacity-oriented DRM intervention programmes. Choice of intervention programmes will be guided by our work on typologies, and we will seek especially to capture experience from a range of 'actor-scale' types and from interventions whose contents span different CD target 'elements' (material, human, structures, processes, political). However, the research will not solely focus on these 'inputs' – it is critical that the interventions are understood in relation to wider conditions and changes in society, including analysis of how existing capacity generally has been achieved (maintained or undermined).

Drawing on the review work and the conceptual framework of change, each case study will be structured around a framework of themes for empirical investigation (see 4.2.2). Within the case study activities we will also field-test our draft M&E frameworks for capacity building activity and for extant capacity (see section 5).

Each case study analysis and report will follow a standardized format, and a synthesis analysis will draw lessons from across the cases. The synthetic output of the study will include a revised theory (or theories) of change for capacity-building for DRM, with associated monitoring and evaluation framework guidance.

4.2.2 Analytical themes

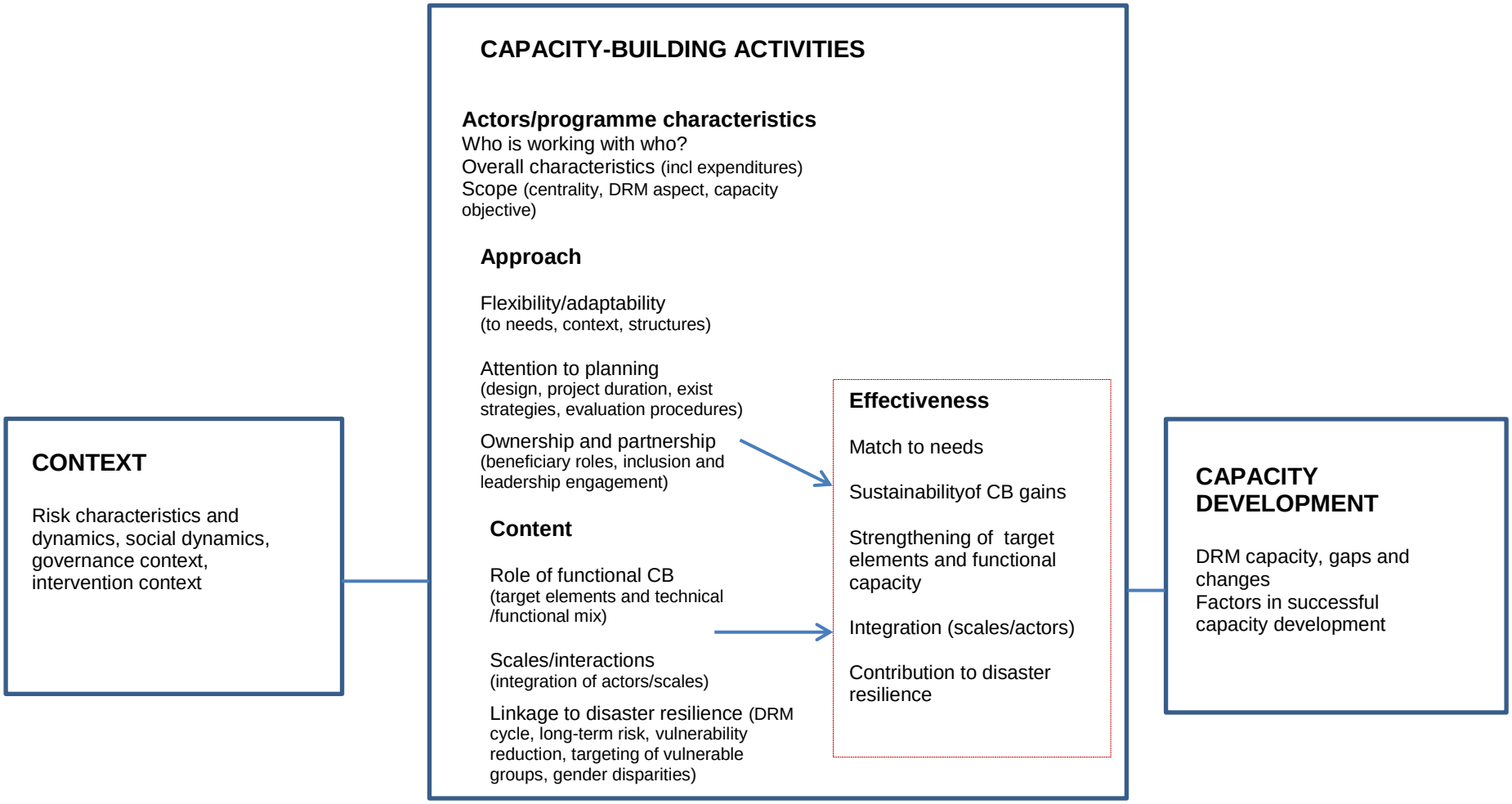
Building on the conceptual framework, the research framework on which the case studies will be based is presented in Figure 2. This diagram depicts our thinking on the key components for analysis (and therefore for data collection) and how they inter-relate. Within each country case study we therefore set out to analyse the following themes:

- Context/dynamics
- Capacity-building activities for DRM
  - Actors/programme characteristics
  - Content of CB activities
  - Approach to CB process
  - Effectiveness
- Capacity development for DRM (in general)

Note that the headings listed in the boxes on Approach, Content and Effectiveness closely match the Principles and Programme Ouptuts identified in the conceptual framework of change.

[31] The governance context is likely to be accentuated in fragile states where capacity development is likely to be undermined by: lack of skills and organization; weakened civil society and low citizen engagement; highly politicized environment; lack of confidence/trust between stakeholders; and weak state accountability.

Figure 2: Research Framework



The following tables translate the different analytical themes of the research framework into a set of associated research questions.

Table 3: Research questions: Context

Analytical theme	Research Question
Disaster risk	**RQ1** What are the disaster risk characteristics of the country and their dynamics?
Societal changes	**RQ2** What other social, economic or political changes are important for understanding current DRM?
Governance context	**RQ3** How does the governance context relate to DRM?
Intervention context and their relationship to DRM	**RQ4** What is the recent history of intervention in relation to DRM?

Table 4 Research questions: Capacity building activities

Analytical theme	Research question
	Actors/programme characteristics
Actors	**RQ5** Who is driving and who is engaged in the capacity-building activity, and how?
Overall characteristics	**RQ6** What is the funding level and geographical focus of the programme?
Scope	**RQ7** What is the scope of the activity in relation to CB and to DRM?
	Approach to CB process
Flexibility/adaptability	**RQ8** How has the programme approached capacity development in a flexible manner, adapting the approach to context?
Attention to planning	**RQ9** What has been the approach to full programme planning?
Ownership/partnership	**RQ10** How has ownership been fostered?
Attention to planning	**RQ10** What has been the approach to full programme planning?
	Content of CB activities
Role of functional CB	**RQ11** How is the mix of potential elements for CB targeted?
Scales/interactions	**RQ12** How has the programme built capacity across scales and actors?
Linkage to disaster resilience	**RQ13** How has the programme captured wider aspects of the DRR approach?

	Effectiveness
Strengthening of target elements	**RQ14** What impact has the programme had across the elements of capacity?
Integration	**RQ15** How well has the programme integrated scales and different actors engaged in DRM?
Contribution to disaster resilience	**RQ16** How well has the programme contributed to capacity in relation to disaster resilience?
Sustainability	**RQ17** Is the capacity gain sustained/likely to be sustained?
Match to needs	**RQ18** How closely has the activity addressed pre-existing capacity needs?
Lessons	**RQ19** What other lessons can be learned from the programmes experiences and achievements?

Table 5 Research questions: Capacity

Analytical theme	Research question
Capacity status	**RQ20** What is the general status and development of DRM capacity today?
CB factors	**RQ21** What is most important for success in capacity building for DRM?

These high-level research questions are elaborated further in **Annex C**, where they are broken down into a series of sub-questions to guide the data collection and analysis, together with an indication of the anticipated main data sources for each RQ/sub-RQ (**Annex D**).

➔ **See Annex C**

➔ **See Annex D**

4.3 Case study data collection and analysis

Case study field data collection tools will comprise:

a) **Secondary data sources** (documents and databases) such as programme reports, financial data, review articles, evaluation reports and programme databases will provide key information for several of the research questions (see **Annex D**).

b) **Key informant interviews and groups interviews** at a range of scales (national / subnational / community). Semi-structured interviews (individual and group) will be the primary research tool, and will be guided by question schedules. This will be

standardised across the cases, but will be flexibly applied according to the interviewee(s). (For further details on interview methods and selection **see step c) in 4.3.1** below).

c) **Rating exercise** conducted with interviewees and groups. At the close of each interview or group interview a brief exercise component will be included that asks interviewees to rate the importance of the **6 proposed principles** of effective capacity building identified in the conceptual framework of change on a scale of 1-4 (this will be equivalent to the rating element described within the international survey – see 4.4).

4.3.1 Case study procedure

For each case study country we will undertake the following steps in data collection and analysis:

a) Preliminary desk-based study. During 1 month preceding the field visit to each case study country, we will undertake a desk-based search and analysis of secondary sources and undertake a stakeholder mapping exercise. Documents such as programme reports, databases, evaluation reports, review articles and general contextual and policy documents on disaster risk, DRM and governance will be accessed via internet searches and through liaison with in-country partners and wider networks. Relevant text from these sources will be coded and collated in relation to the research questions. In-country partners will be tasked to compile and circulate for comment a mapping of key stakeholders relating to the selected CB activities as well as the wider national context of DRM/DRR. This will form the contact list for key informant interviews.

b) Initial workshop (capital city). The field visit to the case study country will commence with an initial workshop with a small group of 3-5 independent key informants who have expertise in national DRM but who preferably are not directly engaged in the specific Cb programmes to be researched. The half-day workshop will focus on discussion of the general governance context, the national DRM context, and the inventory of key actors – as a means to verify/expand on the preliminary work.

c) Main data collection – comprising collection of additional **secondary** sources (including non-electronic sources not previously accessed) and financial data relating to selected programmes, key informant **interviews** (semi-structured) at a mix of scales, and **group** interviews divided by gender and other key social dimensions.

   The fieldwork structure will vary between case studies, depending on the number, complexity and geographical scale of capacity-building programmes that we analyse (1-3 per country), but a typical fieldwork agenda will comprise:

   - Week 1*:* capital city/national level – secondary sources + c12 key informant interviews

   - Week 2: subnational (programme 1) - secondary sources + c3 key informant interviews and c1 group interview at provincial/local scale + c3 key informant interviews and c3 group interviews at community scale

- Week 3: subnational (programme 2) - secondary sources + c3 key informant interviews and c1 group interview at provincial/local scale + c3 key informant interviews and c3 group interviews at community scale

Each key informant interview will last approximately 60-90 minutes and each group interview will last approximately 150-180 minutes.

Group interviews will involve a maximum of 6 participants, and will be led by a facilitator and a note-taker from the team. These are included at sub-national and community scales as a means of engaging people in a different interview forum to discuss matters that may require more reflection and debate before insights emerge.

Individual and group interviews will be based on pre-selection of relevant questions from a standardized question schedule (please see **Annex E)**, but all interviewers will be trained to ask follow-up questions to expand on and clarify points made. Individual and group interviews will therefore be semi-structured in form, yielding primarily qualitative data, but where feasible will terminate with the structured rating exercise designed to gauge interviewees' perceptions on the importance of the 6 principles of effectiveness identified in the conceptual framework of change. Transcripts of interviews will form the primary data source.

In the selection of interviewees we will actively seek representation of women within organizations. For group interviews at community level, we will run separate meetings with men and women, and additional meetings with identified marginalized social groups.

The majority (c60%) of interviews will be undertaken with actors directly engaged in the DRM capacity building activity (recognizing that in many cases CB will be integrated within a more generalized DRM intervention), including those engaged primarily as programme implementers and those engaged primarily as programme beneficiaries. Depending on the nature of the intervention, the latter may comprise staff of organizations, civil society organizations and/or community members.

The other (c40%) interviewees will be selected to provide an independent perspective on the intervention, including governmental and non-governmental DRM managers (from agencies with specialist responsibility for DRM and from other sectoral agencies that contribute to DRM) and experts on DRR from academic institutions and civil society.

➔ **See Annex E**

d) M&E FrameworkTesting. We will utilize the opportunity provided by each case study to discuss and reflect on with stakeholders the relevance and appropriateness of the proposed M&E indicators. This will take place through group exercises, undertaken during sub-national and community group interviews (see above) and during the final workshop at national scale (see below). The proposed indicators will be introduced, scored for utility by the participants, discussed in more depth and subsequently re-scored, and participants will be canvassed for additional potential indicators. A report on the discussions and the two phases of scoring will be provided.

e) Final workshop. At the close of the fieldwork a final workshop we will be organized with stakeholders at national scale. The workshop will have the purpose of providing an update/debrief and feedback/validation on the preliminary findings of the case study, and provide opportunity to undertake a large-scale M&E framework testing exercise with national experts. The workshop will run for half a day and will involve up to 20 invitees.

f) Initial analysis. Preliminary analysis of primary data sources will commence while in the field and the intial analysis phase will be complete within 1 week of the end of the fieldwork. For qualitative data sources this will entail coding/collation of interview transcripts (the coding scheme will have a shared core component to facilitate comparative analysis, but also flexibility to cover additional coding for context-specific aspects). Descriptive statistics will be applied to any relevant quantitative data such as programme expenditure, and to the dataset derived from the rating exercises.

g) Integrated analysis. Results of the intial analysis of data sources will be analysed in full as a desk-based task for the research team within 4 weeks of completion of the fieldwork. This will entail compilation of data across data sources for each selected activity and for the case context as a whole to provide a narrative response to each RQ, combining qualitative and quantitative evidence. Triangulation of data sources will be employed wherever possible to maximise robustness of the analytical points drawn; where intrepretations of evidence are more speculative this will be clearly indicated.

h) Case study report. Writing up of each case study will be concluded within 6 weeks of completion of the fieldwork. Reports will follow a standard format, comprising sections on the country context, methodology and data sources accessed, narrative responses to each RQ, and a set of conclusions highlighting the most significant conclusions to be drawn from and across the RQs.

4.3.2 Analysis across the case studies

The findings of each case study will feed into comparative analysis for RQs across the case studies, and the development of the synthetic conclusions. This will be undertaken in the closing phase of the project.

The cross-case analysis will include aggregate results of the rating exercises conducted during interviews. As a final analytical step, the team will develop a Likert-scale classification of the extent to which each CB activity that we study addresses the six principles of CB (using guidance tables to assist with this categorisation – see **Annex F**). We will aggregate and discuss the results of this classification process, both across the study as a whole and comparatively for different categorizations of activity (in relation to the typology dimensions identified)[32]. The Research Team as a whole will meet in a face-to-face workshop style meeting to facilitate this exercise.

➔ **See Annex F**

[32] NB Because we are not undertaking formal evaluations of individual CB programmes, the scores assigned by the team will be indicative only; therefore we do not intend to present individual scoring in our outputs.

4.4 International-level analysis

4.4.1 Collecting international data

The case study approach of the research will systematically collect and compare data relating to the national context and a selection of specific programmes for each country. We are also keen to supplement the case studies with perspectives and experience gathered at a more global level, from international actors working in the field in countries which are not case studies and from individuals working in agency headquarters. To do this we plan to develop an online survey to collect data from the main multi-lateral donors working in DRM: IFRC, UNISDR, UNDP and GFDRR. Using contacts on the Advisory Group, we plan to circulate the survey to staff from those organisations who have experience of DRM CB, either individuals working in the field or at Headquarters. We will test the survey on approximately 5 individuals during the pilot phase of the research and will then aim to send it on to approximately 100 individuals across the 4 organisations[33] by December 2014.

Online surveys are a very cost-effective way of collecting data quickly, but there is a risk of a low response rate which could potentially produce unrepresentative data. We will undertake a number of measures to mitigate against a low response rate, including sending the survey via an Advisory Group contact rather than 'cold-calling', sending a reminder email, and making the survey as short and concise as possible.

The information collected in the surveys will provide us with data which can be compiled into quantitative results and statistical analysis. The survey will be developed using Surveymonkey and will pose the following questions:

Table 6: Survey questions

No.	Question	Mode of answer
1	From your experience, what aspect of DRM tends to be the focus of capacity building interventions?	Click on one of the following: • Preparedness / relief • Prevention / mitigation • Recovery • Combination of the above
2	In the DRM CB interventions in which you have been involved over the last 5 years, which of the following activities have been the focus?	• Training and skills development (technical and managerial) • Information provision and education • Provision of new equipment / technology • Development of DRM legislation • Development of DRM policies, strategies and plans

[33] The AG contacts will be relied upon to provide contact details for staff working across a range of countries and projects in order for the data not to be skewed towards one particular type of intervention.

		• Creation of mechanisms for coordination • Organisational restructuring • Development of incentives for good performance and/or staff retention • Building political capital for DRR Others (please provide details):
3	Of the DRM CB interventions that you have been involved in over the last 5 years, please select which timeframe was most commonly used.	Click on one of the following: • Less than 12 months • 1-3 years • 3-5 years • Over 5 years
4	Of the DRM CB interventions that you have been involved in over the last 5 years, what geographical area were they focused on:	Please click as many of the following as are applicable: • Sub-Saharan Africa • Middle East and North Africa • Europe and Central Asia • South Asia • East Asia and the Pacific • Latin America and the Caribbean[34]
5	Of the DRM CB interventions that you have been involved in over the last 5 years, how important were the following factors in enabling effective CB? Please provide any additional comments.	Please rate the following in order of importance (1= vital for success, 2= strongly increases the chance of success, 3= contributes to success but not essential, 4= not important, x= don't know) • Flexibility / adaptability • Ownership / partnership • Comprehensive planning • Attention to functional capacity

[34] See World Bank categorisation of these regions at http://data.worldbank.org/about/country-classifications/country-and-lending-groups

		• Integration of actors / scales • Contribution to disaster resilience[35]
6	Of the DRM CB interventions that you have been involved in over the last 5 years, whose capacity was most commonly being targeted?	Please click on one of the following: • National government • Local government • Local communities • NGOs • Combination (please give details)

4.4.2 Collecting international data on cost of DRM CB

Comments from the Advisory Group demonstrate that there is considerable appetite across several donor agencies for collating data on global DRM CB spend. There have been some attempts to collect global data on DRM spend, although they do not currently provide financial data broken down to show spend on CB in particular[36].

We propose to collect some financial data in each of the case studies (see annex C for related Research Questions) but we will not be able to extrapolate out from this data to gain any overall sense of what is spent globally on DRM CB. For this reason we have developed the methodology below which will help to give an indication of the amounts spent on DRM CB, where funds are directed and for what kind of activities.

Tracking money spent on CB activities is a difficult process. CB is often a component of other programmes which makes it difficult to ascertain exact figures for what has been spent on CB activities. Similarly, activities and programmes are not always labelled CB within budgets. The task is further complicated because the same is also true of DRM – activities can be cross-sectoral and involving many different actors. For these reasons we are not expecting to pin point an exact amount of money spent on DRM CB globally – that would require a level of resources beyond the scope of this research project. Instead we propose to focus on the four main multi-lateral agencies working in the field of DRM: IFRC, UNISDR, UNDP and GFDRR. During the course of the research we will work with the members of the Advisory Group from each of those organisations to identify the appropriate contact point within each agency to gain budget information. We will work with that individual (or group if necessary) to gain information on the following questions:

- For each of the last 5 years, approximately how much has your organisation spent on capacity building for DRM?

[35] These are the 'principles' for DRM CB drawn from the literature review and included in our conceptual framework of change as key elements for effective CB. Short explanatory text will be provided for each one in the survey itself. Please see 3.4.1 for definitions.

[36] For example, Kellet, J. and Caravani, A., 2013, 'Financing Disaster Risk Reduction: A 20 Year Story of International Aid' http://www.odi.org.uk/publications/7452-climate-finance-disaster-risk-reduction. There is also the GFDRR Disaster Aid Tracking Initiative which is currently being developed with a beta version currently undergoing testing.

- Please provide data or estimates on the geographical focus of spending.
- Please provide data or estimates of which aspect of the DRM cycle has been prioritised.
- Please provide data or estimates of which types of CB activity have been prioritised.

Initial contact will be made via Skype or telephone. We have included a short trip to Geneva in the budget in order to meet with representatives from the four identified organisations in order to further discuss methods of collecting the data and implementing the survey.

4.5 Quantitative elements to the research

The Advisory Group have specifically requested the use of quantitative or semi quantitative research methods as part of the research. We maintain that qualitative methods are generally best suited to drawing out the detailed insights into effective CB process that are required of this project, especially given the focus on principles of approach and content of CB. However we also understand the potential value that quantified measures can bring when comparing a portfolio of CB programmes. We have therefore proposed the following elements to contribute to a mixed methods form of analysis:

Table 7: Quantitative / semi quantitative elements

Case study level	*Combined analysis (across cases)*	*International level*
Compilation of any relevant programme data e.g. expenditure, budget, staffing, target population	Comparative analysis of programme data using descriptive statistics	Compilation and comparative analysis of CB expenditure of 4 major multilateral DRM donors
Compilation of results of rating exercises (from interviews) and statistical analysis	Analysis of aggregated results of rating exercises	Compilation of results of rating exercises (from surveys) and statistical analysis
	Analysis of CB component scores across programmes* (aggregated and comparative e.g. by programme type)	

5 M&E draft framework

5.1 Setting the context for M&E

To develop a functional framework for M&E for capacity building for DRM, it is important to be clear about:

- Whether the framework is to be applicable to CB at different levels – community, organisational and/or institutional; local, district or national. Capacity building at organisational level could be for a government organisation, or for an NGO, or for a well-organised community.

- What the framework is to be used for –for improving management of the CB project, for internal lesson learning, for accountability to the funder, or to enable external lesson learning for a wider community outside of the immediate participants and beneficiaries of the project.

- Whether the emphasis should be on monitoring which is a regular administrative activity or on evaluation i.e. ensuring that systems are in place to enable robust evaluation at the end of the project.

When the wide potential scope of DRM is taken into account as well, this is quite a challenge for one framework to address. Some of the key practical challenges identified by the literature on M&E in the context of DRM and climate change adaptation are the following (Villanueva, 2010; Bours et al, 2013):

- The long-time frames that characterize climate change and DRM

- The measurement of non-events: for instance, how to look at risk reduction when a disaster happens vs when it does not?

- The lack of appropriate universal indicators: DRM and adaptation must be grounded in the context, scale, sector, and nature of the endeavour, all of which vary widely

- Contribution vs. attribution: DRM projects are by nature very complex and multi-sectoral. This poses a challenge to evaluating the impact of a particular project.

- Tracking of moving targets: DRM will take place simultaneously with evolving hazards (that may become more frequent, severe and unpredictable). From an M&E perspective, the baseline needs to take into account climate variability and hazards but these are continuously changing due to climate change.

Most M&E systems are built around the model of activity/input-output-outcome, reflecting an implicit intervention logic of the project. It would be expected that information on inputs and outputs would come from administrative data, and that the indicators chosen would be very project specific. These would ideally be used by the project to improve management, identify areas of poor performance and generally ensure that the project is being implemented as anticipated. This base-level monitoring is also necessary for accountability and would normally form the core of regular monitoring reports.

In the context of DRM (and more specifically of climate change adaptation) M&E tools have often followed the input – output – outcome model. In practice, different agencies have used different approaches when applying the model to evaluate their programmes. This difference in approaches may partially be explained by the challenges of not having one single definition of DRM or climate change adaptation as a process or as an outcome – leading to diverse interpretations and hence M&E approaches (Villanueva, 2011).

Monitoring outcomes is more challenging and will often require either specific surveys or linking outcomes to more aggregate indicators collected at district or national level. An example of the first could be a survey of confidence in the DRM structures, and of the second could be trends in estimates of damage caused by a particular type of disaster.

In order for an M&E system to be implemented and sustained, it has to have some value for the implementers. This may be as simple as being a requirement for reporting in order to receive funding, but the M&E system is more likely to be effective if it responds to the internal needs of the project and that means that an overall framework for M&E has to be sufficiently flexible to respond to different types of CB projects and initiatives but allow for project specificity. The framework developed below (**see section 5.2**) focuses on outputs and outcomes, but it would be expected that this would be supplemented at an individual project level by regular monitoring of activities.

Mid-term reviews and final evaluations can be built into a project as part of its overall M&E strategy. An evaluation gives the opportunity to step back from day-to-day management of a project and look at its effectiveness. It can give the opportunity to look in more depth at areas which cannot be easily measured through administrative data, such as organisational effectiveness, and sustainability of outputs. It is important to develop an evaluation strategy at the beginning of a project, since one of the main objectives of an evaluation is usually to assess change which has taken place in an organisation or institutional change which has taken place. In order to do this, appropriate indicators must be identified at the beginning of a project and a baseline developed.

5.1.1 Output and outcome indicators

Recent research on capacity building for disaster risk reduction[37] asked 35 international professionals involved in capacity development activities about various aspects of CB for DRR. When asked about monitoring and evaluation, many respondents found it difficult to give clear answers on how this was done. It seems that the most common indicator used is number of people trained. Yet as has been emphasized in this report, CB should not be just about technical capacity of individuals but also about functional capacity of organisations. As far as outcomes of CB for DRR, some respondents mentioned that it is difficult to measure if you do not have a disaster to measure it against. There are, however, short and medium term process indicators which can be used to measure achievement in risk reduction at different stages in the DRM cycle.

Output and outcome indicators can be divided into CB outputs[38] in the organisation that is the subject of the CB and DRM outcomes in the target population.

[37] M Hagelsteen and P. Becker, Challenging disparities in capacity development for disaster risk reduction, International Journal of Disaster Risk Reduction,3 (2013) 4-13.

[38] It could be argued that the output indicators identified are actually outcome indicators. However, as the framework presented is at quite a high level and encompasses both CB and DRR outputs and outcomes, and

Indicators of CB output measure the internal changes in the organisation. These are likely to cover a number of areas:

- Organisation management, e.g. has there been inclusions of incentive mechanisms for good performance
- Human resources, e.g. in the area of DRM, have there been incentive mechanisms for good performance and staff retention?
- Programme management, e.g. number of stakeholders involved in the design process
- Financial management e.g. the percentage of budget focused on training of individuals as opposed to developing organisational capacity

Indicators of DRM outcome measure the change in programmes with the target population.

The Hyogo Framework for Action (2005) identifies five main areas where gaps have been identified in action for disaster reduction[39]. These are:

- Ensuring that DRR is a national and local priority with a strong institutional basis for implementation
- Identifying, assessing and monitoring disaster risks and enhancing early warning
- Using knowledge, innovation and education to build a culture of safety and resilience at all levels
- Reducing the underlying risk factors
- Strengthening disaster preparedness for effective response at all levels.

Capacity building and technology transfer is identified as a cross cutting issue.

Although the Hyogo framework is due to be revisited in 2015, it would be reasonable to take the capacity to respond to these five areas as the ultimate objective of CB for DRM and to link measurement of impact in some way to these objectives. The projects examined under this research project will have been developed during the period of the framework so could be expected to respond to the HFA. Also, although revisions to the HFA are expected, the current areas of concern are likely to remain[40].

5.2 The draft M&E framework

A framework has been developed based on the **conceptual framework of change** presented earlier **(see Section 3**). This is set out in **Table 8** below. It is a draft framework

because the CB outputs/ outcomes logically precede the DRR outcomes, the CB indicators are identified as outputs.

[39] Some aspects of the HFA may be amended via the ongoing development of the post-2015 framework. If this is the case, these five areas should be revised.

[40] UNISDR (2013), Towards the Post-2015 Framework for Disaster Risk Reduction Indicators of success: a new system of indicators to measure progress in disaster risk management**.**

which will be discussed with stakeholders during the research and revised as necessary to improve feasibility, practicality and functionality.

In addition to the HFA indicators developed to measure progress in DRM and the implementation of the Hyogo Framework for Action [41], our M&E framework draws on indicators from the Capacity Assessment methodology for DRM developed by the Capacity for Disaster Reduction Initiative – CADRI. We have also taken into account the challenges that are particular to M&E for DRM listed in section 6.1 of the literature review. We considered the work by Cardona (2008)[42], but decided not to include its proposed indicators (at least at this stage) as they are highly technical and difficult to apply at the institutional level, particularly within the timeframe allocated to implementing the research in each of the case study countries.

There are two elements to the M&E Framework. The first covers M&E of the CB process i.e. it aims to assess the effectiveness of the process of attempting to build capacity. This is linked closely to our conceptual framework of change, particularly the **principles** of effective capacity building and the programme **outputs**. The second element of the M&E framework looks specifically at whether DRM has been built over a period of time, and links closely with the **outcomes** in the conceptual framework.

Potential data sources have been identified. Some of these are process indicators which indicate if an output has been achieved or not, others are more qualitative about the way in which that output has been achieved.

The frequency with which measurements and surveys should be taken will vary according to the indicator but most indicators should be measured at least once every 2-3 years, possibly in the context of a mid-term review.

5.3 Towards Implementing the M&E Framework

A reporting schedule should be set up, depending on the frequency of data collection, the management structures within the organisation and the donor reporting schedules. As mentioned above, if it is decided that the project should be evaluated at its end (as opposed to simply preparing a project completion report) then this decision should be made at the beginning of the project to enable establishment of a baseline. The decision to evaluate should be based on the size of the project, its inherent risk and the potential for learning transferable lessons, for example if the project is innovative. Otherwise the project should establish a robust monitoring system which can inform a final project report.

Where there is the possibility of significant lesson-learning through evaluation, then the possibility of evaluating a few years after the project has been completed should be considered. This would give a better indication of sustainability and also whether the policies or structures set up directly or indirectly as a result of the project are fit for purpose. Some respondents in the survey by Hagelsteen and Becker (2013) indicated that focus tends to be on project delivery rather than evaluating lasting results.

[41] UNISDR, (2008), Indicators of Progress: Guidance on Measuring the Reduction of Disaster Risks and the Implementation of the Hyogo Framework for Action. United Nations secretariat of the International Strategy for Disaster Reduction (UN/ISDR), Geneva, Switzerland. Available from http://www.unisdr.org/we/inform/publications/2259

[42] Cardona, O.D. (2008), Updating the Indicators of Disaster Risk and Risk Management for the Americas, Inter-America Development Bank.

Table 8: Draft M&E Framework for DRM CB

First element: M&E of the CB process				
Principle from Conceptual Framework of Change	Linked conceptual Framework of Change Output	Suggested Output for logframe?	Indicative / Generic Output Indicators	Potential Data sources
Flexibility / Adaptability	CB programme is appropriate to needs and covers gaps in capacities	The CB intervention has been designed to fit the local context and builds on existing skills, strategies, systems and capacities.	• A capacity needs assessment has been conducted to feed into the design stage. • A participatory stakeholder mapping exercise has been conducted. • Political economy analysis has been commissioned to analyse political and power dimensions that can undermine CB. • Percentage of staff reporting a close alignment between the CB intervention and national DRM strategies and policies. • Percentage of staff reporting that the CB intervention is appropriately targeted to the needs required to carry out daily tasks essential for the effective functioning of the organisation in relation to DRM	• Capacity Needs Assessment. • Stakeholder mapping / internal reports / workshop minutes • PEA report, ToRs for PEA study. • Staff survey
Comprehensive Planning	CB programme is appropriate to needs and	The CB intervention is carefully designed to sustainably address	• Design is based on the capacity needs assessment and political	• Capacity needs assessment

	covers gaps in capacities CB gains are designed to be sustainable	existing capacity gaps, with a realistic timescale of activities and expected results.	economy analysis. • Design includes an explicit theory of change • A functioning M&E system has been developed with indicators that link to outputs and capacity needs and regular data is being collected. • The intervention has a clearly documented exit strategy. • Mechanisms are in place to ensure continuity of capacity gains • Percentage of planned activities completed or underway in a specified time period. • Percentage of staff reporting that the intervention timescales are realistic and activities are appropriately scheduled.	• M&E reports • Internal reports
Ownership / Partnership	CB programme is appropriate to need CB gains are designed to be sustainable	Those targeted for the CB intervention have a clear stake in its design and implementation and participatory approaches are integrated into the design as much as possible.	• Percentage of stakeholders who report involvement in the design of the intervention and a sense of ownership over the capacity building process. • Number of partnerships with other organisations and evidence of their ongoing involvement (e.g. no. of meetings, workshops etc). • Percentage of planned activities completed or underway in a given time period that relate to increasing	• Stakeholder survey • Internal documents, reports, minutes of meetings, workshop attendance records

			participation in the CB intervention. • Number of stakeholders involved in the design process e.g. workshops, meetings etc • Evidence of engagement of local leadership	
Attention to functional capacity	CB strengthens both functional and technical capacities	The CB intervention goes beyond the provision of resources and training to incorporate elements that build capacity at a strategic and organisational level.	• Percentage of budget focused on the provision of resources and training as opposed to CB at the organisational / institutional level. • Percentage of activities completed or underway that focus on elements of CB that are broader than training and providing resources, for example, improving coordination, decision-making processes and fostering an enabling environment. • Inclusion of incentive mechanisms for good performance and staff retention • Inclusion of advocacy to strengthen political prioritization of DRR	• Budget • CB plans, internal reports
Integration of Actors / Scales	CB develops capacity across scales and actors	The CB intervention is deliberately designed and implemented to bring together multiple stakeholders with good coordination across and communication between scales and	• Number of different partners / organisations involved in the activities in a given time period and evidence of their ongoing involvement (e.g. no. of meetings, workshops etc). • Percentage of planned activities completed or underway in a given time period that deliberately focus on bringing together and informing a	• Internal reports, data from activities e.g. training records • Internal reports, interviews with staff • Stakeholder survey

		actors.	range of stakeholders e.g. workshops, email updates, presentations, dissemination activities etc. • Percentage of stakeholders reporting that they feel well-informed about the CB intervention. • Inclusion of mechanisms to strengthen coordination and capacity across scales	
Contribution to Disaster Resilience	CB is holistic and forward-looking in relation to DRR CB programme meets its objectives	The CB intervention addresses all aspects of the DRM cycle beyond just emergency management (including facilitating long-term reduction in risk and vulnerability, prevention and mitigation) and is targeted towards vulnerable groups. The intervention is gender-sensitive.	• Percentage of women benefitting from the CB intervention (if focused on the individual level). • Percentage of CB activities targeted at vulnerable groups, including young people and the elderly • Percentage of budget spent on activities related to emergency management versus other aspects of the DRM cycle. • Percentage of budget targeted to managing the reduction of underlying vulnerability • Inclusion of capacity strengthening to assess and plan for long-term changes in risk • Development of a national gender sensitive DRR policy.	• Activity data e.g. lists of training attendees • Capacity building planning documents, data on vulnerability. • Planning documents, budget.

I

Second element: Has DRM capacity been built?			
Outcome from conceptual framework of change	Suggested Outcome for Logframe	Indicative / Generic Outcome Indicators	Potential Data Sources
Institutional basis for implementation has been strengthened	The CB intervention contributes to the improvement of DRR policies, strategies and procedures.	• Number (and quality/topic) of reform strategies developed • Number of CB trained staff who have contributed to these • Number of policy dialogues forums that have taken place • Number of CB trained staff who have participated in these • An office, strategy and/or National Platform for DRR has been created • DRR legislation is developed or revised • There is support for decentralization initiatives • A capacity development strategy for DRR is formulated/updated • Number of arrangements between Southern or Northern and Southern institutions to support institutional and organizational development are established • DRR integrated into organisational processes, directly or indirectly as a result of CB interventions	• Key informant interviews • Secondary data collection

	The CB intervention is designed to include a wide range of stakeholders and to involve them in changes and development of new planning processes.	• A participatory stakeholder mapping and analysis has been developed/ updated as a result of the CB intervention • Multi-stakeholder fora have taken place to discuss and agree on new and updated planning processes • Policy, strategy, procedures and other planning processes reforms have been participatory • The National Platform for DRR (or equivalent) works on the improvement of capacities and coordination in the DRM system across scales	• Key informant interview • Staff survey • Internal documents, reports, minutes of meetings, workshop attendance records
	The CB intervention contributes to the integration of different stages of the DRM cycle.	• Policy, strategy and procedures reforms have improved the integration across different stages of the DRM cycle • The National Platform for DRR (or equivalent) leads and supports the improvement of the integration across stages of the DRM cycle	• Key informant interviews • Revision of secondary information (new planning tools)
	The CB intervention takes into account the challenges posed by long-term changes in risk (including the potential impacts of climate change).	• Risk assessments integrate long-term challenges in risk as a result of CB intervention • New planning processes take into account long-term changes in risk	• Key informant interviews • Revision of secondary information (new planning tools)
Enhancement of capacity to use knowledge, innovation, education, communication and technology	The CB intervention is designed to improve the skills and awareness of stakeholders.	• Trainings, courses and education programmes are successful in improving the DRR skills • Trainings, courses, education programmes and awareness campaigns improve awareness to DRR • School curricula integrate DRR as a direct or indirect result of CB intervention	• Key informant interviews • Staff survey • Activity data e.g. lists of training attendees

for DRR[43]			
	The CB intervention leads to the improvement in access to DRR equipment and technology.	• Number of 'equipment/technology' (for example, early warning systems) available • percentage of staff or community activists with access to and/or ability to understand DRR-related equipment and technology	• Key informant interviews • Staff and community surveys
Underlying risk factors have been reduced	The CB intervention contributes to an increased attention to vulnerability reduction activities.	• DRR is mainstreamed to national/local planning and development documents • Percentage of budget targeted to vulnerability reduction activities	• Planning documents, budget.
	The CB intervention promotes the attention to most vulnerable groups.	• Percentage of women / children / elderly / ill benefitting from the CB intervention (if focused on the individual level). • Percentage of CB activities targeted at vulnerable groups • Development of a national gender sensitive DRR policy. • Policy and guidance documents reflect a greater understanding of differentiated risk faced by vulnerable groups as a result of CB intervention	• Capacity building planning documents • Secondary data on vulnerability and planning • Key informant interviews

[43] NB This combines two aspects from the CADRI/HFA approach

6 Implementing the Research

This section provides information on the proposed case study countries, along with a detailed workplan and budget for the Implementation Phase and an overview of our approach to security.

6.1 Case study selection

The ToRs for the research specified that there should be six case studies across three types of context:

1. Fragile and conflict affected states where national infrastructure and governance is weak, yet the bulk of humanitarian spending takes place;

2. Low income countries with repeated and regular natural disaster, but little national response infrastructure;

3. States with established NDMAs and at least nascent formal infrastructure.

In our tender, OPM suggested offering a pilot phase in addition to the six case studies stipulated in the ToRs. We intend to conduct a pilot case study which will be followed by revision of tools and research design as necessary. The pilot will be similar in scope and design to the later case studies, but it will involve more members of the core Research Team than will be the case in the later case studies.

Given that we would like to conduct research in seven countries, this report provides a short-list of ten recommended locations to allow for some flexibility as the research progresses and in case of changes in security in any given country. This shortlist should be seen as indicative only – we may need to change the countries as the research unfolds. In particular we need to ensure that we adequately cover the range of types of CB intervention that have been identified in our typology. Considerable research is required to identify what kinds of intervention have taken place in each country, and it may be that once this work has been done we will need to re-vist the shortlist.

In drawing up the shortlist we used a range of criteria. Firstly, countries should have a **high disaster risk,** preferably being **GFDRR priority** countries. The overall final selection of case studies needs to be a **spread across the three types of environment** identified in the ToRs and should include a **range of types of disaster**. Initially we focused on ensuring **geographical spread** across regions (including South America, the Middle East and Central Asia) but in discussion with members of the Advisory Group[44] it was decided that the research should be primarily focused on Africa and Asia as most DRM and humanitarian funds are spent in those locations. It was also emphasised that we should prioritise **low income countries** over middle income countries where possible, to reflect DFID's priority countries. Other considerations were finding locations where we knew of **large CB for DRM interventions**, where we were confident that we could source a team of **national researchers** of sufficient calibre, and where backup **logistical support** could be provided if necessary by Red Cross National Societies or OPM offices. We deliberately did not limit ourselves to locations where Red Cross Societies had CB for DRM interventions as the research is not aiming to evaluate the activities of a particular organisation.

Please see the table below for the shortlist of case study countries:

[4444] A conference call was held between Peter Walker, Joanna Macrae, Josephine Shieldscrass, Roger Few and Zoë Scott on Wednesday 27th November 2013.

Table 9: Shortlist of Country Case Studies

Country	Region	Category	Volcano	Earthquake	Storm	Flood	Drought	CB for DRM	GFDRR priority	Income
Pakistan	South Asia							IFRC	Y	Lower middle
Bangladesh	South Asia							BRC, CRC,SRC, IFRC	Y	Low
Myanmar	South (East) Asia							CRC, IFRC		Low
Philippines	South East Asia							IFRC, CRC, UN	Y	Lower middle
Haiti	Caribbean							CRC	Y	Low
Liberia	West Africa							SRC	N	Low
Uganda	East Africa							BRC SRC	N	Low
Ethiopia	East Africa							CRC, UNDP	Y	Low
Malawi	Southern Africa							WB, IFRC	Y	Low
Mozambique[45]	Southern Africa								Y	Low

Fragile and conflict affected state with weak DRM / gov infrastructure[46]

Established NDMA and strong formal infrastructure

Regular disasters, little formal infrastructure

In reality, it is difficult to distinguish absolutely between the categories outlined in the ToR. For example, states move up and down scales of fragility and conflict and it is difficult to distinguish between 'little national response infrastructure' and 'at least nascent formal infrastructure'. However, we believe that the selection of countries above will give us a very broad range of country environments to research.

From the list, we propose Ethiopia as the pilot country. Ethiopia has been selected because, although it has been marked as a fragile state in the table above, it also has some characteristics of both weak performance and good performance. The research team also has experience of working in Ethiopia and reliable contacts with DRM organisations and local consultants and so we are confident that we will be able to mobilise quickly.

[45] We intend to either select Mozambique or Malawi, not both, given their geographical proximity.
[46] We have determined whether a country falls into this category by studying publicly available rankings of fragility, for example the Failed States Index 2013, and triangulating this with real-time information provided to OPM on an on-going basis by our security contractors Spearfish.

6.2 Security

OPM has a duty of care to ensure the safety of our consultants. Given that this project requires fieldwork to be carried out in a number of fragile and conflict affected states we have initiated discussion with Spearfish (OPM's security contractor) to provide advice and guidance on:

- Country case study selection
- Timing of case study visits to FCAS
- In-country security precautions
- Budgetary implications
- Potential training

Spearfish provide OPM with real-time advice on travel to countries with countries split between categories of extreme risk, high risk and normal risk. It is OPM's policy that travel to extreme risk countries (or more usually, regions within countries) is generally not permitted. We will therefore select country case studies from the high and normal risk lists. If a particular region of a country is on the extreme risk list we will still visit this country, but will not conduct fieldwork in the area of concern.

Spearfish will provide security risk assessments prior to travel and any travel to high risk countries will follow OPM's full security procedure. We have deliberately included a shortlist of 10 countries for the cases studies so that we have flexibility if the security situation worsens unexpectedly in a given country. Local consultants may also be able to provide us with real time information on the situation on the ground. The Fieldwork Lead is experienced in working in fragile contexts such as rural Pakistan and other OPM staff in the team are trained in security measures and hostile environments. In our tender we proposed selecting two FCAS as case studies, however, it looks likely that we will visit more. For this reason we have increased the budget for security advice and precautionary measures for the Implementation Phase (labelled 'security contingency' in the budget). We have allocated 5 days for a Security Adviser during the life of the project. This will cover pre-travel risk assessments and allow access to advice should the situation change on the ground whilst fieldwork is in progress. We have also given an overall unit cost for security per fragile or conflict affected case study which will cover additional security measures e.g. provision of satellite phones, armoured vehicles, specially trained drivers etc. As reimburseables are paid on an actuals basis IFRC will be able to see exactly how this money is spent as all receipts will be provided.

6.3 Revised implementation budget

During the Inception Phase we have been able to reduce the project expenses significantly in the following ways:

- A kick-off meeting was held in London rather than Geneva
- We hosted a webinar rather than an international workshop

Overall we have an underspend on project expenses for the Inception Phase of approximately CHF 21,168.

During the planning of the Implementation Phase a number of ideas have been developed by the research team which we feel would be very beneficial to the research. We intend to make the following changes to the research which all have budgetary implications:

1. Rather than holding 2 international workshops during the course of the research we would like to instead hold one international workshop and 7 national workshops in the countries that will be used as case studies. We believe that they will give us an opportunity to collate feedback on the research findings in country as well as present emerging cross-country findings to national audiences. This will be more beneficial than holding a mid-term international workshop. We propose to then hold one final international workshop at the end of the research period (around September 2015) which will be a major opportunity for dissemination. The importance of research uptake has become very clear during the Inception Phase and so we would like to also propose that the Research Team presents emerging findings at a careful selection of conferences throughout the research period. We believe that this will allow us to present the research to 'ready-made audiences', reaching a wider group of individuals and organisations than would be possible by running our own one-off workshop.

2. We would like the Senior Research Team (Roger Few, Marcela Tarazona and Zoë Scott) to have greater input to the fieldwork to facilitate the cross-country analysis. We had originally envisioned this as being desk based time, but after consideration we feel that additional time in country would be beneficial. It also means that a member of the Senior Research Team will be able to be present for each of the national workshops. We have reduced the number of pilots from two to one, but have increased the amount of in-country time during the pilot for the Senior Research Team members.

3. At the request of the Advisory Group we have added a 'global study' to complement the case study approach, which will involve surveying DRM practitioners at a global level and collecting financial data on DRM CB spend across several multilateral agencies. This has increased personnel inputs by 52 days (35 of which are a Research Assistant) and requires an initial visit to Geneva.

4. As we are a team working across split sites (Oxford, Norwich and Stirling in Scotland) we have added two face-to-face team meetings during the course of the research at critical points (post pilots and post case studies) where we feel that being able to discuss the research together over an extended period of time will be very beneficial.

The above changes have resulted overall in a slight increase in the required budget. The previous budget plus the underspend from the Inception period allows a total of CHF 952,325 for implementation. Our revised budget now totals CHF 954,151 meaning that an increase of CHF 1,826 is required. A full budget breakdown is included in **Annex G** which also details reasons for any variances for each line of the project expenses budget.

6.4 Workplan

Below is a Gantt chart for the Implementation Phase. It lists the activities to be conducted and the month in which these activities will take place.

Table 10: Workplan

Month #		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Activity	**Output**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**
Implementation planning																					
Pilot case study	Report																				
Revision of tools / methodology	Report																				
Case study 2	Report																				
Case study 3	Report																				
Initiate collection of global spend data																					
Case study 4																					
Global survey																					
Case study 5	Report																				
Case study 6	Report																				
Case study 7	Report																				
Analysis																					
Drafting synthesis report	Draft report																				
Developing journal articles	3 Journal articles																				
Participation in workshop	Workshop																				
Dissemination activities																					

Developing policy briefs	3 Policy briefs																			
Revisions to final report	Final report																			

6.5 Activity budget

The chart below is the activity budget which links the activities from the workplan with specific person days and therefore costs. The full costed budget for fees and reimburseables is included in Annex G.

Table 11: Activity budget

Task	Related Output	Roger Few	Zoe Scott	Marcela Tarazona	Anne Thomson	RA	Kelly Wooster	Local Consultants	Admin	QA Panel	Total days
Pilot case study	Case study report	20	10	19	2	20	2	29			102
Implementing the survey	Case study report	1	5			15					21
Collecting global spend data		1	10			20					
Revision of tools / methodology	Revised tools	5	5	5	5		3				23
Case study 3	Case study report	10	1	1	1	25	27	36			101
Case study 4	Case study report	2	9	1	1	25	27	36			101
Case study 5	Case study report	2	1	9	1	25	27	36			101
Case study 6	Case study report	10	1	1	1	25	27	36			101
Case study 7	Case study report	2	9	1	1	25	27	36			101
Case study 8	Case study report	2	1	9	1	25	27	36			101

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Drafting synthesis report	Draft report	15	15	15	5		10				60
Developing policy briefs	3 Policy briefs	5	5	5							15
Developing journal articles	3 Journal articles	10	10	10	3						33
Participation in workshop	Workshop	2	2	2	2		2				10
Dissemination activities		10	10	10							30
Revisions to final report	Final report	5	3	3	3						14
Security advice										5	5
Quality assurance										4	4
Project Management			40								40
Administration									60		60
Total days		**102**	**137**	**91**	**26**	**205**	**179**	**245**	**60**	**9**	**1,054**

7 Research Uptake Strategy

This section presents our research uptake strategy which has been developed from the communications strategy presented in our proposal, in accordance with best practice. The Research Uptake Strategy links with both our Logframe and Theory of Change and is therefore an integral, core part of the research.

We have developed our Research Uptake plan following the recommendations in the 'Guide for DFID-funded research programmes' (2013) and as a follow up to what was suggested in our technical proposal. As stated in DFID's guide, the main goal of the research uptake activities is to:

- *Support the supply of research by ensuring research questions are relevant through engagement with potential users; communicating research effectively; and synthesising and repackaging research for different audiences.*
- *Support the usage of research by building capacity and commitment of research users to access, evaluate, synthesise and use research evidence.*

As recommended by DFID, our research uptake plan covers four main strands of work that will be explained below:

- Stakeholder engagement
- Capacity building
- Communicating
- Monitoring and evaluating

7.1 Engaging stakeholders

There is a wide range of stakeholders who will be affected by and involved in the research itself, and who stand to benefit from the research findings. Our approach is to develop a process for mapping the relevant stakeholders that starts from very early stages in the project. The fact that this process should start soon responds to two main reasons: (i) we are conscious that the quality of the research will suffer if relevant stakeholders are not adequately involved in the different phases of the research, and (ii) the impact of the research will be lower if findings are not adequately disseminated. Our approach involves the identification of stakeholders both at the international and at the country level, who will be consulted at different stages and for diverse reasons as explained below.

7.1.1 Identifying key stakeholders

- *International stakeholders:* During the inception phase, we started the exercise of identifying the groups that should be involved in our research project. This list included:
    - Donor agencies
    - NGOs
    - Private sector
    - Research institutions, mainly at the international level.

An excel file with a preliminary list of institutions and representatives of each of the groups was sent to IFRC, who will continue to populate this list with their contacts. The file will then be circulated to other members of the Advisory Group to request their inputs. People in this list will be informed of the research programme and will be invited to support the dissemination of our findings as is explained below in section 7.3.

- *Country-level stakeholders:* During the implementation phase, we will conduct country-level stakeholder mapping once the case study countries are confirmed to ensure full coverage. We will, in particular, use this process to guard against research bias either through the over-representation of a particular perspective, or the exclusion of certain groups. We will consider gender and ethnicity in this process. The process to identify stakeholders will start with the National Red Cross Society and DFID office in each country. We will request from these organisations a list of relevant stakeholders (including country government officials at national, regional and local levels and different levels of seniority; civil society groups; private sector; donor agencies; NGOs and DRM organizations; and academia, research institutions and think thanks) who will be invited to actively participate in our research. We are aware that identifying and getting the interest of some stakeholders, for instance of policy-makers, may be challenging and we will closely work with the Red Cross National Society and DFID staff in order to understand the policy context of the country to try to win their interest. For these reasons, we will need the close support of IFRC, relevant National Red Cross Societies and DFID at the country level.

7.1.2 Understanding stakeholders' needs

During the implementation phase, we will consult with a representative cross-section of stakeholders to understand the type of research required and the most effective way to structure and 'package' the findings:

- In terms of the type of research required, we will place particular emphasis on understanding the practical challenges that stakeholders face and for which they require practical insights that can be translated into action, probably on a step-by-step basis so that stakeholders have a feasible 'roadmap' for moving forward. Recognising that different stakeholders have different levels of need, often depending on their seniority, we will probe both the high-level strategic issues that concern them, as well as the practical 'how to' aspects.

- To gauge the most effective way to structure and package the research, we will present our representative group of stakeholders with mocked-up templates of research findings to see which is the most appealing in terms of structure and approach, and to get their feedback on how to fine-tune their preferred options.

7.1.3 Focusing on practical roadmaps and toolkits

Stakeholders tend to engage in research and ideas when they can see its practical value ("what's in it for me?"). As mentioned above, we will place a strong emphasis on practical insights. Specifically, we will bring together the research in a way that shows how stakeholders can practically progress from challenges to realised ambitions in pragmatic, coherent steps. In effect a roadmap or 'toolkit'. This will include both the high-level research findings for each stage and examples of best practice for turning the ideas into reality, supported real-life examples of how different institutions and people have addressed the issue. As discussed below, this will be done through a combination of face-to-face, audiovisual and printed (and digital) communication channels.

7.1.4 Establishing the most appropriate two-way communication channels

Once the mapping of the most relevant stakeholders is completed, it is essential to make sure that we establish ways of communicating in both directions (i.e. from our side communicating progress and findings and requesting timely and adequate feedback from stakeholders as needed). This will allow us as a research team to align the research design to the needs of the stakeholders. Our proposal includes the following points to implement this:

- *Inception phase:* During the inception phase of the project, OPM closely worked with the donors and parties directly involved in the design of the project (IFRC, DFID, World Bank/GFDRR, Canadian Red Cross, Swedish Red Cross and Tufts University). The main goal of this phase was to consult with relevant stakeholders in order to better understand their needs. We found several opportunities in which both parties (the research team and the donors and parties involved in the design of the project) had the chance to present their own ideas and provide feedback to the research team. This was first done during the kick-off meeting, after which we held several follow up calls and meetings with particular members of the team and a webinar where our research team presented the initial findings in order to get feedback from all parties involved. In addition, our findings (and research tools) will be piloted in two countries, which will allow us to also get feedback from the decision makers in country.

- *On-going engagement:* During the implementation phase we will continue to work in close coordination with IFRC and members of the Advisory Board, especially to identify the most appropriate communication channels and formats for them. For example, is email or a website portal the best 'virtual' channel, or even Skype conference-call updates? Or what is the most productive, interactive way to use a workshop, supported by other communication tools such as audivisual aids, Q&As and other devices?

  In addition, we will incorporate feedback mechanisms in our communication tools, including email addresses and, where appropriate, phone numbers, for target audiences to ask for further information or make suggestions for improvements.

7.2 Capacity Building

According to DFID's guide recommendations, *'most research programmes find that they need to support and build capacity in order to implement their research uptake strategy'.*

We will build our team's ability to communicate research findings in an engaging way by developing basic do's and don'ts for packaging findings, supported by examples, as well as online Skype discussions and presentations with OPM's communication specialists. We will place a particularly strong focus on providing at-a-glance summaries and hierarchies of information so that different audiences can skim and dip deeper into research materials, as their needs dictate.

We also intend to work with local partners in each country and part of our work (which is reflected in the logframe) will be building the capacity of Southern organisations in relation to research uptake and will also benefit from the learnings that our team will have from their experience and knowledge. Please see the section below on communicating for more details.

In addition, we have complemented our core team with the support of a communications expert and OPM's in-house communications team who will provide advice and peer reviewing in assessing the best ways to communicate our research to beneficiaries.

7.3 Communicating

As stated in the introduction, the aim of the findings of our research is to investigate the characteristics, effectiveness and relative importance of a range of CB interventions across a variety of country contexts. In order to support the achievement of this goal, we will ensure that appropriate outputs are produced and disseminated as widely and effectively as possible. To attain this aim, our research uptake approach will be underpinned by the following:

- First and foremost, the research findings will need to be 'translated' for various audiences, for example high-level recommendations for use by policy-makers, robust evidence for academic audiences and practically actionable steps for in-country practitioners.

- Second, the information must reach the people who will use it in their work, based on their preferred communication channels.

- Finally, there has to be true, two-way communication throughout the research, with the opportunity for target audiences to engage, question and develop solutions.

Our strategy includes the dissemination of our findings in several ways: we will produce a range of written material that will target different audiences and will inform about the various aspects of the research programme occurring at diverse stages. When possible, these materials will be available on key open access websites (in principle, we expect materials to be available on the IFRC, DFID and OPM websites. We will also discuss the possibility of uploading them on websites such as GFDRR and PreventionWeb. The dissemination of written material will be complemented by the participation in events such as workshops and conferences where dissemination will also take place. More detailed materials and activities are listed below:

- **Literature review**: during the inception phase our team conducted a thorough literature review that allowed us to understand the existing body of evidence in the topic of capacity building for DRM (see more details about the methodology in section 3.1).

- **Case studies**: after each country visit we will produce a written report summarizing our main findings, including bullet-pointed, at-a-glance key points.

- **Audio-visual toolkits**: we will create an audiovisual summary of the practical lessons and roadmaps for different issues identified as priorities or major challenges by stakeholders. Each of these audiovisual toolkits will take listeners and/or viewers through the main steps, drawing in vox-pop interviews with people who have applied particular practices, research findings and other information. The aim will be to bring to life the research findings and their practical value and application, either via a short 10-minute video or a 10-minute PowerPoint with a podcast voice-over. This communication tool will be used at the start of the later workshops, as a scene-setter.

- **Peer-reviewed papers**: we will submit at least three journal articles for publication to quality peer-reviewed journals with high impact factors. We will also investigate using our strong links with a number of journal editors to publish the series of case studies as a special edition. Possible journals include Global Environmental Change, Environmental Hazards, Journal of Risk Research, and Disasters.

- **Policy briefs**: OPM publishes a line of policy briefs on a quarterly cycle, following a four page format targeted specifically at policy makers. The research team will work with OPM's in-house communications team to produce policy briefs from the research. These briefs will contain different perspectives and quotes from stakeholders, not only to bring the issue to life but, critically, to encourage these stakeholders to circulate the information more widely, for example on their own websites – people who are quoted tend to promote information in which they are quoted (viral marketing).

- **Email network**: The stakeholder mapping and the first workshops will give us an initial grouping to develop into an email network in order to ensure momentum and engagement throughout the life of the research programme. The list will be sent regular updates and will have access to approved outputs. We will add to the email list as case studies are carried out and using contacts from conferences and other networking.

- **Dissemination via existing DRM related networks**: We will also investigate using other established networks for disseminating our findings. Examples would be the CDKN website and related Community of Practice on subnational governance and climate resilience, also La Red, Tyndall Centre, UNISDR networks and PreventionWeb.

- **DRM world conferences**: we have approached the organizers of DRM leading conferences and we are currently discussing the possibility of presenting our findings there. Choices that are being discussed include the Global Platform for Disaster Risk Reduction of UNISDR and the Understanding Risk Conference of GFDRR.

- **Workshops and webinars**: we propose to host one international workshop at the end of the research programme and seven in-country workshops. This is a slight variation to what was initially proposed in the ToRs (three IFRC hosted workshops). We believe our proposal will increase the number of people that will be able to attend and will also foster the opportunity to share our findings and to get feedback from Southern audiences.

- **Involving southern organizations:** we find it particularly important to maximise the participation of southern audiences and organisations during the development of the research programme. In addition to hosting country workshops we will closely work with three southern organizations in the dissemination of our findings. This could be research institutions, think tanks or national/local NGOs. We will request their participation in some of the country workshops when possible and the use of their networks to gain access to audiences in a broader context. Using OPM's and UEA's networks, we are currently exploring the organizations with which we would partner for this goal, and we expect them to be organizations that have regional experience and coverage working in the area of DRR and DRM.

7.4 Monitoring and evaluating research uptake

We propose to include the outputs of the research uptake strategy as output indicators of our research logframe (see Annex B). This will allow our team to monitor and evaluate progress from the early stages of the programme and throughout its implementation. These indicators include:

- Number of primary research papers (including literature review) available on key open access websites

- Number of externally peer reviewed publications including journal articles

- Number of policy briefs produced

- Number of individuals attending / organisations represented at the final workshop

- Number of conference presentations / panels made by research team members

8 Project Management and Governance

OPM as the lead institution for the contract is responsible to IFRC for the smooth implementation of the research. The IFRC administers the research grant and reports to its back donors on progress. This section of the report details the governance and reporting structures for the research, outlines our approach to ethics review, updates on some team changes during Inception and provides as revised Risk Matrix for the Implementation Phase.

8.1 The Advisory Group

An Advisory Group has been established to provide oversight to the research. The following individuals form the group.

- Chair: Peter Walker , Tufts University
- Katarina Kotoglou, SIDA
- Hong-won Yu, CIDA
- Joanna Macrae, DFID
- Daniel Kull, World Bank
- Jo Sheurer, UNDP – New York
- Dorkas Kapembe-Haiduwa, Namibia Red Cross
- Ateeb Siddiqui, Pakistan Red Crescent

8.2 Reporting

The OPM team is very willing to comply with IFRC reporting requirements. OPM will provide IFRC with quarterly reports providing information on the Research Team's progress and the spend against budget. The first of these reports has been prepared to coincide with this Inception Report and has been provided separately to IFRC. Subsequent reports are due on the following dates:

- April 1st 2014 (this will only cover a 2 month period)
- July 1st 2014
- October 1st 2014
- January 1st 2015
- April 1st 2015
- July 1st 2015
- October 1st 2015

The Quarterly Reports will follow the structure of DFID's Humanitarian Innovation and Evidence Programme: Quarterly Project Performance Reporting Template.

During the Inception Period fortnightly update calls have been conducted between Zoë Scott as OPM Project Manager and Josephine Shieldsrecass as IFRC Contact Person. These calls have been invaluable in ensuring both parties are kept updated and that the research progresses in accordance with the client's requirements. Whilst we do not envisage the same frequency of contact will be required during the Implementation Phase, we expect the good working relationships and open channels of communication to continue.

We anticipate that an annual review will be required in October 2014 but await further details as to what will be required for this.

8.3 Ethics

Oxford Policy Management regularly carries out research studies in various parts of the world that involve the collection of primary data from human subjects. As a values-driven organization OPM is always respectful of the rights of the participants of its research projects and we have a policy to ensure complete adherence to research ethics.

In 2013 the Management Team of OPM approved the establishment of an independent Ethical Review Committee (ERC) within OPM. The overall aim of the committee is to ensure that all OPM research activities are carried out to the highest ethical standard.

The ERC has a Chair, a Co-Chair, a Coordinator, an External Member from the Ethox Centre of the University of Oxford, three Members and a Secretary. A multidisciplinary team including a medical demographer, a clinician, a public health specialist, a sociologist, economists and an HR practitioner are part of the committee.

The studies/ surveys that are funded and involve primary data collection from human participants go through the ERC approval process. The study protocols can go through a full-board review, an expedited review or an exemption depending upon their level of risks to human subjects. After review the committee may agree on one of the four outcomes: accepted, resubmit with minor modifications, resubmit with major modifications or declined.

There are two forms of ERC meetings: quarterly and monthly or ad-hoc meetings. In the quarterly meetings the ERC members meet in person and discuss the ERC and the application processes. They also review applications if there are applications at the time of the meeting. The ERC members also have meetings remotely (via teleconference) to review the applications each month.

The ERC has knowledge of DFID's ethics principles for research and evaluation and when evaluating our research programme, it will make sure that our work abides by DFID's ethical principles.

We have also looked into the requirement raised by a member of the Advisory Board to work through national-level ethics boards. We understand that this norm is particularly built around medical research with human subjects. Both OPM and UEA have extensive experience working on collaborative research projects and we are very rarely required by funders or partners to go through a double ethical review process. For this reason, we suggest that given that our work will comply with OPM's ERC procedures, this is not a step that we have to comply with in this project.

8.4 Team changes

There have been some minor team changes during the Inception Phase:

- With the agreement of IFRC, Dr. Jennifer Leavy was brought into the team to assist Dr. Roger Few and provide additional capacity during the first few weeks of the Inception

Phase which were very resource intensive. Jennifer was a great asset to the team, particularly on pulling together the draft literature review. She remains available to the team during the rest of the research period and we would like to use her on a flexible basis during implementation as need arises.

- Also with the agreement of IFRC, we replaced Dr. Roger Maconick with Dr. Anne Thomson as the M&E specialist. Anne started working for the project in early January 2014, and brings a wealth of experience in evaluation and developing indicators for capacity building.

Once we receive the approval for the Implementation Phase we will be in a position to recruit a research assistant, to be based at UEA. Until this individual is in post we will continue to use research staff from OPM.

8.5 Risk matrix

During the Inception Phase we have revised and updated the risk matrix so that it is now specifically tailored to the Implementation Phase. It is the role of the Project Manager to review the Risk Matrix on an on-going basis and make any necessary changes. This will be done as part of the quarterly reporting process and any major risks that arise will be reported to IFRC in the first instance.

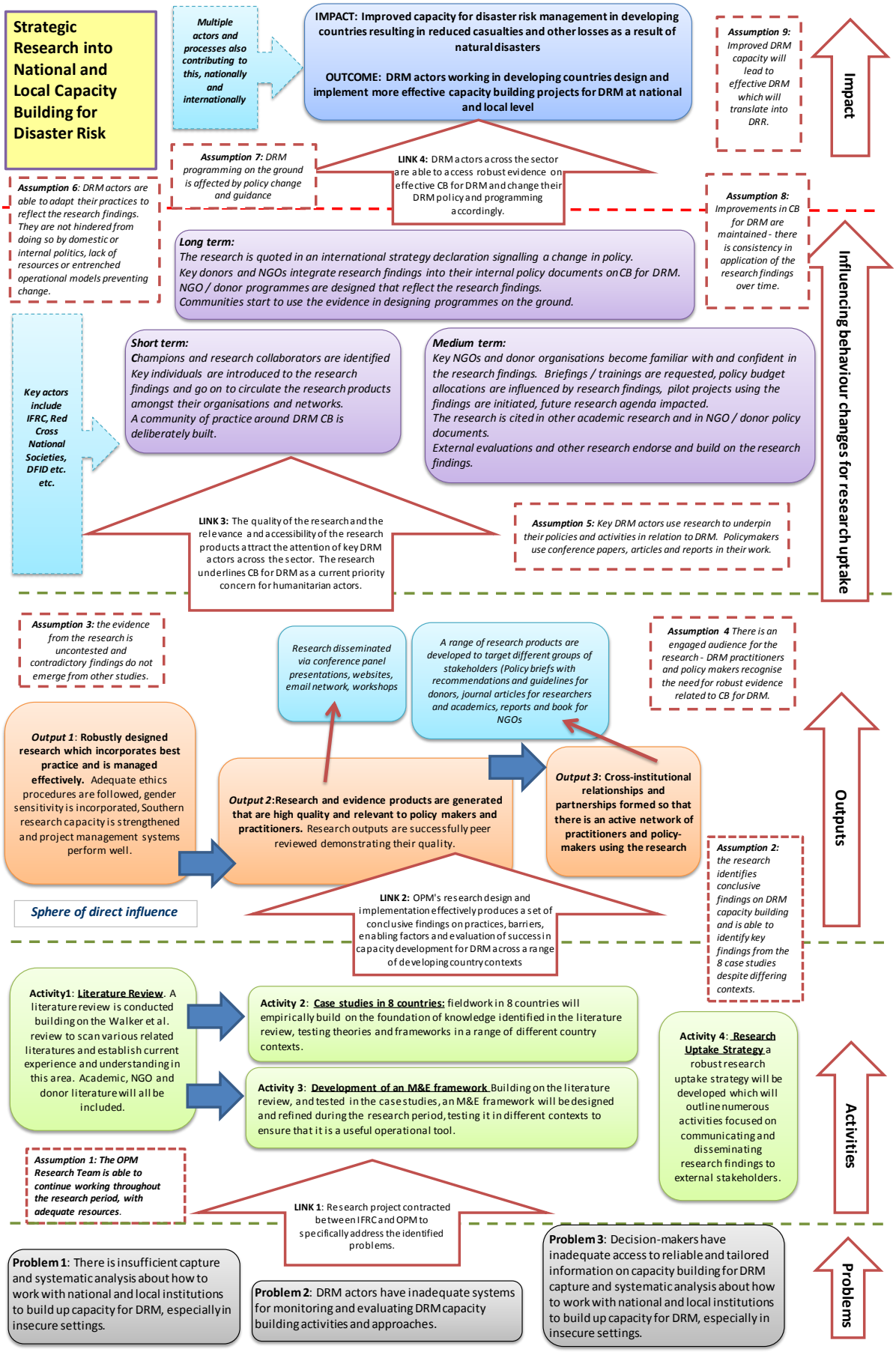
Table 12: Risk matrix

Risks	Impact on delivery	Risk mitigation measures
Research Design		
The research does not answer the key questions in the ToR	Research does not meet IFRC requirements.	The full research design has been submitted to the Advisory Group for approval in the Inception Report. Prior to this 3 meetings were undertaken to ensure the research design met the ToR requirements as envisaged by IFRC and back donors: the kick-off meeting in London in October, a conference call with selected individuals in November and a webinar with a group of 15 individuals from different organisations in December. In addition the QA panel have reviewed the research methodology and the Project Manager has held fortnightly update meetings with IFRC.
Inappropriate case study countries are selected	Reduction in quality and relevance.	A shortlist of 10 case study countries has been developed and included within the IR. IFRC, DFID and the Advisory Group have been given prior opportunity to comment on the pre-ceding longlist to ensure that countries are relevant to their institutional priorities.
Difficulty in designing the M&E framework	Project is slowed.	Additional resource has been added to the team on M&E specifically both during the Inception Phase and we have allowed for more time in the budget during the Implementation phase.
Research Uptake		
Research findings do not reach key audiences	Research has limited impact	A detailed research uptake strategy has been developed during the Inception phase to reduce this risk. The strategy is multi-stranded, to ensure wide coverage and access to different key audiences.

Risks	Impact on delivery	Risk mitigation measures
		OPM has a full-time team of communication specialists who will provide inputs without additional charge as the research progresses.
Fieldwork		
Suitable local consultants not found for fieldwork	Reduction in research quality.	Countries to be used as case studies have been partially selected on the basis of the team having good contacts and IFRC / GFDRR having an established presence in the country. Recruitment of local consultants will begin early in February, once the Implementation contract is agreed.
Security worsens in the case study countries	Safety of consultants is endangered.	OPM's security contractor, Spearfish, will provide security risk assessments prior to travel and any travel to high risk or extreme risk countries will follow OPM's full security procedures and be approved by the OPM Management Team. We have deliberately included a shortlist of 10 countries for the cases studies so that we have flexibility if the security situation worsens unexpectedly in a given country. Local consultants may also be able to provide us with real time information on the situation on the ground. The Fieldwork Lead is experienced in working in fragile contexts such as Pakistan and other OPM staff are trained in security measures and hostile environments.
Difficulty in gaining access to key stakeholders	Reduction in quality, project is slowed, research is biased.	At the outset of each case study we will conduct a stakeholder mapping, using contacts from the experienced local consultants, the National Red Cross Society, IFRC, DFID, GFDRR and any other local bodies. This will allow for early planning and booking in interviews / focus groups. Local consultants will also be able to hold follow-up interviews if necessary after the international research team has left.
Research tools inappropriate for context	Quality of research compromised.	We have deliberately built in a pilot phase to the research design in order to test and validate tools. We have also allocated specific time in the workplan and budget to revise all research tools and methods after the pilot phase.
Difficulty in reaching consensus on key lessons.	Conflicting key lessons.	We have set aside time in the workplan for cross-country analysis involving all research leads as the research is progressing. This will enable us to monitor key lessons on-goingly and compare and contrast different country settings. We will ensure a rigorous validation process which takes into account potentially conflicting views.
Written outputs not high quality	Reduction in quality.	The core research team are fluent English speakers each with a history of writing high level reports. Principal investigators have all published in peer-reviewed journals. The QA panel will review all outputs prior to release.
Conflicting findings emerging from different case studies	Conflicting key lessons.	The research design incorporates use of Political Economy Analysis and supplementary research to understand the country context. This will help to

Risks	Impact on delivery	Risk mitigation measures
		explain why certain drivers have worked in a certain context but not in another. All fieldwork will follow the same process, using the same tools and will be overseen by the same Fieldwork Lead to enhance comparability of data.
Research findings do not reach key audiences	Research has limited impact	A detailed research uptake strategy has been developed during the Inception phase to reduce this risk. The strategy is multi-stranded, to ensure wide coverage and access to different key audiences. OPM has a full-time team of communication specialists who will provide inputs without additional charge as the research progresses.
Project management		
Project personnel unable to deliver/More personnel required.	Reduction in quality.	The team proposed for the Implementation Phase only includes experienced personnel who have a recent history of working successfully with OPM. OPM has broad technical staff should other skills be required for small inputs e.g. on quantitative analysis, public management, organisational development etc.
Consultants have limited availability.	Project is slowed.	We have conducted detailed scheduling with the principal investigators during inception phase to ensure availability. Recruitment of local consultants will occur as soon as the Implementation Phase is cleared to progress in February. Consultants will be asked to confirm their availability throughout the research programme timeframe.
Programme administration costs escalate.	Impact on quality.	Ongoing monitoring of expenditure by project manager using OPM's project management dashboard and traffic light warning system.

Annex A Theory of Change Diagram



Annex B Logframe

Impact	Impact Indicator 1		Baseline	Oct-14	Oct-15	Target	Assumptions
Improved capacity for disaster risk management in developing countries resulting in reduced casualties and other losses as a result of natural disasters	An increase in independent evaluations and countries' own reports demonstrating progress towards having 'strong policy, technical and institutional capacities and mechanisms for DRM in place'	Planned	n/a	n/a	n/a		Global DRM actors are able to change their practices and procedures to incorporate the research findings.
		Achieved	n/a	n/a	n/a		
		Sources	National communications to Hyogo Framework for Action and subsequent international reporting mechanisms, independent evaluation reports				
Outcome	**Outcome Indicator 1**		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
DRM actors working in developing countries design and implement more effective capacity building projects for DRM at national and local level	No. of case studies of DRM programmes that demonstrate that the research is being used and applied by DRM policy-makers, practitioners and other relevant stakeholders.	Planned	n/a	n/a	n/a	6	Improved knowledge base on capacity building for DRM will translate into changed donor approaches to DRM. The findings of the research will be sufficiently clear that a set of recognisable indicators can be developed and disseminated.
		Achieved	n/a	n/a	n/a		
		Sources	IFRC, WB, DFID and other donors' DRM policy reports and project details.				
Output 1	**Output Indicator 1:1**		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
Research and evidence products are generated that are high quality and relevant to policy makers and practitioners	No. of primary research papers (case studies and literature review) available on key open access websites	Planned		4	7	9	Policymakers and practitioners use websites for their information needs.
		Achieved					
		Sources	Website urls (including Provention, IFRC, Eldis for example).				
	Output Indicator 1:2		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	No. of externally peer reviewed publications	Planned	n/a	0	2	3	Given the typically long lag time between submission,
		Achieved					

	including articles submitted to journals	Sources	Submissions to journals				acceptance and publication, submission may need to be used as a proxy for publication.
	Output Indicator 1:3		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	No. of policy briefs produced	Planned	n/a	0	3	3	Policy makers are more likely to read a short tailored policy brief than a journal article.
		Achieved					
		Sources					
Impact weighting: 30%							
Output 2	**Output Indicator 2:1**		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
Cross-institutional relationships and partnerships formed so that there is an active network of practitioners and policy-makers using the research	No. of DRM related websites hosting outputs from the research	Planned	None	2	5	5	Practitioners and policy makers use websites for their information needs.
		Achieved					
		Sources	Organisation websites including IFRC, GFDRR, UNISDR, Provention).				
	Output Indicator 2:2		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	No. of organisations and country governments represented at the final workshop	Planned	n/a	n/a	15	15	The individuals attending will be senior level practioners and policy makers from a range of organisations. Individuals will have the time and budget to attend.
		Achieved					
		Sources	Workshop attendance lists				
	Output Indicator 2:3		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	No. of Southern organisations involved in the dissemination activities	Planned	0	2	3	3	Suitable Southern organisations have the inclination, time and budget to be involved in the research and its dissemination.
		Achieved					
		Sources	Quarterly reports, workshop attendance lists				
	Output Indicator 2:4		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	No. of conference	Planned	0	1	3	3	Suitable conferences will be

	presentations / panels made by research team members	Achieved					scheduled during the research period in locations where the team are able to attend. Conferences will be well attended by DRM practitioners and policy makers. Additional funding will be made available by DFID / IFRC.
		Sources	Conference programmes				
Impact weighting: 30%							
Output 3	**Output Indicator 3:1**		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
The research is robustly designed, incorporates best practice and is managed effectively	A credible Research Uptake strategy is developed in line with DFID's guide on Research Uptake for Research Programmes	Planned	None	Done	Done		
		Achieved					
		Sources	Inception report.				
	Output Indicator 3:2		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	Gender analysis is incorporated into the research design and tools	Planned	None	Done	Done		
		Achieved					
		Sources	Inception report. Draft and final research tools.				
	Output Indicator 3:3		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	Robust ethics strategy and procedure is followed.	Planned	None	Done	Done		
		Achieved					
		Sources	Inception report. Annual review report.				
	Output Indicator 3:3		**Baseline**	**Oct-14**	**Oct-15**	**Target**	**Assumptions**
	No. of case study reports co-authored by Southern researchers.	Planned	0	4	7		Local researchers of sufficient quality and capacity will be available to contribute to the reports in the countries selected as case studies.
		Achieved					
		Sources	Case study reports.				

	Output Indicator 3:4		Baseline	Oct-14	Oct-15	Target	Assumptions
	No. of quarterly reports submitted on time.	Planned	0	4	8		
		Achieved					
		Sources	Quarterly reports submission dates				
Impact weighting: 40%							

Annex C Draft Research Questions

C.1 Context

Analytical theme	Research Question	Sub-questions
Disaster risk	**RQ1** What are the disaster risk characteristics of the country and their dynamics?	RQ1.1 What are the main types of hazard affecting the country (frequency and magnitude over last 30 years)? RQ1.2 What have been the main recent changes in disaster risk (re hazard, vulnerability)? RQ1.3 What are the anticipated changes in disaster risk?
Societal changes	**RQ2** What other social, economic or political changes are important for understanding current DRM?	
Governance context	**RQ3** How does the governance context relate to DRM?	RQ3.1 Where does DRM fit within the structure of governance? RQ3.2 How does the quality of overall governance in the country affect the work of DRM organizations? RQ3.3 What is the extent of civil society and citizen engagement in DRM? RQ3.4 In what ways do wider social and political issues impinge on DRM?
Intervention context and their relationship to DRM	**RQ4** What is the recent history of intervention in relation to DRM?	RQ4.1 What recent DRM/DRR programmes have been implemented in the last 15 years (external and internal)? RQ4.2 What other major external assistance programmes relating to disaster risk have bee implemented in the country in the last 15 years?

C.2 Capacity building activities

Analytical theme	Research question	Sub Questions
Actors/programme characteristics		
Actors	**RQ5** Who is driving and who is engaged in the capacity-building activity, and how?	RQ5.1 Which organization is funding the CB activity, and who are they working with? RQ5.2 Describe the

		relationship between these actors'?
Overall characteristics	**RQ6** What is the funding level and geographical focus of the programme?	RQ6.1 What is the level and breakdown of funding for CB, and for what duration? RQ6.2 In which geographical areas is the CB targeted?
Scope	**RQ7** What is the scope of the activity in relation to CB and to DRM?	RQ7.1 To what extent is CB an explicit objective (central aim, stated component, or implicit)? RQ 7.2 What is the intended operational objective of the capacity (to educate, train, plan, manage, coordinate etc)? RQ7.3 What aspect of DRM is the focus of the programme - preparedness/relief, prevention/mitigation, recovery, or a combination of those (integrated DRR)?
		Approach to CB process
Flexibility/adaptability	**RQ8** How has the programme approached capacity development in a flexible manner, adapting the approach to context?	RQ8.1 What analysis of capacity needs took place prior to the design of the intervention? RQ8.2 How has the programme recognized and worked with existing skills, resources - reinforced endogenous capacity? RQ8.3 How has it recognized the importance of and worked with existing formal informal institutions/structures? RQ8.4 How has the activity been aligned with national DRM/DRR strategy? RQ8.5 How has it sought to understand and work with political/power constraints?
Attention to planning	**RQ9** What has been the approach to full programme planning?	RQ9.1 How was the timetable and duration period for the programme developed (sufficient for success or have externally-imposed project time-frames inhibited success)? RQ9.2 How has the programme paid attention to sustainability after withdrawal

		of external expertise (e.g. exit strategies, reinforcement mechanisms)? RQ9.3 How has it addressed problems of turnover of trained/empowered staff? RQ9.4 Explain whether and how an M&E system and a ToC was developed? RQ9.5 Are M&E indicators oriented to activities/outputs or to outcomes/impact?
Ownership/partnership	**RQ10** How has ownership been fostered?	RQ10.1 At what stage were key national/local stakeholders identified and engaged in the programme development? RQ10.2 What roles have national/local partners played in design, implementation and management of the programme? RQ10.3 How has the programme engaged political commitment and local leadership to build ownership (local/national)? RQ10.4 How has the activity fostered a culture of self-evaluation and learning among DRM actors? RQ10.5 How has the activity ensured inclusion of women in the CB process?
		Content of CB activities
Role of functional CB	**RQ11** How is the mix of potential elements for CB targeted?	RQ11.1 What are the main actions of the CB programme? RQ11.2 On what elements of CB does the programme place most emphasis (focus on training/individuals, organizational change/institutions, coordination and on power structures, enabling environment)? RQ11.3 In what ways does the programme mix or integrate these elements (multi-dimensionality)? RQ11.4 How has the activity sought to develop incentives for good performance and staff retention?

		RQ11.5 How has the activity approached working with political actors to reinforce DRR as a priority? RQ11.6 What is the relative balance between technical and functional aspects of capacity?
Scales/interactions	**RQ12** How has the programme built capacity across scales and actors?	RQ12.1 How has the programme sought to build capacity at multiple scales? RQ12.2 How has the programme addressed coordination and communication between scales? RQ12.3 How has the programme sought to build capacity for coordination and interaction between multiple actors?
Linkage to disaster resilience	**RQ13** How has the programme captured wider aspects of the DRR approach?	RQ13.1 What has been the approach to CB for addressing long-term change in risk? RQ13.2 How does the CB programme relate to disaster prevention, mitigation and long-term recovery? RQ13.3 How has the CB programme paid attention to reduction of vulnerability? RQ13.4 Has the activity addressed the capacity needs of highly vulnerable groups? RQ13.5 How has the programme addressed the gendered dimensions of vulnerability and capacity?
		Effectiveness
Strengthening of target elements	**RQ14** What impact has the programme had across the elements of capacity?	RQ14.1 Has the CB activity been considered effective in addressing its target elements? RQ14.2 Has the targeting of elements been sufficient to raise functional capacity, and what lessons can be learned in this respect?
Integration	**RQ15** How well has the programme integrated scales and different actors engaged in DRM?	RQ 15.1 What lessons can be learned about how effectively the activity integrated CD across scales of DRM?

		RQ 15.2 What lessons can be learned about how effectively the activity fostered interaction and coordination between actors?
Contribution to disaster resilience	**RQ16** How well has the programme contributed to capacity in relation to disaster resilience?	RQ16.1 What lessons can be learned about how effectively capacity to address long-term changes in risk has been raised? RQ16.2 What lessons can be learned about how effectively capacity to reduce vulnerability has been raised? RQ16.3 Whose capacity has been raised?
Sustainability	**RQ17** Is the capacity gain sustained/likely to be sustained?	
Match to needs	**RQ18** How closely has the activity addressed pre-existing capacity needs?	
Lessons	**RQ19** What other lessons can be learned from the programmes experiences and achievements?	RQ19.1 What worked well, and why in the programme? RQ19.2 What did not work well, and why? RQ19.3 What were the enabling factors? RQ19.4 What were the barriers/limitations?

C.3 Capacity

Analytical theme	Research question	Sub-questions
Capacity status	**RQ20** What is the general status and development of DRM capacity today?	RQ20.1 What level of capacity exists and what are the main shortfalls? RQ20.2 Has capacity changed recently? RQ20.3 How has capacity been achieved? (contribution of intervention, other factors than intervention?)
CB factors	**RQ21** What is most important for success in capacity building for DRM?	RQ21.1 What factors are key in enabling capacity building? RQ21.2 Which of the 6 *pre-identified components* of effective CB are most important (rating)?

Annex D Anticipated main data sources for RQ/sub-RQs

Research question	Sub-questions	Secondary sources	Initial workshop	Interviews (CB actors)	Interviews (comment-ators)	Group interviews	Final workshop	Inter-national-level analysis
RQ1 What are the disaster risk characteristics of the country and their dynamics?	RQ1.1 What are the main types of hazard affecting the country (frequency and magnitude over last 30 years)?	✓	✓					
	RQ1.2 What have been the main recent changes in disaster risk (re hazard, vulnerability)?	✓	✓					
	RQ1.3 What are the anticipated changes in disaster risk?	✓	✓					
RQ2 What other social, economic or political changes are important for understanding current DRM?		✓	✓				✓	
RQ3 How does the governance context relate to DRM?	RQ3.1 Where does DRM fit within the structure of governance?	✓	✓					
	RQ3.2 How does the quality of overall governance in the country affect the work of DRM organizations?	✓	✓				✓	
	RQ3.3 What is the extent of civil society and citizen engagement in DRM?	✓	✓				✓	
	RQ3.4 How do wider social and political issues impinge on DRM?	✓	✓				✓	

RQ4 What is the recent history of intervention in relation to DRM?	RQ4.1 What recent DRM/DRR programmes have been implemented in the last 15 years (external and internal)?	✓	✓					✓
	RQ4.2 What other major external assistance programmes relating to disaster risk have bee implemented in the country in the last 15 years?	✓	✓					
RQ5 Who is driving and who is engaged in the capacity-building activity, and how?	RQ5.1 Which organization is funding the CB activity, and who are they working with?	✓						✓
	RQ5.2 Describe the relationship between these actors'?		✓		✓			
RQ6 What is the funding level and geographical focus of the programme?	RQ6.1 What is the level and breakdown of funding for CB, and for what duration?	✓		✓				✓
	RQ6.2 In which geographical areas is the CB targeted?	✓						✓
RQ7 What is the scope of the activity in relation to CB and to DRM?	RQ7.1 To what extent is CB an explicit objective (central aim, stated component, or implicit)?	✓						
	RQ 7.2 What is the intended operational objective of the capacity (to educate, train, plan, manage, coordinate etc)?	✓		✓				✓
	RQ7.3 What aspect of DRM is the focus of the programme - preparedness/relief, prevention/mitigation, recovery, or a combination of those (integrated DRR)?	✓		✓				✓
RQ8 How has the programme approached capacity	RQ8.1 What analysis of capacity needs took place?	✓		(✓)				

development in a flexible manner, adapting the approach to context?	RQ8.2 How has it recognized and worked with existing skills, resources - reinforced endogenous capacity?	✓		✓	✓			
	RQ8.3 How has it recognized the importance of and worked with existing formal informal institutions/structures?	✓		✓	✓			
	RQ8.4 How has the activity been aligned with national DRM/DRR strategy?	✓		(✓)	(✓)			
	RQ8.5 How has it sought to understand and work with political/power constraints?			✓	✓	✓		
RQ9 What has been the approach to full programme planning?	RQ9.1 How was the timetable and duration period for the programme developed (sufficient for success or have externally-imposed project time-frames inhibited success)?			✓				
	RQ9.2 How has the programme paid attention to sustainability after withdrawal of external expertise (e.g. exit strategies, reinforcement mechanisms)?	✓		✓		✓		
	RQ9.3 How has it addressed problems of turnover of trained/empowered staff?			✓				
	RQ9.4 Explain whether and how an M&E system and a ToC was developed?	✓		(✓)				
	RQ9.5 Are M&E indicators oriented to activities/outputs or to outcomes/impact?	✓		✓	✓			

RQ10 How has ownership been fostered?	RQ10.1 At what stage were key national/local stakeholders identified and engaged in the programme development?	✓		✓				
	RQ10.2 What roles have national/local partners played in design, implementation and management of the programme?	✓		✓	✓			
	RQ10.3 How has the programme engaged political commitment and local leadership to build ownership (local/national)?	(✓)			✓	✓		
	RQ10.4 How has the activity fostered a culture of self-evaluation and learning among DRM actors?	(✓)				✓		
	RQ10.5 How has the activity ensured inclusion of women in the CB process?	✓		✓				
RQ11 How is the mix of potential elements for CB targeted?	RQ11.1 What are the main actions of the CB programme?	✓						
	RQ11.2 On what elements of CB does the programme place most emphasis (focus on training/individuals, organizational change/institutions, coordination and on power structures, enabling environment)?	✓		✓				✓
	RQ11.3 In what ways does the programme mix or integrate these elements (multi-dimensionality)?	✓						
	RQ11.4 How has the activity sought to develop incentives for good performance and staff retention?	(✓)		✓				

	RQ11.5 How has the activity approached working with political actors to reinforce DRR as a priority?	(✓)		✓	✓			
	RQ11.6 What is the relative balance between technical and functional aspects of capacity?						✓	
RQ12 How has the programme built capacity across scales and actors?	RQ12.1 How has the programme sought to build capacity at multiple scales?	✓		✓				
	RQ12.2 How has the programme addressed coordination and communication between scales?					✓		
	RQ12.3 How has the programme sought to build capacity for coordination and interaction between multiple actors?	✓		✓				
RQ13 How has the programme captured wider aspects of the DRR approach?	RQ13.1 What has been the approach to CB for addressing long-term change in risk?	(✓)		✓				
	RQ13.2 How does the CB programme relate to disaster prevention, mitigation and long-term recovery?	✓						
	RQ13.3 How has the CB programme paid attention to reduction of vulnerability?	✓		✓				
	RQ13.4 Has the activity addressed the capacity needs of highly vulnerable groups?	✓				✓		
	RQ13.5 How has the programme addressed the gendered dimensions of vulnerability and capacity?	✓				✓		

RQ14 What impact has the programme had across the elements of capacity?	RQ14.1 Has the CB activity been considered effective in addressing its target elements?	(✓)			✓	✓	✓	
	RQ14.2 Has the targeting of elements been sufficient to raise functional capacity, and what lessons can be learned in this respect?				✓	✓	✓	
RQ15 How well has the programme integrated scales and different actors engaged in DRM?	RQ 15.1 What lessons can be learned about how effectively the activity integrated CD across scales of DRM?	(✓)			✓	✓	✓	
	RQ 15.2 What lessons can be learned about how effectively the activity fostered interaction and coordination between actors?	(✓)			✓	✓	✓	
RQ16 How well has the programme contributed to capacity in relation to disaster resilience?	RQ16.1 What lessons can be learned about how effectively capacity to address long-term changes in risk has been raised?	(✓)			✓	✓	✓	
	RQ16.2 What lessons can be learned about how effectively capacity to reduce vulnerability has been raised?	(✓)			✓	✓	✓	
	RQ16.3 Whose capacity has been raised?				✓	✓		
RQ17 Is the capacity gain sustained/likely to be sustained?		(✓)			✓	✓	✓	
RQ18 How closely has the activity addressed pre-existing capacity needs?		(✓)			✓	✓	✓	

RQ19 What other lessons can be learned from the programmes experiences and achievements?	RQ19.1 What worked well, and why in the programme?	(✓)			✓	✓	✓	
	RQ19.2 What did not work well, and why?	(✓)			✓	✓	✓	
	RQ19.3 What were the enabling factors?	(✓)			✓	✓	✓	
	RQ19.4 What were the barriers/limitations?	(✓)			✓	✓	✓	
RQ20 What is the general status and development of DRM capacity today?	RQ20.1 What level of capacity exists and what are the main shortfalls?	✓	✓				✓	
	RQ20.2 Has capacity changed recently?	✓	✓				✓	
	RQ20.3 How has capacity been achieved? (contribution of intervention, other factors than intervention?)	✓				✓	✓	
RQ21 What is most important for success in capacity building for DRM?	RQ21.1 What factors are key in enabling capacity building?			✓	✓	✓	✓	
	RQ21.2 Which of the 6 *pre-identified components* of effective CB are most important (ranking)?			✓	✓	✓	✓	✓

Annex E Standardized Interview Question Schedule: CB Actors

The following provides an example of a standardized question schedule, in this case designed to be addressed to interviewees directly associated with the CB activity, either as implementers or beneficiaries (or as partners within more partnership-based or community-owned CB activities).

Note that not all questions will be selected from this list: certain questions may not be appropriate or relevant to the role and skills of the interviewee and some questions may have already been answered through documentary review. Conversely, this list may need to be augmented with questions on other aspects of the RQs if there are inadequate secondary sources available.

Equivalent question schedules will be developed for interviews with other key informants (commentators), group interviews, and for the initial and final workshops – all based on the division of questions/sources indicated in the previous Annex. Note that the question order for interviews is designed for logic of conversational flow, and may not necessarily follow the order in the RQ tables.

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

Content of CB activities	On what elements of CB does the programme place most emphasis (focus on training/individuals, organizational change/institutions, coordination and on power structures, enabling environment)? Has the activity sought to develop incentives for good performance or staff retention? Has the activity involved any kind of political advocacy to reinforce DRR as a public priority? Has the programme sought to build capacity at more than one scale? How has the programme sought to build capacity for coordination and interaction between different groups of stakeholders? How has the issue of capacity to manage long-term change in risk been addressed? Has the CB programme paid attention to reduction of underlying vulnerability of people?
Capacity (general)	What factors would you say are key in ensuring the success of capacity building for DRM? How would you rate the importance of the following 'principles'? (*provide list of principles for rating exercise with explanation of what each means and the rating categories– see section 4.4*)

Annex F Analytical guidance criteria for scoring performance on the 6 principles of CB

For each CB activity analyzed in the case studies the research team will assign scores based on the criteria in the following tables. The scores will be aggregated across cases in order to develop average scoring data for CB activities as a whole and for categories of activity[47].

Flexibility/adaptability	
Score 1	The CB programme has been approached from the start with great flexibility and has been closely adapted to the existing capacities, capacity needs and political context in which it is applied.
2	The CB programme has been approached flexibly and effort has been made to adapt it to the existing capacities, capacity needs and political context in which it is applied.
3	The CB programme has shown some flexibility but shows clear limitations in the extent to which it has been adapted to the existing capacities, capacity needs and political context in which it is applied.
4	The CB programme has been externally driven with little effort made to adapt to the existing capacities, capacity needs and political context in which it is applied.
Comprehensive planning	
Score 1	The CB intervention has been planned very comprehensively, with a design and time-frame appropriate to meet the CB needs, strong mechanisms to ensure the sustainability of capacity gains, and a clearly articulated theory of change or its equivalent, accompanied by effective and appropriate monitoring and evaluation procedures.
2	The CB intervention has been effectively planned, with a design and time-frame likely to bring gains, some efforts made to ensure the sustainability of capacity gains, and a theory of change or its equivalent, accompanied by relevant monitoring and evaluation procedures.
3	The CB intervention shows some planning limitations, in terms of the appropriateness of design and time-frame, uncertainty over the sustainability of capacity gains, or insufficiently developed monitoring and evaluation procedures.
4	The CB intervention has been poorly planned, with major weaknesses in the appropriateness of design and time-frame, weak attempts to ensure sustainability and weak monitoring and evaluation procedures.

[47] Note that because this research project cannot be classed or approached as an official evaluation, scores for individual cases will be indicative only and will be confidential to the project team (ie will not be published).

Ownership/partnership	
Score 1	Those targeted for capacity development have a very strong stake in the CB initiative and its design and implementation, and a very strong sense of the value of the CB process and CB gains (strong local leadership and political interest is likely to have been engaged).
2	Those targeted for capacity development have been involved in the design and implementation of the CB initiative, and understand the value of the CB process and CB gains (local leadership may have been engaged).
3	Those targeted for capacity development have not been closely involved in the design and implementation of the CB initiative, beyond consultation OR are ambivalent about the value of the CB process.
4	Those targeted for capacity development have had minimal involvement in the design and implementation of the CB initiative OR do not see value in the CB process.
Attention to functional capacity	
Score 1	The CB activity has made very strong efforts to address functional capacity, improving aspects such as managerial skills, coordination and decision-making processes and fostering an enabling environment through incentives and advocacy.
2	The CB activity has made some effort to address functional capacity, in aspects such as managerial skills, coordination and decision-making processes and/or fostering an enabling environment .
3	The CB activity has been limited in its attention to functional capacity building, with identifiable but minor efforts to foster managerial skills, coordination and decision-making processes and/or an enabling environment .
4	The CB activity has focussed almost wholly on technical capacity and has paid little or no attention to functional capacity building, with minimal effort to foster managerial skills, coordination and decision-making processes or an enabling environment .
Integration of actors/scales	
Score 1	The CB initiative has operated at multiple levels with multiple actors, with a concerted aim of building capacity, communication and coordination across scales and among a range of stakeholders
2	The CB initiative has included effort to build capacity across more than one scale and with multiple actors
3	The CB initiative has not had an explicit objective of building capacity across more than one scale OR with multiple actors, although some minor gains may have been made

4	The CB initiative has focussed only on building capacity at one scale OR on a single group of stakeholders
Contribution to disaster resilience	
Score 1	The CB activity has been shaped very strongly around addressing long-term changes in risk, a holistic approach to the DM cycle, reduction of vulnerability, targeting the needs of vulnerable groups and addressing gender disparities.
2	The CB activity has made clear efforts to link capacity building to the wider remit of DRR, including addressing some of the following: long-term changes in risk, a holistic approach to the DM cycle, reduction of vulnerability, targeting the needs of vulnerable groups and addressing gender disparities.
3	The CB activity has not strongly reflected the wider remit of DRR, but it has paid limited attention to some of the following: long-term changes in risk, a holistic approach to the DM cycle, reduction of vulnerability, targeting the needs of vulnerable groups and addressing gender disparities.
4	The CB activity has been oriented to building emergency response capacity to current hazards OR has given minimal or no attention to social differences in vulnerability.

Annex G Budget

G.1 Personnel Inputs and Fee rates for Implementation Phase:

Task	Related Output	Roger Few	Zoe Scott	Marcela Tarazona	Anne Thomson	RA	Kelly Wooster	Local Consultants	Admin	QA Panel	Total days
Pilot case study	Case study report	20	10	19	2	20	2	29			102
Implementing the survey	Case study report	1	5			15					21
Collecting global spend data		1	10			20					
Revision of tools / methodology	Revised tools	5	5	5	5		3				23
Case study 3	Case study report	10	1	1	1	25	27	36			101
Case study 4	Case study report	2	9	1	1	25	27	36			101
Case study 5	Case study report	2	1	9	1	25	27	36			101
Case study 6	Case study report	10	1	1	1	25	27	36			101
Case study 7	Case study report	2	9	1	1	25	27	36			101
Case study 8	Case study report	2	1	9	1	25	27	36			101
Drafting synthesis report	Draft report	15	15	15	5		10				60
Developing policy briefs	3 Policy briefs	5	5	5							15
Developing journal articles	3 Journal articles	10	10	10	3						33
Participation in workshop	Workshop	2	2	2	2		2				10
Dissemination activities		10	10	10							30

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Revisions to final report	Final report	5	3	3	3						14
Security advice										5	5
Quality assurance										4	4
Project Management			40								40
Administration									60		60
Total days		**102**	**137**	**91**	**26**	**205**	**179**	**245**	**60**	**9**	**1,054**
Fee rate in CHF		1088	870	870	1088	471	870	580	290	1088	
Total charge		110,976	119,190	79,170	28,288	96,555	155,730	142,100	17,400	9,792	759,201

G.2 Project expenses for Implementation Phase:

Ref.	Name	Country	No.	Rate	Total CHF	Comments	Previous Budget	Reason for variance
6.1	International travel fare	various	22.00	2141.65	47116.30	Flights for fieldwork	45684.00	18 flights were included in the original budget. We now propose an additional person participating in the fieldwork therefore 22 flights are required. We averaged flight quotes to each of the shortlisted case study countries and have been able to considerably reduce the rate for each flight.
6.2	International travel fare UK - Geneva	Switzerland	14.00	870.00	12180.00	For final international workshop	10875.00	We increased the rate to reflect the fact that we would be inviting some participants from outside Europe

6.4	Domestic travel fare	various	22.00	326.25	7177.50	Domestic flights and car hire in the case study countries	8712.00	We have reduced the rate for domestic travel having collected estimates for internal flights and car hire in each of the shortlisted countries.
6.5	Other travel fare - terminal expenses		23.00	181.25	4168.75	Terminal expenses for the 7 case studies	2610.00	We have increased the number of people involved in the fieldwork, the rate has also increased slightly as several of those travelling live in Norwich further from airports.
6.6a	Other travel fare - terminal expenses for workshop	UK - Switz	14.00	181.25	2537.50	For final international workshop	725.00	we have increased the number from 5 to 14.
6.6b	Other travel fare - local travel		20.00	232.00	4640.00	Local travel / taxi's or driver per week	3520.00	We have increased the rate for local travel having collected estimates for drivers in each of the shortlisted countries.
6.7	DSA for workshop	Switzerland	28.00	253.75	7105.00	Geneva DSA for selected workshop participants	7620.00	This is reduced as we removed DSA for IFRC staff.
6.8	DSA Internationals	various	343.00	201.55	69131.65	DSA for fieldwork	92964.00	We have reduced the rate considerably. We have used the average IFRC rate plus the HMRC hotel rate to create this budget. When we invoice we will claim the IFRC + HMRC hotel rate for the specific country travelled to.
6.10a	Communications		7.00	217.50	1522.50		580.00	This has increased due to the increase in the number of FCAS countries e.g. to cover the costs of additional calls, satellite phones etc.

6.10b	Webinar costs with support		0.00	0.00	0.00	In-country workshop costs	725.00	We will have in-country workshops rather than one large webinar. This line is replaced by 6.10d and e
6.10c	Visa costs	various	22.00	179.80	3955.60	For 8 case studies	2610.00	Following shortlisting of countries we have averaged the visa costs which increases the rate very slightly. The main increase is due to an increase in the number of people involved in the fieldwork.
6.10d	Room hire for workshops	various	14.00	398.75	5582.50	2 per country case study	0.00	In-country workshops have been designed during the Inception Phase and were included in original budget as a webinar and international conferences which IFRC were due to fund.
6.10e	Interpreters for workshops	various	12.00	239.25	2871.00	2 workshops per country, 6 countries likely to be non-English	0.00	In-country workshops have been designed during the Inception Phase and were included in original budget as a webinar and international conferences which IFRC were due to fund.
6.12	Conference flights	various	6.00	2175.00	13050.00	3 conferences attended by 2 research team members	0.00	We propose to attend conferences as opposed to run an international workshop ourselves. IFRC have a separate budget for international workshops which can offset this amount.
6.13	Conference visas	various	6.00	179.80	1078.80	see above	0.00	See above
6.14	Conference terminal expenses	various	6.00	181.25	1087.50	see above	0.00	See above
6.15	Conference DSA	various	18.00	253.75	4567.50	see above	0.00	See above

6.16	Team meeting travel	UK	12.00	145.00	1740.00	2 meetings for 6 people	0.00	We have added in 2 team meetings in the UK to facilitate day long research team meetings at critical points in the research (post pilots and post case studies).
6.17	Team meeting DSA	UK	14.00	217.50	3045.00	see above	0.00	See above
6.18	Flight UK-Geneva for data collection	Switzerland	1.00	870.00	870.00		0.00	At the request of the Advisory Group we will now be collecting financial data from multilaterals based in Geneva.
6.19	Data Collection DSA	Switzerland	6.00	253.75	1522.50		0.00	See above
TOTAL					**194949.60**			