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# PERFORMANCE EVALUATION OF COMMUNITY-BASED DISASTER RISK MANAGEMENT PROGRAMS FOR USAID’S BHA/EAST ASIA AND THE PACIFIC REGION

## Summary Report

### Evaluation Background

Over the past ten years, the East Asia and the Pacific (EAP) region has experienced a growing number of disasters triggered by geophysical hazards and a rising number of climate-related events including droughts, extreme temperatures, floods, and storms. BHA’s programming in the EAP region is field-driven, responding to needs identified by the United States Agency for International Development’s Bureau for Humanitarian Assistance (BHA) regional office in Bangkok, and the Regional Advisors located in Bangkok, Manila, Jakarta, and Hawaii. BHA’s EAP division has disaster response and early recovery, risk reduction, and resilience (ER4) programming through its partners in 26 countries in the region.

USAID’s BHA commissioned this performance evaluation of Community-Based Disaster Risk Management (CBDRM) programming in the EAP region to provide both an independent review as well as an informed basis upon which to plan for future programming. The purpose is to systematically analyze the award-specific evaluations, progress reports, and results generated by USAID’s BHA partners, and validate the findings through other data collection methods. This evaluation includes 41 awards that were selected from an initial list of 81 awards. The selected awards, which cover a period from 2014 to 2023 and with a total value of USD 62,052,914<sup>1</sup>, were implemented by 17 implementing partners, reaching 967,654 beneficiaries<sup>2</sup>.

**967,654**

**beneficiaries reached across the evaluated awards covering a period from 2014 to 2023**



**USD 62,052,914**

**total value of the awards included in this evaluation**



<sup>1</sup> Based on the amount for awards provided by USAID.

<sup>2</sup> Based on available beneficiary data in the award documents (33 out of 41 awards). Data disaggregated by sex was not available for some awards.

## Evaluation Findings

### HAS CBDRM PROGRAMMING RESULTED IN SUSTAINABLE OUTCOMES FOR INCREASED LOCAL CAPACITY TO PREPARE FOR DISASTERS?

**USAID’s BHA-funded CBDRM programs resulted in capacity-building efforts that adjusted to localized needs. However, overlapping efforts by various stakeholders obscures the extent to which sustainable outcomes can be attributed to specific programs.**

#### **Capacity-building efforts are contextualized to local needs for disaster preparedness:**

Programs learn from past experiences to help improve overall preparedness. The disaster preparation and response came not only from the community level but also from the leadership of the sub-national level governments. Notably, one of the main ways that CBDRM programs accomplished their work was to cultivate and consistently activate a network of relevant actors (community of practice).

#### **CBDRM programming intentionally engages multiple relevant actors:**

CBDRM programs engaged multiple types of stakeholders including the government, civil society organizations, and the private sector for enhanced coordination, joint planning, complementation of resources, and capacity building. Programs build networks of support with various local organizations to facilitate more efficient disaster response:

“ All our partners like in Indonesia, for example...have several sub partners, which are local organizations...We have many of them and having that network and building capacity of that network helps us to respond more effectively when disaster happens. It’s much easier to channel the response through those existing networks, if you already have the built-up relationship with these organizations.”

BHA REPRESENTATIVE INTERVIEW

Creating networks with institutions, national-level programs, and NGOs allows for the sustainability of interventions even after projects are officially “over”. Multi-stakeholder engagement is one way to induce sustainable outcomes, creating a network allows for more effective responses, opportunities for future funding, personnel, and time dedicated to CBDRM-related goals.

#### **Program efforts overlap with efforts by various organizations and humanitarian agencies:**

The strength of networks in CBDRM also presents a problem: overlap from various organizations makes it difficult to attribute the exact impact of each intervention. CBDRM efforts often involve various institutions and organizations to complete their work. Therefore, it can be difficult to see whether or not one particular program is more/less effective, sustainable, or impactful in the region.

**157,460**

**individuals trained across  
33 awards**



#### **Programs built the capacity of partners, systems, and institutions to better prepare for and respond to disasters:**

CBDRM programs contributed to building the capacity of local partners to better prepare for and respond to disasters. All the assessed awards included capacity building and training components on CBDRM or disaster risk reduction (DRR).

Overall, 157,460 individuals were trained across 33 awards. Moreover, 27 awards reported increased knowledge and skills among the training participants. Included in the reports were 1,531 individuals with retained knowledge across 17 awards. Capacity-building in some CBDRM programs focused on building resilience through training on sustainable agricultural practices which has helped farmers improve food security and mitigate climate change impacts.

## Training of Trainers was an effective capacity-building technique:

Capacity-building efforts have not only improved response capabilities but also fostered collaboration between trainers and communities in disaster preparedness and response. Training programs that had extensive community engagement have contributed to more sustainable outcomes through better preparedness and response.

Particular capacity-building techniques including training of trainers (TOT) helped increase the reach of capacity-building efforts and helped yield positive outcomes. Twenty awards had a TOT component, which has been an effective technique to enhance capacity building and increase its reach and sustainable outcomes.

### Case in Focus: Training of Trainers creates a pool of local trainers on Inclusive CBDRM and Family-Level Preparedness

In the Philippines, the Center for Disaster Preparedness (CDP) facilitated the creation of an interdisciplinary talent pool of DRR trainers composed of representatives from local government units (LGUs) and civil society organizations from Zamboanga Peninsula and Northern Mindanao. The participants learned how to facilitate training sessions on Inclusive Community-based Disaster Risk Reduction and Management and Family Level Preparedness.

The activity provided the trainers with the necessary knowledge to scale out the delivery of training to other government agencies and local organizations beyond the initial target locations.

“ that has been part of the project where the training of trainers is being undertaken by CDP to the local stakeholders...there are now local trainers at the barangay level and municipal level...who can assist facilitation to other areas as well.”

IMPLEMENTING PARTNER INTERVIEW

**There are examples of CBDRM activities being supported by the government and policy changes made in accordance with CBDRM. However, these efforts require longevity to be institutionalized.**

## CBDRM activities resulted in the development of government DRM policies and plans:

Twelve awards reported having supported the development or revision of national and sub-national government DRM plans, strategies, and policies in program countries. Notable examples include awards in Papua New Guinea (PNG), Myanmar, and Mongolia. Implementing partners also reported that 530 DRM plans, strategies, and policies were adopted or utilized by communities and/or governments in 17 awards.

**530**

**DRM plans, strategies and policies adopted or utilized by communities or governments in 17 awards**



## Multi-level governmental support helped to institutionalize CBDRM efforts:

Interviews and reports mentioned various levels of success in working with government agencies at different levels, including at national and sub-national levels, to promote outreach and even implement some policies.

While programs did demonstrate success in having created positive steps towards improved policy, there were some barriers that prevented policy development or coordination with the government.

A perspective from key informant interview (KII) with an implementing partner highlighted that governments must understand the risks faced by communities, and local-level government agencies must have the capability to implement policy changes:

“ the government must be in line with the threatening conditions...and needs to focus on disaster risk management... Sometimes the village government doesn't know how to - really to [do] regulation...and does not know how to accommodate. They (the village government) should be approached, and the existing district.”

IMPLEMENTING PARTNER INTERVIEW

### Case in Focus: Development of Government DRM policies and plans

In Papua New Guinea (PNG), a program implemented by International Organization for Migration (IOM) led to the refinement of nine provincial disaster DRM strategic plans and standard operating procedures (SOPs) to align them with the country's National Disaster Risk Reduction Framework (NDRRF) 2017-2030.

In Mongolia, World Vision reported that 21 risk reduction plans, strategies, policies, disaster preparedness, and contingency plans were developed and in place. This included the updating of disaster preparedness plans for 12 targeted khoroos in Ulaanbaatar. The process involved the conduct of community participatory disaster risk assessment (CPDRA) as an effort to improve informed policies, planning, and strategies in urban disaster management.

## Programs have shown a propensity to develop or impact government policy:

There are examples of CBDRM activities being supported by the government and policy changes made in accordance with CBDRM. These efforts require longevity to be institutionalized; time is required to promote new policies and build relationships with the government. While some implementing partners expressed hope for future policy involvement, concrete policy outcomes were not yet evident in some cases. Nonetheless, progress was observed in the direction of institutionalizing CBDRM, and advocacy efforts were recognized as a key factor in policy development.

**Programs contributed to disaster preparedness actions at the local level. There is evidence of awards catalyzing local governments, schools, and residents/communities to act.**

A total of 9,586 individuals in communities were mobilized and completed participatory hazard, vulnerability, and capacity assessments (HVCAs) across nine awards

9,586

individuals mobilized and completed participatory hazard, vulnerability, and capacity assessments across 9 awards



## **Risk assessment was carried out as part of some awards:**

Risk mapping activities were conducted in 15 awards. Community needs were assessed by gathering primary and secondary data. Risk, vulnerability, and capacity assessments were usually led by implementing partners in collaboration with local organizations. Programs encouraged the sustainability of local capacities. There were 75 community action plans developed based on participatory HVCA in four awards.

## **DRR plans were increased substantially by CBDRM programming:**

Thirty-six awards (or 88% of awards evaluated) either strengthened or facilitated the creation of DRR plans within local governments, communities, and households. These plans integrated CBDRM into village-level planning, and at times led to accessing additional funding to support scaling up and sustainability.

## **CBDRM programs attempted to use resources in efficient ways:**

There were 12 awards that leveraged other resources or minimized costs. Strategies such as resource planning and cost-sharing were employed. These were particularly helpful in the context of the Pacific, where transport and logistics of procurement are costly and challenging due to the remoteness of archipelagic nations. Nine awards sought to improve the financial management capacity of stakeholders either at the national or local level, including through the use of microfinance and community savings groups.

### **Case in Focus: Capacity Building for Microfinance Solutions in FSM**

A project implemented by Catholic Relief Services (CRS) in the Federated States of Micronesia (FSM) exceeded its targets for community members to save and access loans via Savings and Internal Lending (SILC) groups.

The financial services aim to provide targeted households access to savings and loans for them to cope with disasters and recover more quickly.

After their establishment, savings groups continued to provide loans to their members, often utilized for the purposes of disaster preparedness, business formation, education, or other household needs.

## **Program acceptance by communities and governments enhanced program synergy and efficacy:**

Due to programs being able to maintain relationships with community members, various organizations, universities, and government bodies, the scope and coverage of projects was extended.

## **CBDRM programs have significantly improved, developed, and maintained EWS in terms of both technical performance and community readiness. Some limitations remain regarding persons with disabilities and rural communities.**

## **Programs strengthened EWS to ensure timely access to information and data for communities to prepare for risks:**

Twenty-one awards either established new early warning systems (EWSs) or improved existing systems. There were examples of community EWSs strengthened based on participatory assessment audits to identify areas of improvement. In addition to strengthening EWS, some awards yielded results concerning the expansion of EWS to communities not previously reached.

# 15 awards

reported information dissemination on EWS from the national level down to communities



EWS accessibility remains an area for improvement, especially in reaching rural communities and persons with disabilities / special needs. Respondents reported improvements in EWS and expressed confidence in their effectiveness. However, there is a lack of quantitative data to assess the impact of enhanced systems on community awareness and preparedness.

## 11 awards

implemented activities for communities to access data and maps related to EWS



### Case in Focus: Strengthening Flood Early Warning Systems in Cambodia

In Cambodia, the World Food Programme (WFP) partnered with People In Need (PIN), the National Committee for Disaster Management (NCDM) and the Ministry of Post and Telecommunications to strengthen flood early warning messaging through a combination of established messaging services and awareness raising at the community level. The EWS 1294 serves as a message dissemination service whereby a voice recording is sent to the mobile phones of registered users in the areas at risk when an event such as flooding is detected or predicted. WFP collaborated with the NCDM in redesigning the web-based disaster management information system in the country, known as Platform for Real-Time Impact and Situation Monitoring (PRISM).

“ Both [PRISM and EWS 1294] are in a state of sort of transition and hand over, [adding that] handover is not just a turn-the-switch from one day to the next... [because] when you're talking about individual institutional capacity working on systems and processes and tools, these [take] a long time.”

BHA REPRESENTATIVE INTERVIEW

**Social inclusion is a growing priority for CBDRM programs. However, outcomes vary based on the level of attention this objective is given.**

**Certain social inclusion factors (like gender) were given more attention in programs:**

Some CBDRM programs have made a concerted effort to address social inclusion. Gender is the social inclusion factor most often integrated into program design and implementation. Very few awards integrated other factors, such as older persons and Indigenous persons into program design and implementation. Depending on different country contexts, the visibility and engagement of certain marginalized groups were limited.

**Some programs made a concerted effort to address social inclusion, but the integration of social inclusion factors was not always consistent or systematic:**

There is evidence that awards intentionally integrated various social groups into program activities. Data on what results that integration are not available in the data collected for this evaluation. Very few awards integrated older persons and indigenous persons into program design and implementation. Even when programs were considering social inclusion, the means by which they were doing so were not always consistent, and some implementing partners argued that social inclusion would need additional attention in the future.

## HAVE THERE BEEN ANY OBSERVABLE DECREASES IN DISASTER-RELATED IMPACTS FROM CBDRM PROGRAMS?

Perspectives of implementing partners, among other indicators, support the idea that CBDRM programs have started to reduce negative disaster-related impacts, including loss of life; however, success is affected by multiple factors such as case-by-case variance, COVID-19 impacts, and climate change.

Although conflict, disease, and climate change will likely pose barriers in the future, there were reported results concerning the ability of communities, governments, and donors to mobilize and respond to disasters more effectively following the implementation of CBDRM activities.

**Communities: Results of program evaluations show that communities seem to be more prepared for disasters of various types, and there is a significant decrease in mortality in some regions (like Myanmar and the Philippines) during disaster events.**

CBDRM activities included in this evaluation study helped the communities mobilize and respond to sudden-onset disasters in a more timely and effective manner by: (1) ensuring mobilization in actual disaster events, (2) establishing community committees and task forces, and, (3) helping residents get in disaster response mindset through simulations and drills.

### Case in Focus: Response by community members in a disaster event in Tonga

Implementing partner CARE provided reflections on the results of its regional project implemented in the Pacific in terms of how interventions translated to enhanced community actions for disaster response in Tonga following Tropical Cyclone Harold in April 2020:

“ Evidence is that the community did very well on responding themselves. How much is directly attributable to what we did with them is hard to say [but] I think that just communities organizing themselves better and how in the absence of international assistance and information, there was a lot of local level response and they did really pretty well... It was a pretty significant disaster that happened and yet loss of life was very low and other impacts relatively manageable - people didn't starve, people didn't get poisoned by water, people assisted each other out like they did a lot of very effective local responses. So I would say yes, we contributed to that, for sure the work of our partner absolutely contributed to those skills.”

BHA REPRESENTATIVE INTERVIEW

**Government: CBDRM activities included in this evaluation study helped the government mobilize and respond to sudden-onset disasters in a more timely and effective manner by building their capacity (including the capacity of government first responders) through training, simulations, and drills. However, not all governments have the same capability or interest in supporting CBDRM work.**

Government investment in disaster preparedness has mitigated community risk and made CBDRM efforts more effective. Conflicts and budget constraints prevented some governments from engaging in CBDRM. The evaluation team identified interview excerpts that generally portrayed a positive impression of government involvement in disaster mobilization and response. However, the data lacked specificity regarding the quantitative and behavioral outcomes of these activities. Thus, it is difficult to answer “to what extent” these activities have helped governments mobilize and respond to sudden-onset disasters in a more timely and effective manner.

**Donors: Donors are needed to ensure the resources around CBDRM are smooth, and to begin the process of institutionalizing CBDRM.**

A perspective from a KII with a BHA representative highlighted that governments must understand the risks faced by communities, and local-level government agencies must have the capability to implement policy changes:

“ The other role that donors play is the coordination role, right? They’re able to bring governments, and kind of all of these actors together, so that there’s shared learning across countries and within the region. Which then improves the effectiveness of these programs... [Implementing partners] wouldn’t be coming together on their own without donors creating opportunities for cross learning.”

BHA REPRESENTATIVE INTERVIEW

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Donors were also helpful when it came to institutionalizing CBDRM, since they helped maintain a focus that was consistent with international frameworks. While the advantages which donors bring to CBDRM can be identified, the absence of behavioral data makes it difficult to determine how effectively these activities have helped donors respond to disasters in a timely manner:

**Regarding better learning, two themes emerged: one concerning the frequency in which data is updated/reassessed; and the other concerning the depth of the data being collected.**

Interview respondents stressed the importance of regular updates to data analysis, considering the evolving situations in the community. They also noted that the current data analysis lacks depth in describing the results within each community. Respondents emphasized the need for stronger monitoring and evaluation (M&E) practices to enhance data analysis specificity, including “before and after” comparisons, quantifying differences between program areas, and gaining insights into project beneficiaries.

**Regarding future evidence building, our evaluation found that: 1) qualitative data should be more accepted and utilized, to speak to the experiences of community members; and 2) there is a need to collect data on all social inclusion factors at the design and implementation phases.**

Implementing partners expressed the fact that some of their work is better described through qualitative data. They also argued that participants should be allowed to speak in their native language to help produce more accurate results. Reports also contained examples of rich qualitative data, but these are not translatable to quantitative assessments.

Social inclusion was not included as much as it could be in data. For instance, social inclusion in programs did not often consider the LGBTQIA+ community. Creating more flexible responses for individuals taking surveys could validate ostracized identities, such as third genders.

## TO WHAT EXTENT WERE CBDRM INTERVENTIONS EFFECTIVE AND ADEQUATE?

### **CBDRM interventions were sometimes effective and adequate in reducing the impacts of disaster and preparing communities for disaster events.**

CBDRM interventions were sometimes effective and adequate in supporting the aim of BHA’s risk reduction portfolio to lessen the impact of disasters through support to three key areas: (1) building the capacity of first responder agencies through technical assistance to various organizations; (2) expanding and enhancing end-to-end and multi-hazard EWS; and (3) ensuring a whole-of-community approach to preparing, planning, and practicing for disaster events.

#### **Case in Focus: Multi-Stakeholder DRR Forums in Indonesia**

In Indonesia, the CBDRM program implemented by World Neighbours supported the establishment of multi-stakeholder DRR forums composed of the government, local civil society organizations (CSOs), the private sector, the academe, media, and community. The forums served as provincial-level coordination platforms in alignment with community-focused interventions.

“ The DRR forum[s] in Indonesia were a kind of partnership including governments, private sector, community, media, and first responders...work[ing] even at the community level, the lowest administrative unit for information sharing and educating the community. All these partners work together, so this became a practice in Indonesia.”

BHA REPRESENTATIVE INTERVIEW

### **BHA’s flexibility in program design and implementation is crucial for enabling relevant and effective CBDRM interventions by its implementing partners:**

Implementing partners demonstrated an ability to carry out adaptive management that enabled them to continue the implementation of CBDRM interventions despite disruptions such as large-scale disasters and the COVID-19 pandemic. USAID’s BHA was able to support adaptive management with the provision of no-cost extensions (NCEs) for eight awards, which provided flexibility for partners to achieve their intended targets.

KIIs with implementing partners voiced the need for further support from USAID’s BHA through the provision of longer award implementation and evaluation timelines to allow them to understand the local situation in more detail and potentially see the impacts of new policy changes.

### **There is a need for flexible and streamlined indicators for monitoring and reporting requirements of CBDRM interventions:**

There are opportunities to make program design and reporting more flexible and streamlined to reflect the changing needs of implementing partners and beneficiaries over the course of an award. This was highlighted in KIIs with BHA advisors:

“ Just like more adaptive management, like a bit more flexibility, I would say maybe like fewer indicators or requirements, but more streamlined and meaningful.”

“ our awards are based on the application guidelines. The indicators are all standardized. When [implementing partners] write that proposal, they pick the objectives, the indicators of what’s appropriate for them, and it’s hard for us to go back to those awards, revise those and you know, after the baseline complete, you know it doesn’t make sense to go back and revise indicators again because it’s more cost, more time.”

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## IMPLEMENTING PARTNER INTERVIEWS

**USAID’s BHA-funded CBDRM programs take clear steps to link to broader developmental strategies. However, these links are unclear due to the complex relationship between the numerous agencies involved and are also limited by local government funding.**

KIs with some BHA advisors suggested that USAID offices and BHA programs were sometimes “siloed”, indicating that strategic linkages/integration with program design was not always possible:

“ There is some silo from the BHA side that like - we do our programs from Washington, and this is how we do - separately from the USAID missions. And then USAID missions here, they are not that perfect too. They - sometimes different offices in US state mission doesn’t talk to each other too. But they at least try to have this umbrella CDCS, country level strategy and then all the different technical office programs they feed into. And being BHA programs are not included in there and - so it’s hard to link. Yeah, there is a need for more integration.”

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## BHA REPRESENTATIVE INTERVIEW

The Country Development Cooperation Strategies (CDCS) and Regional Development Cooperation Strategy (RDCS) cover five countries included in this evaluation study: Cambodia, East Timor, Indonesia, Philippines, and Vietnam. The Sendai Framework and UNDRR regional priorities tend to be the primary guiding strategies which respondents (implementing partners and BHA representatives) were aware of, while the CDCS and RDCS were less familiar to them. Perspectives from implementing partners revealed that USAID’s BHA strategic priorities are not always clearly understood, but that partners try to complement their goals.

**Programs have had successful handovers, but handovers could be limited by a lack of government funding or capacity:**

There were examples of CBDRM programs that had successful handovers of CBDRM initiatives to governments. Examples of successful handovers included those in Indonesia, Cambodia, and Mongolia. Sometimes handovers are not possible because of a lack of government funding or capacity to maintain the interventions. While governments may be interested in continuing CBDRM work after interventions have ended, it was not always possible. Future handovers could consider this feedback and attempt to ensure that handovers do not require more resources than a host government has.

## Case in Focus: Handover of SMS System on Weather and Pasture Information in Mongolia

In Mongolia, Mercy Corps established a short message service (SMS) system to provide weather and pasture information of all baghs and soums in the country. The SMS server was later handed over to the National Emergency Management Agency (NEMA) for its institutionalization within the government of Mongolia. The implementing partner signed a tripartite letter of commitment with each soum governor and the herders' group responsible for future use, oversight, and maintenance.

“ Paired up with technical assistance for veterinary training and services... so we're seeing the national governments taking up more and more on the veterinary services, and the local governments are doing more on the disaster risk reduction and preparedness.”

BHA REPRESENTATIVE INTERVIEW

## Conclusions

The evaluation findings prompted the formulation of six key conclusions:

- **Capability building and networks of actors and interventions contributed to CBDRM outcomes, but also made impacts and sustainability of the programs difficult to separate from similar programs and work.**

Data from this evaluation shows that USAID's BHA-funded CBDRM programs built the capacity of local communities in ways that were responsive to localized needs of communities, governments, and implementing partners. Yet because CBDRM implementing partners attempted to engage with a diversity of stakeholders, the overlap in efforts sometimes obscured the attribution of sustainable outcomes to particular programs.

- **For capacity building efforts to have sustainable outcomes multi-level government support is required, including endorsement and funding.**

Efforts in capacity building require significant time investment, making it uncertain for programs to determine the success of policy efforts until a later stage. Notably, TOT modalities helped increase the reach of capacity building for different stakeholders as well as ensuring local ownership, enhanced cooperation and sustained engagement of trained persons beyond the period of project life cycles.

- **CBDRM programs have significantly improved EWS in technical performance and community readiness, but some limitations remain regarding persons with disabilities and rural communities.**

Data from the evaluation points to significant improvement in EWSs particularly in urban areas. Interventions facilitated greater community participation in accessing data and maps as well as enhanced information dissemination from the national level down to the communities. The evaluation also revealed that the need to further improve EWSs remains, especially to better reach persons with disabilities and those in rural areas.

- **When defining and operationalizing social inclusion in program design and implementation, there is a tendency to focus on gender.**

Gender was the social inclusion factor given the greatest attention in program design and implementation. While incorporating various social inclusion factors aligns with a whole-of-society approach for CBDRM programming, the inclusion of these factors was not always consistent or systematic in the sampled awards. Still, improvements can be made - particularly in regard to the LBGTQIA+ community, Indigenous peoples, and the elderly.

- **CBDRM programming, facilitated by implementing partners, has begun to yield positive outcomes through action by the communities, governments, and donors.**

Data supports the view that CBDRM programs have started to reduce negative, disaster-related impacts, including loss of life and that communities seem to be more prepared through (1) mobilization during disasters, (2) the establishment and work of committees and task forces, and (3) participation in simulations and drills. In addition, some governments have developed the capacity to mobilize and respond to sudden-onset disasters in a more timely and effective manner because of CBDRM capacity building. Donors were found to support logistics and can play an important role in institutionalizing CBDRM.

- **CBDRM interventions have demonstrated success in reducing disaster impacts and preparing communities, but improved reporting, streamlined indicators, and addressing government funding and capacity challenges are needed.**

Overall, CBDRM program design and implementation enabled relevant and effective interventions by implementing partners. At the same time, more flexibility in reporting, and more streamlined indicators for monitoring and reporting would assist implementing partners in sharing the results of their interventions. Regarding program handover and scale up, the results showed examples of each, but sometimes handovers were not possible because of a lack of government funding or capacities to maintain equipment or initiatives initiated by CBDRM interventions.

## Recommendations

The evaluation study offers recommendations for USAID's BHA to improve its CBDRM programming:

### Recommendation 1

**Consider encouraging systems and networks approaches to CBDRM.** Intentional consideration to the system and networks of actors and interventions that influence CBDRM programming's effectiveness could be useful. Programs that can facilitate multi-stakeholder or whole-of-society approach (e.g. engaging governments, communities, local NGOs) to reach out to a diverse range of stakeholders as well as the private sector by implementing partners is an explicit opportunity for expanding CBDRM.

### Recommendation 2

**Develop additional opportunities for implementing partners and local organizations, governments, and communities to learn from each other.** Implementing partners learn from their own and their collaborators' successes and failures. Providing opportunities for organizations across BHA's CBDRM portfolio to learn from each other through dedicated fora, platforms, or learning events.

### Recommendation 3

**Incorporate efforts to influence policy into CBDRM programming.** Concurrently, managing implementing partners', governments', donors', and communities' expectations that policy change requires longevity. Consider supporting longer-term CBDRM programming, especially in efforts toward recovery, risk reduction, and resilience which would provide more time to build on initial successes.

### Recommendation 4

**Consider programs that intentionally and systematically seek to enhance EWSs for persons with disabilities and residents in rural communities.** Early warning systems must be able to reach individuals with visual or hearing impairments, along with mobility challenges, to ensure that no one is left behind during the process of evacuation. At the same time, some areas without consistent internet must also have access to EWS.

## Recommendation 5

**Integrate all social inclusion factors in the design and implementation of CBDRM programs and consider more robust and systematic ways to assess social inclusion.** USAID's BHA can take steps to ensure that all awardees carefully design, implement, and evaluate CBDRM activities with considerations for all social inclusion factors. More resources may be dedicated toward contextual research to inform the integration of gender equality and social inclusion in CBDRM programs.

## Recommendation 6

**Invite new methods of data collection and data analysis to better capture learnings and social inclusion factors.** Data collection must be regularly assessed, and the depth of the data being collected must be improved. The utilization of more qualitative data and ensuring social inclusion factors can be considered to a greater extent in data analysis. Adding more flexibility to survey questions is one way implementing partners can do this.

## Recommendation 7

**Conduct further investigation on the performance and impact of BHA-funded CBDRM programs.** USAID's BHA to consider carrying out further investigation into the perspectives of direct beneficiaries and local partners (government and community representatives). This would aim to assess on-the-ground impacts, validate key findings from partner interviews, and document the long-term impacts of BHA-funded CBDRM activities. This investigation will support USAID's BHA in shaping the direction, type, and nature of future CBDRM programming in the EAP region.

## Recommendation 8

**Consider independent portfolio evaluations of USAID's BHA-funded CBDRM program portfolio to be conducted after the implementation of program cycles.** Consider investing in independent portfolio evaluations to be conducted after the implementation of BHA-funded CBDRM program cycles from three to five years. It is challenging to determine impact immediately following programs of 18 months to two years in length, the usual duration of BHA-funded CBDRM programs.

## Recommendation 9

**Communicate CBDRM results to Mission colleagues and integrate such results into Mission portfolio reviews.** Where relevant, consider communicating CBDRM results to Mission colleagues via reporting and public outreach communications as well as integrating such results into Mission portfolio reviews. Moreover, further explanation and guidance on regional and country development strategies (including the RDCS and CDCS, whenever these are available) may be provided to implementing partners.

## Evaluation Methods

The research began with a literature review of relevant academic and grey literature. To address BHA's selected evaluation questions, the evaluation team used a mixed methods research design, including quantitative and qualitative analyses of: (a) award-specific evaluations, progress reports, and results generated by BHA implementing partners; and (b) key informant interviews (KIIs) with BHA representatives and implementing partners.

Out of 81 CBDRM projects, a final sample of 41 CBDRM awards were selected. The analyzed documents included award documents; semiannual, annual, and final project reports; and baseline and final evaluation reports. For some awards, indicator tracking tables (ITTs) were provided. These documents contained the secondary data from which the evaluation team gathered quantitative and textual data about program achievements. Moreover, the evaluation team worked with BHA to invite and interview KII participants from BHA representatives and implementing partners. All recorded interviews were transcribed.

## Acknowledgements

This summary report draws from the final evaluation report that was prepared by the Purdue Policy Research Institute (PPRI) and the Asian Disaster Preparedness Center (ADPC) for USAID's BHA/East Asia and the Pacific Region project. The project was supported by the United States Agency for International Development (USAID) through the LASER PULSE mechanism. The research team would like to extend its appreciation to the USAID's BHA EAP for co-creating this project together with LASER PULSE, providing access to its reports and relevant data from grants, technical contribution and time spent on key informant interviews. We also wish to thank the implementing organizations that submitted reports and documentation and took part in the key informant interviews pertaining to their CBDRM programs. Moreover, the research team would like to extend its thanks to the LASER PULSE team for the overall coordination and management support provided to this project.



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