



Review of the Integrated Community-Based Risk Reduction (ICBRR) program 2012 – 2014 supported by Norwegian Red Cross

Introduction

Simple and focused desk review of the Cruz Vermelha de Timor-Leste's (CVTL) Integrated Community-based Risk Reduction (ICBRR) program was conducted between January – February 2015 at the end of Norwegian Red Cross (NRC) support to ICBRR program.

Purpose of this document is to review the current status of the ICBRR implementation in Aileu, Covalima and Oecussi districts and capture key accomplishments gained during the work period of 2012 -2014 with the support from NRC. Based on information available at a programmatic level, this review documents the work implemented and thus will serve more comprehensive impact evaluations of the ICBRR program in the future.

The overview builds on a collection and synthesis of existing data on ICBRR program implementation. A desk review of key program documents, including proposals, work plans, reports and evaluations, was conducted (*see References and documents reviewed*). Information obtained in monitoring visits and discussions with CVTL staff in NHQ and branches is completing this review.

Time and logistics constraints were the key factors contributing to the limited scope of the review. During rainy season moving in Timor-Leste is challenging and many of the communities are not accessible by road. This limited the possibility to do more in-depth onsite analysis of the program implementation in communities.

The ICBRR program has been reviewed also by other partners supporting the integrated program or some components included in ICBRR program. These evaluations have already covered many of the relevant questions related to the ICBRR program implementation. Findings from these studies (*see References and documents reviewed*) are available and can be used to inform partners of the progress of the ICBRR program. Thus it was unnecessary to burden CVTL that is already suffering from evaluation with yet another lengthy evaluation process.

Program description

From 2012 onwards, CVTL has organised its main community-based program of support for vulnerable people and households as an Integrated Community-based Risk Reduction Program (ICBRR). ICBRR program is implemented country-wide and it involves all parts of the organisation. ICBRR combines CVTL's activities in Health, Water and Sanitation, Livelihoods and Disaster Risk Reduction and it aims to tackle the multiple risks facing vulnerable Timorese communities and households.

In each target village (*suco*), the program identifies and engages the most vulnerable people – based on gender, age, poverty, education, disability or location – and ensures that their interests, needs and priorities are heard and taken into account in each part of the community-based programme.

Program activities, specific for each community (*aldeia*) are planned to meet the needs of vulnerable households in that community over a period of 2 – 3 years.

The objective of the ICBRR program is to strengthen the capacities and resilience of the most vulnerable communities and households in Timor-Leste, to better cope with the hazards and risks they face. Community resilience will be built in the following main areas: community capacity-building, health and living conditions, sustainable livelihoods, environment and risk awareness, protection against natural disasters and emergency preparedness. Building community resilience will be achieved through vulnerability and capacity assessment, participatory planning and implementation of a “full package” of carefully-designed integrated risk reduction actions and community capacity-building.

CVTL has used important pilot projects in Disaster Risk Reduction (Community Based Risk Reduction (CBRR) project pilot from 2007 to 2011 with technical support from IFRC/Norwegian Red Cross) and Health promotion and first aid (CBHFA pilot from 2009 to 2012 with funds and technical support from IFRC/Finnish Red Cross) to develop ICBRR program and design.

ICBRR program commenced in Aileu, Covalima and Oecussi in 2012. In these districts, programme has been implemented with the technical support from the IFRC and with the financial support from the Norwegian Red Cross. Australian Red Cross is supporting CVTL to implement the ICBRR program in six districts and New Zealand Red Cross in one district. From

2015 onwards, program implementation in Aileu, Covalima and Oecussi will continue with the support from British Red Cross and Korean Red Cross.

Overall assessment of the program

Overview of the progress

In this document, progress is assessed against the logical framework and program proposal from 2012 which was shared with Norwegian Red Cross. Since then ICBRR team has reviewed ICBRR plan and logical framework and is currently using another document versions to guide the ICBRR program implementation, monitoring and reporting.

Outcome 1: National Program for Resilient Communities: CVTL has successful ICBRR program operating nationally with full support from partners.

The shift to an integrated model has been a large change for CVTL, which has previously operated distinct departments. CVTL has, however, been successful in establishing the necessary national coordination mechanisms for the integrated program.

Health and Disaster Management Coordinators share responsibility for the overall management of the program. The Health Coordinator has responsibility for budget management and reporting for the Australian Red Cross-funded ICBRR program, and DM coordinator manages the IFRC supported parts. However, the expectation of this structure is that they each work collaboratively on both ICBRR projects and lead the program teams. In practice this complex reporting structure works fairly effectively, largely due to the relationships between staff at the manager level.

There is an ICBRR team meeting held quarterly with national headquarters and branch staff. Purpose of the ICBRR meeting is to share information and experiences, do joint planning and coordinate activities.

Key external stakeholders at a national level are government (particularly Ministry of Infrastructure (SAS), Ministry of Health, National Disaster Management Directorate and Ministry of Agriculture) and national and international non-governmental organisations. CVTL participates also actively in national level coordination meetings facilitated by the relevant government departments within key sectors, such as DRR and water and sanitation. At district level main

responsibility for external coordination rests with branch staff. Government representatives interviewed during the ARC-led mid-term review were positive about the way which CVTL coordinates with their departments.

Main challenges for the internal national level coordination have been the informal nature of the coordination and relationships between staff across program areas and across national and branch levels, and incorporation of branch structures within large ICBRR program structure.

Outcome 2: District ICBRR coordination and support: CVTL has district-level program of ICBRR support for vulnerable communities and households.

Branch staffing structures are in place to support district-level implementation of the ICBRR program. In Aileu, Oecussi and Covalima, branches have necessary technical staff – health and DM officers – who are operating at community level implementing DRR, livelihoods, health and water and sanitation activities.

CVTL branch staff has been trained to facilitate and deliver a range of programs, including CBHFA, basic DM and DRR. They have also an important role in monitoring and the implementation of the program at community level through regular visits to project sites.

In the ICBRR mid-term review, branch staff reported feeling well trained for their roles and having an good understanding of their roles whereas branch coordinators expressed some concern that they are not always informed about the ICBRR activities happening within their branches. Branch coordinators said that with better coordination and information they could do a better job of monitoring the program.

The extent to which CVTL coordinates with district partners varies from branch to branch. In some districts there are formal sectorial coordination meetings and where these exist CVTL takes part. In Covalima and Oecussi branches coordinate program activities closely with district government offices and other local and international non-government organisations. In these districts, CVTL is recognised as a key actor in the area of health and disaster management. In Aileu, district-level coordination mechanisms are not as active as in other two districts, and there is room for improvement in terms of coordination.

Outcome 3: Resilient suco and aldeia communities: Target suco and aldeia have strengthened resilience/ reduced vulnerabilities.

Needs and priorities of each community are identified through participatory process, and CVTL uses Vulnerability and Capacity Assessment (VCA) and Community Action Plan (CAP) tools in the integrated community-based risk reduction program. The implementation of activities is based upon the findings of the initial participatory analysis process. VCA and CAP process has been undertaken in each target community in Aileu, Covalima and Oecussi district.

Summary of ICBRR project site activities in Aileu, Covalima, Oecussi

By the end of 2014, program activities at the community-level has been largely completed in Asubilitoho (Aileu), Fohorem (Covalima) and Suniufe (Oecussi), and planned activities and outputs have been achieved within program timeframe. ‘Software activities’, like health and hygiene and nutrition education will continue to some extent, and CVTL plans to provide some refreher trainings for community volunteers to ensure their skills and knowledge is updated and to motivate people to continue volunteer activities. In Hoholau (Aileu), Beiseuk (Covalima) and in Bobometo (Oecussi) CVTL has made a good start to implementation of activities at the community level with all program areas (livelihoods, health, watsan and DRR) active in each community.

During 2012 – 2014 over 9000 people have been reached through the ICBRR program in Aileu, Covalima and Oecussi.

District	Village	Population	Male	Female
Aileu	Asubilitoho	983	503	480
	Hoholau (incl. 3 sub-villages)	808	369	439
Covalima	Fohorem	1295	655	640
	Beiseuk	2590	1272	1318
Oecussi	Suni-Ufe	1863	925	938
	Bobometo	1514	727	787

The following table summarises activities implemented in Aileu, Covalima and Oecussi between 2012 – 2014.

District (branch)	Village (suco)	Activities (2012 - 2014)
Aileu	Asubilitoho	VCA and CAP conducted in 2012
		Local leaders sensitised to ICBRR program in 2012
		25 community volunteers recruited in 2012
		DRR, CBHFA and first aid trainings organised for community volunteers
		Livelihoods analysis conducted
		Livelihoods group formed and trained in agricultural techniques, food processing and bookkeeping.
		Youth structure established. Healthy youth and DRR for youth trainings organised for 52 youth.
		Disaster Risk Reduction education for around 620 school children
		Door-to-door visits to share information on DRR, climate change, environmental protection and health
		Tree planting*
		Community-based early warning system established and community equipped with 3 small megaphones
		Simulation exercise
		Hygiene promotion and assisting community to build tipitaps. Hygiene kits distributed to 165 households.
		Hoholau
	Local leaders sensitised to ICBRR program in 2014	
	25 community volunteers recruited in 2014	
	DRR, CBHFA and first aid trainings organised for community volunteers	
	Livelihoods analysis conducted	
	Livelihoods group formed and trained in agricultural techniques, food processing and bookkeeping.	
	Disaster Risk Reduction education for approximately 134 school children	
	Door-to-door visits to share information on DRR, climate change, environmental protection and health	
	Community-based early warning system established and community equipped with 3 small megaphones	
Hygiene promotion and assisting community to build tipitaps. Hygiene kits distributed to 354 households.		
Nutrition education and cooking demonstrations		
Covalima	Fohorem	VCA and CAP conducted in 2012
		Local leaders sensitized to ICBRR program in 2012
		25 community volunteers recruited in 2012
		DRR, CBHFA and first aid trainings organised for community

		volunteers	
		Livelihoods analysis conducted	
		Livelihoods group formed and trained. Assistance to start cassava chips production, tais making and livestock.	
		Door-to-door visits to share information on DRR, climate change, environmental protection and health	
		Nutrition education	
		Disaster Risk Reduction education for approximately 50 school children	
		DRR training for local leaders	
		Tree planting*	
		Waste management facilities constructed in 5 locations (schools, market area and church). 18 household latrines built.	
		Spring source protection and water distribution tanks established	
		Hygiene promotion	
		Beiseuk	VCA and CAP conducted in 2014
			Local leaders sensitised to ICBRR program in 2014
			32 community volunteers recruited in 2014
DRR, CBHFA and first aid trainings organised for community volunteers			
Livelihoods analysis conducted			
Livelihoods group formed and trained in agricultural techniques, food processing and bookkeeping.			
DRR training for local leaders			
Disaster Risk Reduction education for around 59 school children			
Tree planting*			
Door-to-door visits to share information on DRR, climate change, environmental protection and health			
Community-based early warning system established and community equipped with loud speaker			
Simulation exercise			
Hygiene promotion. Hygiene kits distributed to 154 households.			
Nutrition education and cooking demonstrations			
Oecussi	Suni-Ufe	VCA and CAP conducted in 2012	
		Local leaders sensitised to ICBRR program in 2012	
		20 Community volunteers recruited in 2012	
		DRR, CBHFA and first aid trainings organised for community volunteers	
		Livelihoods analysis conducted	
		Livelihoods group formed and trained. Seedlings provided to 3 sub-villages.	

		Door-to-door visits to share information on DRR, climate change, environmental protection and health
		Disaster Risk Reduction education for around 176 school children. DRR information shared also through local radio
		Tree planting. 1,000 seeds provided by the Ministry of Agriculture.
		Simulation exercise
		DRR training for local leaders
		Community-based early warning system established and community equipped with loud speaker. River-level gauge installed and evacuation centre constructed.
		Water supply system construction (covers three sub-villages and includes installation of water to the school). 240 household latrines built
		Hygiene promotion. Hygiene kits distributed to 308 households.
		Nutrition education and cooking demonstrations
	Bobometo	VCA and CAP conducted in 2014
		Local leaders sensitised to ICBRR program in 2014
		27 community volunteers recruited in 2014
		DRR, CBHFA and first aid trainings organised for community volunteers
		Livelihoods analysis conducted
		Livelihoods group formed and trained in agricultural techniques, food processing and bookkeeping.
		DRR training for local leaders
		Disaster Risk Reduction education for around 112 school children
		Door-to-door visits to share information on DRR, climate change, environmental protection and health
		Community-based early warning system established and river-level gauge installed.
		Simulation exercise
		Hygiene promotion and assisting community to build tipitaps
		Nutrition education and cooking demonstrations
*Altogether 1971 trees were planted in Asubilitoho, Beiseuk and Fohorem		

In Aileu, Covalima and Oecussi community participation to the ICBRR program implementation has generally been good. Local leaders show support to CVTL and to the program implementation and community structures has been established and are operational in each target community in Aileu, Covalima and Oecussi. Only in Fohorem village in Covalima district it has been challenging for CVTL to sustain the

motivation and interest of community to commit to physical activities, like water system and latrine construction. Due the fluctuating community participation, CVTL decided to complete only the spring source protection and distribution tanks which already improve significantly the access to safe drinking water, but not to construct the water supply system in an extent that it was originally planned. Health and DRR education and other software activities have however been able to

raise the interest among community and have reached good number of beneficiaries in Fohorem.

ICBRR program results and outcomes

For CVTL the perceived benefits of an integrated model are its potential to respond to complex issues of communities and to provide a more streamlined approach to working in communities. Mid-term report (*Australian Red Cross, 2013*) states that also the feedback from community is indicating support for the integrated model, particularly for its capacity to respond to multiple community needs.

There are weak signs of improved community resilience in CVTL's target areas, but higher level outcomes, such as behaviour change, reduction of disaster risks and increase in capacities to prevent and response to disasters, contributing to the community resilience within communities is hard to assess due to a lack of data. There is strong impetus for ICBRR program to produce information regarding the impact of the ICBRR program. How the program contributes to the increased resilience of target communities needs to be evaluated better in the future.

Baseline information using a questionnaire survey developed for the ICBRR program was collected by volunteers and staff in Fohorem (Covalima) and Suni-ufe (Oecussi) in 2012. In 2014, CVTL piloted for the first time data collection using the Rapid Mobile Phone (RAMP) survey technology, and endline data from Fohorem and Asubilitoho (Aileu) was collected through mobile phones using an updated survey questionnaire version. In Suni-ufe, endline data was collected using modified paper questionnaires (different from the baseline version). Also sample sizes in baseline and endline phases were different. Due to these limitations in survey design and data collection, the baseline and endline data obtained is not conclusive and comparable, and it is not possible to measure changes in behaviour and knowledge in Aileu, Covalima and Oecussi reliably.

Findings from the CBHFA review conducted in 2013 (*IFRC/Finnish RC*), and from the Water and Sanitation Look back study undertaken in 2014 (*Australian Red Cross*) to evaluate nine CVTL WASH projects suggest however that it is realistic to assume that ICBRR program, utilising the CBHFA approach to health promotion and including water and sanitation component as a key strategy to enter communities, contributes to the improved resilience and safety for instance in following ways:

- *Improving health and wellbeing through improved knowledge of and reduction in malaria, diarrhoea and skin and eye infections*

The WASH Look back study found that the water supply systems, mainly gravity flow with some protected dug wells, built by CVTL are constructed to a high quality and provide community members with access to improved water. Most of focus group discussion conducted as a part of the WASH study reported a reduction in diarrhoea, and skin and eye diseases, and other parts of the study support the self-reported reduction in diarrhoea. The WASH study concludes that combined with a hand washing frequency of 50%, results represent sufficient evidence to claim some reduction in diarrhoea as a result of the CVTL interventions.

Also the endline data collected in the end of the CBHFA program pilot in 2013 showed encouraging trends in relation to hygiene promotion and sanitation and malaria prevention practices.

- *Increasing convenience, privacy and security due to improved access to water and sanitation*

Convenience and time saved from having water points close to people's houses were other benefits reported in the focus group discussions conducted as part of the WASH look back study. On average the time saved was one hour per household per day.

Other benefits reported in the focus groups were the privacy and security offered by having household latrines. In addition some focus groups said that communities were more harmonious due to less conflict over collecting water.

- *Improving sanitation*

In reference to sanitation, the WASH look back study found that the CVTL has been successful in achieving improved sanitation in target communities which included a sanitation component. CVTL's current part-subsidy approach has resulted in people moving from open defecation to sustained use of good quality sanitary latrines.

- *Improving demand for basic health services*

Local health departments interviewed as part of the CBHFA review in April 2013 expressed CVTL value addition in dealing with overall health programs. Improved demand for basic health services prompting local governments to have enhanced supply and health service was seen as a key outcome of CVTL's interventions using the CBHFA approach.

Emerging lessons and key challenges

- District branch structure is crucial to the success of the ICBRR program, and good coordination and information sharing is needed to enable CVTL branch staff to undertake their full role in program implementation and monitoring.
- ICBRR target locations are often long distances from the branch office, requiring travel on poorly maintained roads. This poses a challenge for program monitoring, particularly during the wet season. There is a need to prepare and manage program activity timelines carefully taking into consideration environmental conditions.
- Demands on community participation may sometimes be unrealistic in integrated programming that involves communities and community volunteers in number of different trainings, processes and events. It is important to understand that community members have competing work, family, cultural and social responsibilities, and CVTL needs to be careful not to overload communities with different activities. Good volunteer management is needed to sustain the motivation and interest of community volunteers. Government practice of paying community members USD \$3 for contributing to village maintenance is considered a barrier to participation in non-remunerated CVTL activities.
- ICBRR program has a three year timeframe and certainly it requires at least this amount of time to build the relationships, implement the activities and generate behaviour change necessary to the model.
- Integrated approach requires significant staff and financial resources which need to be used in the most effective manner. CVTL will need to source funding which recognises the need for community-driven, flexible and long-term strategies. Further cost/benefit analysis is required to determinate the extent to which the model compares with single-sector approaches in terms of expense and outcomes.
- CVTL has demonstrated a commitment to evaluate its work and significant amount of baseline data has been collected. In order to measure the impact of the ICBRR program at the community level, CVTL skills in evaluation, more specifically in design and analysis of surveys need to be improved. Good documentation is also crucial for monitoring and evaluation of ICBRR program.

ICBRR program documents:

- Logical framework 2012
- Logical framework 2014
- Program proposal 2012 for Norwegian Red Cross
- ICBRR Program plan

2012 Annual report for ICBRR, prepared by CVTL

2013 Annual report for ICBRR, prepared by CVTL

2014 Annual report for ICBRR, prepared by CVTL

IFRC Pledge-based report to Norwegian Red Cross covering period of January 2012 to December 2012

IFRC Pledge-based report to Norwegian Red Cross covering period of January 2013 to December 2013

IFRC Annual report 2012

IFRC Annual report 2013

IFRC Mid-term report 2014

Disaster Risk Reduction in Timor-Leste. A Summary Report of the Cruz Vermelha de Timor-Leste (CVTL) activities 2007 – 2014 by the IFRC Timor-Leste Country Delegation.

CVTL Community Based Risk Reduction Project. Final Evaluation Report by James Hardman, for IFRC 2011.

Final evaluation of CVTL Community Based Health and First Aid Program implemented in Manatuto and Manufahi districts of Timor-Leste between 2009 and 2013. Evaluation conducted by Gopal Mukherjee in April 2014. *IFRC/Finnish RC*

Mid-term review of Integrated Community-based Risk Reduction (ICBRR) program in February 2014. Report by Kate Davies, *Australian Red Cross*.

WASH Look back study. Learning from experience: An ex-post cluster evaluation of CVTL WASH program in December 2015. Report by Peter Dwan, FH Designs for *Australian Red Cross*.

Timor-Leste: Working towards integrated programs in a fledging nation. Case study in Global case study collection of community-based health and first aid (CBHFA) programs. *IFRC, 2012*.

References and documents reviewed