

Assessing vulnerabilities and capacities – during peace and war

Designing a disaster preparedness plan is impossible without knowing the risks facing any given community. But unlike hazard mapping, which can be computerized using geographic information systems or even satellite images, vulnerability cannot be seen from above. Vulnerability changes constantly, reflecting prevailing social, economic, cultural and political circumstances. And yet, it is this same vulnerability that can dramatically intensify the effects of a disaster. Similarly, the capacities of communities to cope with hazards and disasters will vary according to local conditions and perceptions.

Various organizations specializing in development came to recognize the importance of understanding capacities as well as vulnerabilities in the late 1970s. This recognition is now increasingly mirrored in humanitarian circles, aware of the limitations of needs-based approaches, which often focus on material aid and regard beneficiaries as passive “victims”. In 1989, Mary B. Anderson and Peter J. Woodrow presented their guidelines for analysing capacities and vulnerabilities, known as CVA (see Box 6.1). And in 1994, the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Response* emphasized the need to build disaster response on local capacities. These initiatives formed part of the conceptual basis for the International Federation’s approach to disaster risk planning, known as the vulnerability and capacity assessment (VCA). Its main aims are threefold:

- To assess the risks facing communities and the capacities available to deal with those risks.
- To involve communities, local authorities and humanitarian/development organizations in the assessment from the very outset.
- To draw up an action plan to prepare for and respond to the risks identified.

Involving all parties from the outset is fundamentally important, for two reasons. When risk reduction plans and projects are finally introduced on the recommendations of the VCA, the partnership process which the VCA generated will of itself improve cooperation during the implementation of these projects. Perhaps more importantly, the assessment can provide participants with greater awareness of their own potentialities. “Instead of seeing themselves as victims, people tell themselves that they can influence what happens,” says Graham Betts-Symonds, senior officer for disaster preparedness at the International Federation. So VCA is not just a diagnostic measure, but a capacity-building tool, because it involves communities from the very start.

Photo opposite page:
Breaking new ground,
the Palestine
Red Crescent’s
vulnerability and
capacity assessment
took into account what
children view
as hazards.

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Exile Images,
West Bank, 1992.

Crucially, the VCA process aims to heighten the awareness of communities and aid organizations *before* disaster strikes. It then converts that awareness into concrete, pre-emptive action: mapping hazards, vulnerabilities and capacities; agreeing on the roles of organizations and community members during disasters; and training in disaster response and first aid. In this way, VCA plays a key role in triggering and supporting disaster preparedness and mitigation initiatives.

However, carrying out a detailed investigation of the risks facing a community or even a nation, and the abilities of people and organizations to meet those risks, can be a daunting, controversial and delicate operation. The assessment may expose risks rooted in long-established inequalities of access to resources and power. The VCA's conclusions could be deeply political and unacceptable to national authorities, or even to the leadership of the organization conducting the VCA. The assessment process risks raising unrealistic expectations among vulnerable people that their problems may vanish. It may end up creating a wish-list of priorities beyond the capacities of national organizations to deliver.

Early experiences

To date, hundreds of VCAs have been completed at community level. Some 30 National Red Cross and Red Crescent Societies from Scandinavia to Africa have embarked on national-level VCAs and 15 more have declared their intention to start doing so during 2002 (see Box 6.2). The Swedish Red Cross (SRC) was one of the first to experiment. They had two aims: better identification of vulnerable groups; and greater awareness and ownership of the VCA process itself on the part of SRC's staff and volunteers. This double-edged aspect of VCA – understanding “clients” better *and* improving the skills of the National Society carrying out the assessment – is still central to the assessment's approach.

The VCA's popularity may be because its essence is close to the community-based way in which National Societies operate. A recent article by Christoplos, Mitchell and Liljelund expresses this as follows: “Organisations such as Red Cross/Crescent Societies, religious institutions and farmer organisations have a presence at grass-roots level and are ideally placed to develop an understanding and knowledge of local capacities and coping strategies and, moreover, to involve communities in shaping disaster mitigation and preparedness activities.” This is particularly relevant for communities isolated by geography or political realities from the support of their national governments (see Box 6.3).

A good VCA can be long, exhausting, and expensive. It requires total commitment on the part of both collaborators and volunteers (see Box 6.4). But the effort pays off: witness the experience of The Gambia Red Cross (GRC), whose 18-month-long VCA was completed in 1998 and had several significant outcomes:

- It helped the GRC identify 22 potential hazards (they were expecting only about half that many), which allowed them to develop a strategic workplan for 2001-03. Surprises included seasonal food shortages, waste dumping, meningitis and drought.
- Two of the hazards identified (HIV/AIDS and traffic accidents) are now the focus of major projects.
- It helped the GRC discover which communities had stronger capacities than others to deal with disasters on their own.
- The GRC's work has become more focused and the Red Cross's presence and profile in the community has grown.
- The GRC is now a member of a working group, based on the VCA's results and set up by the government, which is compiling a national disaster management and contingency plan.

VCA under fire

Conflict situations make carrying out a VCA particularly challenging. The experience of the Palestine Red Crescent Society (PRCS) with VCA has shown, however, that the process can make a difference whether during peace or war.

On 28 September 2000, the Palestinian territories erupted, marking the beginning of what became known as the second "intifada" (uprising). Since then, thousands have been killed or injured in a tragic escalation of armed conflict and retaliation. The life of the Palestinian population was totally disrupted; on top of the acts of violence came the "closure" of residential areas, job losses and a marked deterioration in public services. From the very outset of the intifada, only one Palestinian organization proved to be prepared, even partially, to cope with the situation: the Palestine Red Crescent. And all the better prepared for the PRCS having only just completed a comprehensive VCA.



Box 6.1 "Make people aware of the power they have"

In the early 1980s, various researchers and NGO workers recognized that the link between relief and development was, more often than not, inadequate. Mary B. Anderson, who was to conceptualize this link with Peter J. Woodrow, recalls: "I was struck to see that development work was so often interrupted by disaster. Many colleagues thought they had to stop everything in order to deal with the emergency, and would return to their development work only afterwards. And then, I often heard people in disaster-struck areas say things like 'First we had the hurricane, then the aid agencies came, and they were another disaster!' It seemed to me we were wasting opportunities offered by emergencies for initiating development work."

Part of the waste was considering beneficiaries as passive "victims", who had needs but no capacities of their own, and had to rely exclusively on external aid, which focused mainly on material aspects. This motivated Anderson and a few colleagues to find new guidelines which could link emergency and development work. The great famine in Ethiopia, in 1984, where agencies rushed, without necessarily knowing what to do and how to do it, made things easier. "People felt they needed some guidelines," says Anderson.

The guidelines were to come in 1989. After studying 30 NGO projects in various locations, Anderson and Woodrow published *Rising from the Ashes – Development Strategies in Times of Disaster*, which first introduced the notion of "capacities and vul-

nerabilities analysis" (CVA). CVA's main features are simple, "Number one: get to know your community. It does not take that long – the most important is to understand their capacities. Number two: never think everything can be calculated in physical, material terms." The accent here is on people's capacities, "a deeply democratic approach that makes people aware of the power they have", says Anderson. The objective is to "help people in time of need, without having them dependent on long-term aid".

A typical example from the book is drawn from Guatemala, and follows the 1976 earthquake which caused extensive damage. An NGO expert on earthquake-resistant housing visiting a severely affected community walked around the area with local people, and asked them questions on why one house had fallen down, why another was damaged, while a third was completely intact. The expert realized they had extensive knowledge of their building materials, local terrain and construction techniques. Together they designed earthquake-resistant housing that fitted the local environment better than the design the expert had brought from New York.

The CVA approach developed in parallel with another framework that favoured listening to the beneficiaries, participatory rural appraisal (PRA). Drawing from both, the International Federation developed its own methodological framework – vulnerability and capacity assessment, or VCA. ■

In 1999, the PRCS committed itself to "advocate the need for a national disaster preparedness plan, and conduct studies to identify and establish the role and responsibilities of our society within such plans". The VCA tool was a natural choice; the same year, the International Federation had carried out a VCA pre-study, and the PRCS was

already convinced of the need for “a comparison of the vulnerabilities and existing capacities to highlight shortcomings”. With technical assistance from the International Federation, funding from the United Nations Children’s Fund (UNICEF) for printing the assessment, and above all with a great deal of professionalism and enthusiasm, the VCA took off. “The National Society was the engine, we merely handed them the key,” observes Betts-Symonds.

The aim of the operation? To assess local communities’ perceptions of the hazards most likely to occur, their needs and the resources available to prepare for and mitigate the impacts of these hazards. The approach encouraged participants to focus not only on the possibility of major disasters, but on what it is that weakens a community as it goes about its daily business. “If your definition of disaster is earthquake, people feel powerless,” observes one of the VCA’s key players, Randa Hamed. “But if you explain disaster through notions that are more familiar, every individual can say: ‘I too can help!’”

To ensure that the various key players would collaborate from the outset – a crucial factor – they were invited to become members of a steering committee, closely monitoring the way the assessment was carried out. Alongside the PRCS were the International Federation, the International Committee of the Red Cross (ICRC), UNICEF and UNRWA (the UN agency responsible for Palestinian refugees). Fifteen Palestinian Authority ministries were invited, out of which four joined the committee. The other ministries were interviewed in detail, as were numerous NGOs.

Nothing in the six-month assessment carried out by the Palestine Red Crescent was left to chance. PRCS social workers familiar with the target communities formed focus groups to draw out local perspectives on disaster. In one area, separate sessions were organized for men and women. PRCS staff received training in interview and group animation techniques. These focus groups and interviews formed the VCA’s qualitative approach, complemented by quantitative data drawn from scientific and official sources.

Communities were selected to ensure a comprehensive cross-section of Palestinian society. The 429 individuals who took part in 22 focus groups came from cities, villages and refugee camps, and represented different regions of the West Bank and Gaza. The groups included traditional or religious leaders, elderly and handicapped people, and were carefully gender-balanced.

The assessment broke new ground by including 113 children and adolescents aged 6 to 19, who were asked to express in drawings their vision of disasters and ways in which they could be prevented or mitigated. “Children make up 52 per cent of our society – we couldn’t just ignore them,” explains Amal Shamasheh, who managed this part of the assessment. Their perception proved “often more concrete and creative than that of the adults,” she adds.

VCA highlights everyday disasters

The mass of data generated by the VCA was carefully analysed. The assessment highlighted many local capacities (e.g., potential volunteers, equipment, supplies and specialized staff), as well as a glaring need for training in the communities – a challenge for the PRCS. The VCA also exposed shortfalls in coordination between institutions, together with a lack of communication between communities and the authorities concerning hazard risks.

In terms of the hazards regarded as most likely to occur in the future, the results of the assessment were highly revealing. In order of importance, they were:

- lack of water;
- “events of a political nature”;
- road accidents (for West Bank interviewees) and open sewers (for Gaza interviewees); and
- pollution, fires, earthquakes, poor health and epidemics.

This order of importance came as something of a surprise, even to the Red Crescent. In a stateless territory, still living essentially in a situation of occupation, one might have expected confrontations (frequent even before the intifada) to top the list. But problems related to water are a daily chore and affect everyone. Water is scarce (the region is chronically threatened by drought), expensive for the poorest Palestinian communities and frequently polluted. Nature and politics both play a part, since added to low levels of rainfall, there is competition between Israelis and Palestinians for a limited resource, most of which remains under the control of Israel.

Environmental threats – including waste water contaminating drinking water, solid waste and overflowing sewers – provide ongoing hazards. Especially in Gaza, one of the most densely populated territories in the world, with over 3,000 inhabitants per square kilometre.

The assessment also pointed to poor health as a major problem. But the picture is patchy. The population is highly educated and within it, there is a relatively high proportion of qualified medical staff. The same goes for hospital beds: 1.4 per thousand (more than the “golden figure” of 1.2 per thousand generally used as a benchmark for developing countries). But while a public hospital may be full to overflowing, a private establishment could be operating at only 30 per cent capacity. Similarly, one village could have three clinics managed by different bodies, while another may have no medical resources whatsoever. Health is only one illustration of how, in the absence of any genuine state structure, shortfalls and inequalities in public services abound.

Since its inception in 1994, the Palestinian Authority has developed a whole range of social services for the population, but it has been largely unable to introduce a coher-

ent system of government. This shortfall shows when disaster strikes, be it “natural” or conflict-related. The Red Crescent, through its daily involvement within communities and its close contacts with several ministries, is well placed to appreciate the gravity of this situation. Hence the PRCS’s intention to use the VCA process not only to better define their own role in disaster preparedness and response, but to advocate for the creation of a national disaster plan. This would ultimately allocate to ministries, UN agencies, non-governmental organizations (NGOs) and local authorities a clear role, without which, disaster preparedness and response become chaotic.

Finally, the VCA helped highlight what Hassan Basharat, now head of the PRCS’ disaster management and coordination unit, calls “the gap within PRCS”: insufficient communication and integration between departments and activities, and a need for harmonization of the work of local branches. It was, after all, only in 1994 that the organization headquartered itself in Ramallah, after half a century of exile.

The analysis of the VCA results was finalized in August 2000; 28 September 2000 marked the beginning of the intifada. “Events of a political nature” – the second most likely disaster according to the assessment – were now hazard number one, escalating, month after month, into a state of near-war, as Palestinian suicide and missile attacks were met by Israeli tank incursions, air attacks and naval bombardments. Inevitably, this modified the PRCS’s priorities. Most of their emphasis would now be on responding to the new situation.

Intifada modifies the priorities

“The intifada caught us in the middle of the process. Materially, we were not prepared. But mentally, yes”, recalls Mohamad Awadeh, PRCS’s deputy director of emergency medical services. “The VCA was constantly at the back of our minds,” he says, “we have to plan ahead better, we have to do team work with the others, and not only with our colleagues within PRCS.” Hossam Sharkawi, emergency response coordinator, adds: “The VCA acted as a key catalyst for PRCS strategic thinking and action in the direction of disaster preparedness and response. The PRCS, which traditionally reacted to various types of crisis by dispatching ambulances, moved in a direction of disaster management thinking and programming.”

Of course, they *did* dispatch ambulances: the fleet was doubled in size in the course of the following months. They had no choice: the first 18 months of the intifada resulted in over 1,100 Palestinians dead and 20,000 injured, according to the *Palestine Monitor*. But the first changes were organizational: by 30 September, an operations room was working round the clock. A few days later, a disaster management and coordination unit was set up at Ramallah – an answer to the gaps in internal coordination identified during the assessment. Its tasks included constantly evaluating capacities and vulnerabili-

Box 6.2 Experiences of VCA from Scandinavia to Africa

VCA provides a framework flexible enough to adapt to very different contexts and objectives, as the following examples show.

The **Norwegian Red Cross (NRC)** carried out a VCA in 1993. Bente MacBeath, special advisor on development, sums up the spirit of the time: "We were a western National Society, well established. Everything went well, and we took lots of things for granted. Many people felt it was the moment to check whether we were doing the right thing."

The assessment focused on identifying vulnerable groups and yielded startling results. The main target group at the time was elderly people, but it emerged that they were coping fairly well. Meanwhile, young people, single mothers and immigrants were swelling the ranks of the vulnerable. Their situation was all the more difficult since they formed a small minority in a very wealthy society. However, according to Per Christian Bjørnstad, director of NRC's national department, "The VCA undoubtedly influenced our programmes, but it was too academic and failed to find many echoes outside Red Cross circles." Another weakness was the VCA's failure to focus to any great extent on involving the community.

All this changed in 2000. In one of two surveys, 1,001 people over 18, picked randomly, were interviewed on their knowledge of and attitudes towards the social challenges posed by five vulnerable groups: children affected by poverty; young immigrants from non-western countries; lonely people; victims of violence; and people excluded from skilled society due to poor education. The second survey targeted 600 young people between

15 and 25 with the same questions. Both groups were asked if they were interested in volunteering. Results exceeded all expectations: up to 40 per cent of those surveyed stated that they were willing to take on voluntary work on behalf of one of the vulnerable groups in question. And thanks to skilful use of the media, the public debate grew to sufficiently large proportions to influence political opinion. "People are shocked to discover that in a country as wealthy as ours, thousands of children live in poverty," observes Bjørnstad.

The **Swedish Red Cross (SRC)** was pursuing the same aim. "To find out what is going on in the society," according to Thomas Kinning, SRC's advisor on capacity building. The exercise did not leave the National Society unscathed. The year-long, wide-reaching VCA, which started in 1994, focused on local chapters and provoked a painful re-examination of core assumptions. "We were shocked to find out that for 50 years we had been running some activities that no one wanted," admits Kinning.

Some SRC chapters formed a clearer picture of vulnerable groups whose existence they suspected, but who were not on beneficiary lists. These included children left on their own after school, single young mothers or unemployed people. Those chapters, while still targeting elderly people as a priority, started to assist unaccompanied children with their homework, to support single mothers and to help schools confront juvenile violence.

A fair measure of resistance had to be overcome to make the VCA a success. Many SRC chapters feared they were about to lift the lid on endless needs which they would be

incapable of meeting. Sharing responsibilities with other stakeholders was an essential part of resolving this dilemma, leading the Red Cross to raise awareness among local authorities about vulnerabilities such as drug-dependency. "One of the results was to bring together various departments that were not used to collaborating, like the police and social affairs. We were really surprised when they congratulated the Red Cross for having taken the initiative!" recalls Kinning. "Little by little, our culture has started to change."

Following the first VCA, 100 headquarters staff were dispatched to district chapters to lend volunteers a hand. This in turn has led to a second VCA, taking place in 2002. "This process is vital for the Red Cross if it wants to exist in modern society," concludes Kinning.

When it launched a VCA in 1996, the **Uganda Red Cross** (URC) was facing a much more urgent situation. Two years earlier, an external evaluation had been very critical of both the URC's health programmes and its management. As a result, donors simply pulled out their support, leaving the International Federation to see what they could salvage. Apart from management problems, the National Society was burdened by a multiplicity of projects with no common denominator and little bearing on the needs of the most vulnerable. The VCA seemed to provide a way to set priorities and draw up a coherent programme, "a fundamental piece in the process of restructuring and revitalizing the National Society", as Matthias Schmale, then the International Federation's organizational development delegate in Nairobi, put it.

The survey went well, with fairly good community participation, but the project as a whole misfired, for two reasons. Firstly, an

external consultant new to the process was invited to analyse the results. But the URC's middle management, who had been supportive of the VCA, was unable to accept his conclusions. Secondly, the URC's management had never felt a sense of ownership of the assessment, which it perceived as externally imposed. The picture changed only in 2000 when, under new management, the organization's national and international credibility was restored. It also began to apply the conclusions of the VCA, notably better integration of health programmes.

The new management point to several important outcomes of the VCA process: the approach is now being used by the government to develop a national disaster policy; it has helped the URC prioritize its most vulnerable branches; and it has enhanced cooperation within the National Society itself. According to Tito Kagula, acting coordinator for disaster preparedness and response, "Another result is much better cooperation with local authorities, at the district level, and with the communities. We are experiencing this right now with a project aimed at combating bubonic fever in five branches on the border with the Democratic Republic of the Congo."

Finally, points out URC's secretary general Robert Kwesiga, one key result of the VCA was that the URC only retained those roles "directly related to our mission. It was painful because people lost their jobs". Examples of activities that were dropped include distribution of essential drugs to rural health centres and providing food and shelter to street children. "You cannot address everything," argues Kwesiga. "You'd better do less, but do it well." ■

ties, managing volunteers and integrating roles within the organization. Soon after, an emergency action plan was drafted, defining the respective roles for both Red Crescent staff and volunteers, and the agencies with which the institution works closely. The three measures had been part of the VCA recommendations, aimed at improving the PRCS's response to crisis; the intifada actually accelerated their implementation.

Other initiatives taken during the first months of the uprising had a common denominator: make the most of local resources, given severe constraints on "national" resources. For example, when tension is running high, the West Bank and Gaza can become fragmented into 62 morsels of land, isolating some communities for days or weeks. During clashes, evacuating the injured is often frustrated by military roadblocks. So, the procedure is to treat as many injuries as possible on the spot – only the most urgent cases are sent to city hospitals. To meet this demand, the PRCS redoubled its efforts to increase local capacities, from "field hospitals" (large boxes transportable by car, containing emergency supplies, including oxygen) to setting up emergency rooms in PRCS primary health care clinics, or establishing lines of communication with doctors in isolated communities. Emergency committees were set up in 21 villages or small towns, selected mainly because of their isolation.

All these measures had been recommended by the VCA. Not surprisingly so, since experience of the first intifada had shown that "closures" were one of the main problems during conflict. And the idea of employing local resources, very present in the VCA, had a scope that went beyond political conflict, and could prove useful in facing many other hazards.

Emergency committees

Vulnerable groups in Palestine

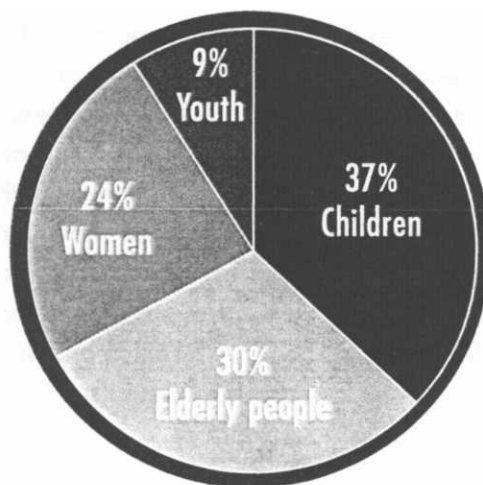


Figure 6.1. Palestinian communities that took part in the Palestine Red Crescent's vulnerability and capacity assessment – carried out before the intifada – consider children the most vulnerable group in society. Source: PRCS, 2000.

The emergency committees were one of the very first recommendations made by PRCS employees themselves at the outset of the VCA. Randa Hamed, at the time in charge of primary health care for the Red Crescent, explains: "Early in October 2000, we were the first institution to meet people's needs. The emergency committees were quickly set up, made up mainly of a teacher, a health professional, a member of the village council and a locally resident Red Crescent employee. They have the key to the clinic, which closes every day at 14:30 – and the list of all the medical

staff in the immediate area. They intervene in the event of confrontations, but also when there are road accidents. They help assess the situation, and keep the PRCS informed in case of food or medicine shortages. The PRCS only took the initiative – the committees distributed the roles themselves, and some have been very creative.”

Silwad is a small town of 9,000 inhabitants, east of Ramallah. The intifada brought serious access problems for Silwad: the shortest route to Ramallah was shut, ambulances were stopped at checkpoints, doctors were unable to reach their places of work. The community first-aid programme was extended, and a local emergency committee was created. The committee provided and coordinated health care, aid supplies, communications and environmental management. One of its members, Nadia, recalls: “One night of confrontations, we were the ones who opened the clinic and alerted the doctor until the ambulance from Ramallah arrived. We also realized that we could use cisterns to store water against drought or cuts in supply.”

The idea of a committee to coordinate emergency response has also caught on in the Khan Younis camp in Gaza. There, 17 different governmental and non-governmental organizations are involved in relief, resulting in unnecessary duplication of effort. Inspired by the VCA, the PRCS established a coordination committee to bring these organizations together (see Box 6.5).

Filling the gaps

But what about the other hazards identified during the VCA – water, public health, road accidents? Were they set aside in order to deal exclusively with the needs arising from the intifada? The answer is no. But the PRCS had to define very clear criteria, for a simple reason: everybody – the authorities as well as the communities – tends to expect too much from the Red Crescent, which enjoys an image of independence, integrity and efficiency. It was already the case before the VCA, and the tendency increased during the intifada, due to the combination of acute needs and the near-collapse of the Palestinian Authority. “From the start of the VCA, we tried to be very specific,” observes the president of the PRCS, Younis Al Khatib. “We wanted to identify our role, not that of others!”

In Silwad, for example, chronic illnesses are widespread, and the lack of any system for evacuating waste water poses a genuine threat to public health. So much so that when the community was selected to take part in the VCA, social worker Abdul Ghafer Salawadch, had to “significantly pare down the objectives, and above all reduce people’s expectations, by explaining to them that the Red Crescent would see what it could do for them, but that they would have to turn to other NGOs”. But, he added, “as a result of the VCA, we were committed to the community”. A commitment honoured, as far as was humanly possible: in the space of a few months, the staff of the clinic, which the PRCS manages with the ministry of health, rose from six