



# BASELINE SURVEY

## DISASTER RISK REDUCTION

### YUMI REDY CONSORTIUM



Together Becoming Resilient  
**Torba Province**  
FRENCH RED CROSS  
**2015**



Humanitarian Aid  
and Civil Protection



## TOGETHER, BECOMING RESILIENT! | YUMI REDI consortium

Since 2010 the Vanuatu Red Cross Society (VRCS), supported by the French Red Cross, is implementing a DRR program called "Together Becoming Resilient" (TBR) in 4 province around the Vanuatu.

In 2015 a consortium project call "Yumi Redi" is supporting this programme



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Humanitarian Aid  
and Civil Protection

*The European Commission's Humanitarian Aid and Civil Protection department (ECHO), funds relief operations for victims of natural disasters and conflicts outside the European Union. Aid is channeled impartially, straight to victims, regardless of their race, ethnic group, religion, gender, age, nationality or political affiliation.*

## Summary

1	PROJECT SUMMARY .....	5
2	OBJECTIVES OF THE BASELINE SURVEY .....	6
3	METHODOLOGY.....	8
3.1	Baseline survey building.....	8
3.1.1	Survey construction.....	8
3.1.2	Data collection method .....	8
3.1.3	Means used for the survey.....	9
3.1.4	Target population .....	10
3.1.5	Sample Size calculation and grape sample.....	10
3.2	Preliminary work .....	11
3.2.1	Logistics .....	12
3.2.2	Data collection.....	12
3.2.3	Survey area .....	13
3.2.4	Survey team.....	13
3.3	Database processing.....	13
3.4	Limits of the survey .....	14
4	RESULTS AND ANALYSIS OF SURVEY DATA .....	14
4.1	Critical analysis after field survey.....	14
4.2	Analysis of results.....	15
4.2.1	Knowledge .....	16
4.2.2	Attitude.....	25
4.2.3	Practices .....	28
5	RECOMMENDATIONS.....	34
5.1	Recommendations on methodology.....	34
5.2	Recommendations on activity implementation.....	34
	Conclusion .....	39
	Bibliography.....	40
	Table of graphs.....	41
	Table of appendix.....	43

## Abbreviations

<b>ACS</b>	Area Council Secretary
<b>BO</b>	Branch Officer
<b>CAP</b>	Community Action Plan
<b>CBDRR</b>	Community Based Disaster Risk Reduction
<b>CCA</b>	Climate Change Adaptation
<b>CDC</b>	Community Disaster Committee
<b>CRP</b>	Community Response plan
<b>DRM</b>	Disaster Risk Management
<b>DRR</b>	Disaster Risk Reduction
<b>FGD</b>	Focus Group discussion
<b>FRC</b>	French Red Cross Society
<b>HQ</b>	Head Quarter
<b>KAP</b>	Knowledge, Attitude, and Practice
<b>MoU</b>	Memorandum of Understanding
<b>NDMO</b>	National Disaster Management Office
<b>NGO</b>	Non-Governmental Organization
<b>ODK</b>	Open Data Kit
<b>PEOC</b>	Provincial Emergency Operational Centre
<b>PDC</b>	Provincial Disaster Council
<b>PDO</b>	Provincial Disaster Officer
<b>SBO</b>	Sub-Branch Office/Sub-Branch Officer
<b>TBR</b>	Together Becoming Resilient
<b>TC</b>	Tropical Cyclone
<b>VCA</b>	Vulnerability and Capacity Assessment
<b>VRCS</b>	Vanuatu Red Cross Society

# 1 PROJECT SUMMARY

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According to the last UN World Risk Report (2014), Vanuatu is the world's most vulnerable country to natural disasters. The country lies on the Pacific Ring of Fire and is located in a high risk area for cyclones, volcanic eruptions, tsunamis and tropical depressions with strong winds and heavy rains. On March 13<sup>th</sup> 2015, Vanuatu was hit by a category-5 cyclone (Tropical Cyclone PAM) that struck half of the country and caused heavy damage. This event revived public awareness of necessity of cyclone preparedness. Furthermore, Vanuatu also suffers from the natural phenomenon "El Nino" that brings droughts and increases the risk of strong cyclone striking.

The Republic of Vanuatu is composed of more than 80 islands and islets spread over a large territory: this geographic reality is a cause of vulnerability for Ni-vanuatous. In addition to it, the country lacks adapted financial and technical resources, and suffers from chronic political instability. The frequency of natural disasters combined with a weak political and economic system contributes to make Vanuatu the most vulnerable country in the world.

For these reasons, the French Red Cross (FRC) has been in Vanuatu since June 2007. In 2010, the FRC started working with the Vanuatu Red Cross Society (VRCS) and with the National Disaster Management Office (NDMO) to build capacities around natural disaster management at the national, local and community levels. From this date, the Together Becoming Resilient (TBR) Program has been implemented in 4 provinces through five projects: 3 DIPECHO projects in Torba Province, 1 USAID project in Malampa Province, 1 USAID project in Shefa and Tafea Provinces (implemented only by the VRCS). Simultaneously, a 3-phase program designed to bring technical support to communities entitled Supporting Community Planning (SCP) was also implemented. The activities mainly focus on water access, hygiene promotion, communication, improvement of community shelters and extension of the Disaster Risk reduction (DRR) program in the third phase. Finally, following Cyclone PAM, a Recovery project was developed on Tanna Island (Tafea Province) to meet people's needs in water, cyclone shelters and risk preparedness. This project uses the same methodology as in the TBR program.

Following the three DRR projects funded by ECHO in Torba Province (North), the fourth phase of the DRR program in the province is led by a consortium of 4 humanitarian organizations: Save the Children, Oxfam, Care and the French Red Cross. The project was designed to improve the level of skills and autonomy of Community Disaster Committees (CDCs) set up during previous phases in Torba and Tafea; to strengthen the capacities of actors at the provincial level; and to support the NDMO in the development of a standardized tool kit for community-based disaster risk management. This would be done to promote a stronger cooperation between community, provincial and national systems to be more efficient.

FRC's role in the consortium is to continue these activities at the provincial and community level in Torba Province (Figure 1). Care is responsible for similar activities in Tafea Province and Save the Children and Oxfam implement activities at the national level (Appendix 1).

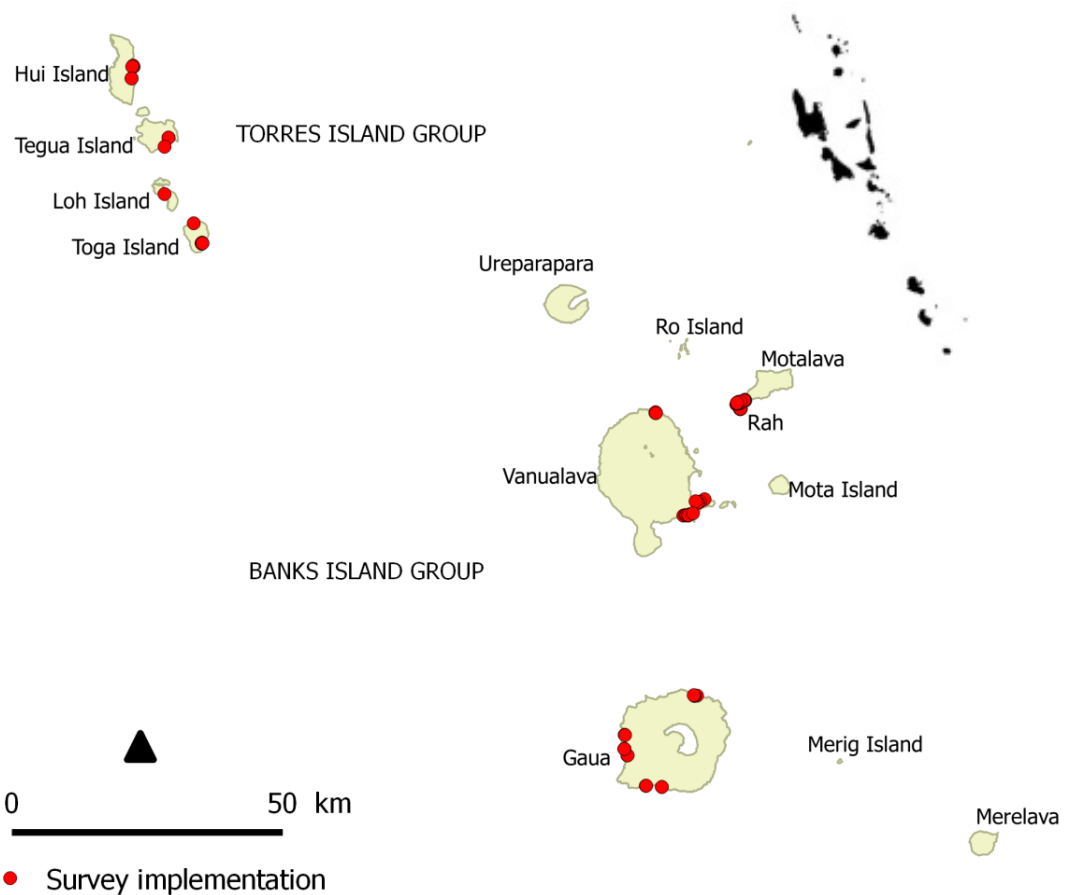


Figure 1: Map of the survey location in Torba

## 2 OBJECTIVES OF THE BASELINE SURVEY

The baseline survey aims at providing information on DRR actors' knowledge, attitudes and practices (KAP, Knowledge, Attitude, Practice) at the community level in order to be able to monitor the success indicators for each activity of result 1 (see Logical Framework in Appendix 1). The indicators of other results have different sources of verification and will not be discussed here.

This survey was conducted more than a year after the VRCS completely stopped its DRR activities in Torba. This survey will thus allow for an assessment of the continuing relevance of the activities implemented during 4 years in target communities.

The issues identified in the survey will enable formulating recommendations to implement community activities. Thanks to these recommendations, indicators for result 1 will be refined (Appendix 1) by defining the objectives of each activity more precisely. The redefinition of the activities will lead to adjustments in the workplan (Appendix 2).

Below is a suggestion of breakdown for indicators (Table 1) to facilitate data analysis and to obtain relevant results. For each topic, the table indicates the tools used to collect data. These tools will be explained in the next section.

### Result 1

Indicators	Topics to be analyzed	Tools
<i>Indicator 1: 70% of target gender balanced CDCCCs are aware of their roles and responsibilities and can demonstrate them in simulation exercises</i>	- Gender balanced CDC	- CDC FGD
	- CDC aware of their Roles and responsibilities	- CDC FGD - CDC Quiz
	- CDC conduct Simulation exercise	- CDC FGD
<i>Indicator 2. 70% of target CDCCCs are have DRM plans in place and are implementing them</i>	- CDC have DRM plan	- CDC FGD
	- CDC implement DRM plan	- CDC FGD - KAP survey
<i>Indicator 3: 70% of target CDCCCs can demonstrate first aid techniques</i>	- N/A	- N/A
<i>Indicator 4: 70% of target CDCCCs know how to conduct post disaster assessments, and how to disseminate assessment information to stakeholders</i>	- Conduct post disaster assessment	- CDC FGD - KAP survey
	- CDC to disseminate Assessment to stakeholders	- CDC FGD - CDC Quiz
<i>Indicator 5: 50% of a representative sample of community members in targeted communities have increased knowledge on DRM and CCA, including CDCCC roles and responsibilities</i>	- People have knowledge on DRM (Hazard, alert, behaviors)	- KAP survey
	- People have knowledge on CDC Roles and responsibilities.	- KAP survey

**Table 1: Topics to be analyzed for indicators of Result 1**

## 3 METHODOLOGY

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### 3.1 Baseline survey building

#### 3.1.1 Survey construction

Data for this preliminary survey was collected using three tools. The terms used below will also be used in the descriptions of graphs in part 4.2 Analysis of the Results.

- KAP survey 2015 (Appendix 3): Survey questionnaires on community Knowledge, Attitudes and Practices (KAP survey) distributed to households in selected communities. This tool was based on existing questionnaires that had already been tested in Torba, Malampa, Shefa and Tafea Provinces. The questionnaire was revised to measure the indicators of several projects according to a programmatic vision of data collection. A common core of questions was kept to allow for data comparison through the different phases of the TBR program.
- CDC FGD (Appendix 4): Interview guides for discussion groups (FGD, Focal Group Discussion) with CDCs. This semi-structured interview questionnaire is used to monitor disaster risk reduction activities described in CDCs' action plans. It is also a mean to assess the relevance of the tools given during previous project phases, and the capacity of CDC to keep using and maintain them. The data extracted from this questionnaire are qualitative and will ensure the results of the KAP questionnaire are interpreted taking into account CDCs' points of view.
- CDC Quiz (Appendix 5): Quiz for CDCs. This questionnaire aims at assessing basic knowledge of CDCs, especially knowledge of their own roles and responsibilities.

The questionnaires were developed by Heads of Projects for TBR4, TBR5 and SCP3 projects and their assistant in July-August 2015. They were produced in English-Bislama.

As described in part 2, the aim of this initial survey is described below:

- To evaluate the population knowledge, attitudes and practices level in DRR domains
- To monitor the CDC action since the Red Cross project was over in 2014
- To confirm and refine the first assessment of needs realized for the project's preparation,
- To review, when necessary, project activities and planning
- To be accountable to donors and partners

#### 3.1.2 Data collection method

Different data collection methods have been used, mixing quantitative and qualitative data. The qualitative data collected will be used to interpret the quantitative data. The tools we used are the following:

- Direct observation: used mainly for data that can be easily, objectively and directly observable, e.g. House type, CDC Tools condition, implementation of the activities etc.



- Semi-structured interview: This collection means has been used for the Focus group discussion with the CDCs, especially to let them explain their challenges and strengths that are quite specific according to the communities.
- Open questions: Open questions have been asked in the KAP Survey questionnaire to the household's representative. In this case the interviewer does have answers written in the questionnaire but does not suggest the answer to the interviewee. Only "good" answers are available in the form, so if the interviewee's answer does not appear in the form, the interviewer will fill the "other answer" area or tick "don't know". This strategy has been used in order to facilitate the interviewers' intervention and simplify the analysis.
- Closed question: Most of the questions are closed as it is more appropriate for analysis purpose, as the "Yes or No" questions. Others are shaped as a quiz questions, with several answer suggested, but only one is the right answer. These kinds of questions have been introduced to cross check the knowledge of the interviewees. It has been used in the KAP survey and the CDC Quiz too.

The baseline's 3 tools were tested by the FRC DRR officers and VRCS support Officers. 4 people tested both surveys in field conditions, taking notes on the following points:

- Facility to understand the questionnaire for the surveyor
- Facility to understand the questionnaire for the interviewees
- Mistakes or errors in the questionnaire

The questionnaires were consequently corrected following their feedbacks. The feedbacks mainly addressed comprehension problems, either because of poor or inadequate translation or because of lack of technical explanations. It also permitted to notice some redundancy in the questionnaire.

It is important to note that all the questions were simplified and translated in Bislama (Vanuatu national language) in order to be understandable at any level of education.

### **3.1.3 Means used for the survey**

We decided to use ODK software (see description below) to help us conduct our surveys. This method uses hand phones to collect and store data, and then to send it to a centralized database which permits extraction on XLS format to do the analysis.

After finalizing the 3 questionnaires, they were configured on the hand phones and retested to make sure there was no error. This retesting phase was realized by the FRC DRR officers and VRCS support Officers in Port Vila. No necessary change was observed and the questionnaires could be finalized and transferred to the equipped phones. A total of 6 hand phones were equipped with ODK software\* to conduct the survey.

**\*Open Data Kit (ODK)** is a free<sup>1</sup> and open-source set of tools which helps organizations author, field, and manage mobile data collection solutions<sup>2</sup>. ODK provides an out-of-the-box solution for users to:

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<sup>1</sup> ODK can be download on <https://opendatakit.org/>

1. Build a data collection form or survey (XLS Form is recommended for larger forms);
2. Collect the data on a mobile device and send it to a server; and
3. Aggregate the collected data on a server and extract it in useful formats.

In addition to socio-economic and health surveys with GPS locations and images, ODK is being used to create decision support for clinicians and for building multimedia-rich nature mapping tools.

### 3.1.4 Target population

**Targeted provinces:** The survey will take place in Torba Province in the previously targeted area to build on what have been done before.

The KAP survey questionnaires targeted the households, following the NDMO definition: people living together in a yard and eating in the same kitchen. The population category targeted was the adult in charge of the household with a quota of 50% of women to correct the bias link to the tradition that usually defines the head of household as men. The population is essentially rural and communities are not very extended (20 to 100 people). The survey was implemented in grape samples in order to cover the different areas of the project as there are many differences between them.

Inside the grape the interviewees were selected in a random way by a definition of a number of houses to be skipped before investigating the next one (Figure 2). Absences or reluctance to participate in the survey were recorded and counted as a survey.



Figure 2 : KAP survey random investigation methodology

### 3.1.5 Sample Size calculation and grape sample

The sample size was calculated with the following factors:

- The margin of error (**D**) is the amount of error that we can tolerate. If 90% of respondents answer *yes*, while 10% answer *no*, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size. **We've opted for 10%**
- The confidence level (**Z**) is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer *yes* would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size. **We've opted for 95 %**

<sup>2</sup> Guide line of the French Red Cross available on <http://odk-crf.reliefapps.org/>

- The response distribution (**P**): For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. **We have opted for 50 %**
- Numbers of people are there to choose our random sample from (**N**). Presently was the number of households present in the 25 targets communities. It was equal to 915 following the last census done in 2014 (Table 2)
- In order to increase the representativeness of the sample the final number was multiplied by a 1,5 coefficient

The equation used for the Sample Size is =  $(Z*Z*N*P*(1-P))/(D*D*(N-1) + Z*Z*P(1-P))$ . Result was obtained as follow:

$$\frac{1,92^2 \times 915 \times 0,5 \times (1 - 0,5)}{0,1^2 \times (915 - 1)} + 1,95^2 \times 0,5 \times (1 - 0,5) = 129$$

From this equation we have calculate the number of questionnaires to do per grape, represented by the communities, as seen in the Table 2.

### 3.2 Preliminary work

Before departure to the field to conduct the baseline survey, a preparatory work was done in Port-Vila in different domains: transport, logistics, contact with authorities and communities (see below), planning of meetings, etc.

*Transport:* VRCS administrative team gathered information and booked the necessary flights for the Port-Vila based survey team. VRCS Branch officers (BO) and Sub-branch Officers (SBO) in Torba were asked to organize the local transport modes where necessary and available: cars, trucks, boats.

*Logistics:* VRCS BOs and SBOs were also in charge of finding and booking accommodation in their area.

*Contact with authorities and communities general representatives or in our targeted domains (DRR)*

- In Port Vila: contact with NDMO (Ministry of Climate Change), VMGD, to try to obtain information or data on DRR (no success for the time being).

Islands	Community	Pop	HH	Questionnaire
GAUA	Lemoga	154	24	3
	Qwetevaveg	124	18	3
	Dolav	110	17	2
	Ontar	126	19	3
	Beam	86	12	2
	Koro	95	18	3
	Dorig	79	26	4
	Namassari	223	45	6
	Lemanman	221	44,2	6
Total Gaua		2751	223,2	25
Vanualava	Vatop	114	26	4
	Sola	328	90	13
	Mosina	188	94	13
Total Vanualava		630	210	30
Motalava	Nereningman	416	86	12
	Queremagde	294	63	9
	Totolag	289	62	9
	Avar	287	60	8
	Rah	189	46	6
Total Motalava		1475	317	45
Toga	Liteu	360	48	7
	Likwal	51	11	2
Loh	Lungariki	110	24	3
	Rinuha	49	8	1
Tegua	Lirak	24	4	1
	Litetra	75	11	2
Hiu	Yakwana	70	14	2
	Yegevegemeng	224	45	6
Total Torres		963	165	23
Total Torba		5819	915	129

**Table 2: Grape sample size per community**

- In Torba Province: contact with the authorities at provincial, area and community levels, to plan the meeting dates. Usually the contact is done by phone and may be confirmed by email where internet is available. For the communities, our counterparts are generally the CDCs, ACSs, and community chiefs.

This preliminary work was done by the TBR5 DRR support Officer 2 to 3 weeks before departure.

During the testing phase, we measured and estimated the necessary time to conduct a KAP survey questionnaire to 30 minutes. A Quiz takes around 10 min per person and a CDC focus group half a day per community. We designed the planning according to these estimated durations.

During the implementation of the survey, the weather condition didn't allow the team to go to 2 communities (Dorig, and Lemanman in Gaua). In the end 124 surveys have been done.

### **3.2.1 Logistics**

**Transport:** The surveys took place on 7 Islands: Vanua Lava, Gaua, Motalava and 4 islands of Torres. Transfers were planned according to the transport modes available, the planes schedule and the necessary time to conduct the surveys on site.

**Accommodation:** Guest houses are available only in Sola (Vanualava) and Gaua. Accommodation was provided in private or community houses for other locations.

**Energy:** A lot of energy is needed in this type of survey, especially to recharge the mobile phones for the ODK survey. We used generators when available (for a few hours) in the guest houses; otherwise we used power banks or extra batteries refilled by solar panels.

#### **Security:**

- Networks are available in every location for communication (TVL everywhere except in Vanualava where only Digicel has a cover). Refill is possible if available.
- Life jackets are required (and must be used) to travel around the Torba as there are often no roads.
- Cars and boats are basically in good condition.
- No tension or trouble was observed in the visited area.
- Basic healthcare is available: there is a hospital in Sola, and Health centers in Gaua, Motalava and Torres.

### **3.2.2 Data collection**

Before and during the survey we compiled data and information from the following partners:

- At the National level :
  - Data collection in data-base at Vanuatu Red Cross office
  - Collecting information from previous phase of TBR
- At Province level :
  - Meeting in Torba Province with :
    - President of Torba Province

- Province General Secretary
- Provincial Disaster Officer (PDO)
- Health representative
- VRCS Chairman and Branch Officer
- At the area level :
  - Meeting with Area Council Secretaries (ACS)
  - Meeting with Community and Development chiefs
  - Meeting with CDCs

Type of data collected: Existing infrastructures, past or current works or studies, programs or projects, associations, institutions or organizations working on the concerned issues (DRR) in the target areas and communities.

### 3.2.3 Survey area

See Map in Figure 1

### 3.2.4 Survey team

A total of 10 people were involved in the DRR Baseline survey, some of them combining several roles.

- 2 trainers
- 11 surveyors

They are presented in the table below according to the survey location.

Name	Position	Location	Role
Devian Revi	Sub branch officer	Gaua	Surveyor
Kuki David	VRCS Volunteer	Motalava	Surveyor
Lency Willy	VRCS Volunteer	Motalava	Surveyor
Poly Demmet	VRCS Volunteer	Motalava	Surveyor
Julien Lamberti	FRC DRR officer	Port Vila	Surveyor & trainer
Linda Arukelana	VRCS Support officer SCP3	Port Vila	Surveyor
Thomas Putunleta	VRCS Support officer TBR5	Port Vila	Surveyor & trainer
Lerian Michel	Sub branch officer	Torres	Surveyor
Fisher Young	PDO	Vanualava	Surveyor
Keith David	VRCS BO	Vanualava	Surveyor

Half-day training was organized for each surveyor. The trainers were also the ones who were responsible for the equipment and verified the data at the end of each survey day. Errors were corrected directly on the field as much as possible.

### 3.3 Database processing

Data were gathered when returning to Port Vila.

The questionnaire of the three (3) data bases were then sent directly to the ODK platform and retrieved by TBR5 Head of Project for primary treatment which allows analysis (conversion to .xls format tables).

This transfer took some time as data has to be sent from each phone via internet. The internet connection being sometimes not sufficient for a successful data transfer, this transfer had to be done several times.

The analysis of the DRR KAP surveys, CDC Quiz and CDC focus group discussions was done by the TBR5 head of project, during 2 weeks (one week to extract data and one week to compile and interpret them).

Database analysis was done by comparing response rates in percentage. Data presented in this document either correspond to a direct reading of answers to a question, or to the cross-use of different variables. Cross-checking data allows for analyzing data mainly according to gender and origins of people interrogated. These quantitative analyses were put in perspective using quantitative data from group discussions to identify flaws and suggest solutions.

### 3.4 Limits of the survey

When elaborating the survey, we observed some limits that restrained or slowed down the process which could be improved.

- *Questionnaire format limit:* The choice of a questionnaire (rather than open questions or semi-directed interview) was consecutive to the choice of the data collecting tool (ODK). Answers can therefore be less precise than with open questions, especially for technical questions.
- *Time limit:* The re-testing phase of the questionnaire could not be long enough due to time constraints.
- *Training limit:* The time dedicated to surveyors' training was not taken sufficiently in consideration when setting up the general planning. It did not allow them to acquire lots of knowledge on meanings and objectives of a baseline survey.
- *Sample choice limit:* We need to get more information before going to the field to realize the survey. A precise and updated map of the area with indications on communities and sub-communities (station) would be very useful to prepare the trip, the time needed to conduct the survey and the "extra" data to be collected there if necessary.

## 4 RESULTS AND ANALYSIS OF SURVEY DATA

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### 4.1 Critical analysis after field survey

- *Length of the questionnaire:* due to the number of questions (105 for DRR) it is long to administrate (for the surveyor and for the interviewee); and the accuracy of the answers can thus not be guaranteed in the same way at the end of the questionnaire.
- *Relevance:* Some of the questions appeared to be not relevant as the given answers did not bring us useful information. This might be due to an insufficient knowledge of the population beforehand.
- *Questionnaire translation:* The DRR survey translation was done from Bislama to English and we observed it lacks precision, a problem that shall be corrected. These language biases had not been

identified in the testing phase as people testing the questionnaires were already acquainted with DRR terms or with Bislama.

- *Rejection reasons:* due to the questionnaire format and timing, it was not possible to analyze the survey rejection reasons.
- *Data collecting tool (ODK):* This new tool is used by the Red Cross and has been experimented on several fields. The use of ODK and especially the use of hand phones for the survey offer some advantages but presents several limits: below is our analysis of the pros and cons of this software after using it for our survey.

Open Data Kit	
<b>Benefits</b>	<ul style="list-style-type: none"> <li>○ Easy to use</li> <li>○ Light weight</li> <li>○ Easy and simple to carry</li> <li>○ Quick to compile and analyze data</li> <li>○ Photos and GPS (to localize places and surveyors)</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>○ Need energy in the field (power banks/generator)</li> <li>○ Risk of damaging the phone (handle with care)</li> <li>○ Risk of losing data</li> <li>○ Minimum knowledge required for the surveyor</li> <li>○ Difficult to read in direct sun light</li> <li>○ The questionnaires cannot be printed to be used or changed in the field if needed</li> <li>○ The risk of deleting information by the surveyor or during export/import data is high</li> </ul>

- *Sample size and location:* The sample size was adapted but we might have forgotten certain stations or did not do a good distribution of the survey according to the population. We could have had more representative answers if the households were chosen according to criteria like revenue level, education level, or social position in the community.
- *Quiz sample:* The quiz should be done with each CDC, but it was challenging to do so because most of the CDC members were not literate, so the questionnaire was administrated orally to all CDCs together. Thus the answers reflect usually the knowledge of the smartest CDC instead of showing their knowledge on average.
- *Surveyors' training:* Except for the support officers, all surveyors were trained on the field. This training was not long or precise enough and we think we might have missed some information due to a lack of training.

## 4.2 Analysis of results

In this section we provide an analysis of the results we obtained from the survey. The three databases obtained with the tools described above (Section 3.1.1) and analyzed here are:

KAP survey 2015: Community KAP (Knowledge, Attitudes, and Practices) Questionnaires (distributed to households). The databases of previous projects surveys (2013, 2014) using the same questions in the same areas were used to obtain across time comparisons (Appendix 3).

- CDC FGD: Focus group Discussion's Interview guide with the CDCs. (Appendix 4).
- CDC Quiz : Quiz for CDCs (Appendix 5).

The results contained in these three databases are presented in graphs to facilitate reading. These graphs either reflect the results to a question<sup>3</sup> or the intersection of several questions to finely analyze the data. The title of each graph mentions the tool with which the data was extracted, to understand data origins.

The analysis of results will be organized in three parts respectively reflecting knowledge, attitudes and practices of CDC and community members. These analyses will constitute a basis to formulate recommendations in Section 5.

#### **4.2.1 Knowledge**

This section is about CDC and community members' knowledge on disaster risk management.

##### **4.2.1.1 Risk knowledge**

###### 4.2.1.1.1 Exposure and vulnerability

According to the KAP survey results, the answers from interrogated households clearly show cyclones is the most common and damaging hazard known by the communities (Graph 1). This was already the case in the previous phase of the program.

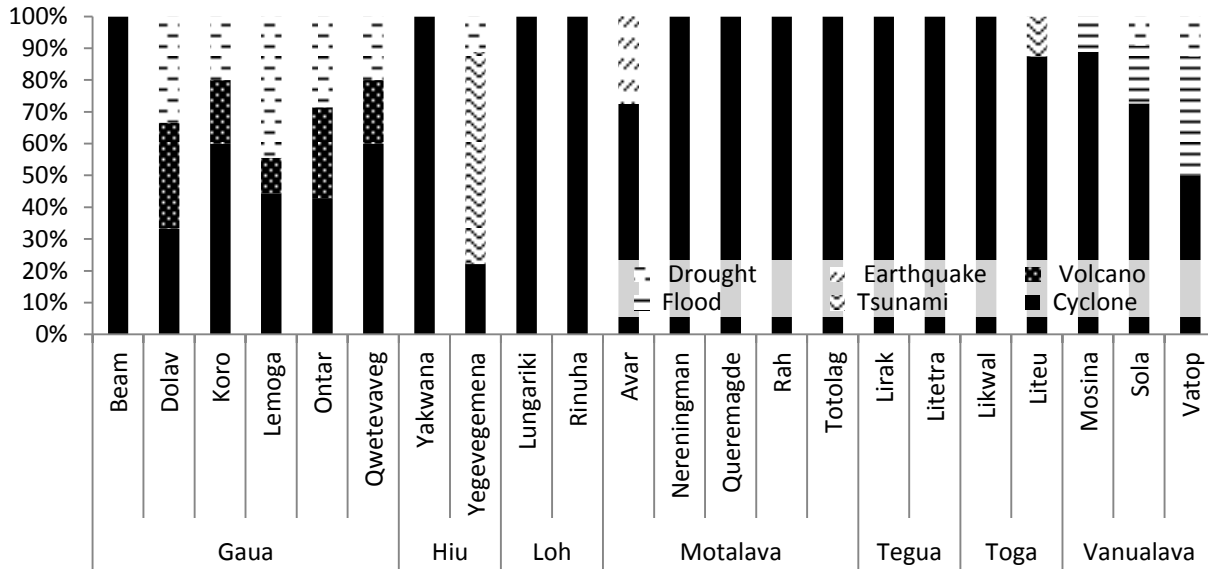
The second most mentioned hazard is drought. It is important to note that the survey was conducted at a moment when the El Nino phenomenon provoked a remarkable drought in Vanuatu, which could have influenced the answers. Nonetheless, outside El Nino periods, this hazard chronically still affects some areas of the Province because of the absence of water sources on some islands and the communities' dependance on rain water harvesting systems. It is the case for instance in West Gaua.

We also observe differences between the project's target zones in terms of exposure: volcanism in Gaua, impacts of tsunamis in Torras (Hui, Toga). The inhabitants' perception reflects the local context quite well. People know the main hazards that have an impact or could have an impact on them. Only one person could not answer the question.

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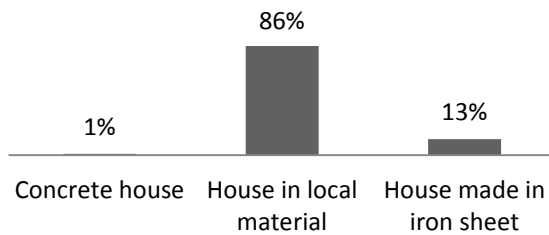
<sup>3</sup> Percentages are used to represent the data in a graph. When the sum of percentages of the different variables equals a hundred, it is a closed-ended question with a unique answer. If the sum of percentages of the different variables is superior to a hundred, the question allows multiple answers.





Graph 1: Main hazards experienced per community and island (Source KAP survey 2015)

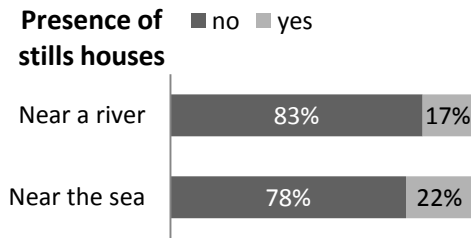
Despite their knowledge of hazards, the inhabitants often live in particularly dangerous areas, mainly along the coasts.



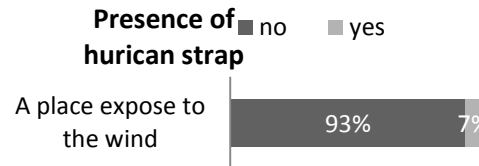
Graph 2: Construction of the sleeping houses (KAP survey 2015)

Furthermore, 86% of the houses are built with local materials in Torba Province (Graph 2). These buildings are resilient to some hazards, like earthquakes, but can be more vulnerable to other hazards like strong winds or floods. Several traditional<sup>4</sup> and modern techniques to adapt building to these hazards exist locally but are rarely used. For instance, only 17% of houses along rivers and 22% of houses along the coasts, which are potentially flood risk areas, are equipped with pilotis (Graph 3). Besides, almost all houses exposed to the wind do not have any ligation between the roof and the foundations, which makes them vulnerable to cyclones (Graph 4).

<sup>4</sup> Christian Coiffier (1988) - *Traditional Architecture in Vanuatu*- University of the South Pacific, 159 p

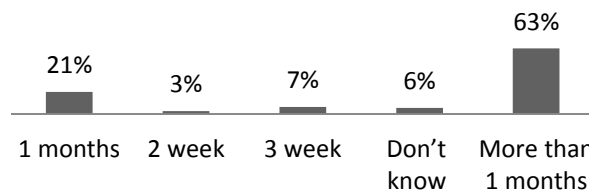


**Graph 3: Presence of stilts houses in flooding prone area (KAP survey 2015)**



**Graph 4: Presence of hurricane strap in the sleeping house (KAP Survey 2015)**

The inappropriateness of building techniques for local houses is a vulnerability factor because in case of destruction, 63% of people will spend more than a month rebuilding their houses (Graph 5). This is exacerbated in case of major disaster and the destruction of nearly all houses and local materials, which will significantly reduce local capacities to rebuild.

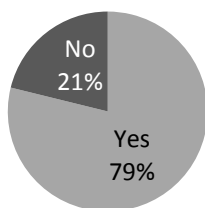


**Graph 5: Time needed to build back a sleeping house (KAP survey 2015)**

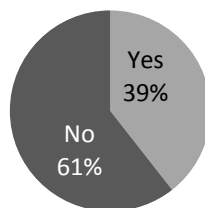
However people know this factor is a cause of vulnerability because “To check the solidity of my house” is the key message they remember the best with 75% of the answers for men and 74% for women (Graph 11).

#### 4.2.1.1.2 Knowledge on cyclone hazard

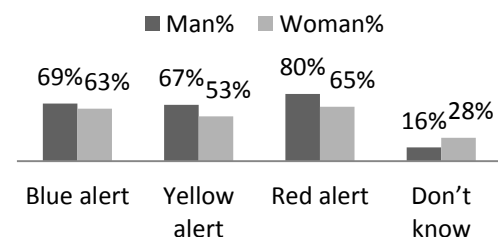
Cyclone is the most common hazard and is the best known among the inhabitants. The early warning system set up by the NDMO is partially known, with 79% of people knowing at least one alert level (Graph 6). Yet, only 39% of people know the color for each alert and its signification (Graph 7).



**Graph 6: Knowledge of at least one (1) alert of the cyclone (KAP Survey 2015)**



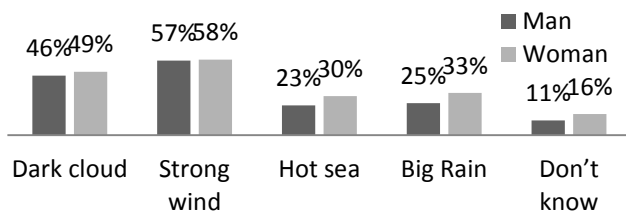
**Graph 7: Knowledge on the 3 alerts and their meanings (KAP Survey 2015)**



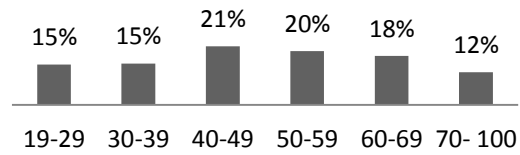
**Graph 8: Knowledge on Cyclone alert color per gender (KAP Survey 2015)**

We observe a better knowledge of the three colors of cyclone alerts for men (Graph 8). On the contrary, women have a better general understanding of cyclone natural signs (Graph 9). It is important to point

out that traditional knowledge is still well spread in the communities, in particular for the 40-59 age group (Graph 10). The youth, however, is less familiar with this knowledge.

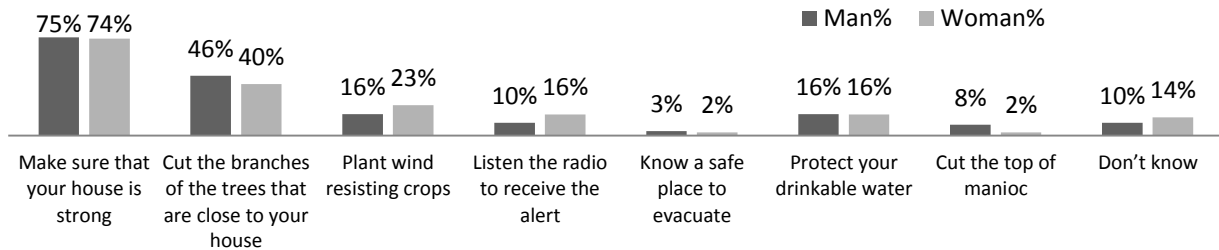


Graph 9: Knowledge on cyclone natural sign (KAP survey 2015)



Graph 10: Knowledge proportion on cyclone natural sign per age classes (KAP survey 2015)

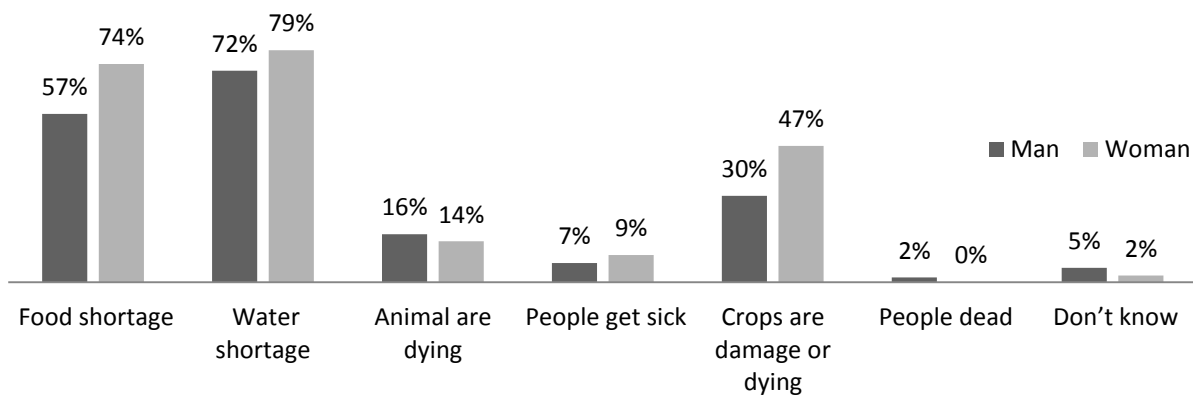
Only a few key preparedness actions are well-known, like to build solid houses and to cut dangerous tree branches around them. This is relative to people's security (Graph 11). Regarding food security and water resource, the percentage is far less important.



Graph 11: Knowledge on the main action to do to reduce the Cyclone effect (KAP survey 2015)

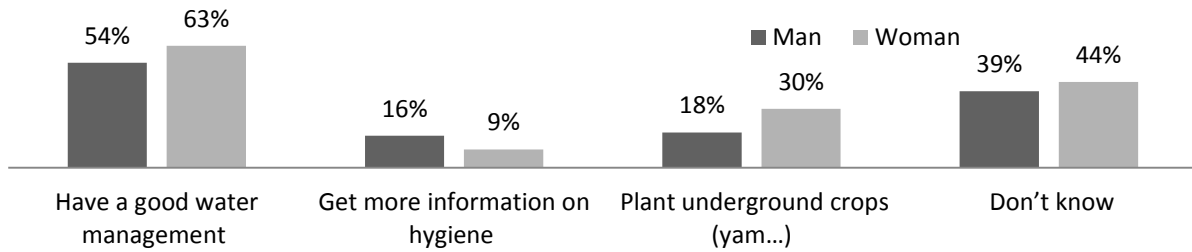
#### 4.2.1.1.3 Knowledge on drought hazard

As mentioned previously, drought is a hazard that hit an important part of target communities: 8 out of 22 (Graph 1). The effects the inhabitants experiment are food and water shortage and damages to the crops (Graph 12). These elements are mainly put forward by women who have the important role at the household level: to manage food and water supplies.



Graph 12: Knowledge on drought effect (KAP survey 2015)

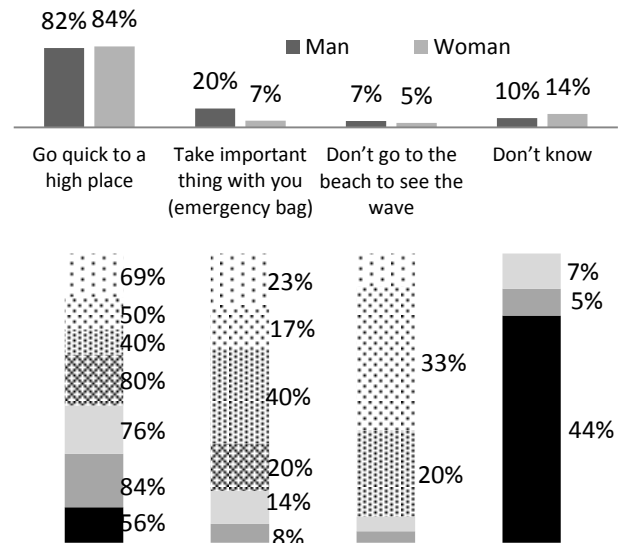
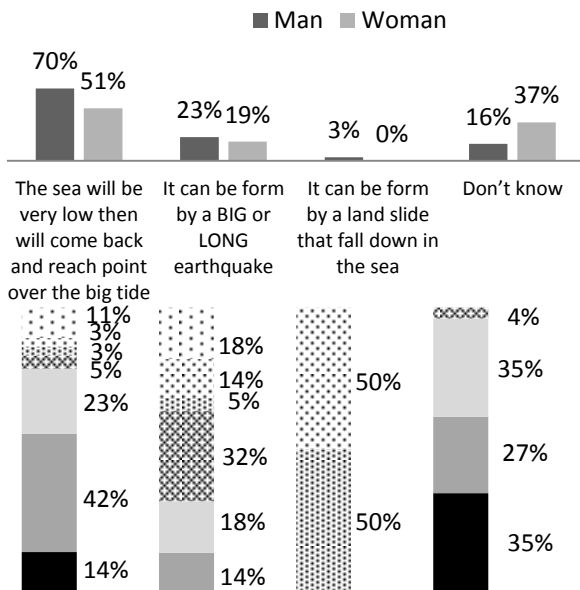
Women globally have a better knowledge on drought coping mechanisms than men (Graph 13). The graph below shows interviewees focus on water management and forget about hygiene and agriculture.



Graph 13: Knowledge on drought coping mechanism

#### 4.2.1.1.4 Knowledge on tsunami hazard

Tsunami natural signs are less known by women than men. We notice that those natural signs are much more well-known in the tsunami prone areas than in places like Gaua where most of the communities are not settled in low line areas. A majority of people know at least one early sign of tsunami by observing sea levels. However, the link between earthquakes and tsunamis is done only in the tsunami prone areas like Torres, Motalava, and Vanualava (Graph 14).



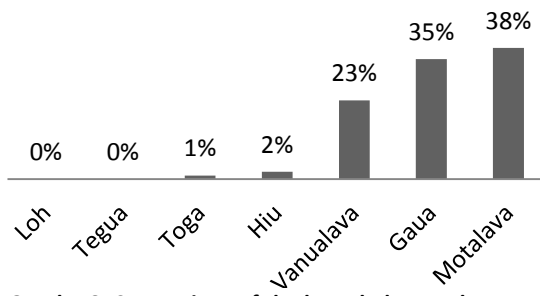
Graph 14: Knowledge on tsunami natural sign per gender and location (KAP survey 2015)

Graph 15: Knowledge on behavior during a tsunami per gender and location (KAP survey 2015)

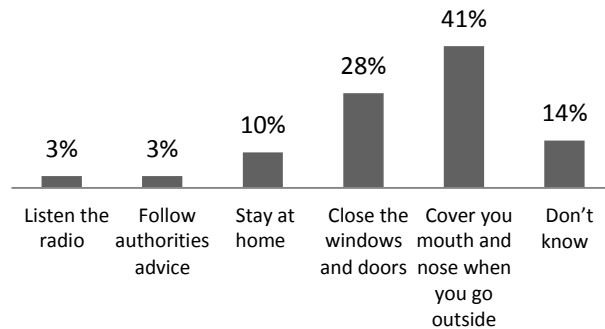
The most important behavior in case of a tsunami, to go to a high place, is known by a large majority of people (83%) in every island. In Gaua we notice that an important part of the population is not aware of the appropriate behavior to have during a tsunami. In spite of everything, women are less aware of the importance of emergency bag; yet they are usually the ones in charge of this matter. (Graph 15).

#### 4.2.1.1.5 Knowledge of volcano hazard

As noted above, the volcanic hazard exists only in specific areas. There are 2 active volcanoes in Torba Province, one in Vanualava and one in Gaua. The percentage of right answers regarding natural signs of volcanic eruptions highlights that knowledge on this hazard is better on these two islands than on the others. The only exception is Motalava which also shows good results despite the fact that there is no volcanic activity on the island: it might be because of its location near volcanic islands and the good level of education available on the island (Graph 16).



**Graph 16: Comparison of the knowledge on the natural sign of volcanic eruption between Torba islands, based on the % of the good answer per location (KAP survey 2015)**



**Graph 17: Knowledge on behavior in time of volcanic eruption in Gaua communities (KAP survey 2015)**

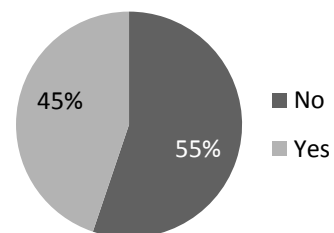
Gaua is the most exposed island to volcanic risk. We observe that the two best-known keys messages in Gaua are those linked to the immediate actions to undertake by individuals in case of a volcanic eruption. This appears to be connected to the 2009 eruption<sup>5</sup>.

#### 4.2.1.2 Knowledge on risk management organization

The analysis of communities' and CDCs' knowledge on risk management at the local level will be based on data collected during the KAP survey, during group discussions and quizzes with CDCs. Hence we will be able to have a refined vision of the respective knowledge of the different groups on roles and responsibilities of CDCs and on the disaster risk management plans developed during the project's previous phases.

##### 4.2.1.2.1 Communities' Knowledge on CDCs' roles and responsibilities

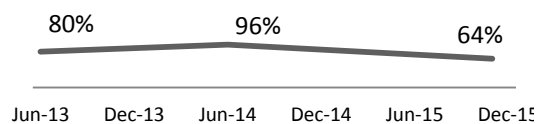
On one hand, the survey highlights that less than half of the overall sample, 45%, knows the existence of the National Disaster management Office (NDMO) (Graph 18). The NDMO is usually known only by people who went to school.



**Graph 18: Knowledge of community member about NDMO (KAP survey 2015)**

<sup>5</sup> VRCS (2011) - *Gaua volcanic eruption summary*, Activity report, 10p

On the other hand, we see an evolution in the knowledge of the community members regarding the overall understanding of the function of a CDC. After 4 years of consecutive DRR projects, people get a good knowledge as we can observe in the end line survey of the third phase of the project: 96% of the population understood what a CDC was at that time. Then after a year and a half break we noticed that people's knowledge about CDC fell down to 64% (Graph 19).

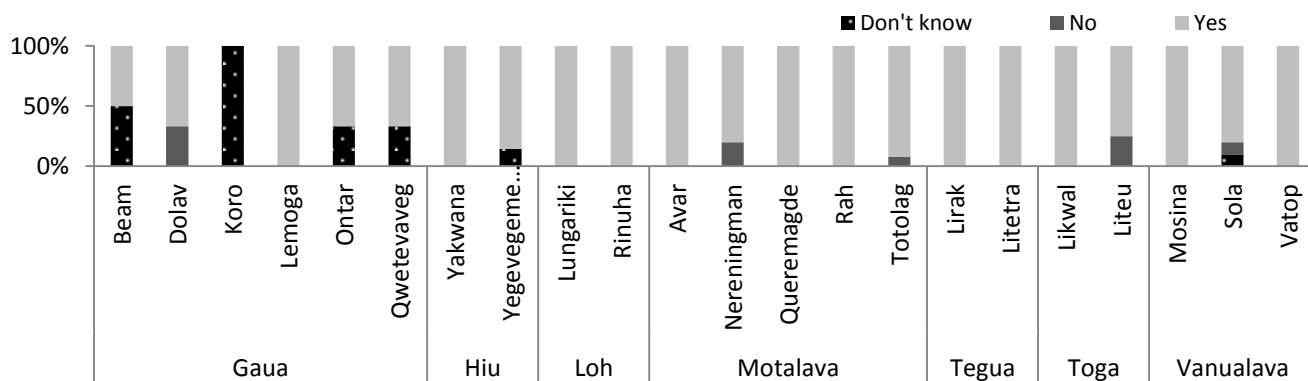


**Graph 19: Knowledge of the community on the Community disaster committee from June (baseline TBR3), June 14 (end line TBR3) and November 2015 Baseline TBR5)**

This indicates that without continuous awareness sessions on the roles and responsibilities of the CDCs, people start to forget. However, those percentages have to be read with precaution because even if the question asked in the previous questionnaire (in 2013 and 2014) was the same than the one asked in 2015, before the answer choices were “yes” or “no” but it was a quiz in the 2015 questionnaire. This different way of asking the question undoubtedly influenced the result and explained the huge gap between 2014 and 2015. The gap is in reality probably much less than the figure shows, because during the first survey people may have answered that they know what a CDC was but there was no question to cross check it.

Despite that, the figure still shows a majority of people considers CDCs as the main actors for disaster risk management. For this reason the CDCs often endorse all the responsibilities when it comes to disaster management with the community, although lots of processes are not their direct responsibility: warnings, distribution of non-food items, etc..

A large majority of the sample (86%) knows that a CDC exists in their village (Graph 20). We observe however that in remote communities like in West and South Gaua the existence of a CDC is largely ignored. This issue is often due to the CDCs' lack of activity and to a high turnover that does not facilitate the appropriation of the members' roles and comprehension for inhabitants.

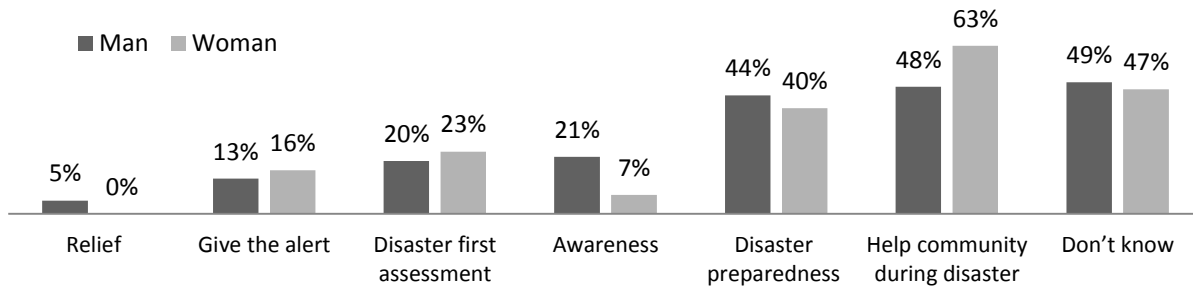


**Graph 20: Knowledge on CDC in the community (KAP survey 2015)**

An important part of the population (48%) does not know CDCs' roles and responsibilities (Graph 21). The roles attributed to CDCs are usually their intervention in case of disaster (55%) and risk preparedness (42%). This is indeed what their role consist in in practice, as we will observe in section 4.2.3. The gender

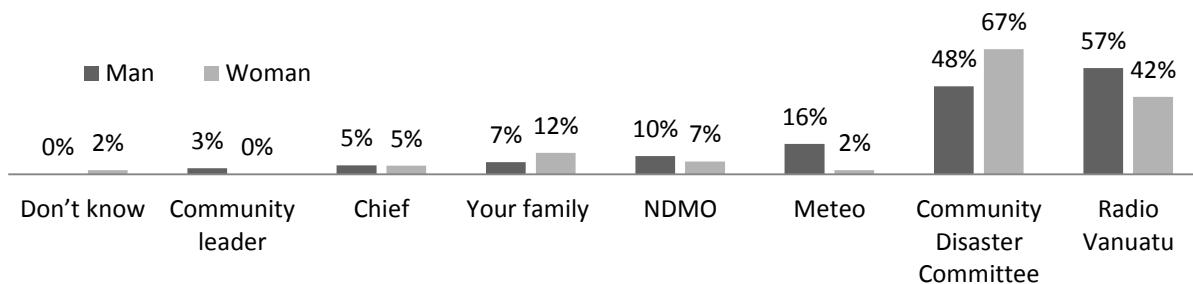
analysis shows women expect more support in case of disaster than for disaster preparedness. That is probably linked to the fact that the previous phase was focused on the response phase.

Few people are able to cite precise activities, which also shows that CDC responsibilities are not always clear for inhabitants.



**Graph 21: Knowledge of the community on CDCs' roles and responsibilities (KAP survey 2015)**

CDCs' role in terms of relaying disaster alerts is known and recognized by community members, in particular by women who mention CDCs in 67% of cases (Graph 22). Radio remains a privileged means of communication, for example to receive information.



**Graphic 22: Where did the community get the hazard warning? (KAP survey 2015)**

#### 4.2.1.2.2 CDCs' knowledge on their own roles and responsibilities

CDCs' knowledge on their own roles and responsibilities was assessed using a specific questionnaire. The answers to this quiz reveal CDCs have an average knowledge of their own roles and responsibilities of 76% (Graph 23). This result hides big disparities between communities.

The results also often reflect the degree of interest the CDCs have in fulfilling their role, but can also depend on the education level of CDC members that has an impact on the comprehension of their roles and of the test questions. The results are thus to be read with precaution because the presence or not of

Province	Island	Community	Score (/22)	%
Torba	Vanualava	Mosina	22	100%
Torba	Vanualava	Sola	17	77%
Torba	Vanualava	Vatop	15	68%
Torba	Motalava	Nereningman	18	83%
Torba	Motalava	Avar	19	86%
Torba	Motalava	Totolag	20	91%
Torba	Motalava	Queremagde	20	91%
Torba	Gaua	Qwetevaveg	10	45%
Torba	Gaua	Ontar	17	76%
Torba	Gaua	Dolav	18	82%
Torba	Gaua	Beam	11	50%
Torba	Gaua	Koro	19	86%
Torba	Gaua	Lemoga	12	55%
<b>Average</b>			<b>17</b>	<b>76%</b>

**Graphic 23: Quiz result average per community (CDC quiz 2015)**

literate elites in a CDC influenced them a lot. However the response analysis allows us to have an idea about the level of knowledge of CDCs.

In general, they have good knowledge of the NDMO structure, but do not fully understand the roles of PDCs (Graph 24).

Their responsibility in terms of awareness actions appears clear to a large majority of CDCs. These actions still need to be developed, and we will discuss it below.

All CDCs understand how the cyclone warning system works but still make mistakes on the meaning and the actions to implement in there is a blue alert. Procedures in case of yellow alert are known as well as cyclone monitoring tools (radio, cyclone tracking map). The CDCs' roles in case of emergency for a tsunami or an earthquake hazard are also well known, but it is less the case for a drought hazard. Despite these good results, there is still a low level of understanding of response plans in some CDCs.

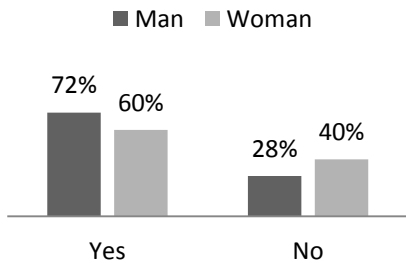
Questions	Good awnser
What does CDC mean?	74%
What do you think the NDMO is?	78%
What does PDC means?	35%
What does PDO mean?	78%
Who is monitoring the cyclone?	61%
What is the color of the cyclone alert for the perparedness?	61%
What is the color of evacuation alert?	83%
What is the color of alert during the cyclone striking?	78%
Why is it important to listen the radio every day?	87%
What is the roles of the CDC during the cyclone blue alert?	57%
What is the roles of the CDC during the cyclone yellow alert?	91%
What the CDC have to do just after a cyclone?	91%
After doing an assessment, who is the person that the CDC should send their report to?	83%
Why the response plan is important?	74%
What is a disaster community action plan?	87%
What is the main roles of the CDC when there ara no disaster (normal time)?	100%
The cyclone awareness should be done every year in which periode?	91%
What is the propose of a tracking map?	91%
What should you do, as a CDC, in drought period?	78%
What should you do, as a CDC, if a tsunami happen?	91%
What the CDC has to do just after a long and strong earthquake?	83%
If a community member get injured during a disaster what CDC has to do?	65%
	<b>Average 78%</b>

Graph 24: CDC quiz results per question (CDC quiz 2015)

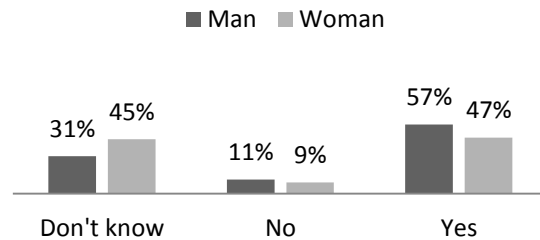


#### 4.2.1.2.3 Knowledge of community disaster risk management plans

A majority of interviewees know the meaning of disaster plan (Graph 25). However, only half of the people know about their existence in their community (Graph 26). Fewer women know about disaster plans than men. These plans are indeed often developed by community leaders, who are generally men.

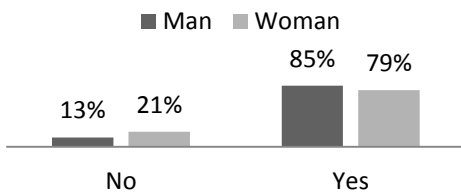


**Graph 25: Do you know what is a disaster plan? (KAP survey 2015)**

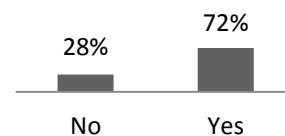


**Graph 26: Is there a Disaster plan in your community? (KAP survey 2015)**

These plans were still presented to communities, through simulation exercises on cyclone and tsunami hazards. Then, even if community members are confused with the notion of community disaster plan, they come to know its major elements. For instance, simulation exercises allowed for the establishment of evacuation plans that seem to be widely understood by the population with 82% of people who declare that they know where the evacuation areas are located (Graph 27).



**Graph 27: Do you know where to go when there is an evacuation warning? (KAP survey 2015)**



**Graph 28: Are there any rules to manage water in your village? (KAP survey 2015)**

In the same way, following the 2015 drought, 72% of people declare having taken measures on water management to reduce the impact of a drought (Graph 28).

We will discuss the activities planned in the actions plans in the section on practices in order to have a vision of the actions implemented by CDCS and the communities.

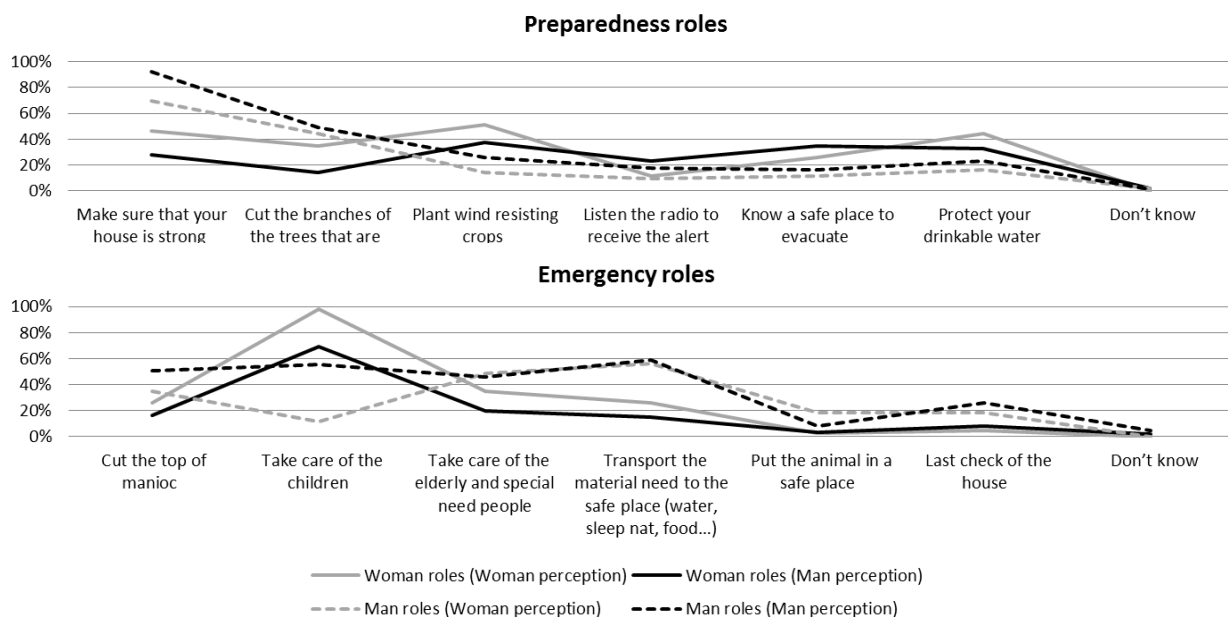
#### 4.2.2 Attitude

This section will be on attitudes and perceptions of communities and CDCs. We will focus on the perception of community roles, the participation in community work and people's preparation.

#### 4.2.2.1 Perception of community roles according to gender

The perception of the distribution of activities according to gender highly influences the way communities will react in case of disaster. In general men and women’s perceptions regarding their own roles and roles of the opposite gender in an emergency situation vary little. These specific roles result from the everyday roles fulfilled by women and men.

They seemed very clear to each interviewee. The graph below (Graph 29) shows the whole sample had no difficulty to answer gender-related questions on roles. Women have a prominent role in preparation (solid line). This reflects their current responsibilities and tasks like water and food provision. Emergency-related tasks are mainly performed by men (dotted line). There is one exception: men prepare houses (make sure it is strong) and women take care of children during the emergency.



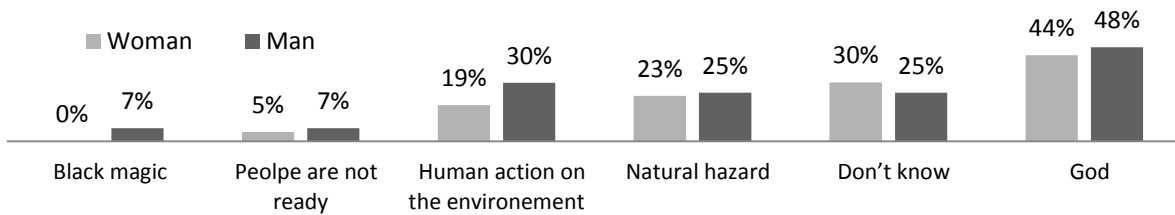
Graph 29: Gender perception of the roles of Man and Woman during preparedness and emergency time.

#### 4.2.2.2 Perception of disaster risk preparation

Disaster risk preparation is often influenced by people’s vision of the world, their beliefs, or their education level. In Torba, most people think disasters are caused by external phenomena like God (46%), natural hazards (24%), and to a lesser extent and for men only, by black magic (Graph 30). Human responsibility for disasters is mentioned only by 30% of interviewees. Women are more likely to mention it (30%) than men (19%) in proportion.

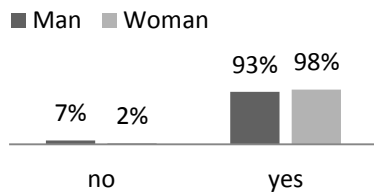
It is important to note that only 6% of people consider their lack of preparation as a cause of disaster. Besides, 27% of people have no idea on the origins of disasters. Its shows that the majority of the

population has a fatalistic vision and attitude towards disasters that could explain people's lack of motivation and involvement when it comes to disaster risk preparation.

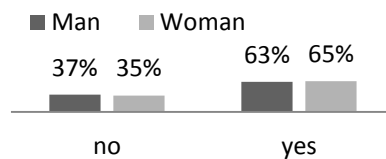


**Graph 30: What do you is think the origin of the disaster? (KAP Survey 2015)**

Despite those facts, it seems straightforward for 95% of people (women in particular) that disasters are cyclical phenomena they will always have to face (Graph 31). However, more than one third of people are not convinced it is possible to reduce risks (Graph 32).

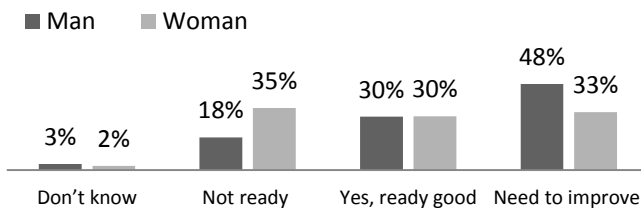


**Graph 31: Do you think that in the future disaster can occur in your village? (KAP survey 2015)**

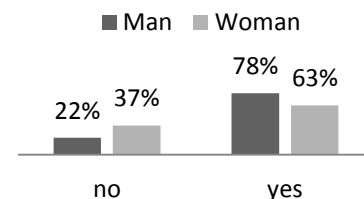


**Graph 32: Do you think that we can reduce the effect of the disaster or not? (KAP survey 2015)**

Only one third of the population thinks they are well prepared (Graph 33) and ready to evacuate their houses if necessary (Graph 34). Men are more confident on this matter than women, which can be explained by the fact that women are responsible for children during evacuation (Graph 29) and often preoccupied with the needs of most vulnerable people which can increase their feeling of vulnerability. On the contrary, men do not often deal with vulnerable people in the community as they are responsible of physical work. Women often put forward the necessity of mutual aid in favor of vulnerable groups in disaster risk preparation. .

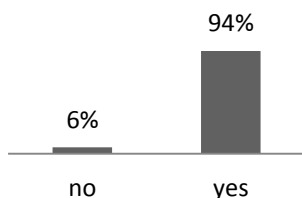


**Graph 33: What is your opinion of your own preparation to face to disaster? (KAP survey 2015)**

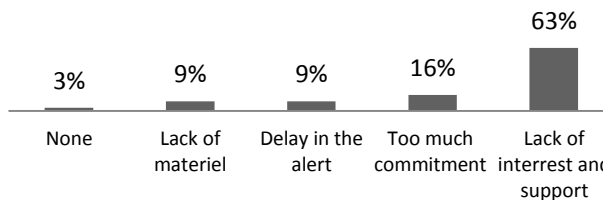


**Graph 34: If there is a warning tomorrow, do you think that you are ready to evacuate? (KAP survey 2015)**

A large majority of community members (96%) encourage solidarity by acknowledging the importance of participation to community work (Graph 35). However, the CDCs often deplore the lack of participation in community works organized to reduce risks in their communities (Graph 36). This shows a significant difference between people’s intentions and concrete actions. This might be linked to a lack of knowledge or understanding of CDC actions plans.

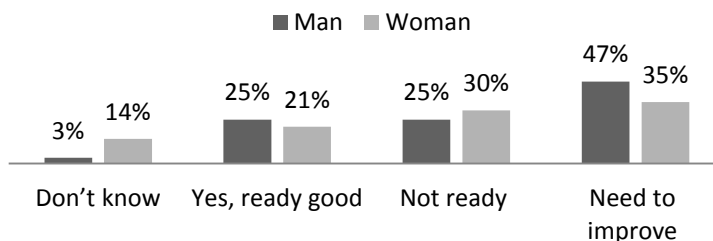


**Graph 35: Do you think that is important to make community work to reduce disaster effect? (KAP survey 2015)**



**Graph 36: CDC challenge (CDC FGD 2015)**

The feeling of being prepared collectively is weakest than the feeling of being prepared individually (Graph 37). It reinforces the CDCs’ thesis on the difficulty to mobilize communities to undertake mitigation works.



**Graph 37: Do you think you village is well organized and prepared to face disaster? (Kap survey 2015)**

### 4.2.3 Practices

We will now focus on CDC and community practices (or concrete actions).

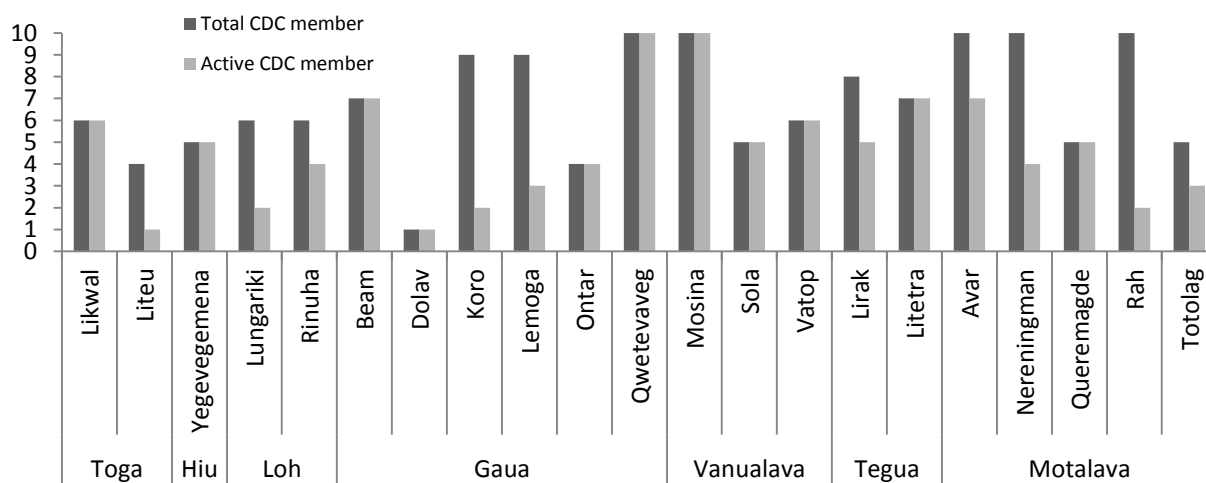
#### 4.2.3.1 CDC Practices

The following section is based on group discussions with CDCs in surveyed communities. It allows for an assessment of what they think of their activity. This information will nonetheless be enriched with data extracted from the KAP survey.

##### 4.2.3.1.1 State of play

The CDCs in target communities were trained in 2010 and 2013, during the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> phases of the DRR program in Torba. After 2 to 5 years in activity, we observe a significant drop in the number of CDCs

that counted 10 members in each community when the first elections took place. Lots of CDCs no longer exist in their communities of origin or are inactive (Graph 38).



**Graph 38: Number of CDC and active CDC per community (CDC FGD 2015)**

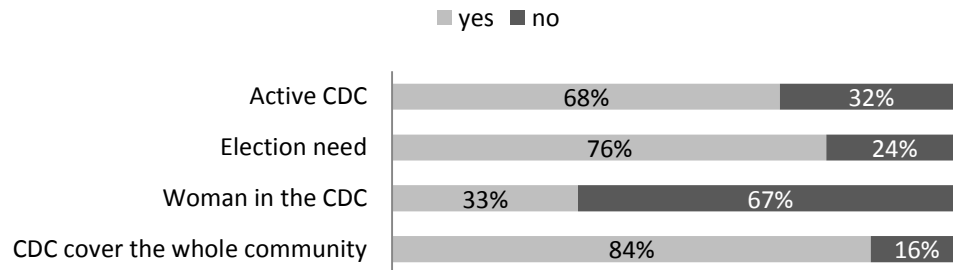
Departures are due to marriages<sup>6</sup>, or the lack of job opportunities, which is often the case for community leaders. CDC members are not frequently replaced, because not many people have the capacity or willingness to become a community leader. The lack of motivation of CDCs is often due to their lack of involvement in the activities. The level of motivation of CDC members varies from one community to another depending on the leadership of community elites. Women are traditionally kept apart from public decision-making places. Only one woman is still a CDC chairman in Torba and women represent only 26%<sup>7</sup> of the Board members. Women are overrepresented as treasurers as they are usually recognized for their fund managing capacities.

Over the full sample, 68% of CDCs are active. It motivates them and they organize elections to replace inactive or absent members and to rebalance CDCs in terms of gender, diversity of represented groups (youth, elderly), or geographical representation<sup>8</sup>.

<sup>6</sup> Marriages are often celebrated between people from different communities, one of the consequences being generally the bride moving to her husband's community nearby or to another island or province. . The following expression reflects well this tradition: « maret i go » which means to go and settle on one's husband land to marry him.

<sup>7</sup> This percentage was calculated thanks to the CDC registration form that captures the position and gender of the CDCs.

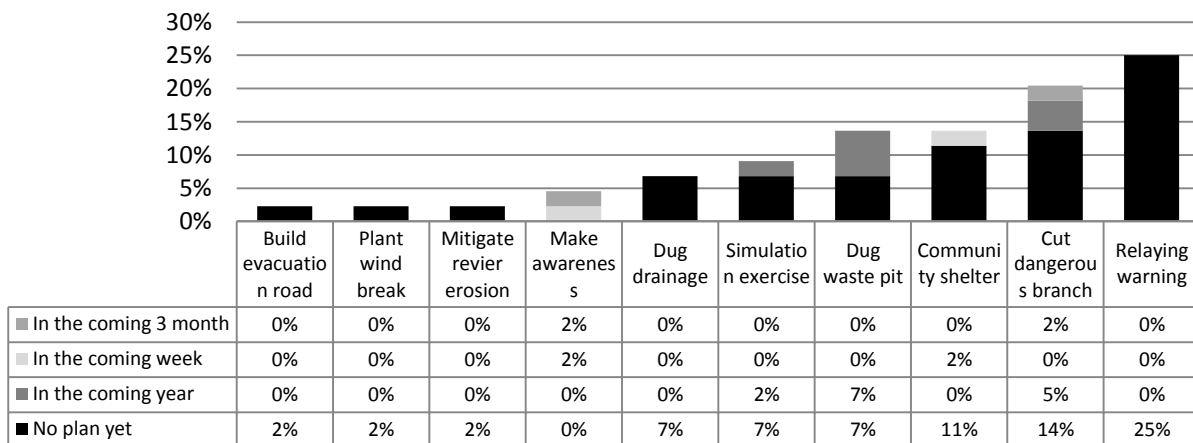
<sup>8</sup> Communities are often composed of several villages sometimes remote from each other. If there is at least a representative from each village in the CDC, this allows for a better diffusion of messages and alerts.



Graph 39: CDC checklist (CDC FGD 2015)

#### 4.2.3.1.2 Activities implemented by CDCs

This monitoring of CDCs activities was conducted more than a year after Red Cross actions stopped in target communities. The graph below (Graph 40) indicates the percentage of CDCs who have implemented DRR activities during the last two years. For each activity, the graph shows if CDCs have started to plan to implement these activities again and when.

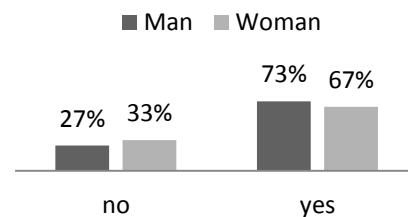


Graph 40 : Percentage of CDC implementing activities since 2015 and planning of those activities (CDC FGD)

The majority of mentioned activities was implemented during the projects and corresponds to each community’s action plan. In general, actions plans were not updated and few activities are planned.

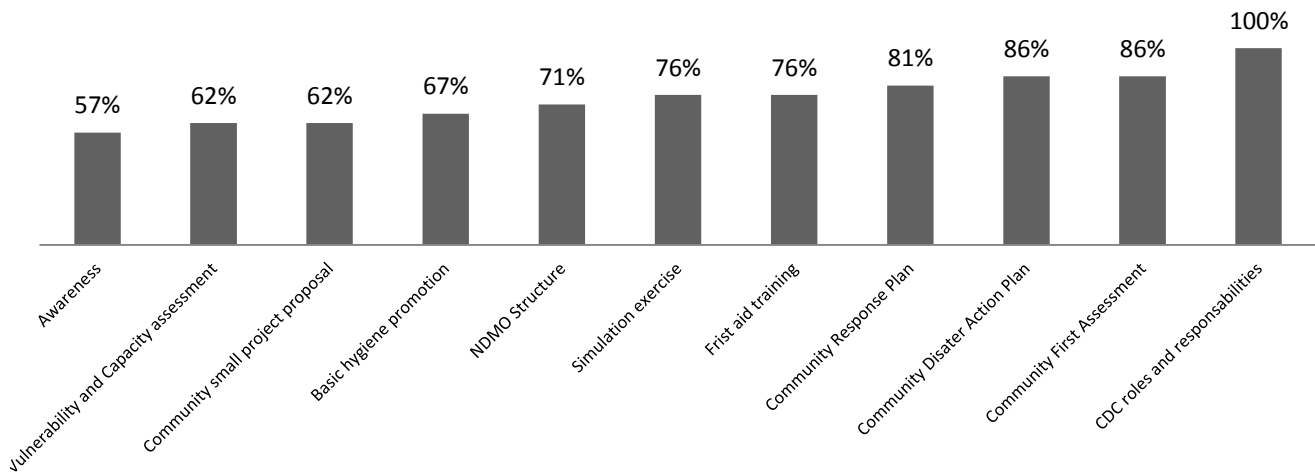
The most mentioned activity is CDC’s role in communicating alerts, for instance when before Cyclone PAM hit. But this activity is, by nature, impossible to plan. CDCs were thus active mainly in times of emergency.

Very few awareness sessions were carried out by CDCs. Indeed, the CDCs did not or poorly benefit from training on how to conduct an awareness session (Graph 42). Campaigns



Graphic 41: Have you already benefited from an awareness campaign on disaster preparedness? (KAP survey 2015)

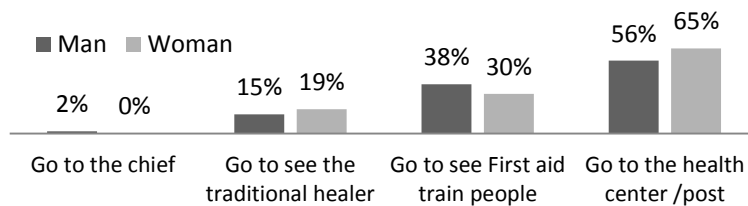
conducted in communities were led by Red Cross staff directly (Graph 41).



**Graph 42: Training received by the CDCs (CDC FGD 2015)**

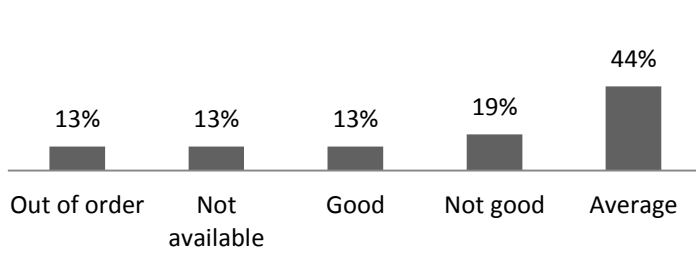
The CDCs received trainings on post-disaster initial assessment, which were integrated to simulation exercises. However the CDCs did not have the opportunity to practice because no major disaster struck Torba, and simulation exercises were not replicated probably because it is too complex to organize. Logistical challenges and the lack of standardized procedures coming from the NDMO contribute to the difficulties.

Although 76% of CDCs declare that they are trained in first aid, they are not recognized by the community whose members do not refer to them in case of injury or accident (Graph 43).

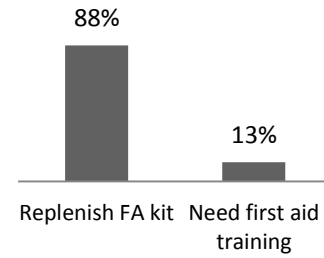


**Graph 43: First reaction in front of casualties (KAP survey 2015)**

Besides, first aid kits distributed during previous projects need to be replenished (Graph 44), which appears to be difficult to do for CDCs (Graph 45).



Graph 44: First aid kit condition (CDC FGD 2015)



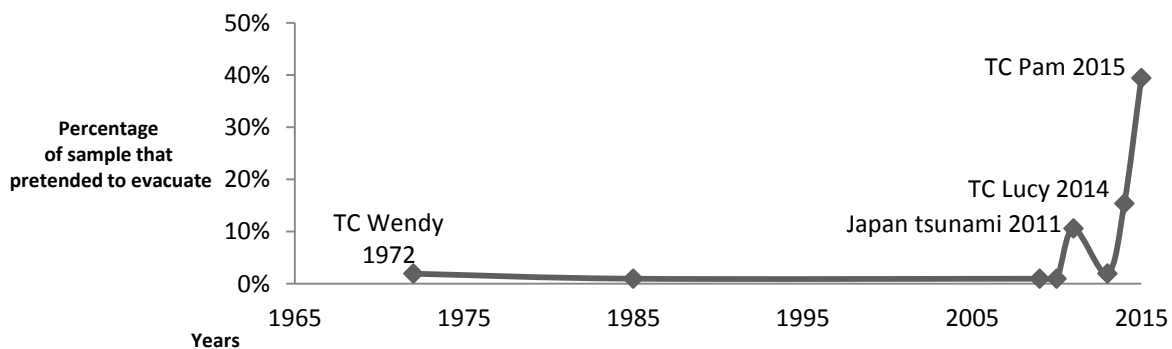
Graph 45: First aid tools requested by the CDC (CDC FGD 2015)

#### 4.2.3.2 Community practices

We will now look at the behaviors of community members in relation with two topics: evacuation and food security.

##### 4.2.3.2.1 Evacuation

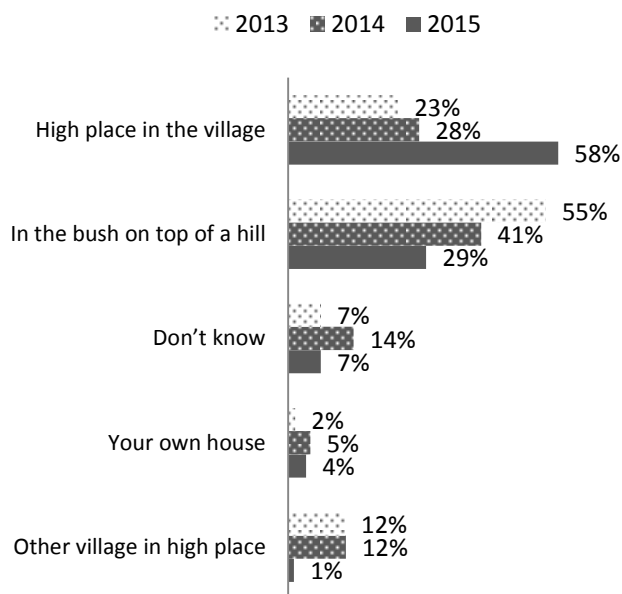
Damages on vulnerable frames (see section 4.2.1.1.1) are one of the main impacts of extreme natural disasters on communities. Because evacuation aims at protecting the inhabitants, is an important element of DRR strategy. The KAP survey highlights that people’s behavior towards evacuation has changed in the last years (Graph 46). In Torba, more and more people started to evacuate following the NDMO alerts relayed by CDCs in the past four years. It was the case for the tsunami in Japan in 2011, Cyclone Lucy in 2014 and Cyclone Pam in 2015.



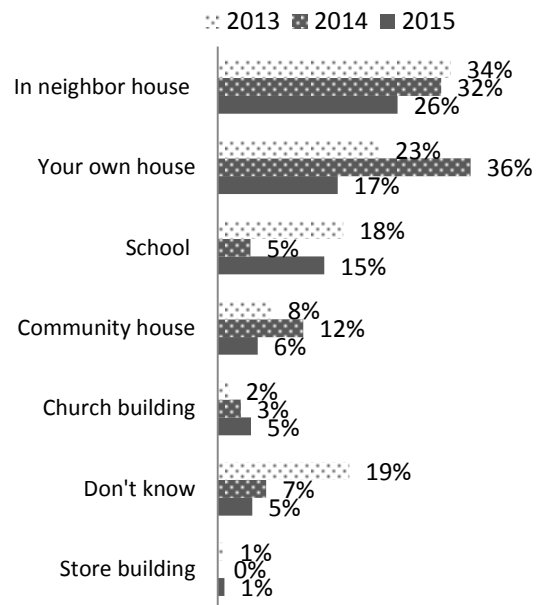
Graph 46: Historical evacuation (KAP survey 2015)

The two main hazards for which people evacuate are tsunamis and cyclones. For the period 2013-2015 we observe an evolution in behavior: today, few people do not know where to go, respectively 7% and 5% for tsunami and cyclone. When there is a tsunami alert, 88% of people head towards high lands (Graph 47). When there is a cyclone alert, people are divided in groups and seek refuge in different buildings according to the response plan (Graph 48). This was not the case in 2014 when lots of families used to stay at home.





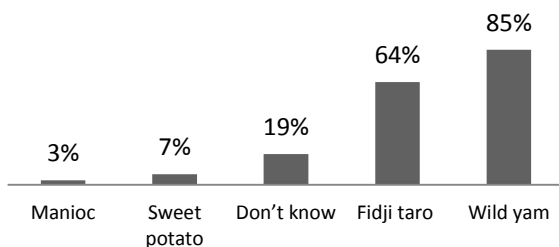
**Graph 47: Evacuation area for tsunami (KAP survey 2013, 2014, and 2015)**



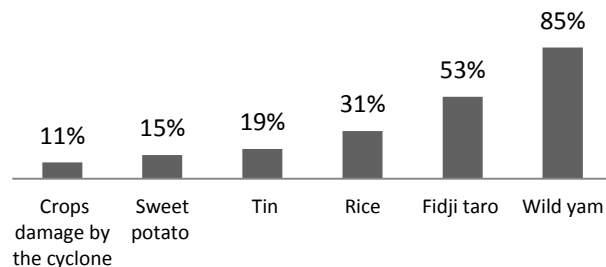
**Graph 48: Evacuation area for cyclone (KAP survey 2013, 2014, and 2015)**

#### 4.2.3.2.2 Food security

People mainly depend on their home gardens for food production in target communities, and are therefore vulnerable to natural disasters in terms of food security. Some of the cultivated plants and vegetables are resistant: wild yam, fidji taro, etc (Graph 49). Accompanied with rice, these are the main foods people eat after a disaster (cyclone, drought).



**Graph 49: Disaster resistant crops planted by community members (KAP survey 2015)**



**Graph 50: Food usually eaten after disaster by community members (KAP survey 2015)**

Despite those positive adaptations, we still observe chronic food shortages even after minor events because most productive and most consumed crops (manioc, bananas, island cabbage), are also the most vulnerable ones.

## 5 RECOMMENDATIONS

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### 5.1 Recommendations on methodology

In the section below, we will resume the limits mentioned in section 3.4 and suggest possible ways of improving the methodology.

*Length of the questionnaire:* We should review the number of questions either by combining some of them or review the questions' order so that the questions dealing with our priority issues are asked at the beginning of the interview. When setting up his questionnaire, the surveyor should remember to have less but more precise questions.

*Questions relevance:* We should therefore reorganize the way we collect the information and try to get some beforehand (like the community profiles) to be able to better adapt our questionnaire to the targeted population.

*Questionnaire translation:* Without entering into deep linguistic considerations, we should remember to design the questionnaires in English first and then translate it into Bislama, as English language has a higher precision level than Bislama.

*Rejection reasons:* when an interviewee refuses to answer the questionnaire, the surveyor should at least get information on location, gender and age of the interviewee and reason of refusal.

*Data collecting tool (ODK):*

- When using it, the surveyor should not focus only on the phone and should remember to look around to establish eye contact with the interviewee to be able to notice small details
- The surveyor should be careful in the choice of the reference names as it cannot be viewed or changed before receiving the analysis
- The surveyor should not put too many and/or too heavy pictures
- The necessary time to gather all data, transferring and converting them before the analysis phase should be planned ahead very carefully.

*Sample size and location:* We need to get more information about the communities beforehand to have a more representative sample

*Surveyors' training:*

- We should spend and take more time with the surveyors to explain the objectives, the process and the use of this survey.
- We should also give them more time to do the survey (reduce daily objectives?) to get better quality results and not only quantity.
- We also should systematically organize a debriefing with them after the daily surveys.

### 5.2 Recommendations on activity implementation

This preliminary survey document is based on an analysis conducted at the community level. This section focuses on recommendations for Result 1, which is about improving preparation conditions in the communities.

One of the project’s objectives is to level the unequal capabilities of CDCs in disaster risk management. The assessment of CDCs shows significant differences between the communities in terms of capacities, involvement of leaders, implemented activities and need for support.

This observation indicates that it is necessary to adapt the activities to the specific needs of each community, and in particular regarding the range of training options for CDCs. In addition, the impact of the El Nino phenomenon on communities also justifies a review of awareness strategies to answer the related priority needs.

According to this survey analysis, we observe the indicators for Result 1 are still relevant to reach the specific objective (Appendix 1). However, activities have to be refined in order to improve the situation in communities, support them in dealing with their challenges to ensure sustainability for implemented activities. Below are recommendations formulated by activity, based on the analyses conducted.

Activity 1.1 consists in conducting the baseline/endline survey and is therefore more a source of verification than an activity that will have an impact on indicators. This is why this activity is not discussed here.

<b><i>1.2: DRM trainings with target CDCCCs so they are familiar with their roles and responsibilities (awareness, mitigation, emergency, post-emergency) - with emphasis on 'needs assessment', women's roles and leadership and inclusion of boys, girls, PLWD and other marginalized groups.</i></b>			
<b>R&amp;R of CDC</b>	<b>Graph ref</b>	<b>Analysis in Brief</b>	<b>Recommendations</b>
	<b>Graphic 23</b> <b>Graphic 24</b>	- Disparity in CDC knowledge of their roles	- Develop an opening workshop to identify the priority of each CDC and formulate appropriate response to their need.
	<b>Graphic 23</b> <b>Graphic 24</b> <b>Graphic 29</b> <b>Graphic 30</b> <b>Graphic 31</b> <b>Graphic 32</b> <b>Graphic 33</b> <b>Graphic 40</b> <b>Graphic 42</b>	- NDMO Structure not clear for every CDC - $\frac{1}{3}$ of people do not think that we can reduce the risk and do not feel prepared. - CDCs did not conduct much awareness sessions because they do not receive training	- Develop specific training module for CDC capacity building including : - Roles and responsibility of CDC (clarify roles of each CDC) - Awareness training (include disaster plan promotion) to make CDCs able to share the proper preparedness behaviors. - Fund management to replenish FA kit and DP kit - Develop a monitoring system to evaluate the CDCs
	<b>Graphic 38</b> <b>Graphic 39</b> <b>Graphic 41</b>	- Gender balanced CDCs - CDC turnover - Over load of commitment of some community leader	- Clarify the election process and criteria (including gender involvement and hand over process) - organize elections for some of the CDCs

<b>Community knowledge</b>		
<b>Activity 1.3: DRM training with target communities so they are familiar with the roles and responsibilities of their CDCCC (awareness, mitigation, emergency)-with emphasis on women roles and leadership and inclusion of boys, girls, PLWD and other marginalized groups.</b>		
<b>Ref graph</b>	<b>Analysis in Brief</b>	<b>Recommendations</b>
<b>Graph 1</b> <b>Graph 6</b> <b>Graph 7</b> <b>Graph 8</b>	- Cyclone and drought are the main hazards that affect the communities	- Make a special focus on cyclone and Drought within the DRR tool and training developed - Focus on the cyclone alert system
<b>Graph 1</b> <b>Graph 14</b> <b>Graph 15</b> <b>Graph 16</b> <b>Graph 17</b>	- Some hazards are specific to some areas, like volcano in Gaua and tsunami in Torres.	- Develop specific module for Volcano in Gaua and Tsunami in Torres - Focus on the following key messages -Long and strong earthquake generates tsunami -Follow authorities' advice in case of major eruption
<b>Graph 2</b> <b>Graph 3</b> <b>Graph 4</b> <b>Graph 5</b> <b>Graph 11</b>	- Lack of adaptation of the local house to local hazards. - Knowledge on self-construction already exists in the community	- Integrate a « build back better » module in the awareness training provide to the CDC, using the existing handbook and poster developed by the VRCS. Promote local knowledge and the use of local materials.
<b>Graph 9</b>	- Cyclone alerts are only partially known by people (even less by women)	- Ensure that the awareness sessions reach women by integrated gender specific session in the awareness training
<b>Graph 10</b>	- Some people in the community still have traditional knowledge	- Facilitate inter-generational exchange on traditional knowledge.
<b>Graph 12</b> <b>Graph 13</b> <b>Graph 28</b>	- Knowledge on drought effects but few on coping mechanisms	- Develop a drought hazard poster based on common practices and train CDC to use it to conduct awareness sessions.
<b>Graph 18</b> <b>Graph 19</b> <b>Graph 20</b>	- Lots of people know about their CDC, except in some specific areas	- Reinforce the weakest CDCs by developing specific modules adapted to their needs and capacities.
<b>Graph 21</b> <b>Graphic 22</b>	- Few people clearly know about the CDCs' roles and responsibility	- Develop a movie on the CDCs' roles and responsibilities to clarify it for the community.
<b>Graph 46</b> <b>Graph 47</b> <b>Graph 48</b> <b>Graph 49</b> <b>Graph 50</b>	- People have better reflexes in term of evacuation. - Few still do not know where to go - Knowledge on resistant crops exists but shortages are still common	- Develop family disaster plan to make sure that everyone knows his/her safe place. - Include a food security part in the family disaster plan.

<b>First Aid</b> <b>Activity 1.4: Basic first aid training provided for target CDCCCs</b>		
<b>Ref figure</b>	<b>Analysis in Brief</b>	<b>Recommendations</b>
<b>Graph 43</b>	- CDC are not well recognized for their FA capacity	- Refresh the CDC and evaluate them - Select no more than 10 people that are confident to practice first aid, as a rescue team. - Train the local nurse to be First aid trainer and organize regular refreshments for the CDC - Give boat to local health centers in remote places like Torres and Gaua. - Advocate the involvement of the Ministry of health to get their support to replenish the FA kits at the community level
<b>Graph 44</b> <b>Graph 45</b>	- It is challenging for the CDC to manage the FA kit	- Include FA kit management in First aid training - Involve local nurse in the training so they can support to replenish - Train CDC to organize Fund raisings to fund the replenishment of the first aid kit

<b>DRM plan</b> <b>Activity 1.5: DRM plans developed or updated(where present)with CDCCCs</b>		
<b>Ref figure</b>	<b>Analysis in Brief</b>	<b>Recommendations</b>
<b>Graph 25</b> <b>Graph 26</b> <b>Graph 27</b> <b>Graph 28</b> <b>Graph 34</b>	- Disaster plans are not well known by the people - CDC have DRM plan	- Response plan review (include development of disaster family plan)
<b>Graph 35</b> <b>Graph 36</b> <b>Graph 37</b>	- Lack of willingness of the community members to implement the plan - 1/4 of the population thinks that the community is not ready.	- DRM plan to be reviewed with all the key stakeholders and leaders of the communities - Make a display version of the DRM Plan on the notice board - CDC to conduct awareness sessions on the DRM plan to the community

<b>Assessment training</b> <b>Activity 1.6: Develop the capacity of the CDCCCs members to use the information management processes including "166" public information services during and emergency event and to transmit assessment data, and completing initial assessment form.</b>		
<b>Ref figure</b>	<b>Analysis in Brief</b>	<b>Recommendations</b>
<b>Graph 40</b> <b>Graph 42</b>	- CDC do not conduct proper assessments	- Develop standard initial assessment form, a training and a reporting mechanism
<b>Graph 40</b> <b>Graph 42</b>	- CDC have not trained themselves in assessment and reporting for a long time	- Test the reporting mechanism through simple and replicable community and provincial simulation exercise

<i>DRM plan</i>		<i>Activity 1.7: In Partnership with the provincial Disaster officer, emergency simulation exercise provided to CDCCCs</i>	
Ref figure		Analysis in Brief	Recommendations
<b>Graph 40</b>	-	CDC did not organize simulation	-
<b>Graph 42</b>		exercises	- Develop a mini simulation exercise easier to carry out at the CDC level that includes DO kit checking. - Develop a monitoring system to evaluate the CDC

Although this preliminary assessment does not directly concern representatives and organizations at the provincial level, we recommend organizing an Opening Workshop with Provincial Disaster Committee (PDC) members to know their priorities and to define the content of activities using a participative approach. Other activities and indicators for this result remain unchanged.

These recommendations will directly impact the project workplan. Please find an updated version in Appendix 2.

## CONCLUSION

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This assessment is an opportunity for the Red Cross to understand the impact of its DRR program in the medium term. It allows for refining the project's approach by readapting it to the particular realities of each community. The survey confirms indeed that there are significant disparities between communities in terms of knowledge, attitude and practices. This often relates to the particular socio-economic conditions caused by community remoteness and the lack of infrastructures. The leaders' level of involvement is also a determining factor for success.

The previous projects contributed to improve knowledge in the communities on risk management, hazards and associated alerts, and how to behave in case of emergency. Despite the implementation of activities, we observe when analyzing the results of the survey that most people still have a limited understanding of essential key messages. There is a need for cyclical reminders to maintain the level of knowledge and understanding needed to deal with emergency situations. Given the limited capacity of public authorities to perform this task, the CDCs are the ones who can help perpetuate these appropriate behaviors. For this reason it is crucial that both CDCs and community members get a good understanding of the CDC roles and responsibility. This can help communities to adapt those roles to their own reality, to define good and achievable targets for the CDCs that can keep their motivation high and ensure their sustainability.

After a year since the Red Cross left, we observe the CDCs have been more or less active depending on the communities. The common characteristic is that CDCs are active during disasters, a time when they feel accountable to their communities. Some CDCs are weakened because they experience an important turnover and do not have any guide to organize a replacement and a smooth transition.

Standards still need to be developed accordingly to ensure the CDCs are maintained (replacement procedures, trainings on awareness, etc.). The purpose of the recommendations formulated in this report is to help developing these standards based on the experiences of communities and people in Torba. It appears fundamental to design activities which are adapted to the realities and wills of each community and CDC.

In that sense, initial workshops will be organized in each community in order to help the CDCs define their own strategies to ensure sustainable progress will be made in disaster risk reduction. By gathering their needs and wills, we will be able to finalize the CDC training program on their roles and responsibilities. The additional modules will enrich the existing DRR methodologies of the NDMO package.

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## TABLE OF GRAPHS

Graph 1: Main hazards experienced per community and island (Source KAP survey 2015) .....	17
Graph 2: Construction of the sleeping houses (KAP survey 2015).....	17
Graph 3: Presence of stills houses in flooding prone area (KAP survey 2015).....	18
Graph 4: Presence of hurricane strap in the sleeping house (KAP Survey 2015).....	18
Graph 5: Time needed to build back a sleeping house (KAP survey 2015) .....	18
Graph 6: Knowledge of at least one (1) alert of the cyclone .....	18
Graph 7: Knowledge on the 3 alerts and their meanings.....	18
Graph 8: Knowledge on Cyclone alert color per gender (KAP Survey 2015).....	18
Graph 9: Knowledge on cyclone natural sign (KAP survey 2015).....	19
Graph 10: Knowledge proportion on cyclone natural sign per age classes (KAP survey 2015) .....	19
Graph 11: Knowledge on the main action to do to reduce the Cyclone effect (KAP survey 2015) .....	19
Graph 12: Knowledge on drought effect (KAP survey 2015) .....	19
Graph 13: Knowledge on drought coping mechanism.....	20
Graph 14: Knowledge on tsunami natural sign per gender and location (KAP survey 2015) .....	20
Graph 15: Knowledge on behavior during a tsunami per gender and location (KAP survey 2015).....	20
Graph 16: Comparison of the knowledge on the natural sign of volcanic eruption between Torba islands, based on the % of the good answer per location (KAP survey 2015) .....	21
Graph 17: Knowledge on behavior in time of volcanic eruption in Gaua communities (KAP survey 2015) .	21
Graph 18: Knowledge of community member about NDMO (KAP survey 2015) .....	21
Graph 19: Knowledge of the community on the Community disaster committee from June (baseline TBR3), June 14 (end line TBR3) and November 2015 Baseline TBR5).....	22
Graph 20: Knowledge on CDC in the community (KAP survey 2015) .....	22
Graph 21: Knowledge of the community on CDCs’ roles and responsibilities (KAP survey 2015).....	23
Graphic 22: Where did the community get the hazard warning? (KAP survey 2015) .....	23
Graphic 23: Quiz result average per community (CDC quiz 2015) .....	23
Graph 24: CDC quiz results per question (CDC quiz 2015).....	24
Graph 25: Do you know what is a disaster plan? (KAP survey 2015).....	25
Graph 26: Is there a Disaster plan in your community? (KAP survey 2015) .....	25
Graph 27: Do you know where to go when there is an evacuation warning? (KAP survey 2015).....	25

Graph 28: Are there any rules to manage water in your village? (KAP survey 2015).....	25
Graph 29: Gender perception of the roles of Man and Woman during preparedness and emergency time. .....	26
Graph 30: What do you think the origin of the disaster? (KAP Survey 2015).....	27
Graph 31: Do you think that in the future disaster can occur in your village? .....	27
Graph 32: Do you think that we can reduce the effect of the disaster or not? (KAP survey 2015).....	27
Graph 33: What is your opinion of your own preparation to face to disaster? (KAP survey 2015) .....	27
Graph 34: If there is a warning tomorrow, do you think that you are ready to evacuate? (KAP survey 2015) .....	27
Graph 35: Do you think that is important to make community work to reduce disaster effect? (KAP survey 2015).....	28
Graph 36: CDC challenge (CDC FGD 2015) .....	28
Graph 37: Do you think you village is well organized and prepared to face disaster? (Kap survey 2015) ...	28
Graph 38: Number of CDC and active CDC per community (CDC FGD 2015) .....	29
Graph 39: CDC checkup (CDC FGD 2015) .....	30
Graph 40 : Percentage of CDC implementing activities since 2015 and planning of those activities (CDC FGD 2015).....	30
Graphic 41: Have you already benefited from an awareness campaign on disaster preparedness? (KAP survey 2015).....	30
Graph 42: Training received by the CDCs (CDC FGD 2015) .....	31
Graph 43: First reaction in front of casualties (KAP survey 2015) .....	31
Graph 44: First aid kit condition (CDC FGD 2015) .....	32
Graph 45: First aid tools requested by the CDC (CDC FGD 2015) .....	32
Graph 46: Historical evacuation (KAP survey 2015).....	32
Graph 47: Evacuation area for tsunami (KAP survey 2013, 2014, and 2015) .....	33
Graph 48: Evacuation area for cyclone (KAP survey 2013, 2014, and 2015) .....	33
Graph 49: Disaster resistant crops planted by community members (KAP survey 2015) .....	33
Graph 50: Food usually eaten after disaster by community members (KAP survey 2015) .....	33

## **TABLE OF APPENDIX**

Appendix 1 Logical framework

Appendix 2 Review of the workplan

Appendix 3 KAP Survey 2015

Appendix 4 CDC FGD

Appendix 5 CDC Quiz

## Appendix 1 Logical framework

Intervention logic		Objectively verifiable indicators and sources of verification	
Specific objective	Indicator	Agency responsible	
Communities and key stakeholders with increased capacity to prepare for and respond to disasters, through integrated Disaster Risk Management (DRM) systems strengthening at the community, provincial and national levels	#1: 50% of a representative sample of the target population with increased knowledge regarding natural disasters	All members	
	#2: 70% of targeted Community Disaster and Climate Change Committees (CDCCCs) and Provincial Disaster Committees (PDCs) implementing their respective DRM plans which encompass the standard DRM Package	CARE & French Red Cross	
	#3: Response and coordination between national and provincial government and other stakeholders is more effective	All members	
<b>Result 1</b>	<b>Indicator</b>	<b>Agency responsible</b>	
Communities are aware of disaster risks and early warning systems, are implementing consistent and participatory DRM planning and have the capacity and intention for continued ongoing community-based DRM	<b>Output Indicator 1.1:</b> 70% of target gender balanced CDCCCs are aware of their roles and responsibilities and can demonstrate them in simulation exercises	CARE & French Red Cross	
	<b>Output Indicator 1.2:</b> 70% of target CDCCCs are have DRM plans in place and are implementing them	CARE & French Red Cross	
	<b>Output Indicator 1.3:</b> 70% of target CDCCCs can demonstrate first aid techniques	CARE & French Red Cross	
	<b>Output Indicator 1.4:</b> 70% of target CDCCCs know how to conduct post disaster assessments, and how to disseminate assessment information to stakeholders	CARE & French Red Cross	
	<b>Output Indicator 1.5:</b> 50% of a representative sample of community members in targeted communities have increased knowledge on DRM and CCA, including CDCCC roles and responsibilities	CARE & French Red Cross	
<b>Result 2</b>	<b>Indicator</b>	<b>Agency responsible</b>	
The provincial stakeholders (Provincial Disaster Committees (PDC), Provincial Disaster Officers (PDO), Area Council Secretaries (ACS) in Torba and Tafea are able to coordinate between national and local levels, in disaster preparedness and response	<b>Output Indicator 2.1:</b> 2 PDC DRM plans developed in Torba and Tafea	CARE & French Red Cross	
	<b>Output Indicator 2.2:</b> 2 PDOs and ACS (Torba, Tafea) trained on how to implement Provincial DRM plans	CARE & French Red Cross	
	<b>Output Indicator 2.3:</b> 2 PDOs (Tafea, Torba) implementing Provincial DRM plans	CARE & French Red Cross	
	<b>Output Indicator 2.4:</b> 2 Provincial level simulations carried out (Torba, Tafea)	CARE & French Red Cross	
	<b>Output Indicator 2.5:</b> PDOs and a disaster management agenda item included in quarterly TAG meetings and selected cluster focal points established at PDC level - Tafea and Torba	CARE & French Red Cross	
<b>Result 3</b>	<b>Indicator</b>	<b>Agency responsible</b>	
National level stakeholders (NDMO, VHT and Sectorial Clusters) with improved capacity to coordinate humanitarian stakeholders at national, provincial and community levels, in disaster preparedness and response, with increased engagement and knowledge across the population	<b>Output Indicator 3.1:</b> Standard DRM package developed, endorsed by NDMO and NAB	Save the Children	
	<b>Output Indicator 3.2:</b> % DRM stakeholders with an improved understanding about their specific roles and responsibilities during the various phases of disaster management	Save the Children & Oxfam	
	<b>Output Indicator 3.3:</b> VHT minute meetings every two months, and quarterly cluster planning meetings. Meeting minutes shared and meeting actions reviewed at subsequent meetings	Oxfam	
	<b>Output Indicator 3.4:</b> Annual national simulation that demonstrates coordination and communication between DRM stakeholders.	Oxfam	
	<b>Output Indicator 3.5:</b> % of national population with increased knowledge regarding natural disasters.	Save the Children	

## Appendix 2 Review of the workplan

		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
<b>Activities</b>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.1	KAP survey Baseline & Endline	■	■	■	■								■	■	■	■	■		
1.2	CDCCC DRM training				■	■	■	■	■	■	■		■	■	■				■
1.3	Communit y DRM training				■	■	■	■	■	■	■		■	■	■				■
1.4	FA training					■		■	■	■	■	■	■	■	■	■	■	■	■
1.5	Update community DRM plan					■	■	■	■	■	■	■	■	■	■	■	■	■	■
1.6	CDC assessment capacity building				■				■	■	■								■
1.7	SIMEX						■				■		■	■	■				■

# DRR\_KAP

Introduce myself, where I come from and for what purpose I am doing this survey

**Did the person to be interview is present and want to participates to the survey?**

1

\*

Required

yes

no

**KAP survey**

**Name of interviewer (put only my initial)**

\*

2

---

**» DRR KAP General inforamtion**

**Province**

4

\*

Torba

Malampa

**Island**

5

Gaua

Vanualava

Motalava

Toga

Loh

Tegua

Hiu

**Island**

5

Malekula

Maskelyn

**Community**

6

- Farun
- Lanvitvit
- Lambule
- Fartavo
- Akhamb

**Community**

6

- Peskarus
- Pellonk
- Luttet

**Community**

6

- Lemoga
- Lemanman
- Namassari
- Qwetevaveg
- Dolav
- Ontar
- Beam
- Koro
- Dorig
- Lembot
- Avar
- Tarasag
- Tulu
- Kasaka bay
- Naveto

**Community**

6

- Nereningman
- Queremagde
- Totolag
- Avar
- Rah

**Community**

6

- Vatop
- Sola
- Mosina

**Community**

6

- Liteu
- Likwal
- Lungariki
- Rinuha
- Lirak
- Litetra
- Yakwana
- Yegevegemena

**Area**

7

\*

**Gender**

8

- Man
- Woman

\*



**Is the husband of the woman is near her?**

*If it is the case, maybe the woman will not answer the same things.*

yes

no

**Age of Interviewee**

\*

10

---

**» Household characteristics****Boy 0 to 4 year**

*Put the number of persons in this category*

---

**Boy 5 to 17 year**

*Put the number of persons in this category*

---

**Man - 18 to 60 year**

*Put the number of persons in this category*

---

**Man - Over 60 year**

*Put the number of persons in this category*

---

**Girl 0 to 4 year**

*Put the number of persons in this category*

---

**Girl 5 to 17 year**

*Put the number of persons in this category*

---

**Woman - 18 to 60 year**

*Put the number of persons in this category*

---

**Woman - Over 60 year**

*Put the number of persons in this category*

---

**How many handicap people in your household ?**

*Put the number of persons in this category*

---

**» Household characteristics**

**Average annual earning of the household?**

22

---

**Average annual spending of the household?**

23

---

**Money save= earning - spending?**

24

---

**» Building characteristics**

**Did you rent or own this house?**

25

\*

Rent

Owner

**Which kind of house is it?**

*(OBSERVATION)*

\*

Hous in local material

House made of iron roof

Concrete house

**This is a house houses on stilts?**

*(OBSERVATION)*

\*

yes

no

**Is there cyclone strap in the house?**

*(OBSERVATION)*

\*

yes

no

**House location?***(OBSERVATION)*

\*

- Near the sea
- Near a river
- On or below a strong slope
- On the way of the ash fall
- A place expose to the wind
- Other

**Other location**

30

---

**How long do you think it will take you to build back your house?**

31

\*

- Less than a week
- 1 week
- 2 week
- 3 week
- 1 months
- More than 1 months
- Don't know

**» Knowledge on disaster**

**Do you know if any disasters already happened in your village?**

\*

32

- Cyclone
- Tsunami
- Flood
- Volcano
- Earthquake
- Landslide
- Drought
- Fire
- boat sinking
- No
- Don't know

**What kind of damage already happen to your family?**

33

- Food shortage
- Water shortage
- House damage
- People get sick
- People get injured
- People dead
- Properties are damage
- Animal dead
- No damage
- Don't know
- Other

**How many time have you been affect by a natural disaster?**

\*

34

**Can you mention the 3 color of the alert?***(DON'T READ THE ANSWER)*

\*

- Blue alert
- Yellow alert
- Red alert
- Don't know

**Do you know the behavior according to each cyclone alert?***(DON'T READ THE ANSWER)*

\*

- Blue alert = Preparation time
- Yellow alert = Evacuation time
- Red alert = Don't from the safe place
- Don't know

**Do you know some natural sign of cyclone?***(DON'T READ THE ANSWER)*

\*

- Dark cloud
- Strong wind
- Hot sea
- Tree falling down
- Big Rain
- Don't know
- Other

**Other Natural sign***Add an answer if need*

---

**Do you know how to reduce the risk of damage due to the cyclone?***(DON'T READ THE ANSWER)*

\*

- Make sure that your house is strong
- Cut the branches of the trees that are close to your house
- Plant wind resisting crops
- Listen the radio to receive the alert
- Know a safe place to evacuate
- Protect your drinkable water
- Cut the top of manioc
- Don't know
- other

**Other to reduce the risk***Add an answer if need*

---

**What are you suppose to do during an earthquake?***(DON'T READ THE ANSWER)*

\*

- Drop
- Cover
- Hold
- Go to a clear place
- Move from the coastal area because of the risk of tsunami
- Don't know
- other

**Do you know what a tsunami is?***(READ THE ANSWER)*

\*

- This is a big wave that over the normal tide
- Japanese food
- This is a sickness that you can get after a cyclone
- It is done by climate change
- Don't know

**Did you know the natural sign of a tsunami?***(DON'T READ THE ANSWER)*

\*

- The sea will be very low then will come back and reach point over the big tide
- It can be form by a BIG or LONG earthquake
- It can be form by a land slide that fall down in the sea
- Don't know
- other

**Other Natural sign**

44

---

**Do you know what the appropriate behavior in case of tsunami is?***(DON'T READ THE ANSWER)*

\*

- Go quick to a high place
- Take important thing with you (emergency bag)
- Don't go to the beach to see the wave
- Don't know
- other

**Other action**

44

---

**How the landslide happen?***(DON'T READ THE ANSWER)*

\*

- After a big rain
- During the earthquake
- When there are not any more vegetation to hold the ground
- Don't know



**How to reduce the effect of landslide?***(DON'T READ THE ANSWER)*

\*

- Avoid to cut the tree on the side of the hill
- Plant trees on the side of the hill
- Make stone wall
- Avoid to build house on big slope
- Avoid to make garden on big slope
- Don't know

**Do you know the natural sign of a flooding?***(DON'T READ THE ANSWER)*

\*

- A long period of Rain
- Heavy Rain
- The river is over flow
- The water of the river is dirty
- Don't know

**What is the effect of the flood?***(DON'T READ THE ANSWER)*

\*

- Everything is wet
- Animals can drown
- The water can be polluted
- It can damage the crops
- The people can drown in the water
- The water can give you sick
- Don't know

**Do you know what the appropriate behavior in case of flood is?***(DON'T READ THE ANSWER)*

\*

- Don't cross the river
- Put your property in a safe place
- Put your animals in a safe place
- Avoid to sleep near the river
- Don't know

**Do you know some natural sign of Volcano eruption?***(DON'T READ THE ANSWER)*

\*

- Ash falls
- Acid rain
- Big noise
- there are earthquake
- The volcano is red in the night
- Don't know

**Do you know the effect of Volcano eruption?***(DON'T READ THE ANSWER)*

\*

- The leaf are dry
- Water is acid in the water tank
- The iron roof are rosted
- It can make earthquake
- It can make tsunami
- Lava or Piroclastic flow can burn every thing
- Don't know

**Do you know what the good behavior is during an eruption?***(DON'T READ THE ANSWER)*

\*

- Listen the radio
- Follow authorities advice
- Stay at home
- Close the windows and doors
- Cover you mouth and nose when you go outside
- Don't know

**Do you know the effect of drought?***(DON'T READ THE ANSWER)*

\*

- Food shortage
- Water shortage
- Proprieties are damage and animol dead
- People get sick
- The leaf are dry
- People dead
- Don't know

**Do you know how to reduce the effect of the drought?***(DON'T READ THE ANSWER)*

\*

- Have a good water management
- Get more information on hygiene
- Plant underground crops (yam...)
- Don't know

**» Knowledge on disaster management structure****Do you know what is NDMO (National disaster management office)?***(READ THE ANSWER)*

\*

- an NGO
- Health department
- Nationa Disaster Management Office
- A disable association
- Don't know

**Do you know how to have the warning information?***(DON'T READ THE ANSWER)*

\*

- Chief
- Community Disaster Committee
- community leader
- Meteo
- Your family
- NDMO
- Radio Vanuatu
- Don't know
- Other

**Other warning information**

---

**What do you think the CDC is?***(READ THE ANSWER)*

\*

- Community Disaster Committee
- Health committee
- Water Committee
- Red Cross Committee
- Don't know

**Do you know if you have a CDC in your community?**

59

- Yes
- No
- Don't know

**What do you think are their roles and responsibilities?***(DON'T READ THE ANSWER)*

\*

- Help community during disaster
- Preparing community before disaster
- To make assessment after disaster
- Making disaster awareness
- Sharing of reliefs supply
- Give the alert of NDMO
- Don't know

**Do you know what is a disaster plan?***(READ THE ANSWER)*

\*

- It is a plan to organise the community work to reduce the risk
- A plan to organised the community during a disaster
- Plan to reduce the sickness
- Plan for school
- Don't know

**Is there a Disaster plan in your community?**

62

\*

- Yes
- No
- Don't know

**Do you know where to go when there is an evacuation warning?**

63

\*

- yes
- no

**Are there any rules to manage water in your village?**

64

\*

- yes
- no

**As a woman, what do you think it is your own role in the disaster preparedness?**

65

- Make sure that your house is strong
- Cut the branches of the trees that are close to your house
- Plant wind resisting crops
- Listen the radio to receive the alert
- Know a safe place to evacuate
- Protect your drinkable water
- Don't know
- Other

**Other action**

66

---

**As a woman, what do you think it is the man's role in the disaster preparedness?**

67

- Make sure that your house is strong
- Cut the branches of the trees that are close to your house
- Plant wind resisting crops
- Listen the radio to receive the alert
- Know a safe place to evacuate
- Protect your drinkable water
- Don't know
- Other

**Other action**

68

**As a woman, what do you think it is your own role during an emergency?**

69

- Cut the top of manioc
- Take care of the children
- Take care of the elderly and special need people
- Transport the material need to the safe place (water, sleep nat, food...)
- Put the animal in a safe place
- Last check of the house
- Don't know
- Other

**Other action**

70

---

**As a woman, what do you think it is the man's role during an emergency?**

71

- Cut the top of manioc
- Take care of the children
- Take care of the elderly and special need people
- Transport the material need to the safe place (water, sleep nat, food...)
- Put the animal in a safe place
- Last check of the house
- Don't know
- Other

**Other action**

72

**As a man, what do you think it is your own role in the disaster preparedness?**

73

- Make sure that your house is strong
- Cut the branches of the trees that are close to your house
- Plant wind resisting crops
- Listen the radio to receive the alert
- Know a safe place to evacuate
- Protect your drinkable water
- Don't know
- Other

**Other action**

74

---

**As a man, what do you think it is the woman's role in the disaster preparedness?**

75

- Make sure that your house is strong
- Cut the branches of the trees that are close to your house
- Plant wind resisting crops
- Listen the radio to receive the alert
- Know a safe place to evacuate
- Protect your drinkable water
- Don't know
- Other

**Other action**

76



**As a man, what do you think it is your own role during and emergency?**

77

- Cut the top of manioc
- Take care of the children
- Take care of the elderly and special need people
- Transport the material need to the safe place (water, sleep nat, food...)
- Put the animal in a safe place
- Last check of the house
- Don't know
- Other

**Other action**

78

---

**As a man, what do you think it is the woman's role during and emergency?**

79

- Cut the top of manioc
- Take care of the children
- Take care of the elderly and special need people
- Transport the material need to the safe place (water, sleep nat, food...)
- Put the animal in a safe place
- Last check of the house
- Don't know
- Other

**Other action**

80

---

**» Attitude****Do you think that in the futur disaster can occure in the your village?**

81

- yes
- no

\*

**Do you think that we can reduce the effect of the disaster or not?**

82

\*

yes

no

**Do you think that is important to make community work to reduce disaster effect?**

83

\*

yes

no

**What do you think the origine of the disaster?**

84

\*

God

Black magic

People are not ready

Human action on the environment

Natural hazard

Don't know

Other

**If there is a warning tomorrow do you think that you are ready to evacuate?**

85

\*

yes

no

**What is your opinion of your own preparation to face to disaster?**

86

\*

Yes, ready good

Need to improve

Not ready

Don't know

**Do you think you village is well organized and prepared to face disaster?**

87

\*

- Yes, ready good
- Need to improve
- Not ready
- Don't know

**» Practice**

**Before a disaster did the community work together to prepared them self?**

87

\*

- Yes
- No
- Don't know

**Do you already participate to a community work to reduce the disaster risk?**

88

\*

- yes
- no

**If yes, what kind of community work?**

*(DON'T READ THE ANSWER)*

- Cut the dangerous tries close to the house
- Dig drainage
- Dig west pit
- Build community shelter
- Make evacuation road
- Make stone wall to reduce the erosion
- Other
- Don't know

**Other kind community work:**

90

**Have you already receive a alert of disaster comming?**

\*

91

- yes
- no

**If yes, who warned you?**

\*

92

- Chief
- Community Disaster Committee
- community leader
- Meteo
- Your family
- NDMO
- Radio Vanuatu
- Don't know
- Other

**If yes, how have you been warned?**

\*

93

- Radio
- HF radio
- Door to door
- Loud heiler
- Local warning: Ring bell, corn shell, swissel
- Phone
- Phone text message (166)

**Have you already benefited from an awareness campaign on disaster preparedness?**

\*

94

- yes
- no

**Did you already evacuate for your house to go in another place?**

\*

95

- yes
- no

**If yes, for what kind of hazard?**

\*

96

- Cyclone
- Tsunami
- Flood
- Volcano
- Earthquake
- Landslide
- Drought
- Fire
- boat sinking
- No
- Don't know

**If yes, in which year was the last time?**

\*

97

---

**If you evacuated during a cyclone where did you go?**

\*

98

- Your own house
- Church building
- School
- Community house
- Cave
- In neighbor house
- Store building
- Don't know
- Other

**Other place**

99

**If you evacuated during a tsunami where did you go?**

100

\*

- High place in the village
- In the bush on top of a hill
- Other village in high place (near by)
- Your own house
- Church building
- School
- Community house
- Cave
- Don't know
- Other

**Other place**

101

**Which kind of crops that can resist to the natural hazard have you planted in your garden?**

102

\*

- Wild yam
- Fidji taro
- You don't plant
- Don't know
- Other

**Other crops to plant**

103

**Which kind of food do you eat after a cyclone?**

\*

104

- Wild yam
- Fidji taro
- Rice
- Tin meat
- Other

**Other crops eat after a disaster**

105

**If you or your family get injured what is your first reaction?**

\*

106

- Go to the health center /post
- Go to see the traditional healer
- Go to see First aid train people
- Go to the chief
- Don't know

Tell a thank you to the interviewee. Ask him or her if you can take a picture of his/her house.

**Collect position of the house**

105

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)

# CDC\_FGD

## Initial of the facilitator

---

### Location data

#### Province

- Torba
- Malampa

#### Island

- Gaua
- Vanualava
- Motalava
- Toga
- Loh
- Tegua
- Hiu

#### Island

- Malekula
- Maskelyn

#### Community

- Farun
- Lanvitvit
- Lambule
- Fartavo
- Akhamb

#### Community

- Peskarus
- Pellonk
- Luttes



**Community**

- Lemoga
- Lemanman
- Namassari
- Qwetevaveg
- Dolav
- Ontar
- Beam
- Koro
- Dorig
- Lembot
- Avar
- Tarasag
- Tulu
- Kasaka bay
- Naveto

**Community**

- Nereningman
- Queremagde
- Totolag
- Avar
- Rah

**Community**

- Vatop
- Sola
- Mosina

**Community**

- Liteu
- Likwal
- Lungariki
- Rinuha
- Lirak
- Litetra
- Yakwana
- Yegevegemena

**Number of woman attending the focus group**

---

**Number of man attending the focus group**

---

Read the following text:

We will make a discussion about the activities of the CDC to understand the strength and the challenge of the CDC and trying to improve the support that the Red Cross and the NDMO can provide to them.

**CDC\_structure****Number of woman in the CDC**

1

---

**Number of man in the CDC**

2

---

**Number of active CDC**

4

---

**What are the challenge in the CDC mobilisation?**

5

- Turn over of CDC member
- Community leader have to many commitment
- Lack of community support
- Other

**Precise if need**

6

---

**Did the CDC need to be reelected**

7

- yes
- no

**How many villages are in the community?**

8

---

**How many village have a CDC representative?**

9

**What are the community group represent in the CDC?**

11

- Disable
- Womans
- Elderly
- Chiefs
- CDC
- Water committee
- Mans
- Youths
- Teacher representative
- Church leader
- Health workers
- Other

**For the following responsibilities did the CDC identified focal point?**

12

- Chairman
- Vice-chairman
- Secretary
- Vice-secretary
- Treasurer
- Vice-treasurer
- Awareness focal point
- Communication focal point
- First aid focal point
- Logistic focal point

**Which training the CDCs have been received?**

13

- CDC roles and responsibilities
- NDMO Structure
- Vulnerability and Capacity assessment
- Community Disaster Action Plan
- Community small project proposal
- Community Response Plan
- Community First Assessment
- Simulation exercise
- Awareness
- First aid training
- Basic hygiene promotion

CDC disaster management TOOLS

-

**CDC disaster management TOOLS****Is the CDC have one of this following tools?**

14

- Awareness Tool kit
- Emergency box (Loud heiler, wissel, jacket...)
- Disaster Perparedness tools kit (Spade, Knife...)
- Notice board
- Tool storage house
- HF Radio
- First aid kit
- Complainte Box

**Take a picture of the tools**

15

**Condition of the material**

16

- Good
- Average
- Not good
- Out of order
- Not available

**For you which elements of the kit are useless?**

17

---

**For you what other element is needed in this kit?**

18

---

**Name of person responsible of the kit**

19

---

**Contact of person responsible of the tool**

20

---

Community Action Plan - ACTIVITY

-

**Did the CDC has a Community Action Plan for Disaster?**

- yes
- no

**Community Action Plan - ACTIVITY****» Disaster preparedness on going activities**

**Which activity the CDC have carried out?**

23

- Cut the dangerous trees close to the house
- Dug drainage
- Dug waste pit
- Build community shelter
- Build evacuation road
- Protect water points
- Make awareness
- Make simulation exercise
- Relaying alerts to the population
- Other

**If other activity please precise**

24

---

**Which area are targeted?**

25

- The full community
- Only some area in the community
- Each single household are responsible for his area
- Don't know

**What are the community group involved in the organisation of the activity?**

26

- Disable
- Womans
- Elderly
- Chiefs
- CDC
- Water committee
- Mans
- Youths
- Teacher representative
- Church leader
- Health workers
- Other

**Which group is involve in the implementation of the activity?**

27

- Disable
- Womans
- Elderly
- Chiefs
- CDC
- Water committee
- Mans
- Youths
- Teacher representative
- Church leader
- Health workers
- Other



**Which are the target group of the activity?**

28

- Disable
- Womans
- Elderly
- Chiefs
- CDC
- Water committee
- Mans
- Youths
- Teacher representative
- Church leader
- Health workers
- Other

**When / where do you generaly plan those activity?**

29

- Community Toktok
- Community work day
- Chruch service
- Specific group meeting (Mama, youth...)
- School
- Community hall
- During special community events
- Other

**Other place or time that the activity is organised**

30

---

**When was the last time that this activity have been carryied out?**

31

yyyy-mm-dd

---

**How many time did you carry out this activity since 1 year?**

32

---

**Usual average number of participant?**

33

---

**When do you plan to do this activity in the future?**

34

- In the coming week
- In the coming month
- In the coming 3 month
- In the coming 6 month
- In the coming year
- No plan yet

**What means of communication do you use to mobilise the community member?**

35

- Chief
- Church announcement
- Door to door
- Loud heiler
- Notice board
- Other

**What are the main challenge in the implementation?**

36

---

**What are your main recommandations to improve the situation?**

37

---

**Name of person responsible of the activity**

38

---

**Contact of person responsible of the activity**

39

---

Disaster risk reduction PROJECT

-

**» Disaster risk reduction project****What kind of project have you identified?**

40

- Water project
- Shelter improvement project
- Communication improvement project (eq. HF radio)
- Other

**Precise the content of your project.**

41

---

**Who supported you to carry out this project?**

42

- Province
- NGO, Red Cross
- Internation donor (UN, USAid, ECHO...)
- Local donor (Australian, NZ hight commission...)
- Other

**What are the community group involved in the design?**

43

- Disable
- Womans
- Elderly
- Chiefs
- CDC
- Water committee
- Mans
- Youths
- Teacher representative
- Church leader
- Health workers
- Other

**Which group is involved in the implementation activity?**

44

- Disable
- Womans
- Elderly
- Chiefs
- CDC
- Water committee
- Mans
- Youths
- Teacher representative
- Church leader
- Health workers
- Other

**At which stage are you?**

45

- Start writing the proposal
- Project have been funded
- Project start already
- Project nearly finish
- Project is finish

**Can you evaluate the percentage of completion of the project?**

46

---

**What are the target area (place) of the project?**

47

- The full community
- Only some area in the community
- Each single household are responsible for his area
- Don't know

**Average number of people that will benefit of this project.**

48

---

**Take a GPS point of the location of the project?**

49

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)

---

Thanks all the participant.

# CDC\_Quiz

## General information

WELCOME IN THE CDC QUIZ!

Please feel the following question, Then start the Quiz!

ONLY ONE ANSWER IS ALLOWED FOR EACH QUIZ QUESTION.

If any problem with the phone or the question, ask the Red Cross Staff or volunteer iwe are here to help you.

## Your Province

- Torba
- Malampa

\*

## Your Island

- Gaua
- Vanualava
- Motalava
- Toga
- Loh
- Tegua
- Hiu

## Your Island

- Malekula
- Maskelyn

## Your Community

- Farun
- Lanvitvit
- Lambule
- Fartavo
- Akhamb

**Your Community**

- Peskarus
- Pellonk
- Luttes

**Your Community**

- Lemoga
- Lemanman
- Namassari
- Qwetevaveg
- Dolav
- Ontar
- Beam
- Koro
- Dorig
- Lembot
- Avar
- Tarasag
- Tulu
- Kasaka bay
- Naveto

**Your Community**

- Nereningman
- Queremagde
- Totolag
- Avar
- Rah

**Your Community**

- V atop
- Sola
- Mosina

**Your Community**

- Liteu
- Likwal
- Lungariki
- Rinuha
- Lirak
- Litetra
- Yakwana
- Yegevegemena

**Your gender**

- Man
- Woman

\*

**How old are you?**

\*

**Community Disaster Committee Quiz**

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LET'S START THE QUIZ

**What does CDC mean?**

\*

1

- Community Development Committee
- Community Dengee Committee
- Community Disaster Committee
- Red Cross committee
- Don't know



Well Done!!

Community Disaster committee are part of a committee network put in place by NDMO to manage the disaster at the community level.

Sorry!!

The right answer is Community Disaster committee. CDC are part of the committee network put in place by NDMO to manage the disaster at community level.

### What do you think the NDMO is?

\*

2

- an NGO
- Health department
- National Disaster Management Office
- A disabled association
- Don't know

Well Done!!

National Disaster Management Office. It is a national government department that deals with the effects of disaster at the national level.

Sorry!!

The right answer is National Disaster Management Office. It is a national government department that deals with the effects of disaster at the national level.

### What does PDC mean?

3

- Priority Disaster for the community
- Provincial Disaster Committee
- Primary District Committee
- Don't know

Well Done!!

Provincial Disaster Committee. PDC are part of the committee network put in place by NDMO to manage the disaster at the provincial level.

Sorry!!

The right answer is Provincial Disaster Committee. PDC are part of a committee network put in place by NDMO to manage the disaster at the provincial level.

**What does PDO mean?**

4

- Provincial Development Officer
- Prime minister Department Office
- Provinvial Disaster Officer
- Don't know

Well Done!!

Provincial Disaster Officer. PDO is an officer representing NDMO at the provincial level.

Sorry!!

The right answer is Provincial Disaster Committee. PDC are part of a committee network put in place by NDMO to manage the disaster at the provincial level.

**Who is monitoring the cyclone?**

5

- NDMO
- Meteo department
- Custom people
- Don't know

Well Done!!

Meteo Department. It is a National Governement Department that is responsible in the observation and forcasting of weather in the country.

Sorry!!

The right answer is Meteo Department. It is a National Governement Department that is responsible in the observation and forcasting of weather in the country.

**What is the color of the cyclone alert for the perparedness?**

\*

6

- orange
- Red
- Yellow
- Green
- Blue
- Don't know

Well Done!!

Blue.This color is normally used by NDMO to give out alert and telling that the cyclone is striking within 24 hour and we should prepare.

Sorry!!

The right answer is Blue.This color is normally used by NDMO to give out alert and telling that the cyclone is striking within 24 hour and we should prepare.

**What is the color of evacuation alert?**

\*

7

- orange
- Red
- Yellow
- Green
- Blue
- Don't know

Well Done!!

Yellow. This color is normally used by NDMO to give out alert and telling us that the cyclone is coming within 12 hours.

Sorry!!

The right answer is Yellow. This color is normally used by NDMO to give out alert and telling us that the cyclone is coming within 12 hours.

**What is the color of alert during the cyclone striking?**

\*

8

- orange
- Red
- Yellow
- Green
- Blue
- Don't know

Well Done!!

Red. This color is normally used by NDMO to give out alert and telling us that the cyclone already here with us.

Sorry!!

The right answer is Red. This color is normally used by NDMO to give out alert and telling us that the cyclone already here with us.

**Why is it important to listen the radio every day?**

\*

9

- Because their are often no television in the island
- Because the CDC have to know about the national news
- Because NDMO can issued disaster warning anytime
- Don't know

Well Done!!

Because NDMO can issued disaster warning anytime. A disaster warning can be issued at anytime during the day if a disaster happens.

Sorry!!

The right answer is because NDMO can issued disaster warning anytime. A disaster warning can be issued at anytime during the day if a disaster happens.

**What is the roles of the CDC during the cyclone blue alert?**

\*

10

- Evacuate the people to a safe house
- Make awareness on the preparation
- Go to report to the authorities
- Go to report to the Red Cross
- Don't know

Well Done!!

Make awareness on the preparation. Blue is the color that NDMO use to give out alert that the cyclone will strike within 24 hour and we should prepare.

Sorry!!

The right answer is make awareness on the preparation. Blue is the color that NDMO use to give out alert that the cyclone will strike within 24 hour and we should prepare.

**What is the roles of the CDC during the cyclone yellow alert?**

\*

11

- Evacuate the people to a safe house
- Make awareness on the preparation
- Go to report to the authorities
- Go to report to the Red Cross
- Don't know

Well Done!!

Evacuate the people to a safe house. Yellow is the color that NDMO use to give out alert to evacuate because the cyclone is coming within 12 hours.

Sorry!!

The right answer is Evacuate the people to a safe house. Yellow is the color that NDMO use to give out alert to evacuate because the cyclone is coming within 12 hours.

**What the CDC have to do just after a cyclone?**

12

\*

- Make the damage first assessment report
- Go to the province to have information
- Request resistant crops to the agriculture department
- Don't know

Well Done!!

Make the damage first assessment report. Straight after a cyclone damage CDC should carry out this assesment as soon as possible.

Sorry!!

The right answer is make the damage first assessment report. Straight after a cyclone damage CDC should carry out this assesment as soon as possible.

**After doing an assessment, who is the person that the CDC should send their report to?**

13

\*

- Provincial Disaster Officer
- Provincial Disaster Committee
- Area secretary council
- National Disaster Management Office
- Don't know

Well Done!!

Area secretary Council. Straight after a cyclone damage CDC should carry out this assesment as soon as possible and give to Area Council Secretary to Send to PDC. Then the PDC will send the report to the NDMO.

The communication structure is as follow:

CDC > ACS > PDC > NDMO

Sorry!!

The right answer is Area secretary Council. Straight after a cyclone damage CDC should carry out this assesment as soon as possible and give to Area Council Secretary to Send to PDC. Then the PDC will send the report to the NDMO.

The communication structure is as follow:

CDC > ACS > PDC > NDMO

**Why the response plan is important?**

14

\*

- Make sure that every people know their safe place
- You must have a Respons plan to get relief items
- It is an awareness plan
- Don't know

Well Done!!

Make sure that every people know their safe places. This is important because once the NDMO gives out the Yellow alert warning, and people should know which/where safe house is located when CDC is evacuating people.

Sorry!!

The right answer is Make sure that every people know their safe places. This is important beacuse once the NDMO gives out the Yellow alert warning, and people should know which/where safe houseis located when CDC is evacuating people.

**What is a disaster community action plan?**

15

- A plan to educate the youth to the respect
- A plan to make small mitigation work through the community work (dig drainage, cut dangeurous trees...)
- A plan to stop the Climate Change
- Don't know

Well Done!!

A plan to make small mitigation work through the community work (dig drainage, cut dangeurous trees...)

Sorry!!

The right answer is: A plan to make small mitigation work through the community work (dig drainage, cut dangeurous trees...)

**What is the main roles of the CDC when there ara no disaster (normal time)?**

16

\*

- Make awareness on appropriate behavior before / during and after the main disaster
- Take decision on community developpement
- Speak with the department of education to include Disaster in school curriculum
- Don't know

Well Done!!

Make awareness on appropriate behavior before / during and after the main disaster

Sorry!!

The right answer is Make awareness on appropriate behavior before / during and after the main disaster

**The cyclone awareness should be done every year in which periode?**

17

- Just after a cyclone
- At the begining of the cyclone season
- During the red alert only
- Don't know

Well Done!!

At the begining of the cyclone season

Sorry!!

The right answer is At the begining of the cyclone season

**What is the propose of a tracking map?**

19

- Tracking the climat change
- Tracking Cyclone movement
- Tracking drought (el Nino)
- Don't know

Well Done!!

The cyclone tracting map is useful to know where the cyclone is moving and make sure that we are ready if it can it us.

Sorry!!

The right answer is: Tracking Cyclone movement

The cyclone tracting map is useful to know where the cyclone is moving and make sure that we are ready if it can it us.



**What are you sapos to do as a CDC in drought period?**

20

- Nothing, is not under CDC responsibility
- Make awareness on good behaviors when a drought warning is issued
- Wait that Red Cross or NGO come to make awareness
- Don't know

Well Done!!

Make awareness on good behaviors when a drought warning is issued, is under the CDC responsibility as the drought is also a natural disaster.

Sorry!!

The right answer is Make awareness on good behaviors when a drought warning is issued as it is under the CDC responsibility as the drought is also a natural disaster.

**What are you sapos to do as a CDC if a tsunami happen?**

21

- Evacuate every people quick time to higher ground
- Tell the people to take water from the water source near by the sea
- Tell the people to go quickly pick up fish in the reef because the sea is dry.
- Don't know

Well Done!!

Evacuate every people quick time to higher ground

Sorry!!

The right answer is Evacuate every people quick time to higher ground

**What the CDC has to do just after a long and strong earthquake?**

22

- Evacuate every people quick time to higher ground because of the risk of Tsunami
- Go check if the reef have been damage
- Go to the garden to check if there are no land slide happing
- Don't know

Well Done!!

Evacuate every people quick time to higher ground because of the risk of Tsunami

Sorry!!

The right answer is Evacuate every people quick time to higher ground because of the risk of Tsunami

**If a community member get injured during a disaster what CDC has to do?**

23

- Send this person directly to the hospital
- Treat the person
- Find a First Aid trained people to treat this person
- Don't know

Well Done!!

Find a First Aid trained people to treat this person.

It is important to have train people to handle injured because it can be dangerous to act without knowledge. If nobody train to First Aid, find Local practicionner.

Sorry!!

Find a First Aid trained people to treat this person.

It is important to have train people to handle injured because it can be dangerous to act without knowledge. If nobody train to First Aid, find Local practicionner.